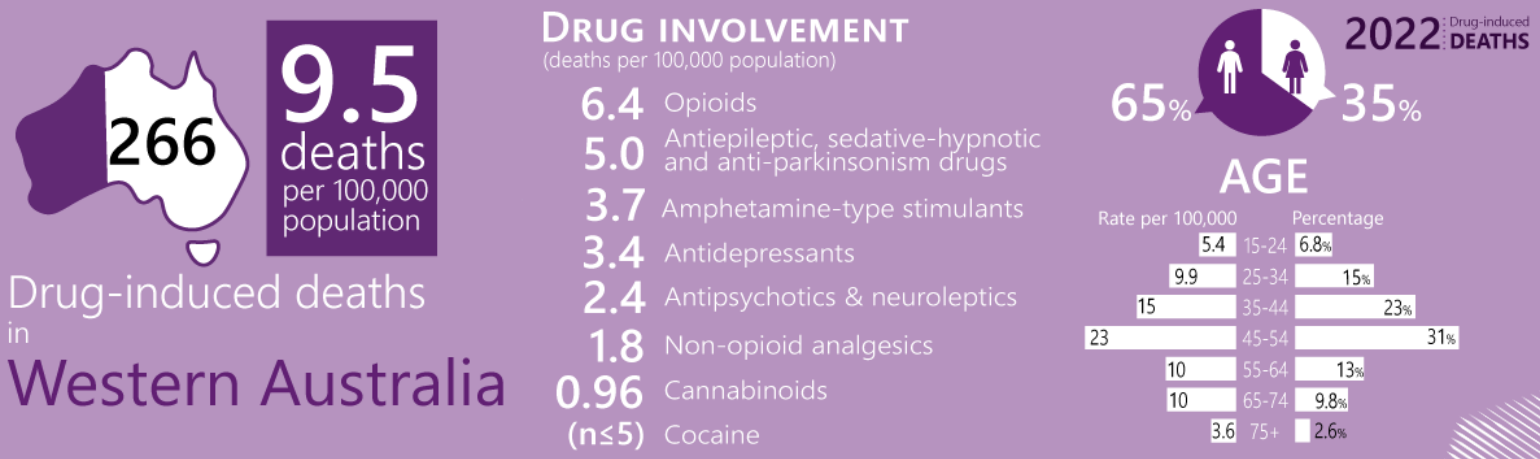


## Western Australia



There were 266 registered overdose and other drug-induced deaths (excluding alcohol and tobacco) in [Western Australia](#) in 2022, which is equivalent to 1.5% of all registered deaths in this jurisdiction.

The rate of drug-induced deaths increased from 3.6 in 2003 to 11 deaths per 100,000 people in 2019. Subsequently, the rate slightly decreased. The preliminary age-standardised rate of drug-induced deaths in 2022 was 9.5 deaths per 100,000 people (9.3 deaths per 100,000 people in 2021) ([Figure 1](#)). The estimates for 2021 and 2022 are subject to revision and may increase (Table A47).

### Sex



In 2022, [males](#) accounted for 65% (174 deaths) of drug-induced deaths. The rate of drug-induced deaths was also higher among males than females (13 versus 6.4 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 A47).

### Age



In 2022, drug-induced deaths were most common among the [45-54 age group](#) (31%, 82 deaths).

The rate in 2022 was also highest in the 45-54 age group (23 deaths per 100,000 people).

Analyses indicated a significantly lower rate in 2022 compared to 2021 in the 55-64 age group (10 versus 17 deaths per 100,000 people) (Table A48).

### Remoteness Area of Usual Residence

The greatest proportion of drug-induced deaths in 2022 occurred among people residing in major city areas (79%, 209 deaths), however, the highest rate was observed among people in outer regional areas (10 deaths per 100,000 people), followed closely by major city areas (9.5 deaths per 100,000 people).

In Western Australia, the rate of drug-induced deaths has been higher in major city versus regional and remote areas in most years of monitoring. The 2022 rates were comparable to the rates observed in 2021 (Table 49).

### Intent of Drug Overdose Deaths

In 2022, 98% (262 deaths) of drug-induced deaths were due to overdose. Unintentional drug overdose accounted for 79% (208 deaths) and intentional drug overdose for 19% (49 deaths) of these deaths in 2022. This profile was largely consistent over time. Comparison of preliminary rates did not suggest a significant change between 2021 and 2022 (Table A50).

### Place of Occurrence



In 2022, the location of the incident underlying death was coded as home for the majority (81%, 212 deaths) of drug-induced deaths.

### Drug Involvement

In Western Australia, the three [most common drug types](#) involved in drug overdose deaths in 2021 were:

- **opioids** (6.4 deaths per 100,000 people, 177 deaths),

- antiepileptic, sedative-hypnotic and anti-parkinsonism drugs (5.0 deaths per 100,000 people, 139 deaths), and
- amphetamine-type stimulants (3.7 deaths per 100,000 people, 100 deaths) (Figure 2).

Comparison of preliminary estimates for drug overdose deaths occurring in Western Australia did not identify a significant change in rates of drug involvement from 2021 to 2022 by drug type, noting that estimates for 2021 and 2022 are subject to revision and may increase (Table A51).

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

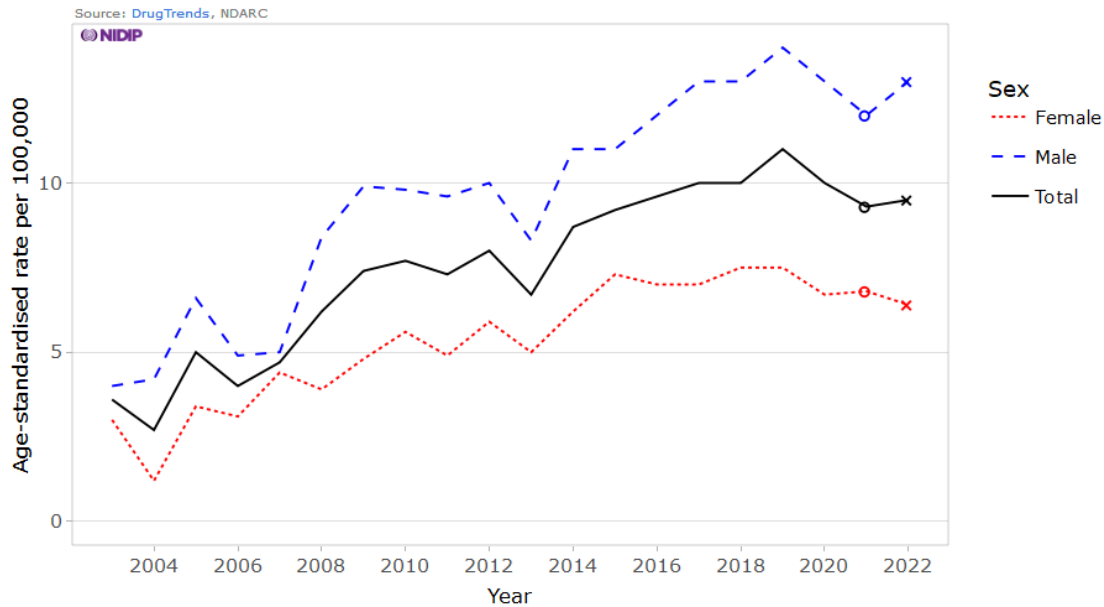
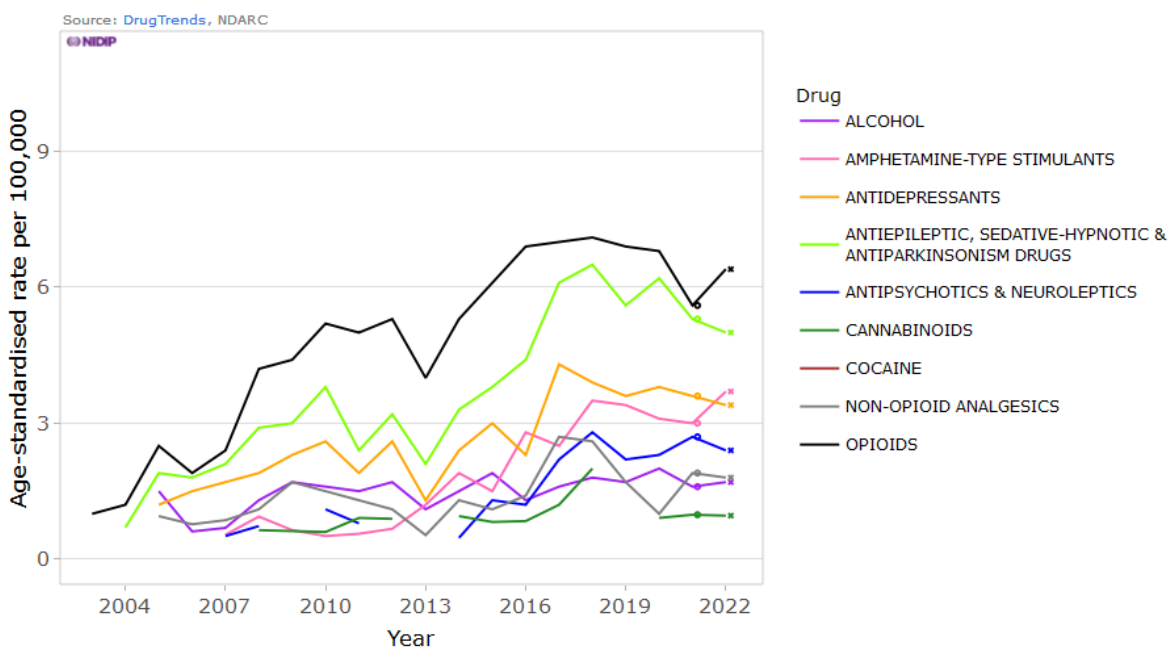


Figure 2. Age-standardised rate per 100,000 people of drug overdose deaths, by drug class, Western Australia, 2003-2022



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 A47. Age-standardised rate per 100,000 people of drug-induced deaths in Western Australia 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	6.8 (5.5, 8.3)	6.4 (5.2, 7.9)	-5.1 (-28.7, 26.4)
Male	12 (10, 14)	13 (11, 15)	7.3 (-13.6, 33.1)
Total	9.3 (8.2, 10.5)	9.5 (8.4, 10.7)	2.7 (-13.6, 22.0)

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.

**Table A48. Crude rate per 100,000 people of drug-induced deaths in Western Australia 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	12 (11, 14)	13 (11, 15)	3.5 (-14.2, 25.0)
15-24	4.0 (2.1, 6.8)	5.4 (3.2, 8.6)	36 (-37, 201)
25-34	6.9 (4.6, 10.0)	9.9 (7.1, 13.6)	44 (-14, 145)
35-44	16 (12, 21)	15 (11, 19)	-7.4 (-36.1, 34.0)
45-54	18 (14, 23)	23 (18, 28)	25 (-11, 76)
55-64	17 (13, 22)	10 (7, 15)	-38 (-61, -3)*
65-74	8.4 (5.2, 12.9)	10 (7, 15)	22 (-34, 128)
75-84	8.3 (4.2, 14.9)	4.2 (1.6, 9.2)	-49 (-85, 50)
85+	16 (7, 31)	–	–

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 A49. Age-standardised rate per 100,000 people of drug-induced deaths in Western Australia 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	9.5 (8.2, 10.9)	9.5 (8.2, 10.9)	0.24 (-17.35, 21.57)
Regional and Remote	7.5 (5.5, 10.1)	8.0 (5.8, 10.6)	6.0 (-29.7, 60.0)

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.

**Table A50. Age-standardised rate per 100,000 people of overdose deaths in Western Australia 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 (5.9, 7.9)	7.5 (6.5, 8.6)	9.9 (-9.9, 34.0)

Intentional	1.7 (1.3, 2.3)	1.7 (1.2, 2.2)	-3.1 (-34.9, 44.1)
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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 A51. Age-standardised rate per 100,000 people of overdose deaths in Western Australia 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	5.6 (4.7, 6.5)	6.4 (5.4, 7.4)	14 (-8, 41)
Antiepileptic, sedative-hypnotic & antiparkinsonism drugs	5.3 (4.5, 6.2)	5.0 (4.2, 5.9)	-6.0 (-25.6, 18.6)
Amphetamine-type stimulants	3.0 (2.4, 3.7)	3.7 (3.0, 4.5)	25 (-7, 68)
Antidepressants	3.6 (2.9, 4.4)	3.4 (2.8, 4.2)	-5.1 (-28.2, 25.6)
Antipsychotics & neuroleptics	2.7 (2.1, 3.4)	2.4 (1.8, 3.0)	-12 (-37, 23)
Non-opioid analgesics	1.9 (1.4, 2.4)	1.8 (1.3, 2.4)	-3.7 (-34.7, 41.8)
Alcohol	1.6 (1.1, 2.1)	1.7 (1.2, 2.3)	7.6 (-28.9, 62.8)
Cannabinoids	0.98 (0.64, 1.44)	0.96 (0.62, 1.42)	-2.1 (-43.5, 69.9)
Cocaine	–	–	–

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

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