

Two-years of comprehensive toxicology testing in sentinel Australian emergency departments: type and frequency of novel psychoactive substance detections

Jennifer L. Smith^{1,2}, Courtney Weber^{1,2}, Francois Oosthuizen³, Paul Sakrajda³, Jessamine Soderstrom⁴, Daniel Fatovich^{1,2,4}, Sam Alfred⁵, Peter Stockham⁶, Emma Partridge⁶, Jennifer Schumann^{7,8,9}, Rebekka Syrjanen^{7,8,10}, Katherine Isoardi^{11,12}, Natalie MacCormick¹³, Melissa Trujillo Uruena¹⁴, Viet Tran^{15,16}, Craig Gardner¹⁷, Shaun Greene^{10,18}

¹Centre for Clinical Research in Emergency Medicine, Harry Perkins Institute of Medical Research, Perth, Australia, ²East Metropolitan Health Service, Perth, Australia, ³ChemCentre, Perth, Australia, ⁴Emergency Medicine, Royal Perth Hospital, University of Western Australia, Perth, Australia, ⁵Emergency Department, Royal Adelaide Hospital, Adelaide, Australia, ⁶Forensic Science South Australia, Adelaide, Australia, ⁷Victorian Institute of Forensic Medicine, Victoria, Australia, ⁸Department of Forensic Medicine, Monash University, Victoria, Australia, ⁹Monash Addiction Research Centre, Victoria, Australia, ¹⁰Austin Health, Victorian Poisons Information Centre and Emergency Department, Austin Hospital, Victoria, Australia, ¹¹Clinical Toxicology Unit, Princess Alexandra Hospital, Brisbane, Australia, ¹²Faculty of Medicine, The University of Queensland, Brisbane, Australia, ¹³Clinical Forensic Medicine Unit, Forensic and Scientific Services, Brisbane, Australia, ¹⁴Forensic and Scientific Services, Brisbane, Australia, ¹⁵School of Medicine, University of Tasmania, Hobart, Australia, ¹⁶Department of Emergency Medicine, Royal Hobart Hospital, Hobart, Australia, ¹⁷Forensic Science Service Tasmania, Hobart, Australia, ¹⁸The University of Melbourne, Melbourne Medical School, Department of Critical Care, Victoria, Australia

Presenter's email: jennifer.smith4@health.wa.gov.au

Introduction: Timely access to comprehensive toxicology testing of emergency department (ED) presentations is critical for identifying novel psychoactive substances (NPS) and associated harms. We examined the type and frequency of analytically confirmed NPS reported by the Emerging Drugs Network of Australia (EDNA) between January 2022 and December 2023.

Methods: De-identified demographic and toxicology data from all cases aged 16 years and over with at least one confirmed NPS detection were extracted from the EDNA national dataset. Case biofluid samples (blood) underwent comprehensive toxicology analysis. Descriptive analysis (frequencies and proportions) was used to summarise the data.

Results: At least one NPS was detected in 220 of 2,308 ED presentations (10%) across five states and 14 EDNA participating hospitals between 2022-2023. The median age was 27 years (range 16-90 years) and 162 (74%) were male. A total of 353 NPS detections were reported, comprising 39 different compounds (Figure 1). Novel benzodiazepines predominated, comprising three-quarters of all NPS detections (n=270, 77%), with bromazolam (n=106, 30%) and clonazepam (n=59, 17%) the most frequent. Other prominent NPS included 11 different novel stimulants (n=33 detections, 9%), six opioids (n=26, 7%), four dissociatives/psychedelics (n=14, 4%) and two synthetic cannabinoid receptor agonists (SCRA) (n=4, 1%). Whilst co-detected illicit drug exposure was common in the NPS subgroup (n=171, 78%), 31 (14%) were isolated single NPS detections. The maximum number of NPS confirmed in a single case was six (five novel benzodiazepines and one SCRA).

Discussions and Conclusions: Results from EDNA demonstrates the feasibility of a toxicosurveillance system with sufficient sensitivity to detect NPS in ED presentations across multiple jurisdictions. Exploration of associated clinical data will provide much needed insight into the toxicity profiles of NPS, particularly single exposure cases. Expansion of routine toxicology testing in EDs will enable continued monitoring of emerging drug trends.

Implications for Practice or Policy: Analytically verified data from ED presentations is now a prominent data source on emerging drug-related threats in Australia, and key to informing public health harm minimisation responses (e.g. drug alerts) by state government authorities. Embedding toxicosurveillance systems such as EDNA into Australia's strategic approach to reduce drug-related harms is critical.

Disclosure of Interest Statement: This work was supported by a National Health and Medical Research Council (NHMRC) Ideas Grant (GNT2001107).

Figure 1. Novel psychoactive substance detections, EDNA, 2022-2023

