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 with this process, and also prevent their spread to others in the family. Your chemist can usually advise on suitable preparations for this.

In talking to young children, it is important to inform them about health risks and precautions. Younger children in the family may need to be advised on suitable preparations for this.

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.

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 lapse.

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.

• 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 day 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’s effects may be exaggerated, 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 – empty, 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 (Heron 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 alcohol or 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.

Examples of harm reduction include:

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