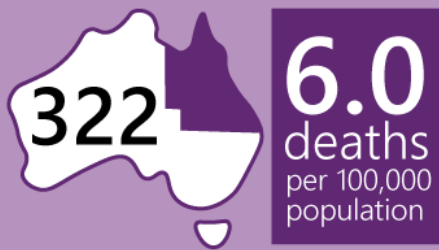


Queensland

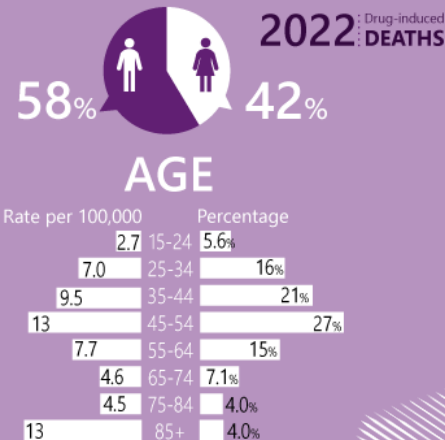


Drug-induced deaths in
Queensland

DRUG INVOLVEMENT

(deaths per 100,000 population)

3.3	Opioids
3.2	Antiepileptic, sedative-hypnotic and anti-parkinsonism drugs
2.1	Antidepressants
1.4	Amphetamine-type stimulants
1.1	Antipsychotics & neuroleptics
0.64	Non-opioid analgesics
0.27	Cocaine
(n<5)	Cannabinoids



There were 322 registered overdose and other drug-induced deaths (excluding alcohol and tobacco) in [Queensland](#) in 2022, which is equivalent to 0.84% of all registered deaths in this jurisdiction.

The population rate increased from 4.1 in 2003 to 8.5 in 2015, subsequently decreasing to 7.2 in 2020. The preliminary age-standardised rate of drug-induced deaths was 6.0 deaths per 100,000 people in 2022 ([Figure 1](#)). This rate was significantly lower than the estimated rate in 2021 (7.0 deaths per 100,000 people), noting that estimates for 2021 and 2022 are subject to revision and may increase (Table A28).

Sex



In 2022, [males](#) accounted for 58% (186 deaths) of drug-induced deaths. The rate of drug-induced deaths was also higher among males than females (7.3 versus 4.8 deaths per 100,000 people, respectively). Analyses did not indicate a statistically significant difference between 2021 and 2022 in the estimated rates for males or females (Table A28).

Age



In 2022, drug-induced deaths were most common among the [45-54 age group](#) (27%, 87 deaths).

The rate was as high in the 45-54 age group as in the 85 and over age group (13 deaths per 100,000 people, each), followed by the 35-44 age group (9.5 deaths per 100,000 people).

Analyses did not indicate a statistically significant difference in the estimated rates between 2021 and 2022 for any age group except for a lower rate in the 35-44 age group in 2022 (Table A29).

Remoteness Area of Usual Residence

The greatest proportion of drug-induced deaths in 2022 occurred among people residing in major city areas (70%, 225 deaths), and the highest rate was also observed among people in major city areas (6.5 deaths per 100,000 people), followed by inner regional areas (5.5 deaths per 100,000 people).

There was no clear historical trend observed in the rate of drug-induced deaths for major city versus regional and remote areas of Queensland. The 2022 rates were comparable to the rates observed in 2021 (Table A30).

Intent of Drug Overdose Deaths

In 2022, 97% (311 deaths) of drug-induced deaths were due to overdose. Unintentional drug overdose accounted for 60% (187 deaths) and intentional drug overdose for 35% (108 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 A31).

Place of Occurrence



In 2022, the location of the incident underlying death was coded as home for the majority (83%, 257 deaths) of drug overdose deaths.

Drug Involvement

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

- **opioids** (3.3 deaths per 100,000 people, 172 deaths),
- **antiepileptic, sedative-hypnotic and anti-parkinsonism drugs** (3.2 deaths per 100,000 people, 166 deaths),

- **antidepressants** (2.1 deaths per 100,000 people, 109 deaths) (Figure 2).

Compared to 2021, the estimated rates of drug overdose deaths in Queensland were significantly lower in 2022 for opioids (by 24%), antiepileptic, sedative-hypnotic & antiparkinsonism drugs (by 24%), antidepressants (by 28%), and alcohol (by 37%), noting that these are subject to revision and may increase (Table A32).

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

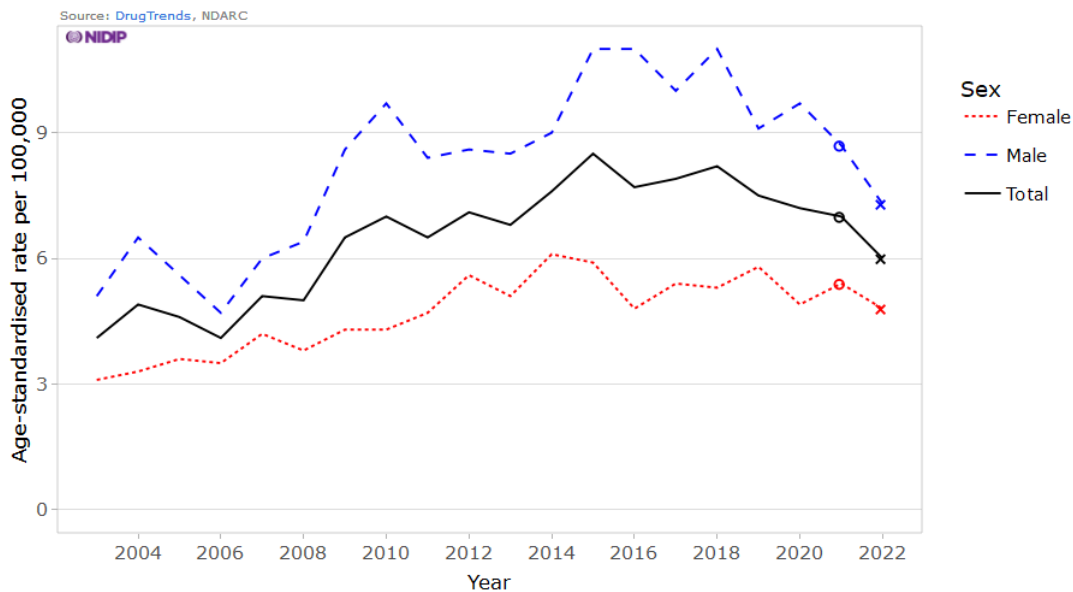
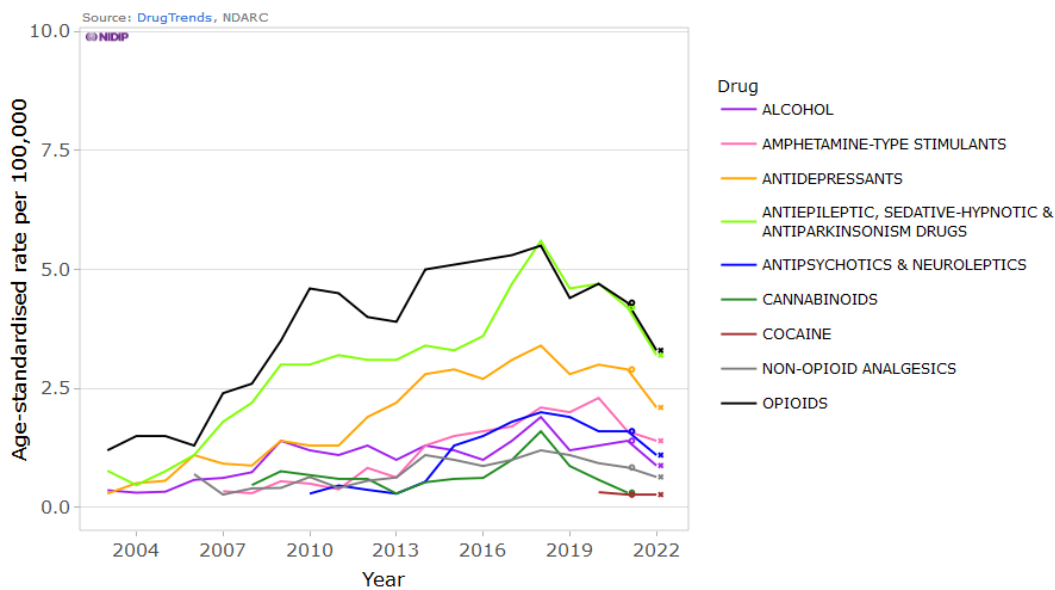


Figure 2. Age-standardised rate per 100,000 people of drug overdose deaths, by drug class, Queensland, 2003-2022



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 A28. Age-standardised rate per 100,000 people of drug-induced deaths in Queensland 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	5.4 (4.5, 6.3)	4.8 (4.1, 5.8)	-9.8 (-28.8, 14.3)
Male	8.7 (7.6, 10.0)	7.3 (6.3, 8.4)	-17 (-31, 2)
Total	7.0 (6.3, 7.8)	6.0 (5.4, 6.7)	-14 (-26, -0)*

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 A29. Crude rate per 100,000 people of drug-induced deaths in Queensland 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 (8.3, 10.4)	7.9 (7.0, 8.9)	-14 (-28, 1)
15-24	3.8 (2.5, 5.7)	2.7 (1.6, 4.3)	-30 (-64, 34)
25-34	6.9 (5.2, 9.2)	7.0 (5.2, 9.2)	0.51 (-33.30, 51.54)
35-44	14 (11, 17)	9.5 (7.4, 12.1)	-32 (-51, -7)*
45-54	12 (9, 15)	13 (10, 16)	7.4 (-21.6, 47.4)
55-64	9.6 (7.3, 12.3)	7.7 (5.6, 10.2)	-20 (-46, 19)
65-74	4.8 (3.1, 7.2)	4.6 (2.9, 6.8)	-5.6 (-49.1, 74.7)
75-84	6.3 (3.7, 10.1)	4.5 (2.4, 7.6)	-29 (-68, 55)
85+	13 (6, 22)	13 (7, 22)	4.5 (-56.0, 150.7)

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 A30. Age-standardised rate per 100,000 people of drug-induced deaths in Queensland 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	7.1 (6.3, 8.1)	6.5 (5.6, 7.4)	-9.4 (-24.5, 8.7)
Regional and Remote	6.5 (5.3, 7.8)	5.1 (4.1, 6.3)	-22 (-41, 3)

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 A31. Age-standardised rate per 100,000 people of overdose deaths in Queensland 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	4.4 (3.8, 5.0)	3.6 (3.1, 4.1)	-18 (-33, 0)
Intentional	2.0 (1.7, 2.5)	1.9 (1.6, 2.4)	-4.5 (-26.8, 24.6)

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 A32. Age-standardised rate per 100,000 people of overdose deaths in Queensland 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	4.3 (3.7, 4.9)	3.3 (2.8, 3.8)	-24 (-37, -6)*
Antiepileptic, sedative-hypnotic & antiparkinsonism drugs	4.2 (3.6, 4.8)	3.2 (2.7, 3.7)	-24 (-38, -7)*
Antidepressants	2.9 (2.4, 3.4)	2.1 (1.7, 2.5)	-28 (-44, -8)*
Amphetamine-type stimulants	1.6 (1.3, 2.0)	1.4 (1.1, 1.8)	-10 (-35, 24)
Antipsychotics & neuroleptics	1.6 (1.2, 2.0)	1.1 (0.9, 1.5)	-28 (-48, 1)
Alcohol	1.4 (1.1, 1.8)	0.88 (0.64, 1.18)	-37 (-56, -8)*
Non-opioid analgesics	0.84 (0.61, 1.13)	0.64 (0.44, 0.88)	-25 (-52, 17)
Cocaine	0.27 (0.14, 0.46)	0.27 (0.14, 0.46)	-0.11 (-53.70, 115.52)
Cannabinoids	0.31 (0.17, 0.51)	–	–

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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Data source

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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 \(NIDIP\) \(unsw.edu.au\)](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/>