



National Heroin Overdose Strategy Summary



endorsed by the

Ministerial Council on Drug Strategy

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NATIONAL HEROIN OVERDOSE STRATEGY

The National Heroin Overdose Strategy, adopted by all jurisdictions through the Ministerial Council on Drug Strategy, provides nationally agreed priorities for reducing the incidence of heroin related overdose in Australia and for reducing morbidity and mortality where overdose does occur.

The wider social and community consequences of overdose can be far-reaching, impacting on the families and friends of overdose victims, including their children; the public health system; and the broader community. The national strategy on overdose recognises that overdose and its associated consequences are preventable.

However, overdose is a complex problem with multiple risk factors and requires a range of coordinated, complementary intervention strategies. This can only be achieved through a partnership approach – a close working relationship between the Commonwealth, State and Territory, and local governments, drug user organisations, people who use drugs and others affected by overdose, families and communities, business and industry, professional workers and research institutions.

The Strategy is not intended to be prescriptive or to define detailed, specific implementation strategies or timelines. Instead, it specifies priority areas for preventing heroin overdose and reducing morbidity and mortality where overdose does occur. It provides examples of strategies to address each of the priorities. The Strategy thus provides a nationally consistent focus for determining resourcing priorities and also the flexibility to allow jurisdictions to pursue strategies appropriate to their particular circumstances.

While this Strategy is titled the National Heroin Overdose Strategy, it is recognised that a range of opioids are involved in overdose, including methadone and morphine. This Strategy therefore encompasses all opioids. "Heroin" is used as a shorthand for the more technically correct "opioids" because the latter term is not widely understood by the public. It is further recognised that polydrug use plays a major role in overdose fatalities, particularly the use of central nervous system depressants such as alcohol or benzodiazepines in combination with opioids.

Key Strategy Areas

Two key strategy areas have been identified under the National Heroin Overdose Strategy:

- preventing heroin related overdose; and
- improving the management of overdose.

A number of monitoring and performance measures will be used to assess the effectiveness of efforts to reduce overdoses in Australia, based on existing data sets:

- number of fatal overdoses;
- trends in self-reported overdose; and
- trends in ambulance call outs.

This folder is a summary of the National Heroin Overdose Strategy. The companion document to the summary folder is the unabridged version of the Strategy. The evidence base supporting the Strategy is comprehensively reviewed and documented in the report commissioned by the Australian National Council on Drugs 'Heroin Overdose: Prevalence, Correlates, Consequences and Interventions'.

Facts and Figures

National and international evidence indicates:

- Approximately 74,000 Australians are dependent heroin users.
- In 1999, 958 deaths in Australia were attributed to opioid overdose.
- Estimates indicate between 12,000 – 21,000 non-fatal overdoses occur in Australia every year. Non-fatal opioid overdose can result in significant permanent morbidity such as brain damage.
- Overdose deaths predominantly occur among individuals aged in their late 20s and early 30s, with a long history of heroin dependence.
- Fatal overdose is not simply a function of dosage or purity of heroin.
- Overdose mortality and morbidity is preventable.

Risk & Protective Factors

- Polydrug use, particularly the use of heroin in combination or proximity in time with other central nervous system depressants such as alcohol or benzodiazepines increases the risk of overdose.
- Resumption of opioid use following periods of reduced consumption or abstinence (eg. after release from prison or participation in a drug-free treatment program) increases the risk of overdose.
- Drug users injecting alone decrease the chances of resuscitation in the event of an overdose.
- The risk of overdose death is substantially reduced among individuals enrolled in treatment such as methadone maintenance.

Key Strategy Areas

Strategies to reduce overdose related morbidity and mortality include:

- Strategies that seek to prevent overdose from occurring; and
- Strategies which seek to improve the management of overdose if it does occur.

The National Heroin Overdose Strategy identifies a range of possible interventions across both of these key strategy areas.

KEY STRATEGY AREA 1

PREVENTING HEROIN RELATED OVERDOSE

We aim to reduce the incidence of fatal and non-fatal heroin related overdoses by:

- Increasing the number of drug users entering and remaining in drug treatment;
- Assisting drug users to reduce their risk of overdose and increasing awareness regarding the consequences of overdose;
- Improving the evidence base to inform strategies and programs to reduce overdose; and
- Increasing the timeliness and reliability of data in respect to overdose.

Strategies to address these action areas might include:

- Providing timely access to a diverse range of evidence based treatment services for opioid users, including pharmacotherapies.
- Implementing programs that will result in the diversion of opioid users away from the criminal justice system into treatment.
- Expand the provision of drug treatment services within prisons, including methadone maintenance treatment and ensure that prison treatment services are linked with community based services.
- Provide information to opioid users through a range of means, including peer education, regarding factors that contribute to overdose or death from overdose and the potential consequences of overdose.
- Provide education to families and friends of opioid users, needle and syringe program workers, health workers, police and others who regularly come into contact with opioid users, regarding factors which increase, or reduce, the risk of overdose.
- Engage drug users, drug user organisations and families and friends in the development of education programs to ensure that they adequately reflect target group needs.
- Develop pre-release and post release education, information and support programs for prisoners and individuals completing detoxification programs.
- Undertake research into key areas to inform policies and programs that have the potential to reduce the incidence of fatal and non-fatal overdose.
- Encourage uniformity in coronial reporting of overdose deaths through further development and ongoing support of an illicit drugs module in the National Coroners' Information System.
- Implement or maintain data collections on overdose from ambulance services, police services and hospital emergency departments.

KEY STRATEGY AREA 2

IMPROVING THE MANAGEMENT

We aim to reduce overdose related morbidity and mortality by:

- Increasing the confidence of drug users, family and friends in respect to identifying and managing an overdose;
- Increasing the confidence of opioid users, family and friends in contacting emergency services in the event of an overdose; and
- The development of an evidence base to inform improved management of overdose.

Strategies to address these action areas might include:

- Widely disseminating information to opioid users, family and friends on the signs and symptoms of overdose and actions to take should an overdose occur.
- Encourage opioid users, family (including children of users), friends and the wider community to undertake training in basic life support that would assist in an overdose situation, such as maintaining an airway, expired air resuscitation etc.
- Develop protocols between police and ambulance services which clarify the circumstances under which ambulance services may call on police to attend drug overdoses.
- Develop police protocols for attendance at overdose (whether called by ambulance or other means), including use of discretion.
- Develop clinical protocols, supported by training which address attitudes, knowledge and skills, for accident and emergency workers in respect to managing overdose.
- Develop local level partnerships between police, paramedics, accident and emergency staff and specialist drug treatment services which encourage provision of information, referral and follow-up of opioid users who experience an overdose.
- Consider conducting carefully evaluated trials of peer administered naloxone.
- Develop, implement and evaluate follow up support programs for those who experience an overdose, or others that may be affected by witnessing an overdose.

