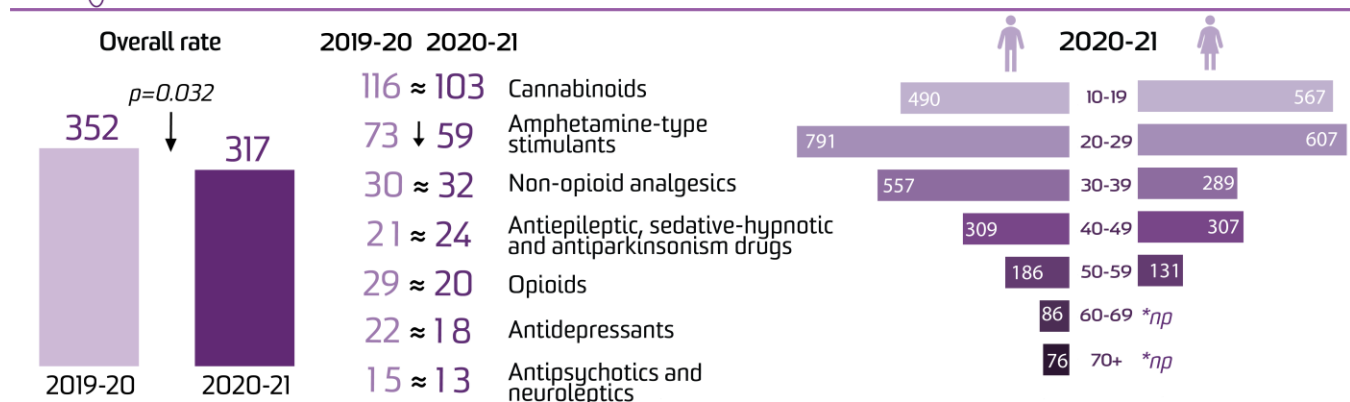


Northern Territory



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



Note: Arrows indicate a statistically significant increase/decrease between 2019-20 and 2020-21 ($p < 0.05$); sign "=" indicates no significant change; *np means data not publishable due to small numbers

There were 828 hospitalisations with a drug-related principal diagnosis in the [Northern Territory](#) in 2020-21.

This is equivalent to 317 hospitalisations per 100,000 people, which was a significant decrease from 2019-20 (352 hospitalisations per 100,000 people; $p=0.032$) (Table A21), although is a four-fold increase from 1999-00 (90 hospitalisations per 100,000 people) ([Figure 1](#)).

Sex

The rate of hospitalisations was higher among [males](#) than females in 2020-21 (348 versus 276 hospitalisations per 100,000 people, respectively).

Age

In 2020-21, the rate of hospitalisations was [highest](#) among the 20-29 age group, followed by the 10-19 and 30-39 age groups (701, 565, and 422 hospitalisations per 100,000 people, respectively). Among both males and females, the rates of drug-related hospitalisations were highest in the 20-29 age group.

Remoteness Area of Usual Residence

The highest rate of hospitalisations in 2020-21 was observed in the [remote and very remote](#)

Northern Territory (393 hospitalisations, 360 per 100,000 people), while the number of hospitalisations was highest in the outer regional Northern Territory (434 hospitalisations, 287 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 2020-21, 38% of drug-related hospitalisations in the Northern Territory were due to drug poisoning. Furthermore, 77% of drug poisoning related hospitalisations were intentional (95 hospitalisations per 100,000 people) and 17% were unintentional (22 hospitalisations per 100,000 people) ([Figure 3](#)).

Drug Type

In 2020-21, the rate of hospitalisations was [highest](#) where there was a principal diagnosis indicating cannabinoids (103 hospitalisations per 100,000 people) ([Figure 4](#)).

Compared to 2019-20, there was a significant decrease in 2020-21 in the rate of hospitalisations related to amphetamine-type stimulants ($p=0.043$) (Table A21).

Figure 1. Age-standardised rate per 100,000 people of drug-related hospitalisations, by sex, the Northern Territory, 1999-00 to 2020-21.

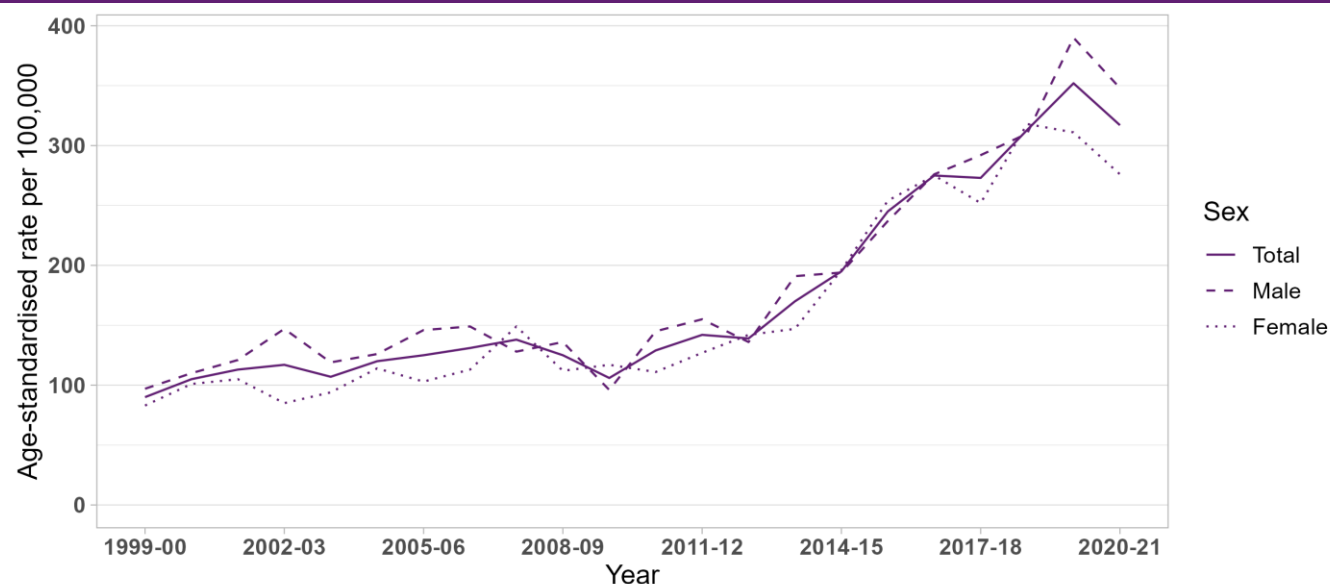
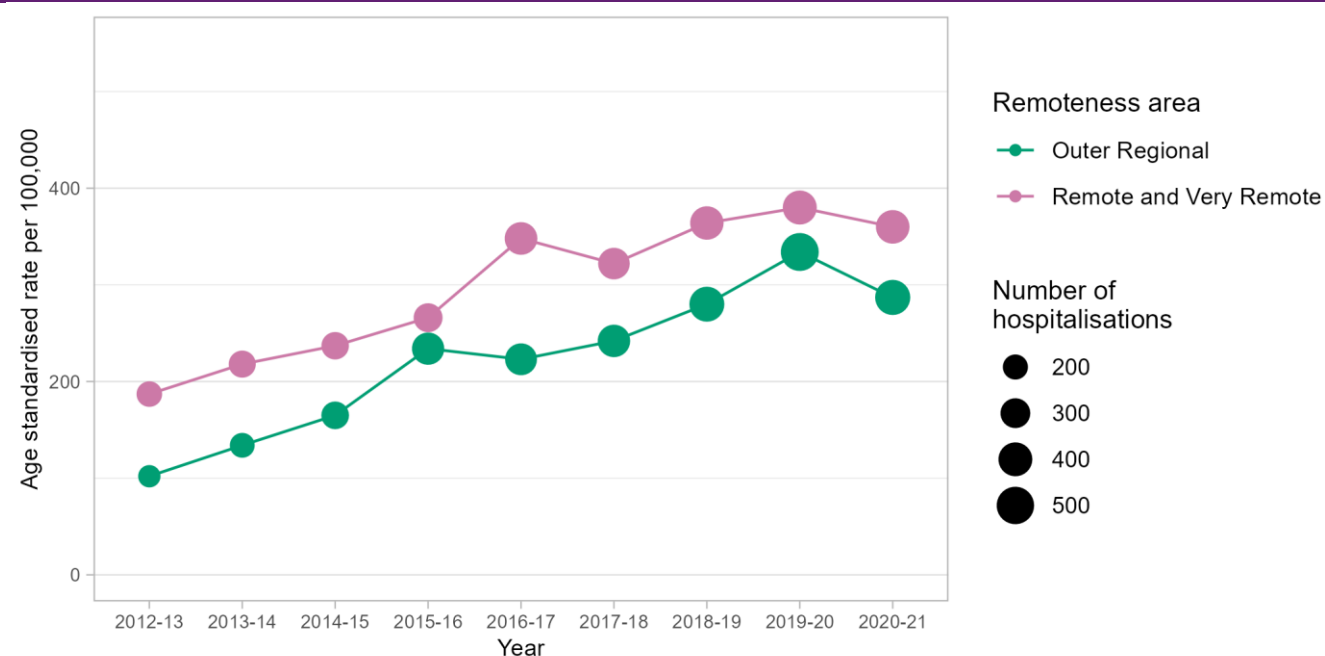


Figure 2. Age-standardised rate per 100,000 people of drug-related hospitalisations, by remoteness, the Northern Territory, 2012-13 to 2020-21.



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), the Northern Territory, 1999-00 to 2020-21.

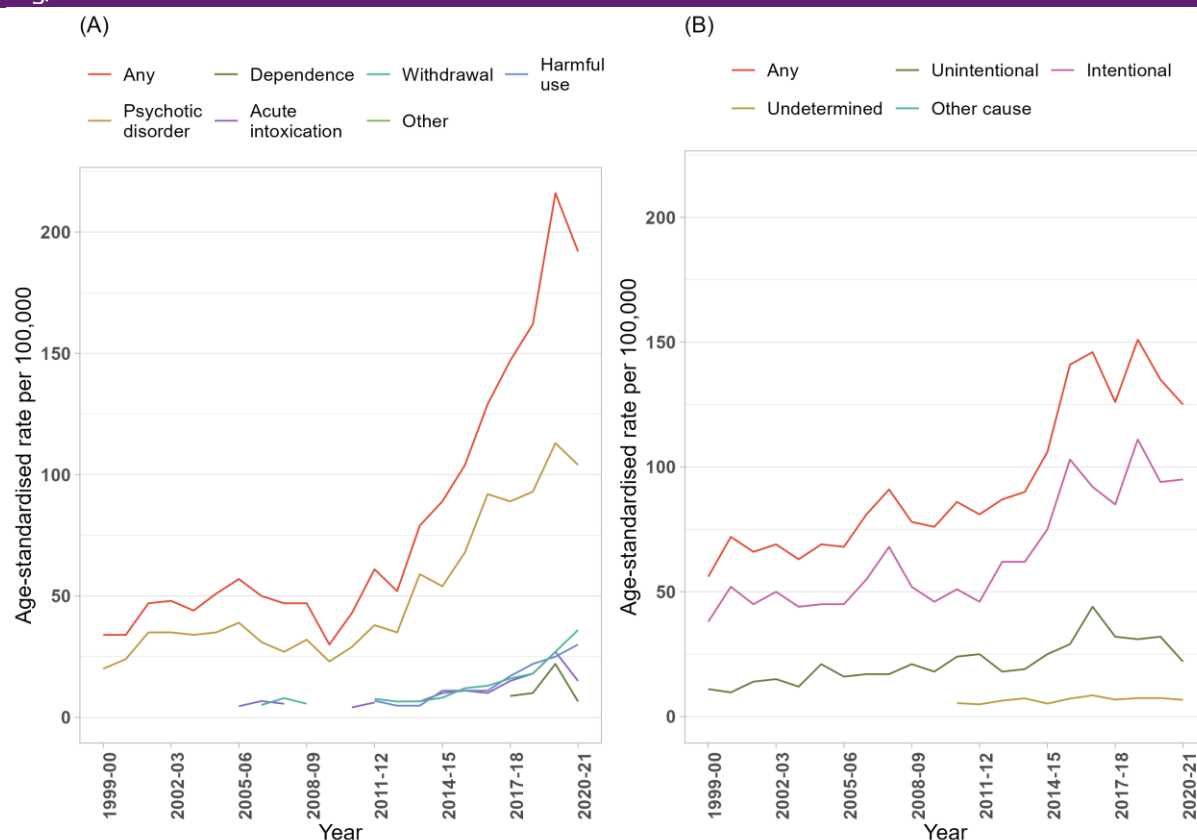
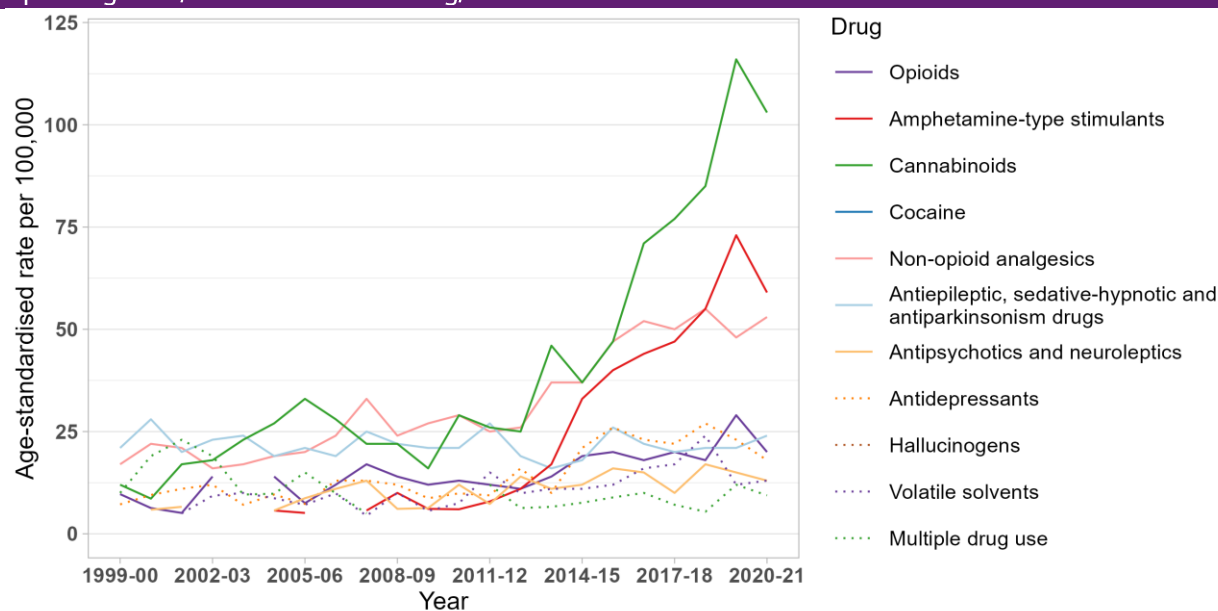


Figure 4. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, the Northern Territory, 1999-00 to 2020-21.



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 2020-21 and rate ratio and p-value for difference compared to 2019-20, in the Northern Territory by drug type identified in the principal diagnosis

Drug	Rate in 2020-21 (95% CI)	Rate in 2019-20 (95% CI)	Rate ratio (95% CI)	P-value
All drugs	317 (296, 340)	352 (329, 376)	0.90 (0.82, 0.99)	0.032
Cannabinoids	103 (91, 116)	116 (104, 130)	0.89 (0.75, 1.04)	0.142
Amphetamine-type stimulants	59 (50, 69)	73 (63, 84)	0.81 (0.66, 1.00)	0.048
Non-opioid analgesics	53 (45, 63)	48 (40, 58)	1.10 (0.86, 1.42)	0.437
Antiepileptic, sedative-hypnotic and antiparkinsonism drugs	24 (19, 31)	21 (16, 28)	1.13 (0.78, 1.63)	0.509
Opioids	20 (15, 26)	29 (22, 37)	0.70 (0.48, 1.02)	0.060
Antidepressants	18 (13, 24)	23 (17, 29)	0.81 (0.54, 1.20)	0.288
Antipsychotics and neuroleptics	13 (9, 18)	15 (11, 21)	0.81 (0.51, 1.30)	0.386
Volatile solvents	13 (9, 18)	12 (7.7, 17)	1.09 (0.66, 1.82)	0.735
Multiple drug use	9.4 (6.1, 13.9)	12 (8.2, 17)	0.78 (0.46, 1.32)	0.352
Cocaine	*np	*np	-	-
Hallucinogens	*np	*np	-	-

Note: 95% confidence intervals for the age-standardised rate and rate ratio are shown in brackets. Please refer to our [methods](#) document on 'Presentation of results' for interpretation of rate ratios. Please also refer to our [methods](#) document on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions. “*np” means data not publishable due to small numbers.

For complete report on trends in drug-related hospitalisations in Australia please go to the [national report](#).

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Related Links

- Hospitalisations data visualisations: https://drugtrends.shinyapps.io/hospital_separations
- Hospitalisations methods document: <https://ndarc.med.unsw.edu.au/resource-analytics/trends-drug-related-hospitalisations-australia-1999-2021>
- For other Drug Trends publications on drug-related hospitalisations and drug-induced deaths in Australia, go to: <https://ndarc.med.unsw.edu.au/project/national-illicit-drug-indicators-project-nidip>
- For more information on NDARC research, go to: <http://ndarc.med.unsw.edu.au/>
- For more information about the AIHW and NHMD, go to: <https://www.aihw.gov.au/>
- For more information on ICD coding go to: <http://www.who.int/classifications/icd/en/>
<https://www.ihacpa.gov.au/resources/icd-10-amachiacs-eleventh-edition>
- For more research from the Drug Trends program go to: <https://ndarc.med.unsw.edu.au/program/drug-trends>

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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.