Overdose Snapshot 2026

PENINGTON INSTITUTE

We thank Craig Brady and team from the Australian Bureau of Statistics for preparing the raw data that underpin this report.

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This report contains references to suicide, self-harm behaviours, mental health disorders, and overdose, which may be distressing to some readers.

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Foreword

Australia is losing seven people a day to overdose.

Not seven strangers. Seven sons, daughters, parents, partners and friends. Seven lives cut short – often quietly and without public attention, despite the scale of the crisis unfolding around us.

That's one person every 3.5 hours, every single day of the year.

This demands a community-wide response, led by the Australian Government.

The latest available data confirms **we had the deadliest year on record** for overdose in Australia. Deaths increased across multiple categories including total drug-induced deaths, unintentional overdose deaths, and unintentional deaths involving heroin, stimulants and cocaine.

These are not random or unavoidable tragedies. They are the predictable consequence of policy failure, political hesitation and a refusal to treat drug use as a health and social issue.

The overdose crisis continues to deepen. And it should be a wake-up call.

For more than forty years, Australia's drug policy has been built on harm minimisation – a framework intended to balance supply reduction, demand reduction and harm reduction. In principle, it remains the right approach.

In practice, however, the system is dangerously out of balance.

In 2021-22, nearly two-thirds of proactive government drug funding was spent on law enforcement – also known as supply reduction. Most of the remainder went to treatment and prevention. **Safety approaches for people at risk from drug use, also known as harm reduction, received a tiny 1.6%.**[1]

It seems the imbalance is set to continue. Expert commentary on the Commonwealth's Drug and Alcohol Program (DAP), including a government commissioned review undertaken by KPMG and the University of Queensland, has repeatedly identified harm reduction as one of the least developed components of Australia's response, yet the government has not changed direction.

This report is more than a collection of statistics. It is a reminder that every delay carries a human cost. Penington Institute has repeatedly warned of the dangers of persisting with the same failed approaches. We see the results. They are measured in lives lost. The consequences should be impossible to ignore.

Governments have a responsibility to protect all Australians. Communities across the country need investment in balanced evidence-led measures that save lives.

Leadership is required to turn the tide of increasing drug harms.

John Ryan
CEO
Penington Institute

[1] Ritter, Alison, Meg Greealy and Paul Kelaita et al. 2024. *The Australian 'drug budget': Government drug policy expenditure 2021/22*, Drug Policy Modelling Program. Sydney: Social Policy Research Centre, UNSW.

Overdose Snapshot

This snapshot is an early look at the data that will form the basis of Penington Institute's *Australia's Annual Overdose Report*, which is due for publication later in the year. The snapshot highlights key high-level insights based on the most recent available data, demonstrating the widespread impact of overdose on the community.

Preliminary analysis of 2024 data shows that overdose deaths reached 2,596 – the highest number on record. In Australia, the vast majority of suspected drug-induced deaths must be reported to a coroner. In some instances, these investigations can take several years to complete. Therefore, the first available data on drug-induced deaths is preliminary. The figures are then revised the following year and finalised the year after that, so the final toll for 2024 is very likely to rise.[2]

A comprehensive analysis will be released in August as *Australia's Annual Overdose Report 2026* ahead of International Overdose Awareness Day on 31 August. International Overdose Awareness Day is convened by Penington Institute and is the largest global campaign to end overdose.

Overdose deaths in 2024

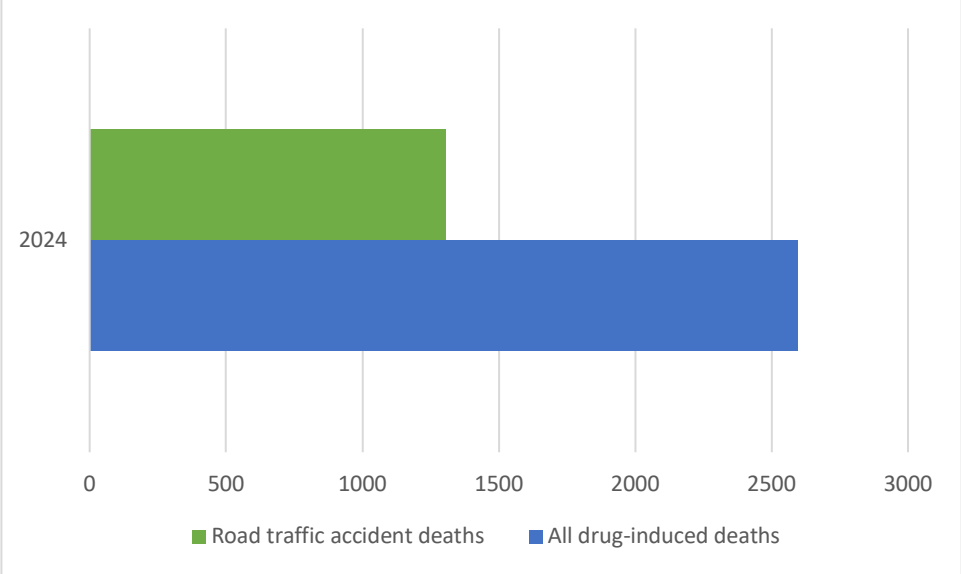
- Drug-induced deaths reached the highest level on record in 2024 (2,596 deaths). This represents a 10.7% increase from the 2,345 deaths in 2023.[3]
- In 2024, the number of drug-induced deaths (2,596) was just under twice the number of road traffic deaths (1,307). The excess of drug-induced deaths compared to road traffic accidents in 2024 is the largest on record.
- In 2024, all drug-induced deaths accounted for 76,887 years of potential life lost, the equivalent of 31 years per person.[4]
- For all drug-induced deaths, the most common drugs involved were opioids (1,083), stimulants (843), and benzodiazepines (696).

[2] For further information, see ABS *Causes of Death, Australia methodology, 2024*. "All drug-induced deaths" includes deaths directly attributable to drug use including homicide, suicide or of deaths of undetermined intent. "Unintentional drug-induced deaths" and "drug-induced suicides" cannot be summed to total all drug-induced deaths.

[3] Drug-induced deaths decreased from 2022 to 2023, contributing to the significant percentage increase observed in 2024. However, 2024 numbers exceed those from 2022.

[4] As calculated by the Australian Bureau of Statistics (ABS), Years of life lost (YLL) is a measure of premature mortality that takes into account both the frequency of deaths and the age at which it occurs.

Figure 1: Number of all drug-induced deaths and road traffic deaths, 2024



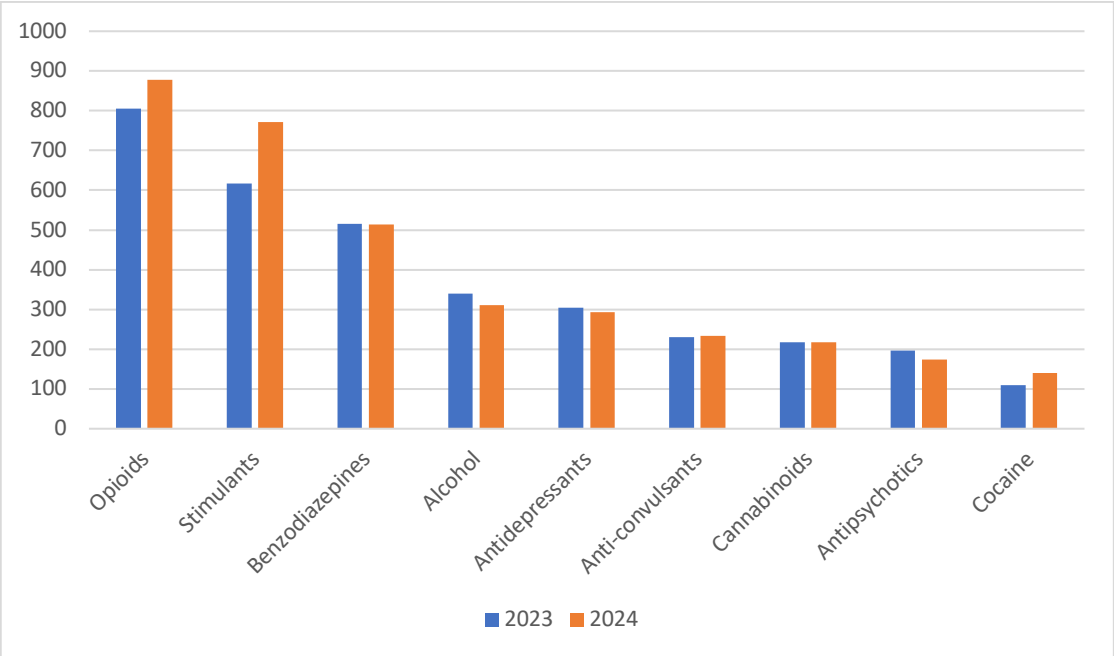
Unintentional drug-induced deaths 2023-2024

- 2024 was the first year that unintentional drug-induced deaths surpassed 2,000 deaths, reaching the highest number ever recorded (2,091 deaths), an increase of 15.1% from 2023.
- The per-capita rate of unintentional drug-induced deaths in 2024 was the highest on record since the start of this data series in 2001 (7.6 deaths per 100,000 residents, up from 6.7 in 2023).
- More than four-fifths (80.5%) of all drug-induced deaths in 2024 were unintentional, which is broadly consistent with previous years.
- **Opioids** were the most common drug involved in unintentional deaths, contributing to over two in five (41.9%) unintentional drug-induced deaths.[5] Opioids have been the most common drug involved in unintentional deaths for over two decades.
- Among opioids, unintentional deaths involving **heroin** in 2024 were the highest recorded in this data series (488 deaths).
- Unintentional deaths involving **stimulants**[6] increased by 25.1%, from 617 deaths in 2023 to 772 deaths in 2024, the highest number of deaths recorded in this data series.
- **Stimulants** replaced **benzodiazepines** as the second-most common drug involved in unintentional drug-induced deaths in 2023, and that trend accelerated in 2024, with stimulants contributing to 36.9% of unintentional deaths (772 deaths) compared to benzodiazepines at 24.6% (514 deaths).
- Unintentional deaths involving **cocaine** increased by 28.2%, from 110 deaths in 2023 to 141 in 2024, the highest on record in this data series.
- Unintentional drug-induced deaths related to **alcohol**, **antidepressants** and **anti-psychotics** all decreased from 2023.

[5] Due to larger numbers of open cases for coroner-certified deaths, we are anticipating further increases especially for 2023 and 2024 data.

[6] This group includes methamphetamine (including 'ice'), amphetamine (including prescription stimulant medications used to treat attention deficit hyperactivity disorder and narcolepsy), and ecstasy (MDMA). This group does not include cocaine.

Figure 2: Drug groupings involved in unintentional drug-induced deaths, 2023-2024[7]



Demographics of unintentional drug-induced deaths 2024

- Males accounted for 1,520 unintentional drug-induced deaths, compared to 571 females.[8]
- In 2024, the age group with the highest number of unintentional drug-induced deaths was people aged 50-59 (533 deaths), a 19% increase from 2023 (448 deaths). This is the first time in this data series that deaths in this cohort have exceeded those of people aged 40-49.
- Unintentional drug-induced deaths among people aged 30-39 also grew substantially in 2024, increasing by 31.1% (from 273 deaths in 2023 to 358 deaths in 2024), reversing 6 years of declining deaths in this cohort.

Figure 3: Number of unintentional drug-induced deaths by age group, 2024

[7] Data by drug type indicates the number of deaths with a specified drug recorded. Drug type in these tables represents when the drug is present in an acute overdose/toxicity setting. Drug types are not mutually exclusive and deaths with multiple drugs present will be included in more than one category. Smaller drug groups, including other sedatives (including ketamine), succinimides and oxazolidinediones (anti-convulsants including GHB) are not shown on the figure above due to low numbers.

[8] The ABS data publication only reports 'male' and 'female'. Sex not stated may be included in totals. For more information on reporting sex and gender in causes of death statistics, please refer to the classifications section of the *Causes of Death, Australia methodology, 2024.*

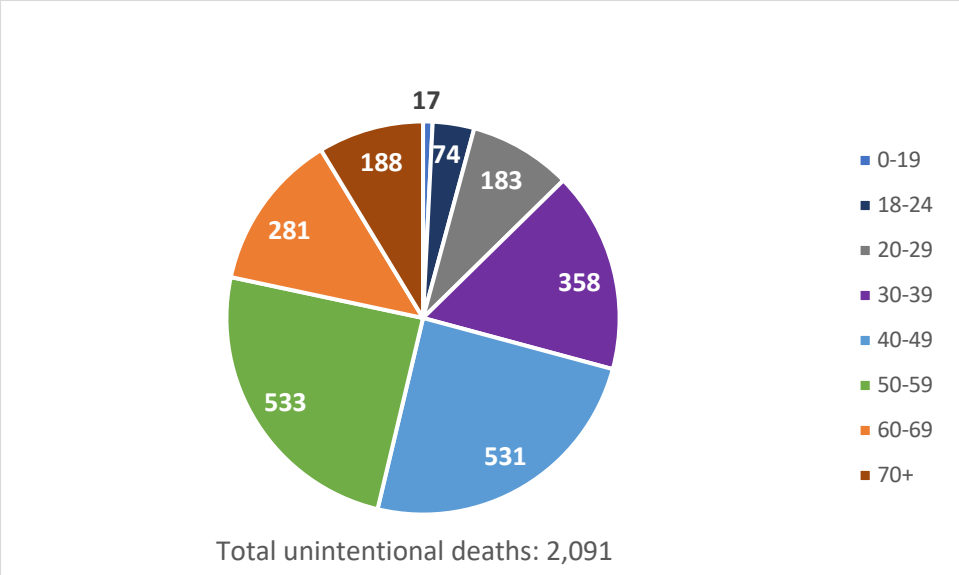


Table 1: Number and proportion of unintentional drug-induced deaths by age group 2023-2024

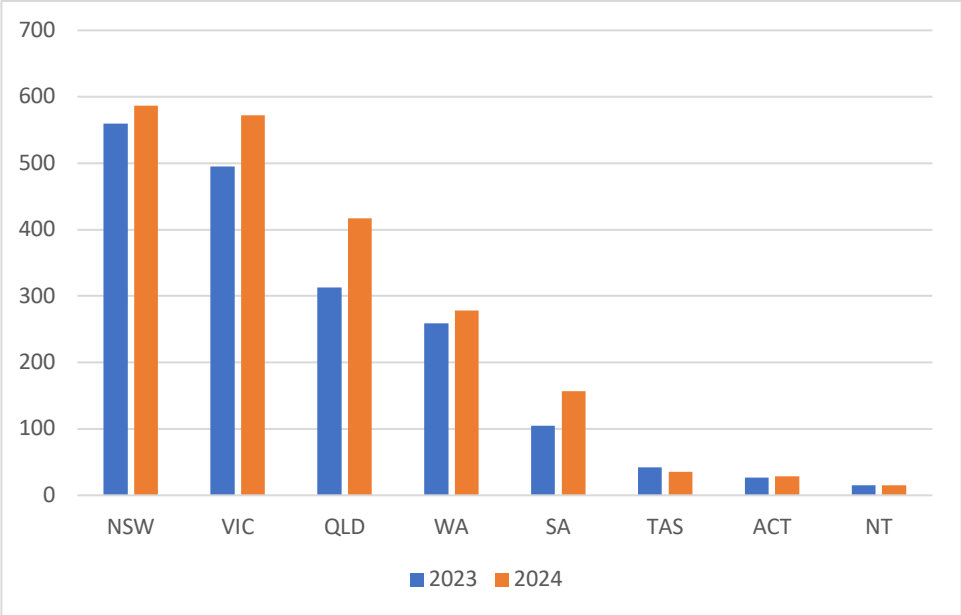
Age group	2023	2023 proportion (%)	2024	2024 proportion (%)
0-19	18	1.0	17	0.8
20-29	156	8.6	183	8.8
30-39	273	15.0	358	17.1
40-49	501	27.6	531	25.4
50-59	448	24.7	533	25.5
60-69	257	14.2	281	13.4
70 and above	163	9.0	188	9.0

Geography of unintentional drug-induced deaths 2023-2024

- In 2024, Victoria, Queensland, Western Australia and South Australia all experienced the most unintentional drug-induced deaths since the beginning of this data series in 2001.
- On a per-capita basis, 2024 was the year with the most unintentional drug-induced deaths recorded so far in South Australia (8.5 deaths per 100,000 residents) and Queensland (7.4). Victoria registered its highest per-capita rate of unintentional drug-induced deaths in 2022 (8.1 deaths per 100,000 residents) and reached the same rate again in 2024.
- The jurisdiction with the most unintentional drug-induced deaths in 2024 was **New South Wales** (587 deaths), up slightly from 2023 (560 deaths). New South Wales has consistently recorded the most unintentional drug-induced deaths of any jurisdiction, but deaths have gradually declined since 2017.
- **Victoria** recorded fewer unintentional drug-induced deaths (572) than New South Wales, but the number of deaths increased by 15.6% compared to 2023 (495 deaths).
- **Queensland** recorded 417 unintentional drug-induced deaths, a 33.2% increase compared to 2023 (313 deaths). Queensland also recorded the largest increase in the number of unintentional drug-induced deaths of any jurisdiction from 2023 to 2024 (104 additional deaths), followed by Victoria (77 additional deaths).

- **Western Australia** experienced a 7.3% increase in unintentional drug-induced deaths from 2023 to 2024 (from 259 to 278 deaths).
- **South Australia** recorded 157 unintentional drug-induced deaths in 2024, roughly 1.5 times the number recorded in 2023 (105 deaths, a 49.5% increase). This was the greatest percent increase in unintentional drug-induced deaths of any jurisdiction from 2023 to 2024.
- The number of unintentional drug-induced deaths in **Tasmania** decreased by 16.7% from 2023 to 2024 and the **Australian Capital Territory** increased by 7.4%. These changes were small in absolute terms: Tasmania went from 42 to 35 deaths, and the Australian Capital Territory from 27 to 29 deaths. The **Northern Territory** remained stable (with 15 deaths in both years).

Figure 4: Number of unintentional drug-induced deaths by jurisdiction, 2023-2024



Intentional drug-induced suicides 2023-2024

- Preliminary data shows 428 intentional drug-induced suicides in 2024, a decrease of 5.9% from 2023 (455).[9]
- In 2024, opioids were the most common drug involved (164 deaths), followed by antidepressants (150) and benzodiazepines (149). Each other drug type was involved in fewer than 100 drug-induced suicides.
- The number of drug-induced suicides are similar for males and females — unlike unintentional drug-induced deaths, which are far more common among males. In 2024, 48.8% of drug-induced suicides were among women (209 deaths) compared to 51.2% among men (219 deaths).
- The largest proportions of drug-induced suicides occurred among people aged 70 and above (22% or 94 deaths) and people aged 50-59 (19.9% or 85 deaths).

[9] There is no systematic definition to differentiate intentional from unintentional death, and coroners may not make a finding on intent for various reasons. Care should therefore be taken in interpreting figures relating to intentional self-harm. For more information on the coding of suicide, see ABS (2024). *Deaths due to intentional self-harm (suicide)*.

Table 2: Number and proportion of intentional drug-induced deaths by age group, 2023-2024

Age group	2023	2023 proportion (%)	2024	2024 proportion (%)
0-19	17	3.7	8	1.9
20-29	36	7.9	41	9.6
30-39	51	11.2	57	13.3
40-49	71	15.6	70	16.4
50-59	105	23.1	85	19.9
60-69	73	16.0	73	17.1
70 and above	102	22.4	94	22.0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