

As drug deaths rise in rural Australia, we must do more to prevent overdoses

December 19 2019, by Katinka Van De Ven, Kyle J.d. Mulrooney and Natalie Thomas



Credit: Stephan Müller from Pexels

Rural Australians are [more likely than their city counterparts](#) to drink alcohol at harmful levels. They're also [higher consumers](#) of cannabis, ice

and the [prescription opioids](#) oxycodone and fentanyl.

Drug-related deaths are also [rising more rapidly](#) in rural Australia, up 41% since 2008, compared with a 16% increase in major cities over the same period.

Several [reports](#) have also shown that the burden of alcohol and other [drug use](#) increases with remoteness.

Our [review of the international literature](#) on rural opioid-related harms, published today, shows it's not just the higher rates of [drug](#) use causing greater harms in rural and [remote areas](#).

It also comes down to specific features of rural communities including poorer access to treatment and harm-reduction programs, and more conditions that promote alcohol and other drug use, such as [economic hardship](#).

Our research focused on opioids, but the findings hold for other types of illicit drug use and alcohol abuse.

Why rural people suffer greater harms

Living in rural and remote areas shapes the risk of harm from opioids through four key influences:

1. **economic conditions** – many [rural areas](#) have experienced economic decline through the loss of manufacturing and other industries. This causes high levels of economic distress among some residents, particularly due to job losses
2. **physical conditions** – rural areas often lack infrastructure and public transport. Those who need alcohol and other drug services often have to travel greater distances for treatment. There are

- also fewer recreational activities, especially for young people
3. **social conditions** – the use of drugs as a recreational activity was linked with particular sub-cultures in rural areas. In [small towns](#), a lack of anonymity and stigmatization of people who use opioids can lead to people avoid seeking treatment. People in rural areas may also lack knowledge about treatment options or even what constitutes risky behavior
 4. **policy conditions** – rural areas often have limited coverage and availability of harm-reduction schemes such as needle and syringe programs, and residential and outpatient rehabilitation programs.

While a number of the above factors also apply to urban areas, rural environments have distinct, and often overlapping, physical, social, policy and economic features.

Invest in treatment facilities to reduce overdoses

Access to treatment and harm-reduction services are crucial to preventing drug-related harms, and in particular, overdose deaths.

[One study](#) found overdose rates tended to be higher in rural and remote areas where there was limited access to alcohol and other drug treatment services.

Where rural treatment facilities and harm-reduction services operate, they tend to employ [less qualified and experienced staff](#) and have greater difficulties retaining specialised and high-quality staff.

The challenge of finding suitable treatment in rural and remote areas is magnified by poor infrastructure and costly and limited public transport options in these areas.

We've known for several decades that [demand](#) for alcohol and other drug support and treatment services is high and increasing in rural communities. But these services are still under-resourced.

We need urgent government action, including sufficient funds, to improve service delivery.

Video services also have a role

While distance makes service delivery difficult, [tele-health](#) and tele-counselling may also help overcome some of these barriers.

Tele-health is where health services are delivered via live video-conferencing, while tele-counselling is a mental health service performed via phone or a secure video.

Technology can also help deal with concerns surrounding [confidentiality](#) in tight-knit communities. It allows people to receive drug and alcohol services from any location, including their home, as opposed to physically entering a drug treatment facility. This avoids the risk of being recognised by others and stigmatised as a person who uses drugs.

However, in some cases, tele-health will not replace physical services. Clean needles and syringes, for example, or drugs to prevent overdose (naloxone), require adequate funding and people on the ground to deliver them.

Policymakers must also attend to the economic, physical, social and policy conditions which are shaping the risk of alcohol and other drug use in rural communities. This might include:

- supporting more economic opportunities and [recreational activities](#) for young people

- investing in public transport
- providing adequate funding to attract and retain high-quality drug and alcohol workers.

These measures would help reduce some of the burden of drug and [alcohol](#)-related harm being borne by our rural communities.

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