# Victoria

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

Overall rate

| 2020-21 | | 2021-22 | |
|---|---|---|---|
| 64 | ↓ | 50 | Amphetamine-type stimulants |
| 45 | ↓ | 33 | Antiepileptic, sedative-hypnotic and antiparkinsonism drugs |
| 31 | ↓ | 27 | Non-opioid analgesics |
| 28 | ↓ | 25 | Opioids |
| 25 | ↓ | 23 | Cannabinoids |
| 14 | ≈ | 13 | Antipsychotics and neuroleptics |
| 13 | ↓ | 12 | Antidepressants |
| 9.1 | ↓ | 8.0 | Cocaine |

↓17%

247 (2020-21)
206 (2021-22)

2021-22

| ♂ | Age | ♀ |
|---|---|---|
| 100 | 10-19 | 349 |
| 428 | 20-29 | 421 |
| 437 | 30-39 | 266 |
| 244 | 40-49 | 203 |
| 123 | 50-59 | 141 |
| 51 | 60-69 | 79 |
| 43 | 70+ | 76 |

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

There were 13,265 hospitalisations with a drug-related principal diagnosis in Victoria in 2021-22, equivalent to 0.46% of all hospitalisations in Victoria.

This is equivalent to 206 hospitalisations per 100,000 people, which was 17% lower than the rate 2020-21 (247 hospitalisations per 100,000 people) (Table A23, Appendix), but still higher than the rate recorded between 2002-03 and 2014-15 (**Figure 1**).

## Sex

The rate of hospitalisations was higher among males than females in 2021-22 (209 versus 201 hospitalisations per 100,000 people, respectively).

## Age

In 2021-22, the rate of hospitalisations was highest among the 20-29 age group, followed by the 30-39 and 40-49 age groups (428, 351, and 224 hospitalisations per 100,000 people, respectively). Among males, the rate of drug-related hospitalisations was highest in the 30-39 and 20-29 age groups, and among females in the 20-29 age group.

## Remoteness Area of Usual Residence

The highest number and rate of hospitalisations in 2021-22 was observed in major city areas (10,475 hospitalisations, 202 hospitalisations per 100,000 people) (**Figure 2**).

## External Cause of Drug Poisoning

In 2021-22, 45% of drug-related hospitalisations in Victoria were due to drug poisoning. Furthermore, 70% of drug poisoning-related hospitalisations were intentional (66 hospitalisations per 100,000 people) and 18% were unintentional (16 hospitalisations per 100,000 people) (**Figure 3**).

## Drug Type

In 2021-22, the rate of hospitalisations was highest where there was a principal diagnosis indicating amphetamine-type stimulants (50 hospitalisations per 100,000 people) (**Figure 4**).

Compared to 2020-21, there were significant increases in 2021-22 in the rates of hospitalisations related to:
- amphetamine-type stimulants (including methamphetamine),
- antiepileptic, sedative-hypnotic and antiparkinsonism drugs (including GHB),
- non-opioid analgesics,
- opioids,
- cannabinoids,
- antidepressants, and
- cocaine (Table A23, Appendix).

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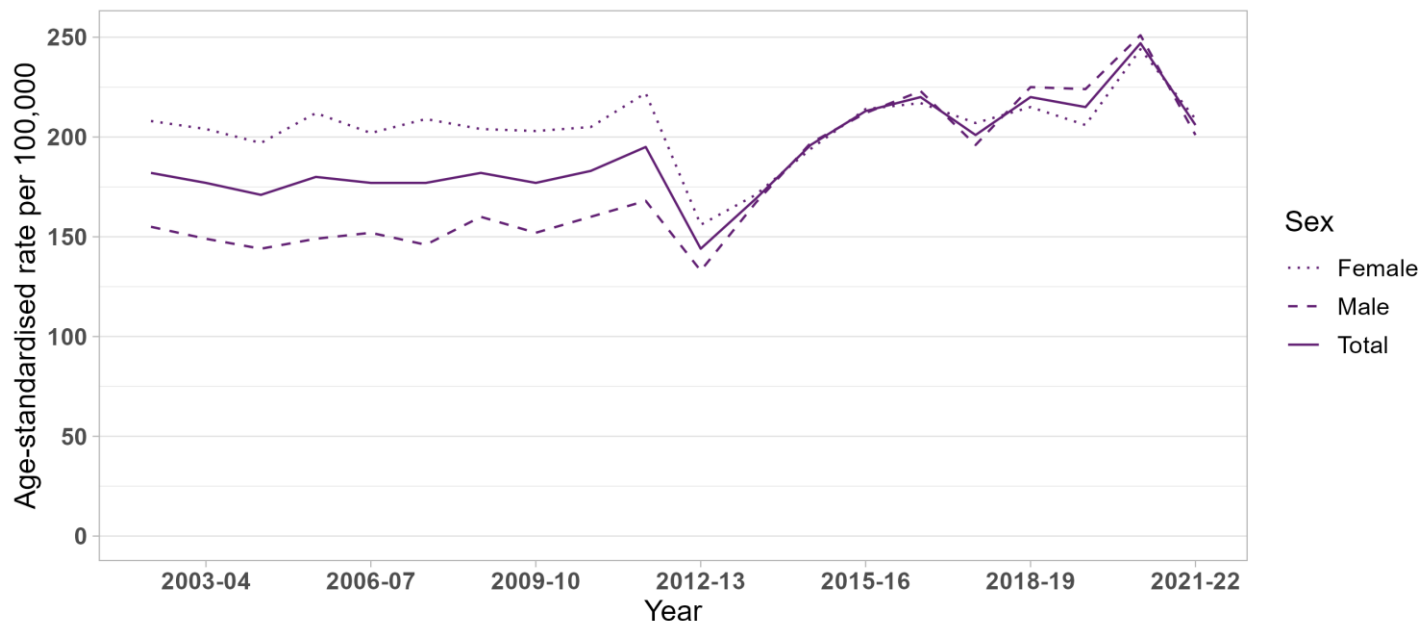


Note: From 1st July 2011 to 30th June 2013 (i.e., between 2011-12 and 2012-13), there was a large decrease in public hospitalisations reported for the Victorian Admitted Episodes Dataset (VAED) because episodes where the patient's entire care is provided in the emergency department were not considered for admission, irrespective of whether a criterion for admission is met. From 2013-14 onwards, "ED-only admissions" were largely replaced with admissions to Short Stay Observation Units.

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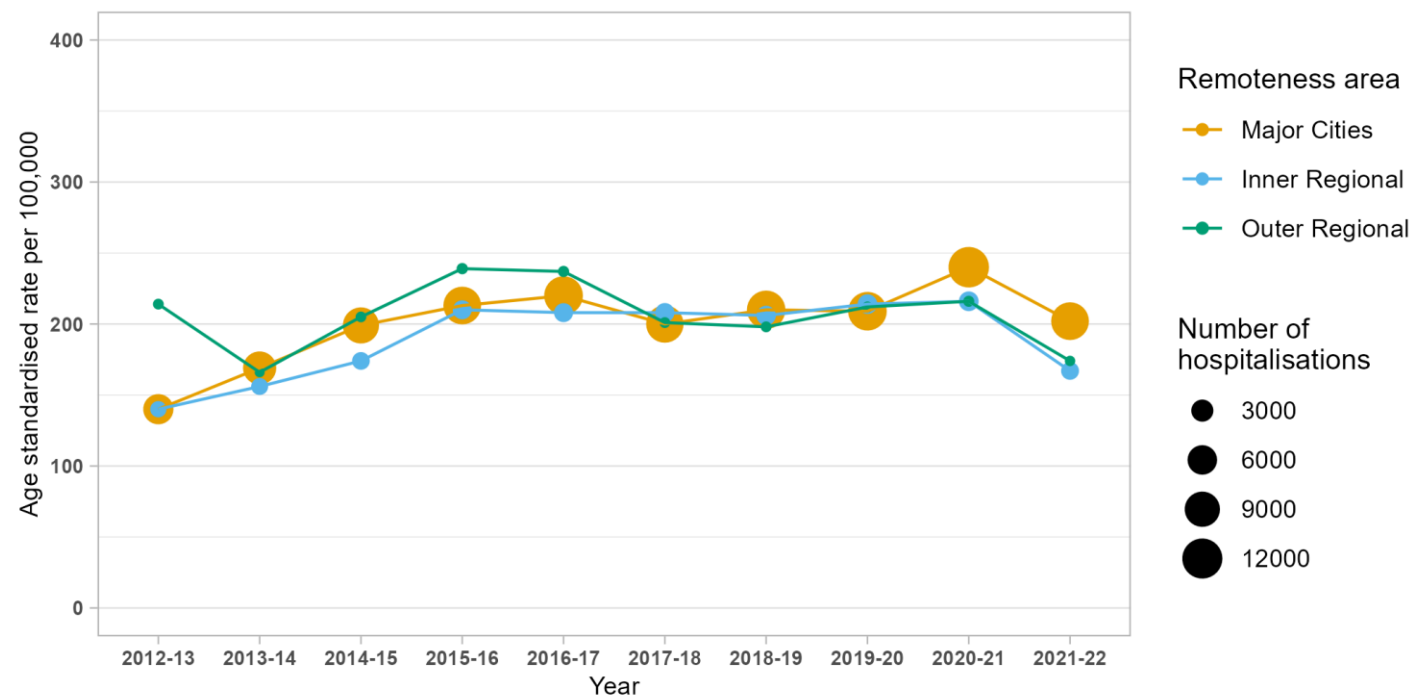


Note: The size (area) of the bubble is proportional to the number of hospitalisations. The number of hospitalisations for remote and very remote Victoria in each year were small (less than or equal to 10) thus age-standardised rates were not calculated. Please refer to our methods document for details. 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), Victoria, 2002-03 to 2021-22.**
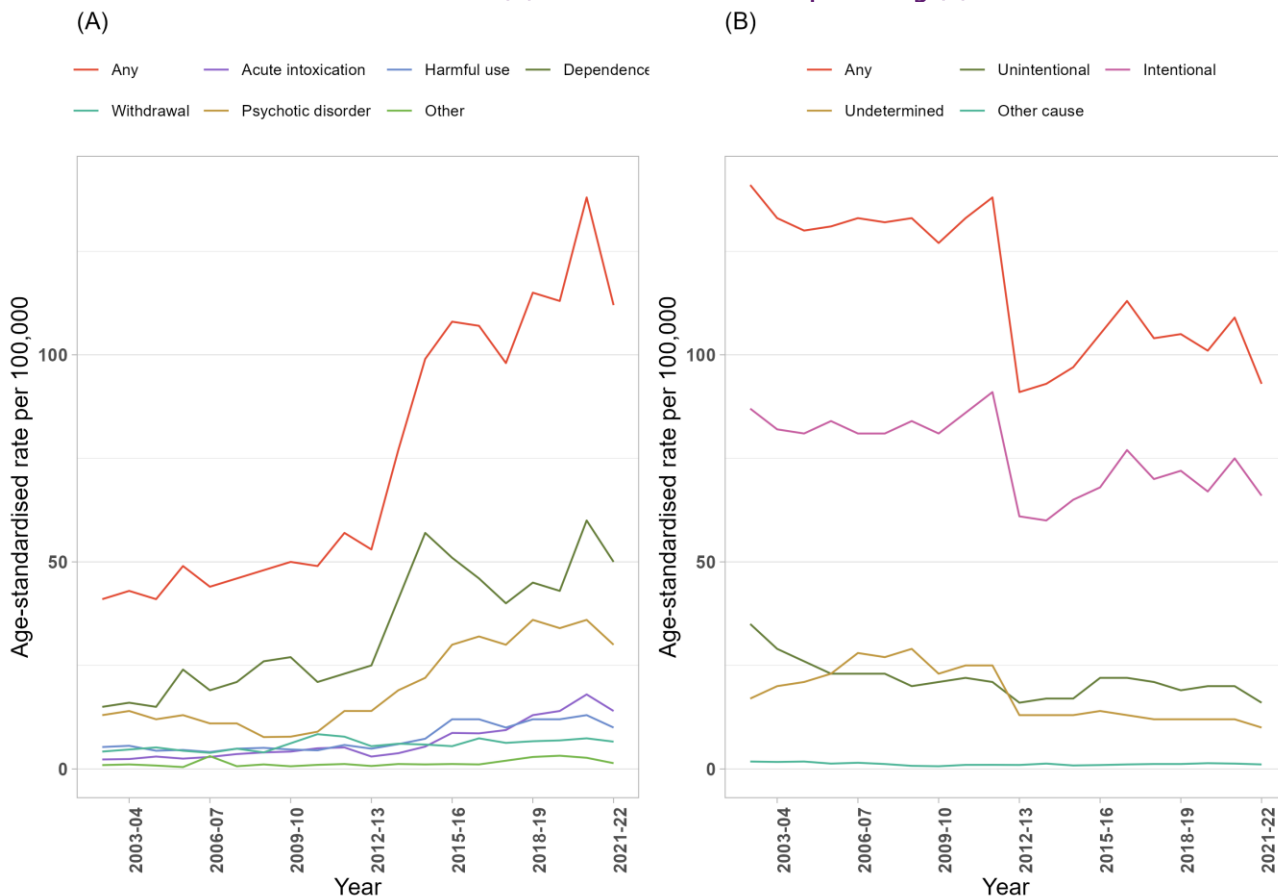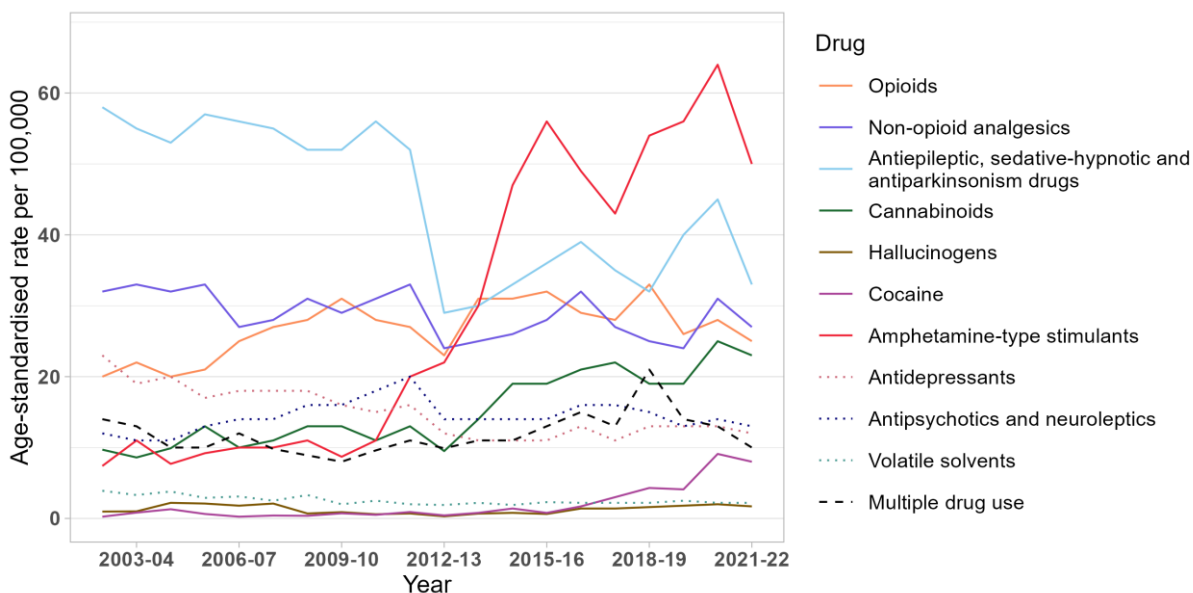


**Figure 4. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, Victoria, 2002-03 to 2021-22.**



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

**Table A23. 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 Victoria by drug type identified in the principal diagnosis**

| Drug | Rate in 2021-22 (95% CI) | Rate in 2020-21 (95% CI) | APC (95% CI) |
|---|---|---|---|
| All drugs | 206 (202, 209) | 247 (243, 251) | -17 (-19, -15) |
| Amphetamine-type stimulants | 50 (49, 52) | 64 (62, 66) | -21 (-25, -18) |
| Methamphetamine | 43 (42, 45) | 53 (51, 55) | -19 (-23, -14) |
| Antiepileptic, sedative-hypnotic and antiparkinsonism drugs | 33 (31, 34) | 45 (43, 47) | -27 (-31, -23) |
| Non-opioid analgesics | 27 (26, 29) | 31 (30, 32) | -12 (-18, -6) |
| Opioids | 25 (24, 26) | 28 (27, 30) | -12 (-18, -6) |
| Cannabinoids | 23 (22, 24) | 25 (24, 26) | -7.3 (-13.7, -0.5) |
| Antipsychotics and neuroleptics | 13 (12, 14) | 14 (13, 15) | -6.4 (-14.9, 2.9) |
| Antidepressants | 12 (11, 13) | 13 (12, 14) | -11 (-19, -1) |
| Multiple drug use | 10 (10, 11) | 13 (12, 14) | -23 (-31, -15) |
| GHB | 8.7 (8.0, 9.5) | 16 (15, 17) | -44 (-50, -38) |
| Cocaine | 8.0 (7.4, 8.8) | 9.1 (8.4, 9.9) | -12 (-22, -1) |
| Volatile solvents | 2.2 (1.9, 2.6) | 2.2 (1.8, 2.6) | 0.77 (-20.17, 27.21) |
| Hallucinogens | 1.7 (1.4, 2.0) | 2.0 (1.7, 2.4) | -17 (-36, 7) |

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

This report was prepared by researchers from the National Drug and Alcohol Research Centre for the Drug Trends program. The Drug Trends program is coordinated by the National Drug and Alcohol Research Centre, UNSW Sydney and undertaken in partnership with the Burnet Institute, National Drug Research Institute, University of Queensland, and University of Tasmania.

**Recommended citation:** Chrzanowska, A, Man, N, Sutherland, R, Degenhardt, L, Peacock, A. Trends in drug-related hospitalisations in Australia, 2002-2022. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney; 2024. Available from: https://doi.org/10.26190/unsworks/30193

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.

## Funding

## Data source

We would like to acknowledge the Australian Institute of Health and Welfare and jurisdictional data custodians for the provision of data from the National Hospital Morbidity Database.

## Acknowledgements

## Related Links

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