

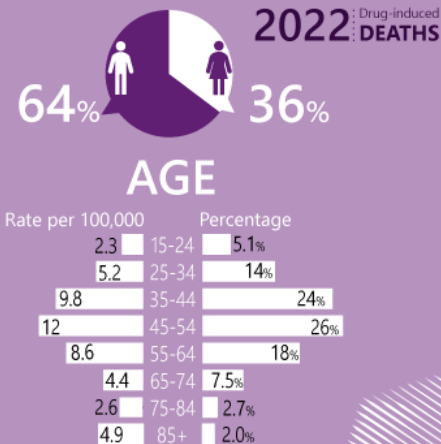
## New South Wales



### DRUG INVOLVEMENT

(deaths per 100,000 population)

3.2	Opioids
2.5	Antiepileptic, sedative-hypnotic and anti-parkinsonism drugs
1.6	Amphetamine-type stimulants
1.3	Antidepressants
0.81	Antipsychotics & neuroleptics
0.56	Non-opioid analgesics
0.28	Cocaine
0.17	Cannabinoids



There were 452 registered overdose and other drug-induced deaths (excluding alcohol and tobacco) in [New South Wales](#) in 2022, which is equivalent to 0.72% of all registered deaths in this jurisdiction.

The rate increased from 4.7 deaths per 100,000 people in 2003 to 7.8 deaths per 100,000 people in 2017, subsequently decreasing to 6.8 deaths per 100,000 people in 2020. The preliminary age-standardised rate of drug-induced deaths was 5.5 deaths per 100,000 people in 2022 ([Figure 1](#)). This was significantly lower than the 2021 estimate (6.4 deaths per 100,000 people), noting that estimates for 2021 and 2022 are subject to revision and may increase (Table A22).

### Sex



In 2022, males accounted for 64% (291 deaths) of drug-induced deaths. The rate of drug-induced deaths was also higher among males than females (7.3 versus 3.8 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 A22).

### Age



In 2022, drug-induced deaths were most common among the [45-54 age group](#) (26%, 119 deaths).

The rate was also highest in the 45-54 age group (12 deaths per 100,000 people), followed closely by the 35-44 and 55-64 age groups (9.8 and 8.6 deaths per 100,000 people, respectively).

Analyses indicated a significantly lower rate in 2022 compared to 2021 in the 25-34 age group (Table A23).

### Remoteness Area of Usual Residence

The greatest proportion of drug-induced deaths in 2022 was recorded among people residing in major city areas (74%, 335 deaths). The highest rate was observed among people in inner regional areas (6.1 deaths per 100,000 people), followed by major cities (5.4 deaths per 100,000 people).

Analyses indicated that the estimated 2022 rate for major cities was significantly lower than the estimate for 2021 (Table A24).

### Intent of Drug Overdose Deaths

In 2022, 97% (439 deaths) of drug-induced deaths were due to overdose. Unintentional drug overdose accounted for 76% (334 deaths) and intentional drug overdose for 22% (96 deaths) of these deaths in 2022. This profile was broadly consistent over time. Comparison of preliminary rates did not suggest a significant change between 2021 and 2022 (Table A25).

### Place of Occurrence



In 2022, the location of the incident underlying death was coded as home for the majority (77%, 337 deaths) of drug overdose deaths.

### Drug Involvement

In New South Wales, the three [most common drug types](#) involved in drug overdose deaths in 2022 were:

- **opioids** (3.2 deaths per 100,000 people, 261 deaths),

- antiepileptic, sedative-hypnotic and anti-parkinsonism drugs (2.5 deaths per 100,000 people, 239 deaths), and
- amphetamine-type stimulants (1.6 deaths per 100,000 people, 123 deaths) (Figure 2).

rates in 2022 as compared to 2021 for drug overdose deaths involving antidepressants (by 29%), antiepileptic, sedative-hypnotic & antiparkinsonism drugs (by 28%), antipsychotics & neuroleptics (by 35%), and cocaine (by 50%), noting that estimates for 2021 to 2022 are subject to revision and may increase (Table A26).

Comparison of preliminary estimates of drug overdose deaths in New South Wales indicated significantly lower

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

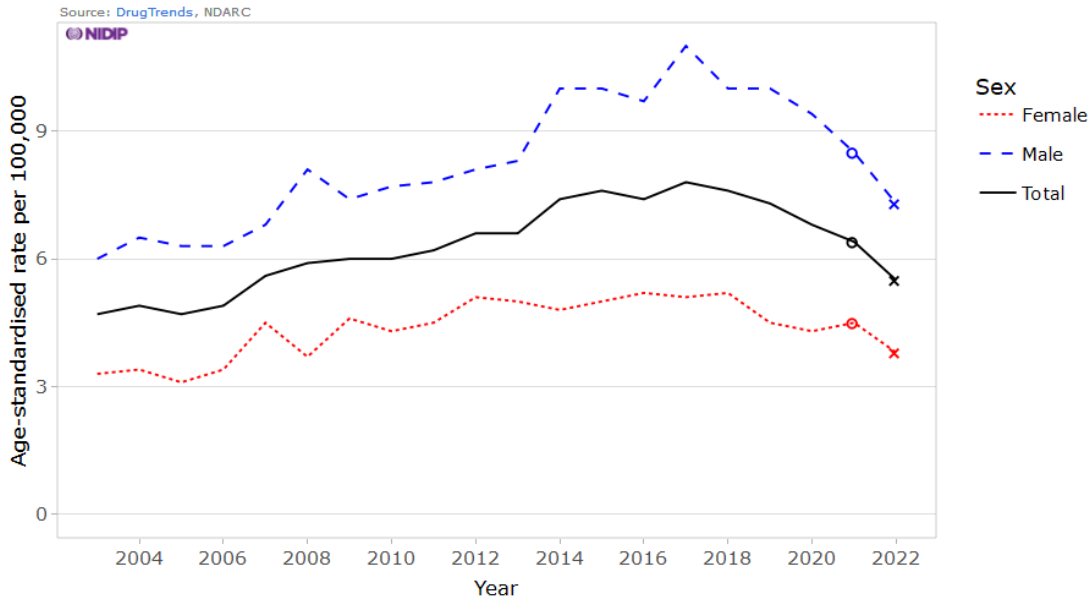
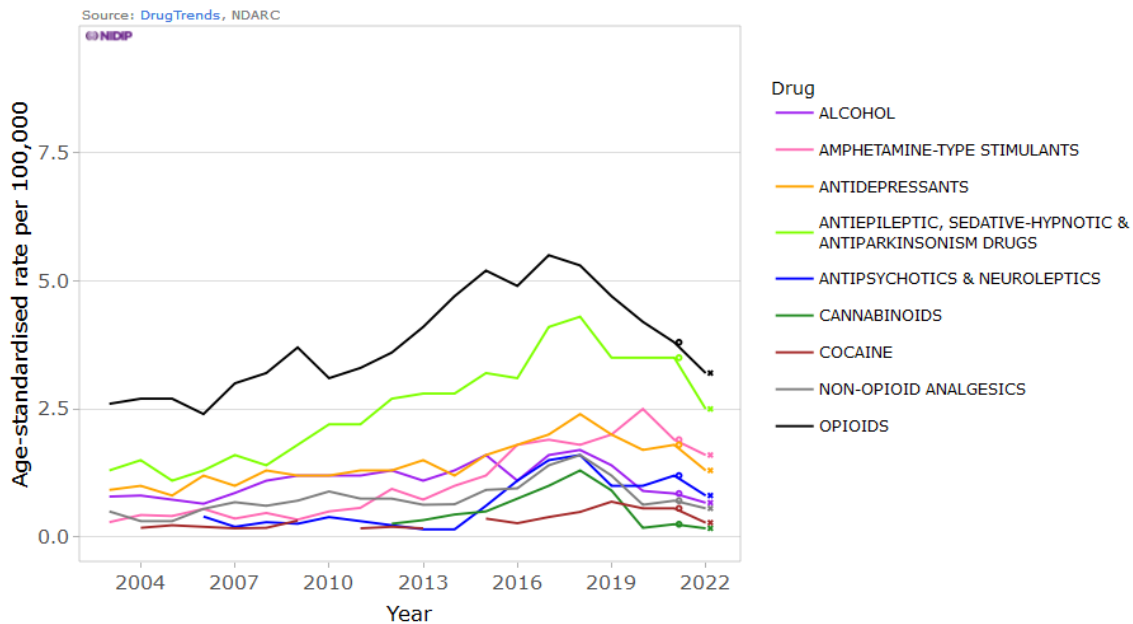


Figure 2. Age-standardised rate per 100,000 people of drug overdose deaths, by drug class, New South Wales, 2003-2022



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 A22. Age-standardised rate per 100,000 people of drug-induced deaths in New South Wales 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	4.5 (3.8, 5.2)	3.8 (3.2, 4.5)	-15 (-31, 6)
Male	8.5 (7.6, 9.4)	7.3 (6.5, 8.2)	-14 (-26, 1)
Total	6.4 (5.9, 7.0)	5.5 (5.0, 6.1)	-14 (-24, -2)*

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 A23. Crude rate per 100,000 people of drug-induced deaths in New South Wales 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	8.5 (7.8, 9.4)	7.5 (6.8, 8.3)	-12 (-23, 1)
15-24	2.3 (1.4, 3.4)	2.3 (1.5, 3.5)	1.9 (-45.7, 91.7)
25-34	7.5 (6.0, 9.2)	5.2 (4.0, 6.7)	-30 (-50, -2)*
35-44	12 (10, 14)	9.8 (8.1, 11.8)	-15 (-35, 10)
45-54	14 (11, 16)	12 (10, 14)	-13 (-33, 12)
55-64	7.4 (5.8, 9.4)	8.6 (6.8, 10.7)	16 (-17, 62)
65-74	4.9 (3.5, 6.7)	4.4 (3.0, 6.1)	-11 (-46, 45)
75-84	4.5 (2.8, 7.0)	2.6 (1.3, 4.5)	-43 (-75, 22)
85+	11 (7, 17)	4.9 (2.2, 9.3)	-56 (-82, 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 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 A24 Age-standardised rate per 100,000 people of drug-induced deaths in New South Wales 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	6.4 (5.8, 7.0)	5.4 (4.8, 6.0)	-15 (-27, -2)*
Regional and Remote	6.4 (5.3, 7.7)	5.9 (4.8, 7.2)	-7.9 (-29.5, 20.4)

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 A25. Age-standardised rate per 100,000 people of overdose deaths in New South Wales 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	4.8 (4.4, 5.3)	4.2 (3.8, 4.7)	-13 (-25, 1)
Intentional	1.3 (1.1, 1.6)	1.1 (0.9, 1.3)	-20 (-39, 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 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 A26. Age-standardised rate per 100,000 people of overdose deaths in New South Wales 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	3.8 (3.3, 4.2)	3.2 (2.8, 3.6)	-15 (-28, 1)
Antiepileptic, sedative-hypnotic & antiparkinsonism drugs	3.5 (3.1, 4.0)	2.5 (2.2, 2.9)	-28 (-40, -14)*
Amphetamine-type stimulants	1.9 (1.6, 2.2)	1.6 (1.3, 1.9)	-17 (-35, 5)
Antidepressants	1.8 (1.6, 2.2)	1.3 (1.1, 1.6)	-29 (-44, -8)*
Antipsychotics & neuroleptics	1.2 (1.0, 1.5)	0.81 (0.62, 1.03)	-35 (-53, -11)*
Alcohol	0.85 (0.66, 1.08)	0.67 (0.50, 0.87)	-22 (-45, 12)
Non-opioid analgesics	0.71 (0.53, 0.91)	0.56 (0.41, 0.75)	-21 (-46, 17)
Cocaine	0.56 (0.40, 0.75)	0.28 (0.17, 0.42)	-50 (-70, -16)*
Cannabinoids	0.25 (0.15, 0.39)	0.17 (0.09, 0.29)	-32 (-67, 38)

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

ISSN 2981-8036

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This report was prepared by researchers from the National Drug and Alcohol Research Centre for the Drug Trends program. The Drug Trends program is coordinated by the National Drug and Alcohol Research Centre, UNSW Sydney and undertaken in partnership with Burnet, National Drug Research Institute, University of Queensland, and University of Tasmania.

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**Recommended citation:** Chrzanowska A, Man N, Sutherland R, Degenhardt L, Peacock A. [Trends in overdose and other drug-induced deaths in Australia, 2003-2022](#). Sydney: National Drug and Alcohol Research Centre, UNSW Sydney; 2024.

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](mailto:drugtrends@unsw.edu.au).

## Funding

The Drug Trends program is funded by the Australian Government Department of Health and Aged Care under the Drug and Alcohol Program.

## Data source

We acknowledge all state and territory Registries of Births, Deaths and Marriages, the Coroners and the National Coronial Information System (NCIS) for enabling Cause of Death Unit Record File (COD URF) data to be used for this publication.

## Acknowledgements

We wish to acknowledge Lauren Moran and the team at the Australian Bureau of Statistics for their assistance with the data and ICD-10 coding practices to ensure rigorous, comprehensive, and consistent reporting on drug-induced deaths in Australia.

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](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](http://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 \(NIDIP\) \(unsw.edu.au\)](http://www.unsw.edu.au/research/ndarc/resources/trends-drug-induced-deaths-australia-2003-2022)
- For more information on NDARC research, go to: [National Drug & Alcohol Research Centre | Medicine & Health - UNSW Sydney](http://www.unsw.edu.au/research/ndarc/resources/trends-drug-induced-deaths-australia-2003-2022)
- 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](http://www.unsw.edu.au/research/ndarc/resources/trends-drug-induced-deaths-australia-2003-2022)
- 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/>