

MEDIA RELEASE

24 August 2020

[starts]

First reduction in fatal overdose since 2010

The Victorian Alcohol and Drug Association (VAADA) while welcoming the slight reduction in fatal overdose, is gravely concerned that 516 Victorians fatally overdosed in 2019.

The figure would likely be much higher but for various government measures such as the medically supervised injecting room, increased drug treatment capacity and Victoria's real time prescription monitoring system, Safescript. It is likely that these innovations have contributed to the modest reduction.

The Victorian Coroners Court released the 2019 acute drug toxicity (fatal overdose) data as an attachment to a coronial finding.

While the data shows some promise, with 2019 recording a reduction in 24 deaths from the year before, a number of concerning trends remain:

- Illicit substance contributions increased, with heroin, methamphetamine, cocaine and MDMA all contributing to a greater number of fatalities
- 75 percent of all fatalities involve more than one substance, up from 63.9 percent in 2010;
- Codeine contributions to fatal overdose have increased (42, up from 34 in 2018), bringing into question the efficacy of rescheduling codeine. Paracetamol's contribution to fatal overdose has also increased by almost 50 percent to 47;
- Pregabalin (marketed as Lyrica), which is not captured in Victoria's real time prescription monitoring system, safescript, contributed to 66 fatal overdoses; and
- Etizolam, as noted by the Coroners Court, is not TGA approved but can be purchased over the internet; it is possible that a market for this substance has expanded in the wake of Safescript's introduction.

Mr Biondo, EO VAADA says, 'while the slight reduction in fatal overdoses after a decade of increases is a welcome relief, 2019 is marked by the second highest number of fatal overdoses since at least 2009. However, the families and friends of the 516 people who fatally overdosed in 2019 will find little comfort in this small reduction.'

A number of policies aiming to directly reduce the toll have likely contributed to the small reduction, including the medically supervised injecting room and Safescript.

'While further analysis is required, there are a number of disturbing patterns in the data. The weight of drugs seized has never been higher¹ and with 16.4 percent of Australians having recently

¹ Most recent figures from the Australian Criminal Intelligence Commission (ACIC) note that 30.6 tonnes of illicit drugs were seized nationally in 2017/18, up from 23.5 tonnes in 2014./15 – see <https://www.acic.gov.au/publications/reports/illicit-drug-data-report>

used an illicit drug² it's not surprising that the contributions from illicit substances continue to increase. A single medically supervised injecting room in one suburb, no matter how busy, cannot turn this tide.'

'It is to that end that we welcome the announcement earlier this year for a second medically supervised injecting room in Melbourne; however, to make a marked difference, we need more still in other hot spots'.

'While Safescript will have likely reduced access to high risk pharmaceuticals for some individuals, it is probable that a portion of these people have transitioned to illicit substances. We desperately need to know what happens to people who have been identified by Safescript, as we don't know at this stage what support they receive.'

'History has taught us again and again that the drug market adapts to legislative or regulatory changes which impact upon access to drugs; already, the impact of the regulatory changes to reduce access to codeine appear to be waning, with a marked increase in codeine contributions to fatal overdose. Further, it is possible that Safescript may trigger a transition for some from pharmaceutical opioid use to heroin, as has occurred in the USA. It is absolutely vital that those identified through Safescript are provided with the necessary support, which may involve chronic pain, mental health and/or alcohol and other drug (AOD) dependence.'

'These figures are encouraging, though still far too high. More can still be done to reduce this toll. Simple but effective measures may include increasing treatment capacity so people are not left waiting for AOD treatment, introducing clever innovations such as pill testing, providing greater support for high frequency AOD related emergency department admissions, extending access to naloxone and subsidising the dispensing free for opioid replacement therapy.'

'What we are missing is an integrated, co-ordinated community wide response in the delivery of treatment and the reduction of causal factors which are creating such devastating harms. Quite clearly over a number of decades the war on drugs has failed the community. It is time to pursue a new approach.'

[ends]

VAADA is the peak body that represents over 80 Alcohol and other Drug services across Victoria. On a daily basis these services are dealing with the effects of harmful alcohol and other drug consumption.

For more information or to arrange an interview please contact Sam Biondo on 0414 974 121 for comment or if unavailable, David Taylor on 0413 914 206.

² <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/contents/table-of-contents>