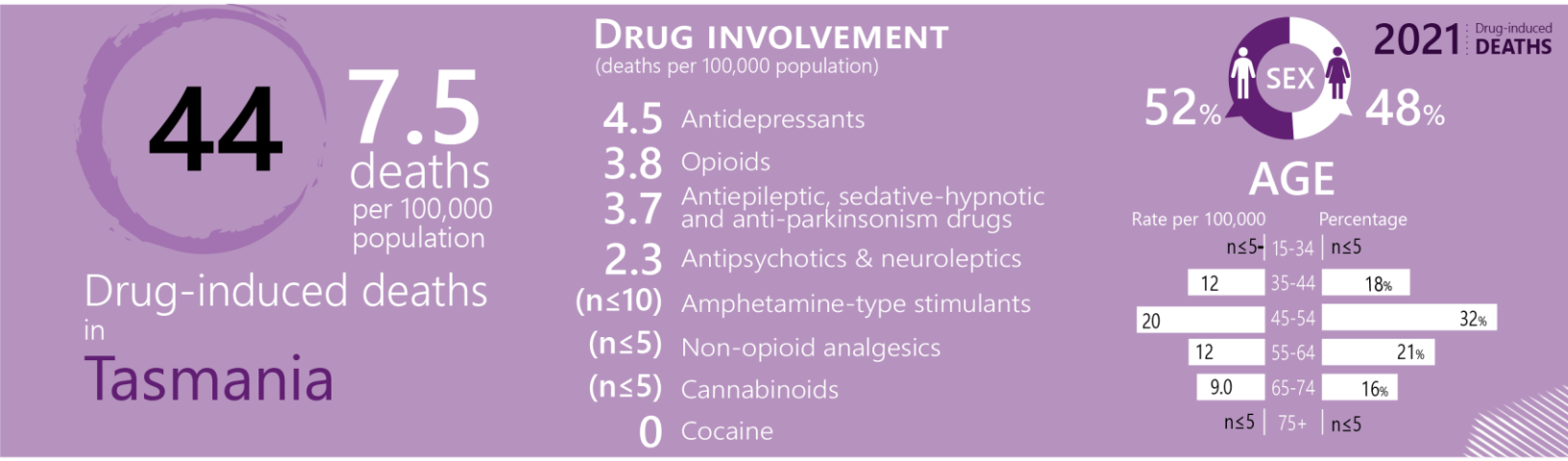
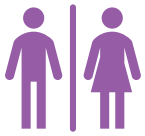
Tasmania



There were 44 registered overdose and other drug-induced deaths (excluding alcohol and tobacco) in Tasmania in 2021, which is equivalent to 0.92% of all registered deaths in this jurisdiction.

The rate fluctuated between 2002 and 2019 without any particular trend. The highest rate was observed in 2016, reaching 10 deaths per 100,000 people. The preliminary age-standardised rate of drug-induced deaths in 2021 was 7.5 deaths per 100,000 people (Figure 1). This rate was not statistically different from the preliminary estimated rate in 2020 (6.5 deaths per 100,000 people), noting that estimates for 2020 and 2021 are subject to revision and may increase (Table 1).

Sex



In 2021, males accounted for 52% (23 deaths) of drug-induced deaths. The rate of drug-induced deaths was also higher among males than females (8.4 versus 6.5 deaths per 100,000 people, respectively). Analyses did not indicate a statistically significant difference between 2020 and 2021 in the preliminary rates for males or females (Table 1).

Age

In 2021, drug-induced deaths were most common among people aged 45-54 (32%, 14 deaths). The rate was also highest in the 45-54 age group (20 deaths per 100,000 people).

Analyses did not indicate statistically significant differences in the estimated rates between 2020 and 2021 for any of the age groups (Table 2).

Remoteness Area of Usual Residence

The greatest proportion of drug-induced deaths in 2021 occurred among people residing in inner regional areas (55%, 24 deaths), but the highest rate was recorded among people in outer regional areas (11 deaths per 100,000 people), noting there are no major city areas in Tasmania.

Intent of Drug Overdose Deaths

In 2021, 98% (43 deaths) of drug-induced deaths were due to overdose. Unintentional drug overdose accounted for 42% (18 deaths) and intentional drug overdose for 47% (20 deaths) of these deaths in 2021. Comparison of preliminary rates did not suggest a significant change between 2020 and 2021 (Table 3).

Place of Occurrence

In 2021, the location of the incident underlying death was coded as home for the majority (82%, 36 deaths) of drug overdose deaths.

Drug Involvement

In Tasmania, the three most common drug types involved in drug overdose deaths in 2021 were:

- **antidepressants** (4.5 deaths per 100,000 people, 26 deaths),
- **opioids** (3.8 deaths per 100,000 people, 22 deaths), and
- **antiepileptic, sedative-hypnotic and anti-parkinsonism drugs** (3.7 deaths per 100,000 people, 22 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 2020 to 2021 (Table 4).

Figure 1. Age-standardised rate per 100,000 people of drug-induced deaths, by sex, Tasmania, 2002-2021.

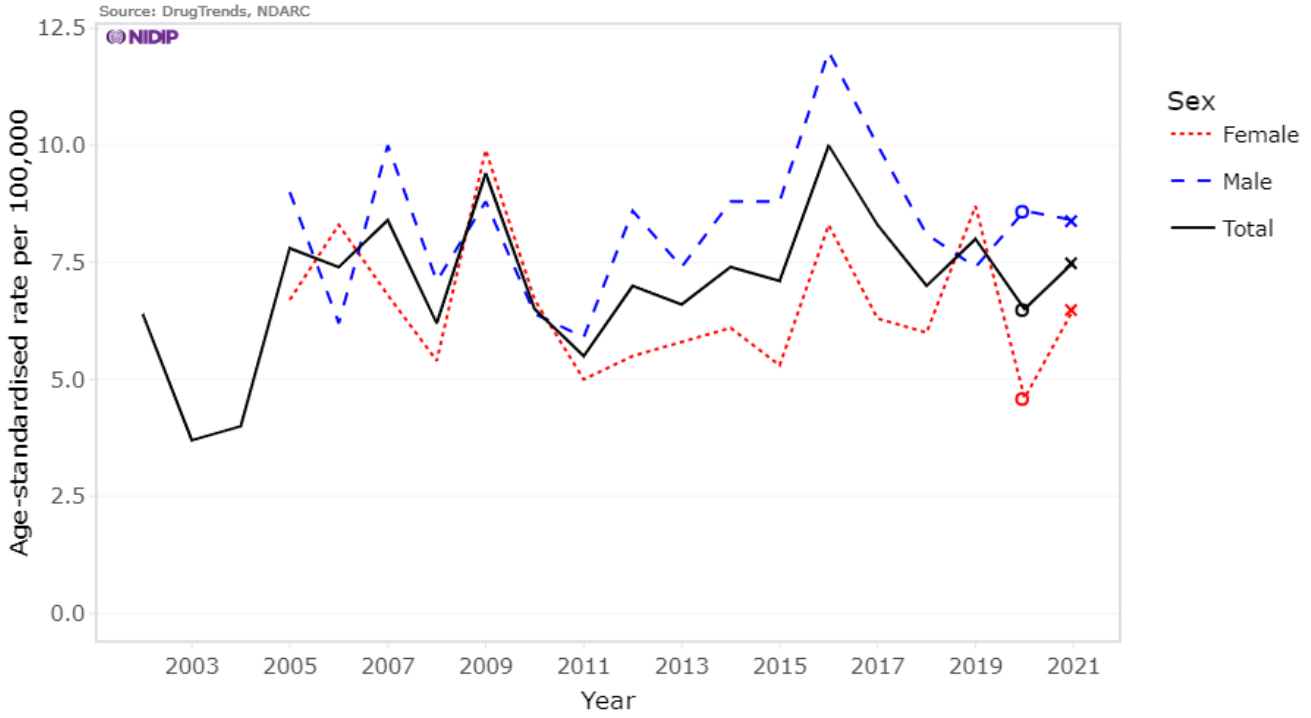
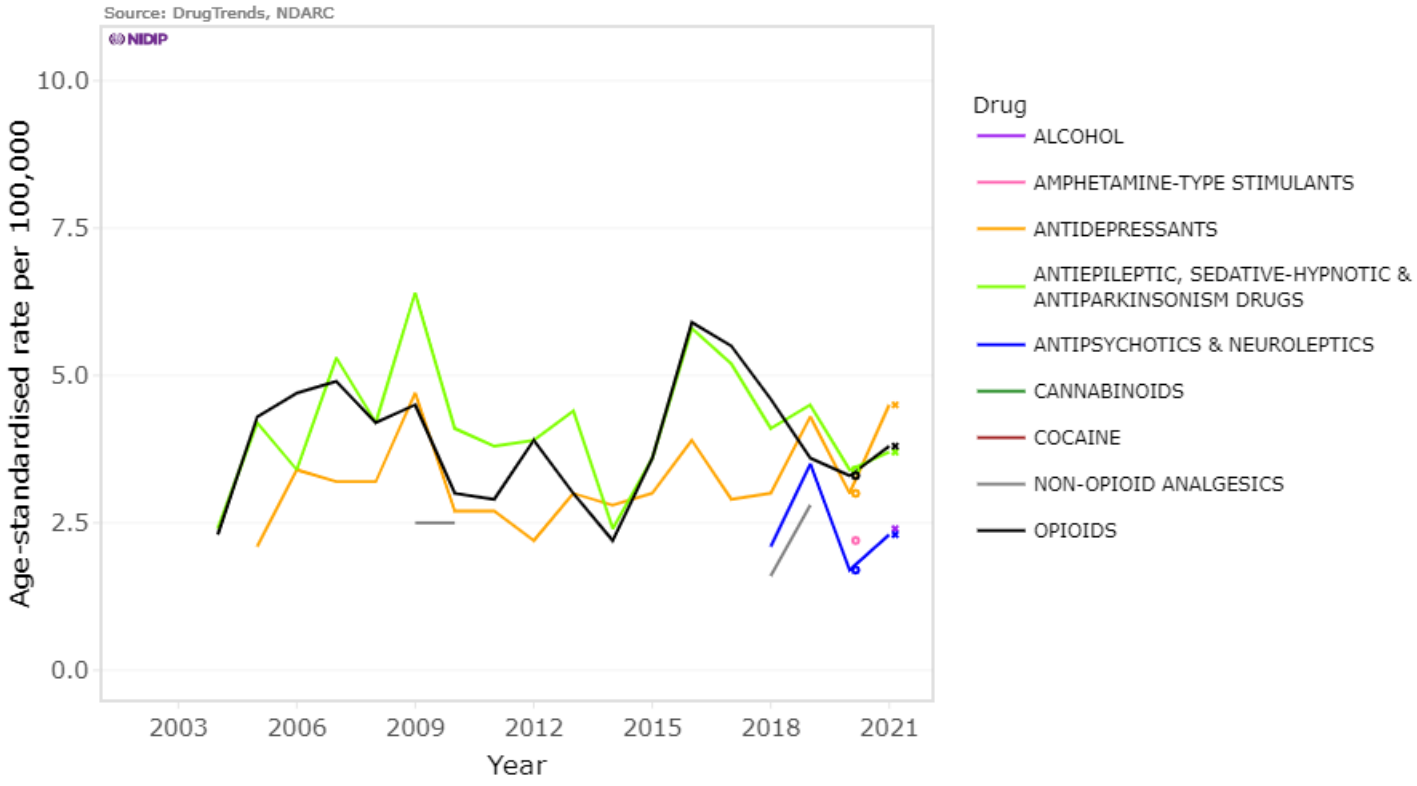


Figure 2. Age-standardised rate per 100,000 people of drug overdose deaths, by drug class, Tasmania, 2002-2021.



Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here.
Causes of death data for 2020 and 2021 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)

Table 1. Age-standardised rate per 100,000 people of drug-induced deaths in Tasmania in 2020 and 2021, and average percent change (APC) for difference between 2021 and 2020 (with 95% confidence intervals), by sex

Sex	Rate in 2020 (95% CI)	Rate in 2021 (95% CI)	APC (95% CI)
Female	4.6 (2.5, 7.8)	6.5 (3.9, 10)	41 (-30, 184)
Male	8.6 (5.5, 13)	8.4 (5.2, 13)	-3.0 (-46, 73)
Total	6.5 (4.6, 9)	7.5 (5.3, 10)	14 (-27, 77)

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 2020 and 2021 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 2. Crude rate per 100,000 people of drug-induced deaths in Tasmania in 2020 and 2021, and average percent change (APC) for difference between 2021 and 2020 (with 95% confidence intervals), by age

Age	Rate in 2020 (95% CI)	Rate in 2021 (95% CI)	APC (95% CI)
15-24	–	–	–
25-34	–	–	–
35-44	–	12 (5.1, 23)	–
45-54	19 (9.9, 32)	20 (11, 33)	7.5 (-53, 148)
55-64	12 (5.4, 22)	12 (5.4, 22)	0.18 (-65, 185)
65-74	11 (4.3, 22)	10 (4.2, 22)	-2.6 (-71, 225)
75-84	0 (NA, 11)	–	–
85+	–	–	–

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 2020 and 2021 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 3. Age-standardised rate per 100,000 people of overdose deaths in Tasmania in 2020 and 2021, and average percent change (APC) for difference between 2021 and 2020 (with 95% confidence intervals), by intent

Intent	Rate in 2020 (95% CI)	Rate in 2021 (95% CI)	APC (95% CI)
Unintentional	3.7 (2.3, 5.7)	3.3 (1.9, 5.2)	-12 (-54, 68)
Intentional	2.4 (1.3, 3.9)	3.1 (1.8, 4.9)	31 (-34, 160)

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 2020 and 2021 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 4. Age-standardised rate per 100,000 people of overdose deaths in Tasmania in 2020 and 2021, and average percent change (APC) for difference between 2021 and 2020 (with 95% confidence intervals), by drugs involved

Drug	Rate in 2020 (95% CI)	Rate in 2021 (95% CI)	APC (95% CI)
Antidepressants	3.0 (1.7, 4.8)	4.5 (2.9, 6.6)	51 (-20, 184)
Opioids	3.3 (2.0, 5.3)	3.8 (2.3, 5.7)	12 (-40, 111)
Antiepileptic, sedative-hypnotic & antiparkinsonism drugs	3.4 (2.0, 5.3)	3.7 (2.3, 5.7)	9.8 (-41, 106)
Alcohol	–	2.4 (1.3, 4.1)	–

Antipsychotics & neuroleptics	1.7 (0.83, 3.1)	2.3 (1.2, 4.1)	35 (-42, 211)
Amphetamine-type stimulants	2.2 (1.1, 4.0)	–	–
Cannabinoids	–	–	–
Cocaine	–	–	–
Non-opioid analgesics	–	–	–

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 2020 and 2021 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.

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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.

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Data source

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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_2021
- For full details of the methods underpinning this report, go to: https://ndarc.med.unsw.edu.au/resource-analytics/trends-drug-induced-deaths-australia-2002-2021
- For other Drug Trends publications on drug-related hospitalisations and drug-induced deaths in Australia, go to: https://ndarc.med.unsw.edu.au/project/national-illicit-drug-indicators-project-nidip
- 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 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: https://ndarc.med.unsw.edu.au/program/drug-trends
- 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/