

## Tasmania



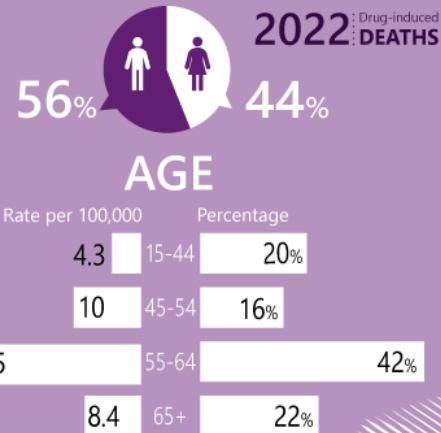
Drug-induced deaths in

## Tasmania

### DRUG INVOLVEMENT

(deaths per 100,000 population)

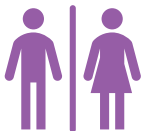
4.1	Antiepileptic, sedative-hypnotic and anti-parkinsonism drugs
3.7	Opioids
3.2	Antidepressants
1.9	Antipsychotics & neuroleptics
(n≤10)	Amphetamine-type stimulants
(n≤5)	Non-opioid analgesics
(n≤5)	Cocaine
0	Cannabinoids



There were 45 registered overdose and other drug-induced deaths (excluding alcohol and tobacco) in [Tasmania](#) in 2022, which is equivalent to 0.88% of all registered deaths in this jurisdiction.

The rate fluctuated between 2003 and 2020. The highest rate was observed in 2016, reaching 10 deaths per 100,000 people. The preliminary age-standardised rate of drug-induced deaths in 2022 was 6.6 deaths per 100,000 people (7.5 deaths per 100,000 people in 2021) ([Figure 1](#)). Estimates for 2021 and 2022 are subject to revision and may increase.

### Sex



In 2022, [males](#) accounted for 56% (25 deaths) of drug-induced deaths. The rate of drug-induced deaths was also higher among males than females (7.7 versus 5.5 deaths per 100,000 people, respectively). Analyses did not indicate a statistically significant difference between 2021 and 2022 in the preliminary rates for males or females ([Table A38](#)).

### Age



In 2022, drug-induced deaths were most common among [people aged 55-64](#) (42%, 19 deaths). The rate was also highest in the 55-64 age group (25 deaths per 100,000 people).

Analyses did not indicate a statistically significant difference in the estimated rates for 2021 and 2022 for any age group ([Table A39](#)).

### Remoteness Area of Usual Residence

The greatest proportion of drug-induced deaths in 2022 and the highest population rate was recorded among people residing in inner regional areas (64%, 29 deaths, 8.2 deaths per 100,000 people), noting there are no major city areas in Tasmania.

### Intent of Drug Overdose Deaths

In 2022, 93% (42 deaths) of drug-induced deaths were due to overdose. Unintentional and intentional drug overdose deaths accounted for 45% (19 deaths) of these deaths in 2022, each. Comparison of preliminary rates did not suggest a significant change between 2021 and 2022 ([Table A40](#)).

### Place of Occurrence



In 2022, the location of the incident underlying death was coded as home for the majority (76%, 107 deaths) of drug overdose deaths.

### Drug Involvement

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

- [antiepileptic, sedative-hypnotic and anti-parkinsonism drugs](#) (4.1 deaths per 100,000 people, 27 deaths)
- [opioids](#) (3.7 deaths per 100,000 people, 24 deaths), and
- [antidepressants](#) (3.2 deaths per 100,000 people, 22 deaths) ([Figure 2](#)).

Comparison of estimated rates of drug overdose deaths in Tasmania did not identify a significant change in rates of drug involvement between 2021 to 2022 ([Table A41](#)).

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

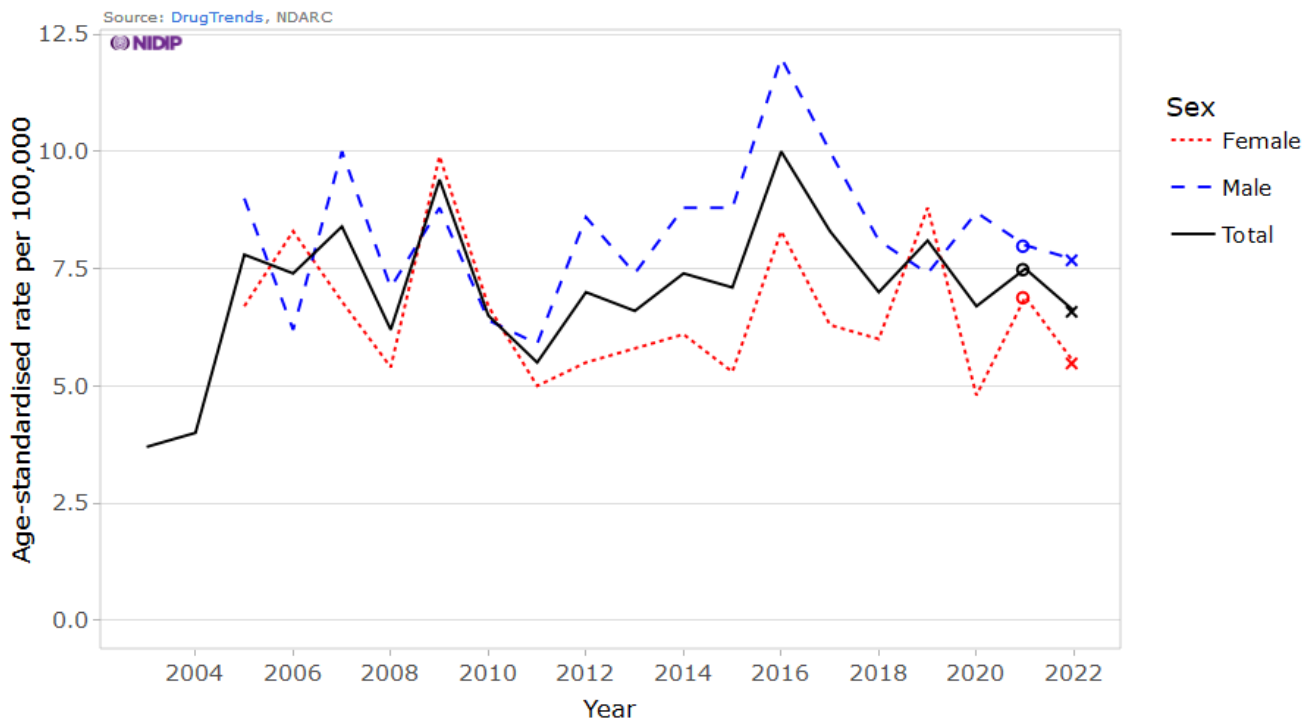
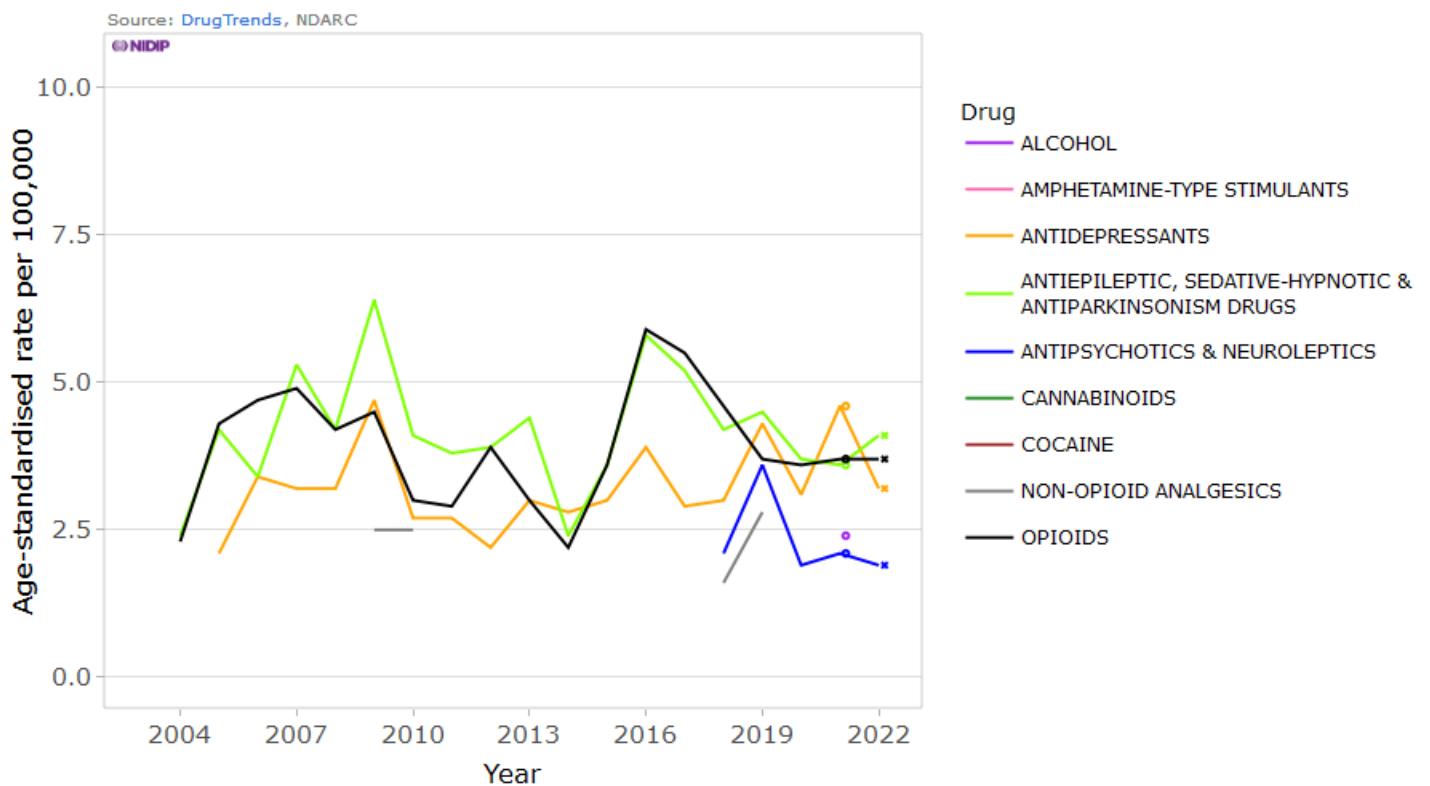


Figure 2. Age-standardised rate per 100,000 people of drug overdose deaths, by drug class, Tasmania, 2003-2022



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 A38. Age-standardised rate per 100,000 people of drug-induced deaths in Tasmania 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	6.9 (4.2, 10.6)	5.5 (3.2, 8.7)	-20 (-58, 52)
Male	8.0 (4.9, 12.3)	7.7 (4.9, 11.5)	-3.8 (-46.8, 73.9)
Total	7.5 (5.4, 10.1)	6.6 (4.8, 9.0)	-11 (-42, 37)

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 A39. Crude rate per 100,000 people of drug-induced deaths in Tasmania 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	9.8 (6.9, 13.7)	9.8 (6.8, 13.6)	-0.33 (-39.43, 63.99)
15-24	–	–	–
25-34	–	–	–
35-44	12 (5, 23)	–	–
45-54	20 (11, 33)	10 (4, 21)	-50 (-83, 33)
55-64	12 (5, 22)	25 (15, 39)	112 (-9, 432)
65-74	10 (4, 22)	8.9 (3.3, 19.5)	-15 (-76, 196)
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 A40. Age-standardised rate per 100,000 people of overdose deaths in Tasmania 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	3.6 (2.1, 5.6)	3.0 (1.7, 4.7)	-17 (-57, 59)
Intentional	2.7 (1.5, 4.3)	2.5 (1.5, 3.9)	-6.9 (-52.7, 83.4)

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.

**Table A41. Age-standardised rate per 100,000 people of overdose deaths in Tasmania 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
Antiepileptic, sedative-hypnotic & antiparkinsonism drugs	3.6 (2.2, 5.5)	4.1 (2.6, 6.0)	14 (-37, 106)
Opioids	3.7 (2.2, 5.6)	3.7 (2.3, 5.6)	0.55 (-44.96, 83.70)

Antidepressants	4.6 (3.0, 6.8)	3.2 (1.9, 4.9)	-31 (-62, 24)
Antipsychotics & neuroleptics	2.1 (1.0, 3.8)	1.9 (0.9, 3.3)	-12 (-62, 104)
Alcohol	2.4 (1.3, 4.1)	–	–
Amphetamine-type stimulants	–	–	–
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](mailto:drugtrends@unsw.edu.au).

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## 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.

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