

Opiate Substitution Treatment and Disaster Management

By Nathan Frost

People on opiate substitution treatment (OST) represent a vulnerable population in times of disasters, Dr Denise Blake from the Joint Centre of Disaster Research at Massey University told 2017 Cutting Edge delegates in her presentation on OST and disaster management.

‘Disasters create and exaggerate vulnerabilities while also exposing pre-existing inequalities.’

The more vulnerable the population, the worse the impact of disasters on that population can be,’ she said.

Dr Blake interviewed OST consumers and a range of relevant health and emergency management professionals.

Her research found specific vulnerabilities for people on OST following a disaster.

‘Without appropriate emergency management planning to ensure opioid medications are available after a disaster, people on OST suffer physical and emotional distress in situations already fraught with danger and chaos.’

‘Disruptions to daily consuming will lead to physical symptoms of withdrawal such as nausea, muscle aches, diarrhoea and vomiting in already traumatic circumstances,’ said Dr Blake.

Fear of withdrawal caused many OST consumers to live in a constant state of anxiety due to their reliance on a system they perceived as being punitive.

‘It can be difficult to access OST medications in a disaster setting because opioids are highly regulated drugs and OST clients have little control over takeaway dosing. Many people on OST are required to consume their dose daily at an approved pharmacy or clinic.’

Previous research in the US demonstrated how people were unable to access their opioid medication for up to five days following hurricanes,’ she said.

‘There are stories from Hurricane Katrina that people were wandering around vomiting in the Louisiana Superdome, professionals thought they were sick but the emergency responders and allied professionals did not understand the effects of opiate withdrawals.’

People on OST programmes were eventually taken to clinics on buses, but as all records had been destroyed people were either left to hang out of given a minimal dose to tide them over,’ she said.

The vulnerabilities and issues OST consumers face in times of disaster are not only restricted to physical withdrawal either.

Those being treated with OST also have to cope with the psychological and emotional distress linked to their anxiety over possible disruptions in obtaining meds.

OST consumers interviewed for Dr Blake’s research spoke of panic attacks, anxiety, depression and fear.

‘Not only do OST consumers face the stress and anxiety of being powerless in a disaster, on top of that, they have to worry about access to their meds,’ she said.



OST case workers interviewed for her research said consumers weren’t going to die from withdrawal and that their clients knew that, however, Dr Blake maintains that in emergency situations, withdrawal could be a matter of life and death.

As one participant of Dr Blake’s research put it,

‘If you actually can’t walk, or can’t lift your children, or what you need to take with you to survive... or can’t, get out of bed... because it really takes it out of you... it’s not a case of someone just coming in and saying I need drugs, it’s someone saying, I need a chance to survive.’ (OST Client)

Those dispensing opioids to OST consumers also recognised the importance of ensuring access to meds in any disaster management planning.

‘We need to make sure that there’s continuity of their medication supply because if you do that at least psychologically they will be fine, and mentally they’ll be fine, if you don’t give them that then they’ll go into withdrawals and then you’ll get the complexity and the effects of psychological issues like depression, stress—all those kinds of things. (Pharmacist)

Dr Blake believes disaster management plans must mitigate vulnerability and risks for OST clients by ensuring the accessibility and availability of opioid treatments in a post-disaster context.

‘OST disaster management planning should emphasise service continuity and be flexible enough to meet the needs of this unique ‘at risk’ group.’

Alcohol and other drug and OST workers do understand the specific needs of their clients, but unfortunately available resources to attend to disaster preparedness are limited,’ she said.

At the time of her research - about 5 years after the Canterbury Earthquakes- all of the OST services interviewed by Dr Blake were at various stages of completing their emergency management plans.

People with opioid dependency present a specific group that need to be considered in disaster planning and emergency management.’