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Penington Institute urges Canberra to show ‘courage, imagination and boldness’ in tackling Australia’s opioid death rate

Leading independent drug research, policy and education organisation, Penington Institute, has welcomed today’s (27 February) announcement by the Commonwealth Government that it will fund a \$7.2 million trial of naloxone access, the lifesaving drug capable of reversing opioid overdose.

It follows last year’s launch of Penington Institute’s ground-breaking report: *Saving lives: Australian naloxone access model* by Federal Minister for Health Greg Hunt.

Penington Institute CEO John Ryan said that naloxone is a vital medicine, but it is not getting into the hands of those who need it.

“Naloxone is a remarkable treatment which can save many more lives in every corner of the country. Obviously if people cannot get access to it or can’t afford it, we simply aren’t going to get anywhere in preventing more deaths,” Mr Ryan said.

Each year around 1100 Australians die from opioid overdoses – mostly from legal painkillers such as oxycodone, morphine and fentanyl. This death toll exceeds the number killed in road accidents and is higher than that seen at the height of the heroin epidemic in the late ‘90s.

The Penington Institute says many of these deaths could be avoided, if family or friends of the victims were able to administer a dose or two of the reversal medication naloxone.

The Institute’s report calls for naloxone kits to be made available free to people who are likely to experience or witness an overdose.

“We absolutely must turn the tide on opioid overdose deaths. Our proposed model provides an effective and workable basis to help save the lives of thousands of Australians.

“It’s absolutely vital the Government build on the foundations we’ve laid. Canberra now has to show courage, imagination and boldness to prevent more unnecessary deaths,” Mr Ryan added.

Penington Institute’s report recommended key actions:

- Boost public awareness of naloxone.
- Provide the medication free-of-charge through key distribution points (e.g. needle and syringe programs, mental health services, pharmacies and hospital emergency departments).
- Ensure those at risk of overdose have easy access to naloxone. Included are: people who inject drugs, people prescribed strong opioids, soon-to-be released prison inmates, and the friends and family of people who use opioids.
- Ensure the medication is available via intra-nasal spray.
- Train people so they know how to use naloxone.
- Authorise more professions, such as nurses and pharmacy staff, to supply the medication to achieve national consistency.

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Interviews can be organised with John Ryan, Penington Institute CEO, directly on 0407 885825.

About Penington Institute

Officially launched in 2014, Penington Institute grew out of the work of Anex and its 20 years' experience working with people directly affected by problematic drug use. Penington Institute's mission is to actively support the adoption of approaches to drug use that promote safety and human dignity. It does so through independent, non-partisan thought leadership, community education, training, research and policy formation.

Background information

The significance and scope of drug overdose in Australia is unprecedented.

In 2016, there were a total of 2,177 drug-related deaths in Australia, a massive increase from 15 years ago (1,231 in 2002).

Prescription opioids now account for 45 per cent of all accidental drug related deaths in this country. Of concern is the fact Australia has the third greatest increase in the rate of accidental opioid overdose deaths in the developed world – behind Estonia and the United States. It is on the same trajectory to follow the opioid crisis in the US.

In the past, efforts to reduce the death toll due to overdose have predominantly focused on law enforcement and supply reduction. But the death toll continues to climb.

Most Australia's drug-related deaths (1,704) were accidental - double the number from 15 years ago (903). These figures are just the tip of a public health crisis. For every death, there are an estimated 12 overdoses that cause lasting physical or mental health issues.

It's a commonly held misconception that those who die from drug overdose are young, often homeless, heroin-dependent men in the inner city. In fact, middle-aged Australians are more likely to die from an accidental overdose compared to younger or older age groups. Almost 70 per cent of all overdose deaths occurred within the 30-59 age bracket and members of the Australian workforce.

Aboriginal and Torres Strait Islander people are over-represented in deaths across all drug types. In 2016, across five jurisdictions (NSW, Qld, SA, WA and NT), the accidental death rate per 100,000 Aboriginal people was 20.7 compared to 6.4 for non-Indigenous Australians.

While most overdose deaths are related to opioids, these are increasingly due to pharmaceutical drugs such as fentanyl, tramadol and oxycodone used widely to treat pain. Increasingly, the path to dependence and overdose begins in the doctor's surgery, not the street.

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And people who become dependent on prescription painkillers after suffering a period of chronic pain are vulnerable to overdose after turning to street drugs when doctors and pharmacists decline ongoing prescriptions.

Importantly, most drug overdose deaths are caused by the use of a combination of drugs rather than the effect of a single drug. The interactions between drugs as diverse as alcohol, sedatives, opioids and amphetamines are commonly underestimated and can cause people living otherwise positive and constructive lives to have tragic accidents resulting in overdose.

People who use drugs irregularly are vulnerable to overdose too, due to variable purity of drugs and spiking of drugs with more powerful compounds such as fentanyl.

Through our programs and research, we aim to reduce the harm to individuals and their loved ones and the impacts on the wider community, health system and economy. That means providing more practical on-the-ground training, pushing for more evidence-based policies, and engaging widely.