



Harm minimisation

Minimising the harm of alcohol and other drug (AOD) misuse covers a number of fronts, and incorporates not only reducing harm but also minimising supply, making that supply safer, and supporting not only physical withdrawal but recovery from the contributing and consequent results of the persons AOD misuse.

According to *Australia's Annual Overdose Report 2018*,¹ accidental overdose continues to be a significant cause of death in Australia. The report found that in 2016 there were a total of 2,177 drug-related deaths in Australia, a significant increase from 15 years prior (1,231 in 2002); and, that the majority of these deaths were accidental.

The risk of overdose is increased by the fact that multiple drugs are commonly used concurrently (including alcohol), which may be either available through prescription, such as pharmaceutical opioids and benzodiazepines, or illegal drugs such as heroin and crystal methamphetamine ('ice'), and which also contribute to a significant number of fatalities.²

While overdose, particularly of illicit drugs, receives a lot of attention, this is disproportionate to the impacts of alcohol and prescription medicine misuse on the consumer and on family, friends, and wider society. Prescription medicine misuse for both recreational effects and management of dependency continues to increase; the most commonly misused classes of drug are narcotics and sedatives, often concurrently, a combination that has been linked with suicidal ideation, particularly in older people.

As frontline healthcare professionals, nurses and midwives are aware of the increasing numbers of people who are affected, and who may die, through drug and alcohol use. Accordingly, the ANMF has been a strong advocate over many years for drug and alcohol related harm minimisation measures. A number of those measures (such as needle and syringe programs and supervised injecting centres) have been introduced in some Australian states and territories and have proven to be successful in preventing avoidable deaths and overdoses. These harm minimisation programs have prevented significant numbers of HIV and Hepatitis C infections across Australia.³

Harm minimisation

...aims to address alcohol and other drug [AOD] issues by reducing the harmful effects of alcohol and other drugs on individuals and society. Harm minimisation considers the health, social and economic consequences of AOD use on both the individual and the community as a whole.

The harm minimisation approach is based on the following:

- *Drug use, both licit and illicit, is an inevitable part of society*
- *Drug use occurs across a continuum, ranging from occasional use to dependent use*
- *A range of harms are associated to different types and patterns of AOD use*
- *A range of approaches can be used to respond to these harms.*⁴

Although Australia has an internationally recognised reputation in its policy approach to harm minimisation with regard to alcohol and drug use,⁵ ANMF members and other health professionals working in drug and alcohol services contend more needs to be done nationally by the Australian Government in exploring and funding alternative models for control of drug use.



ANMF Position Statement

Of growing concern is deaths of young people attending events (such as music festivals or parties) where experimentation occurs with the use of 'party-drugs'. While initiated appropriate treatment is improved with disclosure of the drug or combination of drugs (plus or minus alcohol) consumed, the nature of illicit drug manufacture and sale means that individuals may be unaware of the constituents of these pills, which could contain methamphetamines, ecstasy, or a range of unknown psychoactive or toxic substances.⁶ With international evidence showing benefits of pill-testing,⁷ the ANMF is among many other leading health related organisations in calling for urgent government action on this public health issue.

It is the position of the Australian Nursing and Midwifery Federation that:

1. Drug misuse should be considered a public health concern, rather than a criminal issue.
2. Many people use alcohol and other drugs for recreational purposes or management of dependency, and they are generally unaware of the potential for harmful effects.
3. Harm minimisation measures are required to prevent harm from alcohol and drug use and avoid unnecessary deaths, reduce the burden of disease and decrease hospitalisations for the benefit of the individual and the community as a whole.
4. A major benefit of harm minimisation programs is the opportunistic provision of information on the risks and potential harms of alcohol use, drug taking and safer drug use.
5. Harm minimisation is based on principles that aim to protect human rights and improve public health.⁸
6. The following harm minimisation strategies, employed in some states/territories, are supported as effective and proven public health measures, namely:
 - a. Needle and syringe programs,⁹
 - b. Opioid substitute therapy, such as Methadone or Suboxone programs,
 - c. Supervised injecting centres,¹⁰
 - d. Peer supported naloxone programs, and
 - e. Peer education programs.
7. Court liaison nurses should be involved in the assessment of client suitability for drug diversion programs.
8. The Australian Government should acknowledge that alcohol and drug use is a persistent feature of contemporary society, and therefore, innovative approaches to minimising alcohol and drug-related harms are required, as opposed to just criminalising users.¹¹
9. National and international evidence supports the effectiveness of pill testing^{12, 13} in directly reducing harm from drug taking by preventing overdoses and unnecessary deaths, and, in providing an opportunity to share information and education about the risks and potential harms of drug use.
10. The Australian Government should show national leadership, and in collaboration with frontline health experts, take urgent action on the introduction of pill testing trials.
11. Nurses and midwives should be aware of, educated and informed about, issues relating to harm minimisation for drug and alcohol use, and be prepared to provide opportunistic education in their practice settings.



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