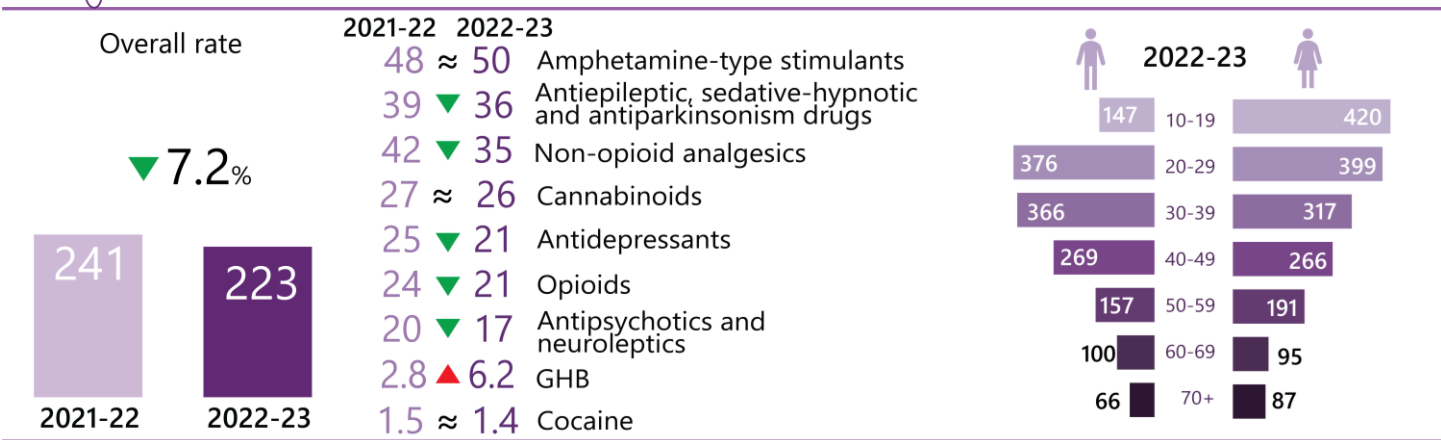


# Queensland



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



Note: The ▲ up arrow indicates a statistically significant increase, while the ▼ down arrow indicates a statistically significant decrease in population rates from 2021-22 to 2022-23. Sign '≈' indicates no significant change. \*np means data not publishable due to a small number of hospitalisations (≤10).

There were 11,723 hospitalisations with a drug-related principal diagnosis in [Queensland](#) in 2022-23, equivalent to 0.39% of all hospitalisations in Queensland.

This is equivalent to 223 hospitalisations per 100,000 people, which was 7.2% lower than the 2021-22 rate (241 hospitalisations per 100,000 people) (Table A20, [Appendix](#)). **Error! Reference source not found.**

### Sex

The rate of hospitalisations was higher among [females](#) than males in 2022-23 (243 versus 205 hospitalisations per 100,000 people, respectively).

### Age

In 2022-23, the rate of hospitalisations was [highest](#) among the 20-29 age group, followed by the 30-39, 10-19 and 40-49 age groups (387, 341, 279 and 267 hospitalisations per 100,000 people, respectively). Among males, the rate of drug-related hospitalisations was highest in the 20-29 and 30-39 age groups, and among females in the 10-19 and 20-29 age groups.

### Remoteness Area of Usual Residence

The highest rate of hospitalisations in 2022-23 was observed in [outer regional](#) Queensland (256 hospitalisations per 100,000 people), while the number of hospitalisations was highest in major city areas (7,802 hospitalisations) (Figure 2).

### External Cause of Drug Poisoning

In 2022-23, 57% of drug-related hospitalisations in Queensland were due to drug poisoning. Furthermore, 73% of drug poisoning-related hospitalisations were intentional (93 hospitalisations per 100,000 people) and 21% were unintentional (26 hospitalisations per 100,000 people) (Figure 3).

### Drug Type

In 2022-23, the rate of hospitalisations was [highest](#) where there was a principal diagnosis indicating amphetamine-type stimulants (50 hospitalisations per 100,000 people) (Figure 4).

Compared to 2021-22, there were significant **decreases** in the 2022-23 rates of hospitalisations related to:

- antiepileptic, sedative-hypnotic and antiparkinsonism drugs (▼7.6%),
- non-opioid analgesics (▼15%),
- antidepressants (▼16%)
- opioids (▼10%), and
- antipsychotics and neuroleptics (▼14%) (Table A20, [Appendix](#)).

In contrast, there were significant increases in the rates of hospitalisations related to:

- GHB (▲125%), and
- methamphetamine (▲7.7%).

Figure 1. Age-standardised rate per 100,000 people of drug-related hospitalisations, by sex, Queensland, 2003-04 to 2022-23.

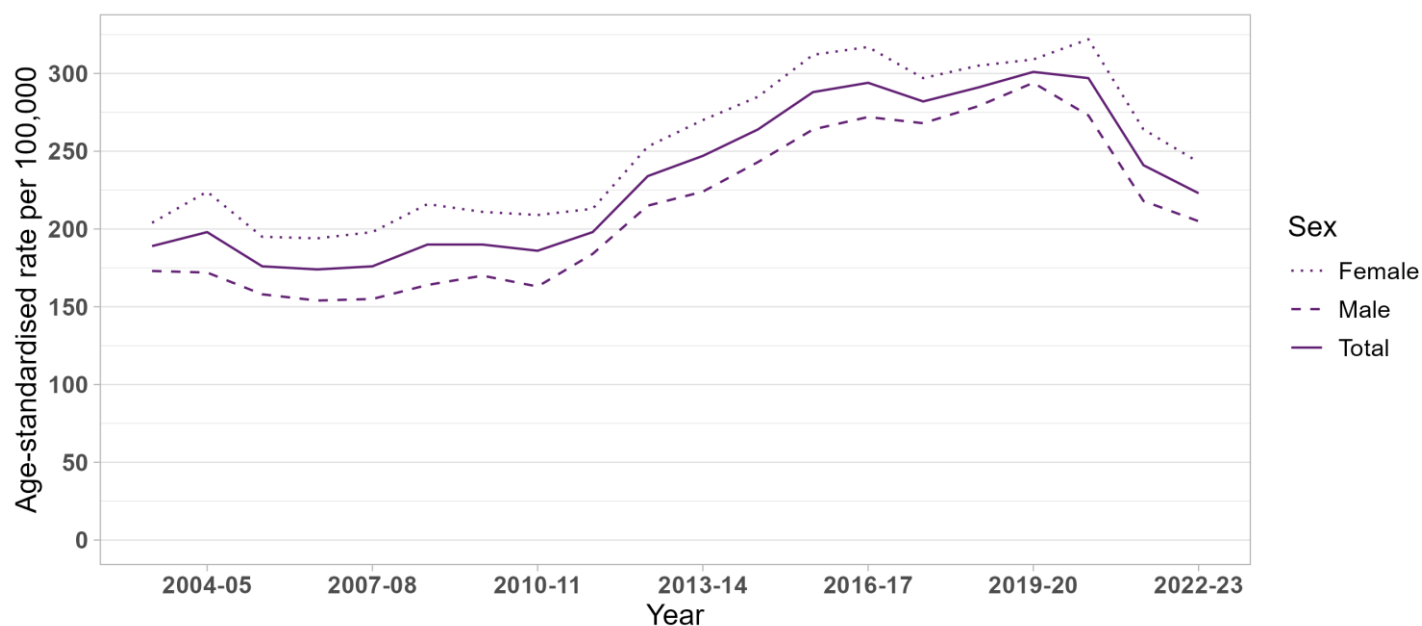
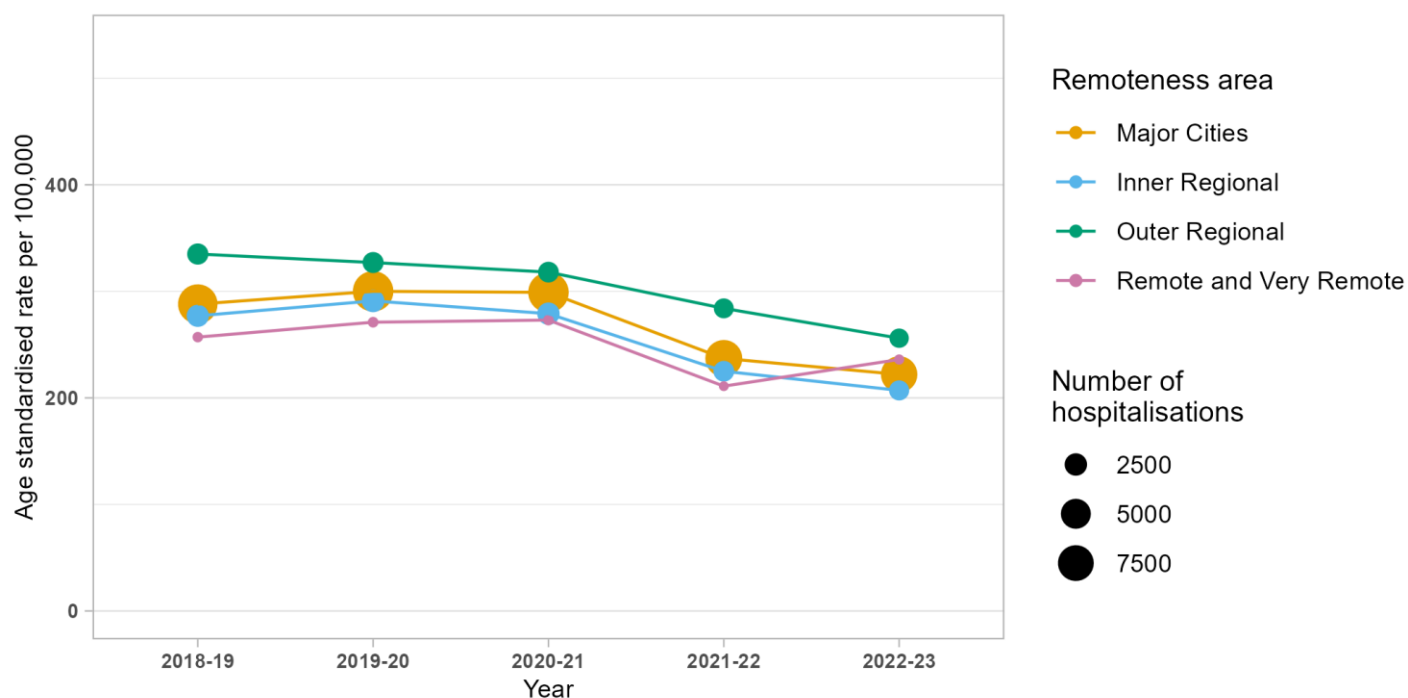


Figure 2. Age-standardised rate per 100,000 people of drug-related hospitalisations, by remoteness, Queensland, 2018-19 to 2022-23.



Note: The size (area) of the bubble is proportional to the number of hospitalisations. In Queensland, data by remoteness area are only available from 2018-19.

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), Queensland, 2003-04 to 2022-23.

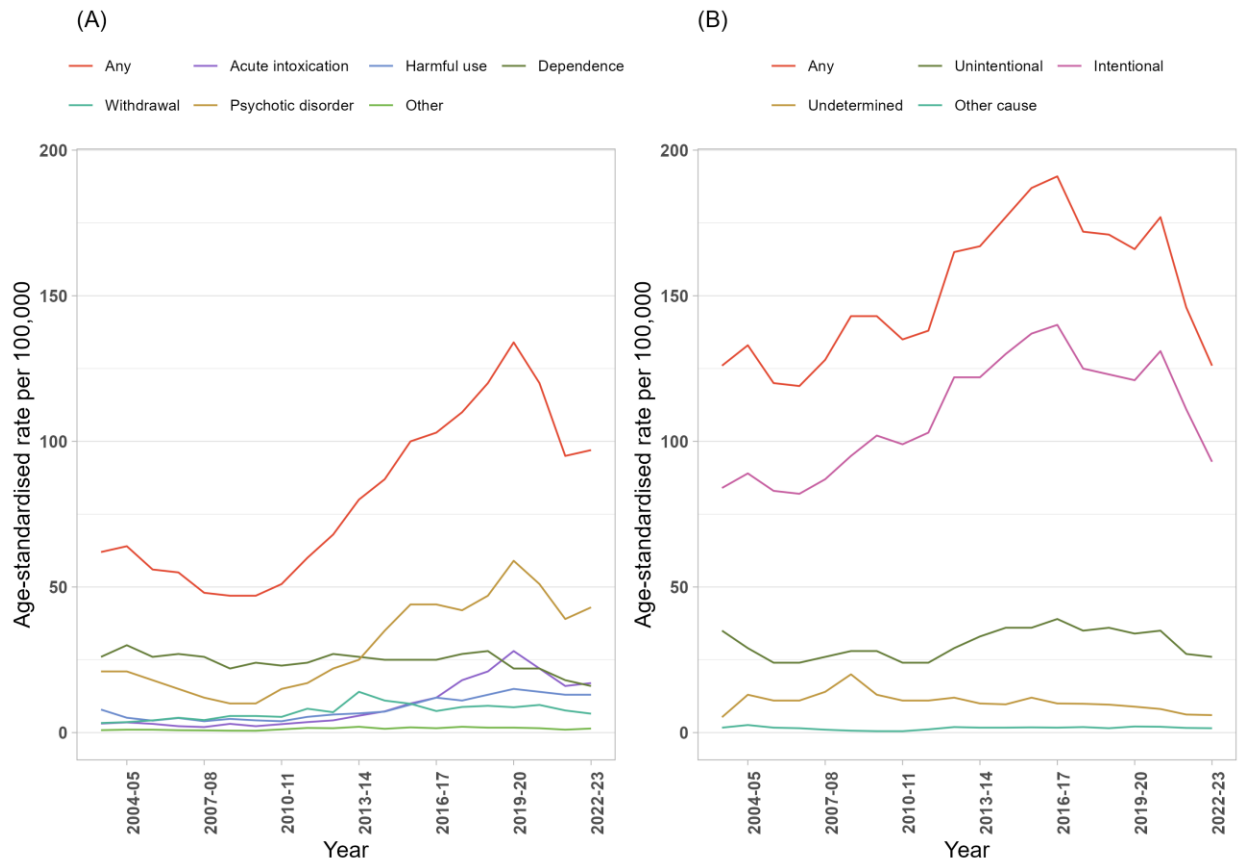
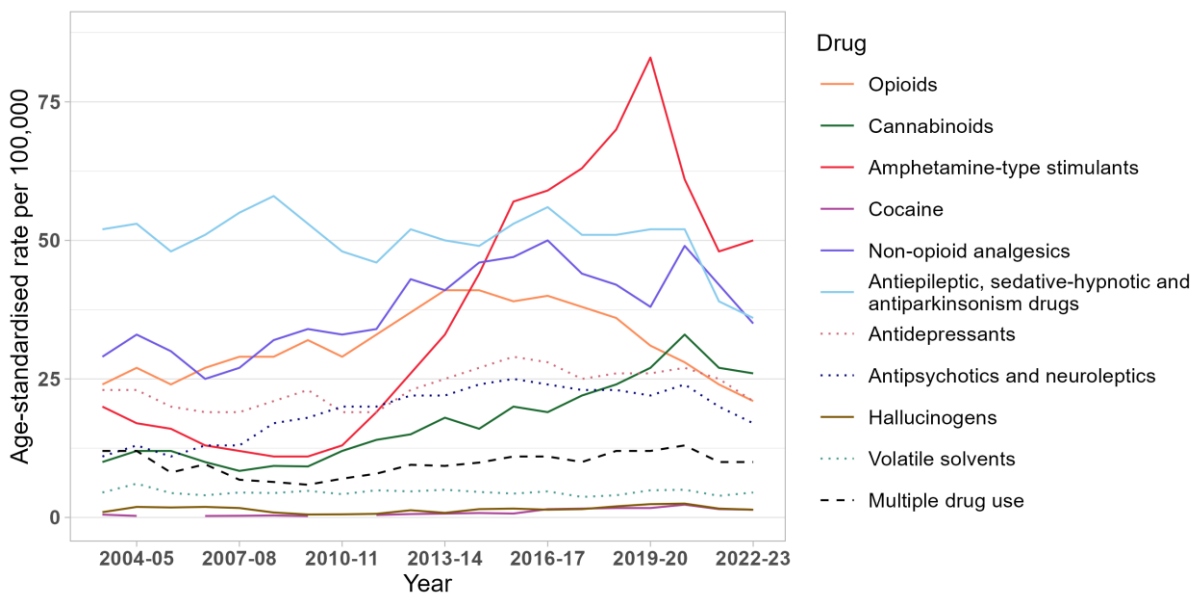


Figure 4. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, Queensland, 2003-04 to 2022-23.



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 A20. Age-standardised rate (per 100,000 people) of drug-related hospitalisations in 2022-23 and average percent change for difference compared to 2021-22, in Queensland by drug type identified in the principal diagnosis**

Drug	Rate in 2022-23 (95% CI)	Rate in 2021-22 (95% CI)	APC (95% CI)
All drugs	223 (219, 227)	241 (236, 245)	-7.2 (-9.5, -4.8)
Amphetamine-type stimulants	50 (48, 52)	48 (46, 50)	3.8 (-1.9, 9.8)
Methamphetamine	38 (36, 40)	35 (33, 37)	7.7 (0.9, 15.0)
Antiepileptic, sedative-hypnotic and antiparkinsonism drugs	36 (34, 37)	39 (37, 41)	-7.6 (-13.2, -1.6)
Non-opioid analgesics	35 (34, 37)	42 (40, 43)	-15 (-20, -9)
Cannabinoids	26 (25, 28)	27 (25, 28)	-2.6 (-9.8, 5.0)
Antidepressants	21 (19, 22)	25 (23, 26)	-16 (-23, -9)
Opioids	21 (20, 23)	24 (23, 25)	-10 (-17, -3)
Antipsychotics and neuroleptics	17 (16, 18)	20 (18, 21)	-14 (-22, -6)
Multiple drug use	10 (9, 11)	10 (10, 11)	-2.6 (-13.6, 9.9)
GHB	6.2 (5.5, 6.9)	2.8 (2.3, 3.3)	125 (84, 175)
Volatile solvents	4.5 (3.9, 5.1)	3.9 (3.4, 4.5)	13 (-6, 37)
Hallucinogens	1.4 (1.1, 1.8)	1.6 (1.3, 2.0)	-14 (-37, 18)
Cocaine	1.4 (1.1, 1.7)	1.5 (1.1, 1.8)	-6.9 (-33.1, 29.5)
MDMA/Ecstasy	0.92 (0.68, 1.22)	1.2 (0.9, 1.6)	-26 (-49, 9)

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.

**ISSN 2982-0782**

**DOI** <https://doi.org/10.26190/unsworks/31344>

Copyright ©NDARC, UNSW SYDNEY 2025

This report was prepared by researchers from the National Drug and Alcohol Research Centre for the Drug Trends program. The Drug Trends program is coordinated by the National Drug and Alcohol Research Centre, UNSW Sydney and undertaken in partnership with the Burnet Institute, National Drug Research Institute, University of Queensland, and University of Tasmania.

This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your organisation. All other rights are reserved. Requests and enquiries concerning reproduction and rights should be addressed to NDARC, UNSW Sydney, NSW 2052, Australia.

**Recommended citation:** Chrzanowska, A, Man, N, Sutherland, R, Degenhardt, L, Peacock, A. Trends in drug-related hospitalisations in Australia, 2003-2023. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney; 2025. Available from: <https://doi.org/10.26190/unsworks/31344>

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](mailto:drugtrends@unsw.edu.au).

## Funding

The Drug Trends program is funded by the Australian Department of Health, Disability and Ageing under the Drug and Alcohol Program.

## Data source

We would like to acknowledge the Australian Institute of Health and Welfare and jurisdictional data custodians for the provision of data from the National Hospital Morbidity Database.

## Acknowledgements

We thank Dr Louise Tierney and her team from the Tobacco, Alcohol and Other Drugs Unit at the Australian Institute of Health and Welfare for reviewing the report.

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://www.unsw.edu.au/research/ndarc/resources/trends-drug-related-hospitalisations-australia-2003-2023>
- 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](#)