

# Methods for “Trends in drug-induced deaths in Australia, 1997-2018”

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## General notes

Data presented in the [online interactive visualisation](#) and reported in the [bulletin](#) are provided by the [Australian Bureau of Statistics](#) (ABS) using data from the National Coroner Information System (NCIS). Changes in data coding and collection have occurred over the time period reported.

The ABS undertake a revision process for coroner-certified deaths over a 3-year period. Accordingly, causes of death data for 2017 and 2018 are preliminary and subject to two further revisions; data for 2016 are revised and subject to another revision; data for 2015 and earlier years are final. These figures should be viewed in conjunction with the ABS [Explanatory Notes](#).

In addition to the revision process, the ABS undertook further processing improvements from 2008 onwards. For both open and closed cases, the ABS increasingly use additional information from the NCIS (e.g. autopsy, police and toxicology reports) where available to apply more specific cause of death codes. These processing improvements are likely to have an impact on the number of drug-induced deaths reported from 2008 onwards.

Causes of death are coded according to the International Classification of Diseases and Related Health Problems, 10<sup>th</sup> Revision (hereafter ‘ICD-10’). In 2014, the ABS implemented IRIS, an automatic system for coding multiple causes of death and selecting the underlying cause of death. The World Health Organization updates and coding practice changes associated with dependence syndromes as an underlying cause of death have also been implemented by ABS. Impacts on the data from 2013 onwards are described in more detail in the ABS [Technical Note 1, Causes of Death Australia 2013](#). At the time of publication of this document, latest statistics on causes of death for Australia, including drug-induced deaths, are presented in the ABS publication [Causes of Death, Australia, 2018](#) (cat. no. 3303.0).

It should also be noted that availability of additional information within the NCIS varies by jurisdiction; improvements to data collection are likely to be applied differentially across jurisdictions. In our presentation of drug-induced deaths in Australia, small numbers of deaths have been randomly assigned to protect the confidentiality of individuals. Zero values have not been affected by confidentialisation.

## Terminology

**Underlying cause of death (UCOD)** is the disease or condition which initiated the sequence of events resulting in death. There can be only one underlying cause of death.

**Associated causes of death (ACOD)** are any other diseases or conditions that contributed to the death but were not the underlying cause and are listed on the death certificate.

**Multiple causes of death (MCOD)** 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 **'drug-induced deaths'** if they are directly attributable to drug use (e.g. drug toxicity/overdose is the underlying cause of death).

They are considered **'drug-related deaths'** where drugs played a contributory role (i.e., listed as an associated cause of death) and the death was attributable to another cause (e.g. motor vehicle accident).

We provide estimates of drug-induced deaths (e.g., overdose) directly attributable to use of *illicit drugs* (e.g., heroin), some *prescription medicines* (that may be prescribed to the individual or obtained via other means) and *medicines available over-the-counter*.

These figures only include deaths where drugs have been deemed the underlying cause of death. We have, however, identified where drugs may also be coded as associated causes of deaths in drug-induced deaths.

The codes applied to identify cause of death have limited specificity for drugs. Number of deaths may differ between organisations reporting on deaths due to the codes used.

These figures do not include deaths where conditions related to alcohol or tobacco comprise the underlying cause of death as they fall outside the scope of our monitoring.

We acknowledge the significant loss of life from alcohol and tobacco among Australians, and encourage readers to refer to the [National Alcohol Indicators Project](#), [ABS reporting](#) and [Australian Institute of Health and Welfare reporting](#) for further information on deaths related to these substances.

A [Tabulation list](#) of ICD-codes to identify causes of death attributable to drug-induced mortality was developed by the ABS based on a drug-induced death tabulation created by United States Centre for Disease Control and Prevention (CDC). We have adopted these codes for our definition of all drug-induced deaths (see below).

## Intent

As part of the coronial investigation of drug-related deaths, the coroner assigns the manner of intent to these deaths where there is sufficient information. The ICD-10 coding incorporates codes for the following categories of intent:

- **Accidental**, where the coroner determines the manner/intent of the injury or poisoning which led to death was accidental;
- **Intentional**, where the coroner determines that the manner/intent of the injury or poisoning which led to death was purposeful; and
- **Undetermined**, where there was insufficient information for the coroner to make a determination on the intent.
- **Other**, where intent could not be classified to any of the above categories. Numbers in this category are very small and only presented for drug-induced deaths in the 15-64 years age group or for all ages.

We have disaggregated by intent type where numbers are sufficient to protect confidentiality of individuals. By **all intents** we mean accidental, intentional or undetermined or other intent.

## Coding of deaths

### Drug-induced deaths

In accordance with ABS reporting, causes of drug-induced death presented in this report exclude accidents, homicides, and other causes indirectly related to drug use. We have also excluded newborn deaths associated with mother's drug use, and deaths related to tobacco (e.g., F17) or alcohol (e.g., F10).

### *Underlying cause of death (UCOD):*

- D52.1 – Drug-induced folate deficiency anaemia;
- D59.0 – Drug-induced haemolytic anaemia;
- D59.2 – Drug-induced nonautoimmune haemolytic anaemia;
- D61.1 – Drug-induced aplastic anaemia;
- D64.2 – Secondary sideroblastic anaemia due to drugs and toxins;
- E06.4 – Drug-induced thyroiditis;
- E16.0 – Drug-induced hypoglycaemia without coma;
- E23.1 – Drug-induced hypopituitarism;
- E24.2 – Drug-induced Cushing's syndrome;
- E27.3 – Drug-induced adrenocortical insufficiency;
- E66.1 – Drug-induced obesity;

- F11.0-F11.5 – Use of opioids causing intoxication, harmful use (abuse), dependence, withdrawal or psychosis
- 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 caffeine causing intoxication, harmful use (abuse), dependence, withdrawal or psychosis
- F15.7-F15.9 – Use of caffeine 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;
- G44.4 – Drug-induced headache, not elsewhere classified;
- G62.0 – Drug-induced polyneuropathy;
- G72.0 – Drug-induced myopathy;
- I95.2 – Hypotension due to drugs;
- J70.2 – Acute drug-induced interstitial lung disorders;
- J70.3 – Chronic drug-induced interstitial lung disorders;
- J70.4 – Drug-induced interstitial lung disorder, unspecified;

L10.5 – Drug-induced pemphigus;  
 L27.0 – Generalized skin eruption due to drugs and medicaments;  
 L27.1 – Localized skin eruption due to drugs and medicaments;  
 M10.2 – Drug-induced gout;  
 M32.0 – Drug-induced systemic lupus erythematosus;  
 M80.4 – Drug-induced osteoporosis with pathological fracture;  
 M81.4 – Drug-induced osteoporosis;  
 M83.5 – Other drug-induced osteomalacia in adults;  
 M87.1 – Osteonecrosis due to drugs;  
 R78.1 – Finding of opiate drug in blood;  
 R78.2 – Finding of cocaine in blood;  
 R78.3 – Finding of hallucinogen in blood;  
 R78.4 – Finding of other drugs of addictive potential in blood;  
 R78.5 – Finding of psychotropic drug in blood;  
 X40-X44 – Accidental poisoning by and exposure to drugs, medicaments and biological substances;  
 X60-X64 – Intentional self-poisoning (suicide) by and exposure to drugs, medicaments and biological substances;  
 X85 – Assault (homicide) by drugs, medicaments and biological substances; and  
 Y10-Y14 – Poisoning by and exposure to drugs, medicaments and biological substances, undetermined intent.

Where possible, we have disaggregated drug-induced deaths by intent type, as identified by the below combinations of UCOD with ACOD.

Intent	UCOD	ACOD
<b>Accidental</b>	X40-X44	any
	Drug-induced deaths*	with X40-X44
<b>Intentional</b>	X60-X64	any
	Drug-induced deaths*	with X60-X64
<b>Undetermined</b>	Y10-Y14	any
	Drug-induced deaths*	with Y10-Y14
<b>Other</b>	Chronic diseases with long term drug use (see Drug-induced deaths*)	any
<b>All intents</b>	Drug-induced deaths*	any

\*Appendix 2 in Causes of Death, Australia, 2018 (cat. no. 3303.0). Deaths related to tobacco (ICD-10 – F17) or alcohol (ICD-10 – F10) have been excluded from the analysis.

### **Drug-induced deaths by drug class and drug type**

The following ICD-10 codes were used to identify any drug-induced death where each drug type listed in the first column was considered a contributory cause of death (e.g., drug-induced death involving benzodiazepines, drug-induced death involving antidepressants). Note here that in some cases we have looked at the broader drug class (e.g., drug-induced deaths involving opioids) and then the specific types of substances within that class (e.g., drug-induced deaths involving methadone, drug-induced deaths involving heroin).



Drug class and type	Examples of drugs commonly assigned to ICD-10 category	UCOD	ACOD
<b>ANTIEPILEPTIC, SEDATIVE-HYPNOTIC AND ANTIPARKINSONISM DRUGS</b>		Drug-induced deaths*	with T42.0-T42.8
Barbiturates	Pentobarbital, phenobarbital	Drug-induced deaths*	with T42.3
Benzodiazepines	Alprazolam, Diazepam, Oxazepam, Clonazepam, Clozapine, Temazepam, Oxazepam	Drug-induced deaths*	with T42.4
Antiepileptic and sedative-hypnotic drugs, unspecified	Pregabalin	Drug-induced deaths*	with T42.7
<b>OPIOIDS</b>		Drug-induced deaths*	with T40.0-T40.4, T40.6
		F11	any
Heroin		Drug-induced deaths*	with T40.1
Natural and semi-synthetic opioids	Oxycodone, Morphine, Codeine	Drug-induced deaths*	with T40.2
Methadone		Drug-induced deaths*	with T40.3
Synthetic opioids	Fentanyl, Tramadol, Pethidine	Drug-induced deaths*	with T40.4
<b>AMPHETAMINES</b>	Amphetamine, Methamphetamine, 3,4-methylenedioxy-methamphetamine (MDMA)	Drug-induced deaths*	with T43.6
		F15	any
<b>ANTIDEPRESSANTS</b>		Drug-induced deaths*	with T43.0-T43.2
Tricyclic and tetracyclic antidepressants	Imipramine, Amitriptyline, Mianserin	Drug-induced deaths*	with T43.0
Other and unspecified antidepressants	Sertraline, Citalopram, Venlafaxine, Fluoxetine, Mirtazepine, Fluvoxamine, Paroxetine, Duloxetine,	Drug-induced deaths*	with T43.2
<b>ANTIPSYCHOTICS AND NEUROLEPTICS</b>		Drug-induced deaths*	with T43.3-T43.5
Other and unspecified antipsychotics	Quetiapine, Olanzapine, Risperidone	Drug-induced deaths*	with T43.5
<b>NON-OPIOID ANALGESICS, ANTIPYRETICS AND ANTIRHEUMATICS</b>		Drug-induced deaths*	with T39.0-T39.9
4-Aminophenol derivatives	Paracetamol	Drug-induced deaths*	with T39.1
Other nonsteroidal anti-inflammatory	Ibuprofen, aspirin	Drug-induced deaths*	with T39.3
<b>ALCOHOL</b>		Drug-induced deaths*	with T51
<b>CANNABIS DERIVATIVES</b>		Drug-induced deaths*	with T40.7
		F12	any
<b>COCAINE</b>		Drug-induced deaths*	with T40.5
		F14	any

\*Appendix 2 in Causes of Death, Australia, 2018 (cat. no. 3303.0). Deaths related to tobacco (ICD-10 – F17) or alcohol (ICD-10 – F10) have been excluded from the analysis.

### Opioid-induced deaths

The following ICD-10 codes have been used to extract and examine deaths where opioid toxicity was considered to be the underlying cause of death - 'Opioid-induced deaths'.

Cause of death	UCOD		ACOD
<b>All opioid-induced deaths</b>			
<b>Accidental</b>	F11 OR F19	with	(X42 OR X44) AND (T40.0-T40.4 OR T40.6)
	X42 OR X44	with	T40.0-T40.4 OR T40.6
<b>Intentional</b>	F11 OR F19	with	(X62 OR X64) AND (T40.0-T40.4 OR T40.6)
	X62 OR X64	with	T40.0-T40.4 OR T40.6
<b>Undetermined</b>	F11 OR F19	with	(Y12 OR Y14) AND (T40.0-T40.4 OR T40.6)
	Y12 OR Y14	with	T40.0-T40.4 OR T40.6
<b>All intents</b>	F11 OR F19	with	(X42, X44, X62, X64, Y12 OR Y14) AND (T40.0-T40.4 OR T40.6)
	X42, X44, X62, X64, Y12 OR Y14	with	T40.0-T40.4 OR T40.6

### *Opioid-induced deaths by opioid type*

Cause of death	UCOD		ACOD
<b>Heroin (T40.1)</b>			
Accidental	F11, F19, X42 OR X44	with	T40.1
Intentional*	X62 OR X64	with	T40.1
Undetermined*	Y12 OR Y14	with	T40.1
All intents	F11, F19, X42, X44, X62, X64, Y12 OR Y14	with	T40.1
<b>Opium (T40.0)</b>			
All intents	F11, F19, X42, X44, X62, X64, Y12 OR Y14	with	T40.0
<b>Natural and semi-synthetic opioids* (include morphine, oxycodone and codeine) (T40.2)</b>			
Accidental	F11, F19, X42 OR X44	with	T40.2
Intentional	X62 OR X64	with	T40.2
Undetermined*	Y12 OR Y14	with	T40.2
All intents	F11, F19, X42, X44, X62, X64, Y12 OR Y14	with	T40.2
<b>Methadone* (T40.3)</b>			
Accidental	F11, F19, X42 OR X44	with	T40.3
Intentional*	X62 OR X64	with	T40.3
Undetermined*	Y12 OR Y14	with	T40.3
All intents	F11, F19, X42, X44, X62, X64, Y12 OR Y14	with	T40.3
<b>Synthetic opioids* (include pethidine, tramadol, fentanyl) (T40.4)</b>			
Accidental	F11, F19, X42 OR X44	with	T40.4
Intentional*	X62 OR X64	with	T40.4
Undetermined*	Y12 OR Y14	with	T40.4
All intents	F11, F19, X42, X44, X62, X64, Y12 OR Y14	with	T40.4
<b>Other and unspecified opioids (analgesics NEC) (T40.6)</b>			
Accidental	F11, F19, X42 OR X44	with	T40.6
All intents	F11, F19, X42, X44, X62, X64, Y12 OR Y14	with	T40.6

\*Data for intent marked by asterisks are not available for disaggregation by 10-year age groups.



## *Opioid-induced deaths where other drugs were reported as being a contributory cause*

Cause of death	UCOD with ACOD	with	Additional ACOD
<b>All opioid-induced deaths where below drugs were reported as being a contributory cause:</b>			
Benzodiazepines	All opioid-induced deaths	AND	T42.4
Alcohol	All opioid-induced deaths	AND	R78.0, T51, X45 OR Y15
Antipsychotics	All opioid-induced deaths	AND	T43.3, T43.4 OR T43.5
Antidepressants	All opioid-induced deaths	AND	T43.0, T43.1 OR T43.2
4-Aminophenol derivatives (Paracetamol)	All opioid-induced deaths	AND	T39.1
Amphetamines	All opioid-induced deaths	AND	T43.6
Antiepileptic and sedative-hypnotic drugs, unspecified (e.g., pregabalin)	All opioid-induced deaths	AND	T42.7

### Exclusive opioid-induced deaths

Cause of death	UCOD		ACOD		
<b>Opioid-induced deaths involving illicit opioids only – Heroin and/or opium</b>					
Accidental	F11, F19, X42 OR X44	with	T40.0 OR T40.1	NOT	T40.2-T40.4, T40.6
All intents	F11, F19, X42, X44, X62, X64, Y12 OR Y14	with	T40.0 OR T40.1	NOT	T40.2-T40.4, T40.6
<b>Opioid-induced deaths involving pharmaceutical opioids only*</b>					
Accidental	F11, F19, X42 OR X44	with	T40.2-T40.4	NOT	T40.0, T40.1, T40.6
Intentional	X62 OR X64	with	T40.2-T40.4	NOT	T40.0, T40.1, T40.6
All intents	F11, F19, X42, X44, X62, X64, Y12 OR Y14	with	T40.2-T40.4	NOT	T40.0, T40.1, T40.6
<b>Opioid-induced deaths involving illicit opioids and pharmaceutical opioids*</b>					
Accidental	F11, F19, X42 OR X44	with	T40.0 OR T40.1	AND	T40.2-T40.4
Intentional	X62 OR X64	with	T40.0 OR T40.1	AND	T40.2-T40.4
All intents	F11, F19, X42, X44, X62, X64, Y12 OR Y14	with	T40.0 OR T40.1	AND	T40.2-T40.4
<b>Opioid-induced deaths involving other and unspecified opioids</b>					
Accidental	F11, F19, X42 OR X44	with	T40.6		
All intents	F11, F19, X42, X44, X62, X64, Y12 OR Y14	with	T40.6		

\*Pharmaceutical opioids include natural and semi-synthetic opioids (T40.2), methadone (T40.3) and synthetic opioids (T40.4)

### Amphetamine-induced deaths

ICD-10 uses the terminology “amphetamine” to refer to the drug class that includes “methamphetamine”, as well as MDMA (ecstasy) and pharmaceutical stimulant. We use consistent terminology when presenting the data. The following ICD-10 codes have been used to examine deaths where amphetamine toxicity was considered to be the underlying cause of death – ‘amphetamine-induced deaths’.

Cause of death	UCOD	ACOD
<b>Accidental</b>	F15	with X41
	X41	with T43.6
<b>All intents</b>	F15	with X41, X61 OR Y11
	X41, X61 OR Y11	with T43.6

### Cocaine-induced deaths

The following ICD-10 codes have been used to examine deaths where cocaine toxicity was considered to be the underlying cause of death – ‘cocaine-induced deaths’.

Cause of death	UCOD	ACOD
<b>Accidental</b>	F14	with X42
	X42	with T40.5
<b>All intents</b>	F14	with X42, X62 OR Y12
	X42, X62 OR Y12	with T40.5

### Jurisdiction and remoteness area

Data on state and territory is defined by the place of usual residence of the deceased regardless of where the place of death occurred in Australia. Deaths occurring outside of Australia are generally excluded.

Five classes of remoteness area – major cities, inner regional, outer regional, remote and very remote – are defined based on access to services. Please refer to ABS for a detailed explanation of the [remoteness structure](#) classifications.

In the data provided by ABS, remoteness area by place of usual residence is mainly built up from Mesh Blocks and in a small number of cases from Statistical Area Level 2 based on the ASGS 2016 boundaries. Number and estimates of death are aggregated or not published if they are too sparse (e.g., for remote and very remote areas in Australia).

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## Related Links

- Data visualisations: [https://drugtrends.shinyapps.io/deaths\\_2018](https://drugtrends.shinyapps.io/deaths_2018)
- Methods document: <https://ndarc.med.unsw.edu.au/resource/trends-drug-induced-deaths-australia-1997-2018>
- For more information on NDARC research, go to: <http://ndarc.med.unsw.edu.au/>
- 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 research from the Drug Trends program go to: <https://ndarc.med.unsw.edu.au/program/drug-trends>

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