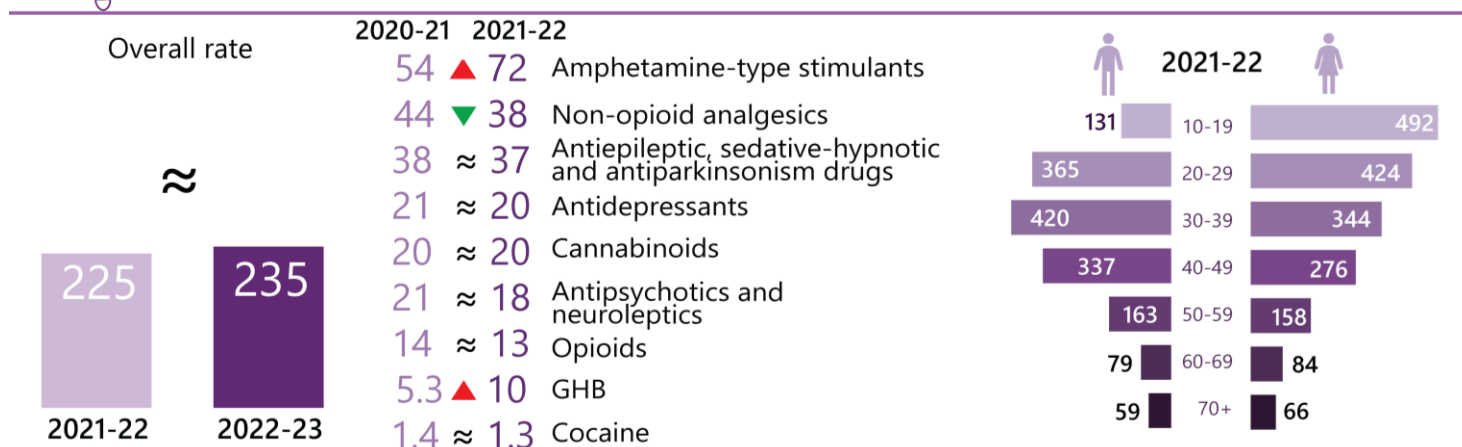


South Australia



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



Note: The ▲ up arrow indicates a statistically significant increase, while the ▼ down arrow indicates a statistically significant decrease in population rates from 2021-22 to 2022-23. Sign '≈' indicates non-significant change.

There were 4,024 hospitalisations with a drug-related principal diagnosis in [South Australia](#) in 2022-23, equivalent to 0.47% of all hospitalisations in South Australia.

This is equivalent to 235 hospitalisations per 100,000 people, which was similar to the rate in 2021-22 rate (225 hospitalisations per 100,000 people) (Table A21, [Appendix](#)), although still higher than reported between 2003-04 and 2013-14 ([Figure 1](#)).

Sex

The rate of hospitalisations was higher among [females](#) than males in 2022-23 (255 versus 216 hospitalisations per 100,000 people, respectively).

Age

In 2022-23, the rate of hospitalisations was [highest](#) among the 20-29 age group, followed by the 30-39, 10-19 and 40-49 age groups (394, 382, 306 and 306 hospitalisations per 100,000 people, respectively). Among males, the rate of drug-related hospitalisations was highest in the 30-39 age group, and among females in the 10-19 age group.

Remoteness Area of Usual Residence

The highest rate of hospitalisations in 2022-23 was observed in [outer regional](#) South Australia (341

hospitalisations per 100,000 people), while the number of hospitalisations was highest in major city areas (2,799 hospitalisations) ([Figure 2](#)).

External Cause of Drug Poisoning

In 2022-23, 54% of drug-related hospitalisations in South Australia were due to drug poisoning. Furthermore, 76% of drug poisoning-related hospitalisations were intentional (96 hospitalisations per 100,000 people) and 16% were unintentional (18 hospitalisations per 100,000 people) ([Figure 3](#)).

Drug Type

In 2022-23, the rate of hospitalisations was [highest](#) where there was a principal diagnosis indicating amphetamine-type stimulants (72 hospitalisations per 100,000 people) ([Figure 4](#)).

Compared to 2021-2 there were significant decreases in the 2022-23 rates of hospitalisations related to:

- non-opioid analgesics (▼14%).

In contrast, there were significant increases in the rates of hospitalisations related to:

- amphetamine-type stimulants (▲34%),
- methamphetamine (▲41%),
- GHB (▲97%) (Table A21, [Appendix](#)).

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

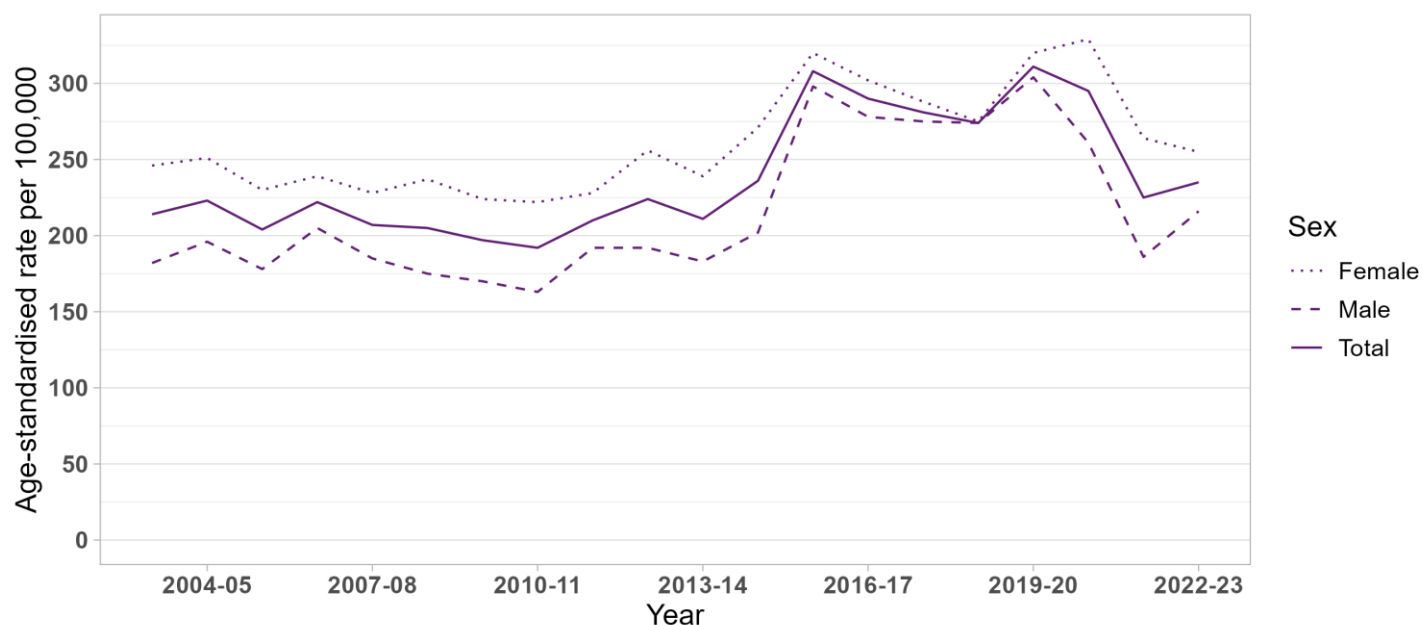
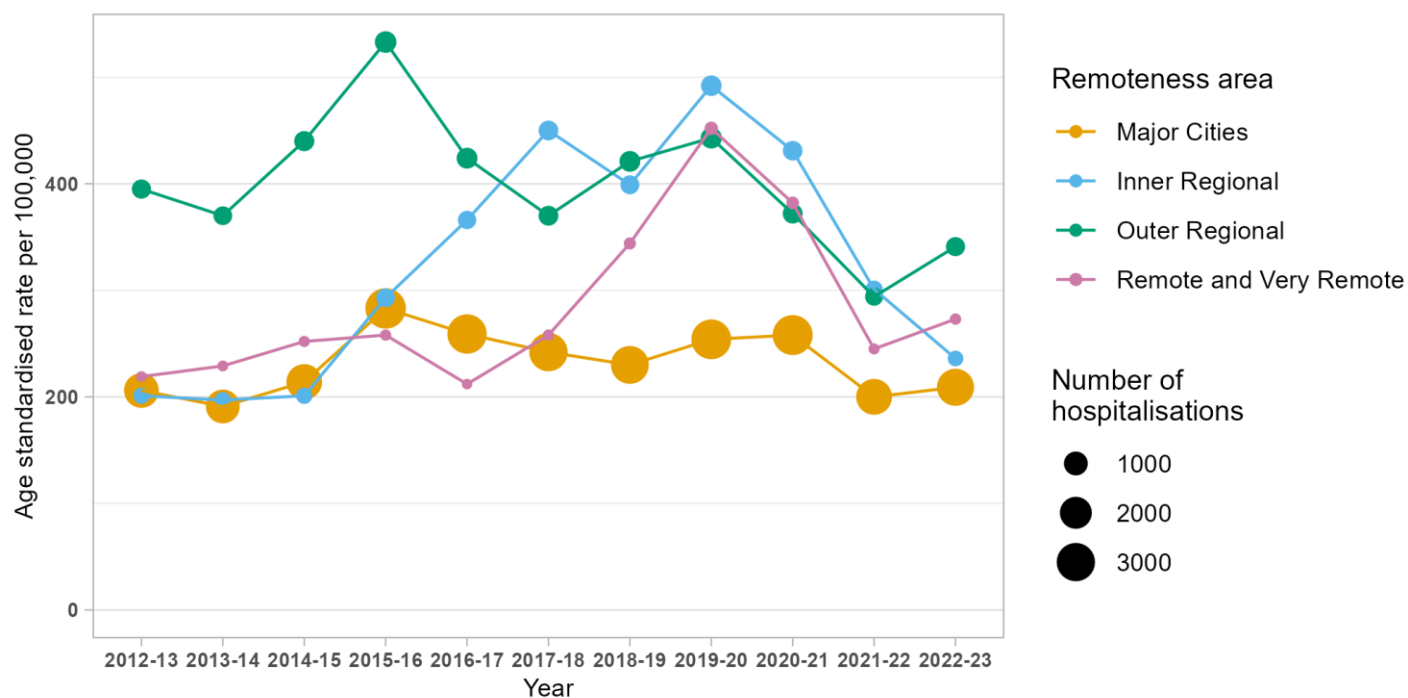


Figure 2. Age-standardised rate per 100,000 people of drug-related hospitalisations, by remoteness, South Australia, 2012-13 to 2022-23.



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, 2003-04 to 2022-23.

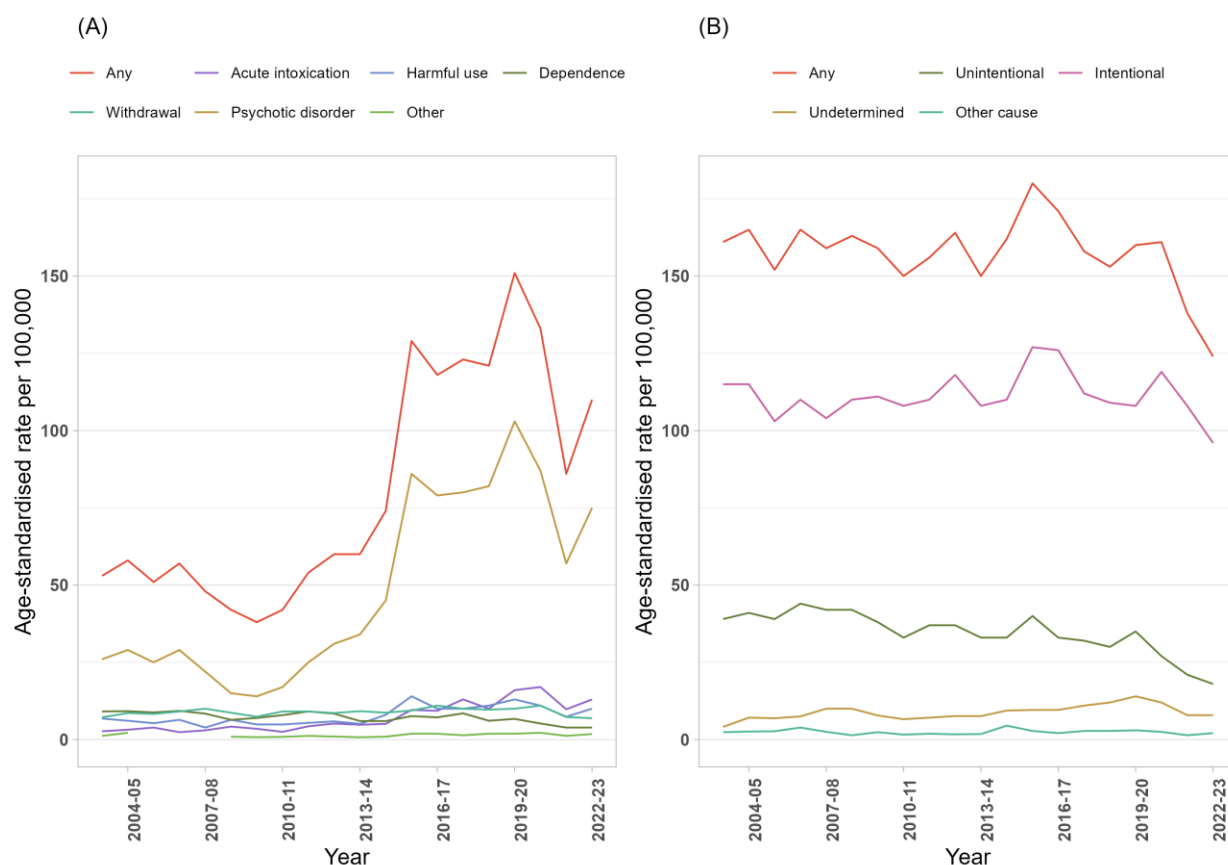
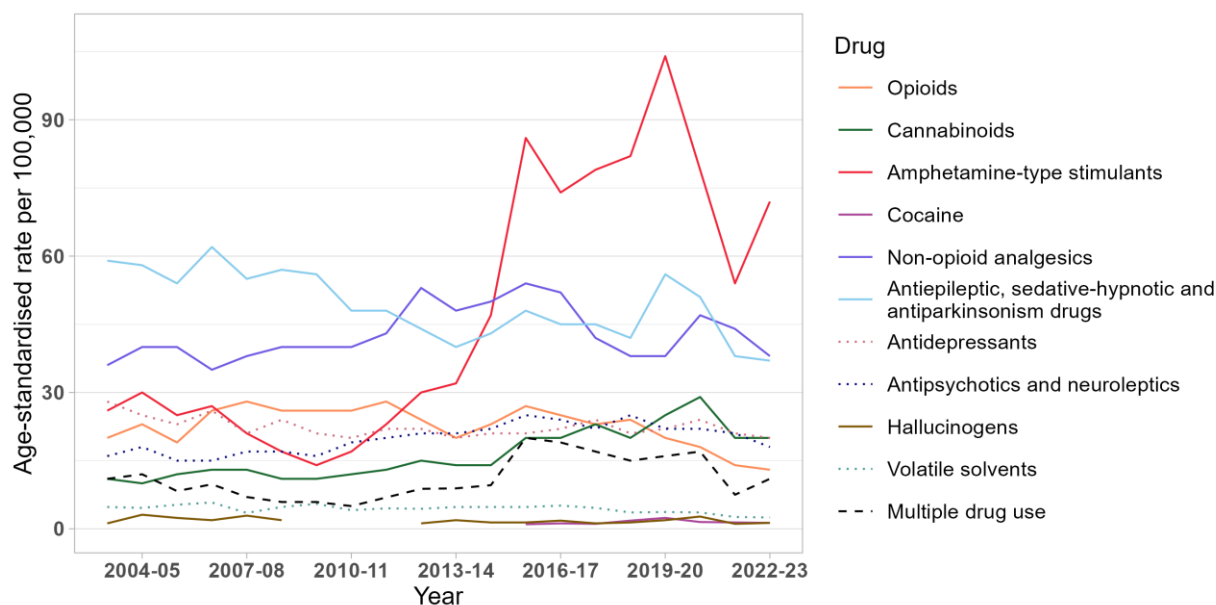


Figure 4. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, South Australia, 2003-04 to 2022-23.



Note: Age-standardised rates were not calculated if the number of hospitalisations was less than or equal to 10 (please refer to our [methods](#) 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 2022-23 and average percent change for difference compared to 2021-22, in South Australia by drug type identified in the principal diagnosis

Drug	Rate in 2022-23 (95% CI)	Rate in 2021-22 (95% CI)	APC (95% CI)
All drugs	235 (227, 242)	225 (217, 232)	4.5 (-0.1, 9.2)
Amphetamine-type stimulants	72 (68, 77)	54 (50, 58)	34 (23, 46)
Methamphetamine	61 (57, 64)	43 (40, 46)	41 (28, 55)
Non-opioid analgesics	38 (35, 41)	44 (41, 48)	-14 (-22, -4)
Antiepileptic, sedative-hypnotic and antiparkinsonism drugs	37 (34, 40)	38 (35, 41)	-2.6 (-12.7, 8.8)
Antidepressants	20 (18, 22)	21 (19, 23)	-3.9 (-17.3, 11.8)
Cannabinoids	20 (18, 23)	20 (18, 22)	1.1 (-13.2, 17.8)
Antipsychotics and neuroleptics	18 (16, 20)	21 (19, 23)	-13 (-26, 1)
Opioids	13 (11, 14)	14 (12, 16)	-9.2 (-24.1, 8.6)
Multiple drug use	11 (9, 12)	7.5 (6.2, 8.9)	44 (15, 82)
GHB	10 (9, 12)	5.3 (4.2, 6.5)	97 (52, 156)
Volatile solvents	2.5 (1.8, 3.4)	2.6 (1.9, 3.5)	-3.8 (-36.5, 45.8)
Cocaine	1.3 (0.8, 2.0)	1.4 (0.9, 2.1)	-4.9 (-46.8, 69.9)
Hallucinogens	1.3 (0.8, 1.9)	1.1 (0.7, 1.8)	10 (-41, 106)
MDMA/Ecstasy	1.3 (0.8, 2.0)	0.66 (0.33, 1.19)	101 (-3, 315)

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.

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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 [Drug Trends](#).

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

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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: 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: [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](#)