



AUSTRALIAN NATIONAL COUNCIL ON DRUGS

High Risk Groups and Behaviours

A Secondary Position Paper on Heroin Related Overdoses

In September 2000 the Australian National Council on Drugs released a primary position paper on Heroin Related Overdoses. The position paper outlined a number of established and innovative strategies that could significantly reduce the number of heroin related overdoses if adopted.

As a result of discussion on the strategies articulated in the primary position paper, the Council has now prepared a series of secondary position papers that provide more detail and implementation advice to governments on specific strategies in the primary position paper.

There is clear evidence from coronial investigations, researchers and workers in the drug and alcohol sector that there are groups and behaviours that place people more at risk of heroin related overdoses. Accordingly, the Council has identified these groups and behaviours, as well as providing some measures that can be implemented to reduce the potential risk from heroin related overdoses.

Identified High Risk Groups

Recently Released Prisoners

Whilst acknowledging that not all prisoners have a history of drug use there is sufficient evidence to suggest that many drug users are incarcerated for varying periods of time. It is therefore imperative that we acknowledge that people being released from custody are at a greater risk of overdose because of a tendency to binge on alcohol and drugs shortly after release without taking into account their reduced tolerance from a reduction in drug use whilst in custody.

‘All drug and alcohol and related agencies ... should make clients aware of the risks associated with resuming drug use after a period of treatment or abstinence.’

All governments and companies involved in the management of prisons must ensure appropriate strategies and programs are in place for prisoners about to be released. Specifically, this should include:

- A range of effective and proven drug and alcohol programs being available for all prisoners throughout their period of custody.
- Prior to release, every prisoner being provided with information and education on the risks of overdose due to reduced tolerance.
- The availability of pre and post release programs that are designed to provide a continuity of drug and alcohol care and treatment from prison to the community, as well as assist in the re-integration of prisoners back into the community.

‘...research evidence clearly shows that older long-term users are more susceptible to heroin related overdoses.’

Persons Relapsing from Treatment

All drug and alcohol and related agencies (including rehabilitation centres, naltrexone programs, needle and syringe programs etc) should make clients aware of the risks associated with resuming drug use after a period of treatment or abstinence. Drug users need to understand that their tolerance is likely to have been significantly lowered during any period of abstinence or reduced use, even if undergoing pharmacotherapy treatment. Indeed, abstinence, periods of reduced use and varying patterns of use all affect an individual's tolerance levels.

All governments, companies and services involved in the delivery of drug, alcohol and related services need to recognise heroin dependence as a chronic relapsing condition for some people. This recognition requires appropriate strategies and programs to be put in place in order to inform and educate clients on the risks of overdosing, if they relapse back into drug use. Specifically this should include:

- All agencies incorporating overdose prevention information and education within their programs and services.
- All agencies providing information and education to drug users on the concept and importance of tolerance.
- The provision of information and education on the need to remain aware of the potential problems of relapsing into drug use, even during periods of treatment, and in particular for the families and friends of drug users.

Long-Term Users

Despite a perception that young inexperienced users make up the greatest number of heroin related overdoses, research evidence clearly shows that older long-term users are more susceptible to heroin related overdoses.

Overdose information and education programs that are developed for delivery to drug users must take into account the specific needs and potential complacency that affects this group.

It has been shown that being in a treatment program, such as a methadone program, is protective against fatal and non-fatal overdoses. Therefore it is recommended that governments, agencies and human services give priority to attracting long-term users into treatment.

Persons with Mental Health and Drug and Alcohol Problems (Dual Diagnosis)

Persons diagnosed with a mental health disorder, as well as a drug and alcohol disorder, are at increased risk of both chaotic and potentially suicidal drug usage patterns. Both mental health and drug and alcohol and related services need to be aware of the increased risk of overdose, both unintentional and intentional amongst drug users suffering depression, psychoses and other mental health problems.

There is a requirement for strong links and regular communication between mental health and drug and alcohol and related services on the needs and behaviours of shared clientele.

Governments, agencies and human services must give higher priority to the early recognition and intervention in mental health problems, especially when this is related to alcohol and other drug problems. This strategy is of particular importance in the prevention of suicide from drug overdoses but also in suicide by other means.

Conclusion

The Australian National Council on Drugs encourages the sharing of information and resources between all jurisdictions. Policies and programs that are evaluated and proven to be effective in reducing heroin related overdoses should be available for implementation nationwide.

It should also be noted that whilst the Council has endeavoured to provide a high level of practical assistance by including specific actions within this secondary position paper, this list of actions should not be seen as exhaustive. Indeed the Council would encourage further innovation and development of initiatives within all jurisdictions to address this issue.

Special Note: *The Australian National Council on Drugs also notes that heroin users should be made aware of the problems associated with variations in the supply and purity of heroin. Fluctuations in availability increase the potential for overdose by altering the drug users patterns of use and tolerance, and further highlights the need for heroin users to exercise a great deal of caution when using any street drugs. All drug users should be advised on the need to use smaller amounts of drugs whenever fluctuations in availability occur.*

Identified High Risk Behaviours

Persons Using Alone

The opportunity for assistance to be provided in the event of an overdose is significantly reduced if people use drugs alone. Information and education needs to be provided to all drug users on the dangers associated with using alone. In particular, homeless people must be recognised as being at particular risk of engaging in this dangerous behaviour and strategies to assist them and other at risk groups need to be implemented.

Persons Who Have Already Consumed Alcohol and/or Benzodiazepines

The concurrent effects of heroin with alcohol and/or benzodiazepines are evident from the coronial information on deaths attributed to drug overdoses. Clients of drug and alcohol and related agencies, but particularly needle and syringe programs where access to current users is possible, must be made aware and educated on the severe risks associated with using heroin in conjunction with other drugs.



AUSTRALIAN NATIONAL COUNCIL ON DRUGS

‘All governments should aim to introduce a range of evidence based programs and services by 2002 if a decrease in overdoses is to occur in the next five years.’

The **Australian National Council on Drugs** is the peak advisory body to government on drug policy and service issues, that was established by the Prime Minister in March 1998. The Council is an independent body with a diverse membership that includes leading experts and representatives from the non-government sector, treatment agencies, research institutes, law enforcement, family based services, government agencies, indigenous organisations, schools and prevention and education centres.

The breadth of experience and diversity of views within the Council itself often reflects the range of views held within the community and in effect places the Council in the highly regarded position of being able to provide advice that represents the views of the alcohol and other drug field as well as the general community.

The Council is particularly focused on ensuring the non-government sector is represented at the highest levels of policy decision making, encouraging partnerships and co-operation across a range of sectors working with alcohol and other drug issues and promoting evidence based treatment options for those affected by alcohol and other drug use.

June 2001

Contact Details:

ANCD Secretariat
PO Box 1552
Canberra ACT 2601

Tel: 02 6279 1650
Fax: 02 6279 1610

www.ancd.org.au