



AUSTRALIAN NATIONAL COUNCIL ON DRUGS

Heroin Related Overdoses

Position Paper

The number of deaths associated with heroin overdose has increased markedly in the past 25 years. National Drug and Alcohol Research Centre publications record that the number of deaths in the 15-44 year old age group has increased from 6 people in 1964 to 737 people in 1998. Recent reports further suggest that this figure has again increased in 1999. The 1998 figure equates with almost 9% of all deaths in this age group being attributed to heroin related overdose.

There is also evidence that an increased level of polydrug use, in particular the use of heroin with alcohol and benzodiazepines, has significantly contributed to this increased mortality rate. Additionally, the Council acknowledges that there is further evidence suggesting that mental health problems amongst drug users (known as dual diagnosis or co-morbidity) sometimes results in deliberate overdoses (suicides).

Continued support for the increasing co-operation between the law enforcement and health sectors on dealing with heroin use and overdose should be clearly recognised as a critical factor in reducing the heroin overdose rates. In particular, governments should focus on reducing any real or perceived legal barriers to the effective management of overdoses.

Obtaining a reduction in the number of heroin overdose fatalities and other drug related harms requires an understanding of the complex health, mental health and social well being needs of people, and in particular youth.

Any strategy aiming to reduce heroin overdoses and fatalities should also involve linkages between National Strategies on Drugs, Suicide and Mental Health.

Clearly the Australian National Council on Drugs (ANCD) believes that the loss of so many young lives is a tragedy for not only the families and friends of the heroin overdose victims but also for the whole Australian community.

The Council is also aware that this increasing number of heroin related overdose fatalities only represents a fraction of the number of actual heroin related overdoses that occur each year. Some studies estimate that up to 60% of all heroin users have experienced at least one overdose. Each heroin related overdose potentially represents another fatality.

Therefore, the ANCD supports efforts to reduce overdose deaths that are comprehensive and clearly focus on the following established strategies:

Reducing the number of young people initiating drug use;

- Identify social determinants of early drug use and address them, where possible.
- Collaborate with school based education strategies and programs.
- Support community based efforts which enhance knowledge and build resilience in young people.
- Include drug education programs that are provided all the way through school.

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Reducing the level of heroin and other substance use amongst those people already using drugs;

- Increase availability of treatment services, including methadone and other drug substitution programs.
- Increase support for effective supply reduction measures.
- Encourage higher levels of law enforcement co-operation.
- Encourage alcohol and other drug (AOD) agencies to educate clients on the risks associated with mixing and high levels of drug use.

Reducing the number of all overdoses;

- Nationalizing effective innovative strategies such as peer based education and increased ambulance training and co-operation.
- Supporting the testing of other innovative strategies that hold promise.

Improving the management of overdoses when they occur;

- Increasing education and training programs for drug users and their families and friends.
- Encouraging ambulances and paramedics to take on a greater role when dealing with, and possibly following up people who have overdosed.
- Ensuring greater clarity on the use of discretion by police with regard to attendance at non-fatal overdoses where an ambulance is already present.

Educating drug users and service providers on the dangers of polydrug use and other risks and contributing factors to overdose;

- Increasing the availability of peer education programs.
- Introduction of a research based national campaign to educate drug users.
- Providing education for doctors and pharmacists about dangers of over-prescribing.
- Inclusion of licit drugs (eg alcohol and pharmaceuticals) in education programs.

Educating and supporting families and friends of drug users about drug use, relapse, treatment options and overdose assistance;

- Resourcing and training AOD agencies and other local community services and groups to provide education campaigns at the local level.
- Incorporate issues for families and friends of drug users as part of a national education campaign.

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Introducing programs that aim to reduce the level of overdoses and increase contact between drug users and treatment services.

- Increasing the accessibility of needle and syringe programs.
- Training needle and syringe program workers to increase referral of clients to treatment options.
- Providing treatment options that match client needs.

The Council supports the further investigation and/or trial of the following innovative policies and programs:

- increased availability of naloxone (Narcan)
- resuscitation training for drug users
- trialing of drug substitution and other pharmacotherapy programs for treating opioid dependence

The Council also strongly recommends the rigorous and scientific evaluation of all outcomes from any trials of medically supervised injecting rooms should they be implemented.

Conclusion

The ANCD acknowledges that a downward trend in the number of overdose deaths will not occur this year. The implementation and evaluation of a number of programs and services, as described above, will take 2-3 years to achieve. 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 5 years.



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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, youth services, indigenous organisations, user groups, 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.

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