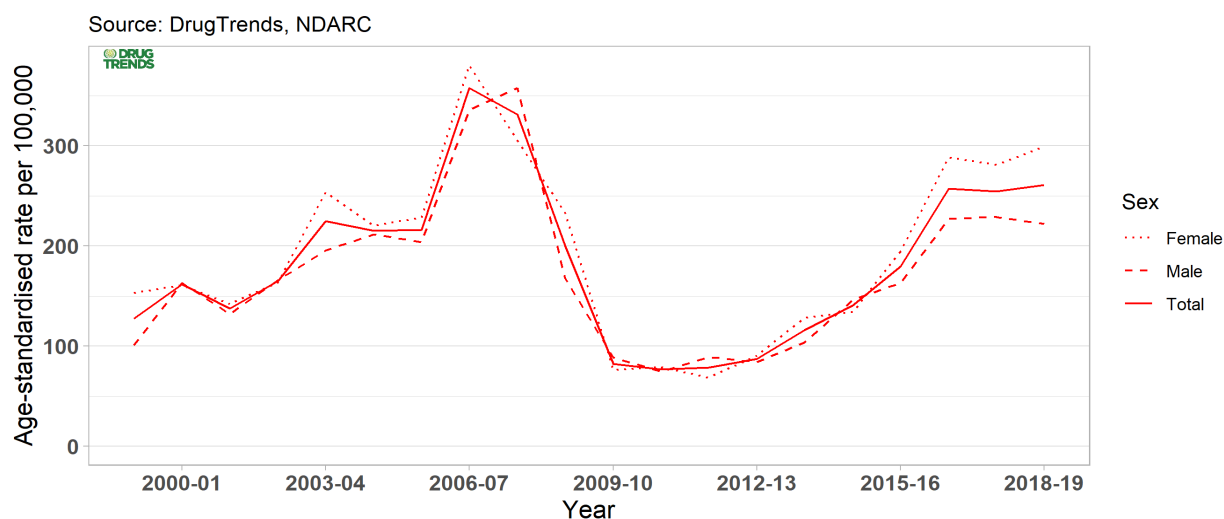


## Trends in drug-related hospitalisations in Tasmania, 1999-2019

Authors: Nicola Man, Agata Chrzanowska, Rachel Sutherland, Louisa Degenhardt and Amy Peacock

- There were 1,265 hospitalisations with a drug-related principal diagnosis in TAS in 2018-19.
- This is equivalent to 261 hospitalisations per 100,000 people, as compared to 127 hospitalisations per 100,000 people in 1999-00 (**Figure 1**).
- The rate of hospitalisations was higher among females than males in 2018-19 (299 versus 222 hospitalisations per 100,000 people).
- In 2018-19, the rate of hospitalisations was highest among the 20-29 age group, followed by the 30-39 and 10-19 age groups (490, 370, and 326 hospitalisations per 100,000 people, respectively).
- The rate of hospitalisations was highest where there was a principal diagnosis indicating amphetamines and other stimulants (47 hospitalisations per 100,000 people; **Figure 2**).
- The highest number and rate of hospitalisations was observed in inner regional TAS (981 hospitalisations, 289 hospitalisations per 100,000 people; **Figure 3**).

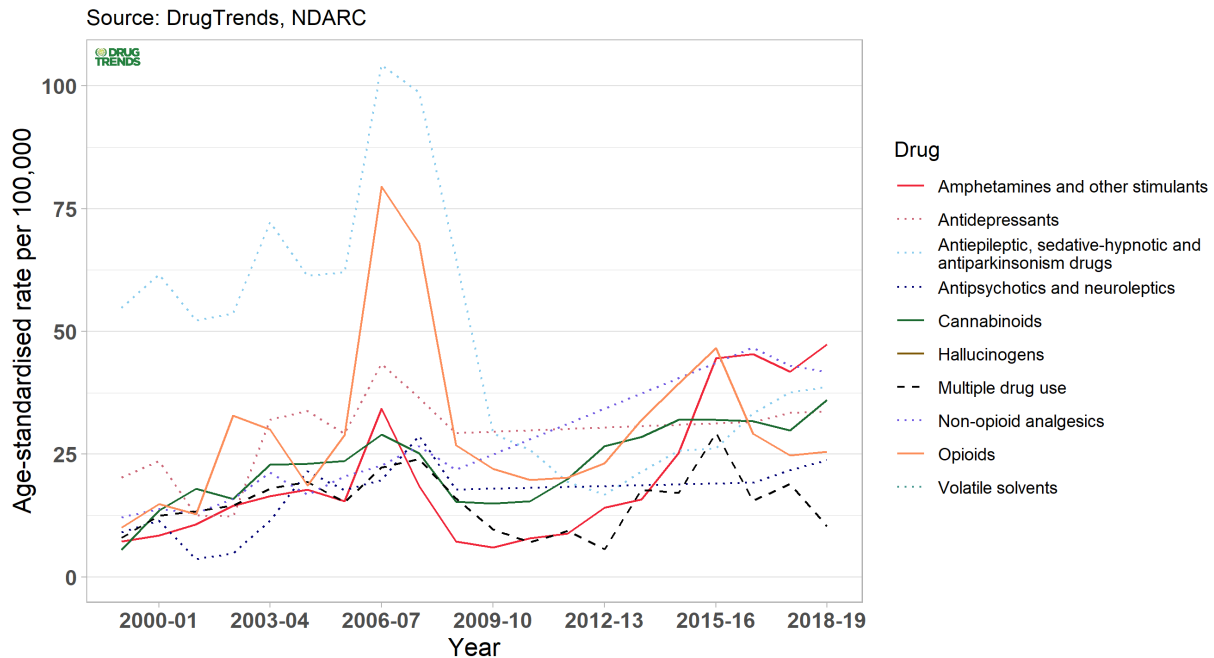
**Figure 1. Age-standardised rate (per 100,000 people) of drug-related hospitalisations, by sex, Tasmania, 1999-00 - 2018-19.**



Provision of Tasmanian data between 2008-09 and 2015-16 was limited to drug related hospital separations based on selected drug-related ICD-10-AM codes (see the [methods](#) for the list of ICD-10-AM codes). Estimates of drug-related hospitalisations for this period are likely to be underestimated.

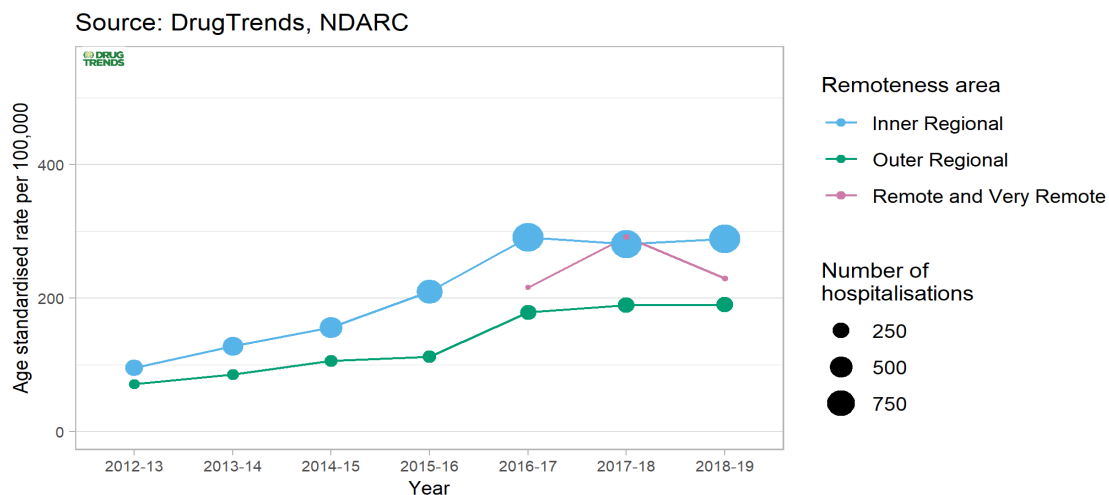
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**Figure 2.** Age-standardised rate (per 100,000 people) of drug-related hospitalisations, by drug identified in the principal diagnosis, Tasmania, 1999-00 - 2018-19.



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.

**Figure 3.** Age-standardised rate (per 100,000 people) of drug-related hospitalisations, by remoteness, Tasmania, 2012-13 - 2018-19.



Note: There are no major cities in Tasmania. Where the number of hospitalisations for remote and very remote Tasmania were small (less than or equal to 10) age-standardised rates were not calculated. Please refer to our [methods](#) document for details. The size (area) of the bubble is proportional to the number of hospitalisations.

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## Related Links

- Hospitalisations data visualisations: [https://drugtrends.shinyapps.io/hospital\\_separations](https://drugtrends.shinyapps.io/hospital_separations)
- Hospitalisations methods document: <https://ndarc.med.unsw.edu.au/resource-analytics/trends-drug-related-hospitalisations-australia-1999-2019>
- For information on drug-induced deaths in Australia, go to: <https://ndarc.med.unsw.edu.au/resource-analytics/trends-drug-induced-deaths-australia-1997-2019>
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