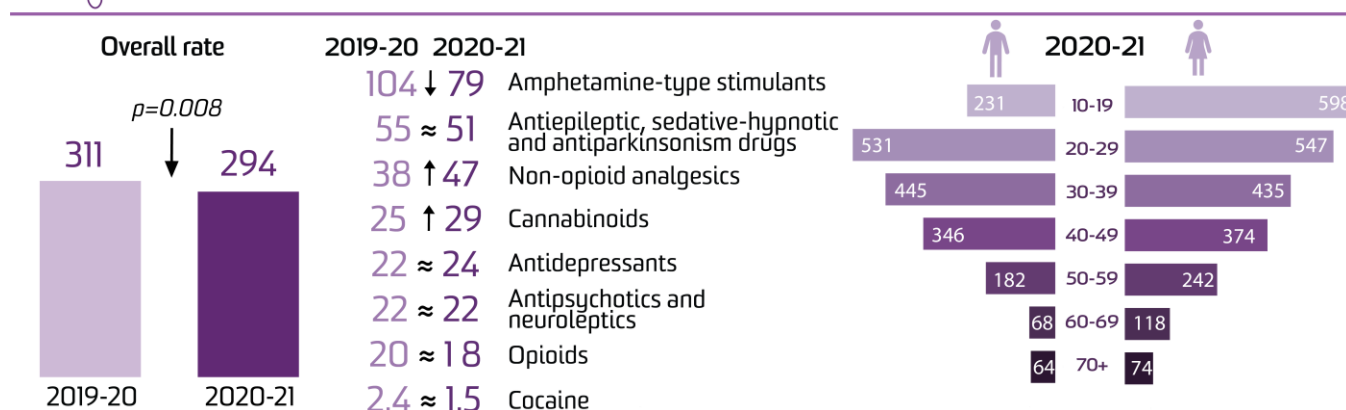


South Australia



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 4,889 hospitalisations with a drug-related principal diagnosis in [South Australia](#) in 2020-21, equivalent to 0.60% of all hospitalisations in South Australia.

This is equivalent to 294 hospitalisations per 100,000 people, which was a significant decrease from 2019-20 (311 hospitalisations per 100,000 people; $p=0.008$) (Table A23), although higher than reported in 1999-00 (208 hospitalisations per 100,000 people) ([Figure 1](#)).

Sex

The rate of hospitalisations was higher among [females](#) than males in 2020-21 (328 versus 261 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 10-19 age groups (540, 440, and 409 hospitalisations per 100,000 people, respectively). Among males, the rate of drug-related hospitalisations was highest in the 20-29 age groups, and among females in the 10-19 age groups.

Remoteness Area of Usual Residence

The highest rate of hospitalisations in 2020-21 was observed in [outer regional](#) South Australia

(642 hospitalisations, 434 per 100,000 people), while the number of hospitalisations was highest in major city areas (3,309 hospitalisations, 264 per 100,000 people) ([Figure 2](#)).

External Cause of Drug Poisoning

In 2020-21, 56% of drug-related hospitalisations in South Australia were due to drug poisoning. Furthermore, 73% of drug poisoning related hospitalisations were intentional (119 hospitalisations per 100,000 people) and 18% were unintentional (27 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 amphetamine-type stimulants (79 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 ($p<0.001$) (Table A23).

In contrast, there were significant increases in the rates of hospitalisations related to non-opioid analgesics and cannabinoids ($p\leq 0.041$) (Table A23).

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

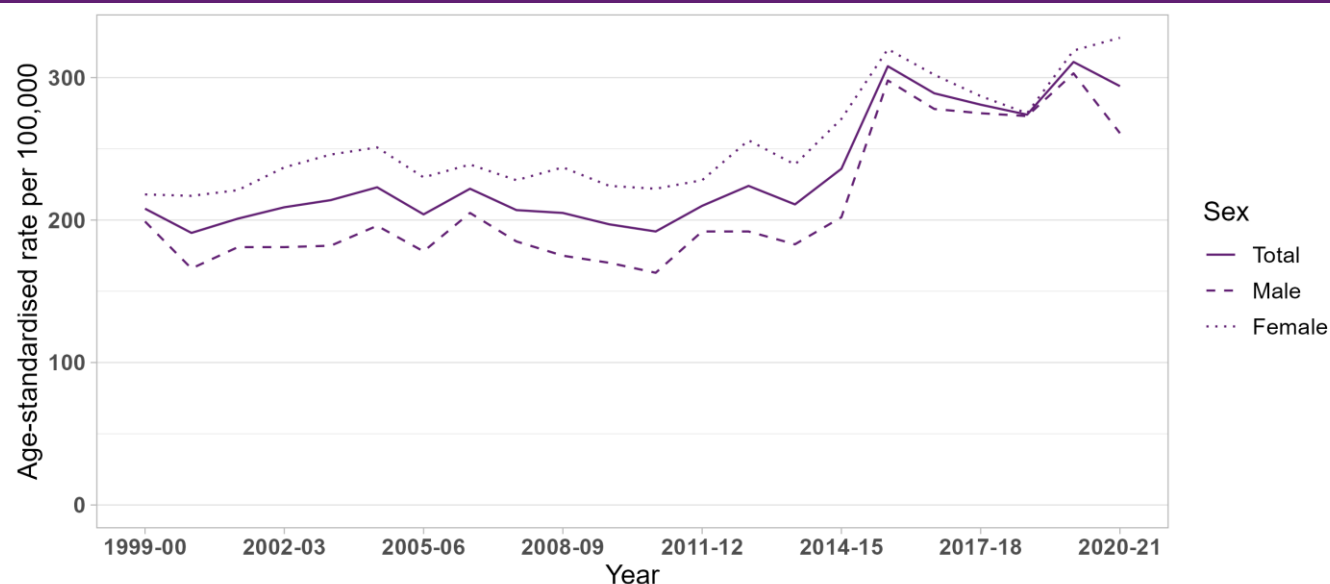
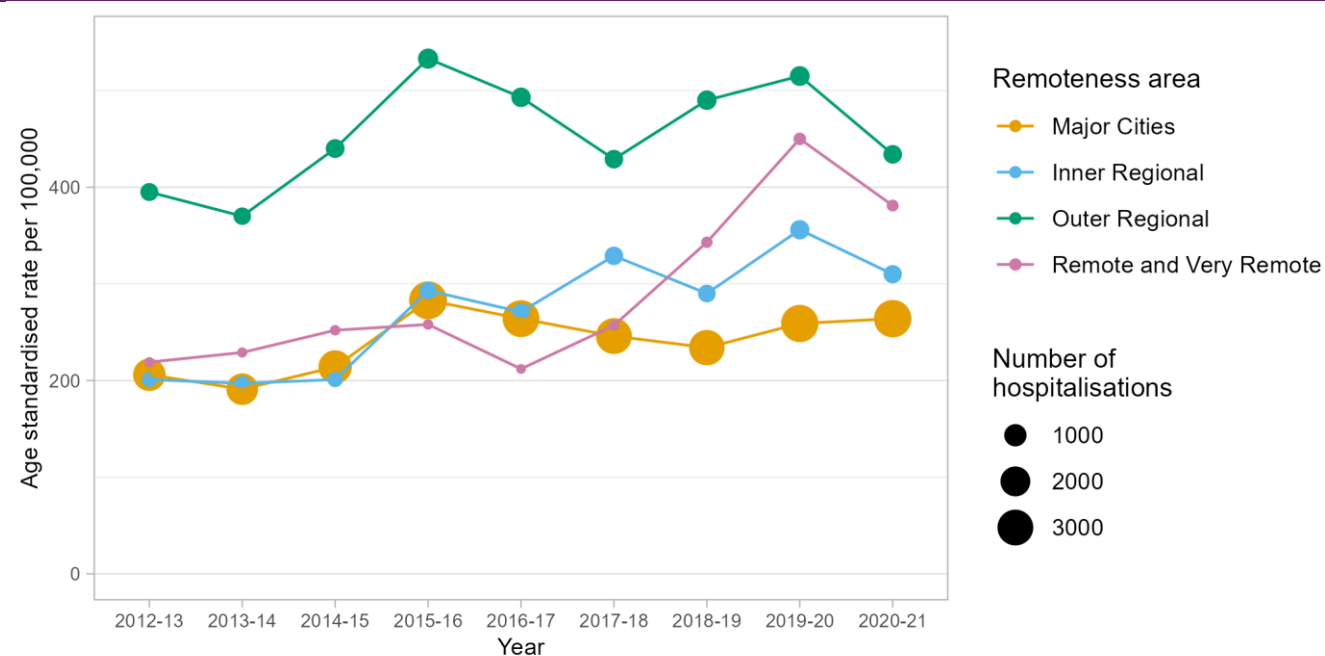


Figure 2. Age-standardised rate per 100,000 people of drug-related hospitalisations, by remoteness, South Australia, 2012-13 to 2020-21.



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), South Australia, 1999-00 to 2020-21.

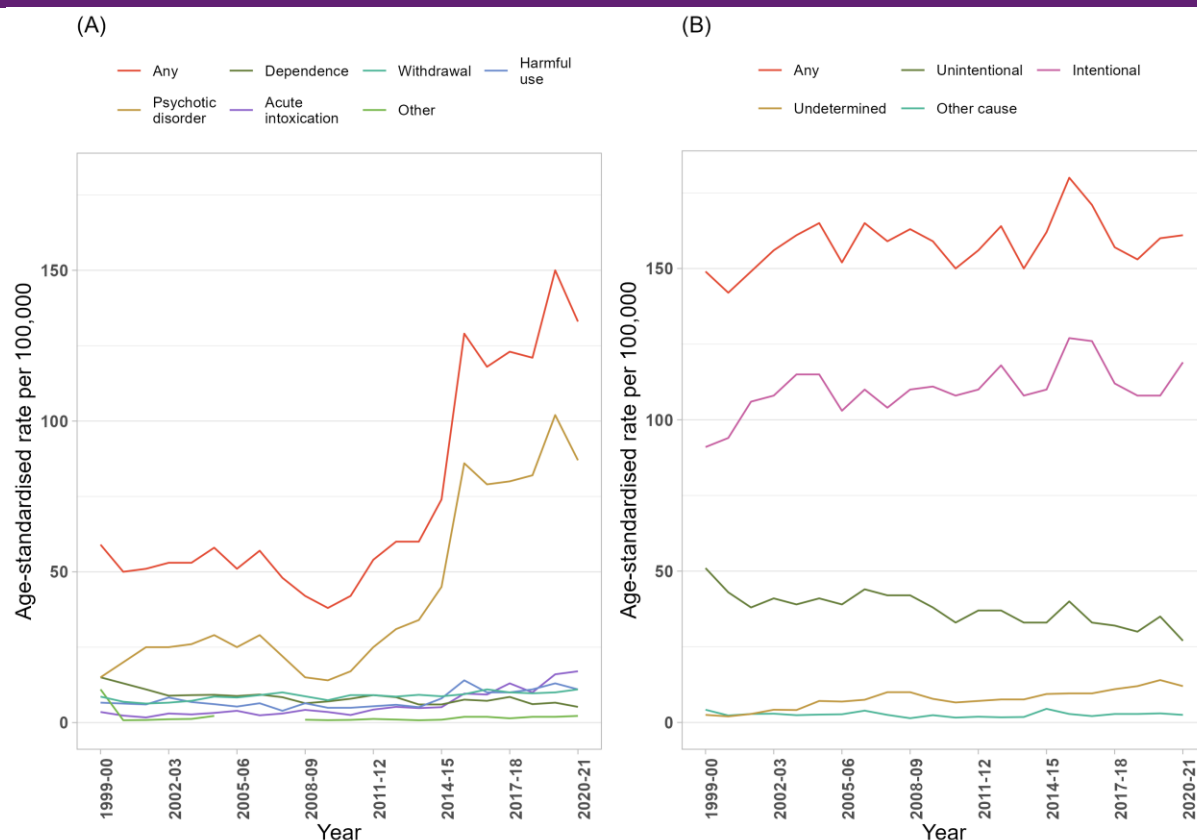
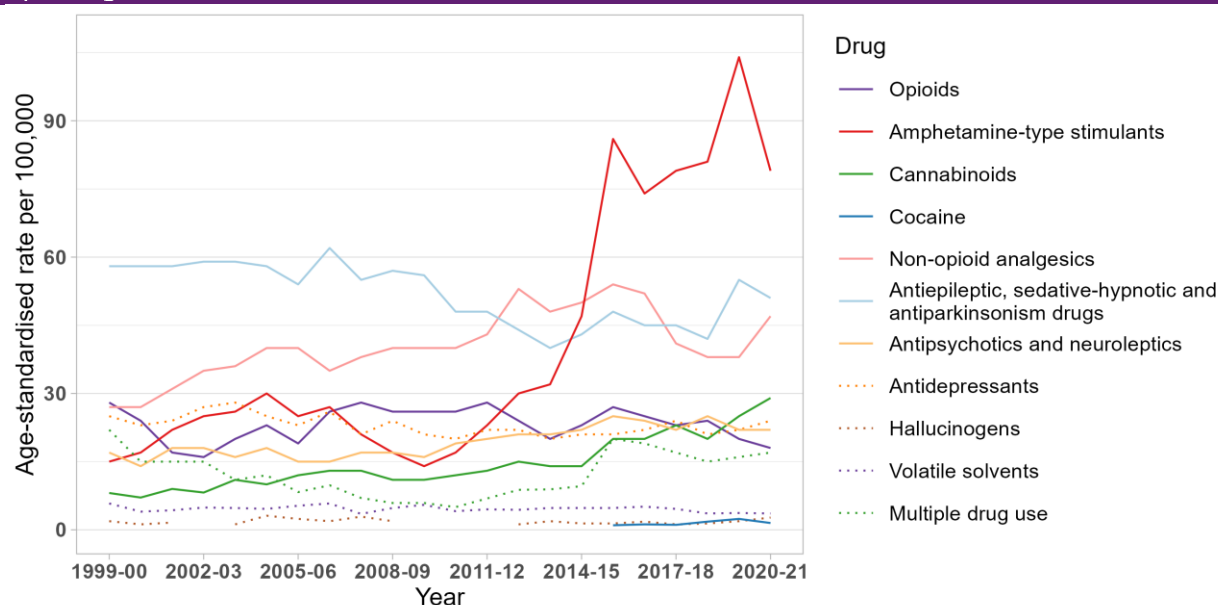


Figure 4. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, South Australia, 1999-00 to 2020-21.



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 A23. 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 South Australia 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	294 (286, 303)	311 (302, 319)	0.95 (0.91, 0.99)	0.008
Amphetamine-type stimulants	79 (75, 83)	104 (99, 109)	0.76 (0.71, 0.82)	<0.001
Antiepileptic, sedative-hypnotic and antiparkinsonism drugs	51 (47, 54)	55 (52, 59)	0.92 (0.84, 1.01)	0.068
Non-opioid analgesics	47 (43, 50)	38 (35, 41)	1.24 (1.12, 1.38)	<0.001
Cannabinoids	29 (26, 32)	25 (23, 28)	1.15 (1.01, 1.31)	0.041
Antidepressants	24 (22, 27)	22 (20, 25)	1.09 (0.95, 1.26)	0.222
Antipsychotics and neuroleptics	22 (20, 25)	22 (20, 25)	0.99 (0.85, 1.14)	0.865
Opioids	18 (16, 20)	20 (18, 22)	0.94 (0.80, 1.09)	0.402
Multiple drug use	17 (15, 19)	16 (14, 18)	1.03 (0.87, 1.22)	0.756
Volatile solvents	3.6 (2.7, 4.6)	3.7 (2.8, 4.7)	0.96 (0.68, 1.37)	0.830
Hallucinogens	2.7 (2.0, 3.6)	1.9 (1.3, 2.8)	1.40 (0.88, 2.23)	0.160
Cocaine	1.5 (0.9, 2.2)	2.4 (1.7, 3.3)	0.61 (0.37, 1.01)	0.054

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.

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

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Data source

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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.