



# Co-designing an Australian Prompt Response Network

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Lisbon Addictions, 24 November 2022

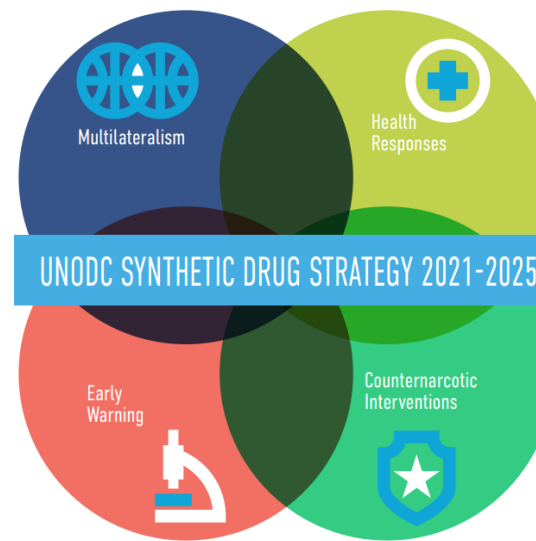


## UNODC Early Warning Advisory on New Psychoactive Substances

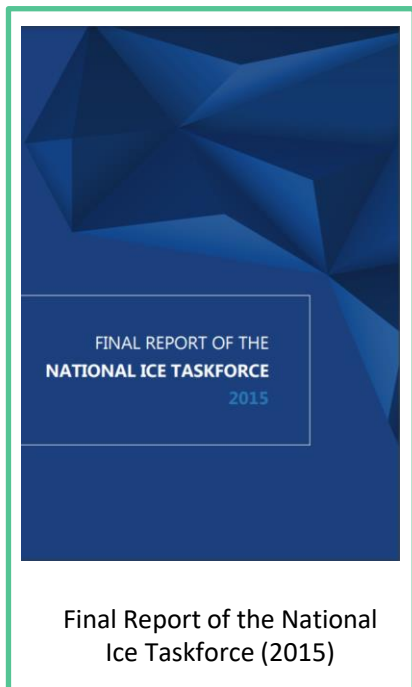
### UNODC STRATEGY 2021-2025



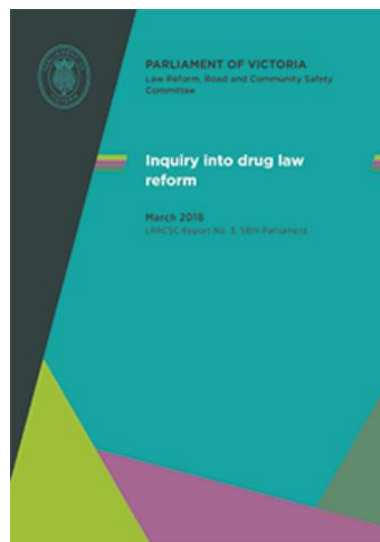
*“Early warning systems will focus on identifying and prioritizing emerging substances of abuse for national and international action, encompassing both health and law enforcement responses.”*



**Sphere 2: Early warning on emerging synthetic drug threats – preventing crises before they happen**



Final Report of the National Ice Taskforce (2015)



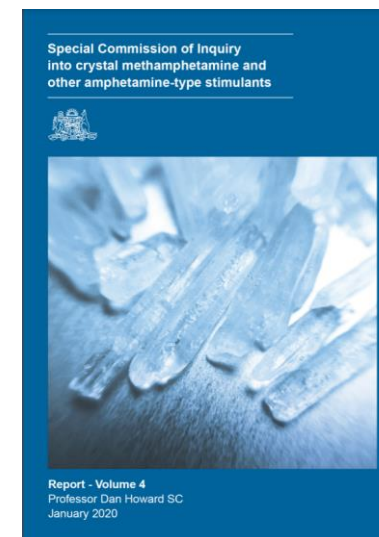
Victorian Inquiry into Drug Law Reform (2018)



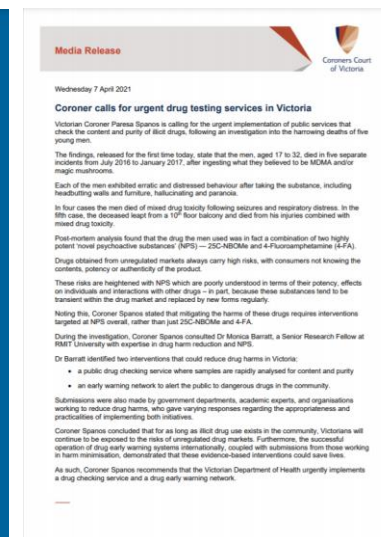
WA Methamphetamine Action Plan Taskforce (2019)



NSW Coroner's Court Inquest (2019)



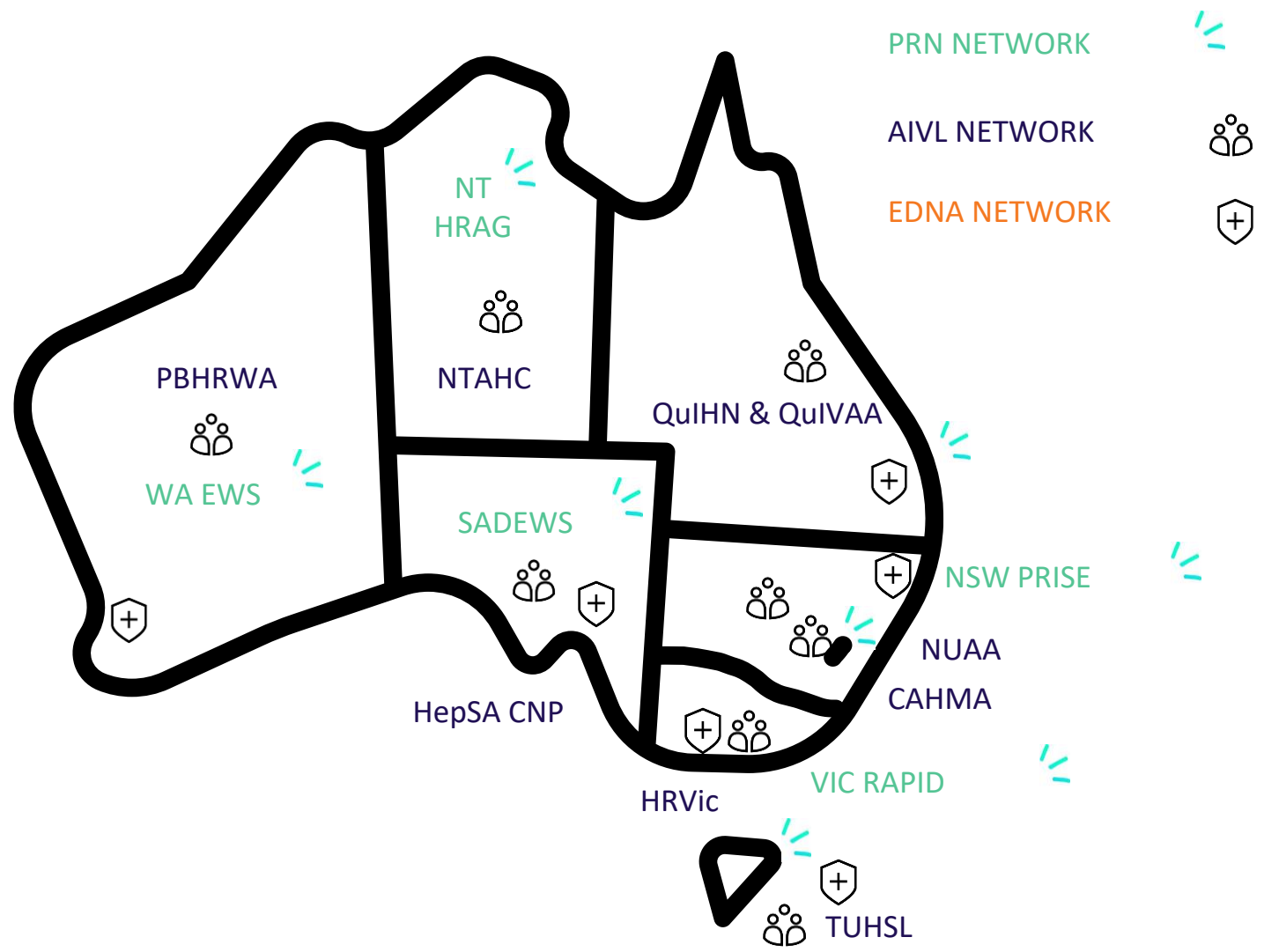
NSW Ice Inquiry (2020)



Victorian Coroner's Court (2021)

**Emerging Drugs:** NPS appearing on the market, including novel drug classes and also new formulations of older drug classes for which problems related to their use are emerging

# Network Involvement (Initial)



## Drug advice

### N-ethylpentylone in cocaine

December 2020

**N-ethylpentylone has recently been detected in cocaine in Melbourne.**

- N-ethylpentylone (NEP) is a synthetic stimulant**  
It is often white or off-white in colour, and can appear in powder, crystalline or tablet forms. NEP may be mixed into, or mis-sold as, other stimulants such as cocaine and MDMA. It can look and smell very similar to these drugs. It is not possible to tell the difference without laboratory testing.  
There have been recent hospitalisations in Victoria associated with NEP. Higher doses can lead to hallucinations/bizarre behaviour, an inability to sleep (lasting up to 72 hours), overheating, seizures, heart attack, stroke and death. People often report a severe "come-down" several days after use.
- Consuming cocaine and NEP together increases the risk of stimulant overdose – learn the signs**  
Consuming N-ethylpentylone with other substances – especially stimulants – will increase your risk of unwanted effects. The type and severity of unwanted effects depends on the dose. Reducing the dose will reduce the risk of harm.  
Signs of a combined NEP and cocaine overdose include extreme agitation, confusion, and high body temperature.  
This is similar to most stimulant overdoses, although symptoms can vary between individuals and will depend on the quantity and proportions of drugs consumed.
- Minimising harm**  
If you have any unexpected or delayed reaction to a drug, do not take more. If you experience adverse drug effects, or are present when someone has an unexpected reaction, **seek help immediately by calling Triple Zero (000)**.  
Take care as we come out of lockdown:
  - Be aware of possible COVID-related disruptions in the drug market. Other false or contaminated drug products may circulate in Victoria, even if no specific warning has been issued about them.
  - Start low and go slow. Your tolerance for drugs, including alcohol, may have changed. Sip water and take breaks to cool down.
  - Make sure you're in a safe environment with people you trust.
 Remember that all drug use comes with risks. Even pure drugs can produce serious side effects and death. Get the facts at [and.ora.austlii.edu.au](http://and.ora.austlii.edu.au).  
Keep an eye out for DanceWise in Melbourne's public parks and gardens this summer, or at music festivals and events across Victoria. DanceWise is an anonymous, confidential service run by peers. Follow at [facebook.com/dancewiseaustralia](https://facebook.com/dancewiseaustralia) or email [info@dancewise.org.au](mailto:info@dancewise.org.au).  
If you or someone you know needs help with alcohol or drug use, call DirectLine on 1800 000 226 or visit [directline.org.au](http://directline.org.au) for information and support to access treatment.

## DRUG WARNING

### COCAINE found to contain strong opioids

Hospitalisations from strong and long-acting opioid toxicity after use of substances thought to be cocaine occurred in two areas across Greater Sydney in April and May 2021.

**Use of these drugs can be life-threatening.**

**Know the risks**

- Strong and long-acting opioids can cause unexpected, rapid and life-threatening overdose, even with very small amounts.
- The use of a drug that contains an unknown opioid can be associated with an increased risk of overdoses. People who have never or rarely used opioids are at highest risk of overdose from these substances. Risk of overdose is also increased by use of other sedatives (such as alcohol, benzodiazepines, ketamine, GHB).
- Illicit drugs with variable purity and contents are being seen in NSW in 2021.

**Effects to look out for**

- Serious adverse effects may include drowsiness, loss of consciousness, slow breathing and skin turning blue.
- Be on the lookout for unexpected symptoms, such as drowsiness following use of a stimulant (e.g. cocaine).

**Getting help**  
If you see the warning signs of overdose:  
**Seek help immediately from your nearest emergency department or call Triple Zero (000).**  
**Start CPR if someone is not breathing.**  
**Use naloxone if you have it. Call '000' even if naloxone has been given.**

**Support and advice**  
For free and confidential advice:  

- Call **Alcohol and Drug Information Services (ADIS)** on 1800 262 015 at any time 24/7. Start a **1600 Chat** with an ADIS counsellor Mon-Fri, 8.30am-5pm.
- Call **Naloxa** on 1800 644 413 (Mon-Fri 9am-5pm) to speak to a peer or visit [www.naloxa.org.au](https://www.naloxa.org.au) for a range of resources on opioids and naloxone.
- Call the **NSW Poisons Information Centre** on 13 11 26 for information on adverse effects from drugs.
- Visit **Your Room** for fact sheets and other resources.

**Take Home Naloxone Program**

- Naloxone** is an easy to use, life-saving medicine that can temporarily reverse an overdose from fentanyl or other opioid drugs. People at risk of experiencing an opioid overdose or who may witness an overdose can get naloxone for free without a prescription from some NSW community pharmacies, NSW Health needle and syringe programs, opioid treatment services and NJAFA.
- For participating pharmacies and more information on take-home naloxone: <https://www.naloxone.org.au>
- Call '000' even if naloxone has been administered. Repeat doses may be required.

**NSW GOVERNMENT**

Issued 24 May 2021 © 2021 Health.

## Forensic and Scientific Services

### Queensland Drug Warning

#### 4-Fluoroamphetamine and 25C-NBOMe

19 grams of brown crystalline substance containing a mixture of 4-fluoroamphetamine (4-FA) and 25C-NBOMe has been identified in Brisbane. This combination of drugs has the potential to cause severe adverse health effects, and has been associated with fatalities and hospitalisations in Australia. Refer **ACT Investigation of Novel Substances Group (ACTINOS)** **Urgent Alert**, 4-FA and 25C-NBOMe have previously been identified together in capsule form and may appear visually similar to MDMA.



Brown crystalline substance seized in 2020



Capsules containing 4-FA and 25C-NBOMe seized in 2016



Capsules containing MDMA from same seizure in 2016

**Expected adverse effects may be?**

4-FA causes agitation, raised heart rate, blood pressure and body temperature. Patients often complain of severe headaches. Acute effects on the heart and brain, including cerebellar haemorrhage (bleeding in the brain), have also been reported.

25C-NBOMe also causes agitation, raised heart rate and blood pressure. Hallucinations and seizures have also been reported.

When taken in combination these drugs are likely to display enhanced adverse effects causing a danger to human health and potential death.

**Seek medical attention immediately if you experience any adverse effects following drug use**

**For help:**

- call Triple Zero (000) for emergency assistance
- go to your nearest emergency department
- call the Queensland Poisons Information Centre (13 11 26).

Updated July 2022.

7 SEPT 2022  
COMMUNITY NOTICE



## DIMETHYLPENTYLONE FOUND IN MDMA SAMPLE

**ONE OFF-WHITE CRYSTALLINE SAMPLE** presented as mdma contained dimethylpentylone (a cathinone) & low purity mdma as a secondary component

**WHAT IS DIMETHYLPENTYLONE?** A synthetic cathinone that was first detected in Sweden in 2014. It's a powerful stimulant additive, or substitute of, MDMA. Increasingly found within drugs sold as ecstasy in the USA. When users are expecting MDMA, the effects of Dimethylpentylone can be surprising

**EFFECTS** may include a significantly elevated heart rate, an urge to re-dose, elevated body temp, tingling in extremities, anxiety, headaches & insomnia

1/2

If you experience or witness someone experiencing a seizure, have chest pain, a racing heart or extreme ongoing anxiety - call 000 immediately








## The Prompt Response Network (PRN)

is a national network bringing together existing and emerging early warning networks across Australia

### Mission

The Prompt Response Network will:

*Coordinate participants to share information and knowledge for **timely public health responses** that reduce the harmful effects of emerging drugs*

## Objectives:

To deliver this mission, the PRN's high level objectives are to:



Establish a national network of new and existing organisations and networks that enables flexible participation and information exchange






Develop communication and response protocols that define outcomes and actions for topics of interest



Identify and disseminate the information and knowledge needed to support timely health response and decision making through a program of activities and supporting technology

## Guidance Groups

-  Jurisdictional Guidance Group: Members from lead agencies of state and territory early warning networks: ACT Health, NSW Health (PRISE), NT (HRAG), Queensland Police, Forensic Science SA (SADEWS), Vic DOH, WA EWS
-  Peer Advisory Group: Members from AIVL (National Peer Peak Org), and all state and Territory Peer Orgs (CAHMA, NUAA, NTAHC, QuIHN, HepSA CNP, TUHSL, HRVic, PBHRWA)
-  Implementation Group: Members from NCCRED, NDRI and NDARC



Starting with an understanding of their intentions we mapped each of their existing activities, noting the steps and processes they have in place, who is involved and when, key decision-making points, what networks and communications were utilised.

We discovered how we could:



**Support** existing activities



**Enable** where there are existing gaps



**Coordinate** at a national level

Mapping current jurisdictional processes and roles for monitoring, evaluating and actions

Process step

Signal Presentation

Signal Initial Screening

Sample Aquired

Urgency Status

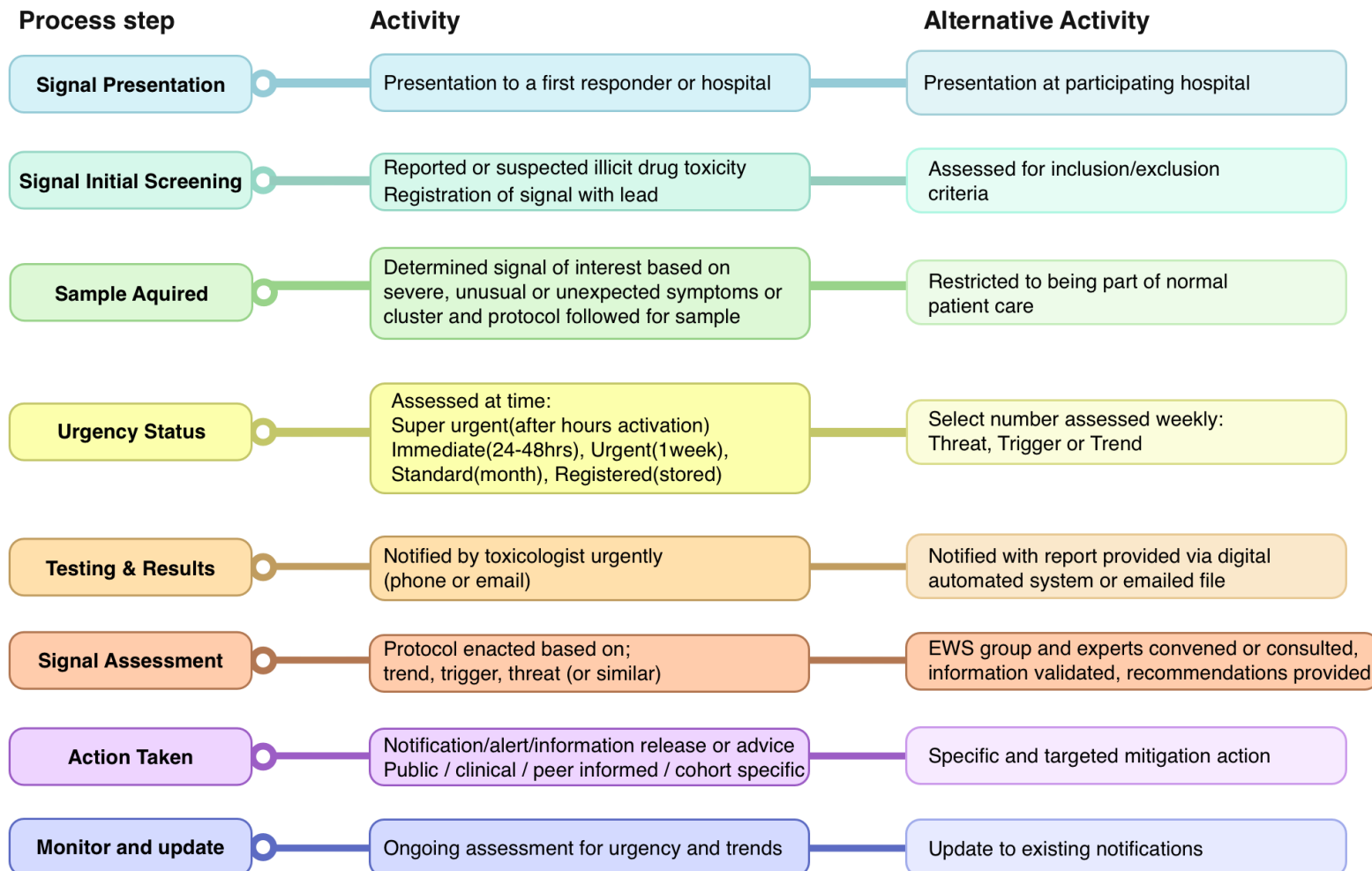
Testing & Results

Signal Assessment

Action Taken

Monitor and update

## Mapping current jurisdictional processes and roles for monitoring, evaluating and actions





## National Signal Register

A custom-built digital platform to provide a national dashboard of real-time signals utilising minimum de-identified data from contributing jurisdictional agencies



## National Network

A broad community of people who are involved with regional and national networks to share information, insights and opportunities.



## Public Website & Social Media

Links to public health alerts which will also link to relevant organisations and resources

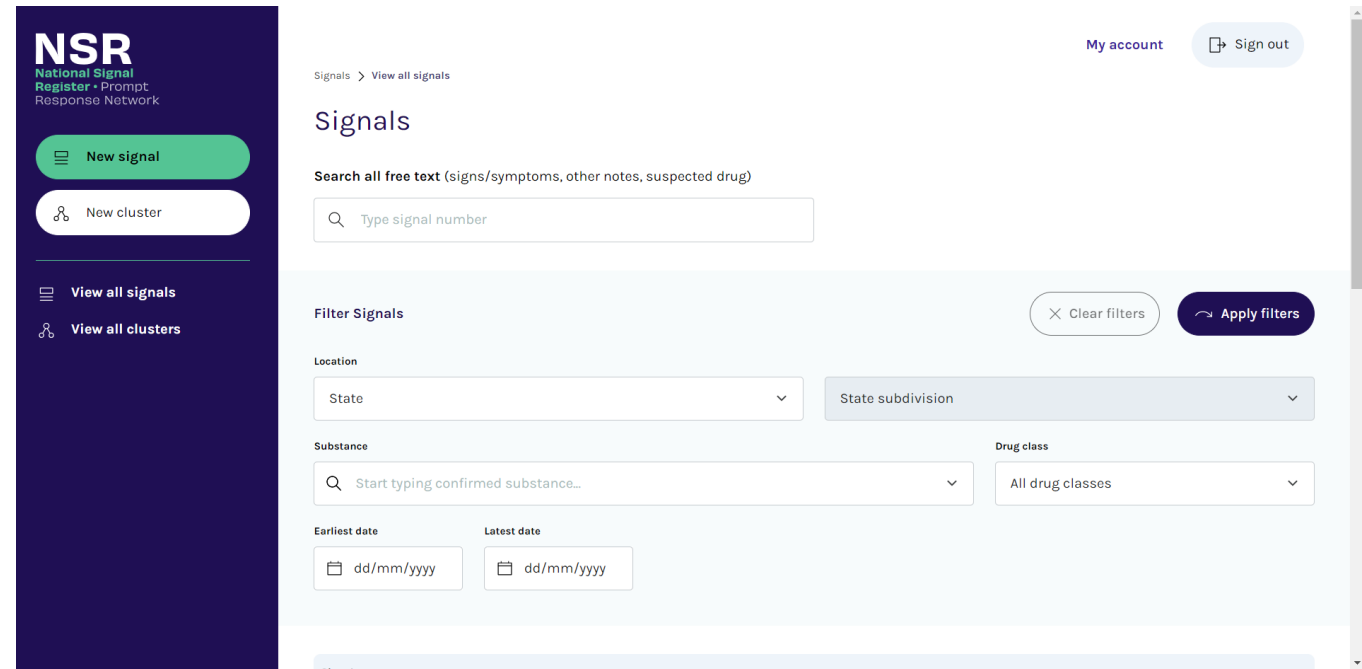


## Anecdotal Information Portal\*

Currently in initial scoping/consultation phase with PRN Peer Advisory Group



**National signal register**  
A custom-built digital platform  
to provide a national  
dashboard of real-time signals  
utilising minimum de-identified  
data from contributing  
jurisdictional agencies



## National network:

A broad community of people who are involved with regional and national networks to share information, insights and opportunities.



An **online community platform** for broader stakeholders who opt in from each jurisdiction or organisation/network.



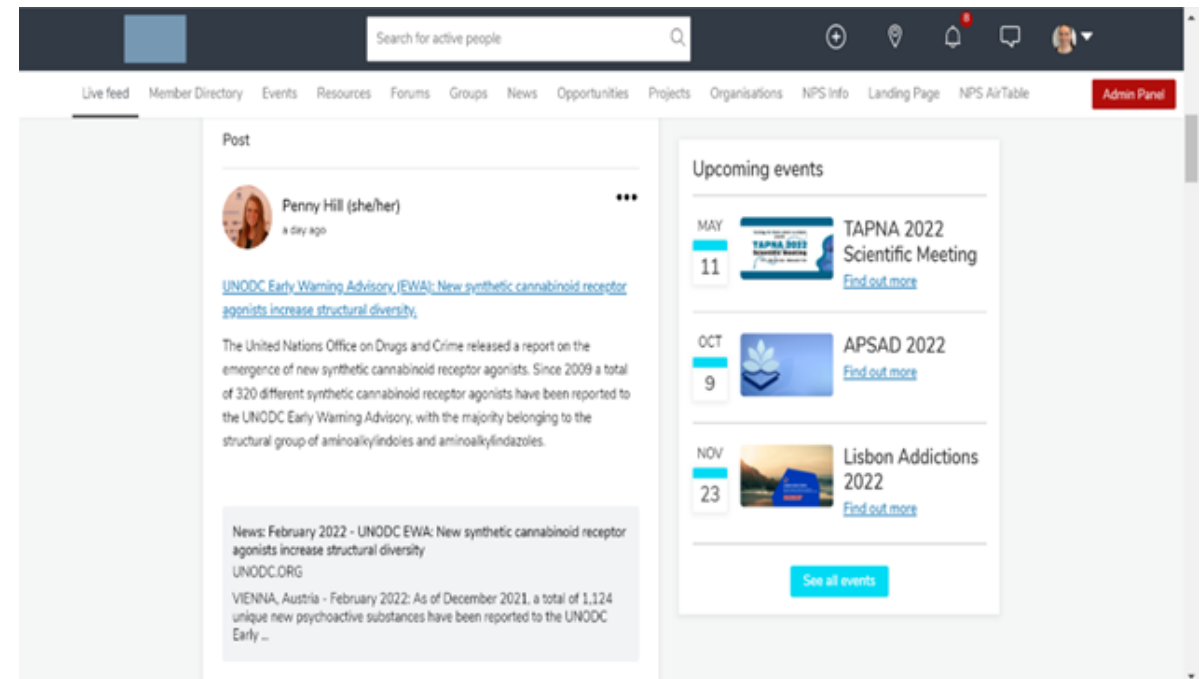
Quarterly online stakeholder update meetings of the broader PRN Stakeholder Group.

## National network:

A broad community of people who are involved with regional and national networks to share information, insights and opportunities.

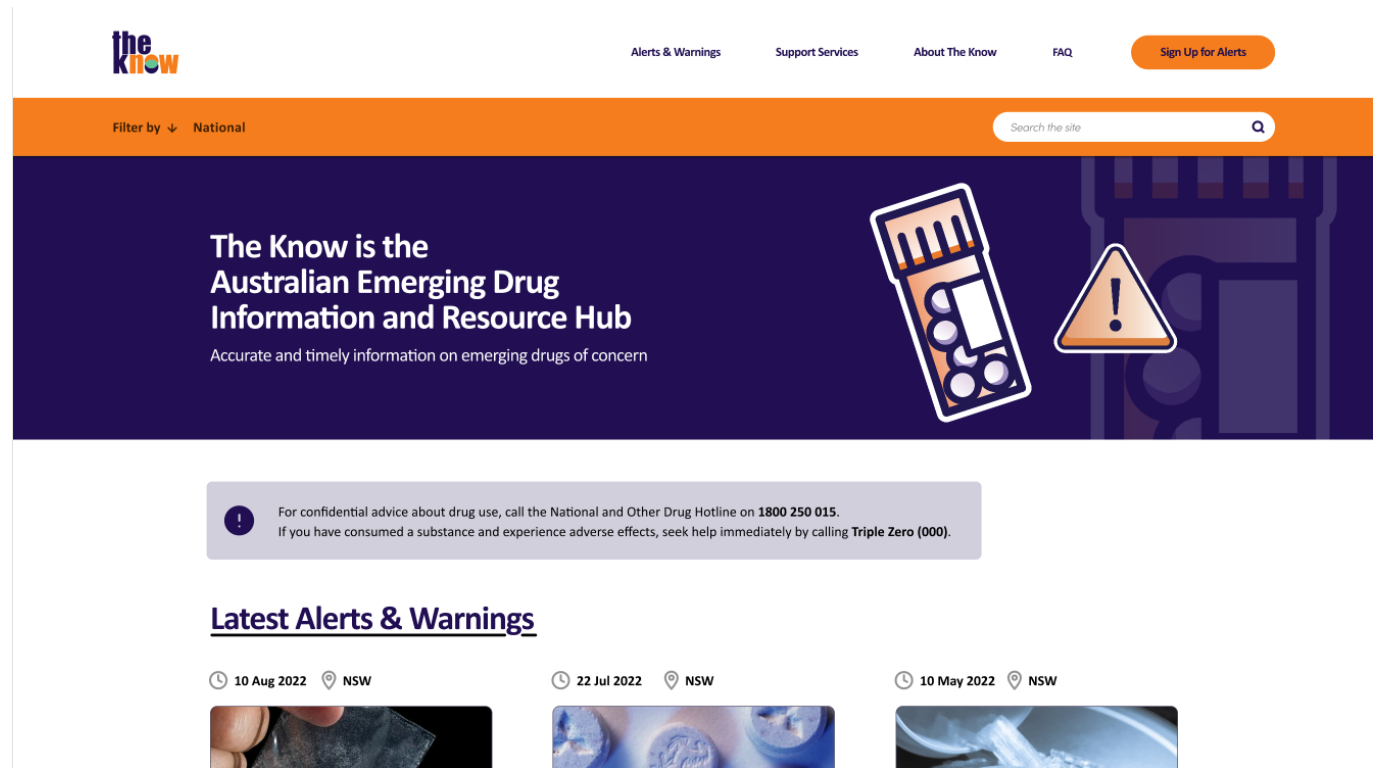


An **online community platform** for broader stakeholders who opt in from each jurisdiction or organisation/network.





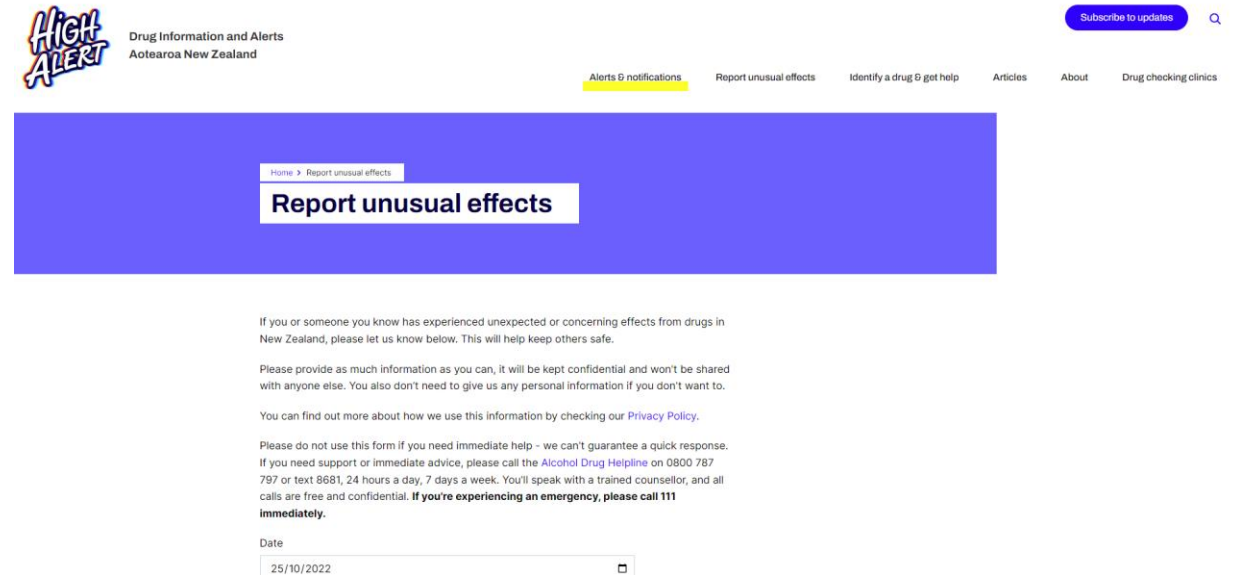
Public website  
Links to public health  
alerts which will also link  
to relevant organisations  
and resources







Anecdotal Information  
Portal  
Currently in initial  
scoping/consultation phase led  
with PRN Peer Advisory Group

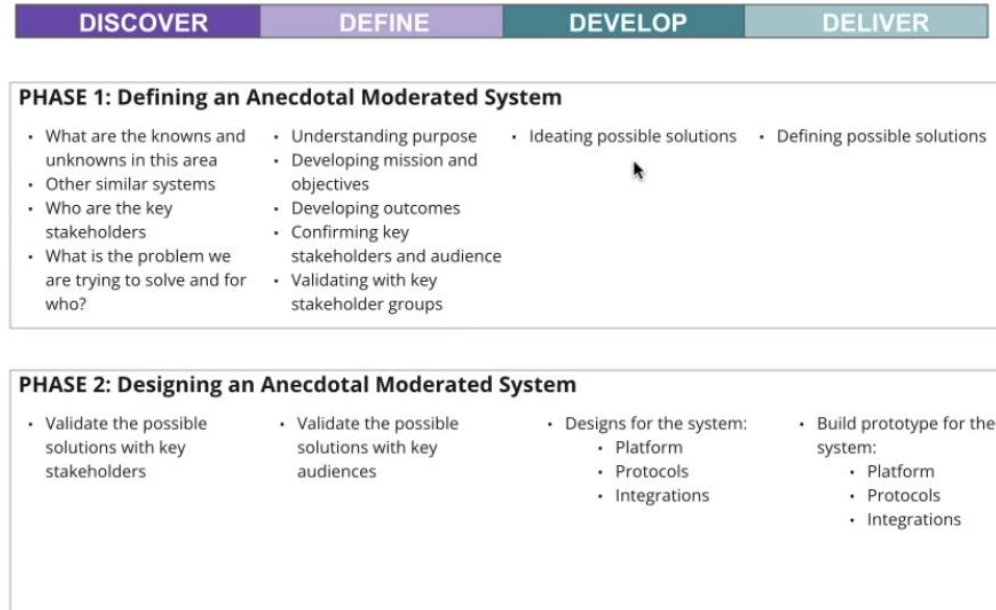


Example: High Alert NZ's Reporting Page: <https://www.highalert.org.nz/report-unusual-effects/>



## Anecdotal Information Portal

Currently in initial scoping/consultation phase led with PRN Peer Advisory Group



- **PRN Team:** Hayley Murphy, Seb Baird
- **Jurisdictional Advisory Group:** Philip Hull, Ella Dilkes-Frayne, Megan Arnold, Eleanor Taylor-Rogers (ACT Health); Jade Redfern, Daniel Andres (ACT-GAL); Jared Brown (NSW Health); Pete Burnheim (AADANT); David Decolongon (NT Public Health Directorate); Margo Watson (Queensland Police); Andrew Camilleri (FSSA); Tom Lyons, Ginny McKinnon (Vic DOH); Claire Hicks, Grace Oh, Kelly Kennington, Christine Yeang (WA MHC); Jess Soderstrom, Jen Smith, Courtney Weber (Royal Perth Hospital/EDNA)
- **Peer Advisory Group:** Sav Gollapolly, Adrian Gorringer, Steph Tzanetis (AIVL); Mitch Lamb, Chris Gough (CAHMA); Gulliver McLean, Rochelle Aylmer, Mary Harrod (NUAA); Pete Sidaway (NTAHC); Brooke Walters, Niki Parry (QuIHN); Carol Holly, Andrea Peterson (HepSA CNP); Mark Jones (TUHSL); Alexand Anketell, Bridget Hayes, Sione Crawford (HRVic); Paul Dessauer, Angela Corry (PBHRWA)
- **Implementation Group:** Nadine Ezard, Krista Siefried, Jemma Hallen (NCCRED); Amy Peacock (NDARC); Simon Lenton (NDRI)
- **Consultants:** Trish Cave, Bec Dahl, Mark Elliott (Collabforge); Josh Forde, Kacey Chong, Alison Cusack (Ackama)

*Thank you!*

Please contact us for more information

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The Difference is Research



## Awareness of, and behavioural responses to, drug alerts in Australia: Findings from the Ecstasy and Related Drugs Reporting System (EDRS) and Illicit Drugs Reporting System (IDRS)

Amy Peacock, Raimondo Bruno, Monica J. Barratt, Nadine Ezard, Penny Hill, Mary E. Harrod, Jared A. Brown, Robert Page, Joel Keygan, Paul Dietze, Simon Lenton, Caroline Salom, Harry Sumnall, Rachel Sutherland



**EDRS  
(2022)  
49.2%**  
were aware  
of alerts



**65.2%**



most recently  
saw/heard through  
**social media**

**IDRS  
(2022)  
27.3%**  
were aware  
of alerts

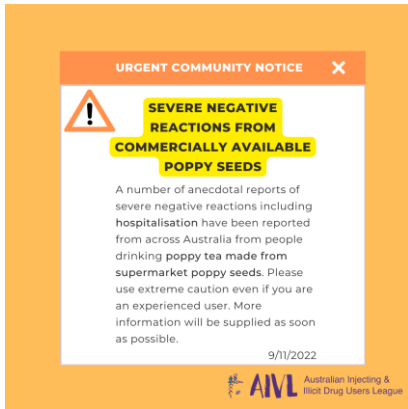


**63.4%**



most recently  
saw/heard about  
**face-to-face**  
(e.g., in services)

## Poppy Seed Tea (AIVL, Qld Health, NSW Health, WA Health, Vic Dept of Health)



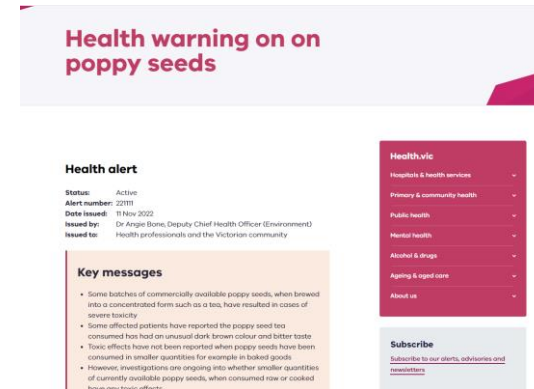
AIVL Community Notice, 9<sup>th</sup> Nov 2022 Qld Health Warning, 9<sup>th</sup> Nov 2022



NSW Health, 11<sup>th</sup> Nov 2022



NSW Health, 11<sup>th</sup> Nov 2022



Vic Health, 11<sup>th</sup> Nov 2022



WA Health, 12<sup>th</sup> Nov 2022

Link to [FSANZ website](#)

## Fake alprazolam (NSW Health)

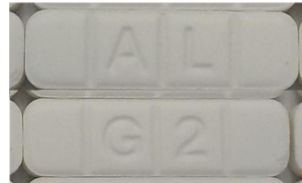
### DRUG WARNING

*Fake 'Kalma' alprazolam (benzodiazepine) tablets found to contain strong opioids*

#### Know the risks

- Testing of fake (counterfeit) 'Kalma' tablets found they contain a strong opioid, namely etodesnitazene. 'Nitazenes' can be as strong or stronger than fentanyl. Another synthetic opioid (O-desmethyiltramadol) was also found in the same tablets.
- Tablets containing strong opioids can cause unexpected and severe overdose or death, even from a single tablet.
- Risk of harm is also higher if you:
  - Mix different sedative drugs. Alcohol, benzodiazepines (benzos) and opioids are very dangerous to combine.
  - Take a counterfeit product
  - Take a higher dose

Strong opioids have recently been found in some fake Kalma tablets in NSW. They are white, rectangular tablets marked AL on one side, G2 on reverse.



#### Take Home Naloxone Program

- Naloxone is an easy to use, life-saving medicine that can temporarily reverse an opioid overdose. People at risk of experiencing an opioid overdose or who may witness an overdose can get naloxone for free without a prescription from some NSW community pharmacies, NSW Health needle and syringe programs, opioid treatment services and NUAA.
- Naloxone is available in easy to use products:

### DRUG WARNING

*Update on harmful drugs in fake alprazolam (benzodiazepine)*

#### Know the risks

- Taking non-prescribed 'alprazolam' can cause serious harm. The risk of harm is higher if you:
  - Take a counterfeit product
  - Take a higher dose
  - Mix different sedative drugs. Alcohol, benzos and opioids are very dangerous to combine.
  - Use drugs when you are alone
- The tablets have variable appearance and can look like a variety of local or overseas alprazolam 2mg brands, such as Kalma, Xanax, Mylan, Sandoz. Products not purchased at pharmacies are high risk of being counterfeit. Counterfeit alprazolam is often made:

Counterfeit alprazolam in NSW rarely contains alprazolam. These products contain other drugs (mostly unregistered benzodiazepines) in variable combinations and dosages.





## Sold as ketamine (CanTest, Vic Department of Health)



### Drug advice

**White powder containing '3-Hydroxy-PCP' is being sold as ketamine in Victoria.**

- ▶ **3-HO-PCP is a "dissociative" drug that takes longer to have an effect than ketamine, but is more potent and unpredictable**

A dissociative increases feelings of 'distance from reality', but also has other effects. Not much is known about 3-HO-PCP, but its effects appear to include unconsciousness, raised blood pressure and heart rate, hallucinations, agitation and confusion. It can also affect opioid receptors and may lead to ineffective breathing.

People who have used 3-HO-PCP report that it may be more potent than ketamine (stronger effects happen at a lower dose). They also report that 3-HO-PCP takes longer than ketamine to take effect and wear off.

3-HO-PCP is a similar chemical to PCP ("Angel Dust"). While it's not clear how similar their effects are, they may share some unwanted effects such as hallucinations, agitation, and life-threatening elevations in heart rate, blood pressure and body temperature.

- ▶ **Be cautious about any drug sold recently as ketamine in Victoria**

The 3-HO-PCP circulating in Victoria is described as a **white powder that looks like ketamine**. In the past few weeks, there's been an unusually **high number of people seeking emergency medical support** after using what they thought was ketamine. Those who sought help typically experienced unconsciousness or unexpectedly severe dissociative effects requiring medical assistance. Several people have since had 3-HO-PCP **confirmed with blood tests**.

3-HO-PCP can take around 20 to 40 minutes to have a noticeable effect and lasts about three to four hours. Ketamine usually has an effect in 7.5 to 20 minutes and lasts one to two hours. If you experience delayed or unexpected drug effects, **do not take more**.

Using dissociatives like 3-HO-PCP with depressants such as opioids, benzodiazepines, GHB, or alcohol will increase the risk of overdose and may lead to loss of consciousness and ineffective breathing.

- ▶ **Reduce the risk of harm**



20 SEPT 2022  
COMMUNITY NOTICE

### 2'-FLUORO-2-OXO-PCE FOUND IN KETAMINE SAMPLES

**YELLOWISH WHITE POWDER MIXED WITH CRYSTALLINE CHUNKS** repeatedly presented as ketamine and found to contain the new psychoactive substance 2'-fluoro-2-oxo-PCE instead.

**WHAT IS 2'-FLUORO-2-OXO-PCE?** A new synthetic ketamine derivative that has not been studied yet so information can't be provided on short or long term effects or safety - we don't know about duration, harmful dose levels or interactions with other drugs.

**EFFECTS** People who have used this substance have said that it has lasted longer than ketamine (3-5hrs) and 'feels different' to K. Every sample is different - users should be aware that other contaminants have also been found in samples of ketamine tested recently, so get your ketamine tested at CanTEST. 1/2

If you experience or witness someone experiencing a seizure, have chest pain, a racing heart or extreme ongoing anxiety - call 000 immediately

