

## Executive Summary

There were 62,757 drug-related hospitalisations (excluding alcohol and tobacco) among Australians in 2019-20, equivalent to 0.56% of all hospitalisations in Australia.

The age-standardised rate of drug-related hospitalisations was relatively stable between 1999-00 and 2009-10. It subsequently increased from 199 hospitalisations per 100,000 people in 2010-11 to 272 in 2015-16 and 2016-17, before declining to 250 in 2017-18. This rate remained stable in 2018-19 and 2019-20 (251 and 253 hospitalisations per 100,000 people, respectively).

### Sex

In 2019-20, males accounted for 52% of drug-related hospitalisations. This is a reversal of findings up until 2014-15 where drug-related hospitalisations more commonly involved females than males.

### Age

In 2019-20, the highest rates of drug-related hospitalisations continued to be observed among the 20-29 and the 30-39 age groups. The greatest increase since 1999-00 has been observed in males aged 40-49 and 50-59, with the rates of drug-related hospitalisations over two times higher in 2019-20 than in 1999-00, however, the rates have been relatively stable since 2015-16. Among females, the second highest rate of drug-related hospitalisations was among those aged 10-19.

### Remoteness Area of Usual Residence

In 2019-20, the majority of drug-related hospitalisations were among people residing in major cities (73% of hospitalisations where remoteness was coded), although the age-standardised rate of drug-related hospitalisations was highest in remote and very remote areas of Australia (301 hospitalisations per 100,000 people).

### Principal Diagnosis

In 2019-20, psychotic disorder was the leading diagnosis among the hospitalisations related to mental and behavioural disorders due to psychoactive substance use (37%), followed closely by dependence syndrome (31%).

In 2019-20, two-thirds (68%) of hospitalisations due to drug poisoning were intentional.

### Drug Type

In 2019-20, the largest proportion of drug-related hospitalisations was attributable to amphetamines and other stimulants (70 hospitalisations per 100,000 people, 27% of drug-related hospitalisations), followed by antiepileptic, sedative-hypnotic and antiparkinsonism drugs (e.g., benzodiazepines; 16%), opioids (12%), non-opioid analgesics (e.g., paracetamol; 11%), and cannabinoids (10%).

From 1999-00 to 2019-20, cannabinoid-related hospitalisations increased from 11 to 26 per 100,000 people. Psychostimulant-related hospitalisations also increased in that period, with cocaine-related hospitalisations increasing from 0.6 to 5.0 and amphetamines and other stimulants from 14 to 70 hospitalisations per 100,000 people. Opioid-related hospitalisations decreased from the peak of 52 hospitalisations per 100,000 people in 1999-00 to 28 hospitalisations per 100,000 people in 2019-20.

Compared with the previous year, 2019-20 saw a significant decrease in the rates of hospitalisations with opioids; non-opioid analgesics; and antipsychotics and neuroleptics identified under principal diagnosis ( $p < 0.001$ ). In contrast, there was a significant increase in hospitalisation rates due to amphetamines and other stimulants; cannabinoids; antiepileptic, sedative-hypnotic and antiparkinsonism drugs; and hallucinogens ( $p < 0.050$ ).

In 2019-20, natural and semi-synthetic opioids (e.g., oxycodone, morphine) were responsible for nearly half (45%) of all hospitalisations due to opioid poisoning. The rate of hospitalisations related to natural and semi-synthetic opioids almost doubled from 1999-00 to 2019-20 (3.5 to 6.0 hospitalisations per 100,000 people, respectively).

Major cities had the highest rate of opioid-related (29 per 100,000 people) and cocaine-related (6.0 per 100,000 people) hospitalisations compared to other remoteness areas, while outer regional areas had the highest rate of hospitalisations related to amphetamines and other stimulants (80 hospitalisations per 100,000 people) and remote and very remote areas had

the highest rate of cannabinoid-related hospitalisations (79 per 100,000 people).

#### *Jurisdiction*

From 2018-19 to 2019-20, the age-standardised rate of drug-related hospitalisations increased in the Australian Capital Territory, the Northern Territory, Queensland, South Australia, and Western Australia, decreased in Tasmania and Victoria, and remained similar in New South Wales.

**Important differences in age-standardised rate of drug-related hospitalisations by sex, age group, remoteness and drug type for each jurisdiction are also reported and available in our publicly-accessible [online interactive visualisation](#).**