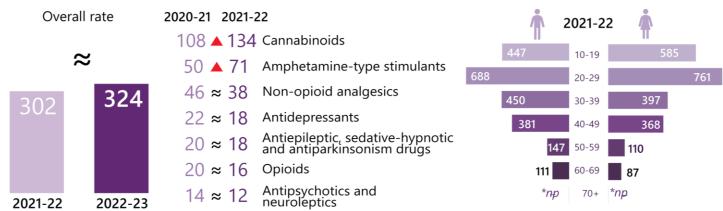
Northern Territory



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



Note: The \triangle up arrow indicates a statistically significant increase in population rates from 2021-22 to 2022-23. Sign ' \approx ' indicates non-significant change. *np means data not publishable due to a small number of hospitalisations (\le 10).

There were 864 hospitalisations with a drug-related principal diagnosis in the <u>Northern Territory</u> in 2022-23.

This is equivalent to 324 hospitalisations per 100,000 people, a rate similar to 2021-22 rate (302 hospitalisations per 100,000 people) (Table A19, <u>Appendix</u>. However, this rate remains the second-highest recorded, following the peak of 355 hospitalisations per 100,000 people in 2019–20 (Figure 1).

Sex

The rate of hospitalisations was higher among <u>females</u> than males in 2022-23 (329 versus 319 hospitalisations per 100,000 people, respectively).

Age

In 2022-23, the rate of hospitalisations was <u>highest</u> among the 20-29 age group, followed by the 10-19, 30-39 and 40-49 age groups (724, 514, 427 and 378 hospitalisations per 100,000 people, respectively). For both males and females, the 20-29 age group had the highest rate of drug-related hospitalisations. However, among females, hospitalisation rates were notably higher in the 10–19 age group compared to males.

Remoteness Area of Usual Residence

The highest rate of hospitalisations in 2022-23 was observed in the <u>remote and very remote</u> Northern

Territory (384 hospitalisations, 349 per 100,000 people), followed by the outer regional Northern Territory (480 hospitalisations, 308 per 100,000 people), noting there are no major city areas or inner regional areas in the Northern Territory (Figure 2).

External Cause of Drug Poisoning

In 2022-23, 31% of drug-related hospitalisations in the Northern Territory were due to drug poisoning. Furthermore, 75% of drug poisoning-related hospitalisations were intentional (76 hospitalisations per 100,000 people) and 19% were unintentional (20 hospitalisations per 100,000 people) (Figure 3).

Drug Type

In 2022-23, the rate of hospitalisations was <u>highest</u> where there was a principal diagnosis indicating cannabinoids (134 hospitalisations per 100,000 people) (**Figure 4**).

Compared to 2021-22, there were statistically significant increases in rates of hospitalisations with principal diagnosis related to

- cannabinoids (~24%),
- amphetamine-type stimulants (42%), and
- methamphetamine (▲ 40%)
 (Table A19, <u>Appendix</u>).

Figure 1. Age-standardised rate per 100,000 people of drug-related hospitalisations, by sex, Northern Territory, 2003-04 to 2022-23.

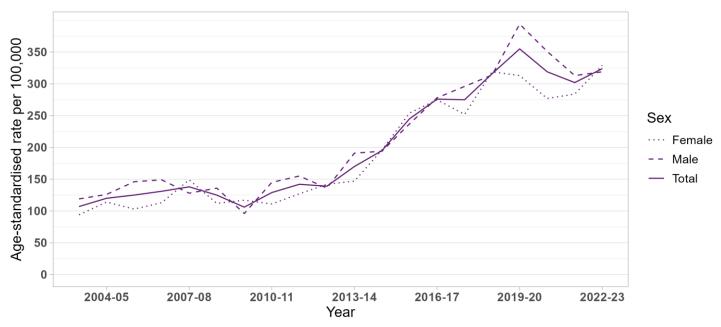
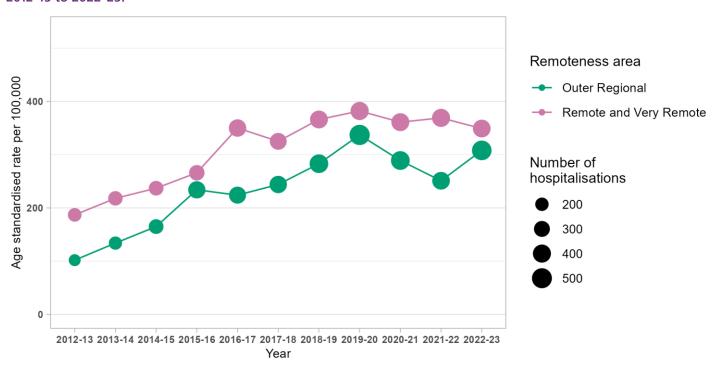


Figure 2. Age-standardised rate per 100,000 people of drug-related hospitalisations, by remoteness, Northern Territory, 2012-13 to 2022-23.



Note: The size (area) of the bubble is proportional to the number of hospitalisations. There are no major city areas and inner regional areas in the Northern Territory. 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), Northern Territory, 2003-04 to 2022-23.

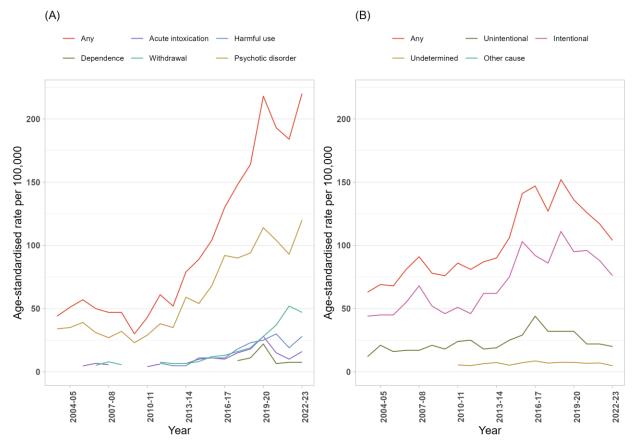
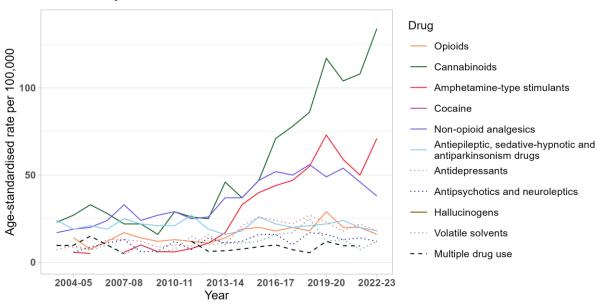


Figure 4. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, Northern Territory, 2003-04 to 2022-23.



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 A19. Age-standardised rate (per 100,000 people) of drug-related hospitalisations in 2022-23 and average percent change for difference compared to 2021-22, in Northern Territory by drug type identified in the principal diagnosis

		3 71	
Drug	Rate in 2022-23 (95% CI)	Rate in 2021-22 (95% CI)	APC (95% CI)
All drugs	324 (303, 347)	302 (281, 324)	7.4 (-2.5, 18.4)
Cannabinoids	134 (120, 149)	108 (96, 121)	24 (6, 45)
Amphetamine-type stimulants	71 (62, 82)	50 (42, 59)	42 (14, 78)
Methamphetamine	58 (49, 68)	41 (34, 50)	40 (10, 79)
Non-opioid analgesics	38 (31, 47)	46 (38, 56)	-17 (-37, 9)
Antidepressants	18 (13, 24)	22 (17, 29)	-22 (-47, 16)
Antiepileptic, sedative-hypnotic and antiparkinsonism drugs	18 (13, 24)	20 (15, 27)	-10 (-39, 33)
Opioids	16 (12, 22)	20 (15, 27)	-20 (-48, 23)
Antipsychotics and neuroleptics	12 (9, 18)	14 (10, 20)	-13 (-46, 40)
Volatile solvents	12 (8, 17)	7.3 (4.3, 11.5)	65 (-8, 197)

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.

ISSN 2982-0782

DOI https://doi.org/10.26190/unsworks/31344

Copyright ©NDARC, UNSW SYDNEY 2025

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.

This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your organisation. All other rights are reserved. Requests and enquiries concerning reproduction and rights should be addressed to NDARC, UNSW Sydney, NSW 2052, Australia.

Recommended citation: Chrzanowska, A, Man, N, Sutherland, R, Degenhardt, L, Peacock, A. Trends in drug-related hospitalisations in Australia, 2003-2023. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney; 2025. Available from: https://doi.org/10.26190/unsworks/31344

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.

Funding

The Drug Trends program is funded by the Australian Department of Health, Disability and Ageing under the Drug and Alcohol Program.

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

We thank Dr Louise Tierney and her team from the Tobacco, Alcohol and Other Drugs Unit at the Australian Institute of Health and Welfare for reviewing the report.

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: https://drugtrends.shinyapps.io/hospital_separations
- Hospitalisations methods document: https://www.unsw.edu.au/research/ndarc/resources/trends-drug-related-hospitalisations-australia-2003-2023
- 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: <u>National Drug & Alcohol Research Centre | Medicine & Health UNSW</u>
 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: <u>Drug Trends | National Drug & Alcohol Research Centre UNSW Sydney</u>