




Alcohol, Tobacco & other  
Drugs Council Tas Inc.

Submission to the Australian Government  
Department of Health  
Therapeutic Goods Administration

*Proposed Amendments  
to the Poisons Standard  
(Medicines): Naloxone*

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# The Alcohol, Tobacco and other Drugs Council

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The Alcohol, Tobacco and other Drugs Council of Tasmania (ATDC) is the peak body representing the interests of community sector organisations (CSOs) that provide services to people with substance misuse issues in Tasmania. The ATDC is a membership based, independent, not-for-profit and incorporated organisation.

The ATDC is the key body supporting the sector to secure adequate systemic support and funding for the delivery of evidence based alcohol, tobacco and other drug (ATOD) initiatives. We support the sector through training and sector capacity building, as well as undertaking policy and development projects with, and on behalf of, the sector.

We represent a broad range of service providers and individuals working in prevention, promotion, early intervention, treatment, case management, research and harm reduction.

We play a vital role in assisting the Tasmanian Government to achieve its aims of preventing and reducing harms associated with the use of alcohol, tobacco and other drugs in the Tasmanian community.

By working with all levels of government and the community the ATDC seeks to promote health and wellbeing of all Tasmanians through a reduction of the harms caused by substance use. Our priorities are set by the membership and Board and focus on the prevention of the uptake of harmful alcohol or drug use, the provision of effective treatment for alcohol or drug misuse and the long term promotion of health and relapse prevention.

A broad and regionally dispersed membership base ensures the ATDC maintains a strategically relevant position within the overall understanding of what services are provided, what services are needed and how best to achieve the goal of reducing the negative impacts on the Tasmanian community from alcohol and drug use.

## Our Vision

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A Tasmania without drug or alcohol related harm or discrimination.

## Our Mission

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To provide independent leadership and advocacy; strengthen partnerships through inclusion, and support consumer participation in the promotion of holistic alcohol, tobacco and other drug (ATOD) services for all Tasmanians.

## Our Goals

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Goal 1: To provide effective leadership and representation for the alcohol, tobacco and other drugs sector.

Goal 2: To build sustainability of the ATDC and the alcohol, tobacco and other drugs sector.

Goal 3: To maximise consumer engagement in service planning and delivery.



## Introduction

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The Alcohol, Tobacco and other Drugs Council welcomes the opportunity to provide a submission to the Australian Government on the proposed amendments to the current Poisons Standard.

In line with section 52E of the *Therapeutic Goods Act 1989*, this submission relates to amending the scheduling of naloxone to include single use prefilled syringe preparations for injection containing 400 micrograms/mL of naloxone or less in Schedule 3.

The ATDC looks forward to the release of the scheduling decisions after due consideration.

## Suggested Improvements

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The ATDC supports the amendment for the scheduling of naloxone and does not suggest any further improvements.

Whether or not you support the amendment/s. If you do not support the amendment/s, you may make suggestions for an alternative acceptable to you

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The ATDC supports the amendment for the scheduling of naloxone.

An assessment of how the proposed change will impact on you. That is, what do you see as the likely benefits or costs to you (these may be financial or non-financial). If possible, please attempt to quantify these costs and benefits

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The jurisdictional report on Tasmanian drug trends for 2012 interviewed 106 people who regularly injected illicit drugs. One-quarter of the sample reported ever having experienced an opioid overdose and 6% reported this occurring in the preceding 12 months from use of methadone, morphine and oxycodone. The report noted:

- Two-thirds (64%) of the Tasmanian sample had used morphine that had not been prescribed to them in recent months;
- MS Contin remained the predominant preparation used by this group, used by 88% (of recent morphine users);
- Kapanol was reported as the next most commonly used (51%);
- Illicit oxycodone use among local injecting drug user samples has increased in recent years, from 30% reporting use in 2005 to 56% in 2012;
- OxyContin tablets were the predominant formulation used in the preceding six months;
- Illicit methadone syrup was used by 29% in the past six months, approximately once per week. Almost half of the respondents reporting recent use of illicit syrup (48%) were themselves enrolled in methadone maintenance treatment during this period;
- Illicit Physeptone varied between 37% and 52%, with no clear trend discernible. However, since 2009, the rate of recent use has decreased from 50% to 34% in 2012 which coincided with it being



regarded as 'difficult' or 'very difficult' to access and the median price of illicit Physeptone tablets had doubled between 2010 and 2011 from \$10 to \$20.

The number of accidental deaths in Tasmania attributable to opioid use in 2008 was 11, which equates to a rate of 2.2 per 100,000 persons. Nationally this compared to 500 deaths being attributed to such causes, which equates to a rate of 2.3 per 100,000 persons<sup>1</sup>.

Alcohol, tobacco and other drug services, consumer organisations, people who inject drugs, their families and friends and medical associations have been calling for naloxone to be more widely available in the community.

Opioid overdoses are estimated to cause approximately one death per day in Australia. Other people (eg family members or friends) are often present at the time an overdose occurs and are eager to respond, and in the event of naloxone availability, would be in a position to administer naloxone. The opioid antagonist naloxone can quickly reverse the effects of opioid overdose. A substantial body of evidence shows that expanding naloxone availability, and training potential overdose witnesses to administer naloxone is a remarkably safe and effective intervention for preventing opioid overdose fatalities, with the potential to prevent opioid overdose related injury.

In most Australian States and Territories programs are in place to train potential overdose witnesses in overdose management and provide naloxone on prescription to people at risk of opioid overdose. Tasmania does not have such a trial and the amendment to scheduling would bring forward the development of such a program in this State. There is no evidence that expanding naloxone availability encourages riskier drug use or has any other adverse consequences.

In 2012, the Prime Minister's Alcohol and other Drug Advisory Body recommended:

- That naloxone be rescheduled to be made available as a pharmacist only medicine (S3) or as a pharmacy medicine (S2).<sup>2</sup>

The Australian Medical Association policy position also supports the availability and distribution of naloxone in a properly administered program.

## Recommendation

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The Alcohol, Tobacco and other Drugs Council of Tasmania supports the abovementioned recommendation and hence the Proposed Amendment to the Poisons Standard (Medicines) for the scheduling of naloxone.

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<sup>1</sup> de Graaff, B., Bruno, R. (2013) *Tasmanian Drug Trends 2012: Findings from the Illicit Drug Reporting System (IDRS)*. University of Tasmania Hobart

<sup>2</sup> Australian National Council on Drugs (2012) *ANCD Position Statement: Expanding Naloxone Availability*. Canberra

