

## **Surveillance of kava-related emergency department presentations in NSW**

### **Authors:**

THERESE RYAN<sup>1</sup>, ANNABETH SIMPSON<sup>1</sup>, ANNA DO<sup>1</sup>, JARED BROWN<sup>2</sup>, THANJIRA JIRANANTAKAN<sup>2</sup>, LEXI BUCKFIELD<sup>2</sup>, KRISTINA GAVRILOVIC<sup>2</sup>, MELISSA IRWIN<sup>1</sup>

<sup>1</sup> Centre for Epidemiology and Evidence, NSW Ministry of Health, St Leonards, Australia

<sup>2</sup> Centre for Alcohol and Other Drugs, NSW Ministry of Health, St Leonards, Australia

Presenter's email [therese.ryan2@health.nsw.gov.au](mailto:therese.ryan2@health.nsw.gov.au)

### **Introduction**

From December 2021 the importation of kava as a food is permitted under the Australian Government's commercial pilot program. Evidence about the acute toxicity of kava is limited and little is known about its epidemiology in NSW. NSW has established a cross-agency working group to review and identify potential harms related to increased kava availability and consumption.

### **Method**

Emergency department (ED) presentations related to kava were identified using a keyword search of the diagnosis, presenting problem and nursing assessment fields, in the NSW Public Health Rapid, Emergency, Disease and Syndromic Surveillance (PHREDSS) system. Presentations of people to participating NSW EDs from 2016 to 2021 were examined.

### **Key findings**

Prior to the importation policy change, kava-related harms were rare with 59 ED presentations from 2016 to 2021, representing 3.5 per million unplanned ED presentations. The average annual count was 9.8 (range 4 to 16).

Most presentations were among males (75%) and around half (48%) were aged between 35 and 64 years. Over one-third (39%) were from the Western Sydney and South Western Sydney Local Health Districts. Being born in the Pacific Islands was most common (43%), followed by Australia (37%) and New Zealand (5%).

32% were admitted from ED (5% critical care ward), 31% arrived by ambulance and 31% were assigned to the two most urgent triage categories.

### **Discussions and conclusions**

Surveillance of kava-related ED presentations is feasible and able to identify presentations of significant harm, making it useful for monitoring kava-related harm in the future. Counts depend on the identification and recording of kava, which may change over time

### **Implications for practice or policy**

Rapid surveillance of ED presentations are a key part of NSW's broader surveillance plan to monitor kava-related harm.

### **Implications for translational research**

Further research and understanding of at-risk populations are vital to target harm minimisation.

### **Disclosure of interest statement**

None.