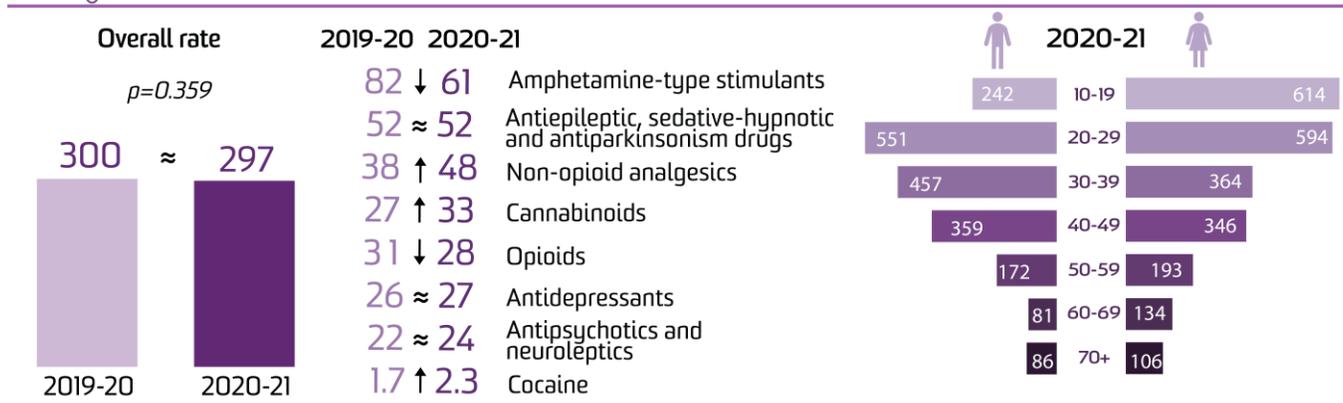


Queensland



Drug-related hospitalisations per 100,000 people (excluding alcohol and tobacco)



Note: Arrows indicate a statistically significant increase/decrease between 2019-20 and 2020-21 ($p < 0.05$); sign "≈" indicates no significant change.

There were 14,770 hospitalisations with a drug-related principal diagnosis in [Queensland](#) in 2020-21, equivalent to 0.50% of all hospitalisations in Queensland.

This is equivalent to 297 hospitalisations per 100,000 people, which was similar to 2019-20 (300 hospitalisations per 100,000 people; $p=0.359$) (Table A22) and higher than reported in 1999-00 (218 hospitalisations per 100,000 people) ([Figure 1](#)).

Sex

The rate of hospitalisations was higher among [females](#) than males in 2020-21 (322 versus 273 hospitalisations per 100,000 people, respectively).

Age

In 2020-21, the rate of hospitalisations was [highest](#) among the 20-29 age group, followed by the 10-19 and 30-39 age groups (573, 423, and 410 hospitalisations per 100,000 people, respectively). Among males, the rate of drug-related hospitalisations was highest in the 20-29 age groups, and among females in the 10-19 age groups.

Remoteness Area of Usual Residence

The highest rate of hospitalisations in 2020-21 was observed in [outer regional](#) Queensland

(2,064 hospitalisations, 315 per 100,000 people), while the number of hospitalisations was highest in major city areas (9,886 hospitalisations, 300 per 100,000 people) ([Figure 2](#)).

External Cause of Drug Poisoning

In 2020-21, 60% of drug-related hospitalisations in Queensland were due to drug poisoning. Furthermore, 74% of drug poisoning related hospitalisations were intentional (131 hospitalisations per 100,000 people) and 21% were unintentional (35 hospitalisations per 100,000 people) ([Figure 3](#)).

Drug Type

In 2020-21, the rate of hospitalisations was [highest](#) where there was a principal diagnosis indicating amphetamine-type stimulants (61 hospitalisations per 100,000 people) ([Figure 4](#)).

Compared to 2019-20, there were significant decreases in 2020-21 in the rates of hospitalisations related to amphetamine-type stimulants and opioids ($p < 0.050$) (Table A22).

In contrast, there were significant increases in the rates of hospitalisations related to non-opioid analgesics, cannabinoids, and cocaine ($p < 0.050$) (Table A22).

Figure 1. Age-standardised rate per 100,000 people of drug-related hospitalisations, by sex, Queensland, 1999-00 to 2020-21.

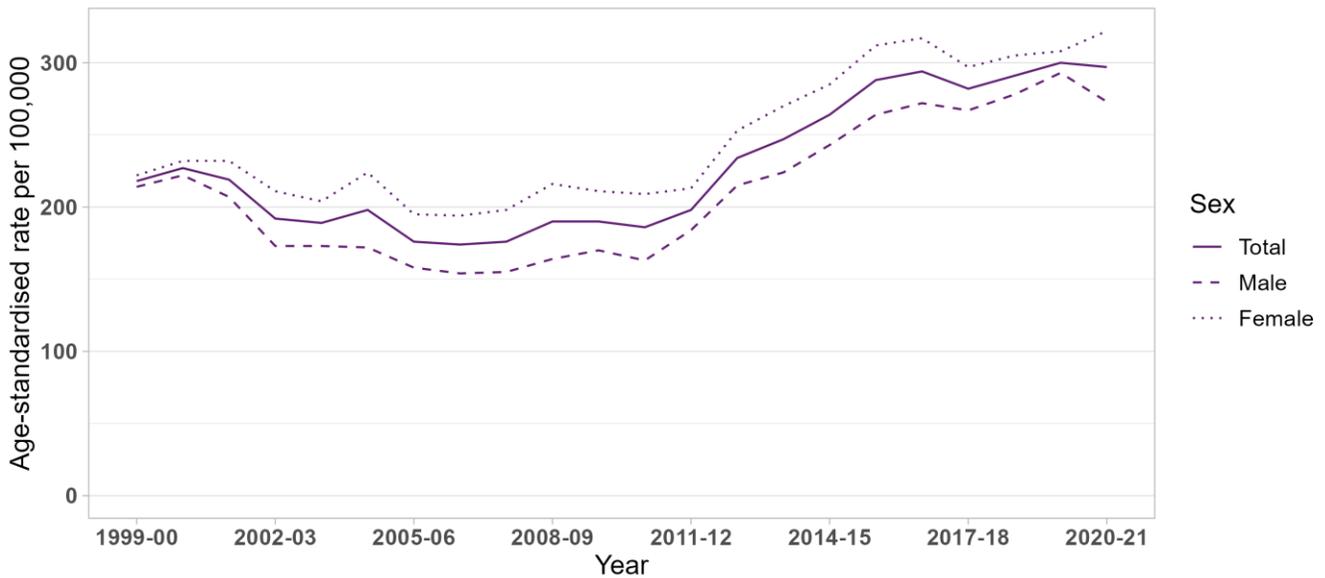
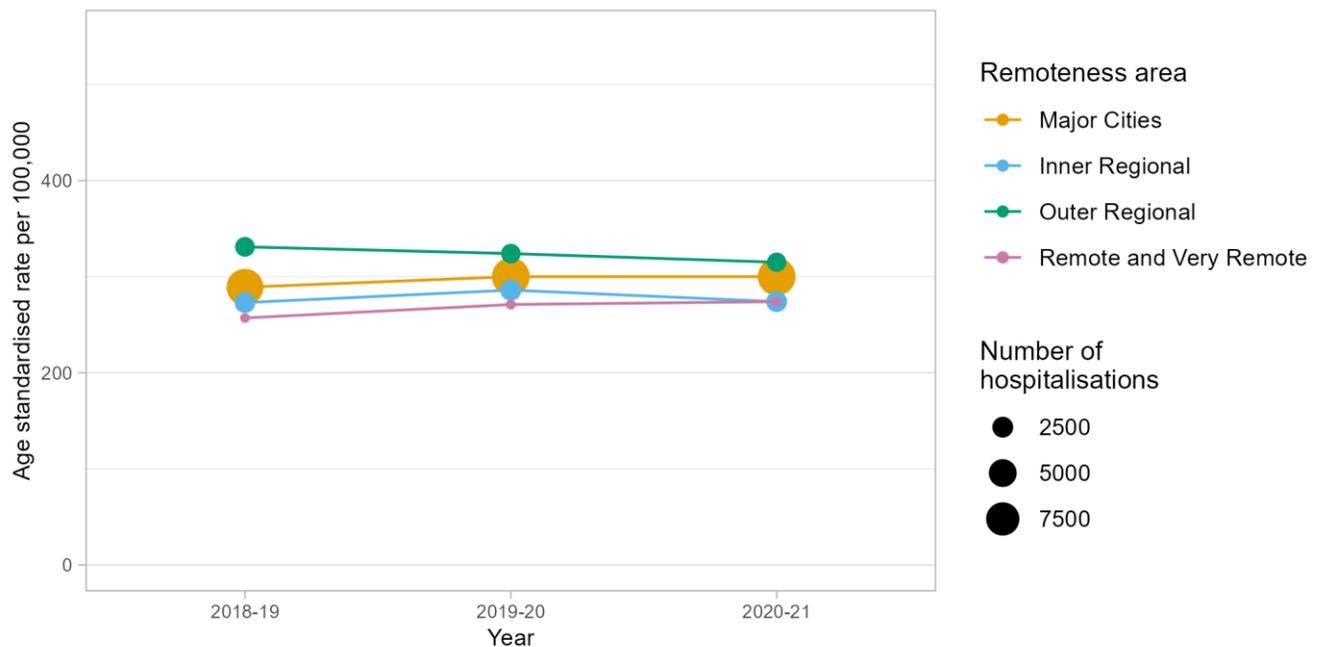


Figure 2. Age-standardised rate per 100,000 people of drug-related hospitalisations, by remoteness, Queensland, 2018-19 to 2020-21.



Note: The size (area) of the bubble is proportional to the number of hospitalisations. In Queensland, data by remoteness area are only available from 2018-19.

Figure 3. Age-standardised rate per 100,000 people of drug-related hospitalisations, by principal diagnosis of mental and behavioural disorder due to substance use (A) and external cause of poisoning (B), Queensland, 1999-00 to 2020-21.

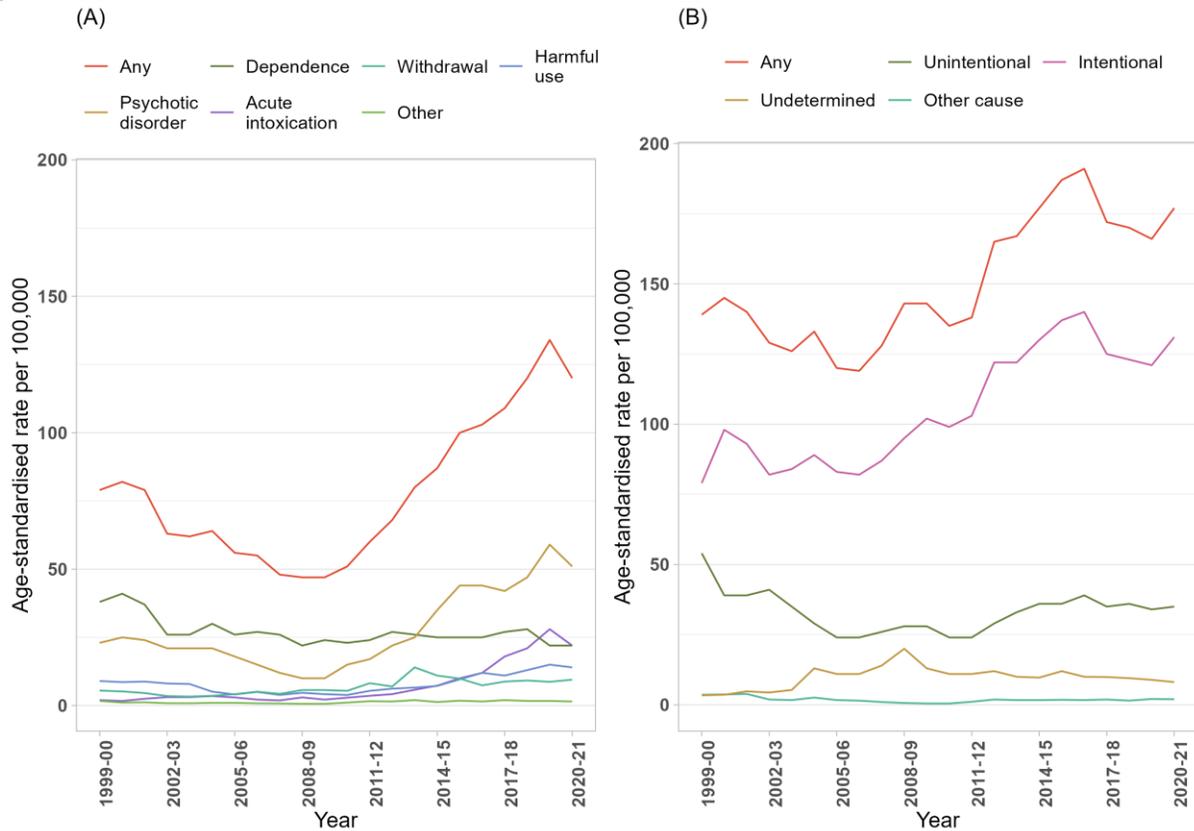
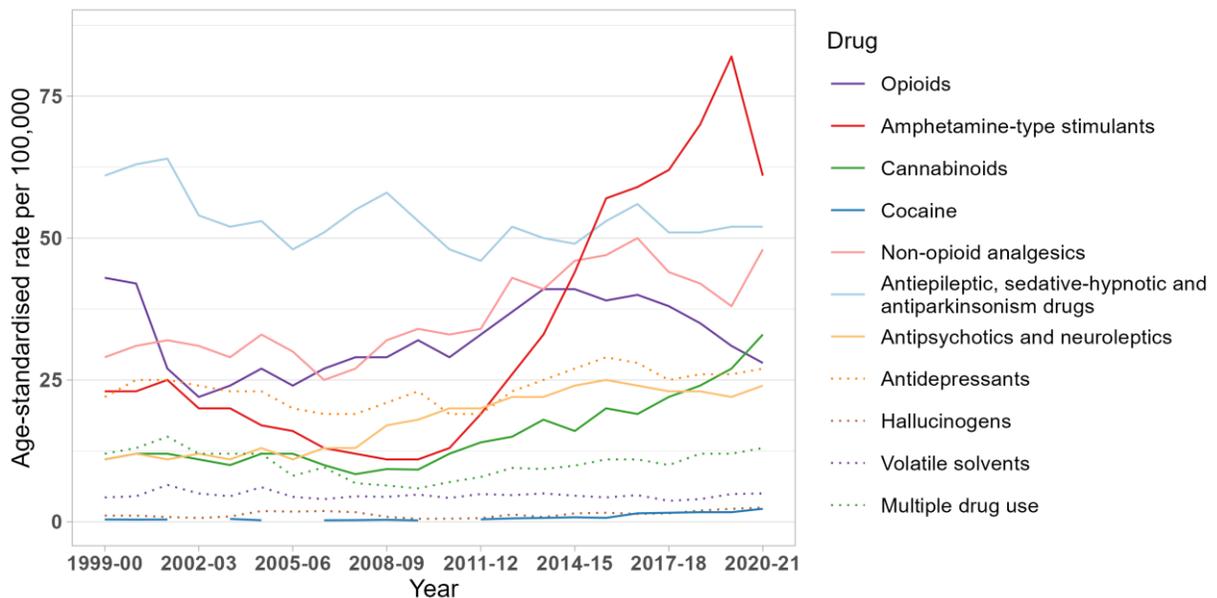


Figure 4. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, Queensland, 1999-00 to 2020-21.



Note: Age-standardised rates were not calculated if the number of hospitalisations was less than or equal to 10 (please refer to our [methods](#) document for details). Suppressed data are visible as gaps in the data series.

Table A22. Age-standardised rate (per 100,000 people) of drug-related hospitalisations in 2020-21 and rate ratio and p-value for difference compared to 2019-20, in Queensland by drug type identified in the principal diagnosis

Drug	Rate in 2020-21 (95% CI)	Rate in 2019-20 (95% CI)	Rate ratio (95% CI)	P-value
All drugs	297 (292, 302)	300 (295, 305)	0.99 (0.97, 1.01)	0.359
Amphetamine-type stimulants	61 (59, 64)	82 (80, 85)	0.75 (0.71, 0.78)	<0.001
Antiepileptic, sedative-hypnotic and antiparkinsonism drugs	52 (50, 54)	52 (50, 54)	1.00 (0.95, 1.06)	0.885
Non-opioid analgesics	48 (47, 50)	38 (37, 40)	1.27 (1.19, 1.35)	<0.001
Cannabinoids	33 (31, 34)	27 (26, 29)	1.20 (1.12, 1.29)	<0.001
Opioids	28 (27, 30)	31 (29, 32)	0.92 (0.86, 0.99)	0.024
Antidepressants	27 (26, 29)	26 (25, 28)	1.04 (0.96, 1.12)	0.299
Antipsychotics and neuroleptics	24 (22, 25)	22 (21, 24)	1.08 (0.99, 1.17)	0.081
Multiple drug use	13 (12, 14)	12 (11, 13)	1.05 (0.94, 1.17)	0.393
Volatile solvents	5.0 (4.4, 5.7)	4.9 (4.3, 5.6)	1.02 (0.86, 1.22)	0.823
Hallucinogens	2.5 (2.1, 3.0)	2.3 (1.9, 2.8)	1.07 (0.83, 1.38)	0.625
Cocaine	2.3 (1.9, 2.7)	1.7 (1.3, 2.1)	1.35 (1.02, 1.80)	0.039

Note: 95% confidence intervals for the age-standardised rate and rate ratio are shown in brackets. Please refer to our [methods](#) document on 'Presentation of results' for interpretation of rate ratios. Please also refer to our [methods](#) document on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions.

For complete report on trends in drug-related hospitalisations in Australia please go to the [national report](#).

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Related Links

- Hospitalisations data visualisations: https://drugtrends.shinyapps.io/hospital_separations
- Hospitalisations methods document: <https://ndarc.med.unsw.edu.au/resource-analytics/trends-drug-related-hospitalisations-australia-1999-2021>
- 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 AIHW and NHMD, go to: <https://www.aihw.gov.au/>
- For more information on ICD coding go to: <http://www.who.int/classifications/icd/en/>
<https://www.ihacpa.gov.au/resources/icd-10-amachiacs-eleventh-edition>
- For more research from the Drug Trends program go to: <https://ndarc.med.unsw.edu.au/program/drug-trends>

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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.