



National Illicit Drug
Indicators Project

METHODS FOR "Trends in Overdose and Other Drug-Induced Deaths in Australia, 2003-2022"

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This report was prepared by researchers from the National Drug and Alcohol Research Centre for the Drug Trends program. The Drug Trends program is coordinated by the National Drug and Alcohol Research Centre, UNSW Sydney and undertaken in partnership with the Burnet, National Drug Research Institute, University of Queensland, and University of Tasmania.

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Data Revision	3
2021 Preliminary Revision	3
Classification	4

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We wish to acknowledge Lauren Moran and the team at the Australian Bureau of Statistics for their assistance with the data and ICD-10 coding practices to ensure rigorous, comprehensive, and consistent reporting on drug-induced deaths in Australia.

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.

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/nidip)

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

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/ndarc)

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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/>

This [report](#) contains statistics on drug related causes of death in Australia

Age-standardised death rates enable the comparison of death rates over time and between populations of different age-structures and were calculated using the [direct method](#) and the Australian ERP as at 30 June 2011 from the 2011 Census as the standard population. Rates may not be comparable to other sources where a different standard population may have been applied. In accordance with

include all causes (both underlying and associated causes), diseases and conditions reported on the death certificate. For deaths where the underlying cause was identified as an external cause (for example, injury or poisoning, etc.), multiple causes include circumstances of injury and the nature of injury as well as any other conditions reported on the death certificate.

Deaths are considered if they are directly attributable to drug use (e.g., drug toxicity/overdose is the underlying cause of death). They are considered

- F11.7-F11.9 – Use of opioid causing late onset psychosis, other mental and behavioural disorders and unspecified behavioural disorders.
- F12.0-F12.5 – Use of cannabis causing intoxication, harmful use (abuse), dependence, withdrawal or psychosis
- F12.7-F12.9 – Use of cannabis causing late onset psychosis, other mental and behavioural disorders and unspecified behavioural disorders.
- F13.0-F13.5 – Use of sedative or hypnotics causing intoxication, harmful use (abuse), dependence, withdrawal or psychosis
- F13.7-F13.9 – Use of sedative or hypnotics causing late onset psychosis, other mental and behavioural disorders and unspecified behavioural disorders.
- F14.0-F14.5 – Use of cocaine causing intoxication, harmful use (abuse), dependence, withdrawal or psychosis
- F14.7-F14.9 – Use of cocaine causing late onset psychosis, other mental and behavioural disorders and unspecified behavioural disorders.
- F15.0-F15.5 – Use of amphetamine-related substances causing intoxication, harmful use (abuse), dependence, withdrawal or psychosis
- F15.7-F15.9 – Use of amphetamine-related substances causing late onset psychosis, other mental and behavioural disorders and unspecified behavioural disorders.
- F16.0-F16.5 – Use of hallucinogens causing intoxication, harmful use (abuse), dependence, withdrawal or psychosis
- F16.7-F16.9 – Use of hallucinogens causing late onset psychosis, other mental and behavioural disorders and unspecified behavioural disorders.
- F18.0-F18.5 – Use of volatile solvents causing intoxication, harmful use (abuse), dependence, withdrawal or psychosis
- F18.7-F18.9 – Use of volatile solvents causing late onset psychosis, other mental and behavioural disorders and unspecified behavioural disorders.
- F19.0-F19.5 – Use of multiple drugs and other psychoactive substances causing intoxication, harmful use (abuse), dependence, withdrawal or psychosis
- F19.7-F19.9 – Use of multiple drugs and other psychoactive substances causing late onset psychosis, other mental and behavioural disorders and unspecified behavioural disorders.
- G21.1 – Other drug-induced secondary Parkinsonism;
- G24.0 – Drug-induced dystonia;
- G25.1 – Drug-induced tremor;
- G25.4 – Drug-induced chorea;
- G25.6 – Drug-induced tics and other tics of organic origin;
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Vast majority of drug-induced deaths are due to drug overdose. If a specific drug is identified in toxicology reports as being present in the person's system and deemed to be contributory to that death, then this case will be identified as drug overdose death. This report includes a particular focus on deaths involving opioids, amphetamine and cocaine.

The following ICD-10 codes were used to identify any drug overdose

Overdose and

- few households with high incomes, or few people in skilled occupations.

A score indicates a relative lack of disadvantage and greater advantage in general. For example, an area may have a high score if there are:

- many households with high incomes, or many people in skilled occupations, AND
- few households with low incomes, or few people in unskilled occupations.

most relatively disadvantaged and least relatively advantaged decile)
(least relatively disadvantaged and most relatively advantaged decile)

In 2020, [a pilot study](#) was undertaken by the ABS coding team to capture information on psychosocial risk factors for deaths referred to a coroner (i.e., including all drug-induced deaths) in the 2017 reference year to extend the utility of the national mortality dataset by presenting information on risk factors in a nationally consistent way. Psychosocial risk factors identified

Persons with potential health hazards related to family and personal history and certain conditions influencing health status
Unemployment, unspecified
Threat of job loss
Other physical and mental strain related to work
Homelessness
Other problems related to housing and economic circumstances
Problems related to alleged sexual abuse of child by person within primary support group
Problems in relationship with spouse or partner
Absence of family member

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