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# Submission to the Parliament of Victoria's Law Reform, Road and Community Safety Committee: April 2017

## INQUIRY INTO DRUG LAW REFORM

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide feedback to the Parliament of Victoria's *Law Reform, Road and Community Safety Committee* (the Committee) on the *Inquiry into Drug Law Reform* (the Inquiry).

ACEM is the not-for-profit organisation responsible for the training of emergency physicians and advancement of professional standards in emergency medicine in Australia and New Zealand. As the peak professional organisation for emergency medicine, ACEM has a vital interest in ensuring the highest standards of emergency medical care are maintained for all patients across Australasia.

ACEM commends the Parliament of Victoria for the Inquiry and the willingness to seek input from stakeholders on (1) the effectiveness of laws, procedures and regulations relating to illicit and synthetic drugs and the misuse of prescription medication in minimising drug-related health, social and economic harm and (2) the practice of other Australian states and territories and overseas jurisdictions and their approach to drug law reform and how other positive reforms could be adopted into Victorian law. ACEM's submission seeks to focus on aspects within the Inquiry's Terms of Reference that are relevant to emergency medicine in Victoria.

### EMERGENCY DEPARTMENTS

The practice of emergency medicine is concerned with the prevention, diagnosis and management of *acute* and *urgent* aspects of illness and injury among patients of all ages presenting with a spectrum of undifferentiated physical and behavioural disorders.[1] In the 2012/13 period, there were 7,091 (prescribed and non-prescribed) pharmaceutical drug-related presentations and 1,206 illicit drug-related presentations in Victorian emergency departments, representing a rate of 12.6 and 2.1 per 10,000 population, respectively. During the same period, alcohol presentations numbered 7,774, at a rate of 13.8 per 10,000 population.[2,3] Given the use of primary and principal diagnostic codes to classify emergency department presentations, combined with the high propensity for comorbid mental and physical health conditions among drug using populations, ACEM is cognisant that these figures are likely to significantly underestimate the true extent of drug-related emergency department presentations in Victoria.

By default, emergency departments act as frontline harm reduction services, with Victorian specialist emergency physicians at the forefront of responding to the direct and indirect health consequences of drug use and related harm. Responses range from treating acute drug intoxication and reversing overdose and poisonings, to managing acute and serious complications of chronic drug-related conditions. Fellows of ACEM (specialist emergency physicians) report that drug-related presentations

[1] ACEM. Policy on standard terminology (P02). Melbourne: ACEM, 2014.

[2] Turning Point, Eastern Health. AODstats [Internet]. Melbourne: Turning Point, Eastern Health; 2011 [updated 2016 Jul 31; cited 2017 Apr 17]. Available from: http://aodstats.org.au/VicState/.

[3] Most recent data publicly available.

significantly impact emergency department waiting times and resources. Given the current pressure on emergency departments, drug-related presentations contribute to hospital overcrowding. In this context, specialist emergency physicians see that their role comprises not only the provision of care for acute illness and injury, but also engagement with other organisations to implement evidence-based primary and secondary prevention and harm reduction strategies. ACEM considers that investment in effective, innovative and evidence-based harm reduction initiatives in relevant locations throughout the Victorian community will contribute to ameliorating the burden of drug-related presentations on Victorian emergency departments.

**THE VICTORIAN POISONS INFORMATION CENTRE**

Located in the Austin Hospital Emergency Department, the Victorian Poisons Information Centre (VPIC) provides expert telephone advice to the general public and health professionals on best practice management of individuals at risk of harm or who have become medically unwell as a result of pharmaceutical and/or illicit drug exposure (including novel psychoactive substances). Specialist emergency physicians with post-graduate training in the field of clinical toxicology provide this expert advice together with specialist pharmacists. The Medical Director of VPIC, a specialist emergency physician, provided raw data to ACEM for the purposes of this Inquiry. Table 1 compares the number of health professional calls to VPIC in 2006 and 2016. Over this 10-year period, ACEM notes that there was a twofold increase in the total number of health professional telephone enquiries to VPIC relating to illicit and pharmaceutical drug exposures.

**Table 1 Number of health professional telephone enquiries to VPIC seeking management advice for exposure to drugs, 2006 and 2016**

| Drug | Health professional calls to VPIC | | % increase |
|---|---|---|---|
| | 2006 N | 2016 N | |
| Benzodiazepines (prescribed and non-prescribed) | 893 | 1324 | 47.8 |
| Tramadol (prescribed and non-prescribed) | 106 | 196 | 84.9 |
| Meth/amphetamine | 65 | 89 | 36.9 |
| Oxycodone (prescribed and non-prescribed) | 38 | 426 | 1021.1 |
| MDMA and related drugs | 21 | 65 | 209.5 |
| Heroin | 13 | 22 | 69.2 |
| Gamma-hydroxybutyrate (GHB) | 9 | 24 | 166.7 |
| Cocaine | 2 | 17 | 750.0 |
| LSD | 1 | 5 | 400.0 |
| Synthetic cannabinoids | -- | 24 | -- |
| Ketamine | -- | 10 | -- |
| **TOTAL** | 1,148 | 2,202 | 91.8 |

Note: Numbers and percentage increases are only a guide and should be interpreted in this context. Increases could not be calculated for drugs in 2006 for which no calls were received.

Thus, ACEM is mindful that in the current legislative framework significant numbers of individuals in the Victorian community become critically unwell as a result of pharmaceutical and illicit drug exposure. Despite the availability of alcohol and other drug (AOD) treatment, access to these services remains poor and many preventable fatalities continue to occur on an annual basis. Despite the frequent development of new treatments to manage drug toxicity, the vast majority of deaths occur in the community before medical treatment can be rendered. Examples include fatalities from heroin overdose, misuse of pharmaceutical opioids, and recreational use of illicit drugs such as (pills sold as) ecstasy and gamma-hydroxybutyrate (GHB). A proven approach to reducing the health, social and economic harms related to drug use, and particularly deaths, is the utilisation of evidence-based harm reduction interventions.

ACEM recommends that the Committee actively considers opening a dialogue with legislators, health professionals, the general population (including consumers), and all other relevant stakeholder groups concerning innovative, evidence-based interventions to reduce the harms related to drug use in Victoria. ACEM notes the following interventions have resulted in reduced levels of drug-related harm in other Australian jurisdictions and international settings and recommends that the Committee explores the value of implementation in Victoria of (1) an appropriately located medically supervised injecting facility[4,5] (2) a trial of 'pill testing' services[6] (3) community take-home naloxone programs[7] and (4) prison needle and syringe programs.[8]

Programs such as these foster positive engagement with drug users, promote changes in drug-related health behaviours and, importantly, increase links to other AOD health, welfare and treatment services. Amending Victorian legislation to allow implementation of proven interventions can only serve to reduce the harms associated with drug use in the community and ultimately assist with reducing the burden of drug-related presentations in Victorian emergency departments. In addition, ACEM requests that the Committee considers the urgent need for further research into harm reduction interventions to attenuate the rising number of fatalities related to pharmaceutical drug misuse, particularly those associated with inappropriate use of benzodiazepines and opioid analgesics, such as oxycodone.

Thank you for the opportunity to provide feedback to the Parliament of Victoria's Law Reform, Road and Community Safety Committee. ACEM is prepared to positively participate in any conversation or process in relation to harm reduction that may be formulated as a result of this Inquiry. Should you require clarification or further information, please do not hesitate to contact ACEM's Policy and

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[4] NSW Government. Premier of New South Wales news release: Kings Cross Medically Supervised Injecting Centre [Internet]. 2010 [updated 2010 Sep 15; cited 2017 Apr 18]. Available from: http://www.nswbar.asn.au/circulars/2010/sept/injectingroom.pdf.

[5] Drug Policy Modelling Program. Supervised injecting facilities – annotated bibliography [Internet]. Sydney: UNSW; 2012 [cited 2017 Apr 18]. Available from: https://dpmp.unsw.edu.au/sites/default/files/dpmp/resources/SIF_0.pdf.

[6] Ritter, A. Six reasons Australia should pilot 'pill testing' party drugs [Internet]. Sydney: UNSW; 2017 [updated 2017 Apr 17; cited 2017 Apr 18]. Available from: https://ndarc.med.unsw.edu.au/blog/six-reasons-australia-should-pilot-%E2%80%98pill-testing%E2%80%99-party-drugs.

[7] McDonald, R. & Strang, J. Are take-home naloxone programmes effective? Systematic review utilizing application of the Bradford Hill criteria. Addiction [Internet]. 2016 Mar [cited 2017 Apr 17];111:1177-87. Available from: http://onlinelibrary.wiley.com/doi/10.1111/add.13326/pdf.

[8] World Health Organization. Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users [Internet]. Geneva: World Health Organization; 2004 [cited 17 Apr 18]. Available from: http://www.who.int/hiv/pub/prev_care/effectivenesssterileneedle.pdf.

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