COCAINE AND METHAMPHETAMINE RELATED DRUG-INDUCED DEATHS IN AUSTRALIA, 2004

- This bulletin provides data from the Australian Bureau of Statistics on accidental drug-induced deaths in which methamphetamine and cocaine were mentioned from 1997 to 2004.
- The data included in this bulletin includes deaths where these drugs were determined to be the underlying cause of death - that is, that they were the primary factor responsible for the person's death. It also includes deaths where cocaine or methamphetamine were noted, but where another drug was thought to be primarily responsible. They are coded according to the World Health Organization's (WHO) International Statistical Classification of Diseases and Related Problems, 10th revision (ICD-10).2
- The data presented here refer to deaths among those aged 15 to 54 years that were attributed to the following :
  - Accidental deaths due to poisoning by cocaine or methamphetamine (and no other drug from same category was mentioned);
  - Accidental deaths due to cocaine or methamphetamine use (usually dependence); and
  - Accidental drug-induced deaths where cocaine or methamphetamine was mentioned.

Methamphetamine related drug induced deaths

- There was a total of 75 “drug induced” deaths in which methamphetamine was mentioned among those aged 15 to 54 years (Table 1). This represents an increase from 50 methamphetamine-related deaths in 2003.
- The rate of methamphetamine related deaths among those aged 15 to 54 years increased to 6.6 per million persons in 2004, from 4.4 in 2003.
- Methamphetamine was determined to be the underlying cause of death in 22% (n = 17) of all methamphetamine related deaths in 2004.
- Just under half of these deaths (44%) occurred in New South Wales (n=33). Just under one-third (28%) occurred in Victoria, and 15% occurred in Western Australia.
- These findings are consistent with indicators of methamphetamine availability in Australia. Recent years have seen increases in Australian border detections of methamphetamine, particularly crystal methamphetamine, which is a particularly strong form of methamphetamine. We have also seen increases in the number of clandestine lab detections in Australia. These suggest that the availability of methamphetamine in stronger forms has increased in recent years (Stafford, Degenhardt, Black et al., 2006; Stafford, Degenhardt, Dunn et al., 2006).
- These findings are also consistent with data from sentinel groups of drug users, which have shown increases in the proportions reporting use of stronger forms of methamphetamine over the past five years (Stafford, Degenhardt, Black et al., 2006; Stafford, Degenhardt, Dunn et al., 2006).
- Finally, these data are consistent with increases in other indicators of harms related to methamphetamine. Hospital stays for methamphetamine have been gradually increasing over the past decade, as have numbers receiving treatment for methamphetamine dependence (McKetin & McLaren, 2004; Roxburgh & Degenhardt, in press; Stafford, Degenhardt, Black et al., 2006)
- It is important that effective interventions to address problematic or dependent methamphetamine use are identified and delivered in the community.
- It is important to remember that despite the increase in the number and rate of deaths observed in 2004, the rate of deaths in which methamphetamine was mentioned (6.6 per million persons aged 15 to 54 years) is still substantially lower than the rate of drug induced deaths where opioids (such as heroin) were primarily responsible (31.3 per million persons aged 15 to 54 years) (Degenhardt, Roxburgh, Black, & Dunn, 2006).

Recommended citation: Degenhardt, L., Roxburgh, A. Black, E. & Dunn, M. (2006). 2004 Cocaine and amphetamine related drug-induced deaths in Australia. Sydney: National Drug and Alcohol Research Centre.

Cocaine related drug induced deaths

- Twenty drug related deaths in which cocaine was mentioned occurred among the 15-54 year age group.
- Cocaine was determined to be the underlying cause of death in one quarter (25%) of all cocaine related deaths in 2004 (n=5).
- The rate of death per million persons aged 15-54 years in Australia where cocaine was mentioned (1.7 per million persons) remained unchanged in 2004 compared to 2003 (where it was 1.3 per million persons; Figure 2).
- Almost all of these deaths occurred in New South Wales (n=17). The remaining three deaths occurred in Victoria.
- These findings are consistent with other work examining cocaine use in Australia, which has suggested that most of the cocaine in Australia is consumed in Sydney (Shearer, Johnston, Kaye, Dillon, & Collins, 2005). They are also consistent with other work examining cocaine use and harm, which has suggested that problematic cocaine use among groups such as regular injecting drug users is concentrated in Sydney (Stafford, Degenhardt, Black et al., 2006).

Table 1: Number of accidental drug-induced deaths mentioning cocaine or methamphetamine among those aged 15-54 years in Australia, 1997-2004.

	1997	1998	1999	2000	2001	2002	2003	2004
Cocaine - total mentions	20	36	33	27	28	15	15	20
Cocaine - underlying cause	0	3	4	3	2	1	5	5
Methamphetamine - total mentions	25	48	79	99	51	55	50	75
Methamphetamine - underlying cause	4	6	15	15	13	1	17	17

Figure 1: Number of accidental drug-induced deaths mentioning cocaine or methamphetamine (total and underlying COD) among those aged 15-54 years in Australia,1997-2004.

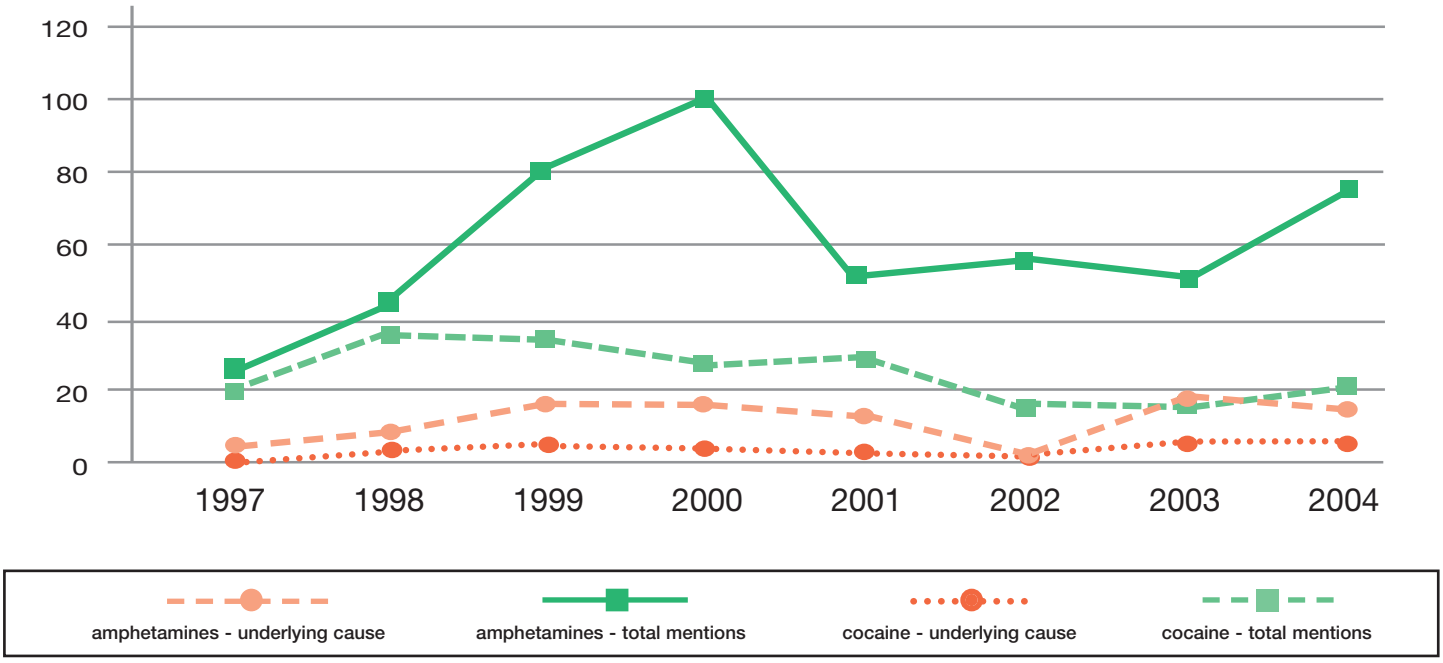
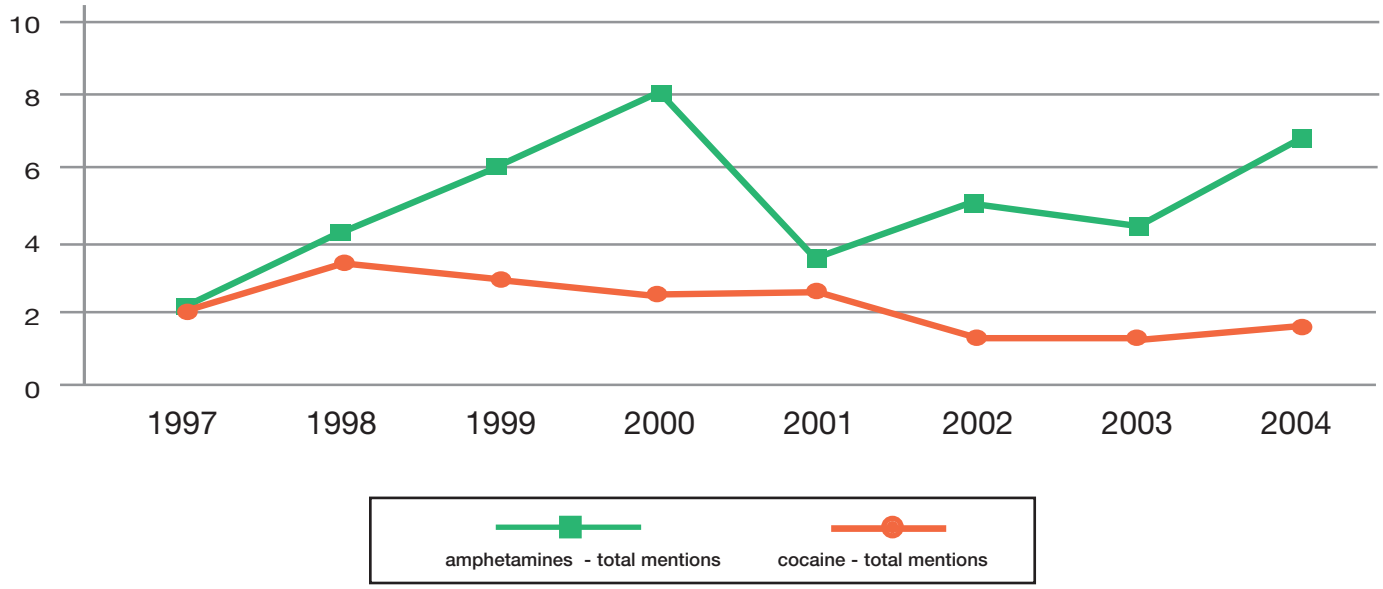


Figure 2: Rate of accidental drug-induced deaths with cocaine or methamphetamine mentions per million population aged 15-54 years, Australia 1997-2004.



APPENDIX: ABS DATA ON COCAINE AND METHAMPHETAMINE MENTIONS IN ACCIDENTAL DRUG-INDUCED DEATHS IN AUSTRALIA

The Australian Bureau of Statistics (ABS) is responsible for collecting data every year on persons who have died across Australia. Data on accidental deaths are collected from the Medical Certificates of Cause of Death submitted to each State or Territory's Registrar of Births, Deaths and Marriages and from the National Coroners Information System.

Death certificates typically state the sequence of events that led to a person's death. The ABS then uses its coding rules to establish the underlying cause of death, that is, “the disease or injury that initiated the train of morbid events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury”. The ABS also lists the diseases, injuries and health-related factors that contributed to the death but which were not the main cause of death.

The ABS uses an international classification system for classifying deaths, developed by the World Health Organization (WHO). This is called the International Statistical Classification of Diseases and Related Problems (ICD). The ICD edition currently used is the 10th edition (ICD-10). This edition of the classification system has been used since 1997 and provides more detailed information on accidental drug-induced deaths than previous versions.

All data on in this report refer to accidental drug-induced deaths where the underlying cause of death is drug-related and accidental. There are more deaths each year in which drugs are considered to have contributed to a person's death (e.g. general medical conditions, suicides, traffic accidents, drownings), but these deaths are not included.

In this report, the following ICD-10 codes have been used to examine deaths where methamphetamine and cocaine were considered to be the underlying cause of death:

- F14 - Accidental deaths due to cocaine use disorder (including cocaine dependence)
- F15 - Accidental deaths due to methamphetamine use disorder (including methamphetamine dependence)
- X42 with T40.5 - Accidental deaths due to poisoning cross-classified with cocaine poisoning (but excluding any other drug from the X42 category)
- X41 with T43.6 - Accidental deaths due to poisoning cross-classified with methamphetamine poisoning (but excluding any other drug from the X41 category)

The following codes have also been examined to investigate deaths in which cocaine or methamphetamines were mentioned as a contributing cause of an accidental drug-induced death, but in which they may not have been the primary cause of death:

- Accidental deaths due to other drug use disorder (F11-F16, F19, F55) cross-classified with cocaine (T40.5 and F14) or methamphetamine (T43.6 and F15); and
- Accidental deaths due to poisoning by another drug (X40-X44) cross-classified with cocaine (T40.5 and F14) or methamphetamine (T43.6 and F15).

Related links:

For more information on NDARC research, go to: http://ndarc.med.unsw.edu.au
For more information about the ABS, go to: http://www.abs.gov.au
For more information on ICD-10, go to: http://www.who.int/whosis/icd10/

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