Current Drug Trends and responses

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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

Drug use

- Acute health harm (eg overdose)
- Chronic health harm (eg dependence)
- Social harm (eg crime)
- Survey (household/targeted)
<table>
<thead>
<tr>
<th>Used past 12 months</th>
<th>1995 %</th>
<th>1998 %</th>
<th>2001 %</th>
<th>2004 %</th>
<th>2007 %</th>
<th>2010 %</th>
<th>2013 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>78</td>
<td>81</td>
<td>82</td>
<td>84</td>
<td>83</td>
<td>81</td>
<td>78</td>
</tr>
<tr>
<td>Tobacco</td>
<td>27</td>
<td>25</td>
<td>23</td>
<td>21</td>
<td>19</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>Cannabis</td>
<td>13</td>
<td>18</td>
<td>13</td>
<td>11</td>
<td>9</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Meth/Amphet.</td>
<td>2.1</td>
<td>3.7</td>
<td>3.4</td>
<td>3.2</td>
<td>2.3</td>
<td>2.1</td>
<td>2.1</td>
</tr>
<tr>
<td>Heroin</td>
<td>0.4</td>
<td>0.8</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Cocaine</td>
<td>1.0</td>
<td>1.4</td>
<td>1.3</td>
<td>1.0</td>
<td>1.6</td>
<td>2.1</td>
<td>2.1</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>0.9</td>
<td>2.4</td>
<td>2.9</td>
<td>3.4</td>
<td>3.5</td>
<td>3.0</td>
<td>2.5</td>
</tr>
</tbody>
</table>

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

Acute health harm (eg overdose) → Ambulance → GPs → Inpatient hospital → Coronial records → Physical Rehab
Ambulance Attendances in Melbourne 2009-2014

Source: Turning Point Ambo Project
“Capturing” information on drug use

Acute health harm (eg overdose) → Ambulance GPs → Inpatient hospital
Coronial records → Ambulance GPs → Inpatient hospital

Physical Rehab
Inpatient hospitalisations in Melbourne

Source: IDRS reports, Burnet Institute
“Capturing” information on drug use

Chronic health harm (e.g., dependence)

- Inpatient hospital
- Disease surveillance

Generalist services

Specialist treatment services
Specialist treatment services

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

376,117 past year user in 2010
72,162 dependent users

392,587 past year users in 2013
159,865 dependent users

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?

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.

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

1. Supply reduction
2. Demand reduction
3. Harm reduction
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

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

Source: Table S1.

Supply reduction challenges

*We can’t 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
INFORMATION BULLETIN

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.