Hidden health crisis: more than 2,000 overdose deaths five years running

Penington Institute has released its *Annual Overdose Report 2020*, which reveals that more than 2,000 Australians lost their lives due to overdose for the fifth straight year. This death toll means that, consistent with the Commonwealth Government’s own estimate of the value society places on a year of life ($213,000 in 2019 dollars), overdose deaths cost our economy more than $13 billion every year.

Australia’s *Annual Overdose Report 2020*, the nation’s most comprehensive source of data about overdose deaths, shows that 2,070 Australians died of overdose in 2018, an alarming trend driven by deaths involving opioids, stimulants and the use of multiple substances at the same time (known as polydrug use).

“Overdose is our hidden health crisis – and it’s a crisis that is costing us billions. And what’s worse is these deaths are preventable. We simply can’t accept that 2,000 of our sons and daughters, mums and dads, and brothers and sisters die every year from a drug overdose.” says Mr John Ryan, CEO of Penington Institute.

“Over 400 more Australians die of unintentional overdoses than on the roads every year – and the gap is widening. Concerted campaigning, investment in evidence-based policies and community education has done a great job of bringing down the road toll. We must tackle our overdose crisis in the same way,” says Mr Ryan.

“That is why today, which is also International Overdose Awareness Day, Penington Institute is calling on the Commonwealth to bring down the overdose toll by committing to the following policies:

Firstly, it must commit to a National Overdose Prevention Strategy. This strategy must leave no stone unturned. It should examine the drivers of overdose risk, access to proven interventions, and the adequacy of our existing efforts.”

Secondly, it must – as a priority – expand the current pilot of Take Home Naloxone from New South Wales, SA and WA to every state and territory. Naloxone is a safe, proven intervention that saves countless lives.

Thirdly, the Commonwealth must be realistic about the planned roll-out of national real-time prescription monitoring. A deep-rooted social, health and legal problem can’t be fixed with technology alone. Real-time prescription monitoring carries real risks of locking people out of receiving the care they need and diverting them to unsafe illicit drugs. Stopping access to pharmaceutical drugs without proper treatment will result in more deaths.”

“The overdose crisis is felt at all levels of our society. However, the most recent data again shows that some Australians are more vulnerable than others,” says Dr Stephen McNally, Deputy CEO of Penington Institute.

Age remains a risk factor for overdose death, with over 40% of all unintentional overdose deaths in 2018 suffered by Australians aged 50 and over, while those in their 40s accounted for 27% of the total. Australia’s *Annual Overdose Report 2020* also shows, yet again, that unintentional overdose deaths occur at higher rates in regional areas than in our capital cities. In 2018, there were 7.3 unintentional overdose deaths per 100,000 people in rural and regional Australia, compared with 5.8 per 100,000 in the capital cities.

“We want Australia’s *Annual Overdose Report* to encourage Australians from all walks of life to talk more about overdose and drug issues. That’s vital if we’re to bring this hidden crisis out of the shadows. The rich, middle and poor are all impacted by overdose. City and country too. It is not someone else’s problem. It is an Australian problem that we must collectively face up to,” says Mr Ryan.

Principal findings of Australia’s Annual Overdose Report 2020:

- There were 1,556 unintentional overdose deaths in Australia in 2018, accounting for more than three-quarters (75.2 per cent) of all overdose deaths.
- **Opioids** were the drug group most identified in unintentional overdose deaths in 2018 (involved in 900 deaths), followed by **benzodiazepines** (involved in 648 deaths) and **stimulants** (involved in 442 deaths).
- Unintentional overdose deaths were most common among the 40-49 age group, which accounted for 26.9 per cent of all unintentional overdose deaths in 2018. Fewer than one in ten (9.6 per cent) deaths recorded was among those aged under 30.
- **Men** were almost three times more likely than women to suffer an unintentional overdose death in 2018, accounting for 71.5 per cent of deaths.
- **Aboriginal Australians** were almost three times more likely to die from an unintentional overdose death in 2018 than a non-Aboriginal person, with a rate of deaths of 17.3 per 100,000 population, compared with 6.0 deaths per 100,000 population for non-Aboriginal people.
- Since 2011, the rate of unintentional overdose deaths in **regional Australia** has surpassed the rate seen in capital cities. From 2011 to 2018, the rate of unintentional overdose deaths in rural and regional Australia increased by 15.9 per cent, while the rate in capital cities increased by 3.6 per cent.
- The number of unintentional overdose deaths that involve **four or more substances** (polydrug use) has almost quadrupled from 163 in 2013 to 582 in 2018.
- There were 442 unintentional overdose deaths involving **stimulants** in 2018, up from 87 in 2008 – an increase of more than 400 per cent.
- While the overall number of unintentional overdose deaths involving **anti-convulsants** is low (128 deaths in 2018) the number has increased markedly since 2015, when there were only 11 deaths.
- Rates of unintentional overdose deaths involving **anti-psychotics** have increased markedly since 2013, (when there were 15 deaths involving anti-psychotics) to 223 such deaths in 2018, representing 14.3 per cent of all unintentional overdose deaths.

About Penington Institute
Penington Institute connects lived experience and research to improve community safety in relation to drugs, including alcohol and pharmaceuticals.

https://www.overdoseday.com/

For more information, including a copy of Australia’s Annual Overdose Report, state/territory and regional data, or to speak to an expert from Penington Institute or a person with lived experience of overdose, contact:

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