‘Working with people using stimulants or opioids. Its ok, you’ve got this!’

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Deadly Doctors FORUM 2026

Acknowledgement of Country



We show our respect to elders both past, present and emerging, and extend that respect to any First Nations people present with us today.

Recognition of Lived and Living Experience

We recognise people in our communities with lived and living experience of drug and alcohol use and harms and those who love and care for them.

We recognise those who have been lost early and the impacts to their families, carers and communities.

We recognise their brave and generous contributions which assist us to continually shape and deliver quality care.



Learning outcomes

- understand the impact of drug use on Aboriginal peoples
- Build confidence assessing and managing opioid and/or stimulant dependence
- Build understanding of resources and referral pathways

Help us to understand your educational needs

Where do you work?
Does your workplace support the management of AOD issues?
The group of pts you see?
The AOD issues you see?
What keeps you awake at night?
What does success look like?

What are your burning questions?

What are we talking about here?

Opioids include

- Pharmaceutical/prescribed – codeine, tramadol, tapentadol, morphine, oxycodone, fentanyl
- Illicit – pharmaceutical (as above), heroin
- (nitazenes, fentanyl)

Amphetamine type stimulants (ATS)

- amphetamine – amphetamine, methamphetamine, dexamphetamine, amphetamine analogues
- methamphetamine - speed, base, crystalline, phenethylamines (ecstasy)
- Pharmaceutical/prescribed

Aboriginal and Torres Strait Islander peoples

Opioids

- High burden of harm
  - Dependence
  - Overdose (fatal and nonfatal)
  - More hospitalisations
- Chronic pain

Methamphetamines

- 1% recent use - First Nations 2.3 times more likely to use
- High burden of harm
  - Dependence
  - Overdose
  - 2nd most common drug - sought help
  - ¼ of hospitalisations
  - MH issues

The impact of colonisation, intergenerational trauma, poverty, access to culturally appropriate health services is integral to harm

Things to think about

- AOD as a symptom
- AOD has meaning
- AOD works
- AOD is not bad
- Acute presentations
- A serious relapsing remitting chronic illness
  - What is it?
- Spectrum of severity
- Risk with alcohol withdrawal
- Resi rehab
- Early AOD use
- Co morbidity
- The role of GPs
- Collaborative care

AOD use can be

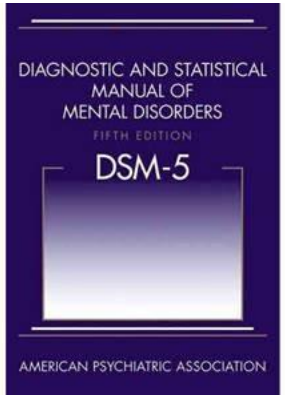
- Not an issue
- Episodic
- Regular
- Harmful
- Hazardous
- Dependent

- Don’t forget smoking
- Gambling

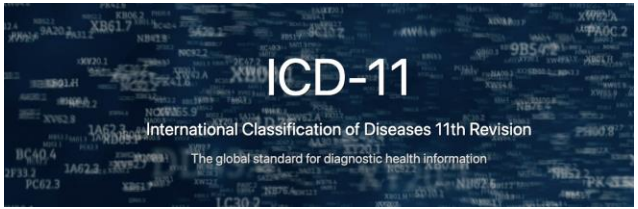
- How do you ask?

- How do you know if dependence is an issue?

Hazardous, harmful and dependent substance use or risky behaviours



- Hazardous use - no harm yet, substance, amount, route, risk of health harms
- Harmful use - experiencing harm, liver disease, depression, SBE
- Substance Use Disorder/Dependence – DSM 5/ ICD 11
  - Salience – becomes no. 1
  - Loss of control - higher, longer, harder to change, unsuccessful, continued use when causing harm
  - Tolerance, withdrawal





Protective factors

- parental involvement in the child's life
- strong and positive bonds with parents and caregivers
- clear and consistent family rules
- good academic performance
- school engagement and positive teacher experience
- healthy peer groups
- good social skills and ability to make friends

Stigma and discrimination

- Abuse
- Misuse
- Dirty/clean urine
- Addict, druggie, alcoholic
- In denial, resistant
- Drug seeking, manipulative, splitting
- Fallen off the wagon, staying clean
- Replacing one drug for another



Language is powerful—especially when discussing alcohol and other drugs and the people who use them. Stigmatising language reinforces negative stereotypes. "Person-centred" language focuses on the person, not their substance use.

When working with people who use alcohol and other drugs...

try this	instead of this
substance use, non-prescribed use	abuse; misuse; problem use; non-compliant use
person who uses/injects drugs	drug user/abuser
person with a dependence on...	addict; junkie; druggie; alcoholic
person experiencing drug dependence	suffering from addiction; has a drug habit
person who has stopped using drugs	clean; sober; drug-free
person with lived experience of drug dependence	ex-addict; former addict; used to be a...
person disagrees	lacks insight; in denial; resistant; unmotivated
treatment has not been effective/chooses not to	not engaged; non-compliant
person's needs are not being met	drug seeking; manipulative; splitting
currently using drugs	using again; fallen off the wagon; had a setback



The 3 pillars of harm minimisation

- Supply

preventing, disrupting production and supply, policing/customs

- Demand

Preventing uptake, education, limiting marketing, building protective factors and social engagement, treatment

- Harm

NSPs, safer injecting, safe consumption rooms, naloxone, drink driving laws, treatment

Role of NSP, THN

- Needle Syringe programs



- Take home naloxone

Our role as health care workers



- The health-based approach
- Harm not use
- Use doesn’t make the person a bad…..
- Shared decision making
- Respect with boundaries
- Understand coercion implicit in the system
  - ODT
  - Drug diversion programs
  - Work development orders

Cases – for small group discussion

Paul 45yo –struggling with opioids

- Attending your AMS, you know his partner and kids
- Early family breakdown, family violence, father ‘big’ drinker
- Family moved around and multiple schools
- Couch surfed in late teens
- Smoking age 15, Cannabis age 16, MDMA age 18, heroin age 19
- Suicide attempt x3 age 19 (overdoses)
- ODT age 21
- Completed ODT age 29
- Completed high school at TAFE in mid 20s and working full time
- MVA age 42- chronic back and hip pain
- Prescribed opioids, helped at first, but increasing pain, increasing dose up to 160mg Targin (240mg OMEDD) and relapsed to heroin



Paul 45yo

- Lives with his partner and 2 kids, works in office (HSC at TAFE in mid 20s, working FT)
- Early family breakdown, family violence, father 'big' drinker, family moved around, multiple schools
- Couch surfed in late teens, smoking age 15, Cannabis age 16, MDMA age 18, heroin age 19
- Suicide attempt x3 age 19 (overdoses)
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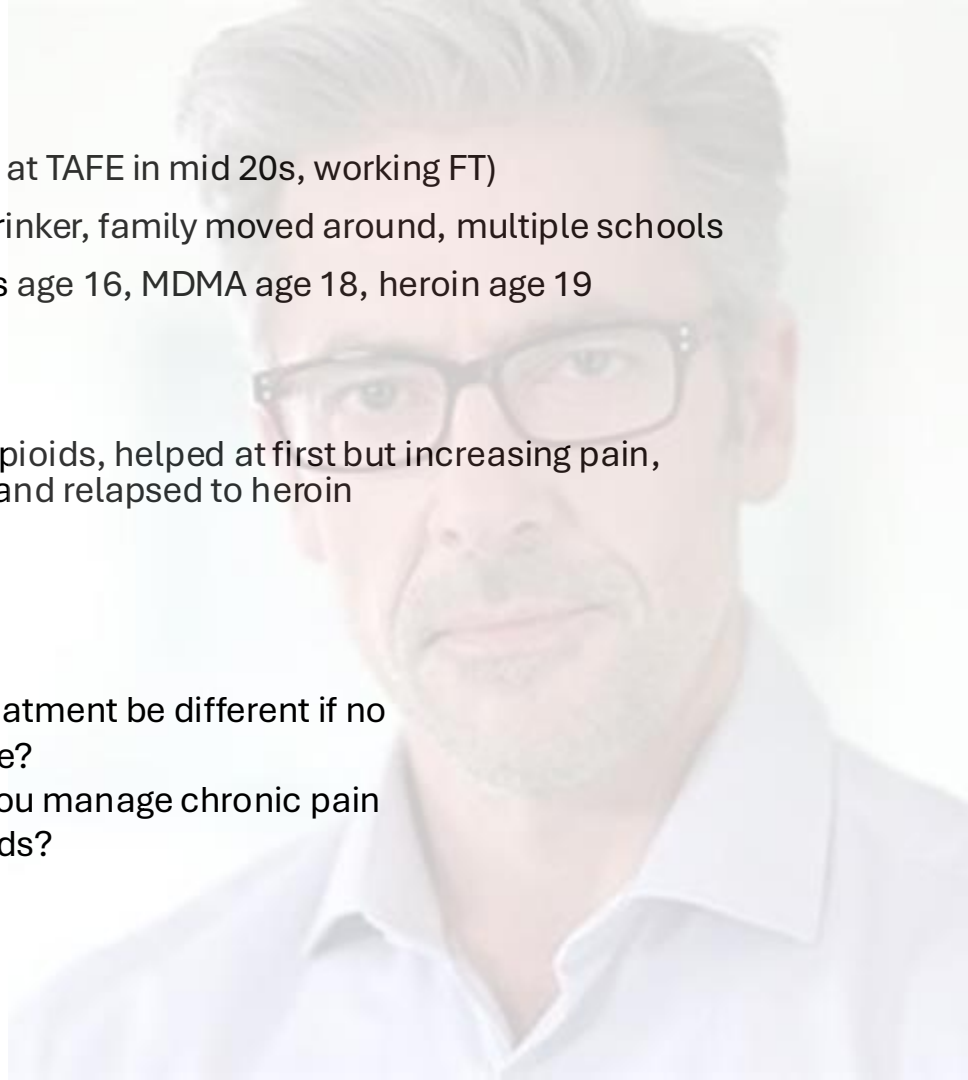
- **In your groups**
- What do you do?
- What are you worried about?
- What is important here?
- How would this differ if
  - you're prescribing this or if
  - someone else was prescribing his Targin
  - Or if he were obtaining this from friends
- Treatment options?

Would treatment be different if no heroin use?
How do you manage chronic pain and opioids?





Considerations

Treatment options

Pain management
- Multimodal interventions

Safe medication management
- SafeScriptNSW
- Staged supply

- OMED calculation
- ACI pain bytes https://aci.health.nsw.gov.au/chronic-pain/painbytes
- BPI/PEG
- Opioid safety toolkit https://opioid.com.au/

Opioid dependence treatment

- Opioid dependence – highly evidence-based, effective life-saving treatment
  - New guidance this year
  - Can undertake accreditation or just prescribe for up to 100 ppl

Suggest seeking support and can manage ongoing care
- Methadone
- Buprenorphine- SL and long-acting injectable



Jai age 28

- Attends your AMS, family known to you
- Currently not employed
- Family history of AOD issues, depression and family breakdown
- Presents on the urging of his grandfather, who is worried about his ice use
- Says ‘He wants me to go to rehab…’

In your groups

- What do you consider important here?
- What do you need to know?
- What do you do?



Jai age 28

- Living with grandfather after relationship breakup
- ADHD diagnosed age 8
- First drug use age 14 tobacco, cannabis
- Age 17 alcohol, occasional ice some weekends with friends
- Increasing smoked ice use over last 5 years, now 3-4 times a week, lost weight, not going to the gym, arguing with grandfather
- Stopped by the police last weekend

In your groups

- What do you consider important here?
- What do you need to know?
- What do you do?

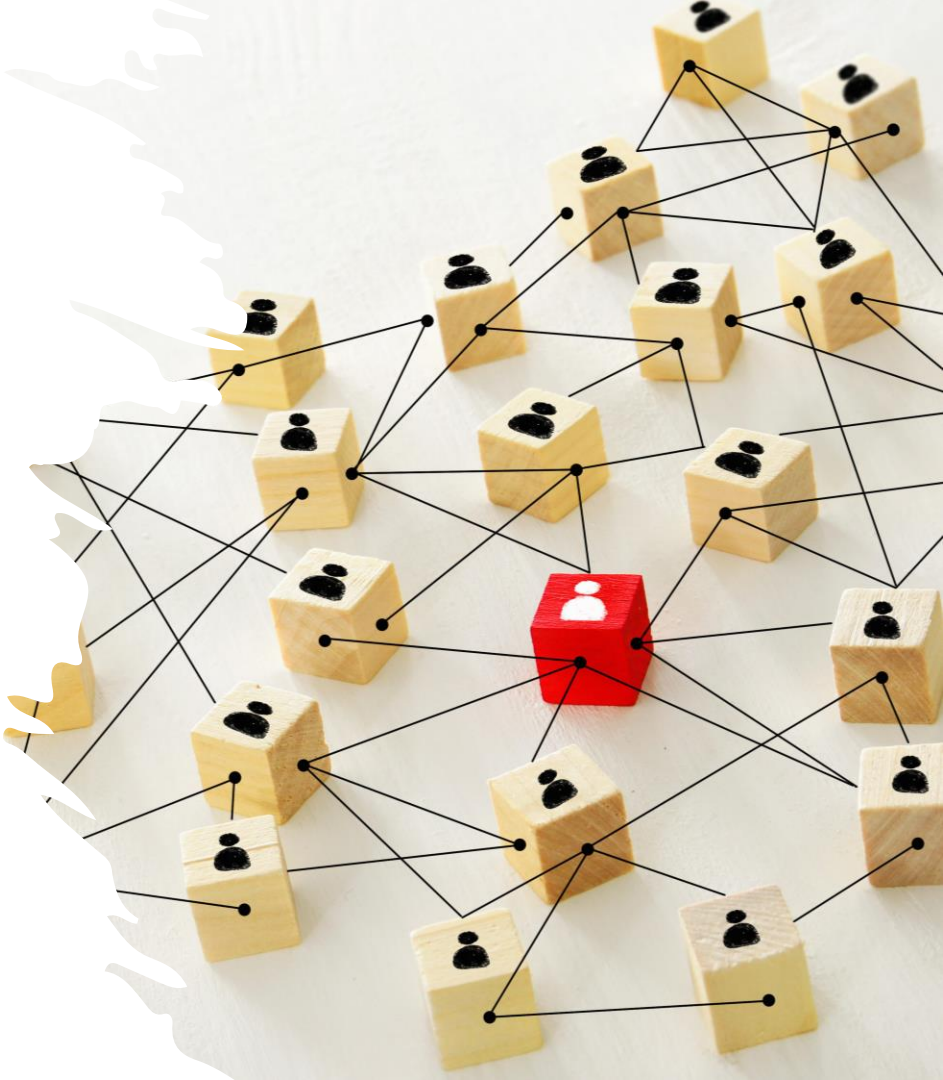
The therapeutic alliance

- Beneficence
- Autonomy
- Nonmaleficence
- Compassion
- Boundaries
- Hope
- Caring for yourself



In summary

- Substance use is common
- Need to assess risk, harm, dependence
- Dependence is a chronic relapsing medical condition
- Mental and physical impacts
- Recovery is about building meaning and connection
- We can play an important role in that



Questions