



Acceptability of overdose helplines among people who inject drugs in Australia, 2025

Michael Curtis^{1,2}, Ashleigh Stewart^{1,2,3}, Rachel Sutherland⁴, Ju Park⁵, Joanna Wilson², Jack Curran¹, Bek Petrovic² & Paul Dietze^{1,2}

¹National Drug Research Institute, Curtin University, Melbourne, Australia, ²Burnet Institute, Melbourne, Australia, ³School of Public Health and Preventive Medicine, Monash University, Melbourne, Victoria, Australia, ⁴National Drug and Alcohol Research Centre, Sydney, New South Wales, Australia, ⁵Division of General Internal Medicine, the Warren Alpert Medical School, Brown University, Providence, USA

For further information: Michael.curtis@curtin.edu.au

Introduction

Overdose helplines are used in North America to prevent overdose deaths among people who use drugs alone (1-3). People can call the helpline and receive remote monitoring during episodes of drug use, with a first responder (e.g., ambulance, friend) sent if the person becomes unresponsive. With Australia's first overdose helpline proposed for Victoria (4), we explored the acceptability and perspectives on overdose helpline design features in a sample of people who inject drugs recruited from Australian capital cities as part of the 2025 Illicit Drug Reporting System (5). Participants were asked if they would use an overdose helpline (defined as confidential services designed to prevent death if someone overdoses while using alone; response options: 'no', 'yes', 'unsure'). Those reporting 'yes' or 'unsure' were asked about access and service preferences; those who reported 'no' or 'unsure' were asked why not.

Results

Around half of participants (436/822, 53%) said they would use an overdose helpline; 6% (n=51) were unsure. Acceptability varied between jurisdictions (Fig 1). Among those who would or were unsure about using the service (n=487), most (n=382, 78%) preferred access via a free-call telephone line (Fig 2), and 42% (n=199) did not mind who staffed the helpline provided they were trained. The most endorsed first-responder preferences were 'ambulance' (n=356, 73%) and 'friend, partner or neighbour' (n=142, 29%). Among those unsure or unwilling to use the helpline (n=362), the main reasons were believing they were not at risk of an overdose (n=193, 53%) and not using drugs alone (n=57, 16%; Fig 3).

Fig 1. Percentage of 2025 IDRS participants who would use an overdose helpline (N=822)

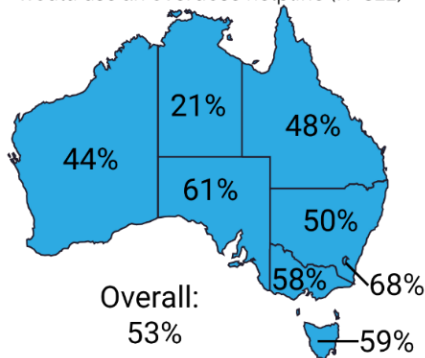


Fig 2. Participants preferences for how they wanted to access an overdose helpline (N=487)

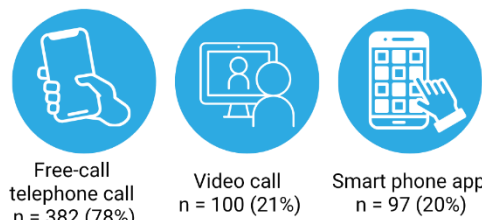
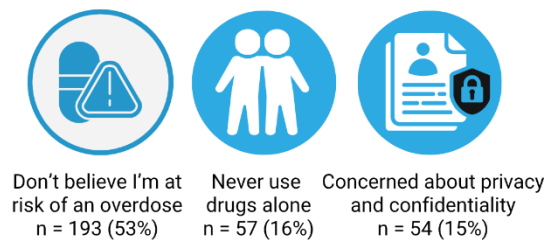


Fig 3. Participant reasons for believing they would not or were unsure if they would use an overdose helpline (N=362)



Conclusion

Findings suggest that although overdose helplines are broadly acceptable to people who inject drugs in Australia, there are considerable jurisdictional differences and barriers to uptake that warrant further exploration. Participant perspectives regarding design features and reasons against helpline use can inform the design, implementation and uptake of overdose helplines in Australia.

References

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