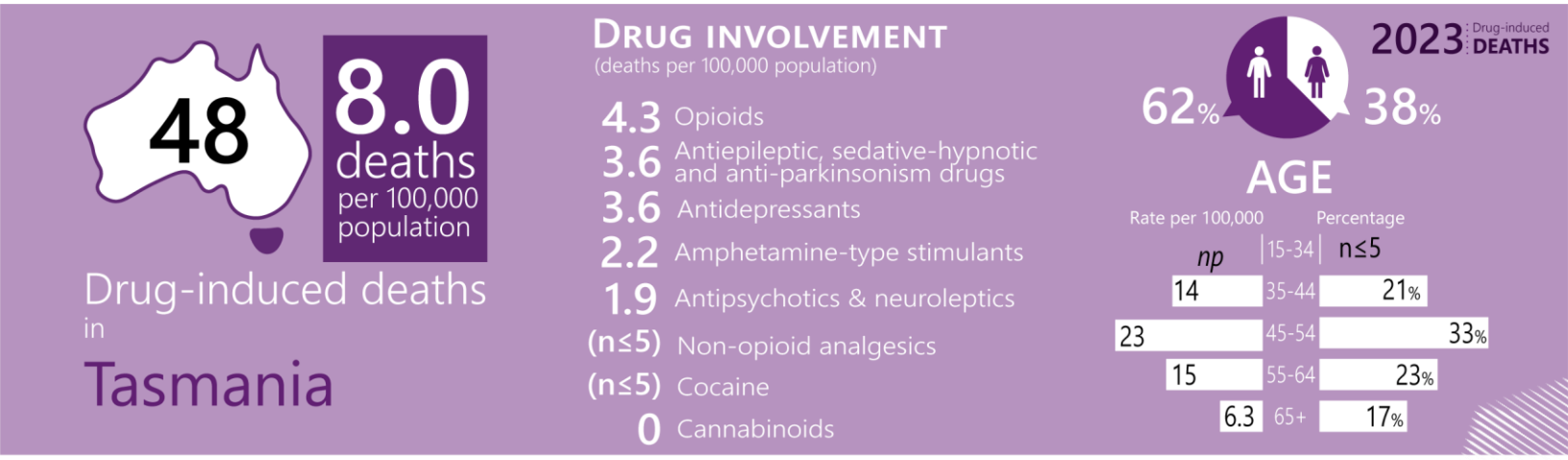
Tasmania



There were 48 registered overdose and other drug-induced deaths (excluding alcohol and tobacco) in Tasmania in 2023, which is equivalent to 0.95% of all registered deaths in this jurisdiction.

The rate fluctuated between 2004 and 2021. The highest rate was observed in 2016, reaching 10 deaths per 100,000 people. The preliminary age-standardised rate of drug-induced deaths in 2023 was 8.0 deaths per 100,000 people (6.4 deaths per 100,000 people in 2022) (**Figure 1**). Estimates for 2022 and 2023 are subject to revision and may increase.

Sex

In 2023, males accounted for 62% (30 deaths) of drug-induced deaths. The rate of drug-induced deaths was also higher among males than females (10 versus 5.7 deaths per 100,000 people, respectively). Analyses did not indicate a statistically significant difference between 2022 and 2023 in the rates for males or females (Table A38).

Age

In 2023, drug-induced deaths were most common among people aged 45-54 (33%, 16 deaths). The rate was also high in the 45-54 age group, followed by the 55-64 and 35-44 age groups (23, 15 and 14 deaths per 100,000 people, respectively). Analyses did not indicate a statistically significant difference in the estimated rates for 2022 and 2023 for any age group (Table A39).

Remoteness Area of Usual Residence

The greatest proportion of drug-induced deaths in 2023 was recorded among people residing in inner regional areas (56%, 27 deaths), while the highest population rate was among people in outer regional areas (8.2 deaths per 100,000 people), noting that there are no major city areas in Tasmania.

Intent of Drug Overdose Deaths

In 2023, all 48 drug-induced deaths were due to overdose. Unintentional overdose deaths accounted for 65% (31 deaths) and intentional for 27% (13 deaths) of these deaths in 2023. The preliminary rate of unintentional overdose deaths was significantly higher in 2023 compared to 2022 while the rate of intentional overdose deaths remained stable (Table A40).

Place of Occurrence

In 2023, the location of the incident underlying death was coded as home for the majority (83%, 40 deaths) of drug overdose deaths.

Drug Involvement

In Tasmania, the four most common drug types involved in drug overdose deaths in 2023 were:

- **opioids** (4.3 deaths per 100,000 people, 25 deaths),
- **antiepileptic, sedative-hypnotic and anti-parkinsonism drugs** (3.6 deaths per 100,000 people, 22 deaths)
- **antidepressants** (3.6 deaths per 100,000 people, 21 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 2022 to 2023 (Table A41).

Figure 1. Age-standardised rate per 100,000 people of drug-induced deaths, by sex, Tasmania, 2004-2023

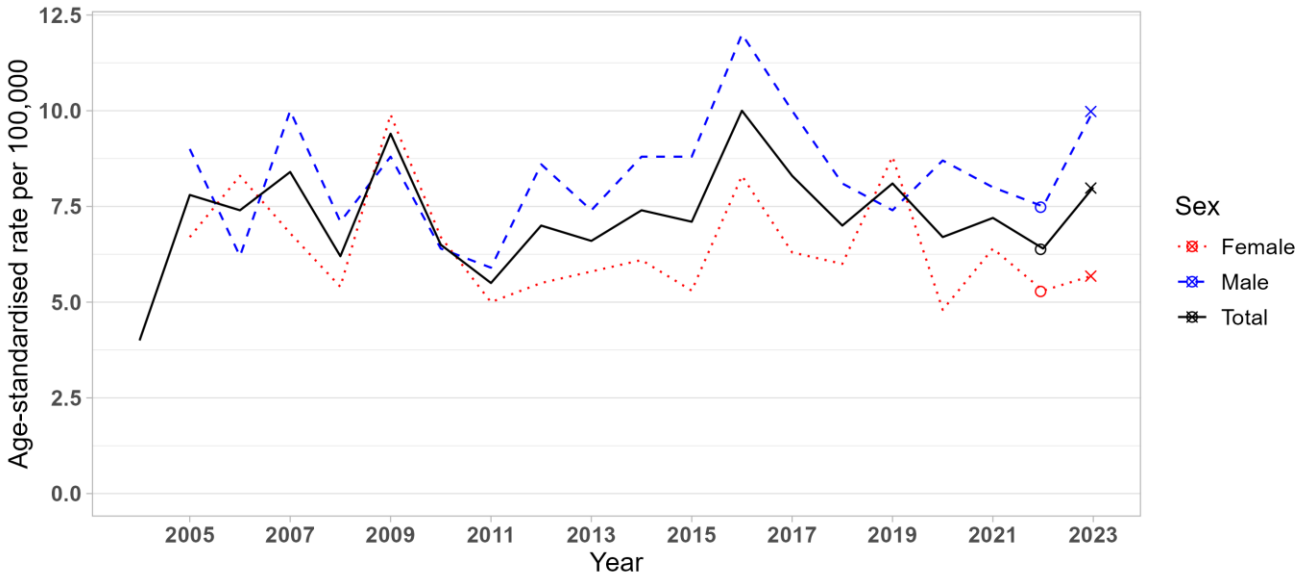
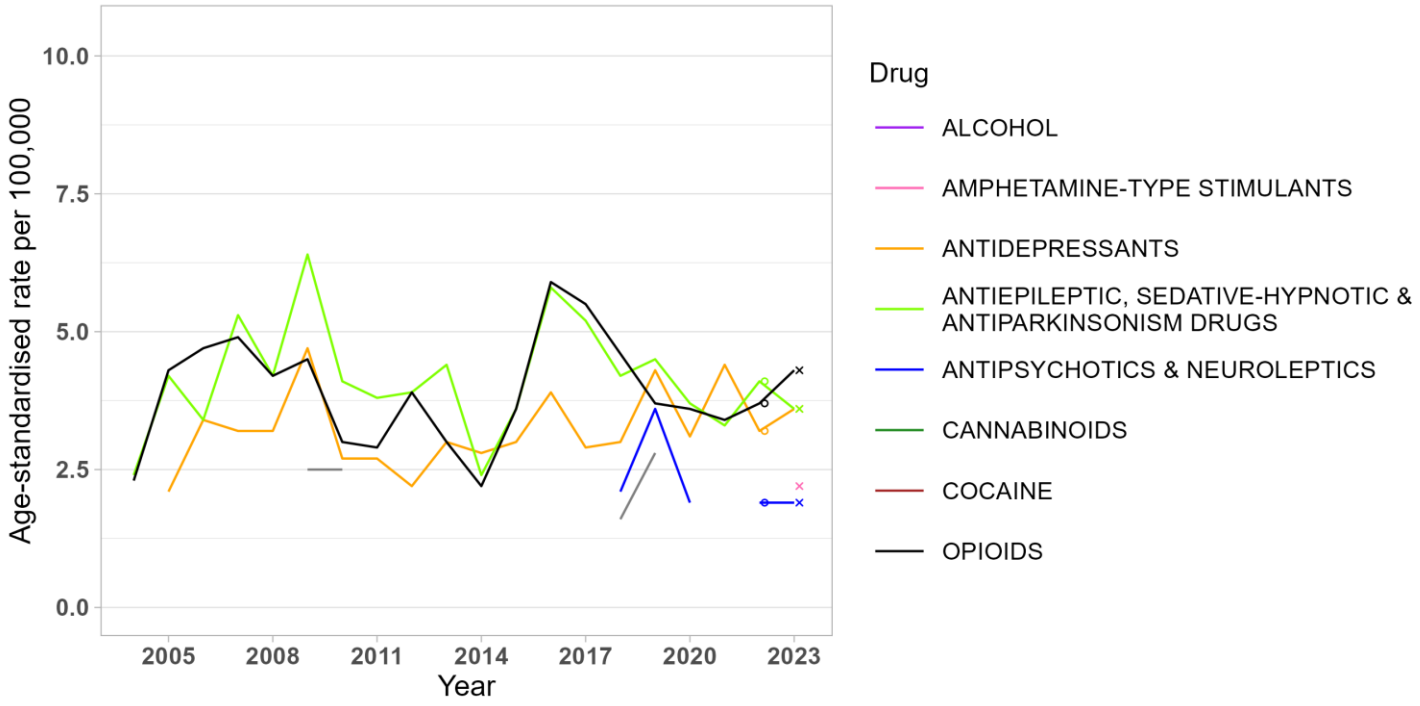


Figure 2. Age-standardised rate per 100,000 people of drug overdose deaths, by drug class, Tasmania, 2004-2023



Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here.
Causes of death data for 2022 and 2023 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 2022 and 2023, and average percent change (APC) for difference between 2023 and 2022 (with 95% confidence intervals), by sex

Sex	Rate in 2022	Rate in 2023	APC for 2023 vs 2022
Female	5.3 (3.0, 8.4)	5.7 (3.3, 9.1)	7.9 (-45.3, 112.9)
Male	7.5 (4.7, 11.3)	10 (7, 15)	40 (-20, 144)
Female	5.3 (3.0, 8.4)	5.7 (3.3, 9.1)	7.9 (-45.3, 112.9)

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 2022 and 2023 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 2022 and 2023, and average percent change (APC) for difference between 2023 and 2022 (with 95% confidence intervals), by age

Age	Rate in 2022	Rate in 2023	APC for 2023 vs 2022
15-64	9.5 (6.6, 13.3)	11 (8, 15)	17 (-28, 91)
15-24	NA (NA, NA)	NA (NA, NA)	–
25-34	NA (NA, NA)	NA (NA, NA)	–
35-44	NA (NA, NA)	14 (7, 26)	–
45-54	10 (4, 21)	23 (13, 38)	131 (-10, 565)
55-64	24 (14, 37)	15 (7, 26)	-38 (-74, 38)
65-74	NA (NA, NA)	NA (NA, NA)	–
75-84	NA (NA, NA)	NA (NA, NA)	–
85+	NA (NA, NA)	NA (NA, NA)	–

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 2022 and 2023 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 2022 and 2023, and average percent change (APC) for difference between 2023 and 2022 (with 95% confidence intervals), by intent

Intent	Rate in 2022	Rate in 2023	APC for 2023 vs 2022
Unintentional	3.2 (1.9, 5.0)	5.7 (3.8, 8.2)	79 (1, 220)*
Intentional	2.3 (1.3, 3.7)	1.8 (0.9, 3.1)	-21 (-63, 68)

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 2022 and 2023 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. * Indicates a statistically significant difference.

Table A41. Age-standardised rate per 100,000 people of overdose deaths in Tasmania in 2022 and 2023, and average percent change (APC) for difference between 2023 and 2022 (with 95% confidence intervals), by drugs involved

Drug	Rate in 2022	Rate in 2023	APC for 2023 vs 2022
Opioids	3.7 (2.3, 5.6)	4.3 (2.7, 6.4)	16 (-35, 108)
Antidepressants	3.2 (1.9, 4.9)	3.6 (2.2, 5.5)	13 (-40, 111)
Antiepileptic, sedative-hypnotic & antiparkinsonism drugs	4.1 (2.6, 6.0)	3.6 (2.2, 5.6)	-10 (-50, 62)
Amphetamine-type stimulants	–	2.2 (1.1, 3.9)	–

Antipsychotics & neuroleptics	1.9 (0.9, 3.3)	1.9 (0.9, 3.4)	0.40 (-56.98, 134.34)
Alcohol	–	–	–
Cannabinoids	NA (NA, NA)	NA (NA, NA)	–
Cocaine	NA (NA, NA)	NA (NA, NA)	–
Non-opioid analgesics	NA (NA, NA)	NA (NA, NA)	–

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 2022 and 2023 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.

ISSN 2981-8036

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 Burnet, National Drug Research Institute, University of Queensland, and University of Tasmania.

Recommended citation: Chrzanowska A, Man N, Sutherland R, Degenhardt L, Peacock A. Trends in overdose and other drug-induced deaths in Australia, 2004-2023. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney; 2025. Available from: https://doi.org/10.26190/unsworks/31245

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.

Funding

The Drug Trends program is funded by the Australian Government Department of Health, Disability and Ageing under the Drug and Alcohol Program.

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.

Acknowledgements

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.

Related Links

- For interactive data visualisations accompanying this report, go to: https://drugtrends.shinyapps.io/deaths_2023
- For full details of the methods underpinning this report, go to: http://www.unsw.edu.au/research/ndarc/resources/trends-drug-induced-deaths-australia-2004-2023
- 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/