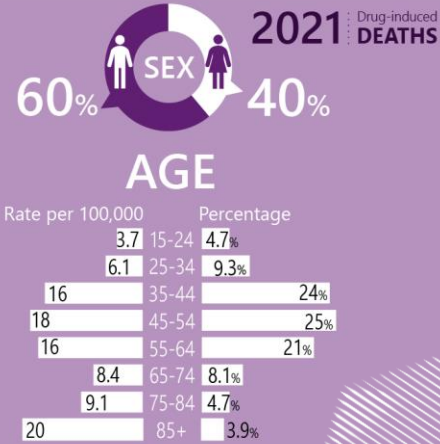




**DRUG INVOLVEMENT**  
(deaths per 100,000 population)

- 5.4 Opioids
- 5.0 Antiepileptic, sedative-hypnotic and anti-parkinsonism drugs
- 3.5 Antidepressants
- 2.7 Amphetamine-type stimulants
- 2.5 Antipsychotics & neuroleptics
- 1.7 Non-opioid analgesics
- 0.64 Cannabinoids (n≤5)
- 0.64 Cocaine (n≤5)



There were 258 registered overdose and other drug-induced deaths (excluding alcohol and tobacco) in [Western Australia](#) in 2021, which is equivalent to 1.6% of all registered deaths in this jurisdiction.

The rate of drug-induced deaths increased from 3.9 in 2002 to the all-time highest rate of 11 deaths per 100,000 people in 2019. The preliminary age-standardised rate of drug-induced deaths in 2021 was 9.1 deaths per 100,000 people ([Figure 33](#)). This rate was not statistically different to the estimated rate in 2020 (9.9 deaths per 100,000 people), noting that estimates for 2020 and 2021 are subject to revision and may increase (Table 1).

**Sex**

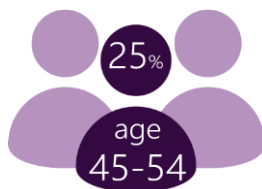


In 2021, males accounted for 60% (156 deaths) of drug-induced deaths. The rate of drug-induced deaths was also higher among males than females (11 versus 6.8 deaths per 100,000 people, respectively).

Analyses did not indicate a statistically significant difference between 2020 and 2021 in the estimated rates for males or females (Table 1).

**Age**

In 2021, drug-induced deaths were most common among the 45-54 age group (25%, 64 deaths).



The rate in 2021 was however highest in the 85 and over age group (20 deaths per 100,000 people), followed by the 45-54 age group (18 deaths per 100,000 people).

Analyses did not indicate a statistically significant difference in the preliminary estimated rates between 2020 and 2021 for any of the age groups. (Table 2).

**Remoteness Area of Usual Residence**

The greatest proportion of drug-induced deaths in 2021 occurred among people residing in major city areas (81%, 209 deaths), however the highest rate was observed among people in outer regional areas (9.7 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 (9.4 and 7.2 death per 100,000 people in 2021). Analyses did not indicate a statistically significant difference in the preliminary estimated rates between 2020 and 2021 for any of the remoteness areas. (Table 3).

**Intent of Drug Overdose Deaths**

In 2021, 98% (253 deaths) of drug-induced deaths were due to [overdose](#). Unintentional drug overdose accounted for 67% (169 deaths) and intentional drug overdose for 23% (58 deaths) of these deaths in 2021. This profile was largely consistent over time. The estimated rate of unintentional drug overdose was lower in 2021 compared to 2020 (6.1 versus 7.8 deaths per 100,000 people) (Table 4).

**Place of Occurrence**



In 2021, the location of the incident underlying death was coded as home for the majority (79%, 204 deaths) of drug-induced deaths.

## Drug Involvement

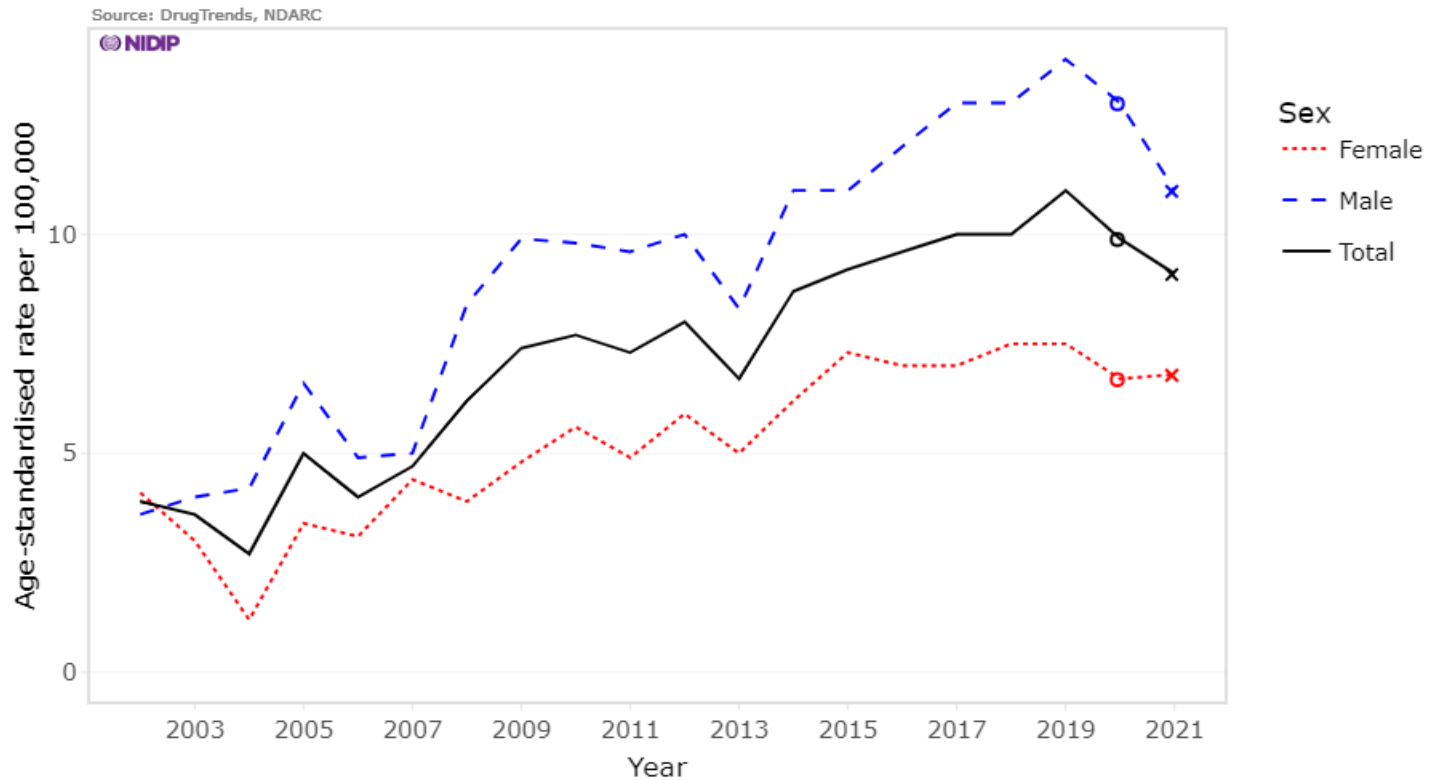
In Western Australia, the three most common drug types involved in drug overdose deaths in 2021 were:

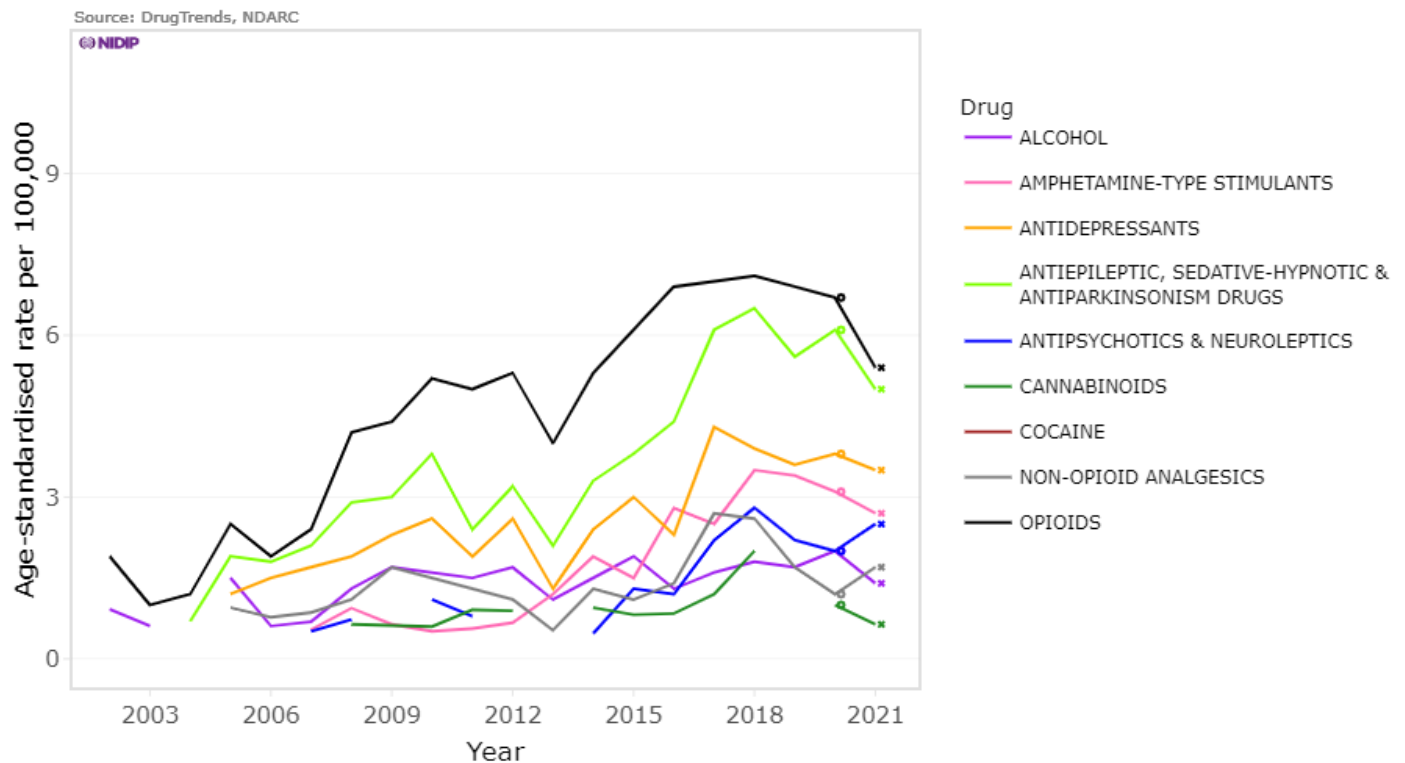
- **opioids** (5.4 deaths per 100,000 people, 151 deaths),
- **antiepileptic, sedative-hypnotic and anti-parkinsonism drugs** (5.0 deaths per 100,000 people, 133 deaths),

- **antidepressants** (3.5 deaths per 100,000 people, 95 deaths) ([Figure 2](#)).

Comparison of preliminary estimates for drug overdose deaths occurring in the Western Australia did not identify a significant change in rates of drug involvement from 2020 to 2021, noting that estimates for 2020 to 2021 are subject to revision and may increase (Table 5).

**Figure 1.** Age-standardised rate per 100,000 people of drug-induced deaths, by sex, Western Australia, 2002-2021.



**Figure 2.** Age-standardised rate per 100,000 people of drug overdose deaths, by drug class, Western Australia, 2002-2021.

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here.

Causes of death data for 2019, 2020 and 2021 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 1.** Age-standardised rate per 100,000 people of drug-induced deaths in Western Australia in 2020 and 2021, and average percent change (APC) for difference between 2021 and 2020 (with 95% confidence intervals), by sex

Sex	Rate in 2020 (95% CI)	Rate in 2021 (95% CI)	APC (95% CI)
Female	6.7 (5.4, 8.2)	6.8 (5.6, 8.3)	2.7 (-23, 37)
Male	13 (11, 15)	11 (9.6, 13)	-13 (-30, 7.4)
Total	9.9 (8.7, 11)	9.1 (8.0, 10)	-8.0 (-22, 9.3)

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 2020 and 2021 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 2.** Crude rate per 100,000 people of drug-induced deaths in Western Australia in 2020 and 2021, and average percent change (APC) for difference between 2021 and 2020 (with 95% confidence intervals), by age

Age	Rate in 2020 (95% CI)	Rate in 2021 (95% CI)	APC (95% CI)
15-24	4.0 (2.1, 6.8)	3.7 (1.9, 6.4)	-7.1 (-61, 121)
25-34	10 (7.2, 14)	6.1 (3.9, 9.1)	-39 (-65, 3.6)
35-44	20 (15, 25)	16 (12, 20)	-19 (-43, 14)
45-54	17 (13, 22)	18 (14, 23)	4.0 (-28, 50)
55-64	16 (12, 22)	16 (12, 22)	0.57 (-33, 50)

65-74	6.7 (3.8, 11)	8.4 (5.2, 13)	26 (-37, 159)
75-84	5.6 (2.2, 12)	9.1 (4.7, 16)	63 (-41, 389)
85+	19 (8.5, 35)	20 (9.5, 36)	6.0 (-61, 195)

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 2020 and 2021 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 3. Age-standardised rate per 100,000 people of drug-induced deaths in Western Australia in 2020 and 2021, and average percent change (APC) for difference between 2021 and 2020 (with 95% confidence intervals), by remoteness area**

Remoteness	Rate in 2020 (95% CI)	Rate in 2021 (95% CI)	APC (95% CI)
Major Cities	10 (9.0, 12)	9.4 (8.2, 11)	-9.2 (-25, 9.8)
Regional and Remote	7.1 (5.1, 9.6)	7.2 (5.2, 9.7)	0.93 (-34, 55)

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 2020 and 2021 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 4. Age-standardised rate per 100,000 people of overdose deaths in Western Australia in 2020 and 2021, and average percent change (APC) for difference between 2021 and 2020 (with 95% confidence intervals), by intent**

Intent	Rate in 2020 (95% CI)	Rate in 2021 (95% CI)	APC (95% CI)
Unintentional	7.8 (6.7, 8.9)	6.1 (5.2, 7.1)	-21 (-36, -3.3)
Intentional	1.7 (1.3, 2.3)	2.0 (1.5, 2.5)	15 (-22, 69)

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 2020 and 2021 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 5. Age-standardised rate per 100,000 people of overdose deaths in Western Australia in 2020 and 2021, and average percent change (APC) for difference between 2021 and 2020 (with 95% confidence intervals), by drugs involved**

Drug	Rate in 2020 (95% CI)	Rate in 2021 (95% CI)	APC (95% CI)
Opioids	6.7 (5.7, 7.7)	5.4 (4.5, 6.3)	-20 (-36, -0.36)
Antiepileptic, sedative-hypnotic & antiparkinsonism drugs	6.1 (5.2, 7.1)	5.0 (4.2, 5.8)	-18 (-35, 2.3)
Antidepressants	3.8 (3.1, 4.6)	3.5 (2.8, 4.2)	-8.7 (-31, 20)
Amphetamine-type stimulants	3.1 (2.4, 3.8)	2.7 (2.1, 3.4)	-12 (-36, 22)
Antipsychotics & neuroleptics	2.0 (1.5, 2.6)	2.5 (1.9, 3.1)	23 (-14, 76)
Non-opioid analgesics	1.2 (0.82, 1.7)	1.7 (1.3, 2.3)	43 (-8.2, 124)
Alcohol	2.0 (1.5, 2.6)	1.4 (0.97, 1.9)	-30 (-54, 6.1)
Cannabinoids	1.0 (0.68, 1.5)	0.64 (0.37, 1)	-38 (-66, 14)
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 2020 and 2021 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 interactive data visualisations accompanying this report, go to: [https://drugtrends.shinyapps.io/Deaths\\_2021](https://drugtrends.shinyapps.io/Deaths_2021)
- For full details of the methods underpinning this report, go to: <https://ndarc.med.unsw.edu.au/resource-analytics/trends-drug-induced-deaths-australia-2002-2021>
- For other Drug Trends publications on drug-related hospitalisations and drug-induced deaths in Australia, go to: <https://ndarc.med.unsw.edu.au/project/national-illicit-drug-indicators-project-nidip>
- For more information on NDARC research, go to: <http://ndarc.med.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: <https://ndarc.med.unsw.edu.au/program/drug-trends>
- 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/>