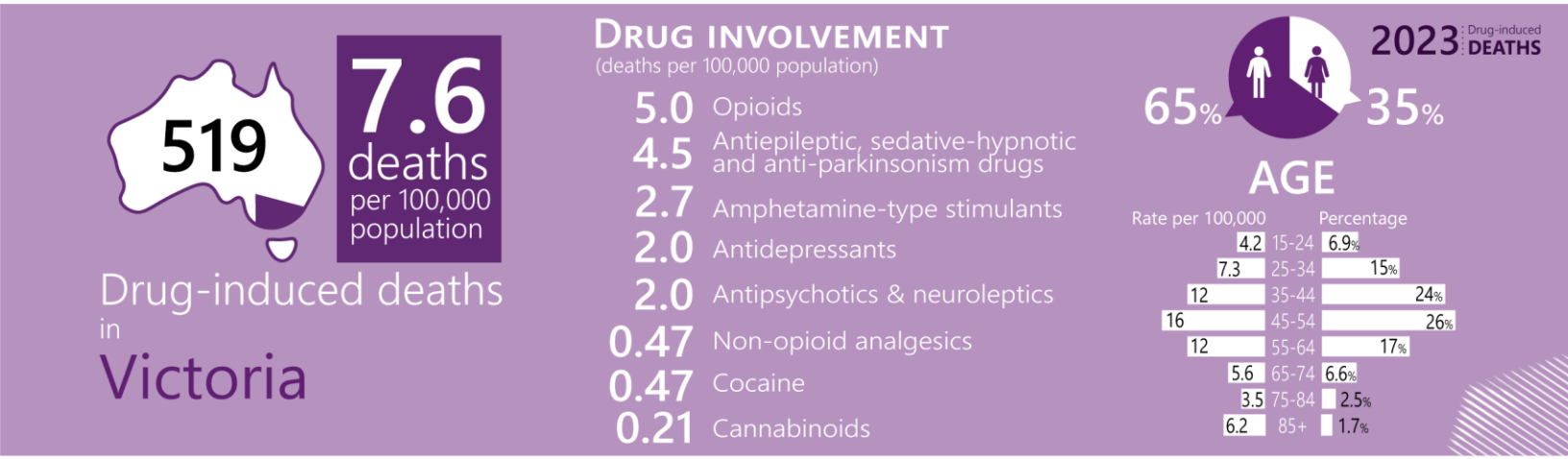
Victoria



There were 519 registered overdose and other drug-induced deaths (excluding alcohol and tobacco) in Victoria in 2023, which is equivalent to 1.15% of all registered deaths in this jurisdiction.

The rate fluctuated between 2004 and 2021, with a peak of 8.5 deaths per 100,000 people in 2017. The preliminary age-standardised rate of drug-induced deaths was 7.6 deaths per 100,000 people in 2023 (8.2 deaths per 100,000 in 2022) (**Figure 1**) (Table A42); both these rates are expected to increase following revisions.

Sex

In 2023, males accounted for 65% (337 deaths) of drug-induced deaths. The rate of drug-induced deaths was also higher among males than females (10 versus 5.2 deaths per 100,000 people, respectively). Analyses did not indicate a statistically significant difference between 2022 and 2023 in the preliminary rates for males or females (Table A42).

Age

In 2023, drug-induced deaths were most common among the 45-54 age group (26%, 137 deaths). The rate was also highest in the 45-54 age group, followed by the 25-44 and 55-64 age groups (16, 12 and 12 deaths per 100,000 people, respectively).

Analyses did not indicate a statistically significant difference in the estimated rates between 2022 and 2023 for any of the age groups (Table A43).

Remoteness Area of Usual Residence

The greatest proportion of drug-induced deaths in 2023 occurred among people residing in major city areas (76%, 393 deaths), while the rate was higher in regional and remote areas (7.9 versus 7.6 deaths per 100,000 people, respectively). The 2023 rates were comparable to the rates observed in 2022 (Table A44).

Intent of Drug Overdose Deaths

In 2023, 97% (501 deaths) of drug-induced deaths were due to overdose. Unintentional drug overdose accounted for 74% (373 deaths) and intentional drug overdose for 20% (102 deaths) of these deaths in 2023. Comparison of preliminary rates did not suggest a significant change between 2022 and 2023 (Table A45).

Place of Occurrence

In 2023, the location of the incident underlying death was coded as home for the majority (76%, 380 deaths) of drug-induced deaths.

Drug Involvement

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

- **opioids** (5.0 deaths per 100,000 people, 338 deaths),
- **antiepileptic, sedative-hypnotic and anti-parkinsonism drugs** (4.5 deaths per 100,000 people, 308 deaths),
- **amphetamine-type stimulants** (2.7 deaths per 100,000 people, 174 deaths) (**Figure 2**).

Comparison of estimated rates of drug overdose deaths for Victoria identified lower rates in 2023 as compared to 2022 for opioids (by 16%); and antidepressants (by 23%) (Table A46).

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

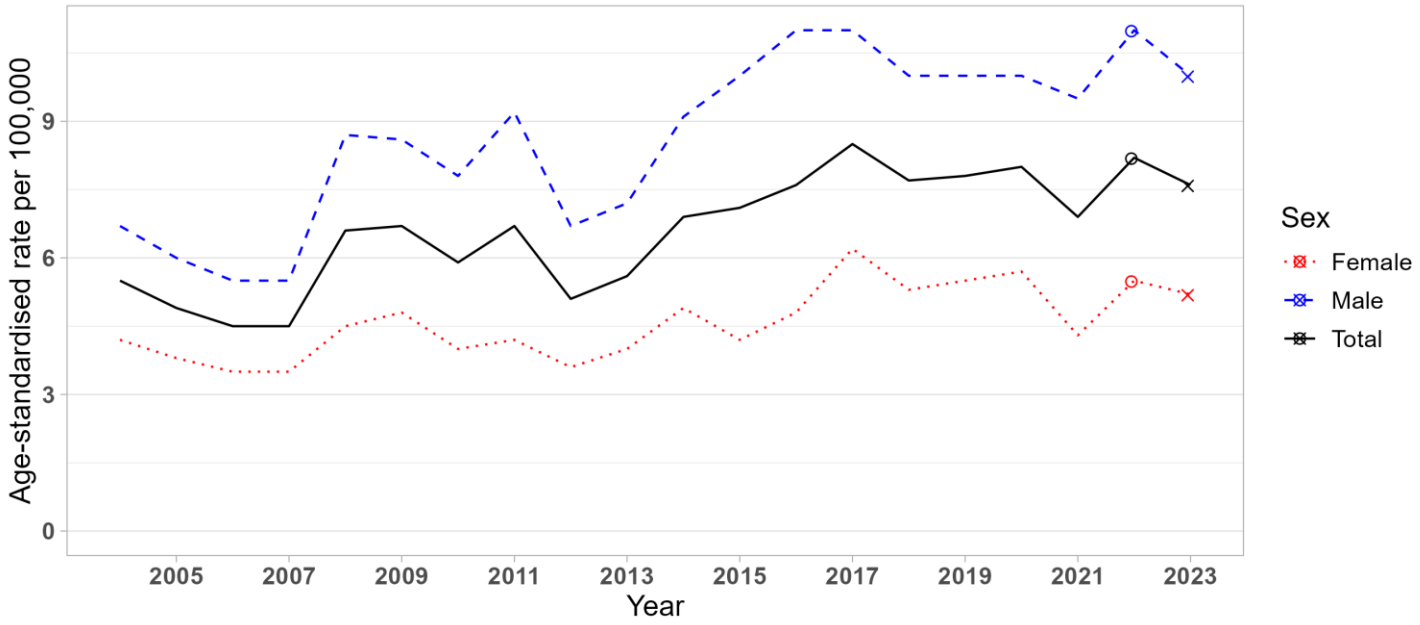
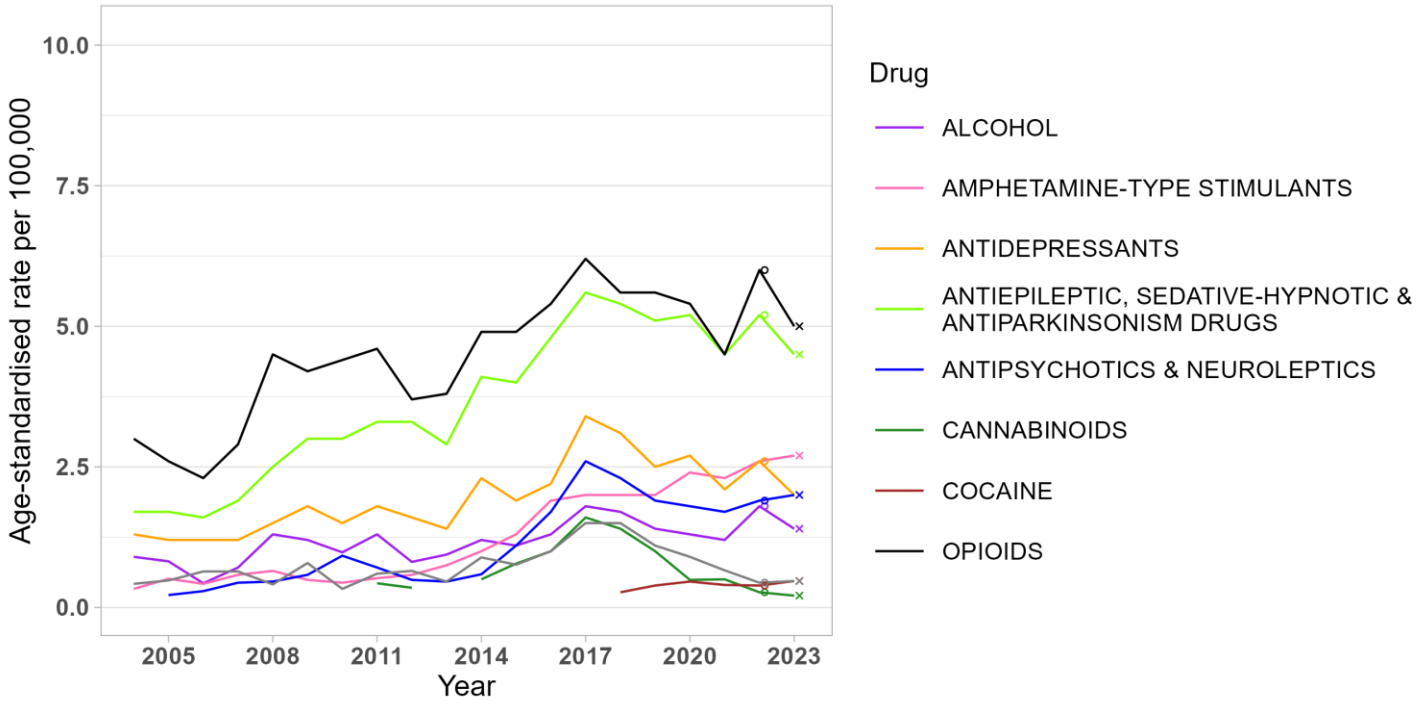


Figure 2. Age-standardised rate per 100,000 people of drug overdose deaths, by drug class, Victoria, 2004-2023



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 A42. Age-standardised rate per 100,000 people of drug-induced deaths in Victoria 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	5.5 (4.8, 6.4)	5.2 (4.5, 6.0)	-5.8 (-23.4, 15.7)
Male	11 (10, 12)	10 (9, 11)	-6.4 (-19.5, 8.8)
Total	8.2 (7.5, 8.9)	7.6 (7.0, 8.3)	-6.3 (-17.0, 5.8)

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 A43. Crude rate per 100,000 people of drug-induced deaths in Victoria 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	11 (10, 12)	10 (9, 11)	-8.0 (-19.2, 4.7)
15-24	5.0 (3.5, 6.7)	4.2 (2.9, 5.8)	-15 (-47, 37)
25-34	8.6 (6.8, 10.6)	7.3 (5.8, 9.2)	-14 (-38, 18)
35-44	14 (11, 16)	12 (10, 15)	-8.3 (-29.0, 18.3)
45-54	18 (15, 21)	16 (14, 19)	-8.8 (-28.2, 15.8)
55-64	11 (9, 13)	12 (9, 14)	7.7 (-21.3, 47.5)
65-74	5.2 (3.5, 7.3)	5.6 (3.9, 7.8)	8.0 (-35.6, 81.6)
75-84	4.5 (2.6, 7.3)	3.5 (1.8, 5.9)	-23 (-66, 72)
85+	7.7 (3.9, 13.8)	6.2 (2.8, 11.7)	-20 (-71, 112)

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 A44. Age-standardised rate per 100,000 people of drug-induced deaths in Victoria in 2022 and 2023, and average percent change (APC) for difference between 2023 and 2022 (with 95% confidence intervals), by remoteness area

Remoteness	Rate in 2022	Rate in 2023	APC for 2023 vs 2022
Major Cities	8.0 (7.2, 8.8)	7.4 (6.7, 8.1)	-7.5 (-19.5, 6.3)
Regional and Remote	7.7 (6.3, 9.4)	7.9 (6.4, 9.6)	2.0 (-22.3, 33.9)

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 A45. Age-standardised rate per 100,000 people of overdose deaths in Victoria 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	6.3 (5.7, 6.9)	5.6 (5.0, 6.2)	-11 (-23, 3)
Intentional	1.5 (1.2, 1.8)	1.4 (1.1, 1.7)	-8.1 (-30.1, 21.0)

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 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 A46. Age-standardised rate per 100,000 people of overdose deaths in Victoria 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	6.0 (5.4, 6.6)	5.0 (4.5, 5.6)	-16 (-27, -2)*
Antiepileptic, sedative-hypnotic & antiparkinsonism drugs	5.2 (4.7, 5.8)	4.5 (4.0, 5.1)	-14 (-26, 1)
Amphetamine-type stimulants	2.6 (2.2, 3.1)	2.7 (2.3, 3.1)	1.3 (-18.1, 25.4)
Antidepressants	2.6 (2.2, 3.0)	2.0 (1.7, 2.4)	-23 (-38, -3)*
Antipsychotics & neuroleptics	1.9 (1.6, 2.3)	2.0 (1.7, 2.3)	2.9 (-19.4, 31.5)
Alcohol	1.8 (1.4, 2.1)	1.4 (1.1, 1.7)	-21 (-40, 4)
Cocaine	0.39 (0.25, 0.58)	0.47 (0.32, 0.66)	18 (-30, 101)
Non-opioid analgesics	0.44 (0.30, 0.63)	0.47 (0.32, 0.67)	6.9 (-35.1, 76.3)
Cannabinoids	0.27 (0.15, 0.43)	0.21 (0.11, 0.35)	-21 (-61, 61)

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. * Indicates a statistically significant difference.

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/