

National Centre for Clinical  
Research on Emerging Drugs

# NCCRED

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## **Towards a prompt response network for Australia: rapid health communication about events related to emerging drugs of concern**

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1. The National Centre for Clinical Research on Emerging Drugs (NCCRED), Sydney, Australia,
2. The National Drug and Alcohol Research Centre (NDARC), Sydney, Australia,
3. St Vincent's Hospital, Sydney, Australia

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National Centre for  
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Drugs

Clinical practice  
*meets clinical  
research*

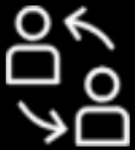
## About Us

Working together to respond to  
methamphetamine and new and  
emerging drugs of concern.



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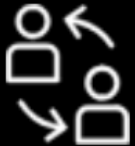
## Our Aims



Generate new evidence-based knowledge



Build clinical research capacity and collaboration



Promote effective research translation into clinical practice

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## **Background:**

- Significant delays in detecting and responding to increased health problems related to emerging substances in Australia
- Nationally, uncoordinated health responses and anti-public health media misrepresentation has contributed to a delay in access to quality information
- Recent cases highlight the urgency of an information exchange mechanism which involves various stakeholders and provides timely notification and communication of events of potential clinical and public health relevance
- Increasing proportion of people who use ecstasy/stimulants taking 'unknown substances' (1 in 5) and increasing NPS

Kelly, Bruno & Peacock (2019). Recent use of 'capsules contents unknown' among a sample of people who frequently use ecstasy and other illicit stimulants in Australia. Drug Trends Bulletin Series. Sydney: NDARC UNSW Sydney



**NUAA** @nuaansw · 22 May 2018

Sad to say there have been 3 overdose deaths of peers of Fleet Street Clinic in Western **Sydney** over the last week. May be a strong batch of heroin or cut with Carfentanyl/**Fentanyl**. Be careful, try gear 1st. Better 2 holes in the arm than 1 in the ground.



**Australian Injecting & Illicit Drug Users League - AIVL**

March 28 at 12:04 PM · 🌐

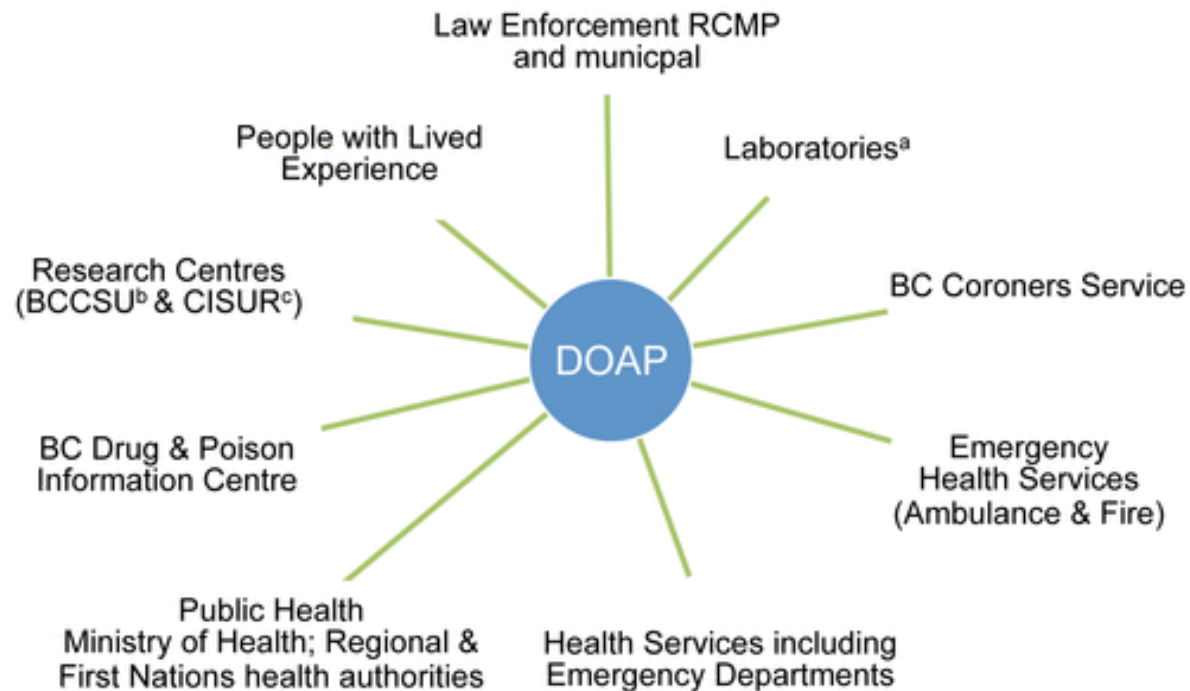
## FENTANYL IN SYDNEY

### Description of dope

The dope that dropped somebody very close to me me was very hard but not crumbly white rock. It feels waxy or slimy when mixed but becomes crystal clear. This gear is lethal and has already killed. Only a fraction of a usual dose is enough to kill.

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## **The British Columbia Drug Overdose and Alert Partnership:**



Buxton, Spearn, Amlani, Kuo, Lysyshyn, Young, Purssell, Papamihali, Mill, Shapiro ( 2019) The British Columbia Drug Overdose and Alert Partnership: Interpreting and sharing timely illicit drug information to reduce harms

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## Source and Description of Data Shared

Data Source	Data Description	Frequency
B.C. Emergency Health Services	911 calls coded by dispatch as ingestion poisoning by week and location. An algorithm identifies alerts <sup>a</sup>	Weekly
B.C. Centre for Disease Control	Dashboard: i) deaths by health region ii) Illegal drug overdoses attended by B.C. Emergency Health Services by health region and city and percentage transported to hospital; iii) dispatch data is used to derive severity and to project illegal drug overdoses	Weekly
	Take Home Naloxone and Facility Overdose Response Box program distribution and administrations	Monthly
B.C. Centre for Substance Use	Drug checking reports	Monthly
BC Coroners Service	Provisional Illicit Drug Overdose Deaths by health region and city, age group, sex, place of injury, and fentanyl detected	Monthly received 2–3 days prior to public release
	Other reports, e.g., drug type summary reports, mapping by local health area and detailed reports	As available or requested
B.C. Drug and Poison Information Centre (DPIC)	Calls to DPIC for exposures to six substance classes (alcohol, benzodiazepines, hallucinogens, opioids, sedative hypnotics, and stimulants) by health region	Weekly
Health Canada Drug Analysis Service	Line list of drug seizure sample testing results by province	Monthly
	Drug situation summary report for Canada and by province	Quarterly
	Alert when new substance found in a region for the first time, with date substance received	As occurs
Vancouver Coastal Health	Overdose visits by substance type (heroin, other known drug, medication, unknown, alcohol) to Vancouver Coastal Health emergency departments (9/13 acute care facilities)	Weekly
	Overdoses at Vancouver's supervised consumption site by reported substance used (heroin, other unknown drug) and intervention (+/- naloxone) and visits and overdoses at overdose prevention services in Vancouver Coastal Health	

<sup>a</sup>Ingestion poisoning = any toxic substance including prescribed and over the counter medication, street drugs, and chemicals. Public Health Intelligence for Disease Outbreaks (PHIDO) alerts are reported as low, medium, and high by B.C. geographic areas: local health area [45], health service delivery area [16], and health authority [5] for the last 7, 14, 21, and 28 days.



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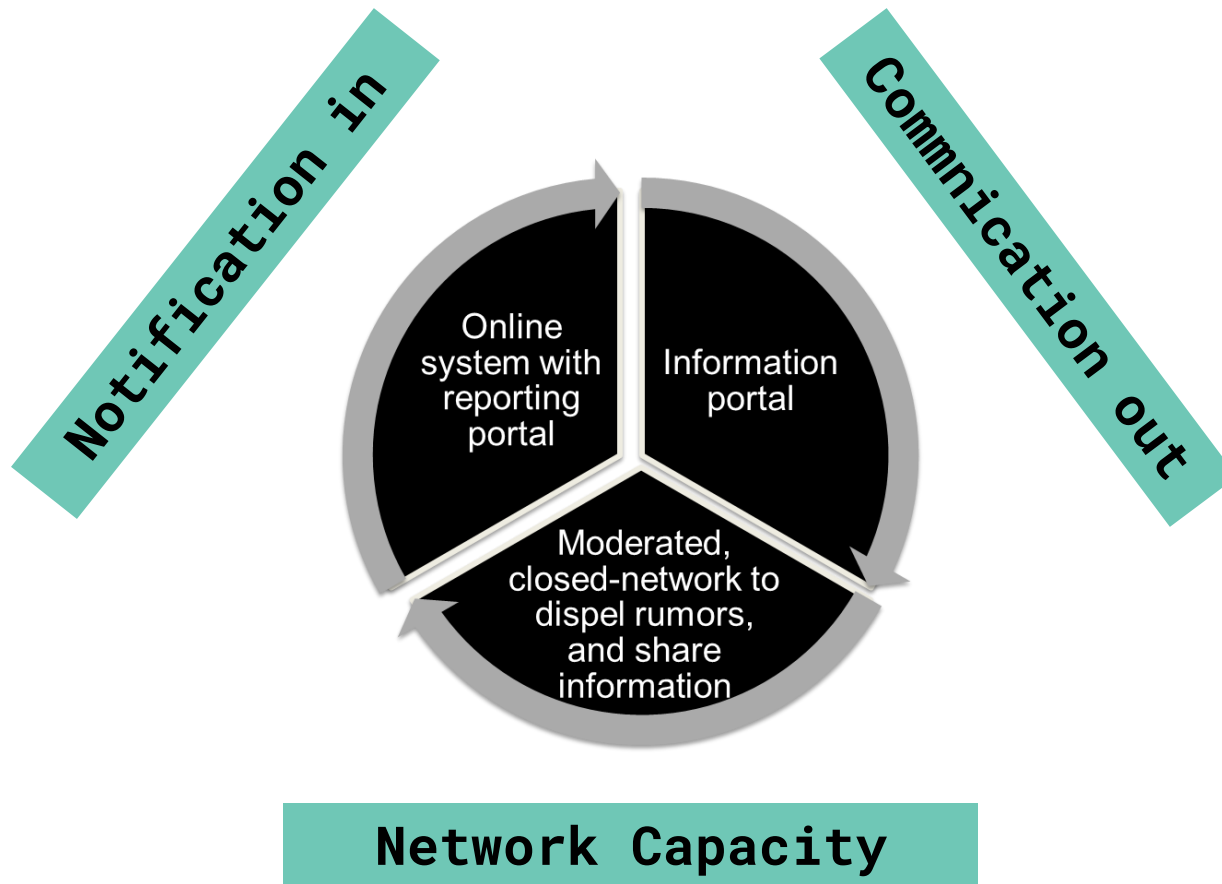
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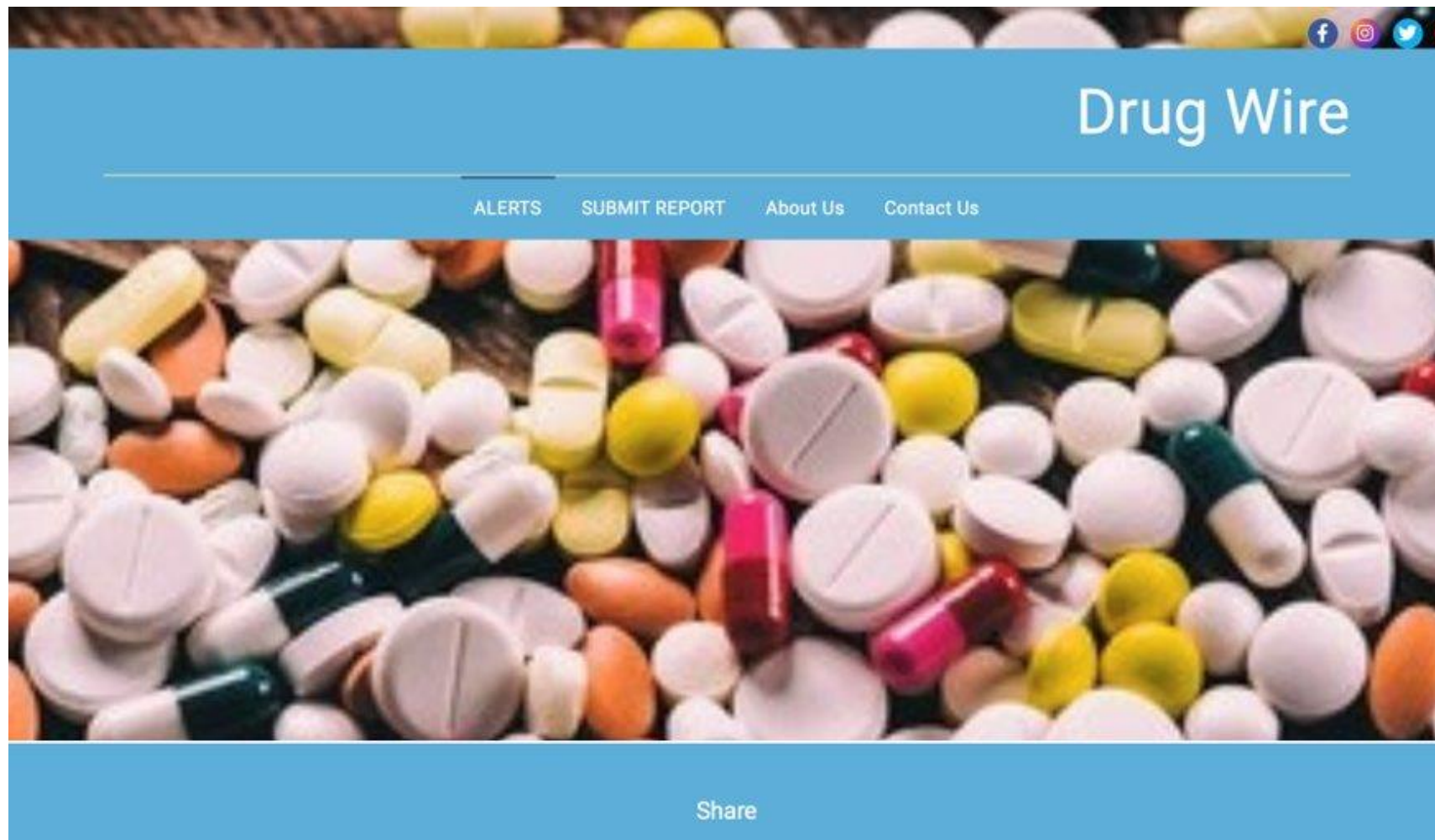
## **Prompt Response Network**

- Build on and share existing detection and response systems
- Allow for rapid communication of evidence-based scientifically sound data
- Inform policy and practice
- Provide public health messaging

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## Prompt Response Network





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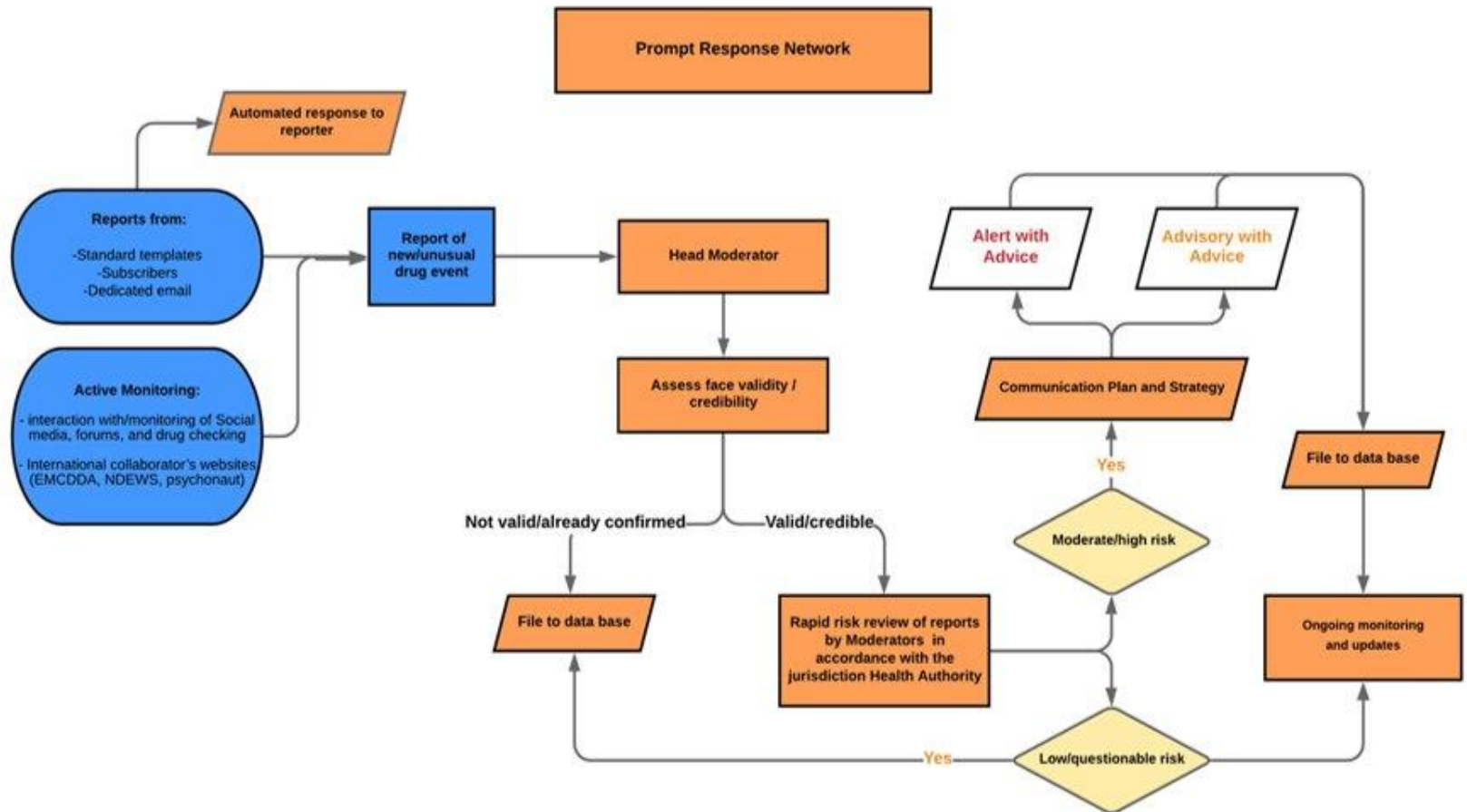
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## Drug Wire

- Internet-based real-time reporting system to rapidly identify and disseminate information on acute events of clinical and public health concern
- Information is reported by consumers/healthcare providers/subscribers
- Moderators review incoming and outgoing information. The 'top moderator is responsible for reviewing and making an initial assessment
- Reports deemed relevant and potentially valid are sent to subject area moderators to further verification
- Key stakeholders will decide on the action to be taken
- The aim is for this process to take less than 24 hours

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## Proposed Model



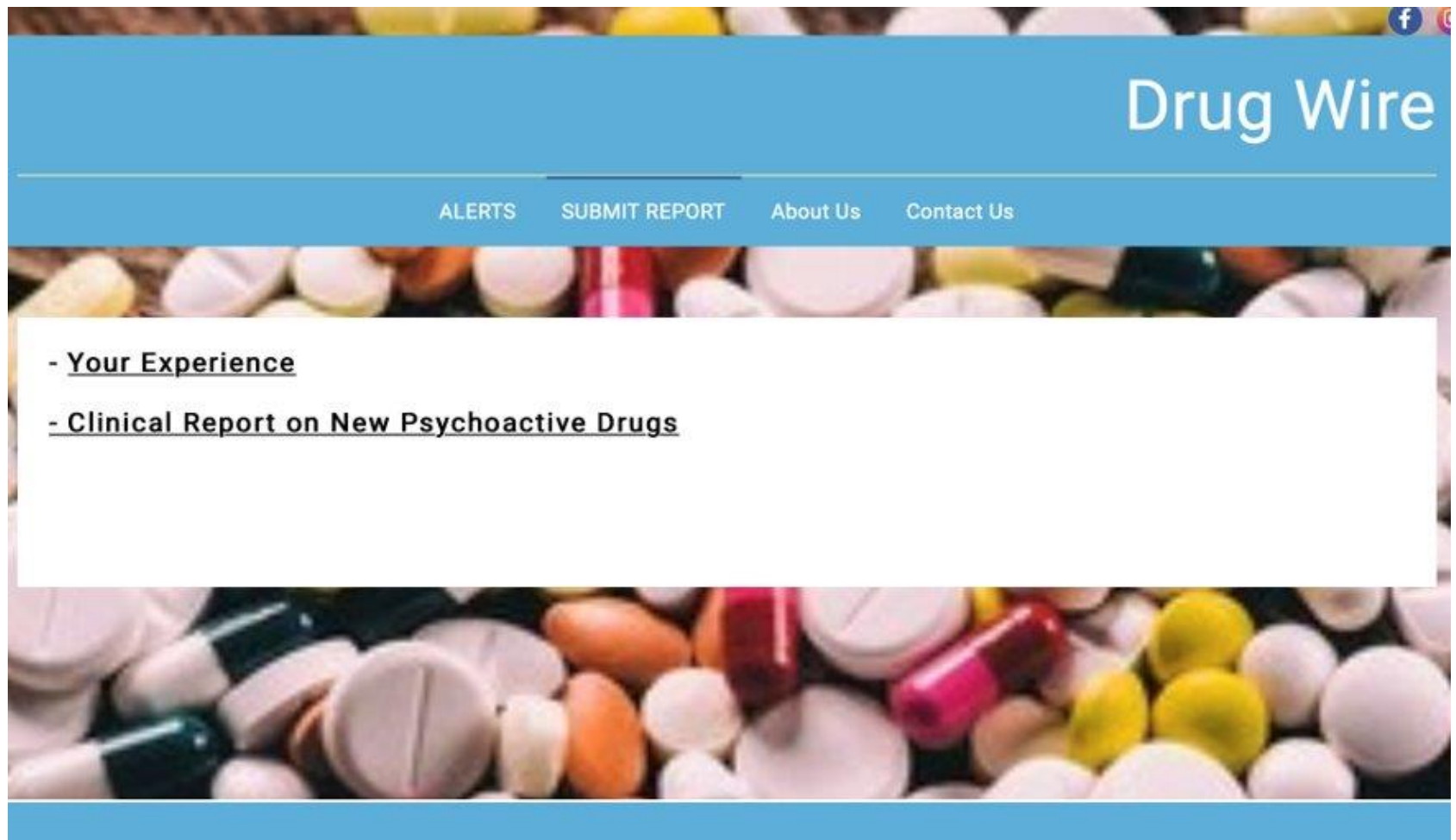
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## **Key Features of Drug Wire**



1. Consumer focused
2. Linking multiple data sources
3. Various target users:
  - Consumers
  - Clinicians
    - Toxicology
    - Ambulance
    - ED
    - Alcohol and Drug
  - Public health responders
4. Moderated forum emphasising public health messaging

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## Your Experience

Thank you for sharing this information!

**1) Please tell us about your experience or event of concern**

Expand

Provide as much detail as possible.

**2) Date of event**

**3) Outcome**

Expand

Were they taken to hospital?



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## Clinical Report on New Psychoactive Drugs

Please provide us details about the product that has caused harm	
7) Apperance of drug	<input type="text"/> e.g. white powder, pill
8) Description of event	<div><div></div><div>Expand</div></div> <div>Please provide us details about the product that has caused harm</div>
9) Date of event	<input type="text"/>
10) Route of administration	<input type="text"/>
11) Effect of drug	<input type="text"/>
12) Polydrug use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Was the drug used with any other drugs or alcohol?
13) Other comments	<div></div>

## **Research opportunities**



Australian research priority setting study (2019)

Online survey plus expert opinion

1. Assess the feasibility of social media and other 'creative opportunities' to alert consumers and reduce harm
2. Evaluate mechanisms and effectiveness of messaging and communication to health care providers that connects 'early warning systems' with harm reduction
3. Effectiveness of behaviour change communication with consumers

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Drawing together a network of stakeholders, a model will be tested early-2020 for its feasibility to promptly communicate evidence-based scientifically-sound information to inform policy and practice and deliver public health messaging to consumers.

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# Thank You

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