

19 September 2024

Professor Adrian Dunlop
President, RACP Australasian Chapter of Addiction Medicine
Chair, RACP Drug Policy Working Group
Royal Australasian College of Physicians (RACP)

By email to: health.reform@racp.edu.au

Dear Professor Dunlop,

Re: Draft RACP Drug Policy Position Statement

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) welcomes the opportunity to provide input to the Royal Australasian College of Physicians (RACP) draft drug policy position statement.

The RANZCP represents more than 8400 members, including more than 5900 qualified psychiatrists, and is guided on policy matters by a range of expert Committees, including the Faculty of Addiction Psychiatry Committee. As leaders in mental health, the RANZCP is equipped to provide feedback on effective drug policy including educational, preventative and harm reduction measures, evidence-based treatment services and regulatory options to reduce harm associated with drug use and criminalisation.

We have highlighted some areas for consideration, appropriately outlined below.

Broad principles

The document highlights the need for integrated care when addressing comorbid mental health conditions. As such we would recommend reviewing and increasing the references to psychiatry and psychiatrists. It is important to recognise substance use disorders as treatable mental health condition, as differing views among health professionals on this matter can significantly impact health outcomes. There is also an opportunity to address broader population-level social measures within the policy, such as the role of advertising and education campaigns when addressing drug use.

Take-home Naloxone (THN) Availability

In the section titled “Evidence-Based Harm Reduction Interventions for Individuals and Communities” on page 17 it states that THN “should be available for at-risk individuals on release from all detoxification.” We suggest using an alternative term to ‘detoxification’ as it may not fully encompass the range of scenarios where THN should be provided.

In the same section, the report mentions “this intervention is not provided in Aotearoa New Zealand.” The RACP could put forward the use of THN vending machines at needle and syringe programs for 24-hour access and/or include them in public access points similar to public defibrillator programs.

We also note that the legislation has been amended to allow access to naloxone in Aotearoa New Zealand.[1]

Recommendations for Harm Reduction

In the section on “Recommendations for Harm Reduction,” specifically point six regarding “trials of regulated cannabis markets” on page 22, the RANZCP suggests including a statement about establishing maximum permissible strengths for regulated products.

Supervised Drug Consumption Sites

While supervised drug consumption sites have been beneficial in some regions, their applicability in Aotearoa New Zealand may be limited. The RANZCP notes several anecdotal differences in Aotearoa New Zealand when compared with Australia, including:

- Clusters of opioid use cases that are associated with overdose are more rare.
- A lower prevalence of heroin/fentanyl availability.
- Differences in how methamphetamine is consumed, i.e. it is generally smoked.
- The associated harms tend to be chronic rather than predominantly overdose-related.

In Aotearoa New Zealand, needle exchanges already provide effective harm reduction advice and drug checking services. The cost-effectiveness of drug consumption sites in New Zealand, and potentially in smaller centres in Australia could also be further evaluated.

Contingency Management for Stimulants

Given the evidence supporting contingency management for stimulants and the limited implementation of this approach, we recommend including a specific recommendation to address this gap.

Appendix Section

The appendices offer valuable information to supplement the drug policy. The RANZCP recommends including reference to protection and support for doctors regarding matters related to AHPRA, coronial investigations, and litigations to provide additional context to further support medical professionals working in this area.

If you have any questions about the content the recommendations made by the RANZCP, please contact Nicola Wright, Executive Manager, Policy, Practice and Research Department via nicola.wright@ranzcp.org or on (03) 9236 9103.

Yours sincerely



Dr Elizabeth Moore

President

Ref: 4621

1. Te Pātaka Whaioranga | Pharmac. *Pharmac to supply opioid overdose reversal medicine, naloxone, to needle exchange services*. 2023; Available from: <https://pharmac.govt.nz/news-and-resources/consultations-and-decisions/pharmac-to-supply-opioid-overdose-reversal-medicine-naloxone-to-needle-exchange-services>.