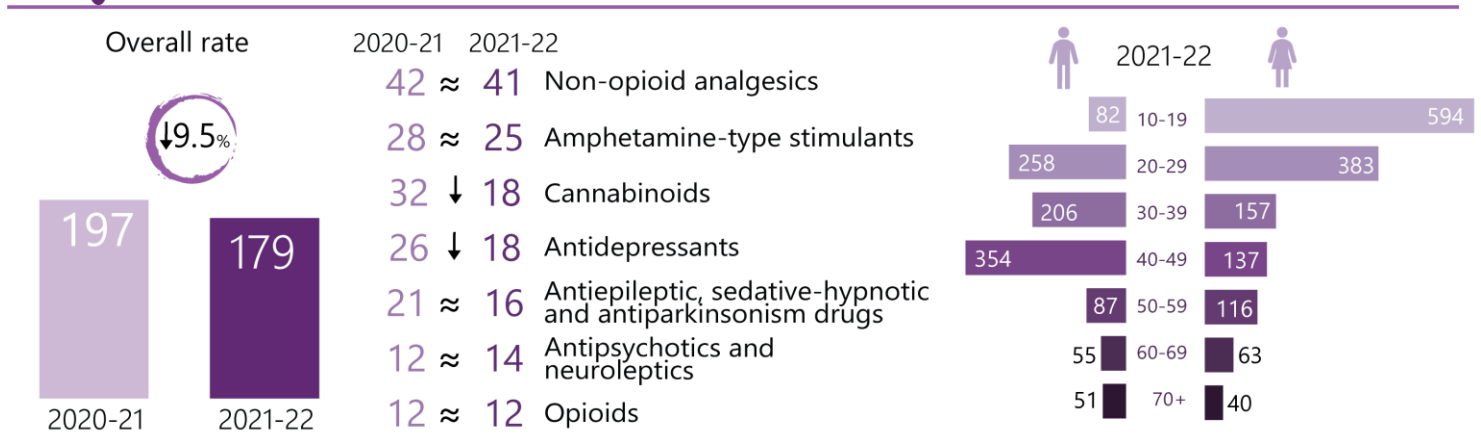


Tasmania



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



Note: Arrows indicate a statistically significant increase/decrease between 2020-21 and 2021-22 ($p < 0.05$); sign "≈" indicates no significant change.

There were 914 hospitalisations with a drug-related principal diagnosis in [Tasmania](#) in 2021-22.

This is equivalent to 179 hospitalisations per 100,000 people, which was 9.5% lower than the rate in 2020-21 (197 hospitalisations per 100,000 people) (Table A22, [Appendix](#)) (Figure 1).

Sex

The rate of hospitalisations was higher among [females](#) than males in 2021-22 (205 versus 155 hospitalisations per 100,000 people).

Age

In 2021-22, the rate of hospitalisations was [highest](#) among the 10-19 age group, followed by the 20-29 and 40-49 age groups (329, 320, and 243 hospitalisations per 100,000 people, respectively). Among males, the rate of drug-related hospitalisations was highest in the 40-49 age group, and among females in the 10-19 age group.

Remoteness Area of Usual Residence

The highest number and rate of hospitalisations in 2021-22 was observed in [inner regional](#) Tasmania (717

hospitalisations, 218 per 100,000 people), noting there are no major city areas in Tasmania (Figure 2).

External Cause of Drug Poisoning

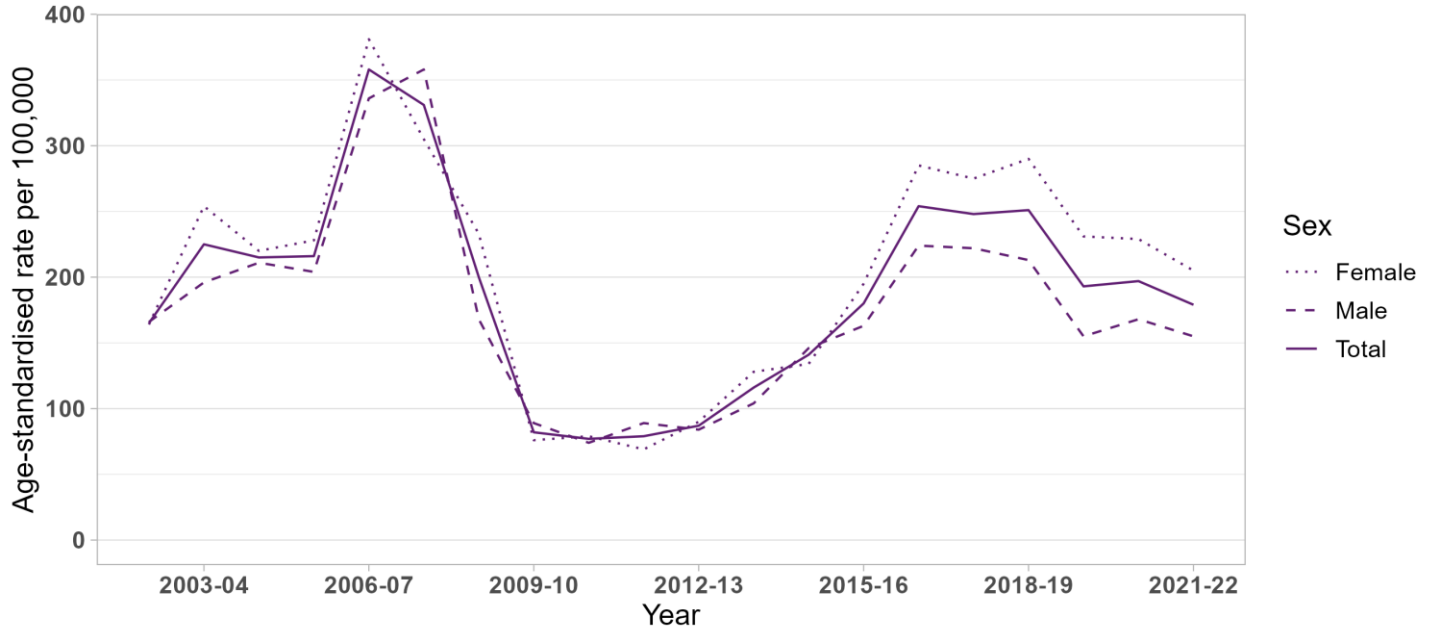
In 2021-22, 57% of drug-related hospitalisations in Tasmania were due to drug poisoning. Furthermore, 81% of drug poisoning-related hospitalisations were intentional (83 hospitalisations per 100,000 people) and 13% were unintentional (12 hospitalisations per 100,000 people) (Figure 3).

Drug Type

In 2021-22, the rate of hospitalisations was [highest](#) where there was a principal diagnosis indicating non-opioid analgesics (41 hospitalisations per 100,000 people) (Figure 4).

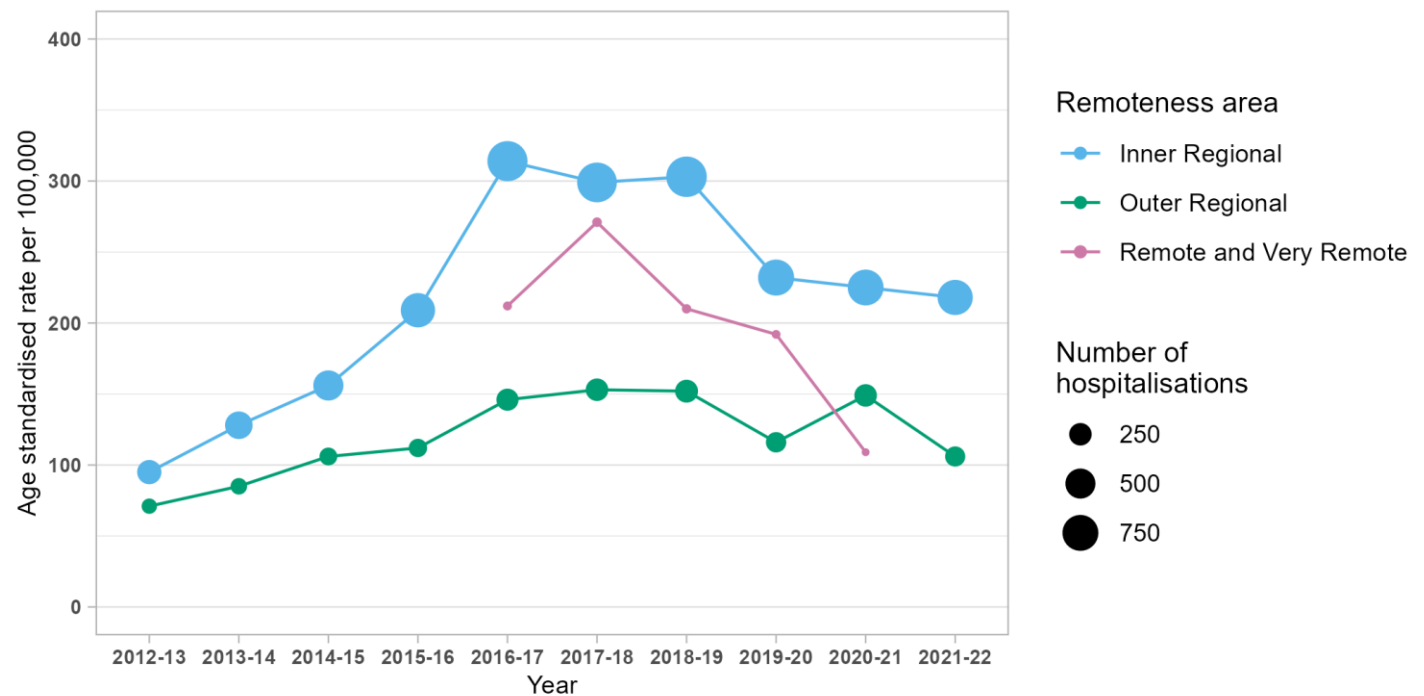
Compared to 2020-21, there were significant decreases in the 2021-22 rates of hospitalisations related to cannabinoids and antidepressants (Table A22, [Appendix](#)).

Figure 1. Age-standardised rate per 100,000 people of drug-related hospitalisations, by sex, Tasmania, 2002-03 to 2021-22.



Provision of Tasmanian data between 2008-09 and 2015-16 was limited to drug related hospitalisations based on selected drug-related ICD-10-AM codes (see the [methods](#) for the list of ICD-10-AM codes). Estimates of drug-related hospitalisations for this period are likely to be underestimated.

Figure 2. Age-standardised rate per 100,000 people of drug-related hospitalisations, by remoteness, Tasmania, 2012-13 to 2021-22.



Note: The size (area) of the bubble is proportional to the number of hospitalisations. Data on remoteness are only available from 2012-13. There are no major city areas in Tasmania. Where the number of hospitalisations for remote and very remote Tasmania were small (less than or equal to 10) age-standardised rates were not calculated. Please refer to our [methods](#) document for details.

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), Tasmania, 2002-03 to 2021-22.

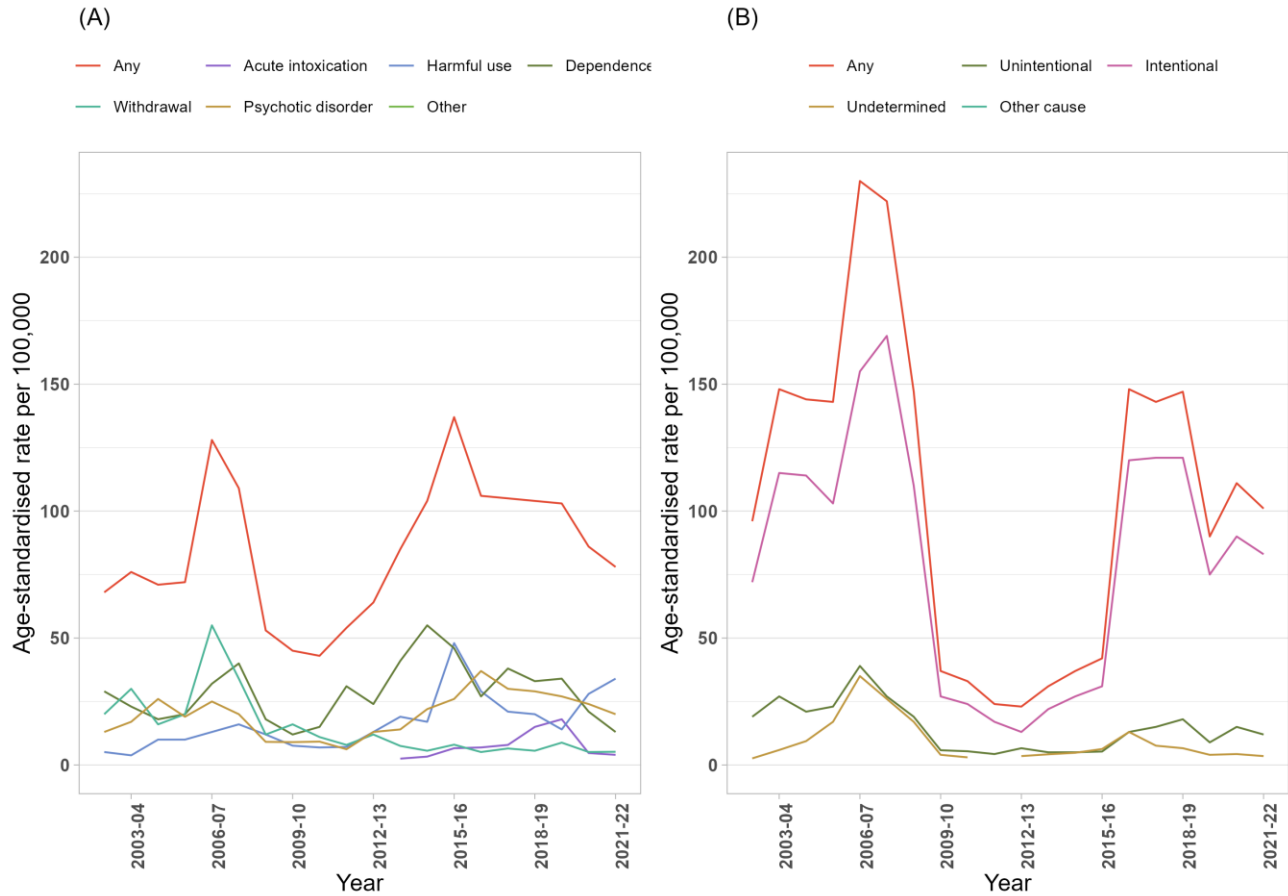
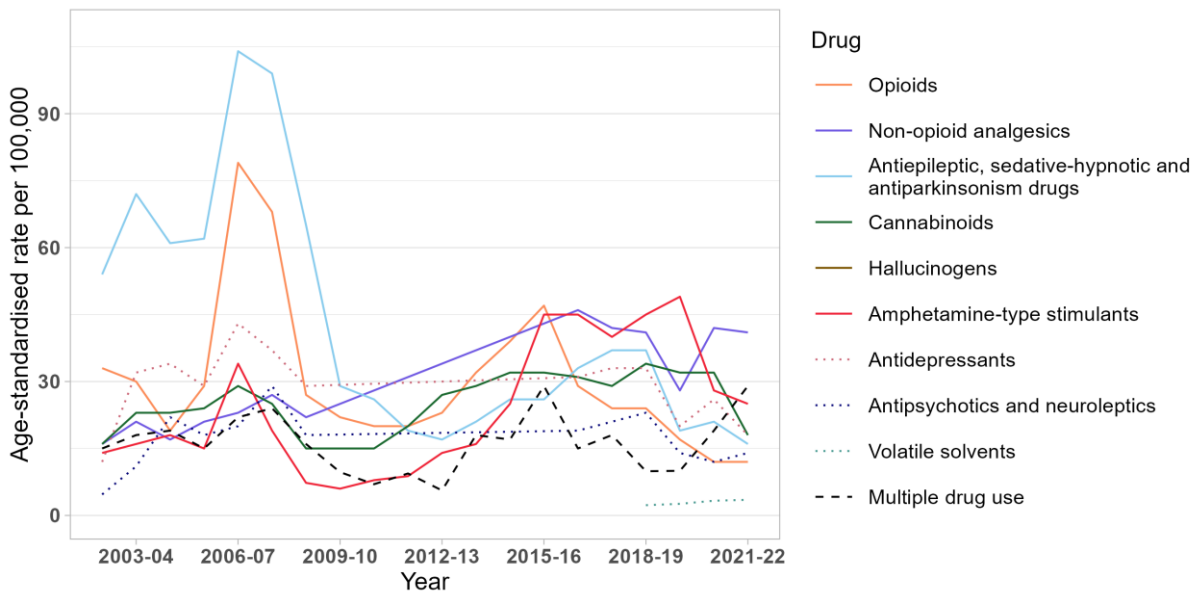


Figure 4. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, Tasmania, 2002-03 to 2021-22.



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 A22. Age-standardised rate (per 100,000 people) of drug-related hospitalisations in 2021-22 and average percent change for difference compared to 2020-21, in Tasmania by drug type identified in the principal diagnosis

Drug	Rate in 2021-22 (95% CI)	Rate in 2020-21 (95% CI)	APC (95% CI)
All drugs	179 (167, 191)	197 (185, 210)	-9.5 (-17.3, -0.9)
Non-opioid analgesics	41 (36, 47)	42 (37, 48)	-1.7 (-19.0, 19.3)
Multiple drug use	29 (24, 34)	19 (15, 23)	51 (17, 97)
Amphetamine-type stimulants	25 (21, 30)	28 (24, 34)	-13 (-32, 11)
Cannabinoids	18 (15, 23)	32 (27, 37)	-42 (-55, -26)
Antidepressants	18 (15, 23)	26 (22, 31)	-30 (-46, -8)
Methamphetamine	18 (14, 22)	21 (17, 25)	-13 (-35, 15)
Antiepileptic, sedative-hypnotic and antiparkinsonism drugs	16 (13, 20)	21 (17, 25)	-22 (-41, 4)
Antipsychotics and neuroleptics	14 (11, 18)	12 (9, 15)	18 (-16, 67)
Opioids	12 (9, 15)	12 (9, 15)	1.2 (-28.6, 43.4)
Volatile solvents	3.5 (2.0, 5.6)	3.3 (1.9, 5.2)	6.7 (-45.7, 109.6)

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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Data source

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Related Links

- Hospitalisations data visualisations: https://drugtrends.shinyapps.io/hospital_separations
- Full report and the methods document: <https://www.unsw.edu.au/research/ndarc/resources/trends-drug-related-hospitalisations-australia-2002-2022>
- 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](#)