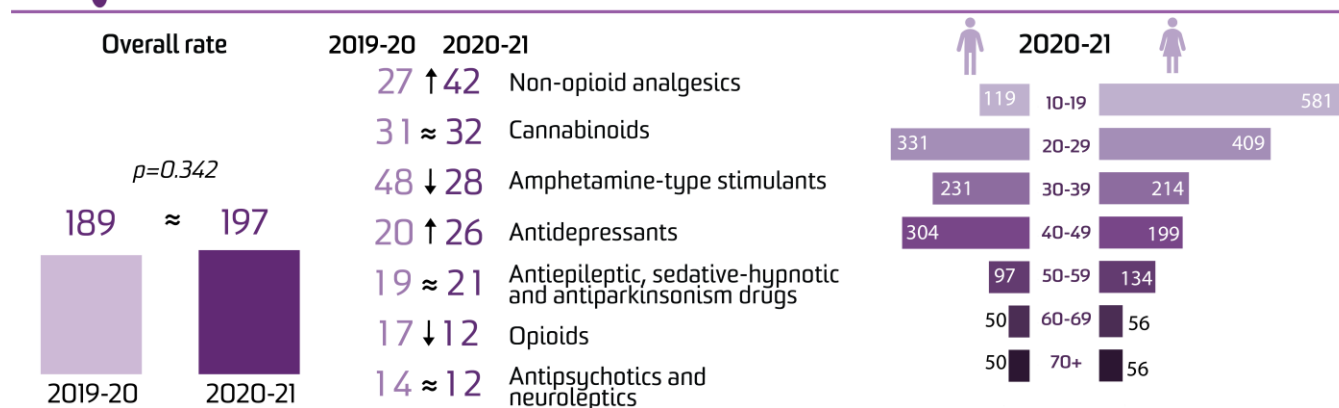


## Tasmania



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 1,009 hospitalisations with a drug-related principal diagnosis in [Tasmania](#) in 2020-21.

This is equivalent to 197 hospitalisations per 100,000 people, which was not significantly different from the rate in 2019-20 (189 hospitalisations per 100,000 people;  $p=0.342$ ) (Table A24) but higher than reported in 1999-00 (127 hospitalisations per 100,000 people) (Figure 1).

### Sex

The rate of hospitalisations was higher among [females](#) than males in 2020-21 (241 versus 163 hospitalisations per 100,000 people).

### Age

In 2020-21, the rate of hospitalisations was [highest](#) among the 20-29 age group, followed by the 10-19 and 40-49 age groups (429, 285, and 263 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 number and rate of hospitalisations in 2020-21 was observed in [inner regional](#)

Tasmania (747 hospitalisations, 206 per 100,000 people; noting there are no major city areas in Tasmania) (Figure 2).

### External Cause of Drug Poisoning

In 2020-21, 48% of drug-related hospitalisations in Tasmania were due to drug poisoning. Furthermore, 82% of drug poisoning related hospitalisations were intentional (78 hospitalisations per 100,000 people) and 11% were unintentional (9.2 hospitalisations per 100,000 people) (Figure 3).

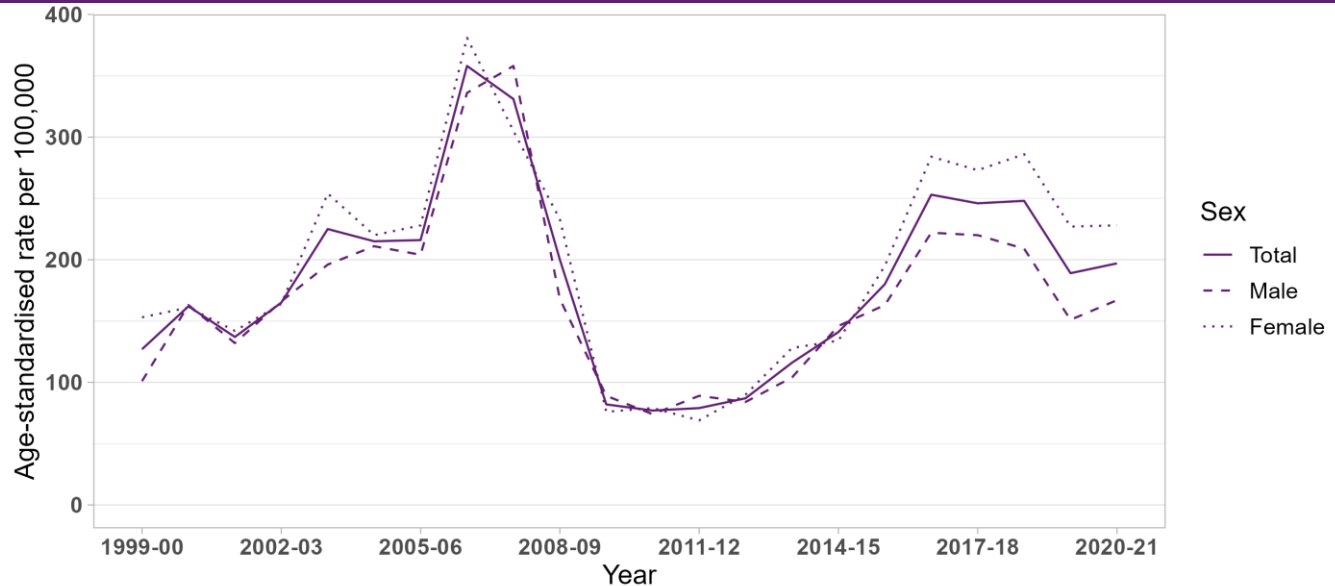
### Drug Type

In 2020-21, the rate of hospitalisations was [highest](#) where there was a principal diagnosis indicating non-opioid analgesics (42 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 and opioids ( $p<0.050$ ) (Table A24).

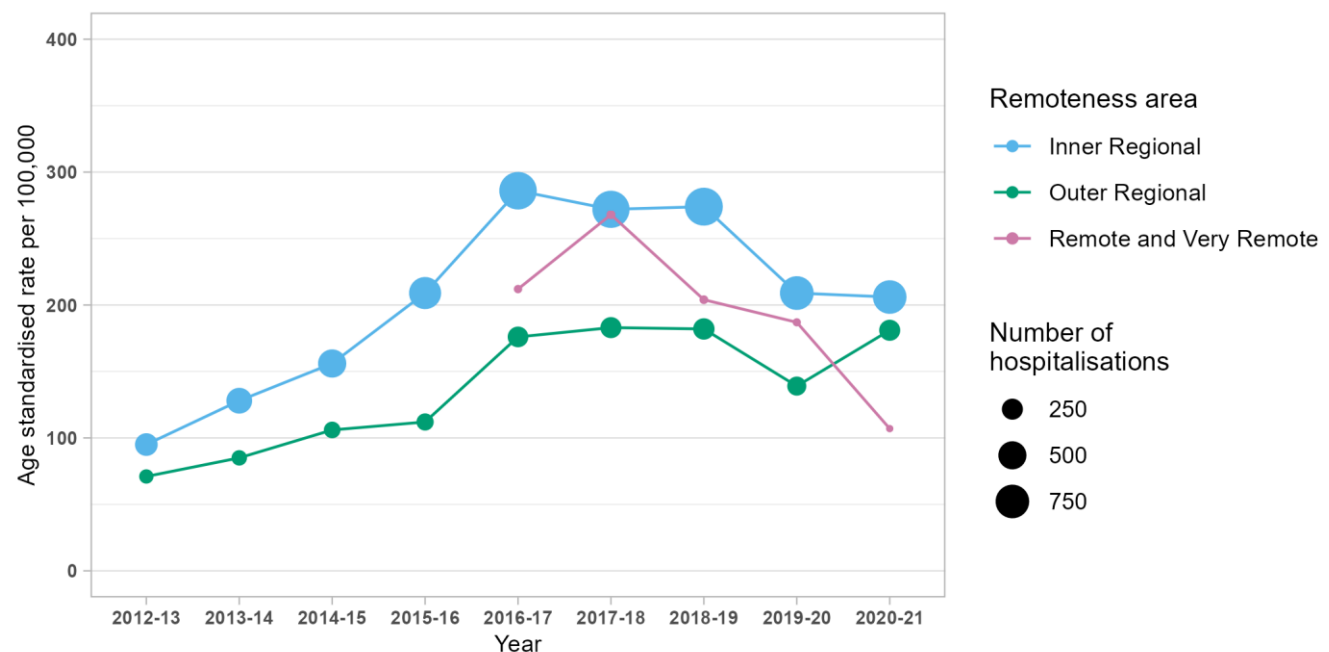
In contrast, there were significant increases in the rate of hospitalisations related to non-opioid analgesics and antidepressants ( $p<0.050$ ) (Table A24).

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



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 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. 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, 1999-00 to 2020-21.

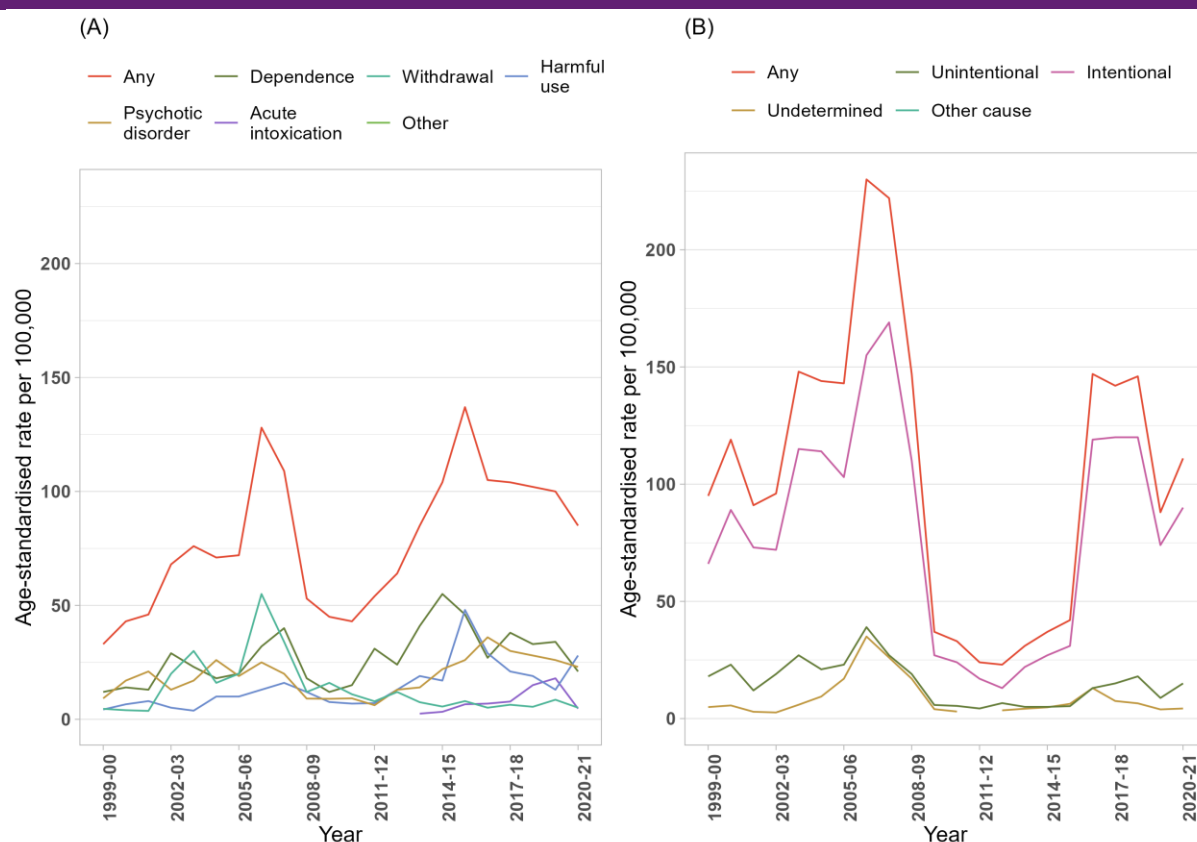
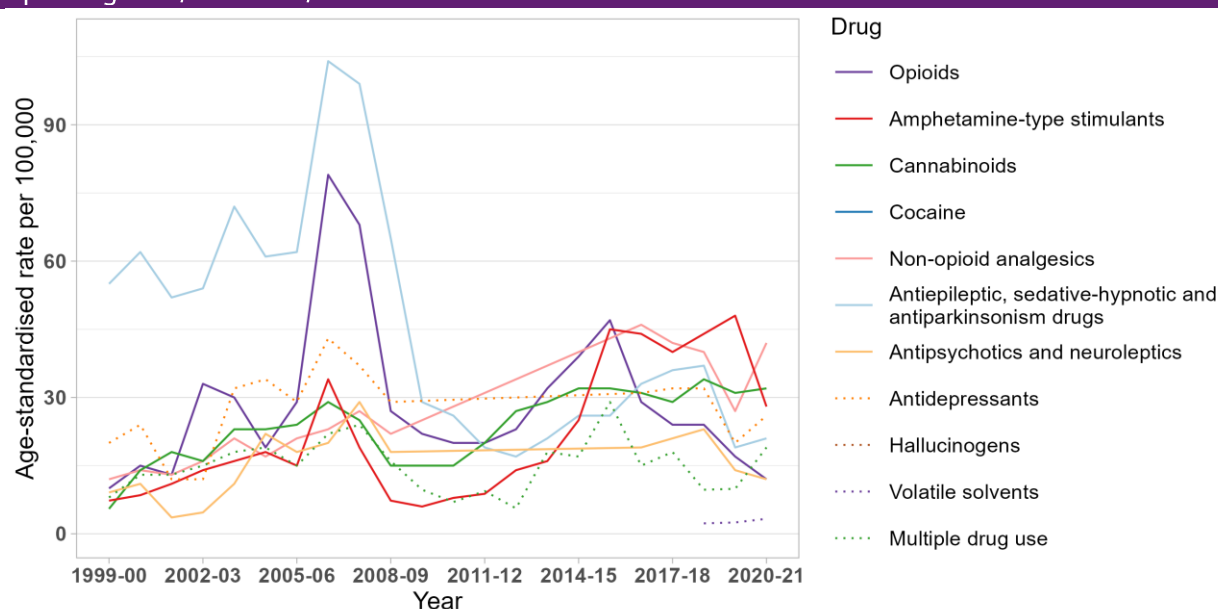


Figure 4. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, Tasmania, 1999-00 to 2020-21.



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 A24. 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 Tasmania 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   | 197 (185, 210)           | 189 (177, 201)           | 1.04 (0.96, 1.14)   | 0.342   |
| Non-opioid analgesics                                       | 42 (36, 48)              | 27 (23, 32)              | 1.53 (1.24, 1.91)   | <0.001  |
| Cannabinoids  | 32 (27, 37)              | 31 (27, 37)              | 1.02 (0.82, 1.28)   | 0.838   |
| Amphetamine-type stimulants                                 | 28 (24, 34)              | 48 (42, 55)              | 0.59 (0.48, 0.73)   | <0.001  |
| Antidepressants   | 26 (22, 31)              | 20 (16, 24)              | 1.33 (1.02, 1.73)   | 0.034   |
| Antiepileptic, sedative-hypnotic and antiparkinsonism drugs | 21 (17, 25)              | 19 (15, 23)              | 1.10 (0.84, 1.44)   | 0.480   |
| Multiple drug use   | 19 (15, 23)              | 9.9 (7.3, 13)            | 1.94 (1.37, 2.74)   | <0.001  |
| Opioids   | 12 (9, 15)               | 17 (14, 21)              | 0.69 (0.50, 0.96)   | 0.027   |
| Antipsychotics and neuroleptics                             | 12 (9, 15)               | 14 (10, 17)              | 0.87 (0.61, 1.23)   | 0.421   |
| Volatile solvents   | 3.3 (1.9, 5.2)           | 2.5 (1.3, 4.4)           | 1.28 (0.62, 2.65)   | 0.505   |
| 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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### Data source

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We acknowledge the traditional custodians of the land on which the work for this report was undertaken. We pay our respects to Elders past, present, and emerging.

## Related Links

- Hospitalisations data visualisations: [https://drugtrends.shinyapps.io/hospital\\_separations](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](#).

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