## South Australia

There were 146 registered overdose and other druginduced deaths (excluding alcohol and tobacco) in South

- antiepileptic, sedative-hypnotic and antiparkinsonism drugs (2.6 deaths per 100,000 people, 46 deaths),
- amphetamine-type stimulants (2.4 deaths per 100,000 people, 41 deaths) (Figure 0.451 R207 ]] TEC Span DD 3Lang (en-AU) DC q502n BF3 9.96 Tf1 09 0.451 rg0.380.122 0.45

Table A33. Age-standardised rate per 100,000 people of drug-induced deaths in South Australia in 2021 and 2022, and average percent change (APC) for difference between 2022 and 2021 (with 95% confidence intervals), by sex

Sex	Rate in 2021	Rate in 2022	APC for 2022 vs 2021
Female	5.6 (4.2, 7.4)	5.2 (3.8, 6.9)	-8.4 (-38.7, 36.9)
Male	8.3 (6.5, 10.5)	11 (9, 13)	31 (-4, 78)
Total	7.0 (5.8, 8.3)	8.0 (6.7, 9.4)	15 (-10, 47)

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 2021 and 2022 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 <u>methods</u> GRFXPHQW RQ ¶3UHVHQWDWLRQ RI UHVXOWV· IRU LQWHUSUI also refer to our <u>methods</u> GRFXPHQW RQ ¶&RGLQJ RI GHDWKV· IRU GHWDLOV RQ WKH

Table A34. Crude rate per 100,000 people of drug-induced deaths in South Australia in 2021 and 2022, and average percent change (APC) for difference between 2022 and 2021 (with 95% confidence intervals), by age

Age	Rate in 2021	Rate in 2022	APC for 2022 vs 2021
15-64	9.5 (7.8, 11.4)	11 (9, 13)	13 (-13, 48)
15-24	3.3 (1.3, 6.8)	3.7 (1.6, 7.3)	13 (-64, 266)
25-34	7.9 (4.7, 12.3)	7.0 (4.1, 11.1)	-11 (-57, 80)
35-44	9.6 (6.0, 14.5)	14 (10, 20)	47 (-17, 165)
45-54	15 (11, 22)	18 (13, 25)	17 (-27, 90)
55-64	11 (7, 16)	11 (7, 16)	-4.1 (-47.5, 75.1)
65-74	3.6 (1.4, 7.4)	8.2 (4.7, 13.3)	127 (-12, 553)
75-84	7.2 (3.1, 14.2)	2	2
85+	2	2	2

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 2021 and 2022 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 GRFXPHQW RQ ¶3UHVHQWDWLRQ RI UHVXOWV·IRU LQWHUSUHWDWL 0-14 years age group are not presented due to sensitivity of the data. Please also refer to our methods GRFXPHQW RQ ¶'DWD VRXUFH·DQG GHDWKV·IRU GHWDLOV RQ WKH GDWD XVHG

Table A35. Age-standardised rate per 100,000 people of drug-induced deaths in South Australia in 2021 and 2022, and average percent change (APC) for difference between 2022 and 2021 (with 95% confidence intervals), by remoteness area

Remoteness	Rate in 2021	Rate in 2022	APC for 2022 vs 2021
Major Cities	6.6 (5.3, 8.1)	8.3 (6.9, 10.0)	26 (-5, 66)
Regional and Remote	7.6 (5.1, 10.8)	6.7 (4.4, 9.7)	-11 (-47, 50)

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 2021 and 2022 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 <u>methods</u> GRFXPHQW RQ ¶3UHVHQWDWLRQ RI UHVXOWV·IRU LQWHUSUI also refer to our <u>methods</u> GRFXPHQW RQ ¶'DWD VRXUFH·DQG ¶&RGLQJ RI GHDWKV·IRU GHWDLOV RQ WKH

Table A36. Age-standardised rate per 100,000 people of overdose deaths in South Australia in 2021 and 2022, and average percent change (APC) for difference between 2022 and 2021 (with 95% confidence intervals), by intent

Intent	Rate in 2021	Rate in 2022	APC for 2022 vs 2021
Unintentional	4.0 (3.1, 5.1)	5.5 (4.4, 6.7)	37 (0, 86)*
Intentional	1.9 (1.3, 2.6)	2.0 (1.4, 2.8)	8.2 (-31.9, 71.9)

Note: Deaths where conditions related to alcohol or tobacco comprised the underlying cause of death are not captured here. Causes of death data for 2021 and 2022 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 <u>methods</u> GRFXPHQW RQ ¶3UHVHQWDWLRQ RI UHVXOWV·IRU LQWHUSU also refer to our <u>methods</u> GRFXPHQW RQ ¶'DWD VRXUFH·DQG ¶&RGLQJ RI GHDWKV·IRU GHWDLOV RQ WKH

We acknowledge the traditional custodians of the land on which the work for this report was undertaken. We pay respect to Eders past, present, and emerging.

## **Related Links**

- For the full report on trends in overdose and other drug-induced deaths in Australia go to:: <u>http://www.unsw.edu.au/research/ndarc/resources/trends-drug-induced-deaths-australia-2003-2022</u>
- For interactive data visualisations accompanying this report, go to: https://drugtrends.shinyapps.io/Deaths 2022
- For full details of the methods underpinning this report, go to: <u>www.unsw.edu.au/research/ndarc/resources/trends-drug-induced-deaths-australia-2003-2022</u>
- For other Drug Trends publications on drug-related hospitalisations and drug-induced deaths in Australia, go to: <u>National Illicit</u> <u>Drug Illibidiators Project (NIDIP) (unsw.edu.au)</u>
- For more information on NDARC research, go to: National Drug & Alcohol Research Centre | Medicine & Health UNSW