

13 November 2024

Dr Iva Glisic  
Inquiry Secretary  
House Standing Committee on Health, Aged Care and Sport

By email to: [REDACTED]

Dear Dr Glisic

**Re: Response to questions on notice – Inquiry into the health impacts of alcohol and other drugs in Australia**

On behalf of the Royal Australian and New Zealand College of Psychiatrists (RANZCP), I thank you for providing me with an opportunity to present at the House Standing Committee on Health, Aged Care and Sport public hearing for the [Inquiry into the health impacts of alcohol and other drugs in Australia](#) on Monday 28 October 2024. I took a few questions on notice which I will respond to here.

**1. (Page 6) CHAIR: You may or may not be able to answer this; you may like to take it on notice. Are there concerns about some new drugs of abuse that are appearing on the horizon that we should be looking at?**

Nitazenes are an emerging group of novel synthetic opioids which are of increasing concern in Australia. Nitazenes-related overdoses and deaths have been reported in NSW and Victoria in 2024.[1, 2] The number of countries reporting nitazenes has increased globally from 2019 to 2023 and include countries from Asia, Europe, North America, and South America in addition to Oceania as highlighted by the United Nations Office on Drugs and Crime.[3]

Nitazenes have been detected in the non-opioid drug supply in Australia (such as in ketamine, MDMA and other recreational drugs).[4] This is of concern, given individuals who consume illicit non-opioid drugs do not have tolerance to opioids and any exposure to nitazenes could be potentially fatal.

There is a need for preparedness measures to ensure we can mitigate harms and reduce the risk of lethal overdoses occurring across several jurisdictions.

Recommended measures for consideration include:

- Increased access to naloxone (opioid overdose reversal drug).
- Increased access to opioid maintenance treatment (this includes innovative 'low threshold' approaches) to ensure people can get access on the same day/quickly to minimise harms.
- Early warning and response systems that can notify authorities (i.e. governments, hospitals and first responders) and consumers that these drugs are contaminating supply. This is contingent on drug-checking services to detect and confirm the presence of these substances.

2. (Page 6) Dr ANANDA-RAJAH: Finally, I have a question on drug treatment. The drugs that we have are not great. Acamprosate, methadone and naltrexone are things that have been around for ages. The GLP-1 agonists are quite exciting. There is a large body of pre-clinical work looking at these. Where are we at with in-human studies and phase 3 clinical trials using the GLP-1 drugs?

Studies suggest GLP-1 agonists, such as semaglutide, can reduce drug consumption and the rewarding value of drugs, including for alcohol, nicotine, cocaine and opioids.[5, 6]

Currently, there are several in-human (Phase II and III) clinical trials underway internationally which indicate this class of drugs may be beneficial in substance use disorder. To our knowledge, there are no studies funded or underway in Australia. Existing trials are recruiting in the USA, Denmark and northern Europe.

Barriers to researching this include limited funding available in Australia for investigator-initiated research in substance use disorder; and access to this class of medications, given current global supply shortages.

Demand for GLP-1 agonists is high in Australia for its use to treat type 2 diabetes mellitus and as a weight loss drug, which has impacted its supply.[7, 8]

The use of GLP-1 agonists for management of substance use disorder in Australia is considered 'off-label' and its use would be deemed 'experimental' and it is not currently common clinical practice. The RANZCP has recently updated the [Professional Practice Guideline 4: 'Off-label' prescribing in psychiatry](#) in 2023, which outlines risk identification and justification when considering 'off-label' prescribing.

[TREAT](#) (Translational Research in Alcohol Treatment) is a multidisciplinary team working in addiction research based in Australia and include members of the RANZCP who are pursuing access to supply to this medication for trialling in Australian clinical populations with alcohol use disorder.

We recommend caution when considering the use of GLP-1 agonists for the management of substance use disorder until there is more evidence regarding its use and supply can meet demand to ensure equitable access to the medication.

As leaders in mental health, the RANZCP welcomes further consultation in the field of AOD services in Australia. If you have any queries regarding this submission, please contact

on [REDACTED] via [REDACTED] or [REDACTED].

Yours sincerely

[REDACTED]

Dr Elizabeth Moore

**President**

Ref: 4671

## References

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6. Arunogiri, S., L. Walker, and R. Anversa, *Can a drug like Ozempic help treat addictions to alcohol, opioids or other substances?*, in *The Conversation*. 2024.
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