FREQUENCY AND SEVERITY OF NON-FATAL HEROIN AND OXYCODONE OVERDOSES AMONG CLIENTS ATTENDING THE SYDNEY MEDICALLY SUPERVISED INJECTING CENTRE

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Introduction and Aims:
Global increases in the prescribing, use and abuse of pharmaceutical opioids have seen a paralleled increase in the prevalence of opioid overdose deaths. Despite increases in both pharmaceutical opioid use and overdose deaths among people who inject drugs, the relative risk of overdose following heroin injection compared to pharmaceutical opioid injection is unknown. The current study aimed to compare rates per 1,000 injections of non-fatal overdose after heroin or oxycodone injection at the Sydney Medically Supervised Injecting Centre (MSIC). The study also aimed to model the clinical severity of heroin versus oxycodone non-fatal overdose.

Methods: Analysis of prospectively collected data from the Sydney Medically Supervised Injecting Centre (MSIC). Severity of overdose was measured using the Glasgow Coma Scale, oxygen saturation levels, and the administration of naloxone.

Results: Heroin overdoses occurred at three times the rate of oxycodone overdoses (12.7 v 4.1 per 1,000 injections) between 2007 and 2014. Heroin overdoses appeared to be more severe than oxycodone overdoses, with higher levels of compromised consciousness (31 v 18%) and severe respiratory depression (67 v 48%), but there were no differences in naloxone administered (20 v 17%). Concurrent use of other depressants at the time of overdose was also associated with compromised consciousness, and the need for naloxone.

Conclusions: Heroin overdoses occurred at a greater rate than oxycodone overdoses, and had more severe clinical indicators. Use of other central nervous system depressants was one of the consistent factors associated with greater severity of overdose. Polydrug use is a major risk factor among these opioid overdoses.