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suggest a statistically significant change in the rate from 2019 to 2020 for males or females.

Age

In 2020, the greater proportion of drug-induced deaths occurred among those aged 35-44 (25%, 466 deaths) and 45-54 (24%, 437 deaths).

The rate of drug-induced deaths among the 25-34 and 15-24 age group has generally declined until approximately 2017, while a particular increase has been observed in the 45-54 and 55-64 age group. Analyses do not suggest a statistically significant change in the preliminary estimated rates for 2019 to 2020 for any age group.

Remoteness Area of Usual Residence

The greatest proportion of drug-induced deaths in 2020 occurred in major city areas (73%, 1,348 deaths), followed by inner regional (17%, 311 deaths), outer regional (7.0%, 128 deaths), and remote/very remote (1.5%, 28 deaths) areas.

After adjusting for population size, the rate of drug-induced deaths in 2020 was highest among people from major city areas and inner regional areas (7.2 and 7.1 deaths per 100,000 people, respectively), and lowest in remote/very remote areas (5.6 deaths per 100,000 people). Analyses do not suggest a statistically significant change in the preliminary estimated rates for 2019 to 2020 for any remoteness area.

Underlying Cause of Death and Intent

In 2020, drug overdose ('poisoning') deaths accounted for 97% of all drug-induced deaths. Intent of death is recorded for drug overdose deaths. In 2020, 69% (1,233 deaths) of drug overdose deaths were coded as unintentional and 24% (428 deaths) as intentional.

The rate of unintentional drug overdose deaths nearly doubled from 2006 to 2017 after an earlier peak and decline in the late 1990s and early 2000s. In contrast, the rate of intentional drug overdose deaths has remained relatively stable. Preliminary estimates for 2018-2020 are stable or lower than 2017, and analyses do

Drug **Overdose Deaths** Involving Benzodiazepines (see Panel C). The rate of druginduced deaths involving benzodiazepines has increased four-fold from 2004 to 2018. There is concern about circulation of illicitly manufactured benzodiazepine products, often containing novel benzodiazepines which can carry high risk of harm. Data for the current report cannot distinguish whether pharmaceutical or novel benzodiazepines were consumed. Other work published in 2022 has identified 40 cases of death involving novel benzodiazepines in Australia since 2015. While it is unlikely novel benzodiazepines are the primary driver of overdose deaths involving benzodiazepines in Australia, the risks associated with these drugs and the mortality rates observed in other countries reinforces the need asscoui