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INQUIRY INTO METHAMPHETAMINE AND ITS IMPACT ON AUSTRALIAN SOCIETY

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide feedback to the Parliamentary Joint Committee on Law Enforcement regarding its inquiry into crystal methamphetamine (ice).

ACEM is a not-for-profit organisation responsible for the training and ongoing education of emergency physicians, and for the advancement of professional standards in emergency medicine, in Australia and New Zealand. ACEM, as the peak professional organisation for emergency medicine in Australasia, has a vital interest in ensuring the highest standards of emergency medical care are maintained for all patients across Australasia.

Definitions

Amphetamines: This submission uses 'amphetamine' to refer to all amphetamine-type stimulants (ATS), including amphetamine, methamphetamine and its chemical precursors, including crystal methamphetamine. Urinary, saliva and blood tests can only determine that a person has taken an ATS – they cannot distinguish the type ingested.

FACEM: Fellow of the Australasian College for Emergency Medicine. Also referred to in this document as members.

Summary of feedback

- Based on available data, amphetamine-affected patients make up about one per cent of emergency department (ED) presentations.
- Despite this low percentage, amphetamine-affected patients use extensive resources, compromising other patients' care as a result.
- There is limited data on the geographic distribution of presentations; anecdotal evidence suggests that the distribution of presentations is uneven.
- Security issues for staff and other patients are a major concern.
- Emergency department design and staffing models can be ill-equipped to manage alcohol, other drug and psychiatric presentations.
- The health needs of amphetamine-affected patients are complex and extend beyond the immediate implications of amphetamine use to long term, chronic conditions.

- Emergency department treatment models mainly involve sedation and monitoring. Sedation can be difficult to administer to a patient who is displaying aggressive behaviour.
- Drug and alcohol services are often not tailored to the needs of amphetamine users.

Prevalence of amphetamine-related presentations to EDs

There is limited data on the prevalence and distribution of amphetamine-affected patients presenting to EDs in Australia; however the available data suggests that these presentations make up a small percentage.

Two studies have been conducted in Australia which systematically screened for the prevalence of amphetamine-related presentations to EDs. A 2007 study conducted at the Royal Perth Hospital found that 1.2 per cent of presentations were amphetamine-related.[1] Research conducted at St Vincent's Hospital in Sydney in 2007 found that one per cent of presentations during the study period were related to amphetamines.[2] These studies were conducted over a three-month period at each site, with a total of 23,430 patients screened.

ACEM members also anecdotally report similar figures. Data (unpublished) provided for this submission from an inner-city Melbourne ED, suggests that up to 240 attendances per year are amphetamine-related; this equates to 0.6% of all ED attendances at this hospital. A high proportion of these patients present with psychiatric co-morbidities. Reports from a Western Australian hospital suggest that the ED sees at least several presentations a day related to methamphetamine use. Patients usually present with drug-induced psychosis but other symptoms include insomnia, palpitations and depression related to their drug use.

Anecdotal reports from a number of EDs suggest there may have been an increased number of amphetamine-affected patients over the last 12 months. Given that amphetamine use has remained stable in Australia over the last 10 years (at two percent of the population) there may be several reasons for this:[3]

- Crystal methamphetamine has become more affordable over the last few years.[4]
- Crystal methamphetamine has replaced powder as the main form for taking ATS, and this is likely due to the price reduction.[5]

[1] Suzanne D. Gray, Daniel M. Fatovich, David L. McCoubrie and Frank F. Daly, "Amphetamine-related presentations to an inner-city tertiary emergency department: a prospective evaluation," *Medical Journal of Australia* 186, no.7 (2007): 338.
[2] Philippa J. Bunting, Gordian W. Fulde and S Lesley Forster, "Comparison of crystalline methamphetamine ("ice") users and other patients with toxicology-related problems presenting to a hospital emergency department," *Medical Journal of Australia* 187, no.10 (2007): 565.
[3] Australian Institute of Health and Welfare, *National Drug Strategy Household Survey detailed report 2013: Drug statistics series* (Canberra: AIHW, 2014): 7.
[4] Scott N. Caulkins, Jonathan P. Ritter, Catherine Quinn and Paul Dietze, "High-frequency drug purity and price series as tools for explaining drug trends and harms in Victoria, Australia" *Addiction* 110, no.1 (2015): 121.
[5]Australian Institute of Health and Welfare, *National Drug Strategy*, 4.

- There is evidence that the purity level of some crystal methamphetamine on the market has increased. Extreme purity variations may challenge individuals' control of consumption, leading to increased ED attendances.[6]

Further compounding these issues is that the prevalence of amphetamine-related presentations to EDs is difficult to quantify due to the application of ICD-10 coding in classifying these presentations. The code *Poisoning/Overdose, Methamphetamine (ice)* is only one of over 15 possible diagnoses that could fit the description of an amphetamine-affected ED presentation. Choosing the 'correct' code can therefore be problematic, and this may in fact lead to underestimating the prevalence of ATS presentations.

Given the limited data on amphetamine-related presentations to EDs, ACEM recommends an appropriately funded national study to quantify the percentage of amphetamine-affected presentations, and to determine the effect they have on the functioning of the ED. Reliable national data on the extent and impact of these presentations will better inform government policy responses.

Impact on functioning of the ED

While the percentage of amphetamine-related presentations to EDs is low, these presentations can use extensive resources. Amphetamine-affected patients present a number of challenges to the functioning of EDs and can prove highly disruptive for staff and other patients. Challenges include violence towards staff and other patients, intensive monitoring, and delays to other patients' care.

Even with sufficient staffing in place, these presentations can have a negative impact on the functioning of the ED. Feeling unsafe and vulnerable were two issues highlighted by ACEM members as the most significant impacts on ED staff. Members also reported that the care of other seriously ill patients can often be delayed, due to the lengthier treatment times typically required for amphetamine-affected patients. Amphetamine-affected patients often require sedation and intensive monitoring by ED staff.

> *"The impact on staff is huge, physically and psychologically. In typical ED fashion we cope, and carry on and make light of it. The impact on other patients is probably greater."* – FACEM.

The 2007 study conducted at Royal Perth Hospital found that:

- One third of amphetamine-affected patients required sedation and one-on-one nursing for many hours.
- Thirty seven per cent required psychiatric evaluation.
- Ten per cent required a CT scan.
- Forty per cent required admission to hospital.
- Five per cent required intensive care.
- Forty six per cent had previously attended with an amphetamine-related presentation.

[6] Caulkins, Ritter, Quinn and Dietze, "High-frequency drug purity," 121.

- These patients were agitated, often aggressive and required extensive resources.[7]

Amphetamine-related presentations tend to be associated with a cluster of hospitalisations around that episode. This is most prominent for psychiatric diagnoses.

Member reports from a regional hospital in New South Wales suggest that amphetamine-related psychosis patients occurred every few weeks:

> *"These patients are a complete nightmare to manage. They are massively disruptive, very agitated and violent, loud and hard to 'bring down'. This causes disruption to other patients, risks staff injury, and ties up several staff members both in ED, and in mental health before the patient is safe for discharge - which can take many hours. The patient usually stays overnight."*

A FACEM working in the Northern Territory highlighted the strain placed on frontline staff:

> *"The consumption of resources when these (amphetamine-related psychosis) patients present is huge. The entire department otherwise grinds to a halt while their airway is secured and they are chemically sedated or physically restrained (and often both).*
>
> *We have nowhere near enough security staff in these situations. Nurses and doctors often provide additional physical restraint with risk to their own safety. Police are frequently required as back up, attending when ED staff are overwhelmed. Often it takes time to get them there."*

Member reports also highlighted the significant security issues which arise during amphetamine-related presentations, including:

- Staff often witness significant aggression caused by the patient towards either security staff, medical nursing or allied health staff.
- Five trained staff is considered the minimum number required to hold an agitated patient appropriately. During sedation there are usually not enough security officers to perform a five-point hold down. This is a risk to staff safety, and staff are frequently injured when there is inadequate security cover.
- Security staff are not normally allowed to search patients for weapons.
- There are often not enough security staff to protect staff adequately.

> *"There is a real risk to the safety of other patients. Most patients feel intimidated by aggressive patients, but children and the elderly are at particular risk. There are usually no separate rooms available to isolate aggressive patients. Staff have to reassure patients while they themselves are being threatened."* – FACEM.

Sedation of an aggressive patient can take a long time, and may need to be repeated if the patient's transfer out of ED is delayed.

[7] Gray, Fatovich, McCoubrie and Daly, "Amphetamine-related presentations," 338.

Physical and psychological impacts of amphetamine

There are a number of physical and psychological effects that are commonly associated with amphetamine use. The health needs of those affected by amphetamine often extend beyond treatments that can be provided by standard emergency care.

Emergency physicians report that there are a number of physical and psychological characteristics of amphetamine affected patients presenting to an ED, including:

- Drug induced psychosis.
- Insomnia.
- Depression.
- Palpitations.
- Borderline personality disorder.
- Hallucination.
- Anxiety.
- Injuries caused by attempted suicide while using amphetamines.
- Cardiovascular complications.
- Hypertension.
- Neurological problems.
- Metabolic issues.

Current treatment model for amphetamine-affected patients

As a patient group, amphetamine-affected patients will commonly use the ED as their primary health service, having little engagement with traditional primary health care services.

The physical and psychological characteristics of amphetamine-affected patients, in conjunction with the complexities of behavioural management, lead to lengthy stays in the ED. As tertiary hospitals become more sub-specialised and lose General Medical admitting services, such patients will frequently remain in the ED until they are suitable for discharge, thus taking up an acute or short stay unit bed for much longer than four hours, as recommended by the National Emergency Access Target (NEAT).

Young men and women with borderline and antisocial personality disorders, whose baseline behaviour can be exacerbated by the use of substances including alcohol and methamphetamine, are one of the most common presentations of amphetamine-affected patients.

These patients often exhibit unpredictable behaviour and, in many cases, it is not possible to safely manage this group in the ED without the use of physical and chemical restraint after attempts to verbally de-escalate patients have failed. Significant use of benzodiazepines is often required in the management of amphetamine-affected patients. The use of a resuscitation bay is frequently required, as chemical sedation requires a higher degree of patient monitoring to prevent complications. Consequently, amphetamine-affected patients may occupy one of only a limited number of resuscitation beds in the ED for several hours until they can be transferred safely to

another acute bed. While this practice allows for further medical investigations and treatment if required, it can also consume the time of senior ED doctors and nurses, and tie up critical resources.

The real or perceived limits of treatment options is a source of frustration to clinicians and patients' families alike. Following discharge from the ED, most patients will be referred to a general Drug and Alcohol outpatient service. General outpatient Drug and Alcohol services are considered appropriate for people with amphetamine dependence and misuse. However, amphetamine users may not identify with such services, as these are focused primarily on the treatment of opioid or alcohol dependencies. One of the only public programs dedicated to the treatment of amphetamine and stimulant misuse and dependency is located in St Vincent's Hospital in Sydney, and demand for its services are high.

ACEM notes that significant changes need to be made in the health system in order to effectively manage amphetamine-affected patients within hospitals and facilitate the broad range of treatment types that may be required for this group.

Recommendations for managing amphetamine-affected patients in EDs

Specialised high dependency units for EDs

Specialised high dependency units are the best place to manage alcohol, other drug affected and psychiatric patients presenting to the ED. Feedback from ACEM members on this issue is consistent; these types of patient presentations cause regular and significant stress and disruption to emergency staff and other patients. The introduction of high dependency units as part of EDs could operate in a similar way as Short Stay Units as these units need to be adjacent to but separate from the ED, with their own specialised staffing and adequate security.

Adequate security staffing

Sufficient security staffing is essential to maintaining the safety of clinical staff and other patients, as well as allowing clinical staff to safely access the patient. The standard model for adequately restraining an aggressive patient is a five-point hold which requires five trained staff. State governments must consider additional funding for EDs to ensure that they are equipped with sufficient security staffing, particularly for geographical areas where amphetamine presentations are high.

Comprehensive data on amphetamine-related presentations is urgently required

Funding needs to be made available to undertake research to quantify amphetamine-related presentations to EDs. This data would assist the government and other stakeholders to make informed policy decisions.

Other issues to note

Members emphasised that although amphetamine-related presentations to EDs consume extensive resources, the number of alcohol-related presentations, and the harms caused by alcohol, far outweigh the impacts of amphetamine-related presentations. For example:

- Code grey data provided for this submission from an inner city hospital in Melbourne highlighted that 7.4% (54/734) of code grey occurrences in the last two years were amphetamine-related. In comparison, 51% (377/734) of code grey call outs were for alcohol-affected patients. [8]

Thank you for the opportunity to provide feedback to the Parliamentary Joint Committee on Law Enforcement in its Inquiry into methamphetamine and its impact on Australian society. If you require any clarification or further information, please do not hesitate to contact the ACEM Policy Manager, Fatima Mehmedbegovic

Yours sincerely,

DR ANTHONY CROSS
PRESIDENT

DR DIANA EGERTON-WARBURTON
CHAIR, ACEM PUBLIC HEALTH COMMITTEE

[8] A code grey is a message announced over a hospital's public address system, indicating the need for an emergency management response to a patient incident.