

**House Standing Committee on Family and Human Services  
Inquiry into the impact of illicit drug use on families**

**Response to request from the Committee for additional information:**

At my appearance before the House of Representatives Inquiry in Sydney on 3 April 2007, I was requested to provide additional information on: (i) deaths from methadone in Australia and (ii) drug overdose deaths in Sweden.

**1 Drug-induced deaths Methadone:**

According to the Australian Bureau of Statistics, methadone contributed to 15% (males n=72) and 10% (females n=23) of all accidental drug-induced deaths in Australia in 2001 (ABS). Where the intent was suicide, methadone contributed to 6% (males n=9) and 1% (females n=1). Thus the total number of deaths (suicide + accidental) where methadone contributed in 2001 was 105.

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/productsbyCatalogue/E32F06E91C80389DCA256D640001E0FF?OpenDocument>

Although this information will inevitably be interpreted by some methadone critics to suggest that methadone caused 105 deaths in 2001, this is not the case. It is critical to emphasise the word 'contribute'. In some of these 105 deaths, methadone will have been the only or main cause. In others, methadone was found to be present at the time of death along with one or more other potential causes of death. These results should be compared with naltrexone (see below).

**Naltrexone deaths (NEPOD):**

The NEPOD (The National Evaluation of Pharmacotherapies for Opioid Dependence Project) was funded by the Commonwealth Department of Health and Aged Care with a summary report published in 2001 (link below). NEPOD included a scientific evaluation of naltrexone treatment which was associated with a significantly higher (non-fatal and fatal) heroin overdose rate (11 heroin overdoses per 100 patient-years in treatment; and 35 overdoses per 100 patient-years if patients ceased naltrexone) compared with methadone, buprenorphine and LAAM (which had in total five heroin overdoses per 100 patient years in and out of treatment). In addition, naltrexone treatment retained only 5% of heroin users at six months (1/20).

[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/1800A327CF9ECDD9CA25717A0015E6DC/\\$File/mono52.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/1800A327CF9ECDD9CA25717A0015E6DC/$File/mono52.pdf)

**Summary:**

- (1) These ABS data show that methadone is associated with a large number of deaths in Australia although the precise contribution made by methadone is unclear. These data do not take into account lives saved by methadone. In many studies, the excess death rate of heroin users

- enrolled in methadone maintenance treatment is decreased 80% towards the rate observed in persons of the same age and sex who have never taken heroin;
- (2) The NEPOD data show that the risk of death is much greater in heroin users treated with naltrexone than those treated with methadone or other similar agents (buprenorphine and LAAM).

## 2 Trends in Sweden's overdose rates:

The EMCDDA (The European Monitoring Centre for Drugs and Drug Addiction) provide data on drug-related deaths in Europe. According to the EMCDDA, drug-related deaths in Sweden have increased from 70 in 1987 to peak at 191 in 2000. They have since fallen to 152. Changes in the registrations system in 1997 should be taken into consideration when interpreting these data. There have been no relevant changes in the registration system since 1997 and this also should be considered when reviewing the trends in drug-related deaths in Sweden.

Further information is available from:

Mortality of drug users in the EU. EMCDDA Scientific Report, 2002.

Further drug related mortality information for European countries is available from:

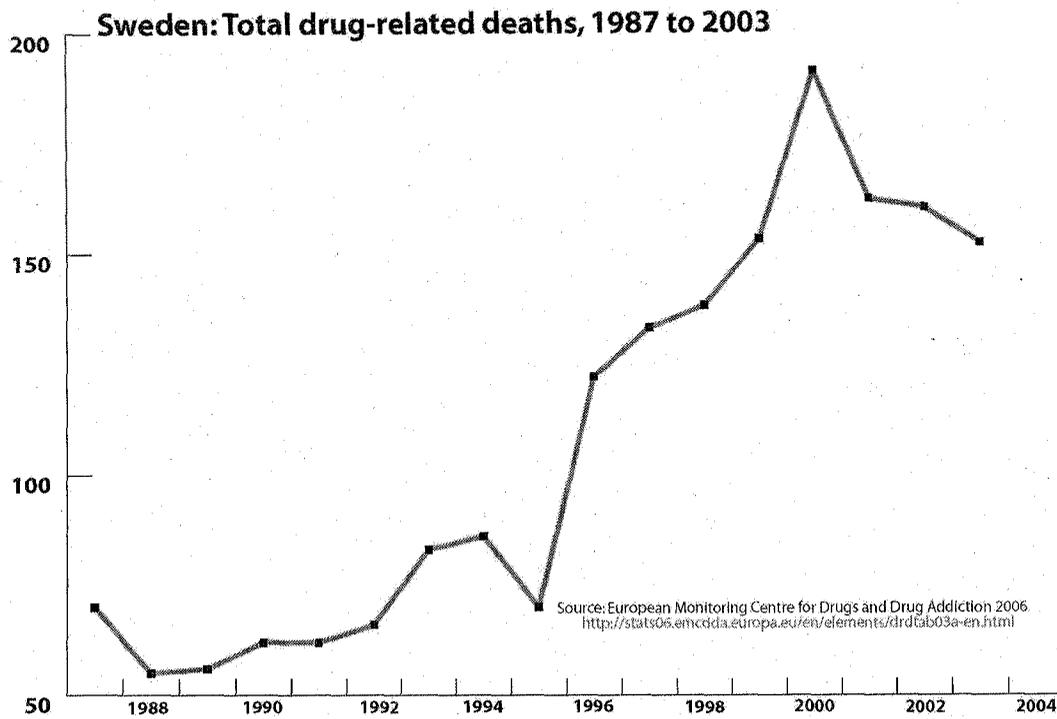
<http://stats06.emcdda.europa.eu/en/elements/drdrtab03a-en.html> and  
<http://stats06.emcdda.europa.eu/en/elements/drdrtab06a-en.html>

**Table 1: Trends in overdose death rates in Sweden:**

1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
70	55	56	62	62	66	83	86	70	122	133	138	153	191	162	160	152

Source: European Monitoring Centre for Drugs and Drug Addiction 2006  
<http://stats06.emcdda.europa.eu/en/elements/drdrtab03a-en.html> (accessed 17th April 2007)

**Figure 1: Trends in drug-related deaths in Sweden:**



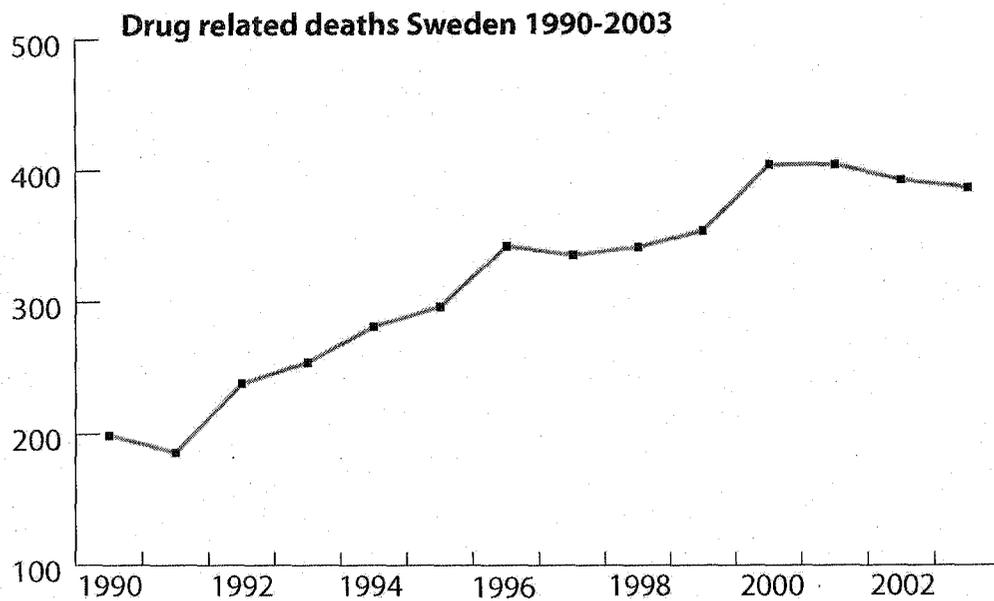
**Table 2: Trends in overdose death rates in Sweden:**

1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
199	186	238	254	281	296	342	335	341	353	403	403	391	385

Source: UNODC, Sweden's Successful Drug Policy: A Review of the Evidence February 2007.

[http://www.unodc.org/pdf/research/Swedish\\_drug\\_control.pdf](http://www.unodc.org/pdf/research/Swedish_drug_control.pdf) (accessed 17th April 2007)

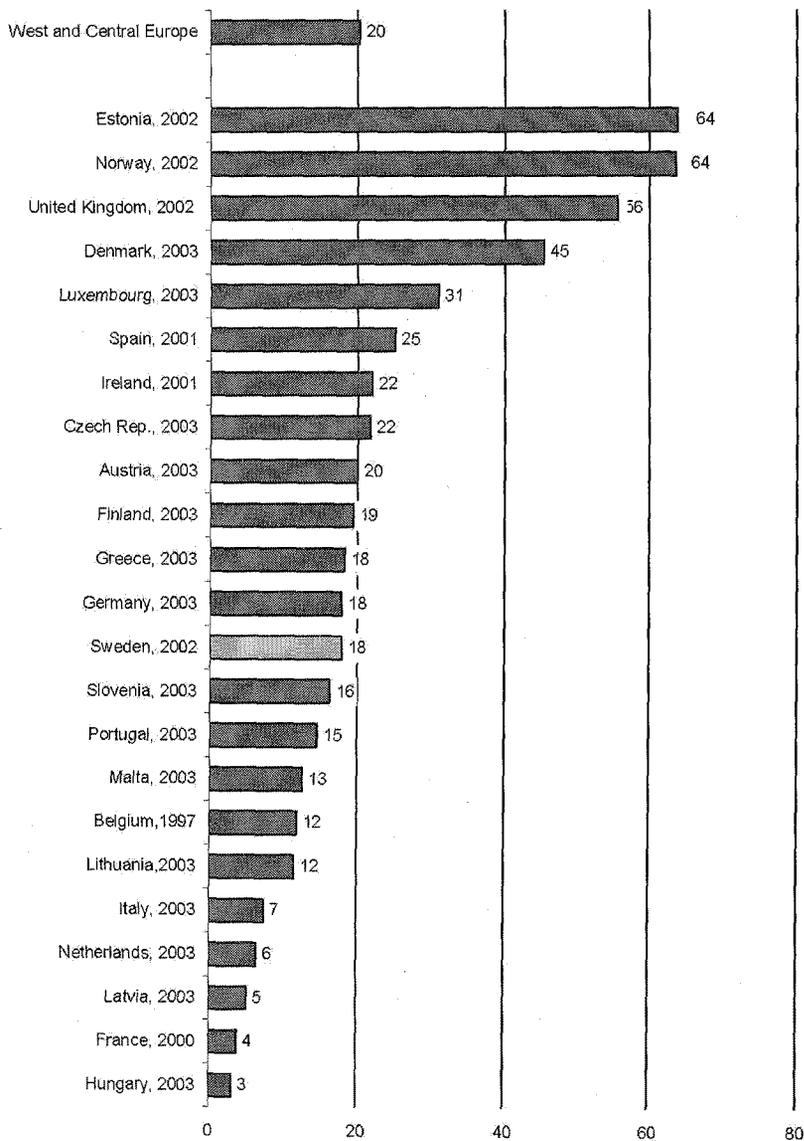
**Figure 2: Acute drug-related deaths in Sweden 1990-2003**



Source: UNODC, Sweden's Successful Drug Policy: A Review of the Evidence February 2007.  
[http://www.unodc.org/pdf/research/swedish\\_drug\\_control.pdf](http://www.unodc.org/pdf/research/swedish_drug_control.pdf)

This figure is from a UNODC report and is attributed to a Swedish source (CAN). The definition used for 'drug related deaths' differs from that used by the EMCDDA. Both figures show similar trends with a substantial increase in the decade leading up to 2000 and a welcome fall since 2000.

**Figure 3: Per capita drug-related deaths in West and Central European countries in or before 2003**



Source: EMCDDA quoted in UNODC 'Sweden's Successful Drug Policy: A Review of the Evidence-Statistical annex, September 2006.

[http://www.unodc.org/pdf/research/Swedish\\_drug\\_control\\_annex.pdf](http://www.unodc.org/pdf/research/Swedish_drug_control_annex.pdf) (accessed 17th April 2007)

Per capita drug-related deaths in European countries range between 3 (Hungary) and 64 (Estonia and Norway) with an average of 20. Sweden (18) is just below the average and is ranked 11<sup>th</sup> lowest of 23 countries. The Netherlands (6) is ranked 4<sup>th</sup> lowest.

### Summary:

These data show that:

- (1) According to two separate data sources using different definitions, drug-related deaths increased substantially in Sweden in the decade leading up

to 2000 but have since decreased. According to one data source, the decrease is slight. According to the second data source, the decrease is more impressive;

- (2) Per capita drug-related deaths in Sweden are just below average compared to other countries in West and Central Europe. Per capita drug-related deaths in the Netherlands are about one third that of Sweden. The Netherlands is considered one of the leaders of harm reduction in Europe while Sweden is regarded as the leader of the zero tolerance approach in Europe.

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Wednesday, 18 April 2007