

Australian Capital Territory



Drug-induced deaths in the

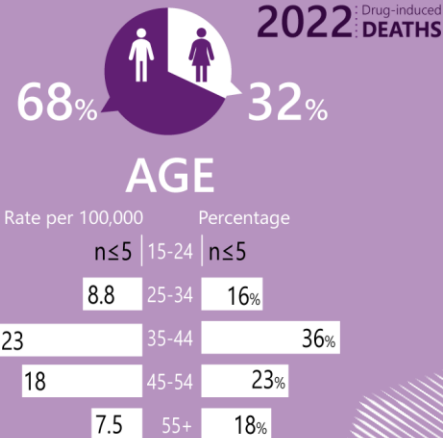
Australian Capital Territory

9.6 deaths per 100,000 population

DRUG INVOLVEMENT

(deaths per 100,000 population)

6.4	Opioids
4.0	Antiepileptic, sedative-hypnotic and anti-parkinsonism drugs
3.7	Antidepressants
3.3	Antipsychotics & neuroleptics
(n≤10)	Amphetamine-type stimulants
(n≤5)	Non-opioid analgesics
(n≤5)	Cannabinoids
(n≤5)	Cocaine



There were 44 registered overdose and other drug-induced deaths (excluding alcohol and tobacco) in the [Australian Capital Territory](#) in 2022, which is equivalent to 1.6% of all registered deaths in this jurisdiction.

The age-standardised rate of [drug-induced deaths](#) in the Australian Capital Territory fluctuated over time, with a recent increase observed between 2015 and 2020 from 4.3 to 12 deaths per 100,000 people ([Figure 1](#)). The preliminary age-standardised rate in 2022 was 9.6 deaths per 100,000 people (11 deaths per 100,000 people in 2021) (Table A18). Estimates for 2021 and 2022 are subject to revision and may increase.

Sex



In 2022, [males](#) accounted for 68% (30 deaths) of drug-induced deaths.

The rate of drug-induced deaths was also higher among males than females (13 versus 5.7 deaths per 100,000 people, respectively). Analyses did not indicate a statistically significant change between 2021 and 2022 in the preliminary rates for males or females (Table A18).

Age



In 2022, drug-induced deaths were most common among the 35-44 age group (36%, 16 deaths). The rate was also highest in this age group (23 deaths per 100,000 people). Analyses did not indicate a statistically significant difference in the estimated rates between 2021 and 2022 for any of the age groups (Table A19).

Remoteness Area of Usual Residence

Over 99% of the population in the Australian Capital Territory resided in major city areas and the remaining resided in inner regional areas in 2022. For this reason, data on deaths by remoteness area are not presented.

Intent of Drug Overdose Deaths

In 2021, 95% (42 deaths) of drug-induced deaths were due to overdose. Over three in five (63%, 27 deaths) overdose deaths in 2022 were deemed [unintentional](#); 35% (15 deaths) were deemed intentional. This profile has been broadly consistent over time.

Place of Occurrence



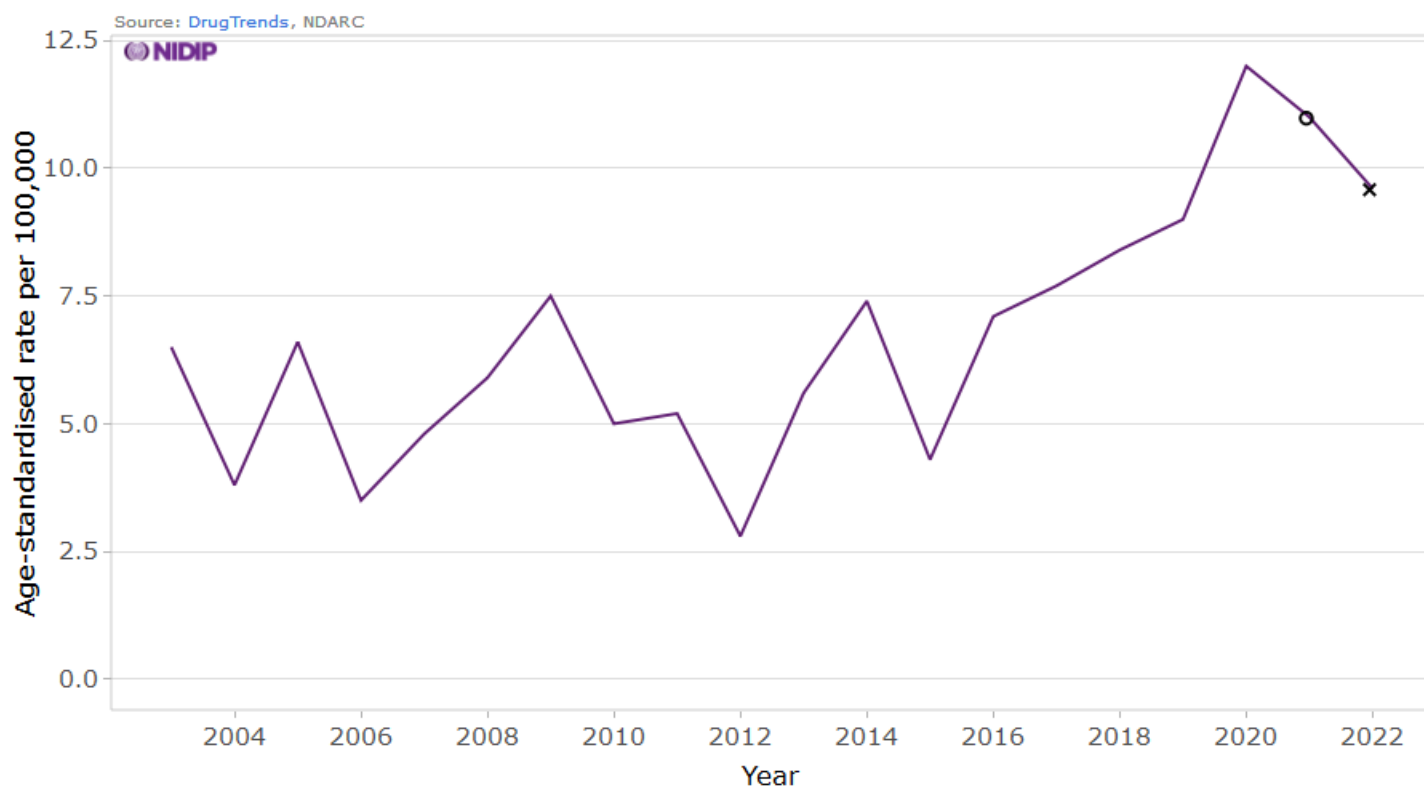
In 2022, the location of the incident underlying death was coded as home for the majority (88%, 38 deaths) of drug overdose deaths.

Drug Involvement

In the Australian Capital Territory, the three [most common](#) drug types involved in drug overdose deaths in 2022 were:

- **opioids** (6.4 deaths per 100,000 people, 29 deaths),
- **antiepileptic, sedative-hypnotic and anti-parkinsonism drugs** (4.0 deaths per 100,000 people, 18 deaths), and
- **antidepressants** (3.7 deaths per 100,000 people, 17 deaths).

Comparison of preliminary estimates for drug overdose deaths in the Australian Capital Territory did not identify a statistically significant change in drug involvement from 2021 to 2022 (Table A21).

Figure 1. Age-standardised rate per 100,000 people of drug-induced deaths, Australian Capital Territory, 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.

Table A18. Age-standardised rate per 100,000 people of drug-induced deaths in Australian Capital Territory 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	9.0 (5.5, 13.8)	5.7 (3.1, 9.6)	-37 (-68, 26)
Male	13 (9, 19)	13 (9, 19)	2.3 (-38.8, 70.8)
Total	11 (8, 14)	9.6 (6.9, 12.9)	-12 (-41, 32)

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 A19. Crude rate per 100,000 people of drug-induced deaths in Australian Capital Territory 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	13 (10, 18)	13 (9, 17)	-5.8 (-40.8, 49.7)
15-24	–	–	–
25-34	7.7 (2.8, 16.7)	8.8 (3.5, 18.1)	15 (-67, 313)
35-44	22 (12, 36)	23 (13, 37)	4.7 (-51.5, 127.4)
45-54	16 (7, 31)	18 (9, 33)	10 (-60, 206)
55-64	18 (8, 35)	–	–

65-74	–	–	–
75-84	–	–	–
85+	–	–	–

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.

Table A20. Age-standardised rate per 100,000 people of overdose deaths in Australian Capital Territory 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	6.8 (4.6, 9.7)	5.9 (3.9, 8.7)	-13 (-48, 47)
Intentional	3.6 (2.1, 5.7)	3.2 (1.8, 5.3)	-11 (-56, 79)

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 A21. Age-standardised rate per 100,000 people of overdose deaths in Australian Capital Territory 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	6.1 (4.0, 8.8)	6.4 (4.3, 9.2)	5.7 (-37.2, 78.2)
Antiepileptic, sedative-hypnotic & antiparkinsonism drugs	6.3 (4.2, 9.1)	4.0 (2.4, 6.3)	-37 (-65, 14)
Antidepressants	4.1 (2.4, 6.4)	3.7 (2.2, 6.0)	-8.3 (-52.5, 77.2)
Antipsychotics & neuroleptics	2.8 (1.5, 4.7)	3.3 (1.8, 5.4)	19 (-44, 152)
Alcohol	2.4 (1.2, 4.3)	–	–
Amphetamine-type stimulants	2.7 (1.4, 4.7)	–	–
Cannabinoids	–	–	–
Cocaine	–	–	–
Non-opioid analgesics	–	–	–

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.

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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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Data source

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We acknowledge the traditional custodians of the land on which the work for this report was undertaken. We pay respect to Elders past, present, and emerging.

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 \(NIDIP\) \(unsw.edu.au\)](#)
- For more information on NDARC research, go to: [National Drug & Alcohol Research Centre | Medicine & Health - UNSW Sydney](#)
- 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/>