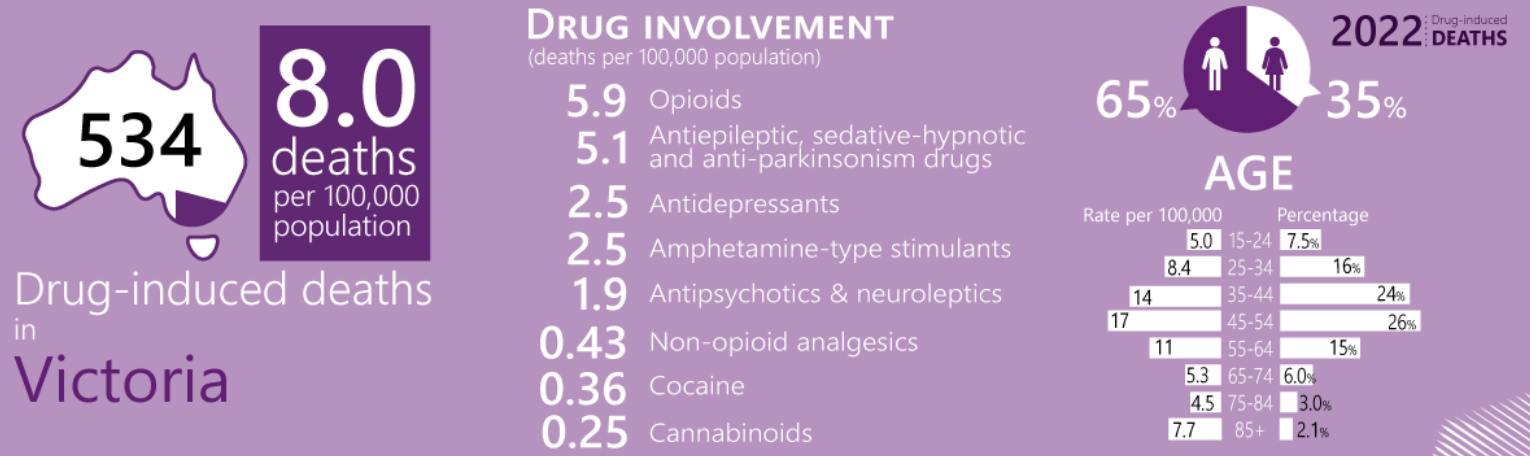


Victoria



There were 534 registered overdose and other drug-induced deaths (excluding alcohol and tobacco) in [Victoria](#) in 2022, which is equivalent to 1.1% of all registered deaths in this jurisdiction.

The rate fluctuated between 2003 and 2020, with a peak of 8.5 deaths per 100,000 people in 2017. The preliminary age-standardised rate of drug-induced deaths was 8.0 deaths per 100,000 people in 2022 ([Figure 1](#)). This rate was 19% higher than the estimated rate in 2021 (6.7 deaths per 100,000 people), however is similar to the rate observed in 2020 (8.0 deaths per 100,000 people) (Table A42).

Sex



In 2022, [males](#) accounted for 65% (345 deaths) of drug-induced deaths. The rate of drug-induced deaths was also higher among males than females (11 versus 5.5 deaths per 100,000 people, respectively). The rate among females was 28% higher in 2022 compared to 2021 (4.3 deaths per 100,000 people); the rate among males in 2022 was not significantly different from the rate in 2021 (Table A42).

Age



In 2022, drug-induced deaths were most common among the [45-54 age group](#) (26%, 141 deaths). The rate was also highest in the 45-54 age group (17 deaths per 100,000 people).

The estimated rate for 2022 was significantly higher compared to 2021 estimates for the 15-24 age group (5.0 in 2022 compared to 2.7 deaths per 100,000 people) (Table A43).

Remoteness Area of Usual Residence

The greatest proportion of drug-induced deaths in 2022 occurred among people residing in major city areas (76%, 407 deaths). The rate was similar in major city areas and regional and remote areas (7.8 and 7.7 deaths per 100,000 people, respectively).

Before 2021, the rate in regional and remote areas was usually higher or similar to the rate in major city areas. This pattern changed in 2021. The 2022 rates were comparable to the rates observed in 2021 (Table A44).

Intent of Drug Overdose Deaths

In 2022, 97% (520 deaths) of drug-induced deaths were due to overdose. Unintentional drug overdose accounted for 80% (415 deaths) and intentional drug overdose for 18% (94 deaths) of these deaths in 2022. The estimated rate of unintentional overdose deaths was significantly higher in 2022 compared to 2021 (6.3 versus 5.0 deaths per 100,000 people, respectively), while the rate of intentional overdose deaths remained stable (Table A45).

Place of Occurrence



In 2022, the location of the incident underlying death was coded as home for the majority (73%, 380 deaths) of drug-induced deaths.

Drug Involvement

In Victoria, the four [most common drug types](#) involved in drug overdose deaths in 2022 were:

- **opioids** (5.9 deaths per 100,000 people, 385 deaths),
- **antiepileptic, sedative-hypnotic and anti-parkinsonism drugs** (5.1 deaths per 100,000 people, 342 deaths),

- **antidepressants** (2.5 deaths per 100,000 people, 168 deaths), and
- **amphetamine-type stimulants** (2.5 deaths per 100,000 people, 160 deaths) (Figure 2).

2021 for cannabinoids (0.25 versus 0.49 deaths per 100,000 people, respectively). The rate in 2022 versus 2021 was higher for opioids (5.9 versus 4.4 deaths per 100,000 people, respectively) and alcohol (1.7 versus 1.1 deaths per 100,000 people, respectively) (Table A46).

Comparison of estimated rates of drug overdose deaths for Victoria identified lower rates in 2022 as compared to

Figure 1. Age-standardised rate per 100,000 people of drug-induced deaths, by sex, Victoria, 2003-2022

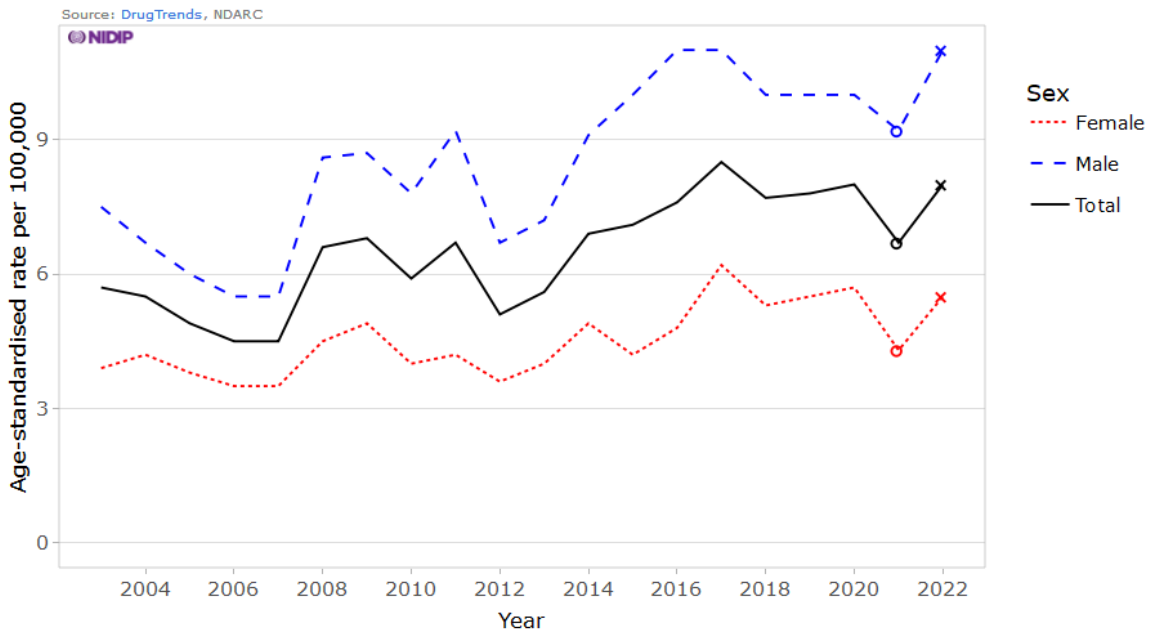
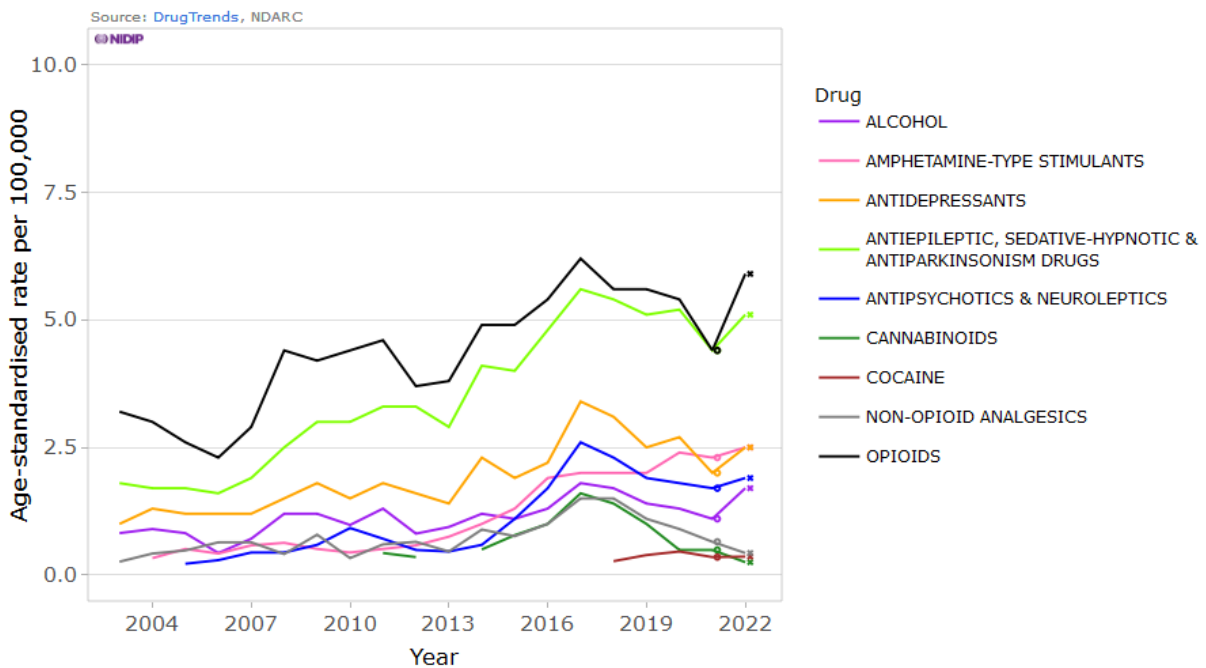


Figure 2. Age-standardised rate per 100,000 people of drug overdose deaths, by drug class, Victoria, 2003-2022



Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 2021 and 2022 are not final and thus are subject to further revision. The symbol 'o' indicates revised estimates and 'x' preliminary estimates. Age-standardised rates were not calculated if the number of deaths was less than or equal to 10 (please refer to our [methods document](#) for details). Suppressed data are visible as gaps in the data series.

Table A42. Age-standardised rate per 100,000 people of drug-induced deaths in Victoria in 2021 and 2022, and average percent change (APC) for difference between 2022 and 2021 (with 95% confidence intervals), by sex

Sex	Rate in 2021	Rate in 2022	APC for 2022 vs 2021
Female	4.3 (3.6, 5.1)	5.5 (4.7, 6.3)	28 (3, 59)*
Male	9.2 (8.2, 10.4)	11 (9, 12)	14 (-2, 34)
Total	6.7 (6.1, 7.4)	8.0 (7.3, 8.7)	19 (5, 35)*

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 2021 and 2022 are preliminary and thus are subject to further revision. 95% confidence intervals for the age-standardised rate and average percent change are shown in brackets. Please refer to our [methods](#) document on 'Presentation of results' for interpretation of average percent change. Please also refer to our [methods](#) document on 'Data source' and 'Coding of deaths' for details on the data used. * Indicates a statistically significant change

Table A43. Crude rate per 100,000 people of drug-induced deaths in Victoria in 2021 and 2022, and average percent change (APC) for difference between 2022 and 2021 (with 95% confidence intervals), by age

Age	Rate in 2021	Rate in 2022	APC for 2022 vs 2021
15-64	9.3 (8.4, 10.3)	11 (10, 12)	18 (3, 35)*
15-24	2.7 (1.6, 4.1)	5.0 (3.5, 6.7)	86 (7, 232)*
25-34	8.5 (6.8, 10.5)	8.4 (6.7, 10.3)	-1.8 (-28.3, 34.3)
35-44	12 (10, 15)	14 (11, 16)	11 (-14, 44)
45-54	15 (12, 17)	17 (14, 20)	17 (-9, 51)
55-64	7.9 (6.0, 10.2)	11 (8, 13)	35 (-5, 93)
65-74	3.9 (2.4, 5.8)	5.3 (3.7, 7.5)	38 (-22, 147)
75-84	3.3 (1.6, 5.8)	4.5 (2.6, 7.3)	37 (-40, 228)
85+	5.7 (2.5, 11.3)	7.7 (3.9, 13.8)	35 (-51, 287)

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 2021 and 2022 are preliminary and thus are subject to further revision. 95% confidence intervals for the crude rate and average percent change are shown in brackets. Please refer to our [methods](#) document on 'Presentation of results' for interpretation of average percent change. The estimates for the 0-14 years age group are not presented due to sensitivity of the data. Please also refer to our [methods](#) document on 'Data source' and 'Coding of deaths' for details on the data used. * Indicates a statistically significant change.

Table A44. Age-standardised rate per 100,000 people of drug-induced deaths in Victoria in 2021 and 2022, and average percent change (APC) for difference between 2022 and 2021 (with 95% confidence intervals), by remoteness area

Remoteness	Rate in 2021	Rate in 2022	APC for 2022 vs 2021
Major Cities	6.8 (6.1, 7.5)	7.8 (7.1, 8.6)	15 (-0, 33)
Regional and Remote	6.2 (5.0, 7.8)	7.7 (6.3, 9.3)	23 (-8, 65)

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 2021 and 2022 are preliminary and thus are subject to further revision. 95% confidence intervals for the age-standardised rate and average percent change are shown in brackets. Please refer to our [methods](#) document on 'Presentation of results' for interpretation of average percent change. Please also refer to our [methods](#) document on 'Data source' and 'Coding of deaths' for details on the data used.

Table A45. Age-standardised rate per 100,000 people of overdose deaths in Victoria in 2021 and 2022, and average percent change (APC) for difference between 2022 and 2021 (with 95% confidence intervals), by intent

Intent	Rate in 2021	Rate in 2022	APC for 2022 vs 2021
Unintentional	5.0 (4.4, 5.5)	6.3 (5.7, 7.0)	27 (10, 48)*
Intentional	1.4 (1.1, 1.7)	1.3 (1.1, 1.6)	-5.5 (-29.1, 26.1)

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 2021 and 2022 are preliminary and thus are subject to further revision. 95% confidence intervals for the age-standardised rate and average percent change are shown in brackets. Please refer to our [methods](#) document on 'Presentation of results' for interpretation of average percent change. Please also refer to our [methods](#) document on 'Data source' and 'Coding of deaths' for details on the data used. * Indicates a statistically significant change.

Table A46. Age-standardised rate per 100,000 people of overdose deaths in Victoria in 2021 and 2022, and average percent change (APC) for difference between 2022 and 2021 (with 95% confidence intervals), by drugs involved

Drug	Rate in 2021	Rate in 2022	APC for 2022 vs 2021
Opioids	4.4 (3.9, 5.0)	5.9 (5.3, 6.5)	32 (13, 54)*
Antiepileptic, sedative-hypnotic & antiparkinsonism drugs	4.4 (3.9, 5.0)	5.1 (4.6, 5.7)	16 (-1, 36)
Amphetamine-type stimulants	2.3 (1.9, 2.7)	2.5 (2.1, 2.9)	9.7 (-12.4, 37.4)
Antidepressants	2.0 (1.7, 2.4)	2.5 (2.2, 2.9)	24 (-1, 56)
Antipsychotics & neuroleptics	1.7 (1.4, 2.0)	1.9 (1.6, 2.3)	13 (-13, 46)
Alcohol	1.1 (0.9, 1.4)	1.7 (1.4, 2.0)	50 (11, 103)*
Non-opioid analgesics	0.65 (0.47, 0.88)	0.43 (0.29, 0.62)	-34 (-59, 5)
Cocaine	0.35 (0.22, 0.53)	0.36 (0.23, 0.54)	3.1 (-42.2, 84.1)
Cannabinoids	0.49 (0.33, 0.70)	0.25 (0.14, 0.41)	-49 (-72, -6)*

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 2021 and 2022 are preliminary and thus are subject to further revision. 95% confidence intervals for the age-standardised rate and average percent change (APC) are shown in brackets. Please refer to our [methods](#) document on 'Presentation of results' for interpretation of average percent change. Please also refer to our [methods](#) document on 'Data source' and 'Coding of deaths' for details on the data used. * Indicates a statistically significant change.

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Please note that as with all statistical reports, there is the potential for minor revisions to data in this report. Please refer to the online version at [Drug Trends](#).

Please contact the Drug Trends team with any queries regarding this publication: drugtrends@unsw.edu.au.

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Related Links

- For the full report on trends in overdose and other drug-induced deaths in Australia go to: <http://www.unsw.edu.au/research/ndarc/resources/trends-drug-induced-deaths-australia-2003-2022>
- For interactive data visualisations accompanying this report, go to: https://drugtrends.shinyapps.io/Deaths_2022
- For full details of the methods underpinning this report, go to: www.unsw.edu.au/research/ndarc/resources/trends-drug-induced-deaths-australia-2003-2022
- For other Drug Trends publications on drug-related hospitalisations and drug-induced deaths in Australia, go to: [National Illicit Drug Indicators Project \(NIDIP\) \(unsw.edu.au\)](#)
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- For more information about the ABS, go to: <http://www.abs.gov.au>
- For more information on ICD coding go to: <http://www.who.int/classifications/icd/en/>
- For more information on the Remoteness Areas Structure within the Australian Statistical Geography Standard (ASGS), go to: <https://www.abs.gov.au/ausstats/abs@.nsf/mf/1270.0.55.005>
- For more research from the Drug Trends program and to subscribe to our newsletter, go to: [Drug trends | National Drug & Alcohol Research Centre - UNSW Sydney](#)
- For details on the collection, organisation and interpretation of NCIS data, go to: <https://www.ncis.org.au/about-the-data/explanatory-notes/>
- For statistics about case closure statistics in NCIS, go to: <https://www.ncis.org.au/about-the-data/operational-statistics/>