



## Australasian College for Emergency Medicine

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### Submission to the Special Commission NSW INQUIRY INTO THE DRUG 'ICE' MAY 2019

The Australasian College for Emergency Medicine (ACEM, the College) welcomes the opportunity to provide comment to the Special Commission undertaking the Inquiry into the drug 'ice'. ACEM considers that the Inquiry provides a timely opportunity to respond to the multi-faceted issues surrounding methamphetamine in the context of presentations to NSW Emergency Departments (EDs).

ACEM is the peak body for emergency medicine and has a vital interest in ensuring the highest standards of emergency medical care for all patients. ACEM is responsible for the training and ongoing education of emergency physicians and the advancement of professional standards in emergency medicine in Australia and New Zealand.

Taking into account the many and diverse issues discussed in the four Issues Papers, ACEM makes the following recommendations:

- Recommendation 1:** Strengthen existing data resources and the evidence base, including ACEM sourced data<sup>1</sup> to inform policy development and service planning for methamphetamine related presentations in NSW ED's.
- Recommendation 2:** Increased funding and resourcing of EDs to manage existing patient demand; and meet projected increase for ED and community based services.
- Recommendation 3:** Reframe the policy framework to recognise the use of amphetamine type stimulants (ATS) as a public health issue, whereby early intervention and social supports underpin efforts to assist the individual, their family and their community.

Detailed discussion on ACEM's three recommendations is provided below.

#### 1. DATA TO INFORM POLICY DEVELOPMENT AND SERVICE PLANNING

ACEM agrees that better data collection and analysis would provide greater capacity to identify and respond to immediate needs as well as longer-term trends. This would better inform the development of effective interventions in the ED as well as broader hospital and community based programs and support.

ACEM considers that the data provided in Issues Paper 1 provides an indication of the prevalence of ATS use in New South Wales. The nearly ninefold increase in methamphetamine-related emergency department presentations from 2009/10 to 2016/17, and the 1,350 % increase in methamphetamine-related hospitalisations, clearly demonstrates that demand for services is increasing.

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<sup>1</sup> [Alcohol Harm Snapshot Survey](#) (AHSS) – a yearly publication undertaken by ACEM since 2013.

## 1.1 Member feedback – alcohol and other drug impacts

Based on the clinical experiences of our members, the College believes alcohol and other drug (AOD) harm is one of the largest, preventable public health issues facing EDs. Due to the volume and nature of presentations, AOD harm can have detrimental effects on ED staff, other patients and accompanying persons, adversely affecting the way EDs function.<sup>2</sup>

For more than a decade ACEM members have also expressed concern about methamphetamine's impact in the acute health system, particularly in the EDs where they work. In 2015, to better understand these concerns the College collected ED staff perceptions of recent trends in AOD related ED presentations. This research found that 72%<sup>3</sup> of Australian Directors of Emergency Medicine (DEMs) reported a perception that amphetamine-type stimulant (ATS) ED presentations increased between 2014 and 2015, and more than half of DEMs<sup>4</sup> identified rising ATS ED presentations as an emerging trend.<sup>5</sup>

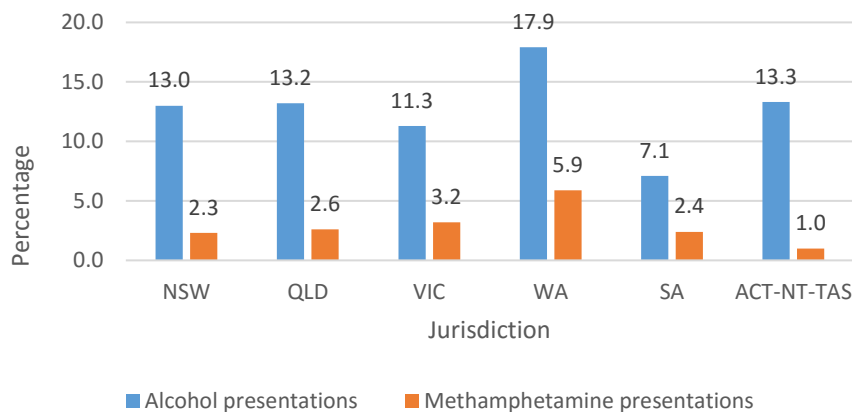
## 1.2 ACEM data

ACEM undertakes regular data analysis through its snapshot surveys of the prevalence of access block in Australian EDs to quantify the impact of these issues and to identify national and jurisdiction trends.<sup>6</sup> ACEM also undertakes a yearly Alcohol Harm Snapshot Survey (AHSS) that aims to quantify alcohol's burden in EDs and better understand its contribution to the ED workload.

Feedback from our members – together with the lack of nationally consistent data quantifying the extent and impact of AOD harm in EDs in Australia and New Zealand – led the College to explore the issue further by including methamphetamine in the 2018 AHSS.<sup>7</sup> The data at Figure 1 (percentage of alcohol and methamphetamine presentations) shows:

- Methamphetamine patient presentations represented 2.3% of ED presentations in NSW
- Alcohol ED presentations represented approx. six times as many patients as methamphetamine ED patient presentations.

**Figure 1: Percentage of alcohol and methamphetamine presentations (2018)**



ACEM highlights to the Special Commission the results from a recent Melbourne based study published by the Royal Australian and New Zealand College of Psychiatrists.<sup>8</sup> With the purpose of better

<sup>2</sup> [Australasian College for Emergency Medicine. Statement on alcohol harm \(S43\)](#). Melbourne: ACEM; 2016 [updated Jul-16; cited 2019 Jan 30].

<sup>3</sup> 58 Australian DEMs and eight New Zealand DEMs responded; 72% cf. 14% in New Zealand.

<sup>4</sup> 56% of 48 DEMs who responded.

<sup>5</sup> As above.

<sup>6</sup> Australasian College for Emergency Medicine. Hospital Data 2015 Survey Report of Findings. 2016.

<sup>7</sup> The 2018 AHSS report is due for release in mid-May.

<sup>8</sup> The Royal Australian and New Zealand College of Psychiatrists, 2018. *Methamphetamine use in patients presenting to Emergency Departments and psychiatric inpatient facilities: what are the service implications?* Australian Psychiatry 2019, Vol 27(1) 14-17.

understanding the service implications from methamphetamine related presentations to EDs and acute psychiatric inpatient services (AIS), the findings of the study found that the majority of patients presenting to EDs with methamphetamine use:

- Were predominantly male (84.6%)
- Had a primary psychiatric diagnosis of acute intoxication (69.2%)
- Required physical restraint (69.2%)
- Required mechanical restraint (61.5%)
- Were aggressive to other patients (50%)
- Were aggressive to staff (65.4%).
- Had used methamphetamine within past 28 days prior to admission (100%).

These data sources demonstrates to need to engage and utilise ED expertise, in terms of individual data and analysis and as an expert resource to inform efforts to quantify and capture data on ATS/methamphetamine. This will better inform and shape the development of ATS/methamphetamine policy and service development. It will also strengthen decisions regarding resources to support hospital based interventions and community based support services.

#### **Recommendation 1:**

**Strengthen existing data resources and the evidence base, including ACEM sourced data to inform policy development and service planning for methamphetamine related presentations in NSW ED's.**

## **2. INCREASED FUNDING AND RESOURCING OF EMERGENCY DEPARTMENT TO MANAGE HIGH ACUITY PRESENTATIONS**

Emergency departments are designed and staffed to provide care 24 hours a day, 7 days a week. The ED must manage an unpredictable demand and respond to a broad range of clinical and social presentations. ACEM considers that the increase in methamphetamine patient presentations across NSW demonstrates an urgent need for targeted resources and support for NSW EDs to meet the high acuity needs of this patient group.

### **2.1 Complex, resource intensive presentations**

In the ED, methamphetamine presentations are of high acuity.<sup>9</sup> Typically this presentation group is very resource intensive. Among other factors, frequent and heavy methamphetamine use is associated with psychosis, major depression, higher levels of health service utilisation and frequent ED presentation.<sup>1011121314</sup> Patients attending EDs due to methamphetamine have complex needs and require active care, greater clinical resources, and longer ED lengths of stay for stabilisation.<sup>1516</sup>

In the last decade ATS have become more potent, cheaper and easier to obtain, possibly explaining some of the increases in harm such as those observed in ED settings.<sup>17</sup> For instance, among patients

<sup>9</sup> 'High acuity' patients need intense levels of care and are often the sickest patients in the ED.

<sup>10</sup> McKetin R, McLaren J, Lubman D, L H. The prevalence of psychotic symptoms among methamphetamine users. *Addiction*. 2006;101(10):1473-8.

<sup>11</sup> McKetin R, Lubman D, Lee N, Ross J, T S. Major depression among methamphetamine users entering drug treatment programs. *Med J Aust*. 2011;195(3):S51-5.

<sup>12</sup> McKetin R, Degenhardt L, Shanahan M, Baker A, N L. Health service utilisation attributable to methamphetamine use in Australia: Patterns, predictors and national impact. *Drug Alcohol Rev*. 2017;37(2).

<sup>13</sup> Nambiar D, Stooze M, Dietze P. Frequent emergency department presentations among people who inject drugs: A record linkage study. *Int J Drug Policy*. 2017;44(115-120).

<sup>14</sup> Fatovich D, Davis G, Bartu A. Morbidity associated with amphetamine related presentations to an emergency department: A record linkage study. *Emerg Med Australas*. 2012;24:553-9.

<sup>15</sup> Scott N, Caulkins J, Ritter A, Quinn C, P D. High-frequency drug purity and price series as tools for explaining drug trends and harms in Victoria, Australia. *Addiction*. 2015;110(1):120-8;

<sup>16</sup> Australian Institute of Health and Welfare. Trends in methylamphetamine availability, use and treatment, 2003-04 to 2013-14. Canberra: AIHW; 2015.

seeking help from EDs for mental health crises, almost a third have substance use recorded as a feature of their presentation, and long ED stays are common.<sup>18,19</sup> A sizeable proportion of toxicology presentations also involve methamphetamine intoxication, prompting the establishment of specialised urgent care centres in some jurisdictions like WA for the safer care of ED patients who are behaviourally unwell, particularly those who are agitated and aggressive.<sup>20,21</sup>

## 2.2 Access block and ED overcrowding

Patient access to hospital beds should occur within a reasonable timeframe, measured at four hours nationally. When a patient waits in the emergency department for eight hours or more following assessment and treatment, they are experiencing access block. This occurs while EDs continue to accept more patients and results in overcrowding. Access block is directly linked to longer patient stays, increased adverse events and increased likelihood of dying in hospital.

Access block and ED overcrowding are indicative of problems with the whole-of-hospital operation and the broader health care system. Where it occurs, patients admitted to a specialist inpatient unit are delayed in the ED and must continue to be monitored and cared for by ED staff. In the absence of timely and appropriate support, people presenting with ATS/methamphetamine issues will regularly experience long delays in the overcrowded and unsuitable environment of an ED. Our Members report that access block and ED overcrowding are the two main contributors to stress and burnout, as the shortage of inpatient and community services severely compromises clinicians' ability to offer safe, timely and appropriate care to patients.<sup>22</sup>

## 2.3 Greater service capacity and coordination

A driving force behind the increased number of ATS/methamphetamine ED presentations, is the limited pathways into expert care and support. Service fragmentation and system gaps contribute to people to seek help from EDs when they are in crisis – they have nowhere else to go. AIS/methamphetamine related presentations need multidisciplinary care that includes mental health and addiction expertise alongside social support.

ACEM believes that there is a need for more community based AOD services throughout NSW that provides holistic, wraparound care, and an increase in specialist AOD treatment. The scarcity of government-funded specialist AOD treatment services results in urgency for integrated care pathways out of EDs so patients receive appropriate and timely care when and where they need it.

## 2.4 ED-led innovation

ACEM draws the inquiries attention to a number of innovative models of care developed in partnership with EDs in Sydney that demonstrate how multidisciplinary care in the ED can support timely and appropriate access for complex psych social conditions.<sup>23</sup> These include:

- St Vincent's Hospital (Sydney)
  - Psychiatry, Alcohol, Non-prescription drug Assessment (PANDA)
  - 10-15% of patients presenting to the ED meet this need
  - Dedicated 6 bed short stay unit for acute medical care (24hr/7 day a week)

<sup>18</sup> Australasian College for Emergency Medicine. [The long wait: An analysis of mental health presentations to Australian emergency departments](#). Melbourne: ACEM; 2018 [cited 2019 Jan 30].

<sup>19</sup> Australasian College for Emergency Medicine. [Waiting times in the emergency department for people with acute mental and behavioural conditions](#). Melbourne: ACEM; 2018 [updated 2018 Jun 12; cited 2019 Jan 30].

<sup>20</sup> Bunting P, Fulde G, S F. Comparison of crystalline methamphetamine ("ice") users and other patients with toxicology-related problems presenting to a hospital emergency department. *Med J Aust.* 2007;187(10):564-6.

<sup>21</sup> Government of Western Australia. Urgent care clinic opens at Royal Perth Hospital [Media release]. Perth: Government of Western Australia; 2018 [updated 2018 May 22; cited 2019 Feb 8]. Available from: <https://www.mediastatements.wa.gov.au/Pages/McGowan/2018/05/Urgent-Care-Clinic-opens-at-Royal-Perth-Hospital.aspx>.

<sup>22</sup> Australasian College for Emergency Medicine. (2016). ACEM Workforce Sustainability Survey Report, November 2016. Melbourne: ACEM.

<sup>23</sup> More information about these models are available to [view here](#).

- Early involvement of mental health and other early intervention supports.
- Royal Prince Alfred Hospital (Sydney)
  - Mental health nurse team in the ED
  - Model of care led by Nurse Practitioner
  - Close relationship between nursing, ED and psychiatry units.

ACEM highlights the following factors in building and strengthening service capacity to respond to

- The need for dedicated resourcing (physical space and staffing)
- The need for coordinated pathways within hospitals and into the community,
- The need for early intervention and access to social supports to assist a person's recovery.

The NSW government needs to prioritise service development to improve equity of access to AOD services and supports regardless of where you live. Providing immediate access and accessibility to early intervention and social support services in metropolitan and regional communities will reduce the burden on NSW EDs.

#### **Recommendation 2**

**Increased funding and resourcing of emergency departments to manage existing patient demand, and meet projected increases for ED and community-based services.**

### **3. REFRAME PUBLIC DISCOURSE AND POLICY FRAMEWORK AS A PUBLIC HEALTH ISSUE**

Leadership and direction by the government is required to reframe the policy and public discourse, and change community perception, of methamphetamine use across NSW communities. Social change is required to see the 'person' in the first instance, rather than seeing a 'problem' that elicits criminal justice responses. Key aspects of social change include understanding the underlying socioeconomic and cultural context for drug use, and adopting people-focused policies and interventions that support harm reduction rather than extending prohibitionist approaches.

To support reframing public discourse and policy frameworks around drug use to support a public health perspective, ACEM makes the following suggestions.

#### **3.1 Harm reduction approaches**

The NSW government should explore methods of examining and identifying the risk factors for AIS/methamphetamine and other amphetamines ice use and how to mitigate or reduce its use, particularly in high risk industries. These include:

- Assessing the adequacy of measures to stop ice affected drivers, given motor vehicle injury and death associated with methamphetamine intoxication;
- Ensuring accessibility of community resources and supports is provided 24hrs a day / 7 days a week for families wishing to assist family member ice users;
- Adopting "pill testing" at music festivals, given the prevalence of other amphetamine type substances sold as recreational drugs.

The NSW government should ensure mechanisms for early diversion of users away from the criminal justice system. Diverting users into health services offers greater opportunity for harmful methamphetamine/ATS use to be addressed than would be possible through punitive pathways. Key initiatives include:

- Improving the availability and implementation of drug use intervention and withdrawal services for the prison and remand population.

- Providing integrated support for reducing and recovering from drug use as a routine offering for the prison population, irrespective of movement from one correctional facility to another.

**Recommendation 3:**

**Reframe the policy framework to recognise the use of amphetamine type stimulants (ATS) as a public health issue, whereby early intervention and social supports underpin efforts to assist the individual, their family and community.**

Thank you again for this opportunity and we look forward to further engage with the Inquiry on this important issue in emergency medicine. If you require further information, please do not hesitate to contact the ACEM Policy Manager Helena Maher by phone: (03) 9320 0444, or via email: [helena.maher@acem.org.au](mailto:helena.maher@acem.org.au).

Yours sincerely,



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