Overdose in the time of COVID-19

Issues, risks and realities
Drug Overdoses

- Can occur with the use of stimulants, opioids and other drug classes
- Drug overdoses most commonly occur with the use of opioids and when used concurrently with central nervous systems depressants, such as alcohol and benzodiazepines
World Health Organisation guidelines, define an opioid-related overdose as the use of opioids, and possibly other substances, to the point of losing consciousness. An opioid overdose can be identified by a combination of three signs and symptoms referred to as the “opioid overdose triad”. The symptoms of the triad are:

- pinpoint pupils
- unconsciousness
- respiratory depression

Death from heroin overdose can occur hours after injecting. The earliest sign of an overdose is complete unresponsiveness- not being able to wake the person up. This is the time to get help to prevent death.
Whoonga, Unga, Nyaope, Qhuzu, Thai, Sugars, Capsules are names for heroin in South Africa.
Opioid-related Overdoses in SA

• At present, no robust data on drug overdoses exist in South Africa.
• Globally, an estimated 69 000 people die from opioid overdose each year.
• While internationally drug overdoses are increasing, in South Africa no data exist to inform us on what is happening.
• Despite this, drug use and the number of people who inject drugs are increasing, highlighting the need to understand drug overdoses in South Africa so that potential harms can be minimized.
Opioid-related Overdoses in SA

- Anecdotal evidence suggests opioid-related overdoses are occurring
- Naloxone is listed on South Africa’s essential medicine list for the management of opioid poisoning across all levels of care
- The only formulation available in South Africa is the Intramuscular formulation in ampules [0.4 mg/1 mg]
- Prescription required
COVID-19 AND THE INCREASED RISK OF OVEDOSE

• Forced periods of abstinence results in reduced tolerance and increased risk of overdose
• Crack-down on international trade and trafficking has increased drug adulteration with potentially more toxic substances
Many street-based PWUH forced to abstain
Reduced tolerance and increased risk
Limited psychosocial support = most PWUH who abstained will use again
1. That government funds the scaling up and access to OST at all shelters in locations where the capacity for OST initiation exists through partnership with civil society and academic institutions.
2. Increased community-based access to naloxone in health and substance use treatment centres and the provision of naloxone to OST clients, paired with appropriate administration training, is needed.
Questions and Further Information

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