



The synthetic opioid epidemic and the need for mental health support for first responders who intervene in overdose cases

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Dear Editor,

We are facing unprecedented cases of overdose and overdose-related fatalities, mostly attributed to the introduction of lethal forms of synthetic opioids in the illegal drug markets (Wheeler et al. 2015). Responses to the current opioid epidemics occurring in each affected region have differed, with a majority of jurisdictions focused on containing it through funding and training for naloxone and its distributions (Wheeler et al. 2015). The training for and distribution of naloxone has not only targeted non-health professionals, such as people who use drugs (PWUDs), but also their families, friends, and health care providers who are more likely to witness an overdose (Wheeler et al. 2015). Despite the increased distribution of naloxone to community members, little information is known about the psychological effects of repeated exposure to overdose events, as well as increasing stressors

experienced (e.g., severe opioid withdrawal, confusion/restlessness, and seizures after naloxone administration, in addition to chances of needle poke injuries, and even witnessing death) by those who are tasked to repeatedly intervene in such cases (Buajordet et al. 2004).

Ways forward

The administration of naloxone by paramedics in suspected overdose cases has doubled, as overdose deaths attributed to illegal drugs have rapidly reached epidemic proportions in British Columbia (Pursell et al. 2017). The increasing frequency and intensity of overdose-related traumatic exposures (Davis et al. 2014), in addition to its cumulative impact on the overall mental health of the first responders, should be an urgent concern for current health policy makers. Previous research has confirmed a higher prevalence of post-traumatic stress disorder (PTSD) and other psychiatric disorders that disproportionately affect first responders (Gross et al. 2006). The increased frequency and intensity of overdose events have not only made fire fighters, paramedics and police more vulnerable to developing psychiatric disorders, but this risk could be significantly higher for community first responders, such as PWUDs. While the administration of naloxone by PWUDs has increased in their communities (Clark et al. 2014), they continue to be at higher risk of developing PTSD (Plotzker et al. 2007). Moreover, daily injection of opioids is strongly associated with psychological stresses, poor health and depression that would be exacerbated by repeated traumatic exposures to overdose events, such as witnessing deaths of their loved ones and family members, when PWUDs are acting as community first responders (Nowotny et al. 2017).

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Next steps

While there are various programs that have been implemented to help first responders to cope with major incidents (Greden et al. 2010), we believe there is still a significant lack of funding in this area, specifically for community first responders such as PWUDs. Moreover, PWUDs who have experienced numerous overdose-related exposures may already face numerous barriers, such as stigma and social and economic marginalization, that hinder their access to already-scarce mental health and addiction services. One of the most successful treatment forms that has proven to be effective in reducing negative mental health stigma and improving access to support services is peer-based programs (Greden et al. 2010). Not only are peer-based programs extremely cost-effective, they also promote treatment for all individuals (Nowotny et al. 2017; Greden et al. 2010; Jozaghi et al. 2016). We urge governments to invest in low-barrier mental health drop-in centres, and peer-based mental health training programs for first responders, specifically for PWUDs in the affected regions.

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Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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