Te Whatu Ora
Health New Zealand
Capital, Coast and Hutt Valley

Why are you and your five mates unconscious in ED?

When a rare event becomes common, something dangerous is happening.

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Background

- Emergency Medicine Specialist with interest in Clinical Toxicology
- Published on Drug Facilitated Sexual Assault (drink spiking)
- Support the formal decriminalisation to use drugs
- Support the legalization and regulation of some drugs (cannabis)
- Support increasing penalties for the manufacture, sale an supply of others.

Definitions

- **Intentional self-poisoning**
  - **Used to emphasise drug overdose where the intent was self-harm / suicide**
  - **Majority of these use prescription medications.**
- **Overdose**
  - **While often interchanged with ISP is often “accidental” without an intent for self-harm**
  - **Majority are recreational / illicit drugs**
  - **Drug purity / strength is the problem**
    - USA Fentanyl crisis

Presentations to ED

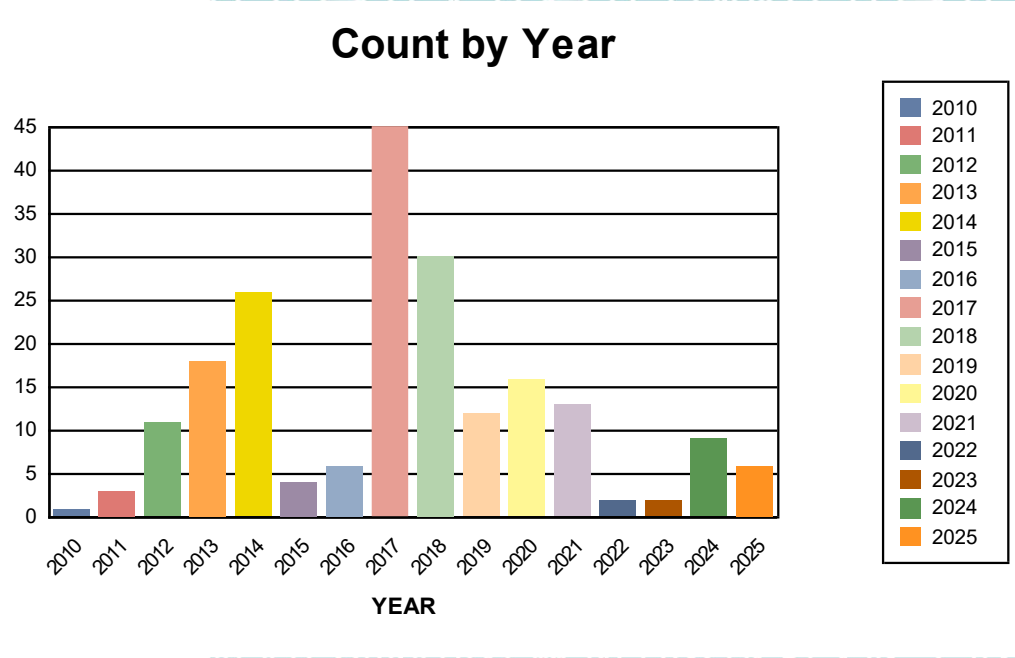
- Three broad groups
- Acute intoxication or adverse effect by the drug
  - Acute behavioural disturbance
  - Changes to level of consciousness
  - Physical collapse / Cardiac Arrest
- Chronic effects of long-term drug use
  - Mental health
  - Physical health (cardiac / liver / kidney disease)
- Affects from the criminalisation of the drug
  - Assaults / physical violence

Numbers

- **Intentional self-poisoning is common**
  - Average of 700 presentations / year for Wellington
  - Paracetamol the most commonly used agent
  - “Sleeping tablets”
  - Psychiatric / anti-depressant agents
- **Recreational Overdose / Adverse event less common**
  - Average around 60 presentations / year for Wellington
  - Agents “unknown” 100% of the time...
  - Altered level of consciousness (coma) most common presentation form
  - Acute behavioural disturbance / psychosis

So what happened here ?

- Synthetic Cannabis
- Sudden explosive surge in 2017 into 2018
- Seizures and Cardiac Arrhythmias
- Deaths throughout New Zealand

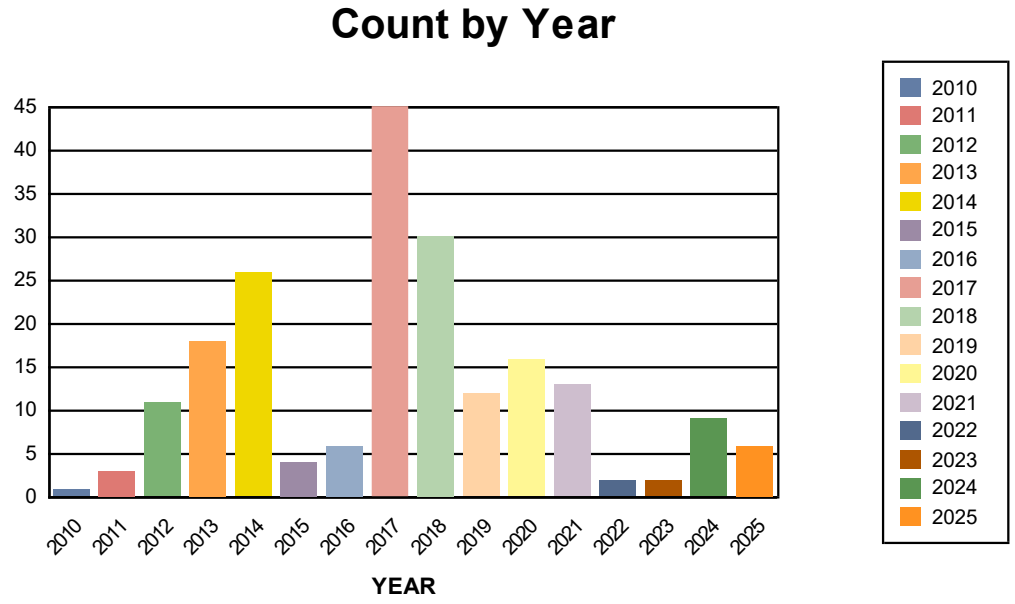


Public Health Emergency

- **Very similar situation to an Infective Outbreak**
- **This was the DRUG equivalent of COVID or MEASLES**
- Started in a relatively small geographic area.
- **As one “outbreak” settled another would break out**
- Auckland, Rotorua, Palmerston North, Porirua , Christchurch etc

Multiagency Approach

- **Users were very vulnerable members of the community**
- **Direct community education and support initiated**
- **Penalties for manufacture / sale were minor**
  - Decoupling Schedule 1 essential
  - De facto decriminalising use
  - Significantly increasing the penalty for sale and manufacture
- **Dramatic drop-off in use, presentations and death !**



Communication and Enforcement works !

GHB / Solvent based drugs

VERY dangerous

Commonly presents Triage 1

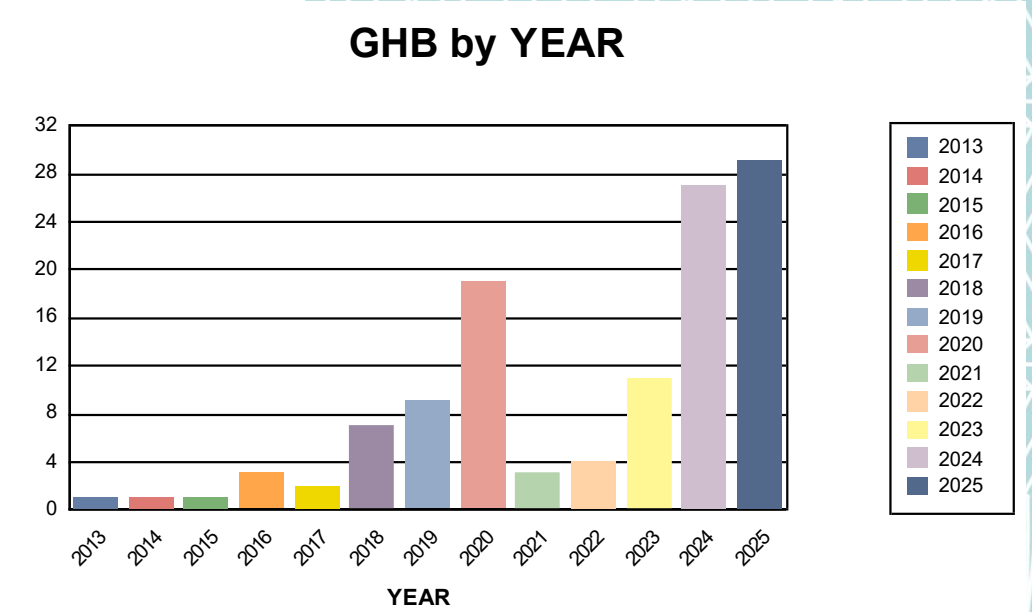
- Immediate life threat
- Also high department burden

2020 Peak

- Media campaign
- Increased Police awareness
- Record seizure in Wellington

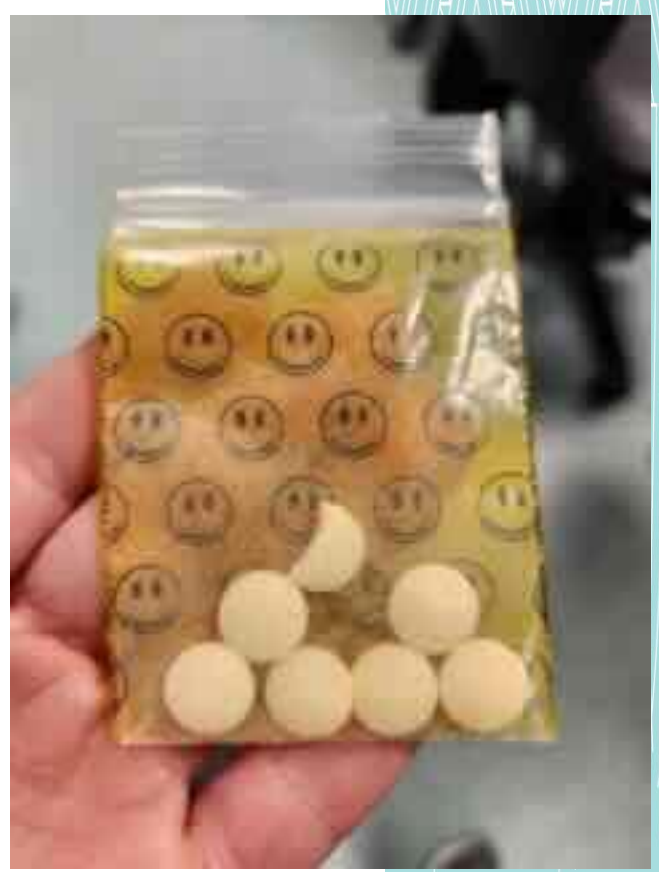
2025

- Further large seizure
- Watch this space...



Communication helps

- Patient had 1/3 of a tablet
  - Collapsed 15 minutes later
  - Required full resuscitation and life support
  - Full recovery
- Synthetic Opiate “Nitazene” class
- HIGH ALERT notice placed warning Emergency Departments
  - Treatment advice / supportive care
- NZ Drug Foundation warnings to users
- No surge occurred



Conclusion

- Acute recreational drug overdoses are an infrequent occurrence to NZ Emergency Departments
- When they become frequent early recognition is needed
- Presentation data must be collected and collated across New Zealand E.D.s
- A public health, infectious disease approach is needed to detect “outbreaks”
  - Vigilance must be ongoing, pro-active and NOT just reactive.
- Recognising “high risk” agents and to focus both enforcement and harm minimization does work
- It must be multiagency