



KEEPING VICTORIANS SAFE

We need a
Potent Synthetic
Opioids Plan

June 2024

About VAADA

The Victorian Alcohol and Drug Association (VAADA) is the peak body representing the AOD sector. We work to prevent and reduce AOD-related harms in the Victorian community by ensuring the people experiencing those harms, and the organisations that support them, are well-represented in policy design, program development and public discussion.



VAADA acknowledges the traditional owners of the land on which this submission was created, the Wurundjeri People of the Kulin Nation. We pay our respects to all Elders past and present and acknowledge their continuing and ongoing connection to land, waters and sky.



VAADA also acknowledges and celebrates people and their family and supporters who have a lived and living experience of alcohol, medication and other drug use. We value your courage, wisdom and experience, and recognise the important contribution that you make to the AOD sector in Victoria.

About Harm Reduction Victoria

Harm Reduction Victoria (HRVic) is a nonprofit community organization for people who use drugs. HRVic neither condemns nor condones drug use but recognizes its occurrence and aims to reduce associated harms. As a health promotion organization, HRVic believes drug-related harm should be treated as a health issue, not a criminal one. Its goal is to advance the health and wellbeing of people who use drugs, empowering them to meet their needs and fully participate in society. HRVic's members include current and former drug users, their allies and supporters of its values. Guided by harm reduction, HRVic promotes safer drug use through targeted interventions.



Victoria needs a Potent Synthetic Opioids Plan

Victoria needs to develop a plan in response to risks associated with potent synthetic opioids, including fentanyl.

The escalating impacts of potent synthetic opioids¹ such as fentanyl and nitazenes have been utterly devastating on various communities around the world.

If there is a surge in potent synthetic opioids in Victoria our health system and warning systems will be significantly underprepared with the likely outcome being a dramatic increase in both fatal and non-fatal overdose; impacting a diverse range of Victorians who use drugs.

Victoria needs a plan to provide a coherent, rapid and optimal response to prevent the risk of a widespread overdose crisis that would devastate our community and overwhelm our already stretched healthcare and hospital systems.

Our colleagues in North America are no doubt envious of our position in having the opportunity to put various programs and interventions in place before an influx of potent synthetic opioid-related harm.

Impact of fentanyl and other potent synthetic opioids in other jurisdictions

Fentanyl is up to 50 times stronger than heroin² and up to 100-fold more potent than morphine;³ some nitazenes are up to 100 times stronger than fentanyl.⁴

The impact of potent synthetic opioids has been no less than catastrophic in a number of regions. Fentanyl is destroying communities in the United States, with the Drug Enforcement Agency reporting nearly 80,000 deaths from the substance in 2022⁵ making up roughly 70% of the 110,000 fatal overdoses in that year. Among people living in the USA aged 18-45 years, fatal overdose remains the leading cause of death.⁶

The number of potent synthetic-related fatal overdoses in Canada has increased from eight per day in 2016, to 22 per day in 2022.⁷

During November 2023 in Dublin, there were at least 40 overdoses^{8,9} attributed to nitazenes over a 36-hour period, illustrating the dire risk of how quickly overdose harms can rapidly lead to a surge in demand for acute health services, which can be easily overwhelmed.¹⁰

While Victoria is yet to experience any comprehensive impacts of fentanyl, the risk remains live with 11kg seized in Melbourne in December 2021. As it stands, this sizeable quantity contained adequate doses to contribute to potentially millions of fatal overdoses.¹¹

What would a plan do?

A Potent Synthetic Opioids Plan would ensure that Victoria is prepared in the event of an incursion in the illicit drug market of potent synthetic opioids.

It would detail measures and policies which could be rapidly implemented to reduce the impact of these substances on the community and our health services.

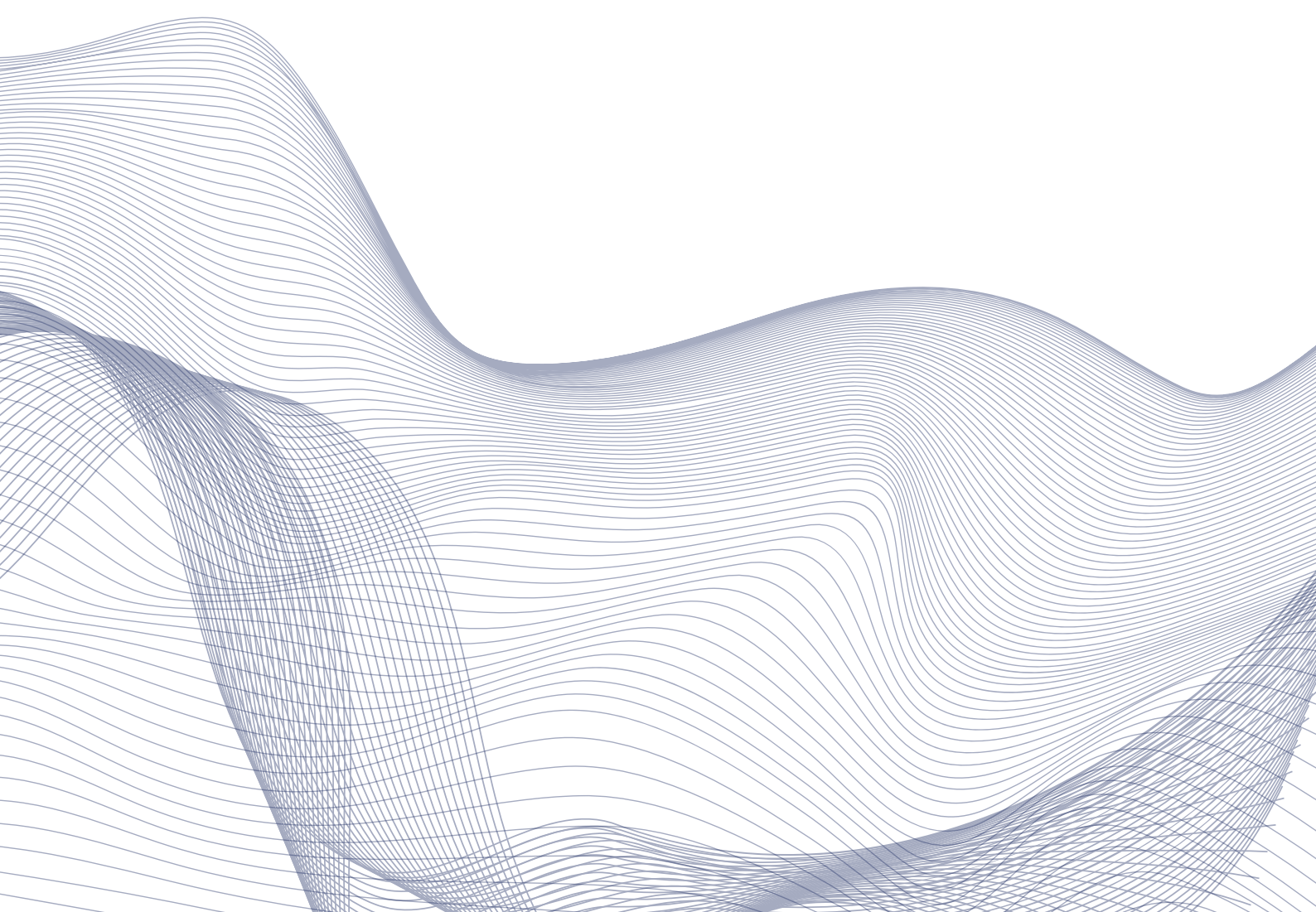
The plan should be overseen by a Taskforce led by the Chief AOD Officer and supported by subject matter experts, who would be empowered to coordinate an emergency response.

Key elements of a plan

Prohibition of various substances is a leading long-term driver of the illicit drug market.

The long-term prohibition of various substances has created a fertile environment for a robust, elastic, durable and highly profitable illicit drug market. A regulated drug market that is accessible to people who use drugs is the most effective way of dismantling the illicit drug market and therefore diminishing the threat of potent synthetic opioids.

Beyond addressing this key systemic driver, our proposed plan includes a comprehensive framework of actions to be advanced now in response to the risk of an increase in potent synthetic opioid availability and harm in Victoria.





Key Recommendation

Establish a Synthetic Opioids Taskforce under the direction of the Chief AOD Officer to develop and operationalise a Potent Synthetic Opioids Plan, drawing on this framework to ensure that any harms which may occur due to a surge in potent synthetic opioids in Victoria are mitigated.

PRE-PLANNING STAGE¹²

Policy / Program

Multidisciplinary taskforce to develop and administer a response plan

AOD treatment services must be able to meet a surge in demand

Upskill the workforce

Prepurchase reagent kits

Legislative and regulatory reform

Details

A **multidisciplinary taskforce** be established under the leadership of the Chief AOD Officer to develop and make preparations to implement a Potent Synthetic Opioids Plan.

With almost 3500 people waiting for AOD treatment daily in Victoria at present, services would be unable to meet additional demand which may be triggered through a surge in potent synthetic opioid availability. An immediate uplift in capacity should be prioritised to ensure that the AOD treatment sector is able to respond in the event of a crisis.

Rapidly **upskill relevant workers/departments/agencies** on the nature of the threat and key response measures.

Prepurchase and maintain an appropriate quantity of fentanyl and opioid reagent kits to use as an interim measure. These should be stored and distributed by MailForce to all Needle and Syringe Programs in the event of an outbreak.

A mechanism is established to **fast-track necessary legislative and regulatory reform** at both State and Commonwealth levels to ensure a timely response is possible. This should include laws which provide for the safe supply of illicit substances in an emergency.

PRE-PLANNING STAGE

Policy / Program

Establish a drug checking and enhanced real time public alert system

Details

Establish a drug checking and enhanced real-time public alert system. Drug checking is a key mainstay in ensuring that risky substances are identified before harm occurs. Experts have developed a paper that outlines the key elements of an effective drug-checking service model for Victoria.¹³ The early warning system should build on the existing EDNAV and RAPIDS programs but seek to be more comprehensive using a wider range of data sources for dissemination in real-time.

Situate Overdose Prevention Centres in high opioid harm regions

Ensure that regions with high rates of opioid-related overdose, including the CBD, are supported with **Overdose Prevention Centres** (OPC), also known as medically supervised injecting rooms. Given that there has never been a fatal overdose in an OPC, these services would offer crucial protection for at-risk communities and provide an early warning system when responding to higher rates of overdose.

IMMEDIATE

Policy / Program

Increase access to naloxone

Details

Increase access to naloxone by expanding the current Take-Home Naloxone program parameters. It should be available in a wider range of settings including hospitals, on release from prison and made available within AOD treatment programs and related services. Police should also carry naloxone.

Provide housing support to impacted communities

Drawing on the pandemic, stable accommodation is essential to wellbeing during a crisis. Housing support should be provided through housing and homelessness services working with health and emergency services. A lack of suitable accommodation exacerbates the risk of substance-related harm.

WITHIN 2 WEEKS OF CRISIS

Policy / Program

Mobilise the rapid deployment of health resources

Expedite access to opioid pharmacotherapy

Develop multi-care teams

Details

Provide sufficient funding to the taskforce to mobilise the **rapid deployment of health resources** that respond to areas of increased risk in the community.

Enable access to **opioid pharmacotherapy** as efficiently as possible. Currently, it can take many weeks to engage with Victoria's opioid pharmacotherapy system. Outreach, telehealth and harm reduction service models should be utilised to enable this. Vulnerable populations should not be out of pocket to engage in this service.

The development of **multi-care teams** that can support people experiencing substance dependence and facilitate access to support from a range of service entry points, including but not limited to AOD services. The composition of these multidisciplinary teams should be informed by local community needs and include peer workers with living/lived experience.

WITHIN 2 WEEKS WITH POTENTIAL INCREASE TO CAPACITY

Policy / Program

A peer-led response to potent synthetic opioids including harm reduction support programs and communications

Details

Establish **peer-based harm reduction support programs** that focus on peer education and support for the populations most likely to experience opioid overdose in the event of an outbreak. These programs will link people to naloxone, Overdose Prevention Centres and other aspects of the response. The recently announced 'Never Use Alone' service must be peer-led and operated. This also provides a good opportunity to develop a peer-led **public communications campaign** to provide the community with accurate information on emerging substances and related harms in a de-stigmatising manner.

3-6 MONTHS

Policy / Program

Engage new technologies

Details

Support the development and engagement of **new technologies** which can reduce substance-related harm. This could include technology which provides information about the composition of drugs for people who use drugs or motion sensors in public toilets which alert a service provider if someone has been stationary for an extended period. Naloxone dispensing machines are another solution which is currently being rolled out in Victoria.

Reference

- [1] This paper uses the term potent synthetic opioids that are (clandestinely) created in a laboratory and carry a high risk of fatal overdose. These include but are not limited to fentanyl and nitazenes and are typically far stronger than heroin and other opiates/opioids.
- [2] DEA 2020. Drug Fact Sheet. [Drug Fact Sheet: Fentanyl \(dea.gov\)](https://www.dea.gov/drug-fact-sheet/fentanyl).
- [3] ADF. 2023. Fentanyl. [Fentanyl - Alcohol and Drug Foundation \(adf.org.au\)](https://www.adf.org.au/fentanyl).
- [4] National Centre on Safe Supportive Learning Environments. 2016. Carfentanil: a dangerous new factor in the US opioid crisis. <https://safesupportivelearning.ed.gov/resources/carfentanil-dangerous-new-factor-us-opioid-crisis>
- [5] ABC 2023. Health experts say Victoria should prepare struggling drug therapy system for fentanyl influx. <https://www.abc.net.au/news/2023-09-26/victoria-prepare-fentanyl-influx-drug-therapy-730/102902644>
- [6] United States Drug Enforcement Administration. Nd. Operation Engage. <https://www.dea.gov/engage/operation-engage-spokane>
- [7] Belsak, L and Halverson, J 2018. Evidence synthesis - The opioid crisis in Canada: a national perspective. Health Promot Chronic Dis Prev Can. 2018 Jun; 38(6): 224–233
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6034966/#:~:text=In%202016%2C%20there%20were%202861,motor%20vehicle%20collisions%20in%202015.>
- [8] Government of Canada. 2024. Opioid- and Stimulant-related Harms in Canada. <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>
- [9] Reported increase to over 50 overdoses in some publications; [Nitazene found in heroin sample as overdose cases rise to 54 \(breakingnews.ie\)](https://www.breakingnews.ie).
- [10] [Nitazenes detected in heroin samples related to Dublin Overdose cluster - HSE.ie](https://www.hse.ie/eng/press/2022/08/22/fentanyl-warning-following-australias-largest-detection-deadly-opioid)
- [11] AFP 2022. Fentanyl warning following Australia's largest detection of deadly opioid. 22 August. <https://www.afp.gov.au/news-centre/media-release/fentanyl-warning-following-australias-largest-detection-deadly-opioid>
- [12] Some of these policies/programs are required prior to an incursion and others at the time of or after an incursion of potent synthetic opioids. 'Preplanning' indicates prior to a crisis; 'Immediate' indicates at the time of the crisis first occurring.
- [13] Seear, K 2024. Drug Checking. Principles of Practice. A Model for Victoria. VAADA and HRV. https://www.vaada.org.au/?smd_process_download=1&download_id=51036

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