

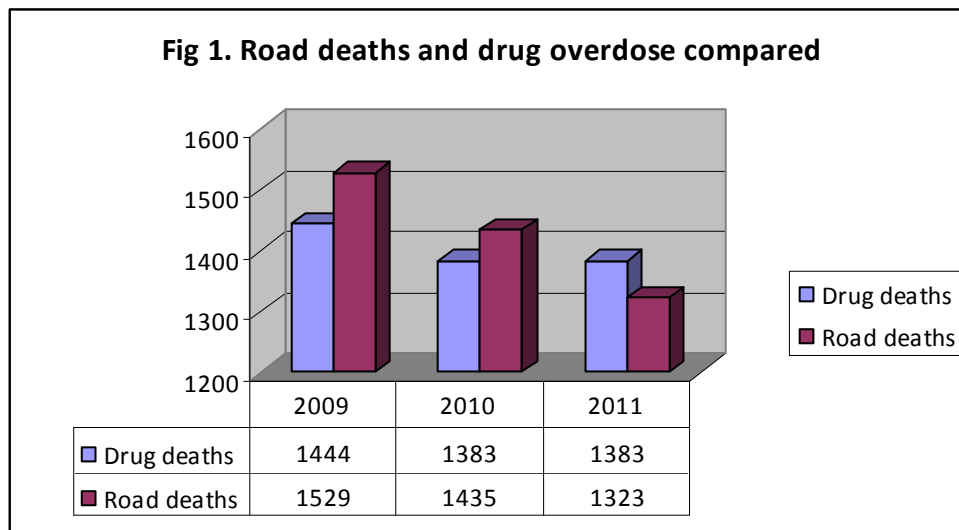
## FACT SHEET

### Overdose: Worse than the road toll

*An overdose occurs when any drug or combination of drugs is consumed in quantities large enough to cause illness or death. Overdose can occur from almost any drug.*

Drug overdose deaths are running at higher numbers than for road fatalities.

- Overdoses outnumbered road fatalities in Australia in 2011. (See Fig 1 below)<sup>1</sup>
- In 2010, for the third year in a row, the number of US overdoses (38,329) exceeded fatalities from road traffic accidents (32,885).<sup>2</sup>
- In 2011, the number of UK overdoses (3,338) exceeded fatalities from road accidents (1,960).<sup>3</sup>



- Deaths from opioid drugs in Australia are rising steadily. Opioid drug overdoses are estimated to have increased 95.8% between 2007 and 2010.<sup>4</sup>
- In Victoria, fatalities from illicit drugs have fallen by 12% since 2010 while deaths involving prescription drugs have steadily risen.<sup>5</sup>

### Non-fatal overdose

Non-fatal overdose, where someone has stopped breathing, can lead to hypoxic brain injury, caused by a lack of oxygen to the brain. These brain injuries can cause coma, seizures and, in worst case scenarios, brain death. The long-term consequences of hypoxia depend on how long the brain is starved of oxygen. In severe cases, brain injuries from overdoses can leave people in a vegetative state.

<sup>1</sup> Source: Australian Bureau of Statistics

<sup>2</sup> [www.cdc.gov](http://www.cdc.gov)

<sup>3</sup> [www.ons.gov.uk](http://www.ons.gov.uk); [www.gro-scotland.gov.uk](http://www.gro-scotland.gov.uk); [www.nisra.gov.uk](http://www.nisra.gov.uk)

<sup>4</sup> <http://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/NIDIP%20Bulletin%20-%20opioid%20induced%20deaths%20in%20Australia%202008.pdf>

<sup>5</sup> <http://www.coronerscourt.vic.gov.au/find/publications/coroners+prevention+unit+-+victorian+deaths+and+acute+drug+toxicity+-+yarra+drug+and+health+forum+may+2013>

## **Pharmaceutical overdose**

- While we don't have comprehensive data for all of Australia, where we do collect it, we can see that deaths from pharmaceutical opioid medications are surpassing those from illicit drugs like heroin.
- Prescription medications contributed to 82.5% of Victoria's fatal drug overdoses in 2012 while illicit drugs were found in 35.7%. Deaths involving prescription drugs (304) exceeded those from road traffic accidents (282).<sup>6</sup>
- Australians dying from pharmaceutical overdose are often people who started taking the drugs following an injury or illness and are less likely to have a background of illicit drug use.
- Between 2001 and 2009 there were 465 oxycodone-related deaths in Australia, according to the National Coronial Information Service (NCIS).
- Australian prescriptions for opioid painkillers increased threefold between 1992 and 2007. The number of strong painkillers available rose during that period from 11 to 70.
- Australians take pharmaceutical painkillers at a similar rate to the US. In 2008, Australia's consumption of oxycodone, (OxyContin) reached 60kg per million head of population, just eight years after the US.
- In 2012, the American Society of Interventional Pain Physicians reported that the number-one cause of death in 17 U.S. states is prescription drug abuse, and that that figure surpassed the number of fatalities caused by motor vehicle accidents.<sup>7</sup>

## **Heroin overdose**

- Heroin is the drug most commonly associated with fatal overdose in the minds of the general community. During Australia's 'heroin glut' in the late 1990s heroin overdoses ran at an all-time high.
- In 1999 more than 1,100 fatal opioid overdoses were reported.<sup>8</sup> In January 2001 the Australian heroin supply dried up, and Australian opioid overdose deaths fell to 386 in 2001.

## **Mixing drugs**

Overdose deaths rarely involve a single drug acting on a person.

- The sedative diazepam (Valium) was found in 36% of all drug overdose deaths in Victoria last year.
- Combining sedatives with alcohol greatly increases the risk of overdose. Many deaths also occur when sedatives are mixed with heroin or other pharmaceutical opioids.
- Heath Ledger offers probably the most high-profile Australian public figure to overdose from the effects of a combination of prescription drugs. Toxicology tests found Ledger died from the combined effects of oxycodone, hydrocodone, diazepam, temazepam, alprazolam and doxylamine.

## **Recognising overdose**

### **Opioid overdose**

Opioids, including heroin, morphine and oxycodone, are depressant drugs which slow down or depress messages from your brain to your body. Signs include:

- shallow breathing or not breathing at all;
- snoring or gurgling sounds (can mean their airway is partly blocked);
- blue lips or fingertips;
- floppy arms and legs; and
- unrousable unconsciousness – if a person is unresponsive don't assume they are asleep. Not all overdoses happen quickly and it can take hours for someone to die. A quick reaction could save a life.

### **Stimulant overdose**

It is possible to overdose on amphetamines such as speed and ice. Amphetamine overdose increases the risk of heart attack, stroke, seizure or drug-induced psychotic episodes. Signs include:

- chest pain;
- confusion, severe headache;
- seizures;

<sup>6</sup> <http://www.coronerscourt.vic.gov.au/find/publications/coroners+prevention+unit+-+victorian+deaths+and+acute+drug+toxicity+-+yarra+drug+and+health+forum+may+2013>

<sup>7</sup> <http://www.asipp.org/documents/ASIPPFactSheet101111.pdf>

<sup>8</sup> Degenhardt L, Roxburgh A. **Accidental drug-induced deaths due to opioids in Australia, 2005.** Sydney: National Drug and Alcohol Research Centre.; 2007.

- high temperature (overheating, but not sweating);
- difficulty breathing;
- agitation and paranoia;
- hallucinations; and
- unconsciousness.

### **Alcohol overdose**

Alcohol overdoses killed 69 Australians in 2010. Alcohol is less commonly associated with overdose but alcohol is a depressant and it is possible to overdose. Acute alcohol poisoning is usually a result of binge drinking. Signs include:

- disorientation;
- loss of coordination;
- vomiting;
- seizures;
- irregular or slow breathing (fewer than eight breaths a minute);
- blue-tinged or pale skin;
- low body temperature;
- stupor (being conscious but unresponsive); and
- unconsciousness (passing out).

### **Don't ignore gurgling and snoring**

- Substances which slow the body's systems (eg: benzodiazepines, opioids, GHB), can lead to snoring which may indicate a serious and potentially life threatening obstruction of the airway.
- The noise results from the airway closing, allowing less air to move in and out of the lungs with each breath, plus the tissues around the airway vibrating as the person struggles to breathe,
- Where drugs are involved, snoring is not something that should be seen as 'normal'. Don't let people 'sleep it off' if they are snoring – this may be a sign of a life threatening emergency – attempt to wake them immediately.
- If they do not wake, call 000 and ask for the ambulance service. Follow the instructions from the operator (you will probably be asked to roll the snoring person onto their side and open their mouth to maximise the flow of air).

### **Responding to overdose**

- Stay with them and reassure them everything will be okay;
- If they appear unconscious, speak to them to try and get a response;
- If you can't get a response put them in the recovery position and call an ambulance;
- Commence first aid (000 operators can give CPR instructions);
- Keep an eye on them. People can go in and out of consciousness; and
- If stimulants such as amphetamines are thought to be involved, a person may feel hot, anxious or agitated. Try to move them somewhere cooler and quieter, or try to make the place quieter.

### **Calling an ambulance**

In some states and territories there is no charge for an ambulance attendance if the individual is on a government pension. People are often reluctant to call an ambulance if illicit drugs are involved for fear of police attention or concern about the cost of a call-out. Generally, the police will only attend if there is a fatality or if their presence is requested, for example if the ambulance crew feel threatened.