

Accidental drug overdose deaths continue to rise in Australia

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An annual report by the Pennington Institute, released in August, revealed that the number of drug overdose deaths in Australia has increased by 28 percent in a decade, while the number of accidental drug overdose deaths rose by nearly 40 percent.

The report compiles statistics of drug-induced deaths from 2001 to 2017, examining trends in age-groups, socioeconomic areas and the types and number of drugs used. The report notes that the statistics from 2016 and 2017 are only preliminary and likely to rise, because some coronial inquests from these years have not been finalised.

So far, 2,162 drug-induced deaths are recorded for 2017. Despite the statistics being preliminary, a record 2,177 deaths are currently reported for 2016. The report estimates that both drug-induced deaths and unintentional drug-induced deaths have increased on average by 3.4 percent each year since 2001.

The report focuses primarily on unintentional deaths, which make up the majority (approximately three-quarters) of all drug-induced deaths.

The largest number of deaths occurred in the 40–49 year age-group, followed by the 30–39 age-group and the 50–59 age-group. These are people in the prime of their life. Collectively, accidental drug-induced deaths in these aged groups rose from 540 deaths in 2001, to 1,157 in 2017—a 113.7 percent increase.

The highest growth rate of unintended drug-induced deaths occurred in regional areas where, as the report explains, there is less access to drug treatment and support services, and generally longer delays in emergency services, than in capital cities. From 2011 to 2017, the rate of accidental drug-induced deaths in rural and regional areas increased by 24 percent, compared to 5 percent in capital cities.

The rate of unintentional drug-induced deaths is

higher also among indigenous people. Aboriginal Australians were three times as likely to die from unintended drug-induced deaths in 2017, with 19.2 deaths per 100,000 population, compared with 6.2 for non-Aboriginal people.

One of the report's limitations is that it uses a "Socio-Economic Index for Areas" to gauge the average income of the residential area where a person lived, not their individual income. While drug overdose, addiction and misuse affects both "poor and wealthy neighbourhoods," the report nonetheless shows that 69 percent of unintentional drug-induced deaths occur in low socioeconomic areas.

The highest rates of accidental drug-induced deaths per 100,000 people were found in Western New South Wales, with a rate of 11.4; Perth South at 9.2, and Nepean-Blue Mountains at 9.1. These are areas of high unemployment, including among former mine workers.

Opioids remain the most commonly identified drug group in unintentional drug-induced deaths. The number of accidental deaths involving opioids increased by 144 percent over 15 years, and more than trebled from 2006 to 2017. The majority of these deaths involve pharmaceutical opioids, which are prescribed to manage pain.

The rise in prescription-opioid deaths may be bound up, in part, with high numbers of work-related injuries. Some 563,600 people experienced a work-related injury or illness in 2017–18, according to Australian Bureau of Statistics data. Chronic joint or muscle conditions accounted for 18 percent (101,340). The occupations most affected were technicians and trade workers. More than half the people who experienced a work-related injury were male.

Males accounted for approximately two-thirds of unintentional drug-induced deaths. During the study

period the rate of these deaths increased an alarming 41.7 percent for males, versus 8.5 percent for females.

From 2013 to 2017, males also accounted for two-thirds of unintended drug-related deaths caused by benzodiazepines, a drug used to manage depression, anxiety, stress as well as insomnia. Benzodiazepines are the second most common drug in overdose cases.

The report shows that the most common combination of drugs is opioids and benzodiazepines. Fatalities from this category of poly-drug use significantly increased, from 160 deaths in 2007 to 497 in 2017.

The number of unintentional drug-induced deaths involving four or more substances also increased, from 163 in 2013 to 445 in 2017. The report speculates that this may reflect increasing trends in poly-pharmacy use to manage both physical and psychological issues. The most common type of accidental poly-drug overdoses involved people trying to deal with pain and depression. According to a 2016 report by Pain Australia, 30 to 40 percent of Australians with chronic pain presenting for treatment also have depression.

Pharmaceutical opioids are currently prescribed to treat cancer pain and acute pain, as well as non-cancer chronic pain (pain that lasts at least three months). Chronic pain affects an estimated 20 percent of the population. Despite the lack of evidence that opioids benefit non-cancer chronic pain, and despite the increased risk of harm associated with their use, they continue to be prescribed for this purpose.

According to government data on opioid medicine dispensing, the rate is rising. In 2016–17, there were 15,419,793 Pharmaceutical Benefits Scheme prescriptions dispensed for opioid medicines. This was a 4.8 percent increase from 2013–14.

The rising number of accidental opioid deaths corresponds with a lack of access to alternative treatments, including occupational therapy, physiotherapy and exercise physiology. Pain Australia estimates that less than 10 percent of people with chronic pain gain access to effective care and services. It states: “Patients face long waiting times to access multidisciplinary pain services in public hospitals—frequently more than a year—resulting in deterioration in quality of life and reduction in ability to return to work.”

The pharmaceutical companies amass millions of dollars of profit each year in Australia, exploiting the

growing number of people seeking pain relief. According to a 2019 report by Bankwest, the industry recorded \$38.2 billion in revenue for 2018.

The profit drive is further evidenced by the opioid and drug overdose crisis in the US. There overdoses kill 70,000 people each year. The prescription opioid epidemic killed 100,000 people from 2006 to 2012. US Drug Enforcement Administration data showed that from 2006 to 2012, as the opium crisis escalated, drug companies poured 76 billion oxycodone and hydrocodone pills into US neighbourhoods, especially rural areas.

In a recent court decision in Oklahoma, Johnson & Johnson was ordered to pay \$572 million for its role in the opioid epidemic. This is a small fraction of the billions of dollars the company has earned from opioid sales, which in 2017 alone amounted to \$15.3 billion.

As in the US, the drug companies are taking advantage of the social misery that capitalism has produced in Australia to addict the population on deadly drugs. Johnson & Johnson’s subsidiary, Tasmanian Alkaloids, is the country’s largest opium poppy processor.

Before Johnson & Johnson’s trial, Purdue Pharma and Teva Pharmaceutical Industries, both of which operate in Australia as well as the US, reached settlements with the state of Oklahoma for \$270 million and \$85 million respectively.

The financial markets were pleased. Immediately following the Johnson & Johnson ruling, the company’s stock price increased by more than 4 percent. This response underscores how the capitalist ruling elite elevates corporate profit interests above social need, regardless of the human cost.



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