



PARAMEDICS

A U S T R A L A S I A

POSITION STATEMENT ON PARAMEDICS AND HARM MINIMISATION

Introduction

Paramedics have a key role in the management of alcohol and other drug (AOD) presentations. For many AOD-related presentations in the community, paramedics are the first (and sometimes the only) health professionals that patients interact with. As such, paramedics play a critical role in not only managing the acute symptoms of AOD-related presentations, but also in connecting patients to services that provide care and support for both acute and chronic AOD issues as well as providing accurate, evidence-based, health education and harm minimisation.

Alcohol and other drug use and presentations

In 2016, 3.1 million Australians reported using an illicit drug in the past 12 months with 43% of Australians over 14 years of age reporting illicit drug use within their lifetime; 1.1% of those who had used an illicit drug required medical attention for an injury sustained while using those drugs, and 0.5% required medical attention for an overdose.

While most of the 77% of Australians who reported consuming alcohol in 2016 did so responsibly, 26% reported drinking at an unsafe level and 15.4% reported consuming more than 11 drinks in a session; 5.9% of those who consumed alcohol required medical attention for an alcohol related injury or condition.¹

Harm minimisation

Harm minimisation has formed the backbone of Australia's drug policy for the past three decades.² The aim of harm minimisation is to reduce the harmful effects of AOD on society through a range of activities and mechanisms.³ Harm minimisation recognises that drug use occurs in society and occurs in different ways, ranging from occasional use to dependence. A range of harms result from different patterns of use, use of different substances, different methods of administration and contexts of use. A wide range of strategies is required to address harm from AOD. These strategies should be evidence-based.¹

The role of paramedics

Paramedics are registered health professionals under the National Registration and Accreditation Scheme who primarily work in out-of-hospital settings. The traditional role of paramedics has involved emergency response, however, today paramedics work in a much wider range of settings such as academia, research, health policy, occupational health and primary health care. Paramedics have long-held a key role in the provision of medical services to mass gatherings and this is a specialist area of paramedic practice.

As part of multidisciplinary health teams and health systems, paramedics have a role in supporting and working with other health professions engaged in the provision of health-related services to the populations paramedics serve. This increasingly includes health promotion professionals, AOD professionals, mental health professionals, pharmacists and other allied health professionals, in

addition to traditional partners in nursing and medicine. In this way, paramedics are part of a holistic and inter-professional system of health care provision – in both the public and private sectors – that is patient focussed, collaborative and based on best practice.

Paramedics have a strong capacity for health education interventions following AOD-related presentations. Paramedics should use such opportunities to provide evidence-based advice supported by, and in conjunction with, other health promotion and AOD professional partners.⁴

Music festivals

Paramedics have a long history of involvement as part of the provision of medical services at musical festivals and dance parties. Registered paramedics often work with and in support of paraprofessional health providers, such as medics and first responders, who often provide much of the workforce for health services at such events.⁵ In this role, paramedics have a critical role in both providing evidence-based clinical support to providers as well as providing clinical leadership. Paramedics who work in these environments (as well as other professionals and paraprofessionals) should have appropriate experience and training in the specialist area of mass gathering medicine and a clear understanding of clinical risk management of the unique types of presentations that occur in these environments.⁶⁻⁸

Over time, harm minimisation strategies have become a normal part of music festival health, including the distribution of free water, provision of rovers and peer educators, establishment of supervised and supported chill-out areas, and a range of other strategies.⁹ All of these have worked in concert with event health services in a collegial way. As these harm minimisation strategies have emerged and become embedded in event health strategies, it is important to consider new evidence-based strategies which will further reduce harm.

‘Pill testing’ or drug checking is an emerging strategy for reducing drug-related harm, with good evidence internationally. The operation of drug checking services by appropriately trained professionals in a system with good clinical and scientific governance shows promise in reducing drug-related harm at music festivals. Evidence from overseas drug checking services has shown positive impacts on reducing the consumption of potentially harmful drugs.¹⁰⁻¹² Evidence also suggests that this is a service patrons are likely to engage in, which allows opportunistic interventions by paramedics and other professionals around health education and other public health messages to a section of society that has had little or no previous contact with health or AOD professionals.^{13,14}

Alcohol and other drug use in the community

Paramedics regularly manage patients in the community who have AOD issues, ranging from acute AOD-related illness or injury to chronic conditions and dependence. Paramedic care has traditionally been episodic, however, paramedics also have an important role to play in reducing AOD harm in the community through both opportunistic health promotion and as part of multidisciplinary strategies.¹⁵

Paramedics provide a key source of data to help identify trends in AOD-related use and harm.¹⁶⁻¹⁸ Increasingly paramedics will also have roles in other AOD-related service delivery. A number of overseas jurisdictions now use paramedics in medically supervised injecting facilities and overdose prevention centres.¹⁹

Paramedics recognise that AOD use is both a clinical and social issue, and should undertake activities that make communities and patients more resilient and, within their capacity, minimise the factors that lead to AOD use and abuse.

Preparing paramedics for alcohol and other drug-related practice

Paramedics interact with a wide range of community members who are impacted by AOD. To ensure the community receives the best possible care from paramedics with the widest range of options, it is important that paramedic education, both in the entry-to-practice phase and throughout a paramedic's career, includes comprehensive professional development in toxicology, management of AOD presentation, AOD epidemiology, patterns and nature of AOD use, harm minimisation, social determinants of health and health promotion.

Paramedics who work in specialist AOD roles, or who work at mass gatherings, should have specialist education and experience for those environments. Although related to emergency medicine, mass gathering health care is a unique sub-discipline with a unique body of knowledge, and the use of paramedics or health professionals without contextual education may not address the full range of skills and knowledge required for practice in these environments, including the unique harm minimisation skills for these events.

Paramedics Australasia

- Recognises paramedics are key registered health professionals in managing and preventing alcohol and other drug-related presentations.
- Recognises that the management of alcohol and other drug issues in the community requires a multidisciplinary approach.
- Recommends the trialling and potential adoption of emerging evidence-based harm minimisation strategies such as drug checking.
- Recommends the health sector engage paramedics in novel service delivery models, such as drug checking or medically supervised injecting facilities, when paramedics have the correct skill set and knowledge to operate in those environments.
- Recommends paramedic education include topics such as harm minimisation and health promotion so that paramedics can maximise their impact on reducing alcohol and other drug-related harm as well as recognising the social and clinical factors which underpin those harms.



Peter Jurkovsky
President
Paramedics Australasia



Robyn Smith
CEO
Paramedics Australasia

Paramedics Australasia does not purport to represent the personal view of every member or director. However, we support the view that professional membership bodies have a responsibility to provide leadership in the service of the community. We are confident that the vast majority of our members and internal stakeholders support our decision to make this statement in the public interest.

References

1. Australian Institute of Health and Welfare. National Drug Strategy Household Survey 2016: detailed findings. Canberra: AIHW; 2017.
2. National Drug Strategy. National Drug Strategy 2017–2026. Canberra; 2017.
3. Riley D, O'Hare P. Harm reduction: history, definition, and practice. In: Inciardi JA, Harrison LD, editors. Harm Reduction: National and International Perspectives. Thousand Oaks, California: SAGE Publications, Inc.; 2000.
4. Substance Abuse and Mental Health Services Administration. Now what? The role of prevention following a nonfatal opioid overdose. SAMSA; 2018.
5. Ranse J, Lenson S, Keene T, et al. Impacts on in-event, ambulance and emergency department services from patients presenting from a mass gathering event: a retrospective analysis. *Emergency Medicine Australasia* 2018.
6. Hutton A, Ranse J, Verdonk N, Ullah S, Arbon P. Understanding the characteristics of patient presentations of young people at outdoor music festivals. *Prehospital and Disaster Medicine* 2014;29(2):160-6.
7. Milsten AM, Maguire BJ, Bissell RA, Seaman KG. Mass-gathering medical care: a review of the literature. *Prehospital and Disaster Medicine* 2002;17(3):151-62.
8. Luther M, Gardiner F, Lenson S, et al. An effective risk minimization strategy applied to an outdoor music festival: a multi-agency approach. *Prehospital and Disaster Medicine* 2018;33(2):220.
9. Munn MB, Lund A, Golby R, Turris SA. Observed benefits to on-site medical services during an annual 5-day electronic dance music event with harm reduction services. *Prehospital and Disaster Medicine* 2016;31(2):228-34.
10. Measham FC. Drug safety testing, disposals and dealing in an English field: exploring the operational and behavioural outcomes of the UK's first onsite 'drug checking' service. *The International Journal on Drug Policy* 2018.
11. Barratt M, Maier L, Ritter A. Global review of drug checking services operating in 2017. *Drug Policy Modelling Program Bulletin No. 24*. Sydney: National Drug & Alcohol Research Centre, 2017.
12. Makkai T, Macleod M, Vumbaca G, et al. Report on Canberra GTM Harm Reduction Service. Canberra; 2018.
13. Barratt MJ, Bruno R, Ezard N, Ritter A. Pill testing or drug checking in Australia: acceptability of service design features. *Drug and Alcohol Review* 2018;37(2):226-36.
14. Andrew G. 'Worth the test?' Pragmatism, pill testing and drug policy in Australia. *Harm Reduction Journal* 2018;15(1):1-13.
15. Dietze P, Fry C, Sunjic S, et al. Using ambulance attendances to recruit people who have experienced non-fatal heroin overdose. *Drug and Alcohol Dependence* 2002;67(1):99-103.
16. Do MT, Furlong G, Rietschlin M, et al. At-a-glance: what can paramedic data tell us about the opioid crisis in Canada? *Health promotion and chronic disease prevention in Canada. Research, Policy and Practice* 2018;38(9):339-42.
17. Lloyd BK, McElwee PR. Trends over time in characteristics of pharmaceutical drug-related ambulance attendances in Melbourne. *Drug and Alcohol Review* 2011;30(3):271.
18. Kaar SJ, Gao CX, Lloyd B, Smith K, Lubman DI. Trends in cannabis-related ambulance presentations from 2000 to 2013 in Melbourne, Australia. *Drug and Alcohol Dependence* 2015;155:24.
19. KFL&A Public Health. Overdose Prevention 2018. Available from: <https://www.kflaph.ca/en/healthy-living/overdose-prevention-site.aspx>