Marie Denis knew there were risks associated with the non-sterile needles she was using at the time, but she didn’t know one of those was infective endocarditis.

In fact, she didn’t know what infective endocarditis (IE) was back then. Marie had been to detox programs, rehab and needle and syringe program (NSP) sites but IE never came up as a topic of discussion. That is, not until she received her own IE diagnosis in hospital.

Marie, a harm reduction worker with Queensland Injectors Health Network (QuIHN), said her symptoms were shortness of breath, tiredness and heart abnormalities. She said she experienced stigma and discrimination in hospital but there wasn’t so much as a whisper about IE.

Story continued on Page 2
“They weren’t really conversing with me a lot until I said to them that I was prepared to go on a methadone maintenance program... but they still didn’t speak to me about the endocarditis,” Marie said.

Infective endocarditis is an infection and inflammation of the inner lining of the heart chamber and valves that generally originates from bacteria, fungi or other germs entering the bloodstream and colonising in the heart. “Strep” or “strap” bacteria, which normally populate body surfaces, are commonly the infecting organisms that enter the bloodstream via broken skin. Often with cases of IE in people who inject drugs, infecting organisms usually get access via a needle entering the skin. Common symptoms include shortness of breath, high fever, heart murmurs and fatigue.

‘No Fever, No Murmur, No Problem? A Concealed Case of Infective Endocarditis’, a paper published in the Journal of Emergency Medicine in March 2019, highlights that IE is a disease that requires timely intervention and diagnosis.

Dr Michael McCann, a medical registrar at the Fiona Stanley Hospital in Perth who co-authored the paper, said the types of patients who contract endocarditis are changing and the resistance patterns of the bacteria have altered.

Today, people who inject drugs have a much higher rate of staphylococcus aureus (“golden staph”) endocarditis, which is a highly virulent and aggressive infection.

Michael said diagnosing an infection on day one might be enough to confine it to the heart valve but diagnosing it on day seven might mean multiple sites of infection and a much worse patient outcome.

“As in, they have endocarditis with brain abscesses, kidney infection, liver abscess, spinal abscess and they’re very, very sick,” said Michael. “In our institution, we’ve certainly recently had cases where a patient was identified with a staph aureus infection, probably had endocarditis, but then decided to leave the hospital against advice... and then the patient comes back to the hospital a week later, sicker, and then the patient dies, despite every treatment we could provide.”

IE can be catastrophic for people who inject drugs and their communities but it’s hard on the health budget too.

between 2000-2015 and found that the mean cost for treating IE patients in the private hospital system was $21,254 and $51,456 in the public hospital system.

Michael said a general hospital bed in Western Australia incurs a cost of about $1500 per day. Going into intensive care is more like $8000-$10,000 per day. He emphasises people with IE might also live the rest of their lives with disabilities – because of a massive stroke, for example – that can potentially incur substantially more cost in terms of disability support expenses and loss of income.

Michael’s 2019 paper includes a case report involving a 33-year-old woman who spent 60 days in hospital with IE. Before discharge, the patient experienced a range of serious problems including septic arthritis of the wrists and ankles, brain abscesses, aneurysms and septic shock.

Diagnosis and intervention for this patient was complicated because she didn’t exhibit common symptoms associated with IE – including shortness of breath, fever and murmurs – and her history of intermittently injecting drugs wasn’t promptly clarified (knowing a patient’s drug history is key to IE diagnosis).

Michael said it can be tricky for medical staff to talk to hospital patients about drug use in the emergency setting. Often, in a busy emergency department, there are people everywhere. Privacy is a thin curtain between hospital beds. It’s noisy. There are lots of invasive tests and needles.

Patients might also be preoccupied with concurrent social, familial, financial and relational issues. They might also be experiencing mental health issues.

“They then ask someone, ‘Have you been using drugs recently?’ Some people don’t feel comfortable disclosing that, which is understandable,” said Michael.

Australia’s needle and syringe programs focus heavily on prevention education. To reduce the incidence of hospitalisation from injecting-related IE in the first place, NSP workers have a key role to play.

Damon Brogan, a Community Health Worker for cohealth and Health Works Manager, said when injecting drug users at NSPs take swabs (or don’t take them) it’s a good opportunity for NSP workers to talk to them about safer injecting practices.

“It’s encouraging people to have plenty of sterile syringes but also swabs,” said Damon. “Always emphasise the importance of swabs.”

“Clean the spoon, clean your fingers and clean the injecting site. If everybody did that on every occasion, the message would probably be a bit stronger, but you don’t want to harass people. You see people every day coming to your NSP. You don’t want to give them a lecture but always offer them swabs.

“Those are really important conversations that anyone can have in a few minutes. If people ask why, you can go into more depth.”

Damon also added it’s important to raise awareness that injecting-related disease prevention is about more than HIV and hepatitis prevention.

“Hepatitis and HIV education is going pretty well,” he said. “Not everybody is injecting as safely as they could, but most people are pretty well aware about not sharing syringes with other people.

“People are far less aware of a range of common infections you can get from bacteria and fungi.”

Marie said the hospital where she was treated for IE could have capitalised on an opportunity to share educational information with her about the issue of IE for people who inject drugs.

“That would have been the perfect time to have an intervention around how I got it, how I could have prevented it, what it does and what I have,” she said. “If I had had that information, then I could have passed it on to people I used with.”

Damon’s safer injecting tips for NSP workers to share with people who inject drugs:

1. It’s not just about not sharing syringes. Make sure everything is clean.
2. Sticking a syringe in your mouth and licking it before injecting is highly dangerous.
3. Take as many swabs as you need.
4. Ensure your skin is as aseptic as possible.
A SCOTTISH WORLD-FIRST AND THE LESSONS THAT COULD SAVE LIVES HERE

Record levels of drug-related deaths have led Scotland to introduce a world-first naloxone prisoner training program in Scottish prisons, and to also equip prison night staff with naloxone. It’s an initiative that has attracted attention in Australia.

The Scottish Drugs Forum (SDF) were commissioned by the Scottish government to deliver the prisoner training program across the country’s 15 prisons in 2011, when it was the first of its kind in the world.

More recently, a lack of overnight nursing staff led SDF to equip prison night staff with naloxone to help prevent overdoses in jail, said SDF drug-death prevention strategy co-ordinator, Kirsten Horsburgh.

“In 2017 it was identified as a risk from prison service headquarters that there were no nursing staff available overnight in prisons,” Kirsten said.

“If someone were to overdose overnight, there would be no one there to administer naloxone until the ambulance arrived.”

“We ran a program with night staff prison officers, and they are now equipped with naloxone kits overnight in case there is an emergency,” she said.

“It is not something night staff are faced with regularly but overdose in prison does happen, and we wanted to ensure there was coverage in case it does.”

Prisoners willing to be equipped with naloxone are also trained and supplied with Prenoxad® multi-dose pre-filled naloxone syringe and two intramuscular needles shortly before their release.

While the rates of drug-related deaths in Scotland are still the highest in Europe, the number of deaths would likely be much higher had take-home naloxone not been available. Take-home naloxone has been used thousands of times in the community to reverse potentially fatal overdoses.

The rate of drug-related deaths was exponentially higher among those recently released from prison, with research by the Society for the Study of Addiction showing that someone in their first two weeks of prison release was seven times more likely to fatally overdose than their community-based counterpart.

Since then rates of fatal overdose for recently released prisoners, across all genders and age groups, has fallen by 36 per cent.

The success of the program has been its ability to adapt to meet a range of challenges, said Kirsten. At the same time, what started as a program run by prison staff has now evolved into the inclusion of a peer-educator based model.

“If someone were to overdose overnight, there would be no one there to administer naloxone until the ambulance arrived.”
“It’s a totally unnecessary obstacle that has been placed in what could be a really simple process,” Michael said.

“The challenges in the prison services are always operational,” she said.

“Availability of staff, competing priorities in the prison regime like work, gym sessions, and visits, getting people to the correct place at the right time, and the willingness to get prisoners to attend the sessions were all challenges we faced.

“What we’re doing with the peer education model is making sure the interventions are similar to what is delivered in the community, and that it happens as a natural conversation between people, rather than any formal program type scenario. In doing this we’ve seen marked improvements in engagement.”

Staff support in helping prisoners to deliver the Scottish National Naloxone Program training is also vital to its success.

“We ask as much as possible for prison and health staff to be included in the program. We really rely on support from prison staff to make sure that peer educators can deliver what they have been trained in, and that they are given the time, the space, the support, that sort of thing,” Kirsten said.

“A lot of the people involved in delivering the interventions might have had previous experience of overdose or might have known people who have died from overdoses. And when you’re speaking to people about that all the time it’s important they have support in dealing with the feelings that come up. I guess in the same way you expect staff to have support in their workplace, we expect that same level of support for peer educators too.”

A similar prisoner naloxone program has also been trialled in Australia in the ACT. Since 2016, soon-to-be-released prisoners at risk of opioid overdose have been given naloxone training and access to naloxone ampoules following their release.

This program has also evolved from group training delivered by prison staff, to individual prisoner training delivered by an alcohol and other drugs nurse, said former program facilitator and Clinical Director of ACT Justice Health Services, Dr Michael Levy.

Michael said that while prisoners have engaged with the new model, its success has been hampered by the unwillingness of the ACT prison service to supply released prisoners with intramuscular syringes in their naloxone kits.

“It’s a totally unnecessary obstacle that has been placed in what could be a really simple process,” Michael said.

“These are people who are well versed in proper use of injecting equipment, it is given to them for a good reason, a health promoting reason.”

The introduction of naloxone intra-nasal spray earlier this year could provide a potential solution to operational and supply issues, said Michael, and is a life-saving intervention that could easily be adopted by prisons in other states.

“It’s very simple,” he said.

“There is no reason why it shouldn’t be offered. It’s community equivalent. The expectation is that all opiate dependent people should have some knowledge of Narcan use so that it can be used properly, and lives will be saved.”

Tom de Souza
From hearts in the sand, to memorial trees, naloxone training, soccer matches and cupcakes, the creativity of people marking International Overdose Awareness Day (IOAD) – the global day of action to end overdose – is boundless.

For IOAD 2018, the Jon’s Story organisation created a sea of purple hearts in the sand at Cotton Tree Beach in Maroochydore, Queensland (see photo above). Purple is the colour of IOAD and each heart included a message of remembrance.

Organiser of the event, Jasmin Raggam said that a RTPM system may have saved her brother Jon. Jon was taking his medication as prescribed but died from an accidental overdose when his opioid pain medication interacted with an anti-depressant prescribed for nerve pain.

“Overdose can happen to anyone at any time,” Jasmin said.

“Knowing you have made a difference, possibly saved a life by education and breaking down the stigma,” Jasmin said.

“We had the opportunity to tell our story while hearing others. It created a sense of a caring community.”

For Jasmin, there were many good things about holding the event.

“Hearts in the sand at Cotton Tree Beach, Maroochydore, Queensland for IOAD 2018. Photo by Jasmin Raggam for Jon’s Story.”
Julie Nicolaou is Project Hope Project Officer at EACH Social and Community Health in Melbourne. For IOAD 2018, EACH held a morning tea which included speeches, a memorial tree, candles (see photo bottom left) and naloxone training.

"Many participants stated that they previously hadn’t understood how stigma is communicated in the way we talk and write. They said they plan to use more informed language now. They also appreciated the information about naloxone," Julie said.

John Ryan, CEO of Penington Institute – the convenors of IOAD – said that the day is an Australian success story.

“International Overdose Awareness Day commenced in St Kilda, Melbourne in 2001,” John said.

In 2012 Penington Institute began its stewardship of IOAD and since then the campaign leading up to the day has grown in scope and scale.

"In 2013 there were 75 events and activities held across the world. We’ve seen a ten-fold increase since then – in 2018 there were 747 registered activities and events held in 38 countries," he said.

"Community members and organisations run activities and hold events to raise awareness of the issue of overdose and call for government and community action to help end overdose.

"There were many highlights in 2018. Flags of Hope, a community organisation in Toronto, Canada arranged for major landmarks, including the CN Tower, to be lit purple to help raise awareness of overdose. They also organised for Toronto’s mayor to issue a proclamation about IOAD.

"In Afghanistan, the head of the national AIDS and hepatitis control program announced that ‘drug use is not a crime’ and asked all hospitals and service providers to stock naloxone – a great outcome of the day."

With 31 August rapidly approaching there is still time to plan an activity or event. The IOAD site includes a planning toolkit for event and activity organisers.

* As 31 August falls on a Saturday this year, you can hold your activity or event in the days leading up to IOAD if a weekday event better suits your audience.

• The IOAD website has many resources such as posters and factsheets to download and print out.

• You can buy badges, wristbands and lanyards in the online shop

• You can also post on your social media using the hashtags #EndOverdose, #IOAD and #OverdoseAware.

Sophie Marcard
European Drug Report 2019

This EMCDDA report covers the questions: What are the latest drug trafficking trends in Europe and what lies behind them? What substances are causing the most harm in Europe today? What’s new in the areas of drug prevention, treatment and policy in Europe?


ACIC: Wastewater testing report

The seventh report of the Australian National Wastewater Drug Monitoring Program was released in June 2019. The program’s reports are published by the Australian Criminal Intelligence Commission (ACIC) three times per year. Nicotine and alcohol remain the highest consumed drugs measured by the program, with methylamphetamine remaining the highest consumed illicit drug of those tested.