

# HARM REDUCTION FOR FAMILIES

strategies to keep people safe and well until they are ready to change

**Harm reduction is not a new idea. It is a realistic way that governments can use to reduce the harms associated with drug use, both for the individual and the wider community. In fact, harm reduction safeguards are used in many aspects of daily life.**

Examples of harm reduction include:

- Bush fire warnings and restrictions at times of high fire risk
- Safety switches for electricity power points
- Fences and safety warnings around swimming pools
- Safety rails in high places
- Road safety laws, speed limits, traffic lights, speed humps, road signs, seat belts and air bags.

The same principles used to reduce and minimise harm in the above examples have also been applied to drug and alcohol management.

## The MOST HARM - Overdose

This is of course the *big fear* for parents, but it's not as common as you may think.

Overdose risk is increased when:

- The person is alone
- They have taken a different dose to what they are used to
- They have reduced or stopped using, but have lapsed back into drug-taking again
- They are combining different drugs particularly alcohol, illicit drugs and/or prescription drugs such as tranquillisers.

## Overdose signs

An overdose means that the body's tolerance to the drug is different – more drugs are in their system than the body is used to. This means the drug acts like a sedative, and can make them lose consciousness which may lead to death. It is important that families have a good knowledge of first aid, CPR and basic signs to look for, such as:

- Slow and shallow breathing
- Loud snoring – a warning sign and not a

- sign that the person is okay or asleep as is commonly thought – if you hear this, try and wake the person
- If the person has passed out, try to get them to respond by shaking them and calling their name
- The person is unconscious or unresponsive
- They look very pale
- Their eyes are open but they are like dolls eyes – vacant and staring
- They complain of heart palpitations
- They start to wheeze and become short of breath
- They complain of a severe headache or blurred vision
- They start to fit.

Encourage your drug user and their friends to be aware of the risks and signs of overdose, and what to do in the event of an overdose or other complication. See the Drug Information section of this guide for more on symptoms of each drug. In NSW, additional information and CPR skills can be learnt through the Red Cross overdose prevention program called Hope (Heroin Overdose Prevention Education ph: 1800 812 028).

## Keeping the communication open

Keeping the communication open is a very important skill. See page 18 for practical tips and strategies to help someone with problematic drug use, depending on which stage they are in.

## Prevention of infection - safe sex, injecting practice

Health concerns are usually very much a priority for families living with a drug user.



Maintaining the health of the user and non-users is important. If they are living on the streets this may mean helping to provide information about low grade infections, sexual health, scabies, lice or nits, and how to treat them, and also prevent their spread to others in the family. Your chemist can usually advise on suitable preparations for this. Younger children in the family may need to be informed about health risks and precautions. In talking to young children, it is important to balance the provision of realistic information, maintaining good relationships, and staying hopeful and optimistic for the drug user.

If people have contracted Hepatitis C, their liver and immune system are vulnerable and

can be easily affected. It is important to avoid viral illnesses such as the flu, which affects the immune system.

Dental health is also an important but often neglected area. This can lead to poor health and nutrition. Encourage them to seek dental care. There are public dental services which are free of charge to people on benefits.

Spread of infection at birth to infants from their mothers also needs to be considered, particularly for pregnant drug users. For further information about infection risk and how to minimise risks, go to page 59.

## Drug use and mental illness

The complexities of mental health issues and drug use cannot sufficiently be addressed here (see page 39). The term 'mental illness' covers a wide range of disorders of the mind or personality that can range from mild to major problems. These include

anxiety, depression, personality disorders, phobias, Post-traumatic Stress Disorder and the less common disorders of bipolar affective disorder and schizophrenia. When a person suffers from a major mental illness, and has a substance use problem, the term *dual diagnosis* is used. When other mental disorders and substance are present together the term *comorbidity* is used. These two terms are often interchanged, and one should be wary of putting a label on anyone as the term may be misinterpreted.

The start of a mental illness may be independent of drug use, or it may be:

- precipitated by drug use
- linked to drug use
- mistaken for drug use.

Drugs may be used by a person to self-medicate as relief for an undiagnosed mental condition. Drugs may also be used in addition to — or instead of — prescribed medication for a diagnosed condition.

Drug use may exacerbate symptoms of a mental condition, whether treated or not. A large proportion of people with a dependency on drugs also have a mental health condition, but many treatment services fail to address both problems together. A good clinician treating a substance use disorder should also treat any co-existing mental condition, and the outcome is usually better overall health and stability.

Mental illnesses commonly have their first onset in teen years or early adulthood, and it is sometimes difficult to know if this, or drug use, came first. Drug use may trigger the first episode of pre-existing depression or anxiety disorders. Drug use and depression can be linked, as drugs can suppress feelings of pain and confusion and uplift the mood for a while, but ultimately they can make the depression worse.

Depression and personality disorders may make a person more susceptible to suicide. Depression is common and increasing in Australian teenagers, and the suicide rate is also of concern in young men. If your family member seems constantly sad, is very tired, lacks motivation, appears unwilling to communicate, or seems to be preoccupied with talking about suicide and death – seek help immediately. Don't assume it's just the drugs, as no drug makes you like this all the time.

If they are at risk of harming themselves, contact your local Area Mental Health team. If the risk is immediate, or there is a threat to your safety, then contact the police.

## Harm reduction and drug-taking behaviour

The best way to avoid drug problems is not to start using them. Other ways to minimise or reduce the harms associated with drug-taking are to develop controls in relation to the use and quality of particular substances.

This idea is well known in relation to controlling legal drugs such as alcohol, tobacco and prescription drugs e.g. the idea of a standard drink or a daily medication dose to take and not exceed. Through research on chemicals, scientists and doctors can usually determine the amount of any substance which can be taken without severe harmful effects to our health.

Quality controls on alcohol and pharmaceuticals ensure they have the same percentage ingredients by volume in each bottle, can or tablet produced. A well-known tobacco regulation is that it must not be sold to people younger than 18 years.

For people who are having difficulties with drug-taking behaviour, options are:

- To quit, give up their drug behaviour and maintain ongoing abstinence from the drug
- To reduce or cut down the drug behaviour and control its use
- To continue to use, but to do so as safely as possible
- To give up some drugs but to continue taking others e.g. stop taking heroin, but keep smoking cannabis.
- To make changes over time, in incremental steps.

Most of us have probably met an ex- or quitting smoker who has tried some or all of the above e.g.:

- switched to lower nicotine level cigarettes
- Cut down on the number of cigarettes
- Tried gum or patches
- Gone 'cold turkey' and remained abstinent
- Has given up then lapsed.

However, with illicit substances we are unable to use quality control standards or regulatory measures, apart from efforts to reduce availability of drugs, and education to reduce the demand for drugs. Our society's experiences in dealing with people affected by legal drugs tell us that detoxification to abstinence is not a quick process, and we also need measures that will control harm for the public e.g. no smoking in the workplace, and increased restrictions on smoking in clubs and pubs.

Harm reduction policies work with the reality of the situation, not the ideal that we wish for.

## Reducing harm to yourself and others by working through the grieving process

The death of a relative due to drugs is an overwhelming experience. It takes time to come to terms with the situation, and gain the support of others to deal with the loss you and others have experienced – it also creates a great deal of emotional pain. There are a number of services that can assist you with this process (see the rear cover for the phone number of the Alcohol & Drug Service in your State).

It will take time to heal the depth of this pain so that you can move forward. It may be helpful to have some professional counselling to assist you, as you may find yourself behaving irrationally – your emotions of grief are constantly triggered by events and situations that would not have worried you before. It's natural that you may want to be protective of other children, but they can feel they spend all their time saying 'I'm not like Rachel, it's not the same, just treat me like a normal person'. All family members will grieve differently and take a different amount of time to heal. If it's helpful to talk, you can contact the FDS phone line on 1300 368 186 as some of the volunteers have been in a similar situation.

“Harm reduction does NOT promote drug use as a lifestyle option – it deals with the complex issue of minimising harm to illicit drug users until they reach a point where they choose, or are able, to cease their use.”