

# UNRAVELLING the IMPACT

## Analysis of Trends in GHB Use and Related Harms in Australia



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### Gamma-hydroxybutyrate (GHB)

is a potent central nervous system depressant associated with a high risk of overdose and severe toxicity and has emerged as a significant public health concern globally. Despite its historical use as a pharmaceutical agent for narcolepsy and alcohol withdrawal, GHB (and its precursors gamma-butyrolactone (GBL) and 1,4-butanediol) has gained popularity as a recreational drug due to its euphoric and sedative effects. In recent years there have been reports of increased harms from GHB, necessitating a comprehensive understanding of trends in deaths, hospitalisations, and utilisation of treatment services related to GHB misuse.

### Study Aims

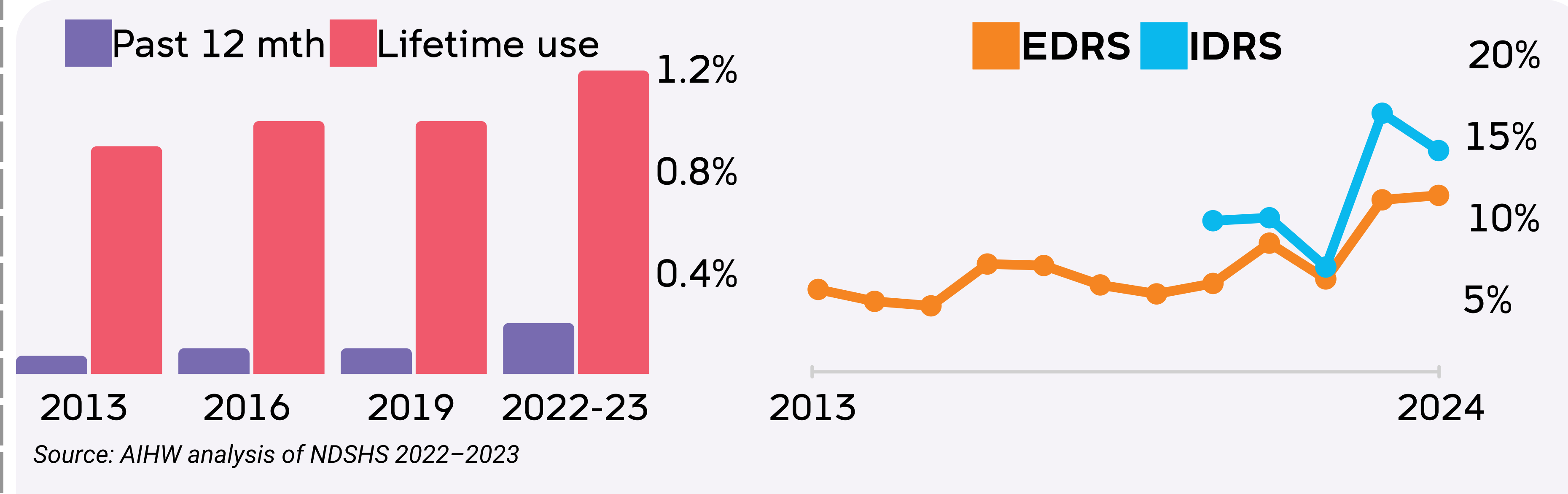
This study aimed to identify trends in GHB use, harms (i.e., GHB-related deaths and hospitalisations) and treatment utilisation in Australia between 2013 and 2024.

### Methods

The study employed a triangulation approach, analysing data from multiple sources.

- 1 Triennial general population household surveys (NDSHS) provided insights into patterns of GHB use among the broader population.
- 2 Annual surveys with sentinel samples of people who regularly use ecstasy and/or other illicit stimulants (EDRS) and who regularly inject drugs (IDRS) to understand patterns of use among consumers.
- 3 Administrative data sources (NHMD, NCIS, AODTS NMDS) were analysed to monitor GHB-related hospitalisations, deaths, and utilisation of treatment services.

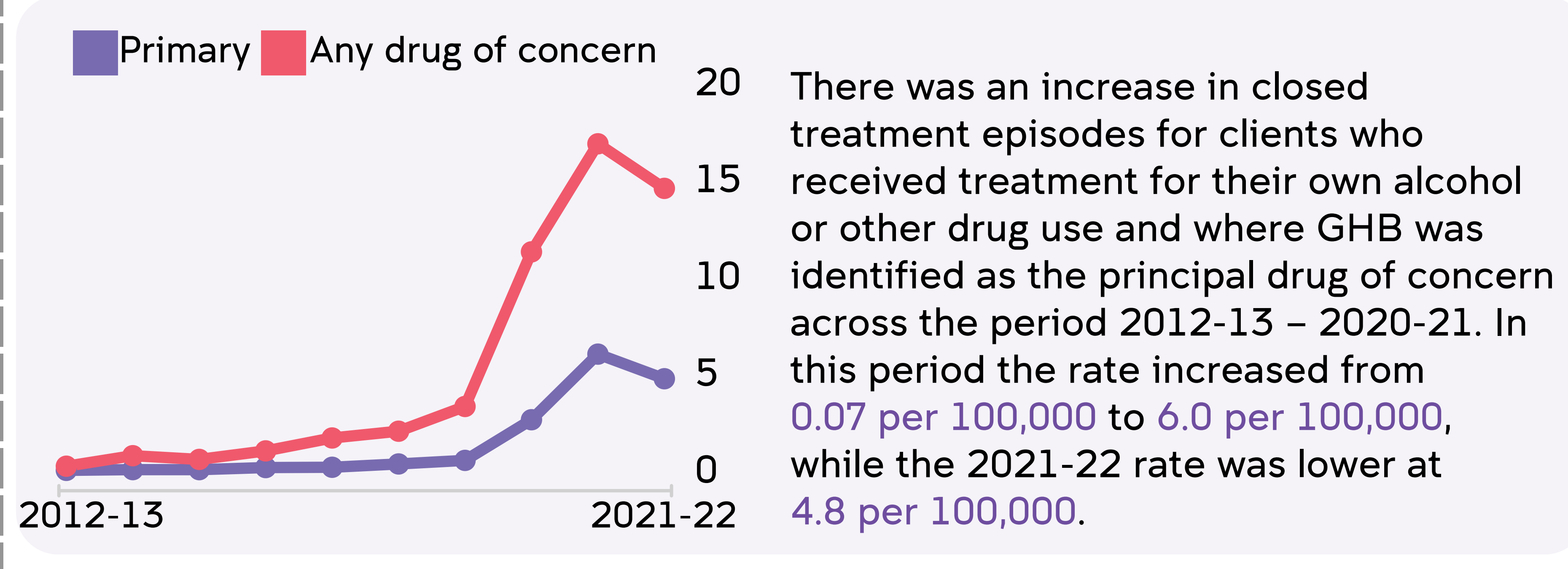
### GHB USE



The 2022-2023 NDSHS reported past 12 month GHB use among 0.2% of the population and lifetime use among 1.2%, compared to 0.1% and 1% in 2019, respectively.

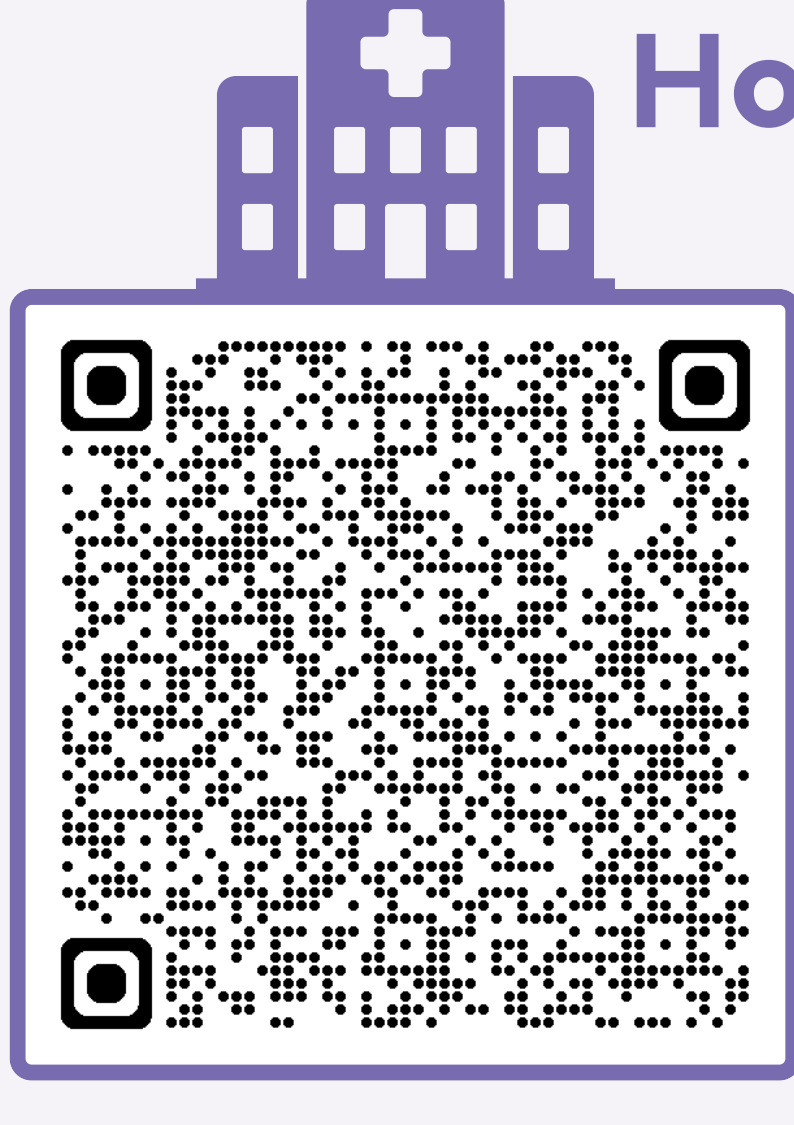
In 2024, 12% of individuals who regularly use ecstasy and 15% of those who regularly inject drugs reported past six-month GHB use. This was stable compared to 2023, but higher than earlier years.

### GHB-RELATED TREATMENT



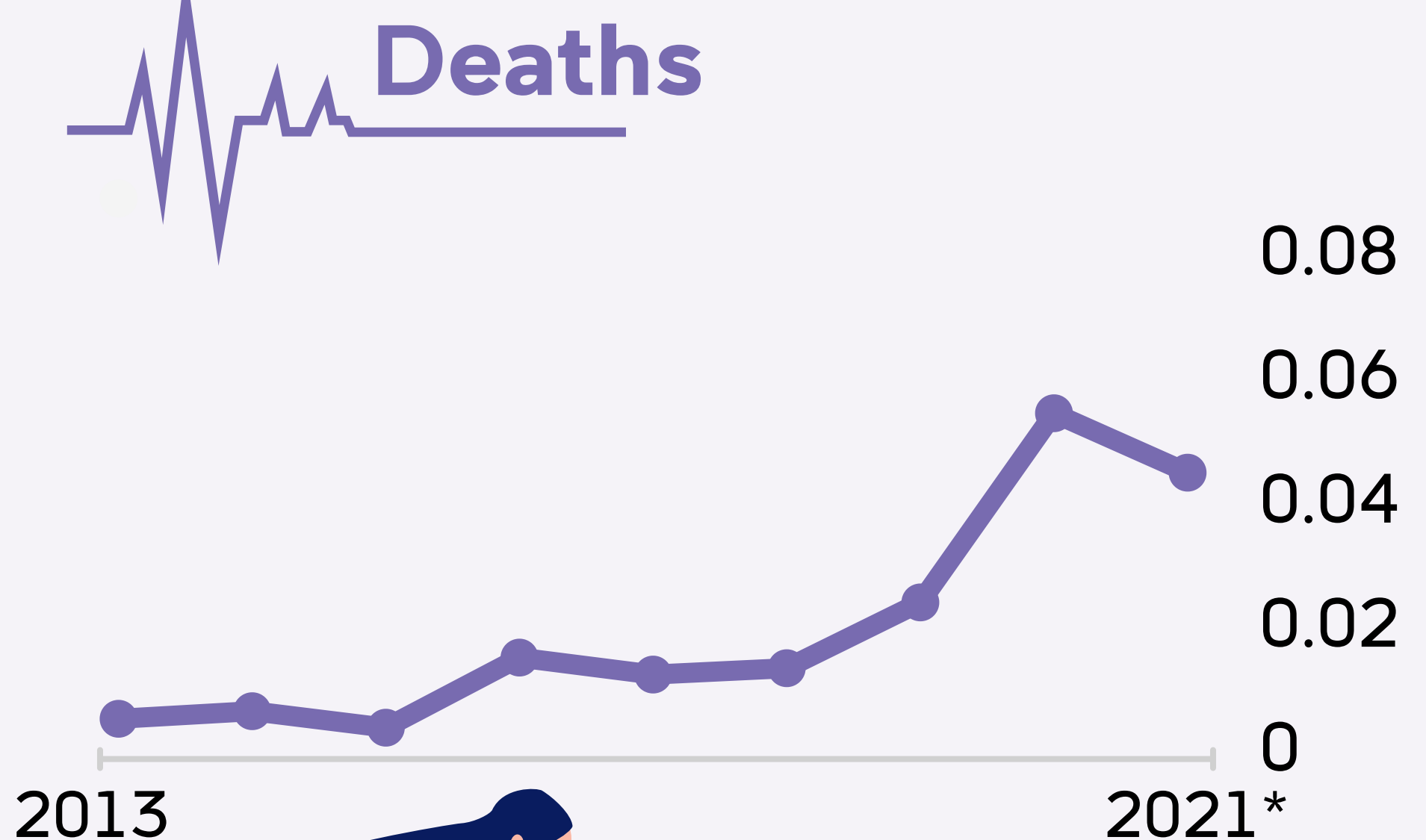
There was an increase in closed treatment episodes for clients who received treatment for their own alcohol or other drug use and where GHB was identified as the principal drug of concern across the period 2012-13 – 2020-21. In this period the rate increased from 0.07 per 100,000 to 6.0 per 100,000, while the 2021-22 rate was lower at 4.8 per 100,000.

### GHB-RELATED HARMS



#### Hospitalisations

There was a 4-fold increase in GHB-related hospitalisations across the period 2012-13 – 2020-21 for both the principal diagnosis as well as GHB identified in any of the first 20 diagnoses, with the 2021-22 rates being lower.



#### Deaths

There was an increase in GHB-related deaths across the period 2013 – 2020. The rate increased from less than 0.01 per 100,000 to 0.06 per 100,000 in 2020 with the 2021 rate being lower at 0.05 per 100,000.

*\*The data for 2021 is provisional and will be revised.*

#### The authors acknowledge:

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- The Australian Institute of Health and Welfare and the jurisdictional data custodians for data from the National Hospital Morbidity Database (NHMD), the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) and the National Drug Strategy Household Survey (NDSHS),
- The participants who were interviewed for the IDRS and the EDRS in the present and in previous years,
- Drug Trends and the National Drug and Alcohol Research Centre are supported by funding from the Australian Government Department of Health and Aged Care.



### IMPLICATIONS

This study offers valuable insights for clinicians, policymakers, and public health advocates, highlighting the rise in GHB use, treatment episodes, hospitalisations and deaths. Targeted public health interventions and increased awareness of its risks are essential to mitigate these harms.