

Executive Summary

There were 52,413 [drug-related hospitalisations](#) (excluding alcohol and tobacco) among Australians in 2021-22, equivalent to 0.45% of all hospitalisations in Australia and an average of 143 hospitalisations per day.

From 2002-03, Australia witnessed an upward trend in the rate of drug-related hospitalisations, peaking in 2015-16 at 272 hospitalisations per 100,000 people. Thereafter, the rate generally declined. Indeed, the rate in 2021-22 (211 hospitalisations per 100,000 people) represents a 17% decline relative to the rate in 2020-21 (255 hospitalisations per 100,000 people). This decline outpaced the overall 2.1% decrease in the total number of hospitalisations across the country for the same period.

Sex

In 2021-22, drug-related hospitalisations in Australia were nearly evenly distributed between males (49%) and females (51%). The total number of hospitalisations was 25,629 for males and 26,694 for females, equivalent to 206 drug-related hospitalisations per 100,000 male Australians and 206 per 100,000 female Australians. Historical trends showed fluctuations in sex-specific rates, with a recent decline in rates among both males (19%) and females (16%) compared to 2020-21.

Age

In 2021-22, drug-related hospitalisations in Australia were most common among the 20-29 and 30-39 age groups, accounting for 27% (14,068 hospitalisations) and 23% (12,277 hospitalisations), respectively. These age groups also exhibited the highest rates of hospitalisations, with 406 and 322 hospitalisations per 100,000 people.

From 2020-21 to 2021-22, the rate of drug-related hospitalisations declined across all age groups.

Remoteness Area of Usual Residence

In 2021-22, the majority of drug-related hospitalisations were among people residing in major city areas (72%, 37,802 hospitalisations), while the age-standardised rate was highest in remote and very remote areas (241 hospitalisations per 100,000 people). From 2020-21 to

2021-22, the rate of drug-related hospitalisations declined across all remoteness areas.

Principal Diagnosis

Drug-related hospitalisations are typically coded as related to 'mental and behavioural disorders due to psychoactive substance use' or 'poisoning'. In 2021-22, 51% of all drug-related hospitalisations had a [principal diagnosis](#) of mental and behavioural disorder due to substance use, while 48% had a principal diagnosis of drug poisoning.

There are specific diagnoses within these two categories. In 2021-22, [drug-induced psychotic disorder](#) and dependence syndrome were the leading diagnoses among hospitalisations related to mental and behavioural disorders due to psychoactive substance use (34% each).

In 2021-22, 73% of hospitalisations due to drug poisoning were [intentional](#). While the rate of intentional poisoning hospitalisations has varied over time, the rate of unintentional poisoning hospitalisations has remained relatively stable.

The majority of intentional drug poisoning hospitalisations occurred among females, and those aged 10-19 and 20-29, with a particular increase over time in the former age group. By contrast, unintentional drug poisoning hospitalisations were more evenly distributed by sex and age group, although rates have increased among older age groups (i.e., 50+) over time.

Drug Type

In 2021-22, the largest proportion of drug-related hospitalisations was attributable to [amphetamine-type stimulants](#) (22%, 47.6 hospitalisations per 100,000 people), followed by antiepileptic, sedative-hypnotic and antiparkinsonism drugs (e.g., benzodiazepines; 15%), non-opioid analgesics (e.g., paracetamol, 14%), cannabinoids (13%) and opioids (11%).

Opioid-related hospitalisations

A [decrease](#) in the rate of opioid-related hospitalisations has been observed since a peak in 2015-16, including a further decrease from 2020-21 (26 hospitalisations per

100,000 people) to 2021-22 (22 hospitalisations per 100,000 people).

In 2021-22, natural and semi-synthetic opioids (e.g., oxycodone, morphine) accounted for over half (51%) of all hospitalisations due to opioid poisoning. It has consistently been the most common opioid type identified as involved in opioid poisoning hospitalisations over the years of monitoring.

Despite the overall decrease in opioid-related hospitalisations between 2020-21 and 2021-22, the rate of heroin-related hospitalisations significantly increased by 15%, from 2.2 to 2.6 hospitalisations per 100,000 people. This recent increase is preceded by a decline in the rate from 2018-19 (4.1 per 100,000 people) to 2020-21.

Amphetamine-type stimulant-related hospitalisations

Between 2002-03 and 2019-20, the rate of hospitalisations related to amphetamine-type stimulants in Australia followed an intriguing trajectory. Initially, it stood at 17 hospitalisations per 100,000 people in 2002-23, increasing to a peak of 70 hospitalisations per 100,000 people in 2019-20. Subsequently, the rate has declined, with 48 hospitalisations per 100,000 people recorded in 2021-22. This decline was observed across males and females and all age groups.

In 2021-22, methamphetamine-related hospitalisation comprised 80% of all hospitalisations related to amphetamine-type stimulants, making it the most prevalent drug type identified. Demographic profile of these hospitalisations and how they have shifted over time reflect those observed for the broader category of amphetamine-type stimulants.

Cannabinoid-related hospitalisations

Between 2002-03 and 2020-21, cannabinoid-related hospitalisations **increased** more than doubled, escalating from 12 to a peak of 30 hospitalisations per 100,000 people. Despite experiencing a 9.4% decline in the rate from 2020-21 to 2021-22 (27 hospitalisations per 100,000 people), the rate remained more than double that observed in 2002-03.

In 2021-22, cannabinoid-related hospitalisations were more common among males (61%) than females, and the most frequently identified age group was 40-49 (40%).

Cocaine-related hospitalisations

After a continuing upward trend between 2010-11 to 2020-21, the rate of cocaine-related hospitalisations declined in 2021-22 from 7.1 to 5.0 hospitalisations per 100,000 people.

In 2021-22, males accounted for 71% of cocaine-related hospitalisations and the most frequently identified age group was 30-39 (42%).

Both the 20-29 and 30-39 age groups experienced an increase in rates from 2002-03, with a particular spike in the rate of the 20-29 age groups in 2020-21 (20 hospitalisations per 100,000 people). However, there was a sharp 45% decline in the rate for this age group in 2021-22. In contrast, the rate for the 30-39 age group remained stable between 2020-21 and 2021-22.

Other drug-related hospitalisations

There was a decline in the rate of hospitalisations with a principal diagnosis related to antiepileptic, sedative-hypnotic and antiparkinsonism drugs, from 51 hospitalisations per 100,000 people in 2002-03 to 31 hospitalisations per 100,000 people in 2021-22. In 2021-22, nearly half of the hospitalisations related to antiepileptic, sedative-hypnotic and antiparkinsonism drugs involved benzodiazepines (46%, 3,725 hospitalisations, 14 hospitalisations per 100,000 people).

GHB-related hospitalisations

In 2021-22, GHB-related hospitalisation comprised 14% of hospitalisations related to antiepileptic, sedative-hypnotic and antiparkinsonian drugs, accounting for 1,154 hospitalisations, with a rate of 4.7 hospitalisations per 100,000 people. These hospitalisations were equally common among males and females, and three out of four GHB-related hospitalisations occurred in individuals aged 20-39.

The rate of non-opioid analgesic-related hospitalisations fluctuated between 2003-03 and 2021-22, peaking at 39 hospitalisations per 100,000 people in 2016-17. The rate

recently declined from 34 in 2020-21 to 29 hospitalisations per 100,000 people in 2021-22. In 2021-22, 85% of hospitalisations related to non-opioid analgesics involved 4-aminophenol derivatives such as paracetamol (6,071, 25 hospitalisations per 100,000 people).

Antidepressant-related hospitalisations decreased from 22 hospitalisations per 100,000 people in 2002-03 to 15 hospitalisations per 100,000 people in 2021-22. In the same period, antipsychotic and neuroleptic-related hospitalisations increased from 12 to 15 hospitalisations per 100,000 people, with a peak recorded in 2016-17 at 19 hospitalisations per 100,000 people.

Throughout the monitoring period, the rate of hospitalisations with principal diagnosis related to

volatile solvents has been low, dropping from 4.7 in 2002-03 to 2.5 hospitalisations per 100,000 people in 2021-22.

Jurisdiction

From 2019-20 to 2020-21, the age-standardised rate of drug-related hospitalisations decreased in all jurisdictions except for the Northern Territory.

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](#).