Drug-related deaths

Overdose and AIDS related mortality remain the leading causes of death in people who inject drugs ("PWID"). This is in spite of the fact that HIV in PWIDs is an easily preventable disease and the many interventions that are known to significantly reduce death by overdose.

Hepatitis C, the other disease that by its nature of transmission has singled out PWIDs, is now an easily curable disease. However, infections are increasing among PWIDs at epidemic proportion resulting in yet more unnecessary deaths

Many countries are reporting the highest levels of overdose for years with most taking place in the richest countries. Why is this happening when most overdoses are preventable by relatively easy methods?

Could the group most likely to die of overdose provide the best clue? Namely recently released prisoners? The time period shortly after release from prison is associated with a substantially increased risk of death, primarily as a result of drug overdoses, with a mortality rate much higher than from all causes of death among the general population.

With overdose deaths contributing to between a third and a half of all drug-related deaths, which are attributable, in most cases, to opioids, why does it appear that society simply doesn't care? If huge numbers of deaths were easily preventable in other groups of people – it would be unthinkable not to make the necessary changes.

North America continues to have the highest drug-related mortality rate in the world, contributing to an estimated 25% of drug-related deaths globally.

In the United States, nearly half a million people are estimated to have died from drug overdoses since 2004. The rate of opioid overdose deaths increased over 250% between 1999 and 2015; the country experienced a record number of fatal drug overdoses in 2014, 61% of which were associated with prescription opioids and heroin. These are huge numbers of preventable deaths taking place in the richest country in the world. The evidence is overwhelming that properly delivered OST and to a lesser extent easily accessible naloxone (both very cheap) would significantly reduce these deaths. To expect some of the poorest uninsured members of a rich society to pay makes no sense at all nor does the over regulation of initiation and dosing of methadone. Even though both have been shown to save lives the US does not have one single drug consumption room and their scheduling of diamorphine makes any form of Heroin Assisted Treatment ("HAT") impossible.

The rate of overdose death in Sweden also increased by over 250% between 1999 and 2014. The highly inflexible policies on the use of illicit drugs while on OST has seen a decline in the number of clients in OST since 2011. There is very limited low threshold dosing or treatment. Like the USA, Sweden also

has no drug consumption rooms, no HAT and high rates of homelessness. Take home naloxone is also unavailable.

In percentage terms Canada has seen an enormous 327% increase since 2008. In Western Europe, overdose continues to be a major cause of deaths in PWIDs, with more than 6,000 deaths each year, many involving opioids.

It would appear that some of these deaths are due to new cohorts of populations using drugs and the availability of stronger drugs such as fentanyl. A group seeing large numbers of overdoses is older people – particularly those with unmet needs, complex problems living in poverty and many not currently in treatment.

Fentanyl has recently been implicated in a significant and increasing number of deaths in several countries. Recent concerns have been raised in a number of European countries, especially in Estonia, which has one of the highest drug-related mortality rates in Europe, and where overdoses are mostly associated with the use of fentanyl. In Canada, during the six-year period 2009-2014 there were at least 655 deaths in which fentanyl was implicated and in the United States, there were more than 700 deaths related to fentanyl use between late 2013 and late 2014.

In the UK, there has been a 64% increase in drug-related deaths linked to heroin and morphine in the last two years, now the highest since records began. The UK now has the highest proportion (38%) of the European total. The UK has also seen changes to drug treatment and commissioning practices, with more commercialization, an increased emphasis on abstinence for all irrespective of need. Reduced access to mainstream mental and physical health services, particularly for the ageing cohort has made treatment less accessible.

Others to have seen increased overdose deaths, Lithuania, Finland….and many others

The small piece of good news is that some are reducing overdose deaths including: Australia, Germany, Greece, Italy, Luxembourg, Norway, and Switzerland. What do these countries all have in common? Good quality and accessible drug treatment. They have all embraced the clear evidence that for many, maintenance prescribing offers the best protection from death and disease.

Flying directly in the face of all the evidence there has been a global slow-down in many areas of harm reduction, including OST.

Naloxone also helps but it is useless unless available yet its availability and distribution is very piecemeal around the world. Needle Syringe Programmes (“NSP”), and Drug Consumption Rooms (“DCRs”) also save lives but only where they exist and are readily available.

If this much death and disease was happening to other groups of the global population and the evidence was so clear on how to stop it – there would be immediate change in policy and mass implementation of what works.

We know what would work in this situation – drug policies that are based on health - so it can really be nothing less than PWIDs being seen as expendable and serving better use to politicians playing on people's fear of drugs and reassuring them that punishment remains the most effective option to prevent their children using drugs

This misinformation and what is tantamount to letting people die for political end cannot be allowed to continue.

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