



Monday 14 April 2019

Dear Select Committee,

Amendments to the transcript

1. The number of security staff present in the ED at Royal Perth ED was incorrect with my apologies. We have 4 at one time and not 6
2. The number of presentations related to illicit drugs who discharge against medical advice is 6% and 4% left before being seen
3. Number of patients with illicit drug related presentations, who represented (as per audit in a week at RPH) is 6 out of 128 (4.6%) represented 2-3x in that week. They represented secondary to complex psychosocial issues and ongoing drug use.
4. In 2016-2018, out of preliminary 347 blood results of presentations to the ED, 46 had detectable ecstasy (MDMA or MDA) in their blood samples.
 - a. Common symptoms include agitation, psychosis, restlessness and seizures. The symptoms can often be very similar to that of metamphetamines
 - b. Hyponatraemia (or low salt in the blood) is a recognised complication of ecstasy use and a result of an idiosyncratic (unusual side effect) where the body retains water which can result in brain swelling and seizures or fits
 - c. There is a misconception in the general public that when one takes ecstasy it is important to drink lots of water to prevent dehydration. This can worsen the symptoms in (b) and cause seizures.
 - d. Interestingly 70% of the patients in our study with MDMA/MDA in their blood also had other psychoactive drugs. It is not clear if that is because of the drugs themselves containing more than MDMA or because people are using more than one drug.
 - e. So their symptoms are often due to the drugs themselves rather than to their behaviour.
5. Cocaine was detected in 8/347 (2%) blood samples in our study (2016-2018)

Thank you

Kind regards

Dr Jessamine Soderstrom