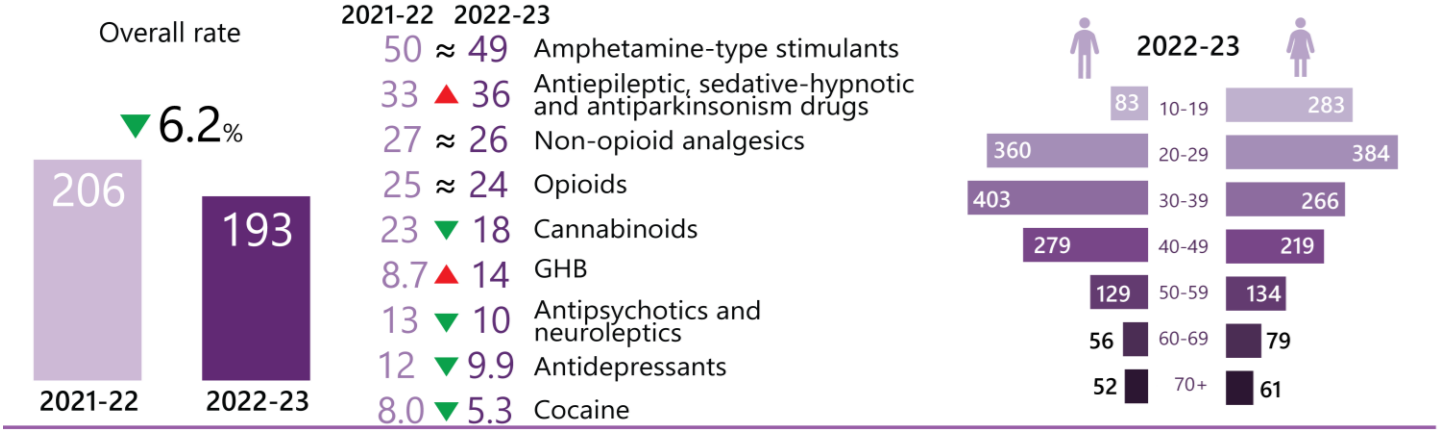
Victoria

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 no significant change.

There were 12,911 hospitalisations with a drug-related principal diagnosis in Victoria in 2022-23, equivalent to 0.42% of all hospitalisations in Victoria.

This is equivalent to 193 hospitalisations per 100,000 people, which was 6.2% lower than the rate in 2021-22 (206 hospitalisations per 100,000 people) (Table A23, Appendix) (**Figure 1**).

Sex

The rate of hospitalisations was higher among females than males in 2022-23 (195 versus 191 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 and 40-49 age groups (374, 334, and 249 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 2022-23 was observed in major city areas (10,003 hospitalisations, 185 hospitalisations per 100,000 people) (**Figure 2**).

External Cause of Drug Poisoning

In 2022-23, 45% of drug-related hospitalisations in Victoria were due to drug poisoning. Furthermore, 68% of drug poisoning-related hospitalisations were intentional (60 hospitalisations per 100,000 people) and 19% were unintentional (16 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 (49 hospitalisations per 100,000 people) (**Figure 4**).

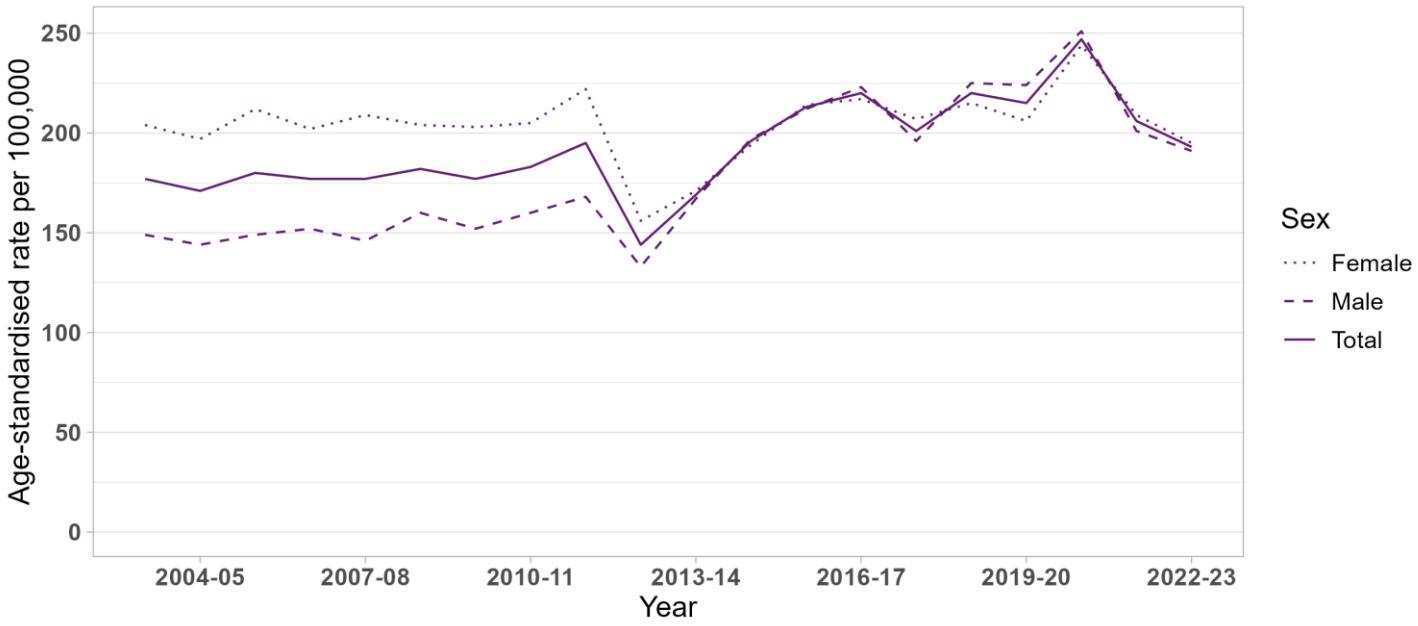
Compared to 2021-22, there were significant decreases in 2022-23 in the rates of hospitalisations related to:

- cannabinoids (▼24%),
- antipsychotics and neuroleptics (▼21%),
- antidepressants (▼15%),
- cocaine (▼34%), and
- hallucinogens (▼44%).

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

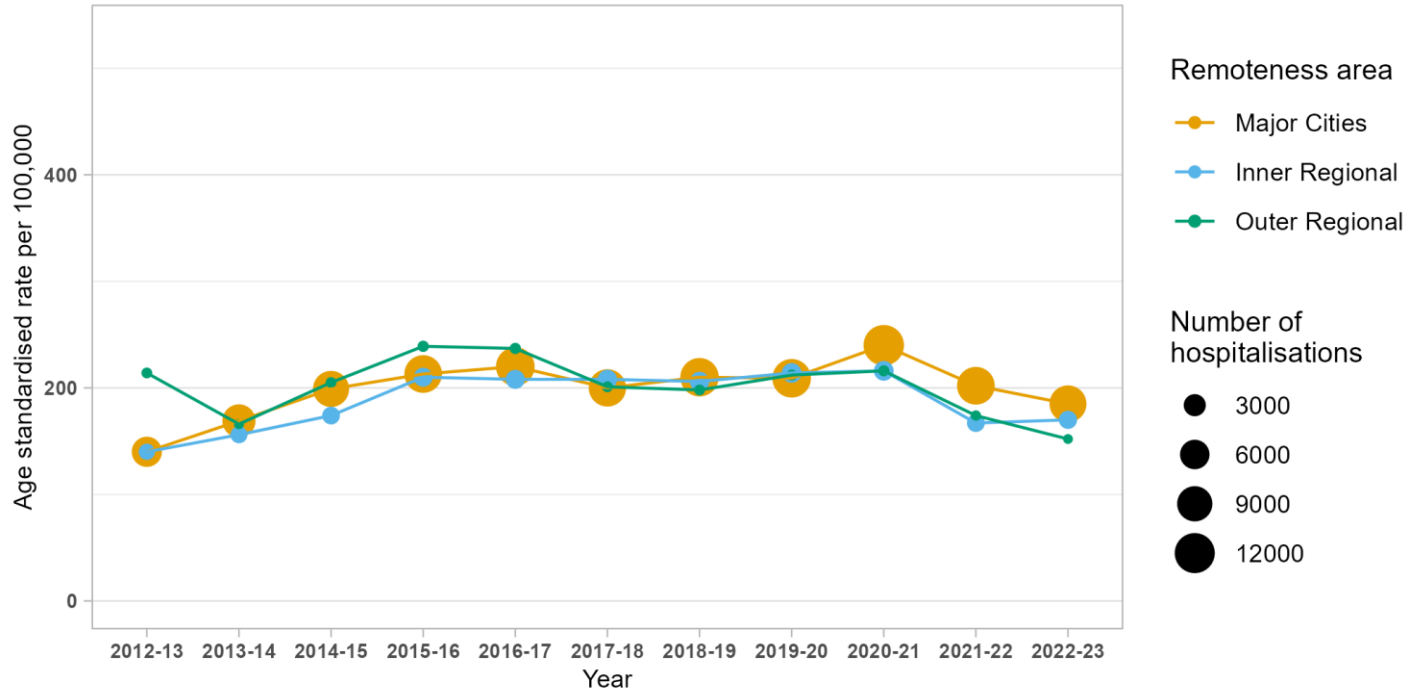
- antiepileptic, sedative-hypnotic and antiparkinsonism drugs (▲11%), and
- GHB (▲67%) (Table A23, Appendix).

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



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 2022-23.



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, 2003-04 to 2022-23.

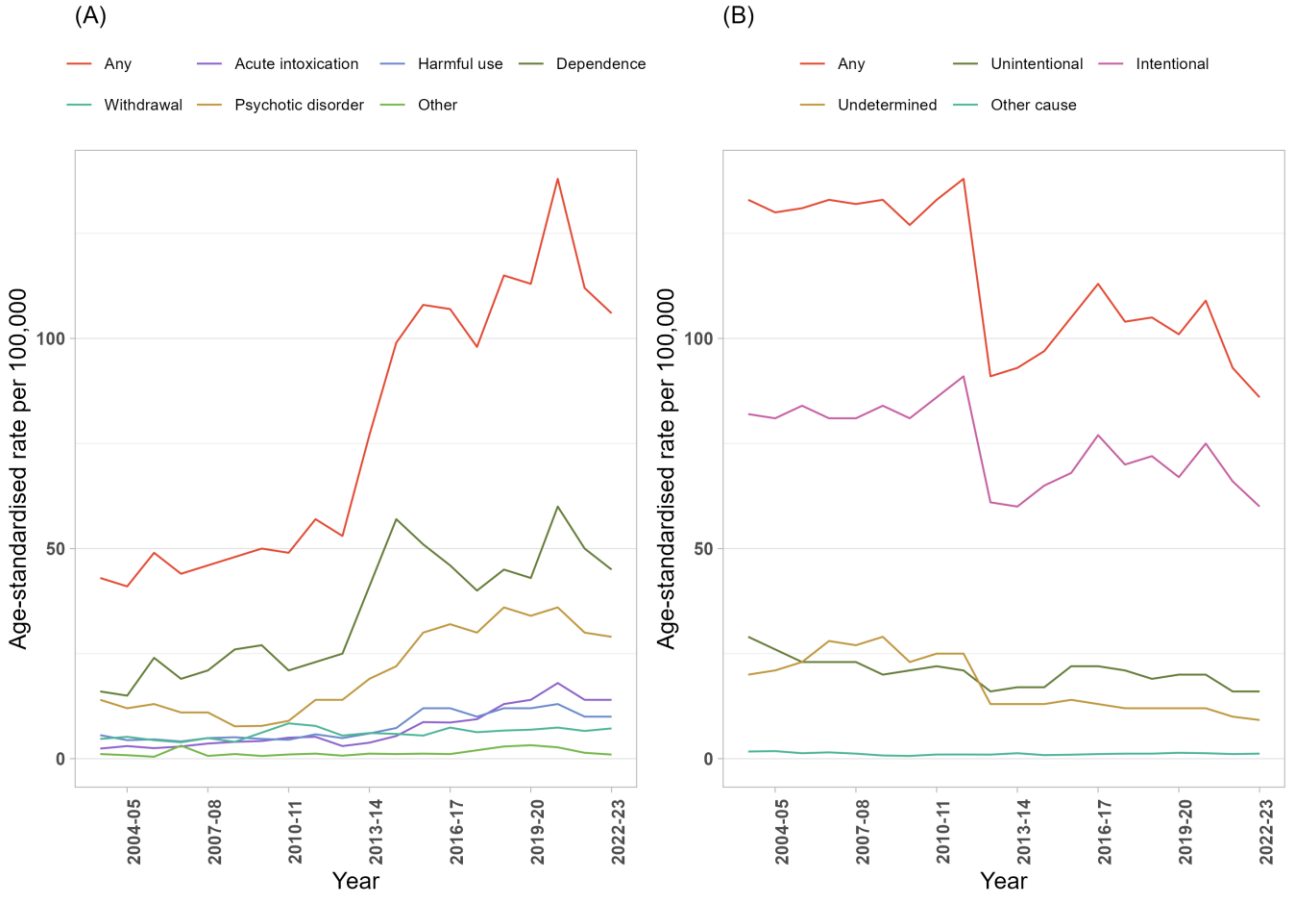
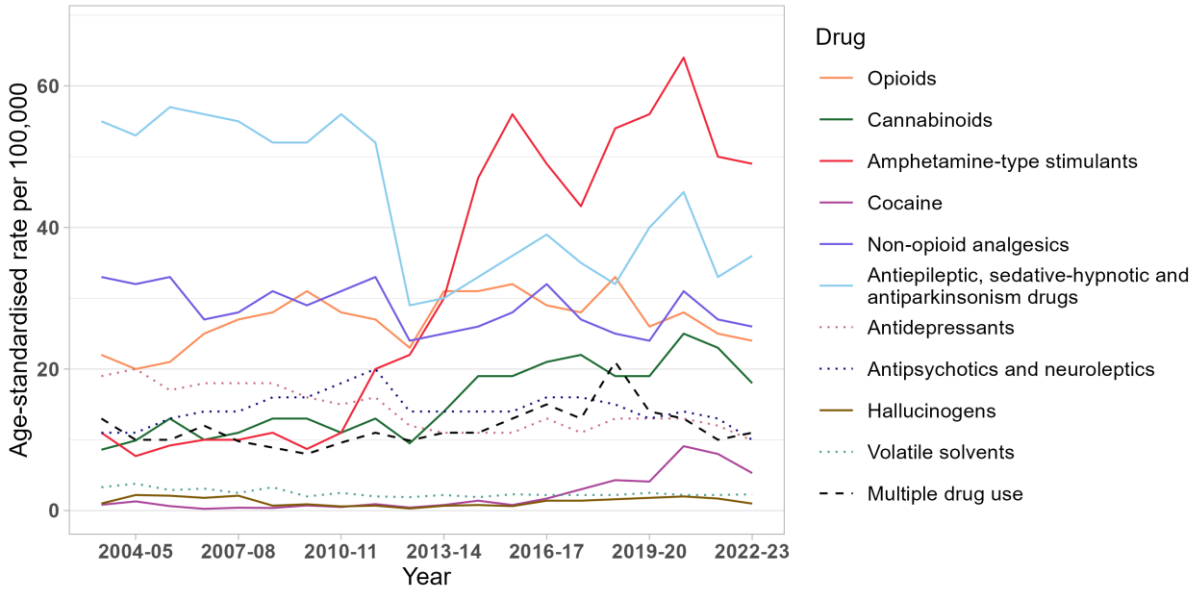


Figure 4. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, Victoria, 2003-04 to 2022-23.



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 A23. 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 Victoria 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	193 (189, 196)	206 (202, 209)	-6.2 (-8.4, -3.9)
Amphetamine-type stimulants	49 (47, 51)	50 (49, 52)	-3.0 (-7.6, 1.8)
Methamphetamine	41 (40, 43)	43 (42, 45)	-4.4 (-9.3, 0.8)
Antiepileptic, sedative-hypnotic and antiparkinsonism drugs	36 (35, 38)	33 (31, 34)	11 (5, 18)
Non-opioid analgesics	26 (25, 27)	27 (26, 29)	-5.4 (-11.6, 1.3)
Opioids	24 (23, 25)	25 (24, 26)	-2.9 (-9.4, 3.9)
Cannabinoids	18 (17, 19)	23 (22, 24)	-24 (-29, -18)
GHB	14 (14, 15)	8.7 (8.0, 9.5)	67 (50, 85)
Multiple drug use	11 (10, 12)	10 (10, 11)	7.2 (-3.5, 19.0)
Antipsychotics and neuroleptics	10 (10, 11)	13 (12, 14)	-21 (-29, -12)
Antidepressants	9.9 (9.1, 10.7)	12 (11, 13)	-15 (-24, -6)
Cocaine	5.3 (4.7, 5.9)	8.0 (7.4, 8.8)	-34 (-43, -25)
Volatile solvents	2.3 (2.0, 2.7)	2.2 (1.9, 2.6)	6.3 (-15.2, 33.2)
MDMA/Ecstasy	1.0 (0.8, 1.3)	0.85 (0.64, 1.11)	18 (-17, 69)
Hallucinogens	0.99 (0.76, 1.26)	1.7 (1.4, 2.0)	-41 (-56, -19)

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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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