TRENDS IN DRUG-RELATED HOSPITALISATIONS IN AUSTRALIA, 1999-2021

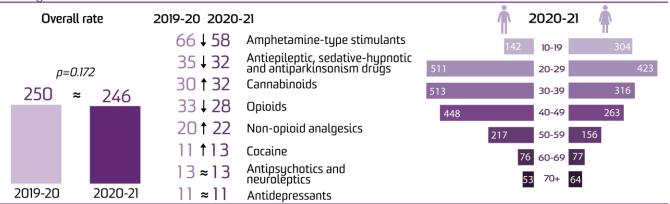
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New South Wales



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.

There were 18,957 hospitalisations with a drugrelated principal diagnosis in <u>New South Wales</u> in 2020-21, equivalent to 0.57% of all hospitalisations in New South Wales.

This is equivalent to 246 hospitalisations per 100,000 people, which is similar to the rate in 2019-20 (250 hospitalisations per 100,000 people; p=0.172) (Table A20), but an increase from 223 hospitalisations per 100,000 people in 1999-00 (Figure 1).

Sex

In 2020-21, the rate of hospitalisations was higher among <u>males</u> than females (273 versus 220 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 30-39 and 40-49 age groups (469, 414, and 355 hospitalisations per 100,000 people, respectively). Among males, the rate of drugrelated 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 rate of hospitalisations in 2020-21 was observed in <u>remote and very remote</u> New South Wales (81 hospitalisations, 279 per

100,000 people), while the number of hospitalisations was highest in major city areas (14,945 hospitalisations, 250 per 100,000 people) (Figure 2).

External Cause of Drug Poisoning

In 2020-21, 34% of drug-related hospitalisations in New South Wales were due to drug poisoning. Furthermore, 69% of drug poisoning related hospitalisations were intentional (59 hospitalisations per 100,000 people) and 23% were unintentional (18 hospitalisations per 100,000 people) (Figure 3).

Drug Type

In 2020-21, the rate of hospitalisations was <u>highest</u> where there was a principal diagnosis indicating amphetamine-type stimulants (58 hospitalisations per 100,000 people) (Figure 4).

Compared to 2019-20, there were significant decreases in 2020-21 in the rates of hospitalisations related to amphetamine-type stimulants; antiepileptic, sedative-hypnotic and antiparkinsonism drugs; and opioids (p<0.050) (Table A20).

In contrast, there were significant increases in the rates of hospitalisations related to multiple drug use; cannabinoids; non-opioid analgesics; and cocaine (p<0.050) (Table A20).















Figure 1. Age-standardised rate per 100,000 people of drug-related hospitalisations, by sex, New South Wales, 1999-00 to 2020-21.

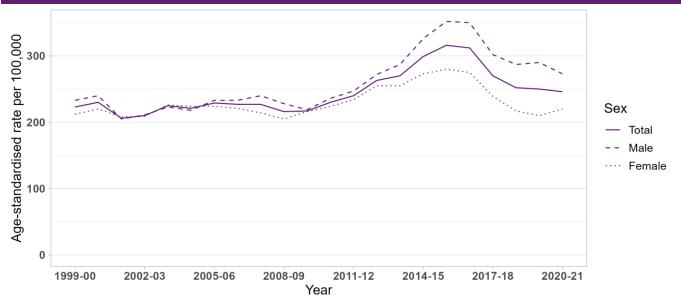
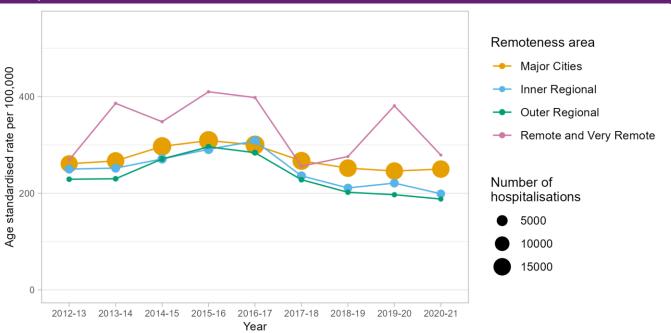


Figure 2. Age-standardised rate per 100,000 people of drug-related hospitalisations, by remoteness, New South Wales, 2012-13 to 2020-21.



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), New South Wales, 1999-00 to 2020-21.

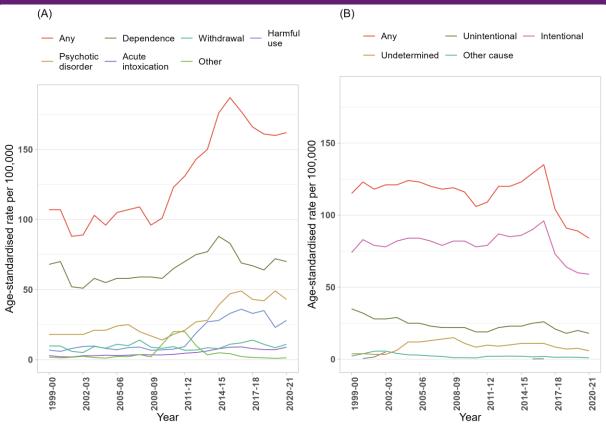
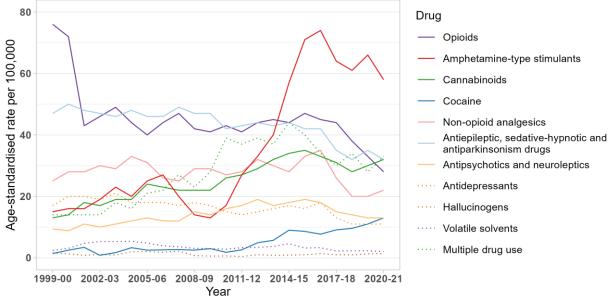


Figure 4. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, New South Wales, 1999-00 to 2020-21.



Note: Age-standardised rates were not calculated if the number of hospitalisations was less than or equal to 10 (please refer to our <u>methods</u> document for details). Suppressed data are visible as gaps in the data series.

Table A20. 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 New South Wales 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	246 (243, 250)	250 (246, 253)	0.99 (0.97, 1.01)	0.172
Amphetamine-type stimulants	58 (56, 60)	66 (64, 68)	0.88 (0.85, 0.92)	<0.001
Multiple drug use	33 (32, 35)	28 (27, 29)	1.20 (1.13, 1.27)	<0.001
Antiepileptic, sedative-hypnotic and antiparkinsonism drugs	32 (31, 33)	35 (34, 36)	0.92 (0.87, 0.97)	0.003
Cannabinoids	32 (31, 34)	30 (29, 31)	1.08 (1.02, 1.15)	0.006
Opioids	28 (27, 29)	33 (32, 34)	0.86 (0.81, 0.91)	<0.001
Non-opioid analgesics	22 (21, 23)	20 (19, 21)	1.11 (1.04, 1.19)	0.003
Cocaine	13 (12, 14)	11 (9.9, 11)	1.22 (1.11, 1.33)	<0.001
Antipsychotics and neuroleptics	13 (12, 14)	13 (13, 14)	0.96 (0.88, 1.05)	0.341
Antidepressants	11 (10, 12)	11 (10, 12)	1.00 (0.91, 1.10)	0.989
Volatile solvents	2.0 (1.7, 2.3)	2.3 (2.0, 2.6)	0.85 (0.69, 1.05)	0.138
Hallucinogens	1.4 (1.1, 1.6)	1.3 (1.1, 1.6)	1.04 (0.78, 1.37)	0.805

Note: 95% confidence intervals for the age-standardised rate and rate ratio are shown in brackets. Please refer to our <u>methods</u> document on 'Presentation of results' for interpretation of rate ratios. Please also refer to our <u>methods</u> document on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions.

For complete report on trends in drug-related hospitalisations in Australia please go to the <u>national report</u>.

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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/
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- For more information on ICD coding go to: 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.