



Burnet Institute

Medical Research. Practical Action.

Current Drug Trends and responses

Paul Dietze

Centre for Population Health, Burnet Institute, Melbourne

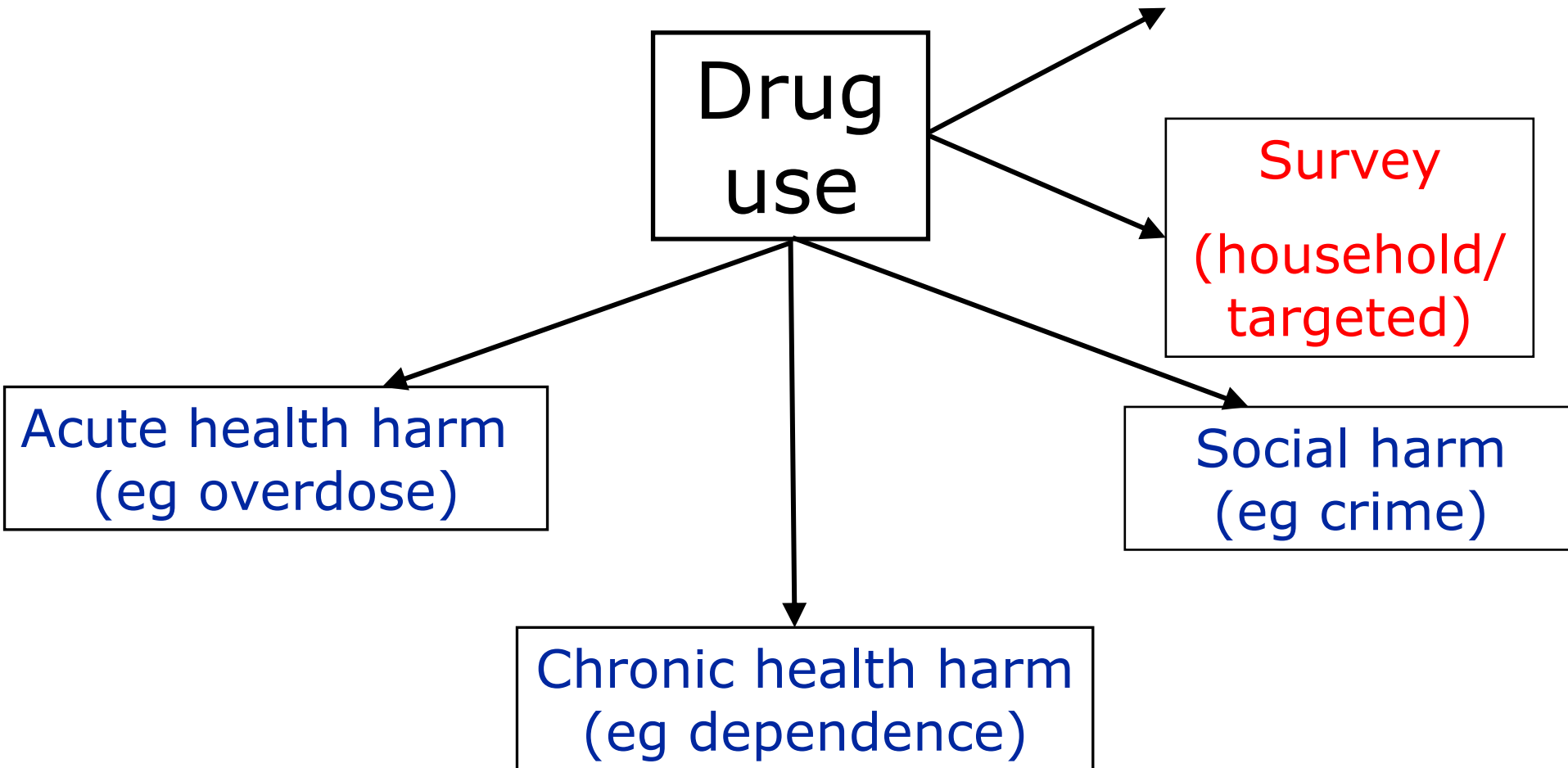
Disclosure of interest statement

- Professor Dietze has received funding from Gilead Sciences Inc and Reckitt Benckiser for work unrelated to this presentation.

Key Question

- How many people use drugs? (NOW!)
 - What are their needs?
 - What are the impacts of their drug use?
 - How should we frame and structure our responses?
 - What are the impacts of our responses?

“Capturing” information about drug use



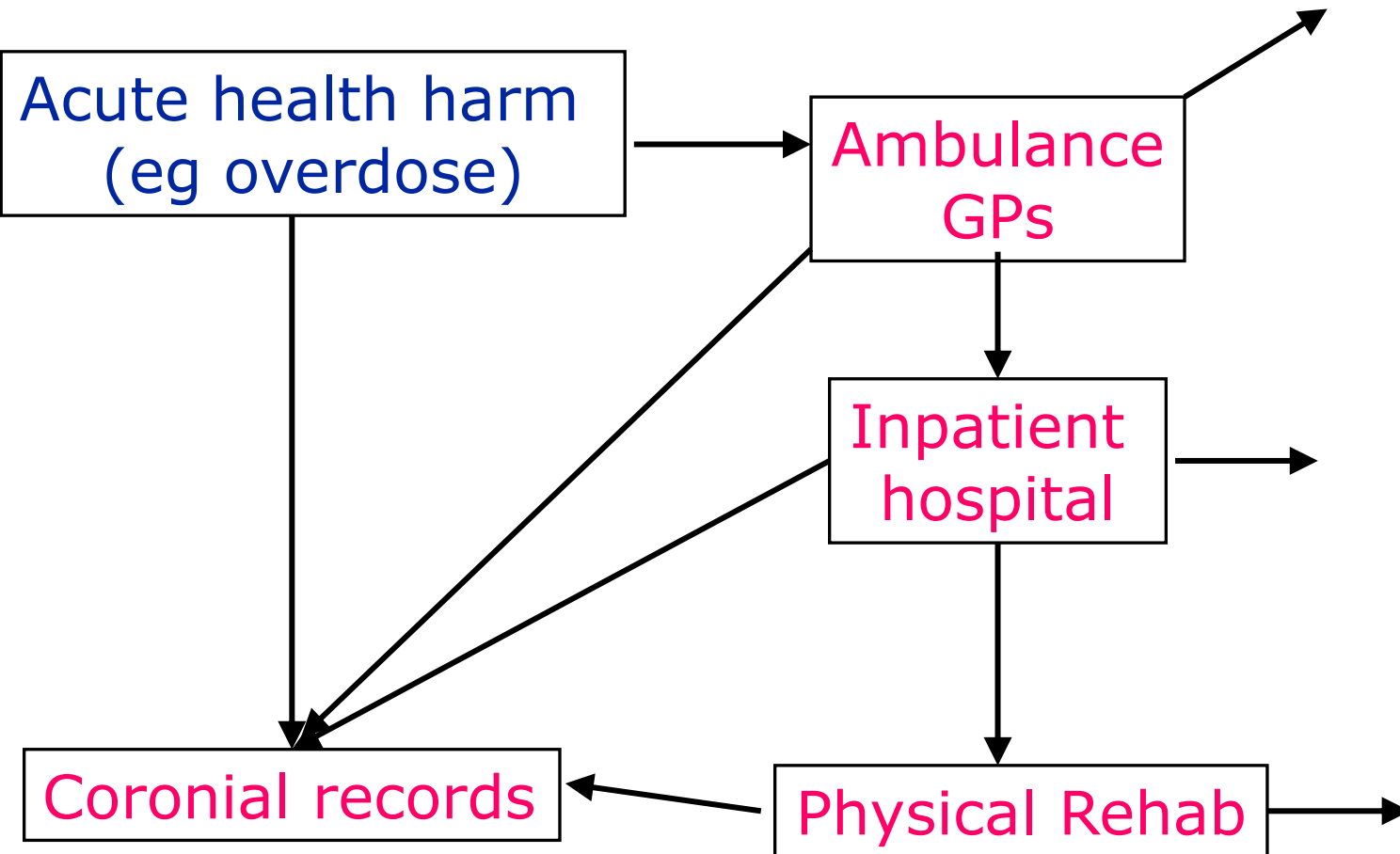
National Drug Strategy Household Survey

<i>Used past 12 months</i>	1995 %	1998 %	2001 %	2004 %	2007 %	2010 %	2013 %
Alcohol	78	81	82	84	83	81	78
Tobacco	27	25	23	21	19	18	16
Cannabis	13	18	13	11	9	10	10
Meth/Amphet.	2.1	3.7	3.4	3.2	2.3	2.1	2.1
Heroin	0.4	0.8	0.2	0.2	0.2	0.2	0.1
Cocaine	1.0	1.4	1.3	1.0	1.6	2.1	2.1
Ecstasy	0.9	2.4	2.9	3.4	3.5	3.0	2.5

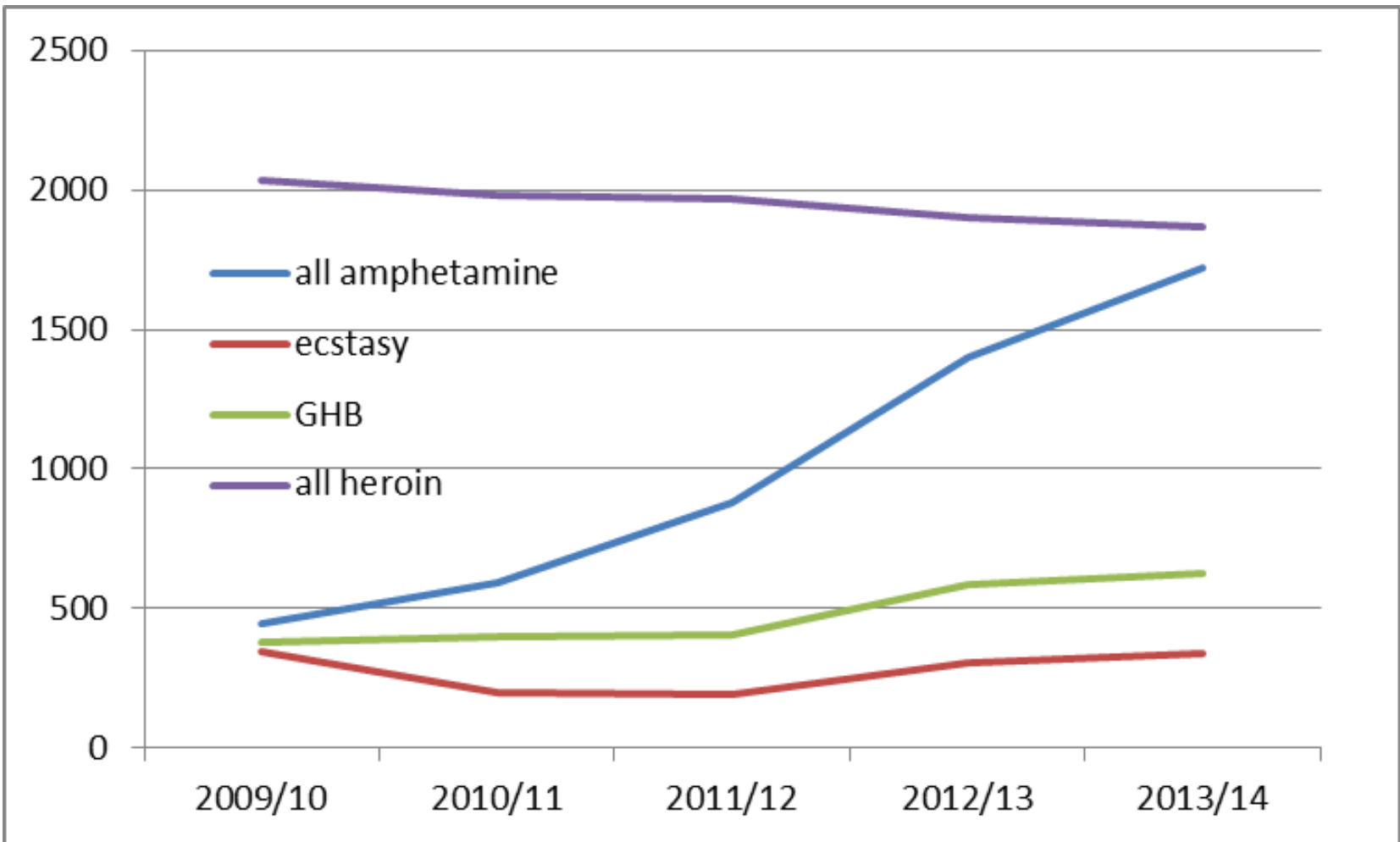
Problems with surveys

- underreporting of an illegal/socially undesirable/hidden behaviour
- Inconsistencies across survey years
- non-responders (up to 50% in some samples)
- households only (homeless, highly mobile, corrections)
- error associated with low prevalence behaviours

“Capturing” information on drug use

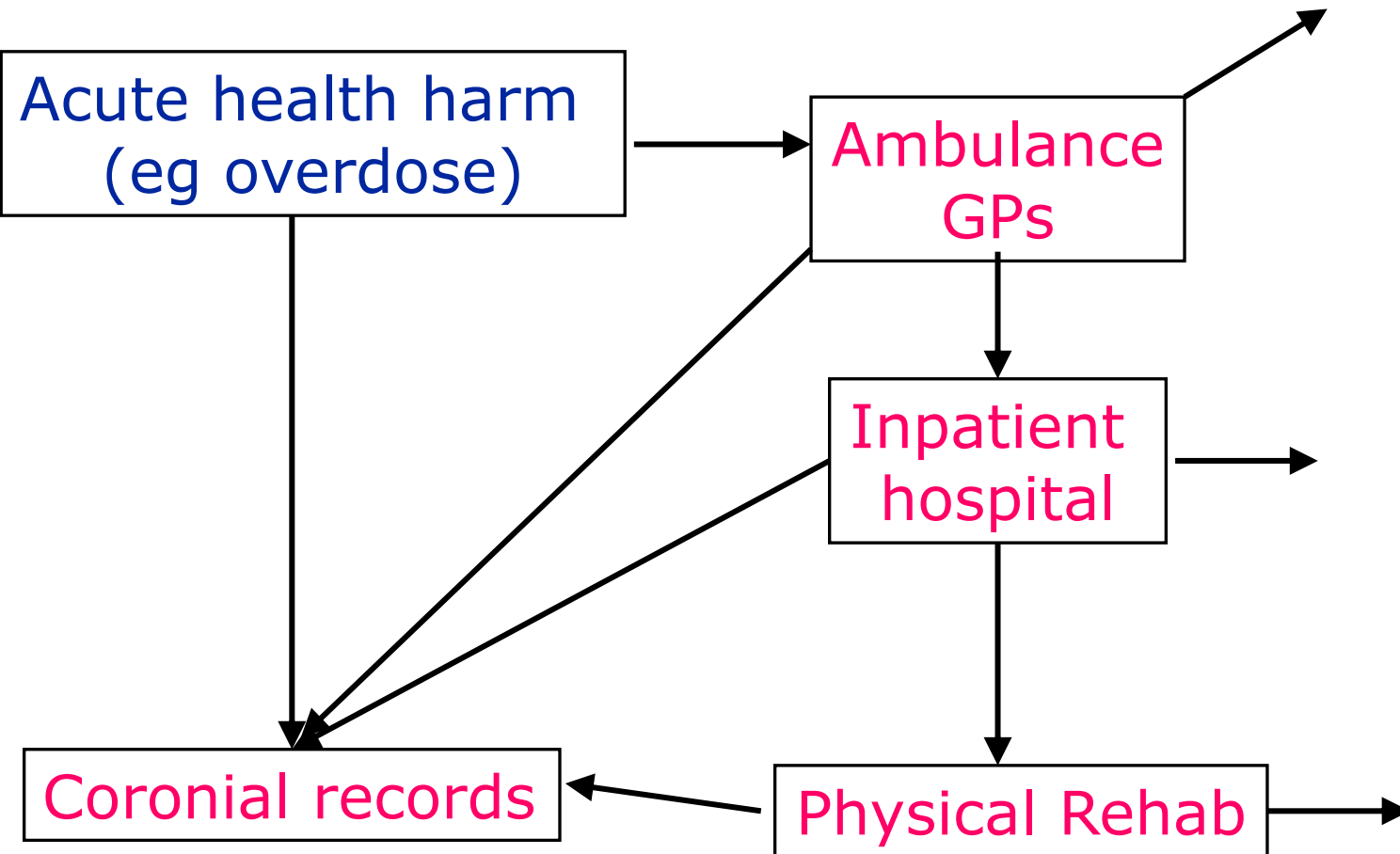


Ambulance Attendances in Melbourne 2009-2014

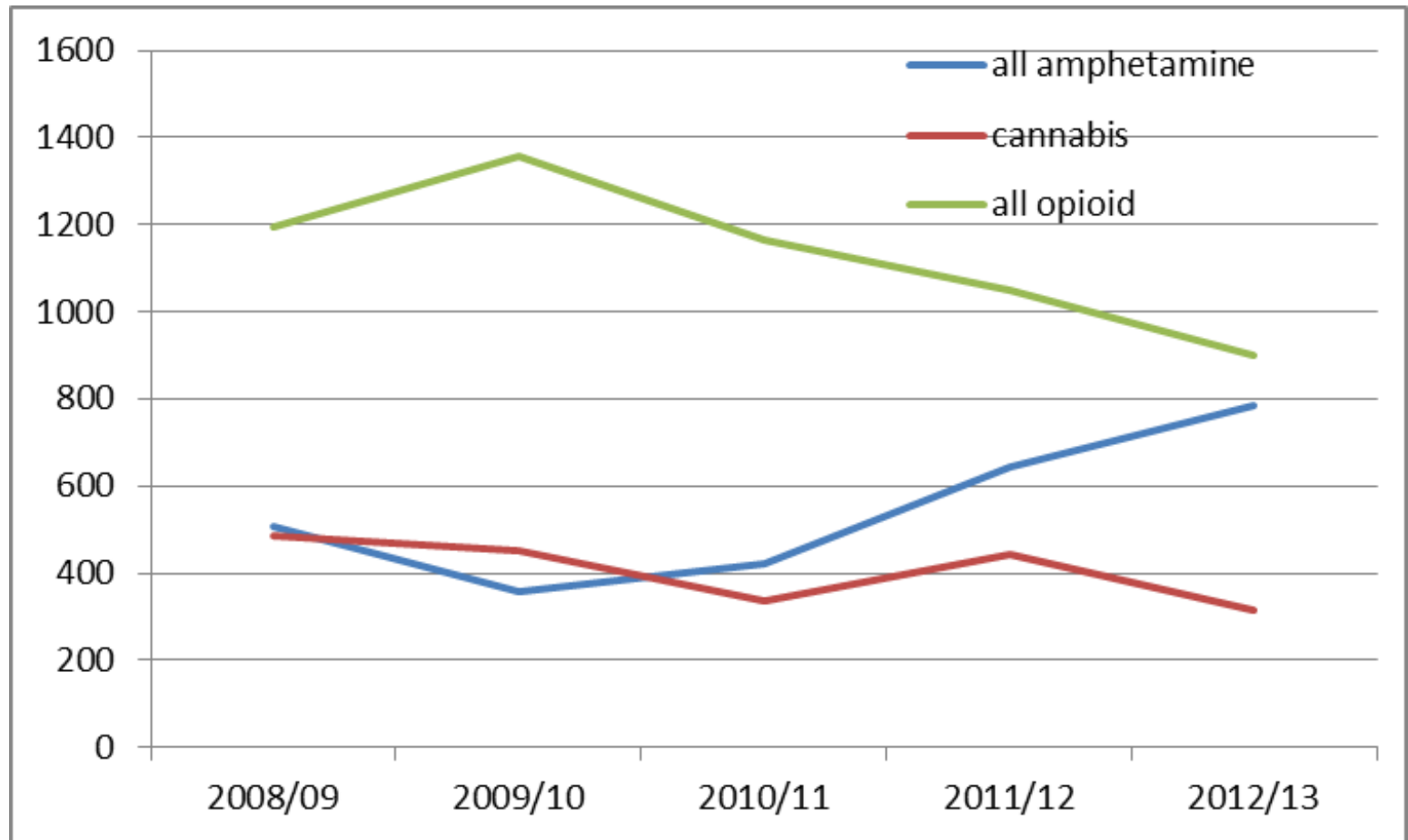


Source: Turning Point Ambo Project

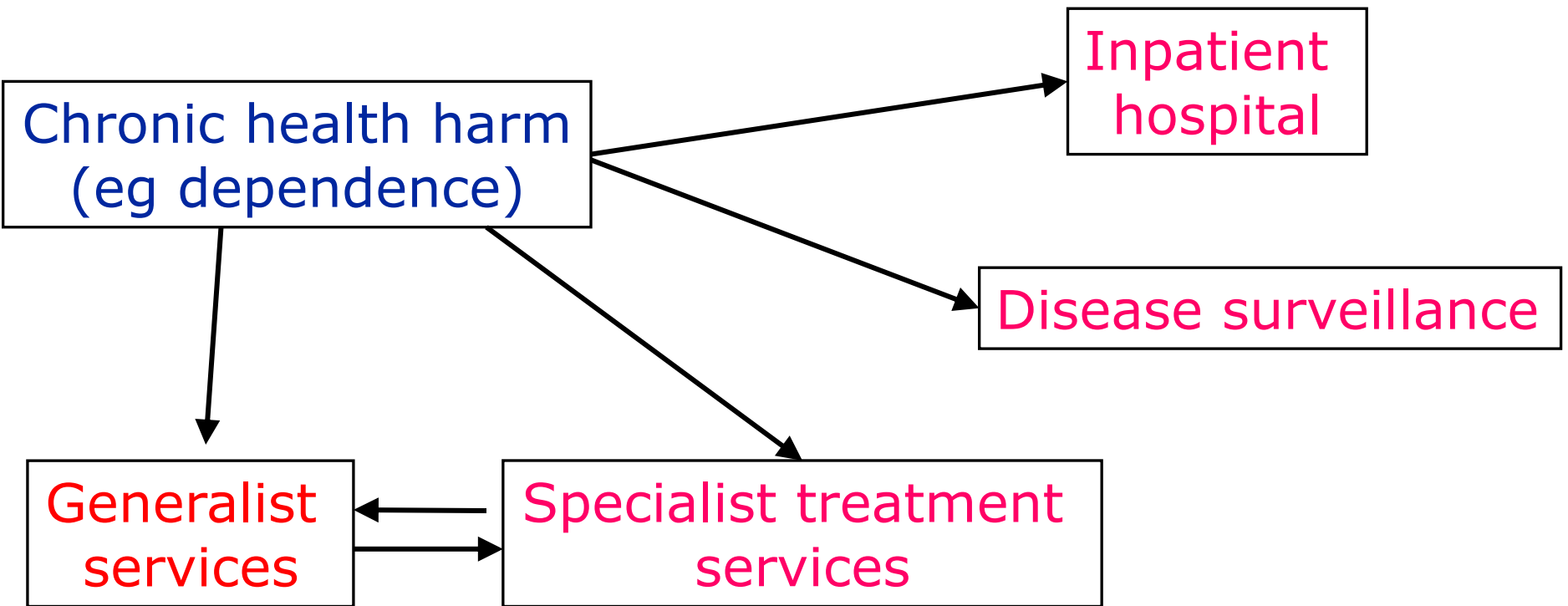
“Capturing” information on drug use



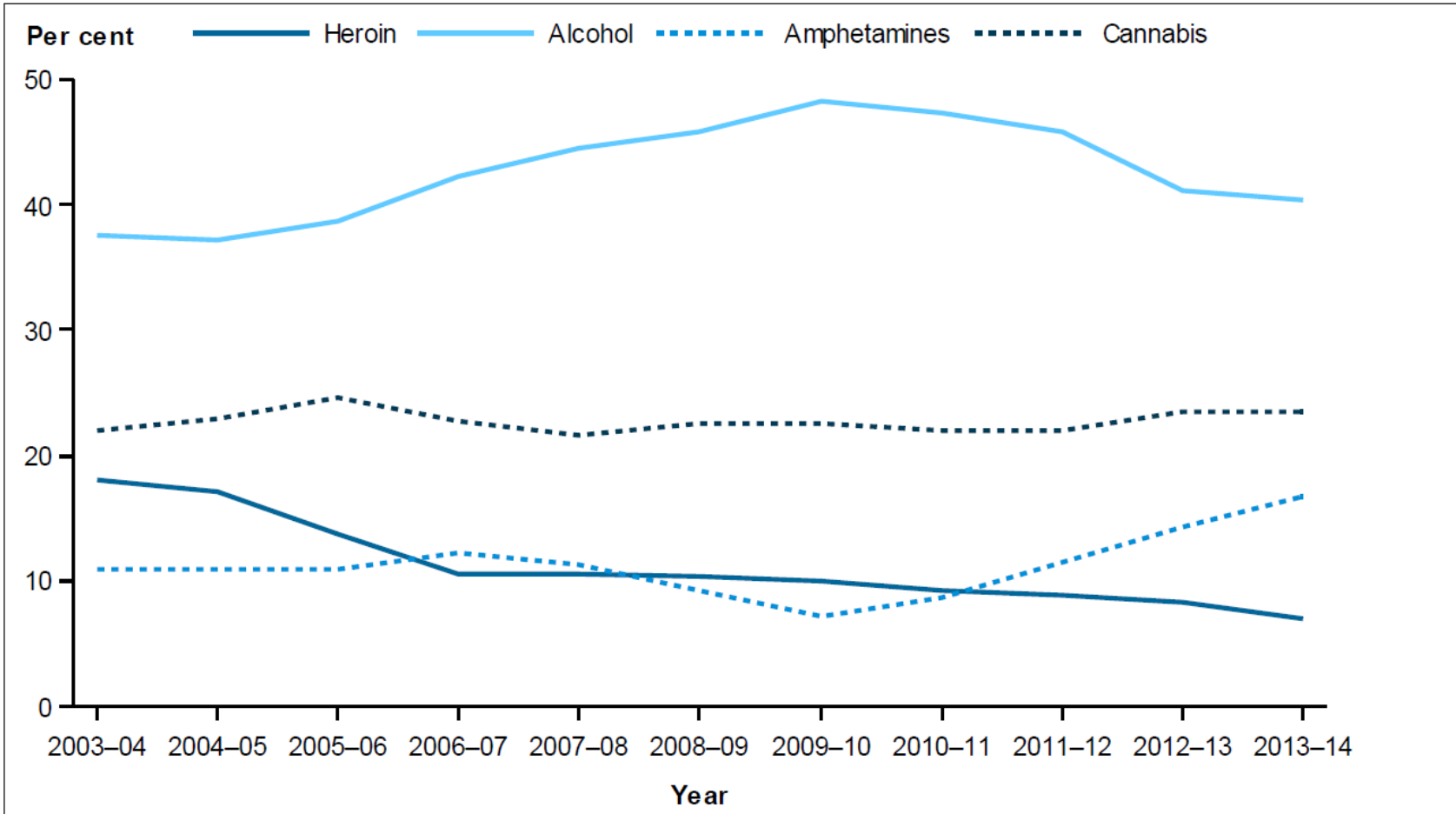
Inpatient hospitalisations in Melbourne



“Capturing” information on drug use



Specialist treatment services



Source: Table SD.2.

Figure 4.1: Closed episodes provided for own drug use, by selected principal drug of concern, 2003-04 to 2013-14

“Capturing” information on drug use

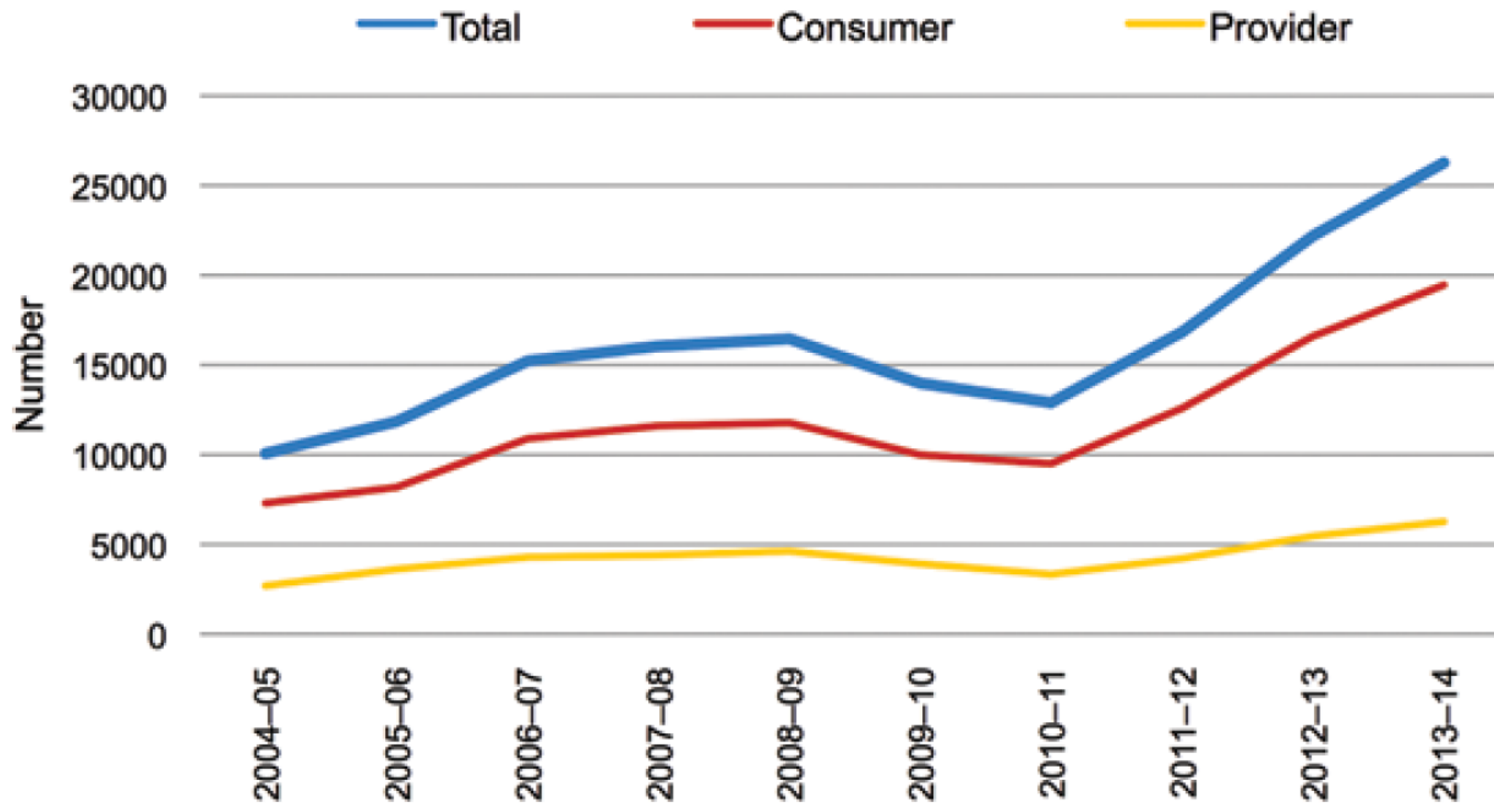
Social harm
(eg crime)

Police arrest

Courts/prison/diversion

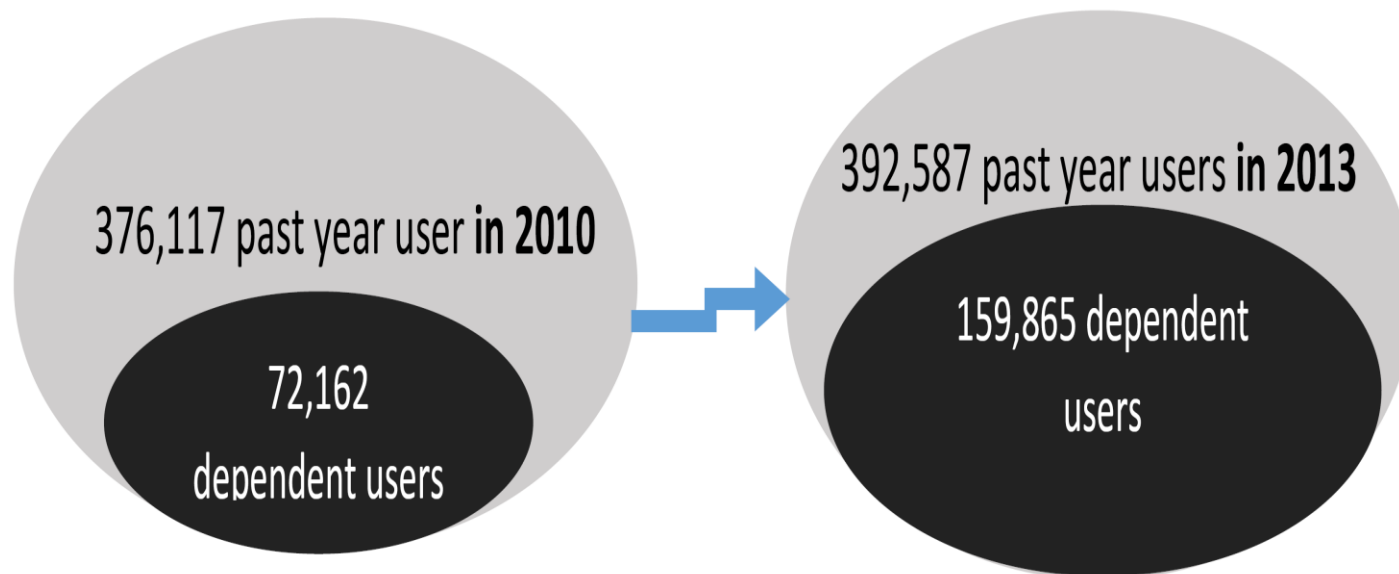
Police arrest

FIGURE 20: Number of ATS arrests, 2004-05 to 2013-14



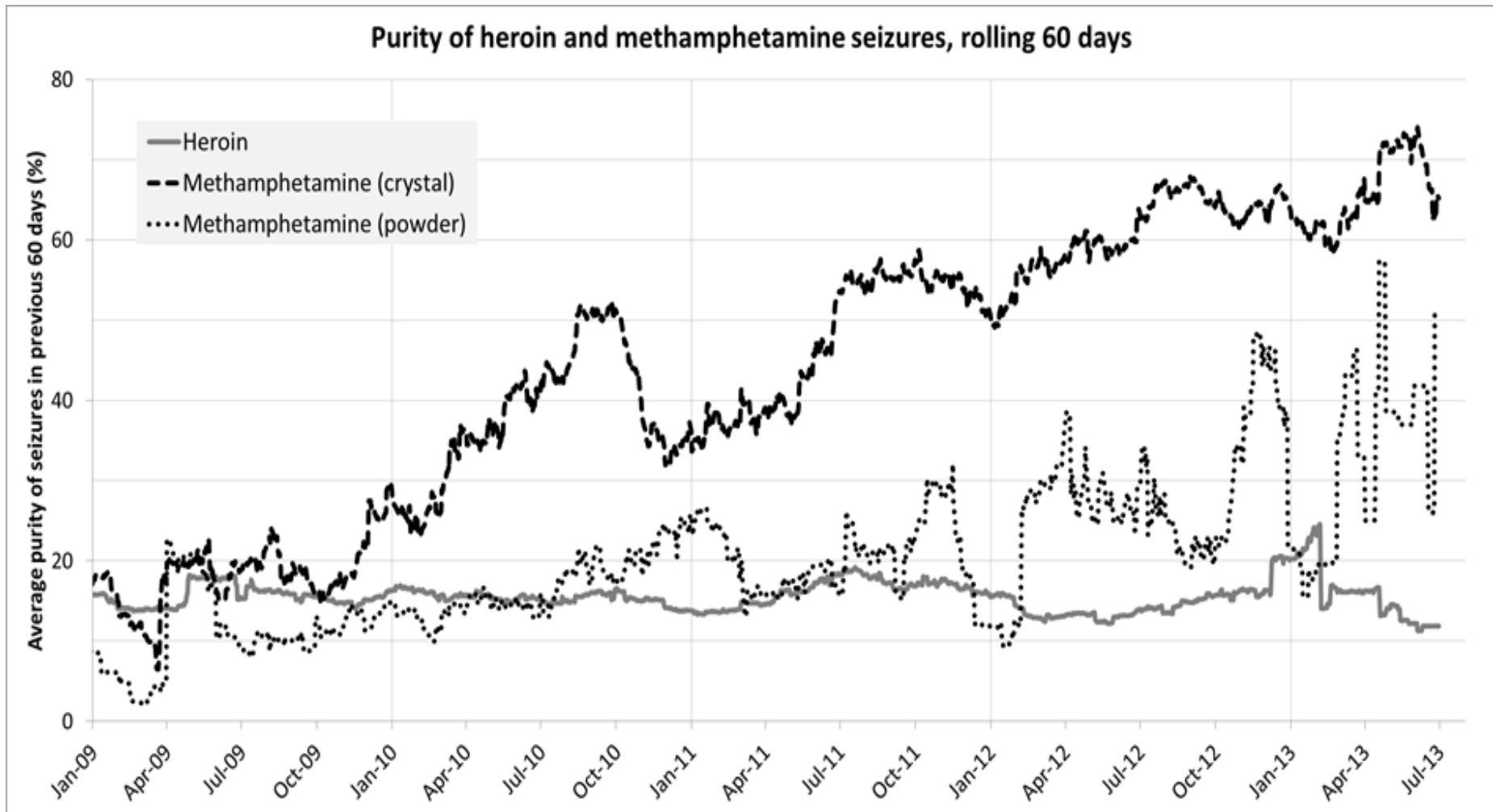
Source: ACC 2015: Illicit Drug Data Report

Synthesising information on drug use



Source: past year use figures derived from the NDSHS and ABS population estimates for the most recent year; dependent use estimates based on Degenhardt et al. in press¹

So what is going on?



Scott, N., Caulkins, J. P., Ritter, A., Quinn, Q., & Dietze, P. (2014).

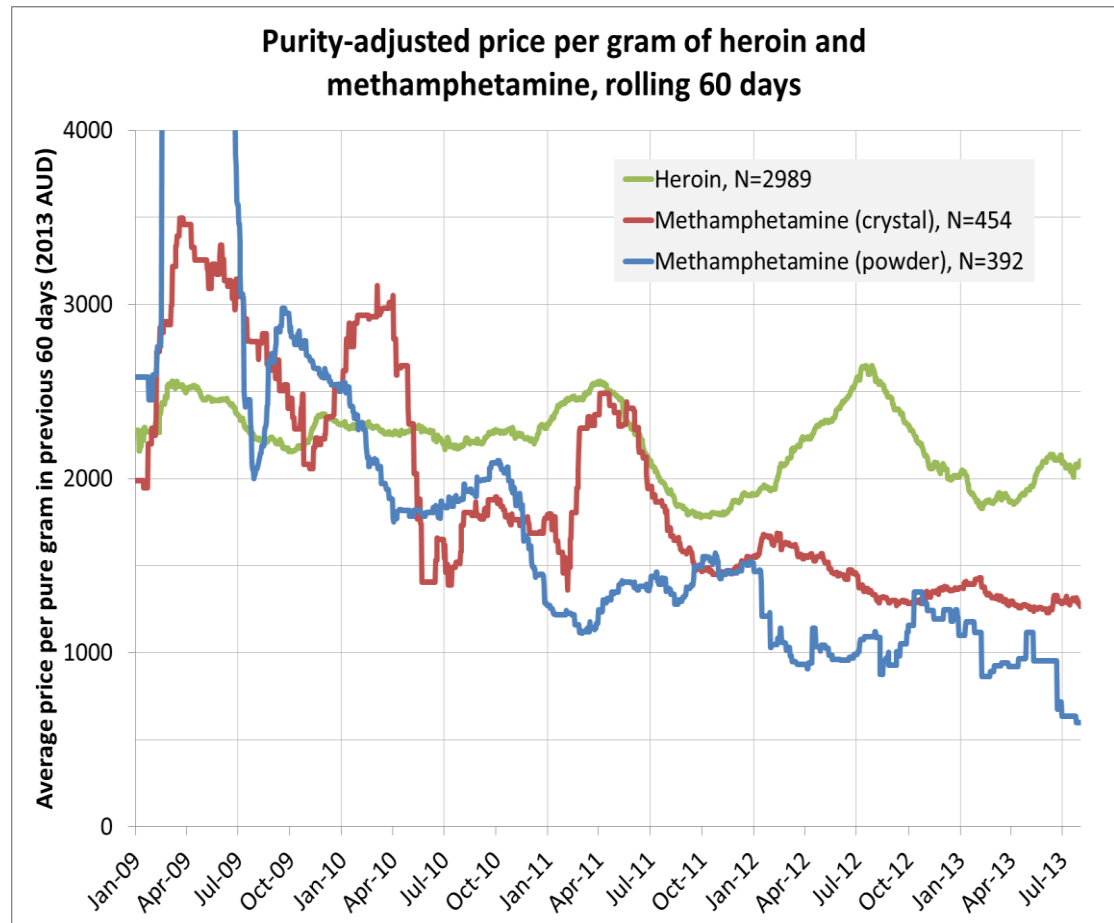
High-frequency drug purity and price series as tools for explaining drug trends and harms in Victoria, Australia.

Addiction, DOI: 10.1111/add.12740.

So what is going on?

Purity Adjusted Price

- Heroin experienced several mini peaks and troughs
- Powder meth. declined
- Crystal meth. declined
- Both forms of methamphetamine had similar purity-adjusted prices.

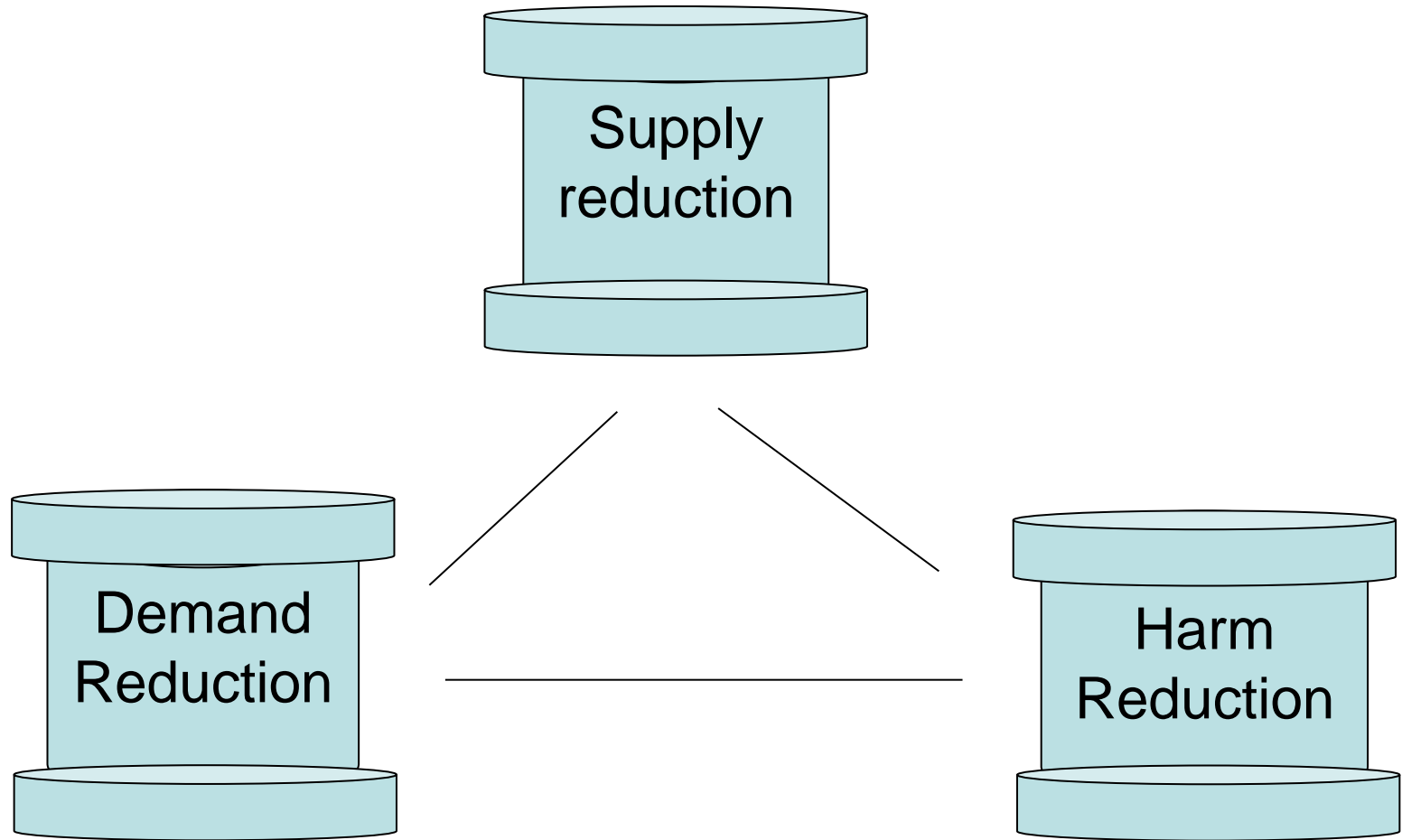


Scott, N. et al. (2014). *High-frequency drug purity and price series as tools for explaining drug trends and harms in Victoria, Australia*. *Addiction*, DOI: 10.1111/add.12740.

Synthesis requires...

- Ongoing commitment to data collection
- Ongoing commitment to systems and innovation
- Ongoing commitment to supporting expertise
- **BUT IT IS NOT ENOUGH!**

New initiatives - Using three pillars



Demand reduction challenges/innovations

1. Heroin prescription?

- Randomised trials in six countries
- Review evidence suggests effectiveness
- But, with people who fail other treatments
- High cost, high intensity intervention

2. Methadone/buprenorphine

- High coverage
- Waiting lists
- Variations between jurisdictions (inc prison)
- Systems issues (eg prescribers in VIC, costs)

3. Methamphetamine treatment

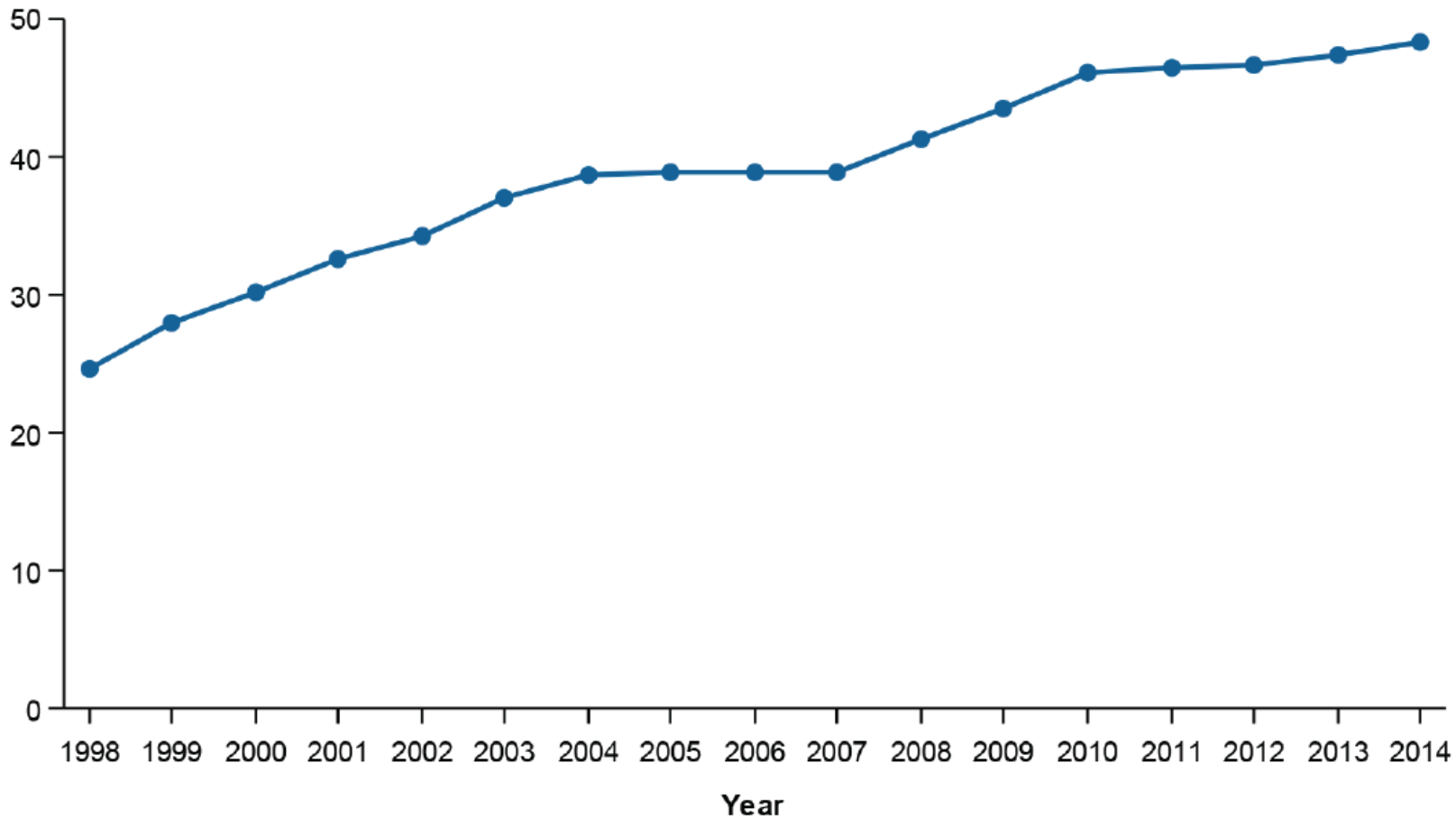
- Low evidence of success
- No established pharmacotherapy
- Engaging consumers

4. Mandated treatment

- Rights
- Effectiveness outside of US system

OST – methadone and buprenorphine

Number of clients ('000s)



Source: Table S1.

Figure 1: Clients receiving pharmacotherapy treatment on a snapshot day, 1998 to 2014

Supply reduction challenges

We cant arrest our way out of this

1 Border controls not working to reduce supply

- What to put in their place?
- Justice reinvestment

2 Internet supply

3 Responding to regulatory changes

Harm reduction challenges/innovations

1. Safe Injecting Facilities
 - Strong observational evidence
 - Controversy remains – why?
2. Prisons as risk environments
 - Prison needle exchange
 - Health services
 - Effective treatments
3. New technologies
 - Social media and early warning
 - Mobile phones and connectivity
 - Testing devices
 - Amnesty bins
 - Smart communication

Overarching Themes

Evidence base?

- Many funded strategies have low levels of evidence or no evidence

Implementation

- Effective interventions not implemented
- Engagement
- Workforce training and accreditation
- Variations between jurisdictions
- Translating evidence to action on the ground

Smart communication?



INFORMATION BULLETIN

Ministry of Public Safety and Solicitor General
BC Coroners Service

2011PSSG0059-000493
May 5, 2011

BC Coroners Service warns of rise in heroin-related deaths

VANCOUVER — A recent spike in the number of heroin-related fatalities in the Lower Mainland has prompted the BC Coroners Service to issue this public safety warning that higher potency heroin is circulating in the province.

In the first four months of 2011, the BC Coroners Service has seen over 20 cases of heroin-related overdoses, which is more than double the same period in 2010. The BC Coroners Service believes heroin to be a likely factor in several other recent cases throughout the province that are pending toxicology results.

The RCMP has confirmed that heroin being dealt to users in some areas is at least twice as potent as usual. Drug users are at an increased risk of respiratory depression, health complications, overdose and death when they are unaware of this higher potency and ingest their usual amount. Drug users should never be alone when ingesting drugs, and, where possible, should use available community services such as INSITE or needle exchanges where access to medical care is available.

