

Opioid-related deaths soaring in Australia

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New research points to a rising number of accidental opioid overdose deaths in Australia, echoing the opioid epidemic ravaging the United States, particularly among low-income and unemployed people.

The study, “Accidental drug-induced deaths due to opioids in Australia, 2013,” published by the National Drug and Alcohol Research Centre (NDARC), is based on Australian Bureau of Statistics data.

A key finding was that accidental opioid deaths are trending upward. There were 398 deaths in 2007, soaring to 639 deaths in 2012—a terrible 60 percent increase that points to a deepening social crisis.

Prescription painkillers (pharmaceutical opioids) are now primarily responsible for more overdose deaths than heroin. Prescription painkillers caused 70 percent of the 668 opioid overdose deaths in 2013, more than double the other 30 percent due to heroin overdoses.

The largest proportion of deaths—40 percent—occurred in the 35–44 year age group, followed by the 25–34 age group and the 45–54 group, both with 27 percent. These are adults in their prime years, not adolescents.

During 2013, there were 432 male victims aged 15 to 54, about two-and-a-half times the 165 females in the same age group, suggesting that male workers are particularly being affected.

The trends are thought to have worsened since 2013. “We expect further increases once the deaths data for 2014 and 2015 are finalised,” report co-author Amanda Roxburgh told the *Sydney Morning Herald*.

“We’re seeing a real shift from illicit to pharmaceutical opioids implicated in these deaths, affecting a broader range of people who want to manage their pain. There’s good research showing there’s been a four-fold increase in the prescribing of these drugs between 1990 and 2014, particularly for Oxycontin, Tramadol and Fentanyl.”

Roxburgh suggested changes to medical prescription practices. She commented: “I think doctors need to

prescribe for a shorter time and have the patient come in again for a review before they prescribe more.”

Once prescribed mainly for cancer patients, such opioids are now prescribed for acute pain after an operation and even chronic pain (lasting more than three months), such as lower back pain and osteoarthritis.

It is estimated that at least 20 percent of the population suffers chronic pain. This rising occurrence of pain, often work-related, has been the subject of aggressive marketing by pharmaceutical giants to persuade time-poor general practitioners to prescribe the powerful drugs.

Another paper: “Is there a pill for that? The increasing harms from opioid and benzodiazepine medication,” published last November by the Alcohol and Drug Foundation. It showed that between 1992 and 2012, the number of opioids dispensed through the Australian Pharmaceutical Benefits Scheme (PBS) actually increased 15-fold to 7.5 million.

The paper said the drugs were “over-promoted and highly prescribed” and “an increasing public health risk.” It noted that nearly half of Australia’s general practitioner prescriptions for opioids are to treat chronic pain.

A PBS Opioids Roundtable Report stated that 3 million people were prescribed at least one opioid under the PBS in 2014. The most common prescriptions were for paracetamol, combined with codeine, dispensed to 1.7 million patients, followed by Oxycodone, dispensed to one million patients. The use was highest in older age groups.

The PBS reported a high variation in prescribing among medical practitioners, with a small number of prescribers making a large number of authority requests. This highlights the fact that prescriptions for drugs like Oxycontin (Oxycodone) can be abused, by being diverted to non-prescribed users. The Australian

Needle and Syringe Program found that the number of people injecting (misusing) these drugs has nearly doubled since 2001.

Around 50,000 people are undergoing treatment for opioid addiction, the majority of whom started using the drugs for a pain condition. There are higher rates of treatment for dependence on pharmaceutical opioids in rural and regional areas, where jobs and treatment services are scarcer.

Unfortunately, these studies do not examine the socio-economic causes of the developing epidemic. Research from the United States, however, points to the rise in opioid addictions and deaths being related to the deepening social crisis produced by the destruction of full-time jobs, mounting under-employment, poverty, social inequality and decimation of public health services.

A recent US study by the National Institute on Drug Abuse noted that reported abuse of opioids rose significantly among people with lower family incomes and those who were unemployed.

Uninsured people also were twice as likely as those with health insurance to report prescription opioid misuse and had higher rates of use disorders. There also was a link between mental health and opioid use. Respondents with a major depressive disorder and those with suicidal thoughts had higher rates of prescription opioid misuse and use disorders.

No such data has yet been produced in Australia, but indications exist of similar patterns. One badly de-industrialised region, in Victoria's Latrobe Valley, reportedly has one of the highest opioid dispensing rates in Australia. One unnamed Latrobe Valley doctor told Fairfax Media that half his practice caseload related to chronic pain.

Former workers suffering from job injuries such as back injuries, aggravated by poor living conditions, can become addicted to prescription drugs and face extremely limited treatment options.

In the Latrobe Valley, for example, there are outreach day rehabilitation services, but no residential and withdrawal centres. People with substance addiction must travel several hours to the state capital Melbourne, about 150 kilometres away, for such treatment, an expensive option.

People who rely on prescription opioids often have no access to alternative measures, such as physiotherapy,

nutrition advice or counselling. "They don't have the money and they don't live in a central location that has these services," Briony Larance, senior researcher at NDARC, told the *Monthly* earlier this year.

As a result of all these social, economic and health service factors, the most devastating consequences of drug addiction are felt by the poor in economically-depressed areas. The impact is magnified by the profit-driven pharmaceutical companies adopting predatory practices in order to exploit a growing demand for pain relief from an increasingly pain-ridden population.

This human catastrophe is not accidental. It is part of the immense social crisis created by the ruling capitalist class and its political servants over the past four decades through job destruction, the gutting of social services and a huge transfer of wealth from the working class and poor to the rich.



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