# Executive Summary

In 2022-23, there were **51,413** **drug-related hospitalisations** (excluding alcohol and tobacco) among Australians, representing 0.42% of all-cause hospitalisations in Australia and an average of 141 hospitalisations per day.

## Overall Trend

The rate of drug-related hospitalisations peaked in 2015-16 at 272 per 100,000 people and has generally declined since, reaching **200 per 100,000 people** in 2022-23, a **5.1% decrease** from 2021-22.

### Impact of COVID-19 on Hospital Activity

All-cause hospitalisations in Australia fluctuated during the pandemic, rebounding by 4.6% in 2022–23. In contrast, drug-related hospitalisations have declined for the third consecutive year since the onset of COVID-19.

## Sociodemographic Characteristics

- **Sex:** Drug-related hospitalisations were evenly split between males (50%) and females (50%), with both experiencing a decline in rates since 2021-22.
- **Age:** The highest rates were among the 20-29 and 30-39 age groups, accounting for 26% and 25% of drug-related hospitalisations, respectively. Compared to 2021-22, the rate declined in the two youngest age groups (i.e., 10-19 and 20-29 years), while an increase was recorded in the 40-49 age group. Despite the decrease, the 10-19 and 20-29 age groups remained the most commonly represented among females.
- **Remoteness:** Most drug-related hospitalisations occurred in major cities (72%), but the highest rate remained in remote and very remote areas (247 per 100,000 people).
- **Socio-Economic Advantage and Disadvantage**: People in the most disadvantaged areas accounted for nearly a quarter of drug-related hospitalisations in 2022–23, though patterns varied by drug type, with cocaine and opioid-related admissions more common in the most advantaged areas.

## Clinical Characteristics

- **Mental and Behavioural Disorders:** **54%** of drug-related hospitalisations were due to mental and behavioural disorders related to substance use, with the majority (69%) of these being drug-induced psychotic disorder (37%) and dependence syndrome (32%).
- **Drug Poisoning:** 46% of drug-related hospitalisations were due to drug poisoning, with 71% of these being intentional. Intentional poisonings were more common among females and younger age groups (10-29 years).
- **Care Type:** 61% of drug-related hospitalisations were classified as episodes of acute care, while mental health care accounted for 38%. Antiepileptic, sedative-hypnotic & antiparkinsonism drugs were the most common drug class recorded for acute care hospitalisations; amphetamine-type stimulants was the most common among mental health care hospitalisations.
- **Length of Stay:** 57% of drug-related hospitalisations were short one-day stays. Extended stays of 15 days or more accounted for 6.7% of hospitalisations. Amphetamine-type stimulants were the most commonly involved drug class across all length-of-stay categories, with the highest proportion observed in long-stay hospitalisations.
- **Intensive Care Unit Admission:** 6% of drug-related hospitalisations involved admission to the ICU; 94% of them were related to drug poisoning. The drug types most commonly involved in hospitalisations with ICU admissions included antiepileptic, sedative-hypnotic & antiparkinsonism drugs, opioids, antipsychotics & neuroleptic, and antidepressants.

## Drug Type

### Alcohol-Related Hospitalisations

While hospitalisations where the principal diagnosis was related to alcohol are excluded from estimates of drug-related hospitalisations (see Background and Methods), we include a brief analysis of the alcohol-related hospitalisations for context. In 2022-23, there were over 184,000 hospitalisations with an alcohol-related diagnosis, of which 77,324 hospitalisations had an alcohol-related principal diagnosis (287 per 100,000 people). The hospitalisation rate increased steadily from 2003-04, peaking at 324 per 100,000 in 2020-21 before declining.

- **Most Common Drugs**: Amphetamine-type stimulants accounted for the largest proportion of drug-related hospitalisations (25%), followed by antiepileptic, sedative-hypnotic, and antiparkinsonism drugs (16%), non-opioid analgesics (13%), cannabinoids (12%), and opioids (11%).
- **Amphetamine-Type Stimulants:** Despite the overall decline in drug-related hospitalisations in 2022-23, the hospitalisation rate for amphetamine-type stimulants increased from 48 in 2021-22 to 52 hospitalisations per 100,000 people in 2022-23; this change was driven by increased rates among people aged 30-69 years.
- **Methamphetamine:** Methamphetamine accounted for 81% of amphetamine-type stimulant-related hospitalisations, making it the most common drug type identified. It was one of the two drug types that saw an increase in rate in 2022-23 compared to 2021-22 (GHB being the other drug type; see below).
- **Opioids**: The rate of opioid-related hospitalisations has decreased since 2015-16, with a further decline from 2021-22 to 2022-23, reaching its lowest level in two decades. The largest decrease was observed in heroin- and synthetic opioid-related hospitalisations.
- **Cannabinoids**: After peaking in 2020-21, the rate of cannabinoid-related hospitalisations has declined for the second consecutive year in 2022-23, largely driven by a decrease among males, but still remaining twice the rate recorded in 2003-04.
- **Cocaine**: Cocaine-related hospitalisations have declined since peaking in 2019-20, with a further decrease observed in 2022-23. Males accounted for 79% of these hospitalisations, with the 30-39 age group being the most affected.

### GHB-Related Hospitalisations

GHB-related hospitalisations peaked in 2022-23 at 8.3 hospitalisations per 100,000 people, a result of a **77%** increase from 4.7 hospitalisations per 100,000 people in 2021-22. Hospitalisations were equally represented by males and females, with the majority (76%) occurring in individuals aged **20-39**. **Half** of hospitalisations related to GHB **poisoning** were unintentional (26% undetermined intent) and **40%** of mental and behaviour use disorder diagnoses were related to **acute intoxication from GHB**.

## Jurisdiction

From 2021-22 to 2022-23, the age-standardised rate of drug-related hospitalisations further decreased in New South Wales, Queensland and Victoria, while changes in the other states and territories were not statistically significant.

**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.**