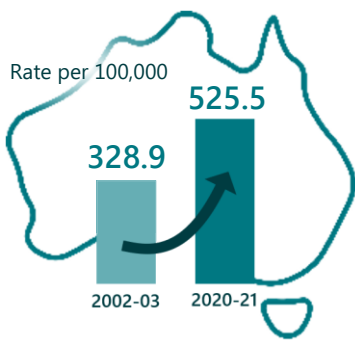
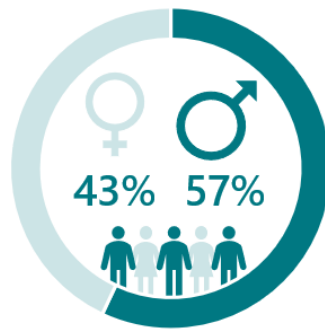


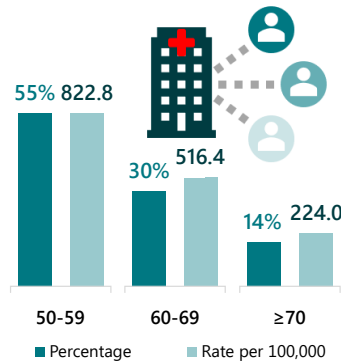
## Hospitalisations, 2020-21



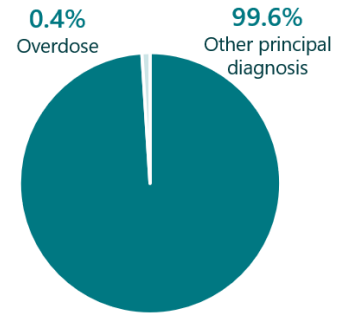
AOD-related hospitalisations among Australians aged  $\geq 50$  years have increased over the last two decades.



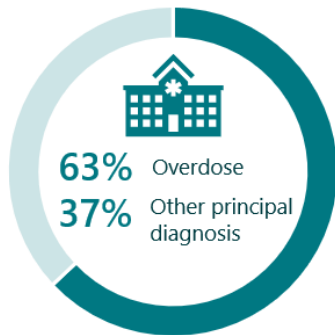
Approximately three in five hospitalisations occurred among males in 2020-21.



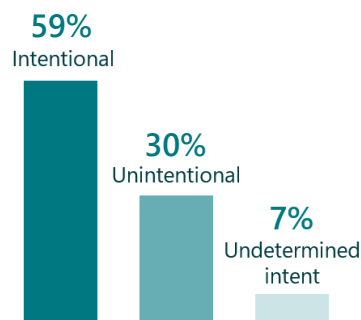
AOD-related hospitalisations were most common among those aged 50-59 years.



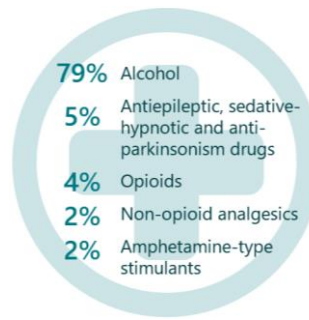
< 1% of alcohol-related hospitalisations were attributable to overdose in 2020-21, with dependence the leading diagnosis (44%).



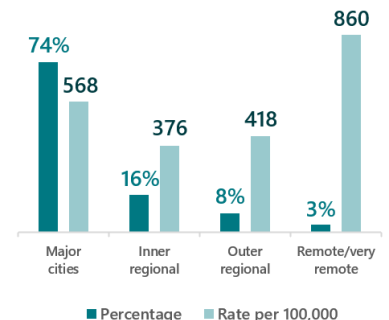
Two-fifths of other drug hospitalisations were attributable to overdose in 2020-21.



Three in five overdose hospitalisations were intentional.

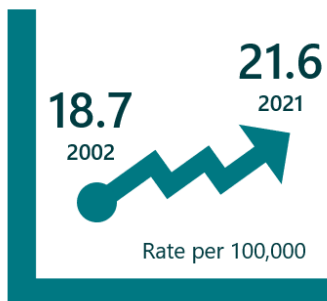


The vast majority of all AOD-related hospitalisations were attributable to alcohol.

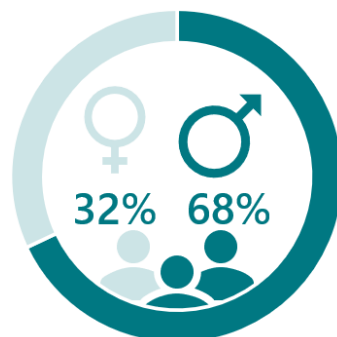


Although the majority of hospitalisations occurred in major cities, the rate was highest in remote and very remote areas.

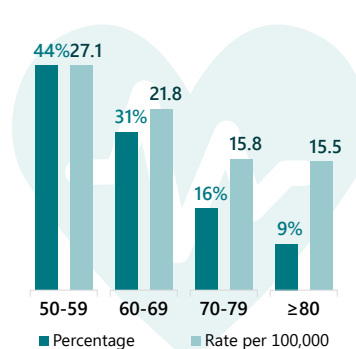
## Deaths, 2021



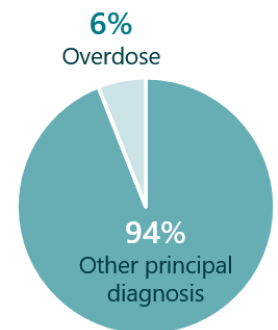
AOD-induced deaths among Australians aged  $\geq 50$  years have increased slightly over the past two decades.



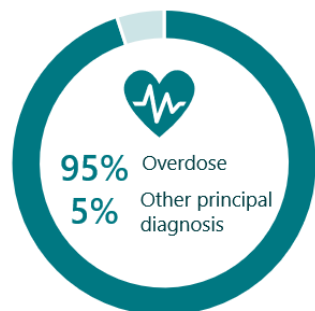
Approximately two in three deaths were male.



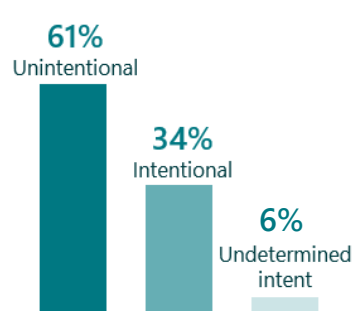
AOD-induced deaths were most common among those aged 50-59 years.



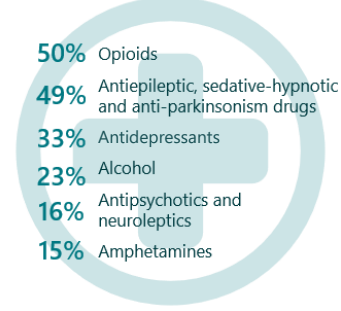
Few alcohol-related deaths were attributable to overdose in 2021, with cardiovascular, digestive and endocrine diseases the leading diagnosis (71%).



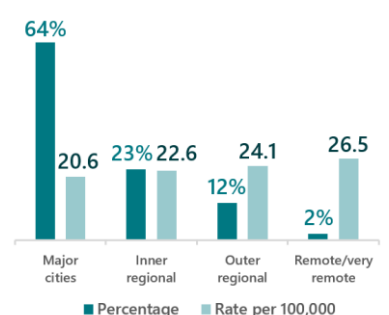
The majority of other drug-related deaths were attributable to overdose.



In 2021, most overdose deaths were unintentional.

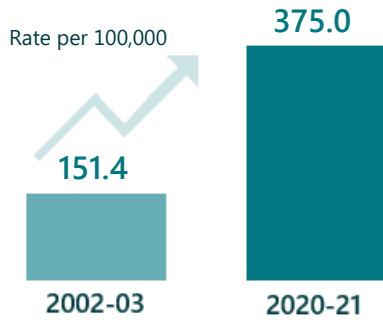


Opioids, and antiepileptic, sedative-hypnotic and anti-parkinsonism drugs were the most common drug types involved in drug overdose deaths.



Although the majority of deaths occurred in major cities, the rate per 100,000 people was comparable across remoteness areas.

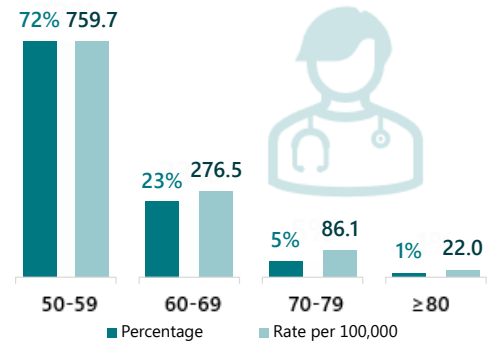
## Treatment, 2021



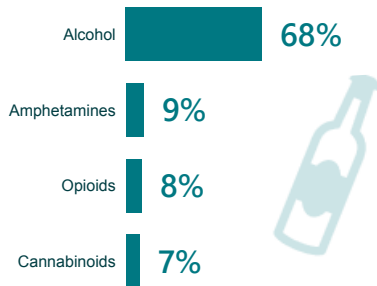
Treatment episodes among Australians aged ≥50 years have increased over the past two decades.



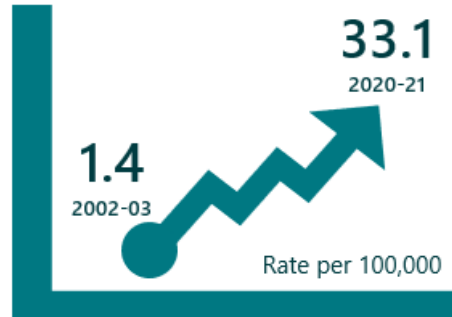
Approximately three in five people entering treatment were male.



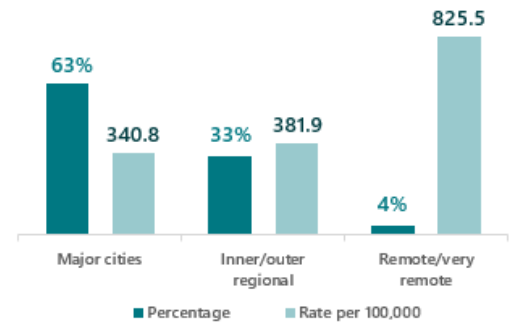
Treatment episodes were most common among those aged 50-59 years.



Alcohol was the most common drug that people were entering treatment for.

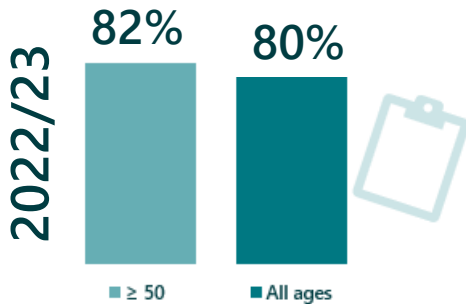


The rate of people entering treatment for amphetamines has increased 23-fold over the past two decades.

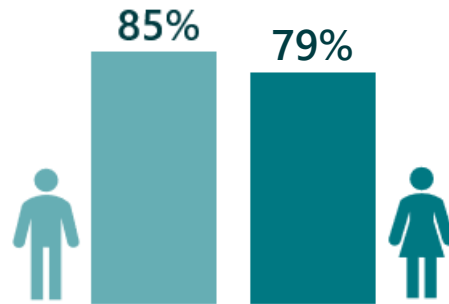


Although the majority of treatment episodes occurred in major cities, the rate per 100,000 people was highest in remote and very remote areas.

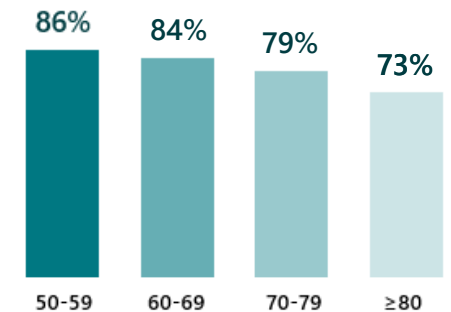
## Use, 2022/23



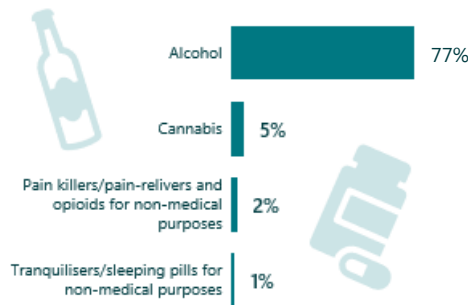
In 2022/23, 82% of Australians aged ≥50 years reported any past year AOD use, comparable to that reported among Australians of all ages (80%).



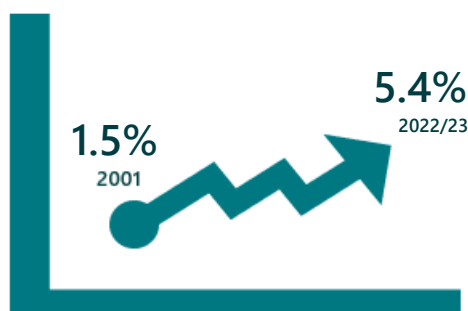
Past year AOD use was comparable among males and females.



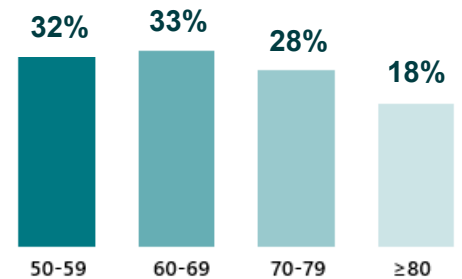
Past year AOD use was lowest among those aged ≥80 years.



Alcohol was the most common substance that Australians aged ≥50 years reported using in the past year.



Past year cannabis use increased three-fold between 2001 and 2022/23.



30% of Australians aged ≥50 years reported exceeding Australia's drinking guidelines, with this being highest among those aged 50-69 years.

**Priority groups**

**Men:**



Males had higher rates of AOD-induced deaths and AOD-related hospitalisations compared to females, which remained consistent across age-groups and remoteness areas.

**People aged 50-59 years:**



People aged 50-59 years consistently had higher rates of AOD-related harms, compared to those aged ≥60 years.

**Older adults who use alcohol:**



Alcohol was by the far the most commonly used substance by people aged ≥50 years, with almost one in three exceeding drinking guidelines. The majority of AOD-related hospitalisations and treatment episodes were attributable to alcohol.

**Older adults who use opioids and/or benzodiazepines:**



Opioids and antiepileptic, sedative-hypnotic and anti-parkinsonism drugs (e.g., benzodiazepines) were the most common drugs involved in drug overdose deaths.

**Older adults who use cannabis:**



Past year cannabis use tripled between 2001 and 2022/23, with a five-fold increase in people entering treatment for cannabis.

**Older adults who use amphetamine-type stimulants:**



Substantial increases in hospitalisations, overdose deaths and treatment episodes were observed for amphetamine-type stimulants over the past two decades.

**Risk factors**

**Location:**



Most harms related to illegal or prescription drugs were largely the result of overdose, and occurred at home.

**Remoteness areas:**



Rates of hospitalisations, deaths and treatment episodes were highest in remote and very remote areas.

**Polysubstance use:**



In 2021, two-thirds of AOD-induced deaths involved >1 drug class, although this was less common in AOD-related hospitalisations.

**Psychosocial risk factors:**



Personal history of self-harm was the most common risk factor in both intentional and unintentional.