

# Fall and drug overdose deaths are main contributors as accidental deaths continue to increase, 2017 to 2022

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New revised data for deaths from 2017 to 2022 are available today from the Canadian Vital Statistics - Death database, which now includes previously unavailable data for Yukon.

## Deaths from unintentional injuries steadily increase from 2000 to 2023

Unintentional injuries (accidents), which include injuries from transport accidents, falls, poisonings, drownings and fires, were the third leading cause of death in 2023, after cancer and heart disease. These accounted for 6% (20,597) of all deaths. The number of deaths from unintentional injuries has more than doubled since 2000 (8,631 deaths), representing an increase of 139%. Deaths attributed to accidental drug poisonings and accidental falls were the driving forces behind this increase.

## Largest increases in accidental drug poisoning deaths observed in 2016 and 2020

There has been a steady rise in the number of accidental drug poisoning deaths since 2000, with some exceptions (2003 and 2019). A notable 59% increase in these deaths was seen in the first year of the COVID-19 pandemic (from 4,039 deaths in 2019 to 6,412 deaths in 2020). Accidental drug poisoning deaths peaked in 2021 (7,405 deaths), before falling slightly in 2022 (7,179 deaths) and 2023 (7,162 deaths). These estimates are preliminary and may change with future revisions as coroner or medical examiner investigations are completed and final causes of death are confirmed.

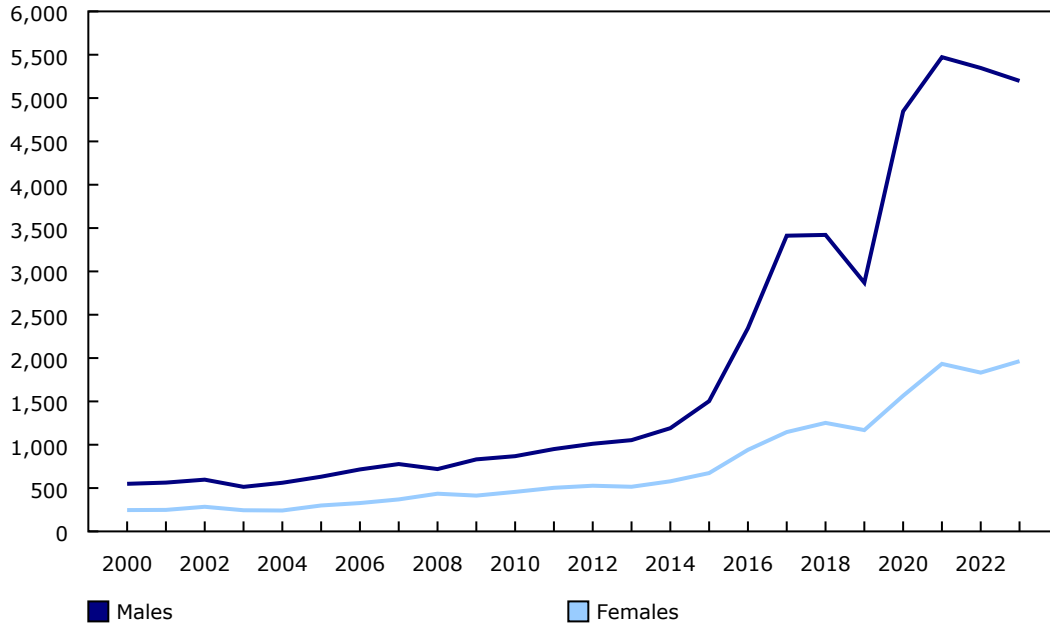
Prior to the rise observed in 2020, the largest increase in accidental drug poisoning deaths (+51%) occurred during the early years of the opioid crisis, rising from 2,176 deaths in 2015 to 3,286 in 2016. The number of deaths remained high in 2017 (4,558) and 2018 (4,673), followed by a slight decrease in 2019 (4,039 deaths).

While the number of deaths attributed to accidental drug poisonings grew for both males and females from 2000 to 2023, the largest increase was observed among males (up 69% from 2,870 in 2019 to 4,847 in 2020). Among females, a 34% rise in accidental drug poisoning deaths was observed for the same period. Among males, two periods of significant increases were evident from 2016 to 2023: 2016 to 2017 and 2019 to 2020. Overall, the subgroup that experienced the highest death rate from accidental drug poisoning was males aged 30 to 44.



**Chart 1**  
**Accidental drug poisoning deaths, by sex, 2000 to 2023**

number of deaths



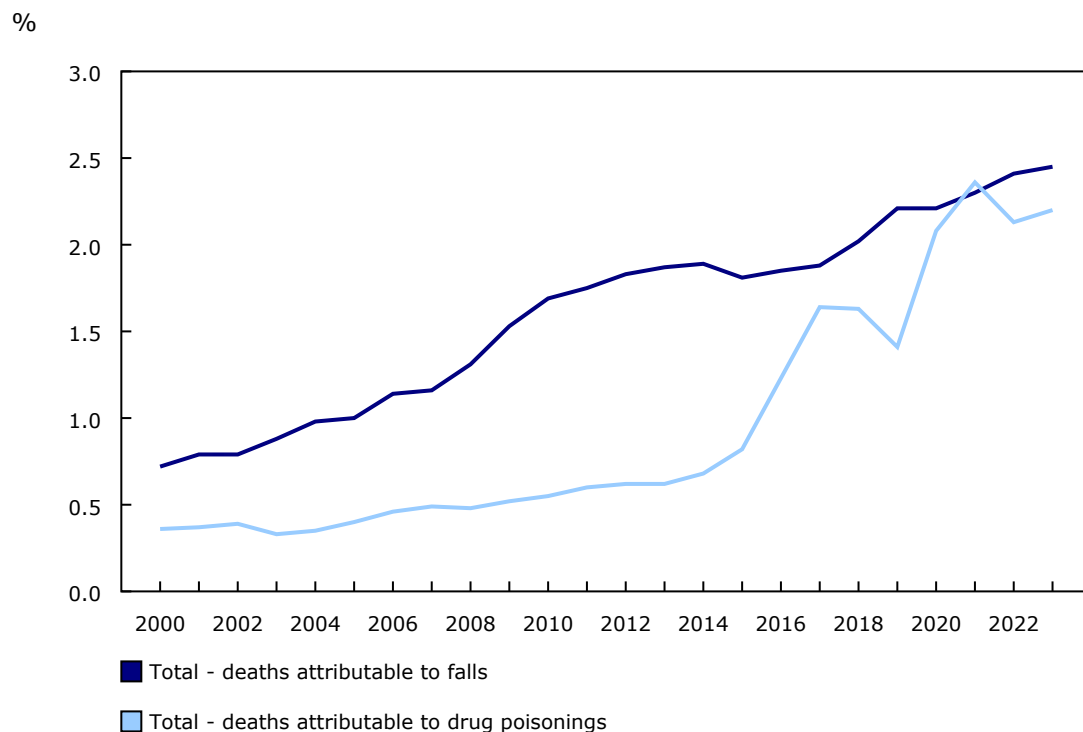
Source(s): Canadian Vital Statistics - Death database (3233).

### Accidental deaths from falls steadily increase since 2000

The number of accidental fall-related deaths has steadily grown from 1,570 deaths in 2000 to 7,997 in 2023, an average increase of 280 deaths per year. Overall, this represents a 410% rise over the roughly quarter-century period. This may be related to the [aging population and the increasing prevalence of chronic conditions](#). While counts and rates vary by country, [similar upward trends in fall-related deaths have been seen in many other countries, including Australia, the United Kingdom and the United States](#).

As a percentage of deaths from all causes, accidental deaths from falls have generally been greater than accidental drug poisoning deaths over the years. However, since the beginning of the opioid crisis, the gap between the two has markedly narrowed. In fact, accidental drug poisoning deaths surpassed accidental fall deaths in 2021.

**Chart 2**  
**Percentage of total accidental deaths attributable to falls and drug poisonings, 2000 to 2023**



Source(s): Canadian Vital Statistics - Death database (3233).

An examination of age-standardized mortality rates by sex suggests that the rate of accidental deaths by falls has been consistently higher among males over the years, with little variation. In 2023, the rate was 22.3 deaths per 100,000 males and 17.8 deaths per 100,000 females. In 2023, 78% of all deaths of males attributable to accidental falls were among those aged 75 and older, while the corresponding percentage among females was 90%. Accidental fall mortality rates increased substantially with age: the rate was 17.5 per 100,000 people in the 65-to-74 age group, and rose to 87.7 per 100,000 people in the 75-to-84 age group and 526.7 per 100,000 people in the 85 and older age group.

**Number of ill-defined and unspecified causes of mortality from 2017 to 2022 decreases as coroner and medical examiner investigations are finalized**

Preliminary releases of mortality data often contain thousands of ill-defined and unspecified causes of death, which are coded as R99 under the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10). The majority of these deaths are under investigation by either a coroner or a medical examiner. With updates to records following investigations, many of these deaths are resolved into specific causes of death, such as accidental poisoning and atherosclerotic heart disease. Updating death records for 2017 to 2022 resulted in a decrease in deaths from ill-defined and unspecified causes of mortality compared with the preliminary releases for these years. The total number of deaths with ill-defined and unspecified causes of mortality for the 2017-to-2022 period declined from 40,849 in the previously released dataset to 30,006 in today's revised dataset. This number will continue to decrease as investigations are completed and causes of death are finalized.

In 2023, to more accurately quantify the number of deaths pending investigation, Statistics Canada added subcategories to the ill-defined and unspecified causes of mortality classification for data from 2020 onwards.

The "Pending Investigation" category International Statistical Classification of Diseases and Related Health Problems, Tenth Revision ([ICD-10] code R991) includes deaths that are under investigation by either a coroner or a medical examiner (depending on the jurisdiction). The "Information on cause of death not yet received" category (ICD-10 code R992) includes deaths where the medical certificate of cause of death has not been received in time by Statistics Canada for publication. The "Other ill-defined and unspecified causes of mortality" category (ICD-10 code R999) includes unknown causes of death, where the cause of death could not be determined following a death investigation, such as cardiac arrest.

The distribution of deaths with ill-defined and unspecified causes of mortality for the 2020-to-2022 period is as follows: 11,614 deaths where the investigation is pending, 6,166 deaths where the information on cause of death has not been received at Statistics Canada and 4,017 deaths where the cause of death was unknown.

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### Note to readers

*The tabulation of the causes of death is based on the underlying cause of death, which is defined by the World Health Organization (WHO) as the disease or injury that initiated the train of events leading directly to death, or as the circumstances of the accident or violence that produced the fatal injury. The underlying cause of death is selected from the causes and conditions listed on the medical certificate of cause of death, which is completed by a medical professional, medical examiner or coroner.*

*The revised death data released today include updates to missing or incomplete information, from either late registrations or completed coroner or medical examiner investigations. Deaths by suicide, accidents (unintentional injuries) and homicide often require lengthy investigation. Consequently, information on the cause of death, particularly among younger people, whose deaths are more likely to result in an investigation, typically requires more time before it is reported to Statistics Canada. These deaths are classified as being ill-defined and unspecified causes of death in preliminary releases.*

*The leading causes of death in this article are based on the list that was developed and is being used by the National Center for Health Statistics of the United States in its annual report on leading causes of death. Updates to deaths, which include revisions to the underlying cause of death reported by provinces and territories, sometimes change the order of leading causes of death. This is the case for the leading causes of death in 2022. Previously, with preliminary data, COVID-19 was the third leading cause of death that year. However, with updates to 2022 data, the third leading cause of death is unintentional injuries.*

*Accidental drug poisoning deaths included deaths from accidental poisoning by and exposure to nonopioid analgesics, antipyretics and antirheumatics (International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, [ICD-10] code: X40); accidental poisoning by and exposure to antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified (X41); accidental poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified (X42); accidental poisoning by and exposure to other drugs acting on the autonomic nervous system (X43); and accidental poisoning by and exposure to other and unspecified drugs, medicaments and biological substances (X44).*

*The age-standardized mortality rate is the number of deaths per 100,000 population that would have occurred in each area if the age structure of the population of that area was the same as the age structure of a specified standard population. The age-standardized mortality rates used the 2021 population.*

*There is no cause-of-death code within ICD-10 to identify deaths that occur under Canada's medical assistance in dying (MAID) provision. Rather, these deaths are coded to the health condition that led the decedents to avail themselves of MAID—in accordance with WHO international standards and practices. These consistent standards are used to code deaths according to underlying health conditions to monitor trends in population health and inform health policy both within Canada and internationally.*

*Sex assigned at birth based on a person's reproductive system and other physical characteristics is used to disaggregate estimates for males and females.*

Available tables: [13-10-0141-01](#) to [13-10-0156-01](#) , [13-10-0391-01](#), [13-10-0392-01](#), [13-10-0394-01](#), [13-10-0395-01](#), [13-10-0707-01](#) to [13-10-0709-01](#) , [13-10-0711-01](#) to [13-10-0716-01](#) , [13-10-0756-01](#), [13-10-0776-01](#), [13-10-0780-01](#), [13-10-0782-01](#), [13-10-0800-01](#), [13-10-0801-01](#), [13-10-0932-01](#) and [13-10-0933-01](#).

**Definitions, data sources and methods: survey number [3233](#).**

The dashboard "[Visualizing mortality in Canada: Rates and counts by age group for select causes of death](#)" has been updated with revised data for deaths from 2017 to 2022.

For more information, or to enquire about the concepts, methods or data quality of this release, contact us (toll-free 1-800-263-1136; 514-283-8300; [infostats@statcan.gc.ca](mailto:infostats@statcan.gc.ca)) or Media Relations ([statcan.mediahotline-ligneinfomedias.statcan@statcan.gc.ca](mailto:statcan.mediahotline-ligneinfomedias.statcan@statcan.gc.ca)).