Co-designing an Australian Prompt Response Network

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Lisbon Addictions, 24 November 2022

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Background: International Landscape

"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
**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)

PBHRWA
WA EWS
SADEWS
NT HRAG
NTAHC
HepSA CNP
HRVic
TUHSL
NSW PRISE
NUAA
CAHMA
VICT RAPID
PRN NETWORK
AIVL NETWORK
EDNA NETWORK
Drug advice
N-methylpentylene in cocaine

November 2023

Local Outputs

Drug WARNING

CODACM* found to contain moving spices

Use of these drugs can be life-threatening.

Know the risks:
- Acute toxicity:
  - In cases of severe poisoning, death can occur within hours.
  - Symptoms include seizures, coma, and death.
- Long-term effects:
  - Chronic use can lead to addiction and psychological issues.

Support and advice:
- Local Emergency Response Team (LERT): 000
- Regional Addictions Helpline: 1800 822 922

Get help:
- If you or someone you know is affected, seek help immediately.
- Contact local emergency services or addictions services for support.

Take the AMA's 10-screen Program
- Alc Screen: Assess your drinking and take control.
- Nic Screen: Assess your smoking and take control.
- Med Screen: Assess your medication and take control.
- DrugScreen: Assess your drug use and take control.

Queensland Drug Warning
6-Fluoromethamphetamine and 25C-NBOMe

Forensic and Scientific Services

Queensland Drug Warning

6-Fluoromethamphetamine and 25C-NBOMes

4-Fluoromethamphetamine and 25C-NBOMes

NCCRED

Australian Emerging Drug Information & Resource Hub

7 SEPT 2022
COMMUNITY NOTICE
DIMETHYPENTYLENONE FOUND IN MDMA SAMPLE

ONE OFF-WHITE CRYSTALLINE SAMPLE presumed to contain dimethylpentylene (a cathinone) & low purity mdma as a secondary component.

WHAT IS DIMETHYPENTYLENONE? A synthetic cathinone that was first observed in France in 2015. 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 Dimethylpentylene can be surprising.

EFFECTS may include a significantly elevated heart rate, an urge to urinate, elevated blood pressure, tingling in extremities, anxiety, headaches & insomnia

If you experience or witness someone experiencing a similar, have a safe plan; a buzzing heart or intense 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
Co-design Process

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
Process Mapping

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

- Signal Presentation
- Signal Initial Screening
- Sample Acquired
- Urgency Status
- Testing & Results
- Signal Assessment
- Action Taken
- Monitor and update
### Process Mapping

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

<table>
<thead>
<tr>
<th>Process step</th>
<th>Activity</th>
<th>Alternative Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signal Presentation</td>
<td>Presentation to a first responder or hospital</td>
<td>Presentation at participating hospital</td>
</tr>
<tr>
<td>Signal Initial Screening</td>
<td>Reported or suspected illicit drug toxicity</td>
<td>Assessed for inclusion/exclusion criteria</td>
</tr>
<tr>
<td></td>
<td>Registration of signal with lead</td>
<td></td>
</tr>
<tr>
<td>Sample Aquired</td>
<td>Determined signal of interest based on severe, unusual or unexpected symptoms or cluster and protocol followed for sample</td>
<td>Restricted to being part of normal patient care</td>
</tr>
<tr>
<td>Urgency Status</td>
<td>Assessed at time: Super urgent (after hours activation) Immediate(24-48hrs), Urgent(1 week), Standard(month), Registered(stored)</td>
<td>Select number assessed weekly: Threat, Trigger or Trend</td>
</tr>
<tr>
<td>Testing &amp; Results</td>
<td>Notified by toxicologist urgently (phone or email)</td>
<td>Notified with report provided via digital automated system or emailed file</td>
</tr>
<tr>
<td>Signal Assessment</td>
<td>Protocol enacted based on; trend, trigger, threat (or similar)</td>
<td>EWS group and experts convened or consulted, information validated, recommendations provided</td>
</tr>
<tr>
<td>Action Taken</td>
<td>Notification/alert/information release or advice Public / clinical / peer informed / cohort specific</td>
<td>Specific and targeted mitigation action</td>
</tr>
<tr>
<td>Monitor and update</td>
<td>Ongoing assessment for urgency and trends</td>
<td>Update to existing notifications</td>
</tr>
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PRN Components

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

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.
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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

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Acknowledgements

• **PRN Team:** Hayley Murphy, Seb Baird
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• **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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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%
most recently saw/heard through social media

IDRS (2022)
27.3%
most recently saw/heard about face-to-face (e.g., in services)
Recent Public Warnings

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

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 etodromizene. ‘Nalazene’ can be as strong or stronger than fentanyl. Another synthetic opioid (O-dimethylnormetad) 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.

DRUG WARNING

Update on harmful drugs in fake alprazolam (benzodiazepine)

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

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, Sandoc. Products not purchased at pharmacies are high risk of being counterfeit.

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 narco to use products.
Recent Public Warnings

Sold as ketamine (CanTest, Vic Department of Health)

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.

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 is not clear how similar their effects are, they may share some unwanted effects such as hallucinations, agitation, and life-threatening situations in heart rate, blood pressure and body temperature.

Be cautious about any drug sold recently as ketamine in Victoria.

The 3-HO-PCP scandal 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 reports, 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 tested 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 from 10 to 30 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.