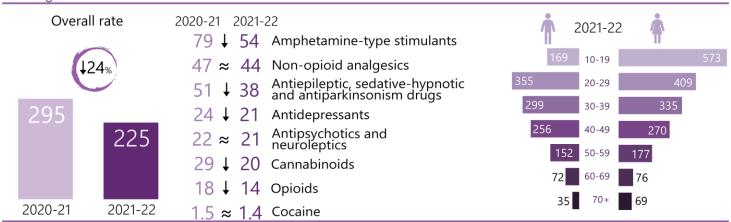
South Australia

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



Note: Arrows indicate a statistically significant increase/decrease between 2020-21 and 2021-22 (p<0.05); sign "≈" indicates no significant change.

There were 3,758 hospitalisations with a drug-related principal diagnosis in <u>South Australia</u> in 2021-22, equivalent to 0.46% of all hospitalisations in South Australia.

This is equivalent to 225 hospitalisations per 100,000 people, which was 24% lower than the 2020-21 rate (295 hospitalisations per 100,000 people) (Table A21, <u>Appendix</u>), although still higher than reported between 2002-03 and 2013-14 (Figure 1).

Sex

The rate of hospitalisations was higher among <u>females</u> than males in 2021-22 (264 versus 186 hospitalisations per 100,000 people, respectively).

Age

In 2021-22, the rate of hospitalisations was <u>highest</u> among the 20-29 age group, followed by the 10-19 and 30-39 age groups (382, 368, and 317 hospitalisations per 100,000 people, respectively). Among males, the rate of drug-related hospitalisations was highest in the 20-29 age group, and among females in the 10-19 age group.

Remoteness Area of Usual Residence

The highest rate of hospitalisations in 2021-22 was observed in <u>inner regional</u> South Australia (301

hospitalisations per 100,000 people), while the number of hospitalisations was highest in major city areas (2,591 hospitalisations) (Figure 2).

External Cause of Drug Poisoning

In 2021-22, 62% of drug-related hospitalisations in South Australia were due to drug poisoning. Furthermore, 77% of drug poisoning-related hospitalisations were intentional (108 hospitalisations per 100,000 people) and 16% were unintentional (21 hospitalisations per 100,000 people) (Figure 3).

Drug Type

In 2021-22, the rate of hospitalisations was <u>highest</u> where there was a principal diagnosis indicating amphetaminetype stimulants (54 hospitalisations per 100,000 people) (Figure 4).

Compared to 2020-21, there were significant decreases in the 2021-22 rates of hospitalisations related to:

- amphetamine-type stimulants (including methamphetamine),
- antiepileptic, sedative-hypnotic and antiparkinsonism drugs (including GHB)
- cannabinoids,
- opioids, and
- hallucinogens (Table A21, <u>Appendix</u>).

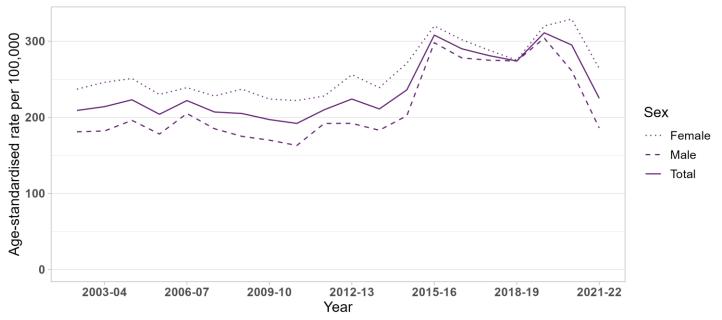
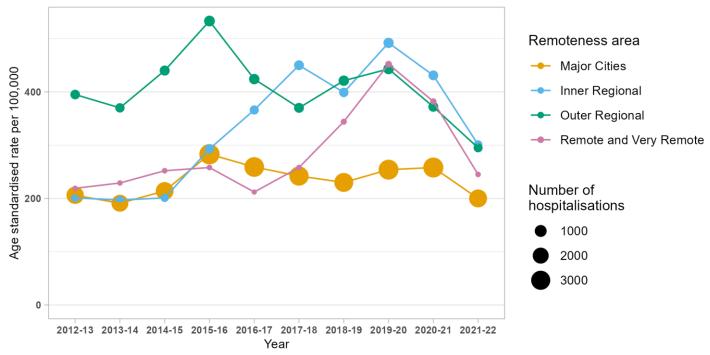


Figure 1. Age-standardised rate per 100,000 people of drug-related hospitalisations, by sex, South Australia, 2002-03 to 2021-22.

Figure 2. Age-standardised rate per 100,000 people of drug-related hospitalisations, by remoteness, South Australia, 2012-13 to 2021-22.



Note: The size (area) of the bubble is proportional to the number of hospitalisations. Data on remoteness are only available from 2012-13.

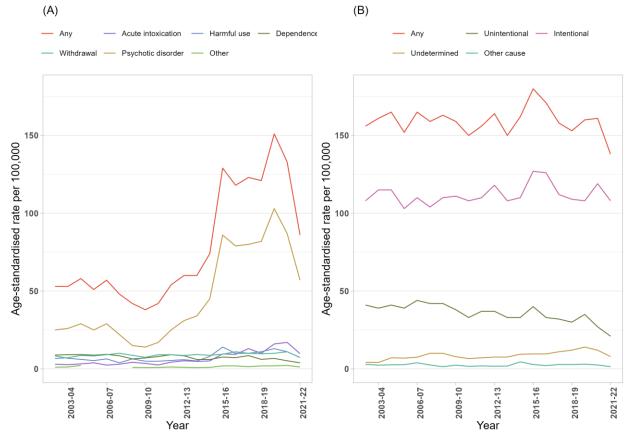
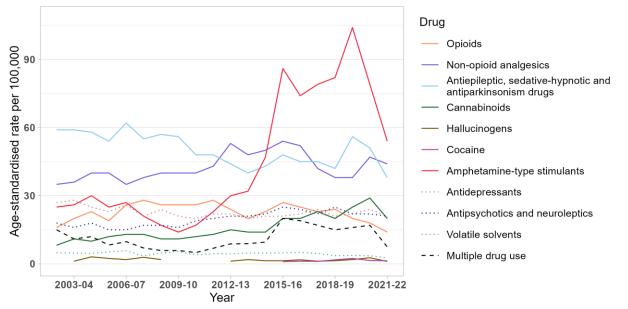


Figure 3. Age-standardised rate per 100,000 people of drug-related hospitalisations, by principal diagnosis of mental and behavioural disorder due to substance use (A) and external cause of poisoning (B), South Australia, 2002-03 to 2021-22.

Figure 4. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, South Australia, 2002-03 to 2021-22.



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

Table A21. Age-standardised rate (per 100,000 people) of drug-related hospitalisations in 2021-22 and average percent change for difference compared to 2020-21, in South Australia by drug type identified in the principal diagnosis

Drug	Rate in 2021-22 (95% Cl)	Rate in 2020-21 (95% CI)	APC (95% CI)
All drugs	225 (217, 232)	295 (286, 303)	-24 (-27, -20)
Amphetamine-type stimulants	54 (50, 58)	79 (75, 83)	-31 (-37, -25)
Non-opioid analgesics	44 (41, 48)	47 (43, 50)	-4.8 (-14.1, 5.5)
Methamphetamine	43 (40, 46)	63 (59, 67)	-31 (-38, -25)
Antiepileptic, sedative-hypnotic and antiparkinsonism drugs	38 (35, 41)	51 (48, 54)	-26 (-33, -18)
Antidepressants	21 (19, 23)	24 (22, 27)	-14 (-25, -0)
Antipsychotics and neuroleptics	21 (19, 23)	22 (20, 25)	-6.0 (-18.9, 9.0)
Cannabinoids	20 (18, 22)	29 (26, 32)	-30 (-40, -20)
Opioids	14 (12, 16)	18 (16, 20)	-24 (-36, -10)
Multiple drug use	7.5 (6.2, 8.9)	17 (15, 19)	-56 (-64, -45)
GHB	5.3 (4.2, 6.5)	13 (11, 15)	-59 (-68, -47)
Volatile solvents	2.6 (1.9, 3.5)	3.6 (2.7, 4.6)	-27 (-50, 8)
Cocaine	1.4 (0.9, 2.1)	1.5 (0.9, 2.2)	-3.9 (-45.5, 69.5)
Hallucinogens	1.1 (0.7, 1.8)	2.7 (2.0, 3.6)	-58 (-75, -27)

Note: 95% confidence intervals for the age-standardised rate and average percent change are shown in brackets. Please refer to our <u>methods</u> document on 'Presentation of results' for interpretation of average percent change. Please also refer to our <u>methods</u> document on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions.

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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 <u>Drug Trends</u>.

Please contact the Drug Trends team with any queries regarding this publication: drugtrends@unsw.edu.au.

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Data source

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We acknowledge the traditional custodians of the land on which the work for this report was undertaken. We pay our respects to Elders past, present, and emerging.

Related Links

- Hospitalisations data visualisations: <u>https://drugtrends.shinyapps.io/hospital_separations</u>
- Full report and the methods document: <u>https://www.unsw.edu.au/research/ndarc/resources/trends-drug-related-hospitalisations-australia-2002-2022</u>
- For other Drug Trends publications on drug-related hospitalisations and drug-induced deaths in Australia, go to: <u>National Illicit Drug Indicators Project (NIDIP)</u>
- For more information on NDARC research, go to: <u>National Drug & Alcohol Research Centre | Medicine & Health UNSW</u>
 <u>Sydney</u>
- For more information about the AIHW and NHMD, go to: <u>https://www.aihw.gov.au/</u>
- For more information on ICD coding go to: ICD-10-AM/ACHI/ACS Eleventh Edition | Resources | IHACPA
- For more research from the Drug Trends program go to: <u>Drug trends | National Drug & Alcohol Research Centre UNSW</u> Sydney