

Executive Summary



Drug-induced deaths

- Australia recorded 2,005 drug-induced deaths in 2024, equivalent to 7.3 deaths per 100,000 Australians. This is the highest number of deaths observed during the 20-year monitoring period, although the mortality rate is below that observed between 2014 and 2020.
- Preliminary revised data indicate a 7.4% increase in the national age-standardised rate of drug-induced deaths in Australia between 2023 and 2024, reversing the downward trend observed since the 2017 peak.



Populations most affected

- Drug-induced mortality continued to disproportionately affect males, with the highest mortality rates observed among people aged 45-54 years, followed by those aged 35-44 years and 55-64 years. Most deaths occurred among residents of major cities, although mortality rates were similarly high in major cities and inner regional areas.
- The increase between 2023 and 2024 was driven primarily by males aged 25-34 years, whose mortality rate increased by 37%, together with increases in mortality among residents of major cities and unintentional overdose deaths.



Drug types driving trends

- Opioids remained the leading drug class involved in overdose deaths; however, recent changes in mortality were characterised by marked increases in deaths involving amphetamine-type stimulants and cocaine. These findings indicate that recent changes in Australia's overdose profile have been driven increasingly by stimulant-related harms, rather than broad increases across all drug classes.



Data revision

- Although 2024 estimates are preliminary and may increase with future ABS revisions, they already exceed the revised estimates for 2023, suggesting that the decline observed since 2017 may have stalled.

This report presents national trends in overdose and other drug-induced deaths in Australia between 2005 and 2024 using Cause of Death Unit Record File data provided by the Australian Bureau of Statistics (ABS). It examines long-term changes in mortality together with demographic, geographic and drug-specific patterns. As almost all drug-induced deaths (97%) are certified by coroners, the 2023 (revised) and 2024 (preliminary revised) estimates remain subject to further ABS revisions and should be interpreted accordingly.

This report excludes deaths where alcohol or tobacco use was the underlying cause, as they fall outside our scope (see methods). Except in **Panel C**, references to alcohol-involved drug overdose deaths refer to cases where another drug was the main cause, but alcohol was also involved.

Our public [online data visualisation](#) allows users to explore the data through a range of interactive filters

and to download customised visualisations for their own use.

What is the overall trend?

In 2024, there were 2,005 drug-induced deaths registered in Australia, equivalent to 7.3 deaths per 100,000 people and more than five deaths each day. Drug-induced deaths accounted for around 1.1% of all registered deaths nationally.

Although the age-standardised mortality rate remained below the historical peak of 8.2 deaths per 100,000 people recorded in 2017, preliminary estimates indicate a significant increase from 6.8 to 7.3 deaths per 100,000 people from 2023 to 2024, contrasting with the broader decline in Australia's all-cause mortality rate during the same period. Together, these findings suggest that the downward trend in drug-induced mortality observed between 2017 and 2023 may have stalled.

Alcohol-Induced Deaths

Alcohol-induced deaths remain a substantial contributor to preventable mortality in Australia. In 2024, there were 1,781 alcohol-induced deaths, equivalent to 6.0 deaths per 100,000 people. Most deaths occurred among males (74%) and middle-aged and older adults, particularly those aged 55-64 years. Alcoholic liver disease remained the leading underlying cause of death, accounting for 60% of all alcohol-induced deaths, followed by mental and behavioural disorders due to alcohol use (25%). As these estimates are preliminary, the 2023 and 2024 figures are expected to increase following future ABS revisions. It should also be noted that these estimates do not include deaths partially attributable to alcohol.

How do drug-induced deaths vary across population groups?

- **Sex:** Drug-induced mortality continued to disproportionately affect males, who accounted for two-thirds of all deaths and experienced a 10% increase in mortality rate between 2023 and 2024, with the rate reaching 9.9 deaths per 100,000 males.
- **Age:** Adults aged **45-54** years accounted for the largest proportion of deaths (26%) and had the highest population rate of 16 deaths per 100,000 people, followed by those aged **35-44** years (23% and 12 deaths per 100,000 people, respectively). The only significant change between 2023 and 2024 occurred among those aged **25-34** years, whose mortality rate increased by 27%, reaching 7.7 deaths per 100,000 people in 2024. Although changes in other age groups were not statistically significant, the mortality rate among people aged **65-74** years reached the highest level recorded during the monitoring period, while the rate among those aged **45-54** years remained among the highest observed over the past two decades
- **Remoteness Area of Usual Residence:** Most deaths occurred among residents of major cities (73%), with the mortality rate increasing by 9.9% from 2023 to 7.3 deaths per 100,000 people, the same rate as in inner regional areas. The increase observed nationally in 2024 was largely driven by higher mortality among males living in major cities (from 8.8 in 2023 to 10 deaths per 100,000 males in 2024), while rates across regional and remote Australia remained comparatively stable.
- **Socioeconomic Advantage and Disadvantage:** Drug-induced deaths also continued to disproportionately affect people living in the most

socioeconomically disadvantaged communities, with nearly one-third (30%) of all deaths occurring among quintile 1 and nearly one-quarter (23%) among quintile 2 (the two most disadvantaged areas).

What are the underlying cause, intent and psychosocial factors?

Drug overdose accounted for 97% of all drug-induced deaths. The increase observed in 2024 was driven by unintentional overdose deaths, with the mortality rate increasing by 13% compared to 2023, whereas intentional overdose mortality showed little overall change. Most overdose deaths occurred in the person's home, and personal history of self-harm remained the most frequently recorded psychosocial risk factor, highlighting the ongoing importance of mental health support, overdose prevention and timely emergency response.

How did mortality rates differ by drug type?

- **Opioids** remained the most commonly involved drug class, contributing to 1,082 overdose deaths (4.0 deaths per 100,000 people) in 2024. Overdose deaths involving **heroin** increased significantly between 2023 and 2024 (32%), reaching 2.0 deaths per 100,000 people, a rate comparable to the peaks observed in the late 2010s and early 2020s.

An ageing cohort of people who use heroin: Recent NCIS research ([Darke et al. 2026](#)) identified the emergence of an older cohort of Australians dying from heroin overdose, with almost all heroin toxicity deaths among people aged 65 years and over occurring after 2015. These deaths commonly involved long-term heroin use, multiple co-occurring health conditions and polydrug use, highlighting the need for overdose prevention, opioid treatment and harm reduction strategies tailored to older people who use heroin.

- The most pronounced changes in 2024 occurred, however, among stimulant-related deaths. Mortality involving **amphetamine-type stimulants** increased by 29% from 2023 to 2024, reaching the highest rate observed during the monitoring period (2.9 deaths per 100,000 people), while **cocaine**-related mortality increased by 40% to a peak of 0.54 deaths per 100,000 people.
- The increase in deaths involving **amphetamine-type stimulants** was driven by a substantial increase in

male mortality, whose rate increased from 3.2 in 2023 to 4.3 deaths per 100,000 males in 2024. Higher rates were recorded across all age groups, with statistically significant changes noted among those aged 25-34, 35-44 and 55-64 years.

- The increase in deaths involving **cocaine** was also driven by a substantial increase in male mortality, whose rate increased from 0.65 in 2023 to 0.94 deaths per 100,000 males in 2024. Higher rates were recorded across all age groups, with a statistically significant change noted among those aged 25-34 years.
- In contrast, overdose deaths involving **antipsychotics and neuroleptics** continued to decline. The 2024 rate was significantly lower than the 2023 rate (1.2 and 1.4 deaths per 100,000 people, respectively). Rates involving **antidepressants, alcohol, non-opioid analgesics** and **cannabinoids** were similar to those observed in 2023, with no statistically significant changes observed.
- **Polysubstance involvement:** Polydrug use remained a defining feature of overdose mortality. Between 2020 and 2024, among overdose deaths involving at least one selected drug class, almost three-quarters (73%)

of overdose deaths involved two or more major drug classes.

These findings indicate that recent changes in Australia's overdose profile have been driven increasingly by stimulant-related harms, rather than broad increases across all drug classes.

Emerging psychoactive substances: Analyses of National Coronial Information System (NCIS) data complement routine ABS mortality statistics by identifying specific new psychoactive substances that cannot be distinguished using ICD-10 codes. Recent NCIS research highlights the emergence of fatal poisonings involving new psychoactive stimulants and hallucinogens ([Darke et al. 2026](#)), novel benzodiazepines ([Darke et al. \(2026\)](#)) and nitazenes ([Darke et al. \(2024\)](#)) in Australia, demonstrating the importance of enhanced surveillance for detecting emerging drug-related harms.

Jurisdiction of Usual Residence

Detailed analyses of deaths by jurisdiction (including by sex, age group, intent, remoteness area, drug type and place of occurrence) are available at the end of this report.