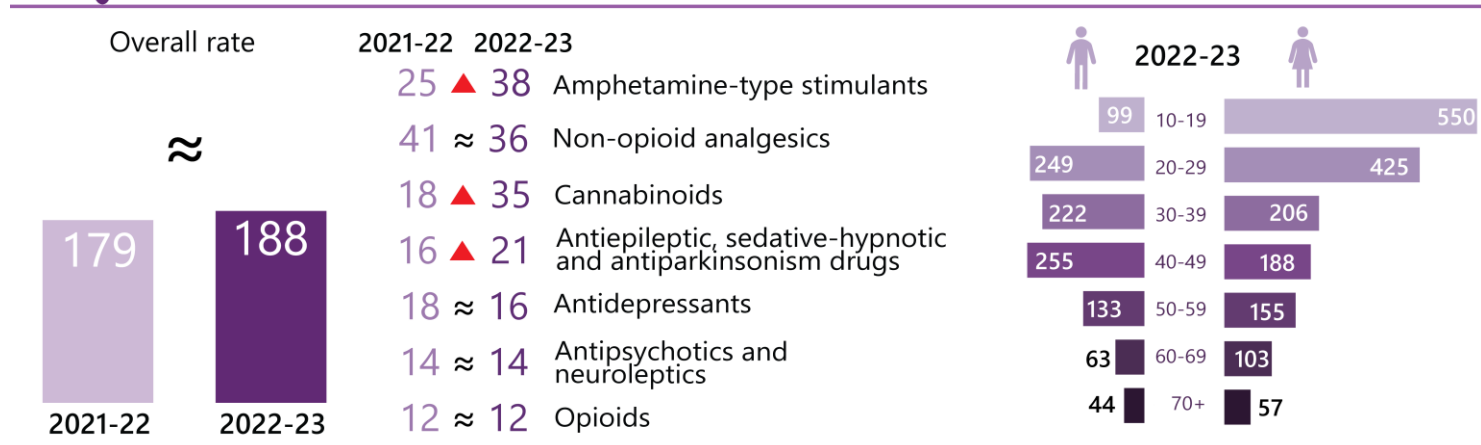


Tasmania



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



Note: The ▲ up arrow indicates a statistically significant increase in population rates from 2021-22 to 2022-23. Sign '≈' indicates no significant change.

There were 983 hospitalisations with a drug-related principal diagnosis in [Tasmania](#) in 2022-23.

This is equivalent to 188 hospitalisations per 100,000 people, which was similar to the rate in 2021-22 (179 hospitalisations per 100,000 people) (Table A22, [Appendix](#)) (Figure 1).

Sex

The rate of hospitalisations was higher among [females](#) than males in 2022-23 (231 versus 148 hospitalisations per 100,000 people).

Age

In 2022-23, the rate of hospitalisations was [highest](#) among the 20-29 age group, followed by the 10-19, 40-49 and 30-39 age groups (335, 318, 221 and 214 hospitalisations per 100,000 people, respectively). Among males, the rate of drug-related hospitalisations was highest in the 40-49 and 20-29 age groups, and among females in the 10-19 age group.

Remoteness Area of Usual Residence

The highest number and rate of hospitalisations in 2022-23 was observed in [inner regional](#) Tasmania (689

hospitalisations, 205 per 100,000 people), noting there are no major city areas in Tasmania (Figure 2).

External Cause of Drug Poisoning

In 2022-23, 54% of drug-related hospitalisations in Tasmania were due to drug poisoning. Furthermore, 76% of drug poisoning-related hospitalisations were intentional (78 hospitalisations per 100,000 people) and 16% were unintentional (15 hospitalisations per 100,000 people) (Figure 3).

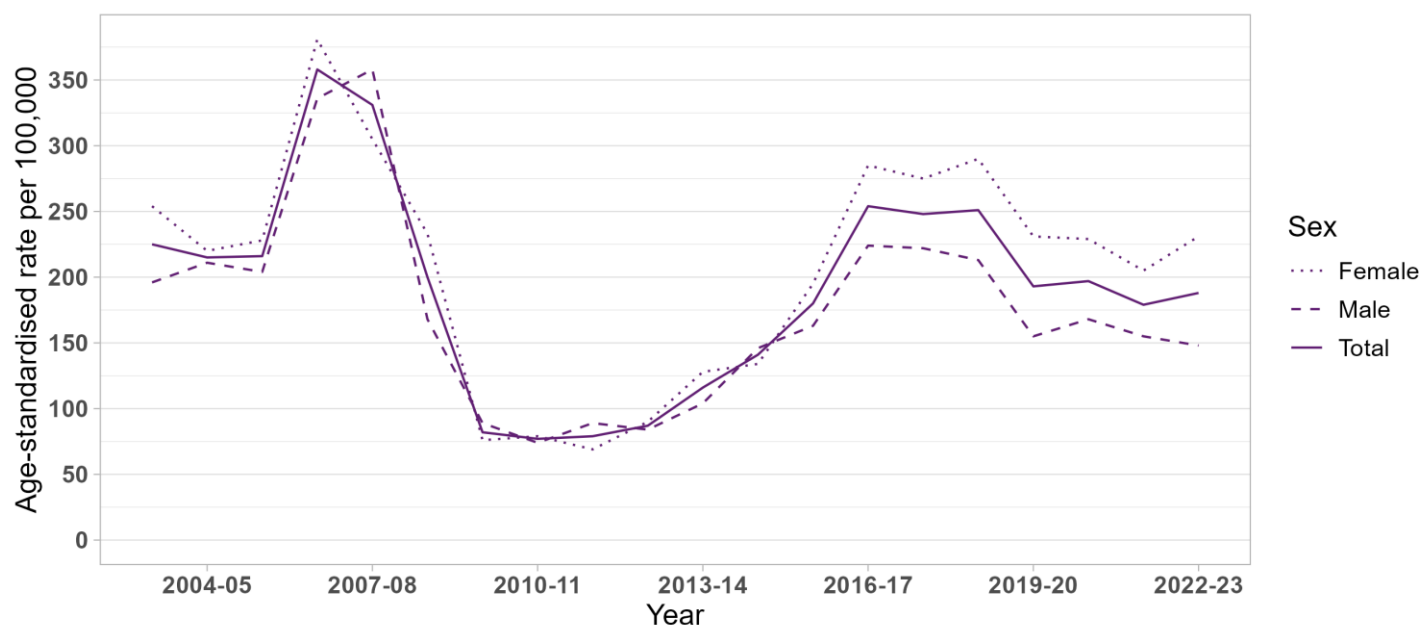
Drug Type

In 2022-23, the rate of hospitalisations was [highest](#) where there was a principal diagnosis indicating amphetamine-type stimulants (38 hospitalisations per 100,000 people) (Figure 4).

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

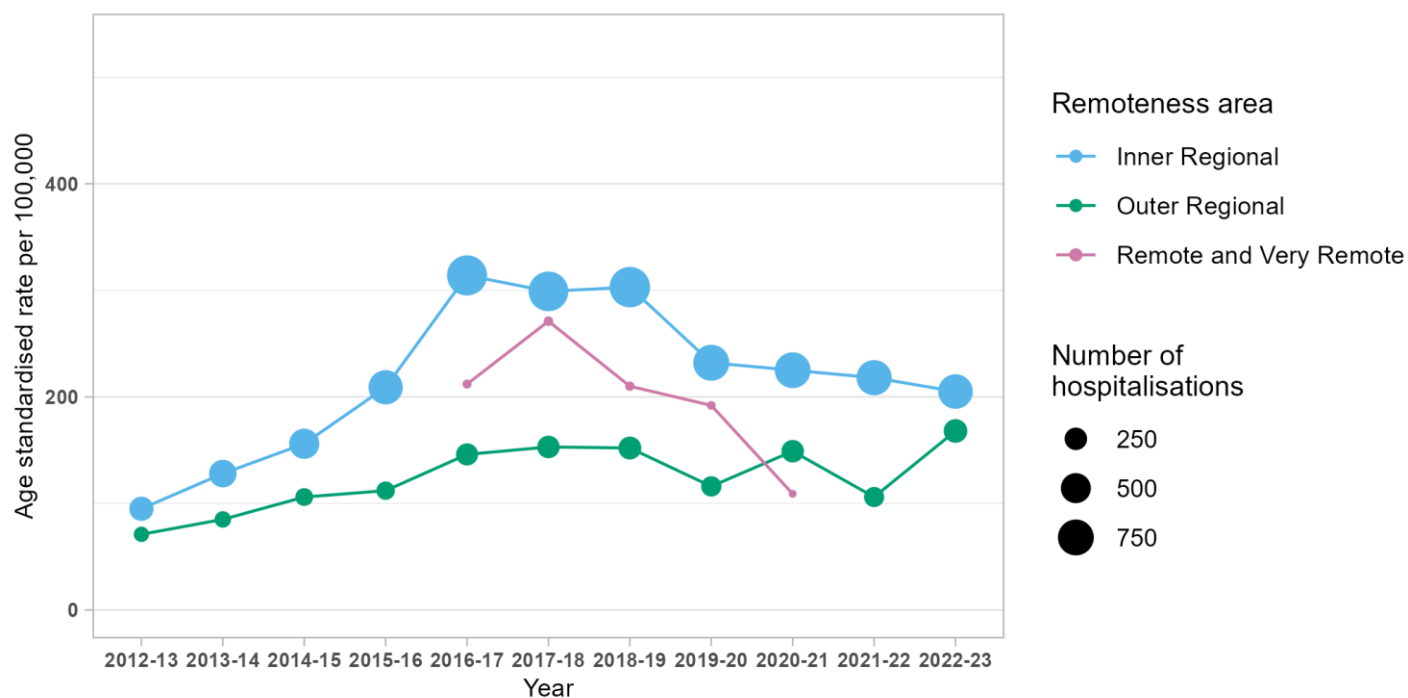
- amphetamine-type stimulants (▲69%),
- cannabinoids (▲89%),
- methamphetamine (▲53%), and
- antiepileptic, sedative-hypnotic and antiparkinsonism drugs (▲32%) (Table A22, [Appendix](#)).

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



Note: 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. For Tasmania, gender has been reported instead of sex for 2022-23 financial year data.

Figure 2. Age-standardised rate per 100,000 people of drug-related hospitalisations, by remoteness, Tasmania, 2012-13 to 2022-23.



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, 2003-04 to 2022-23.

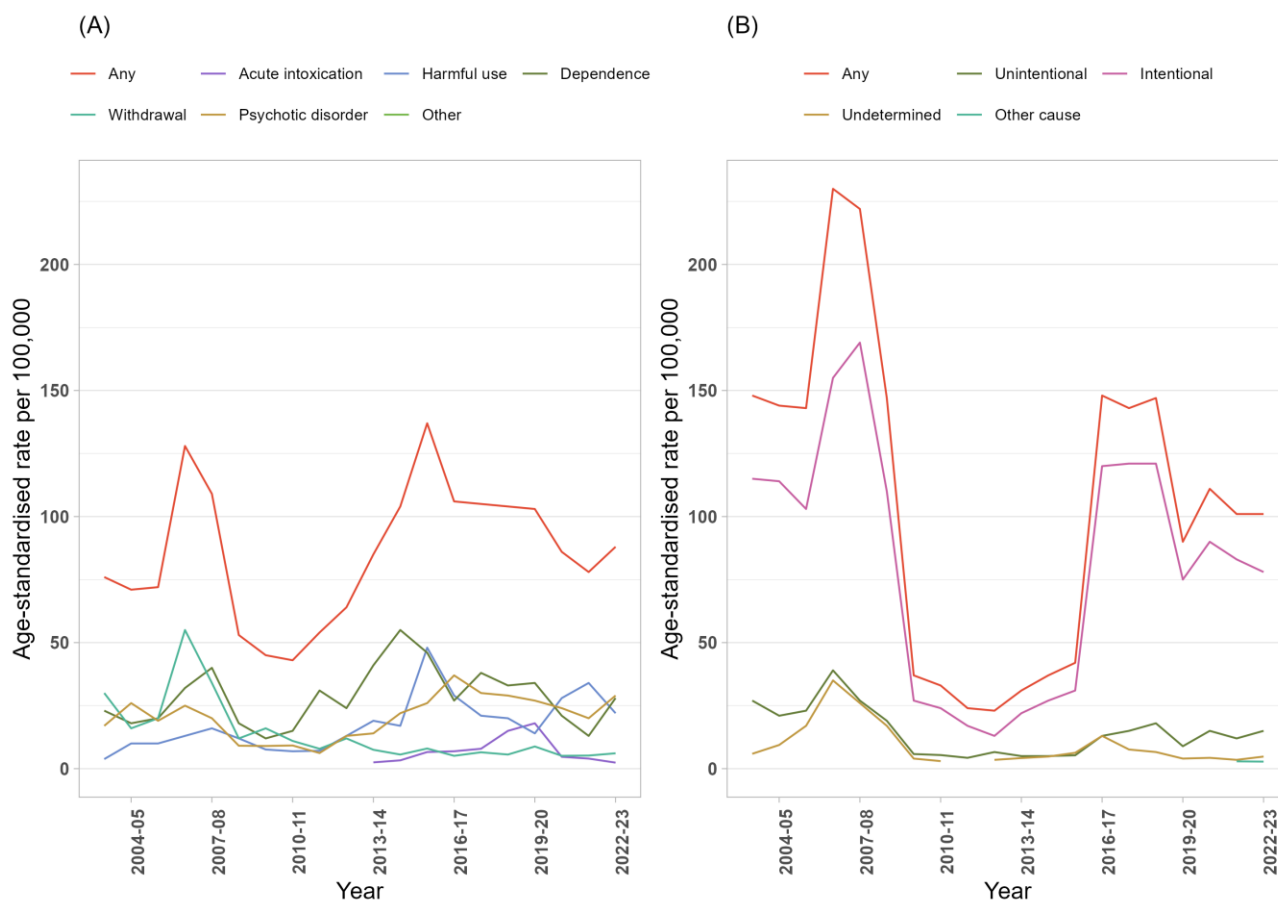
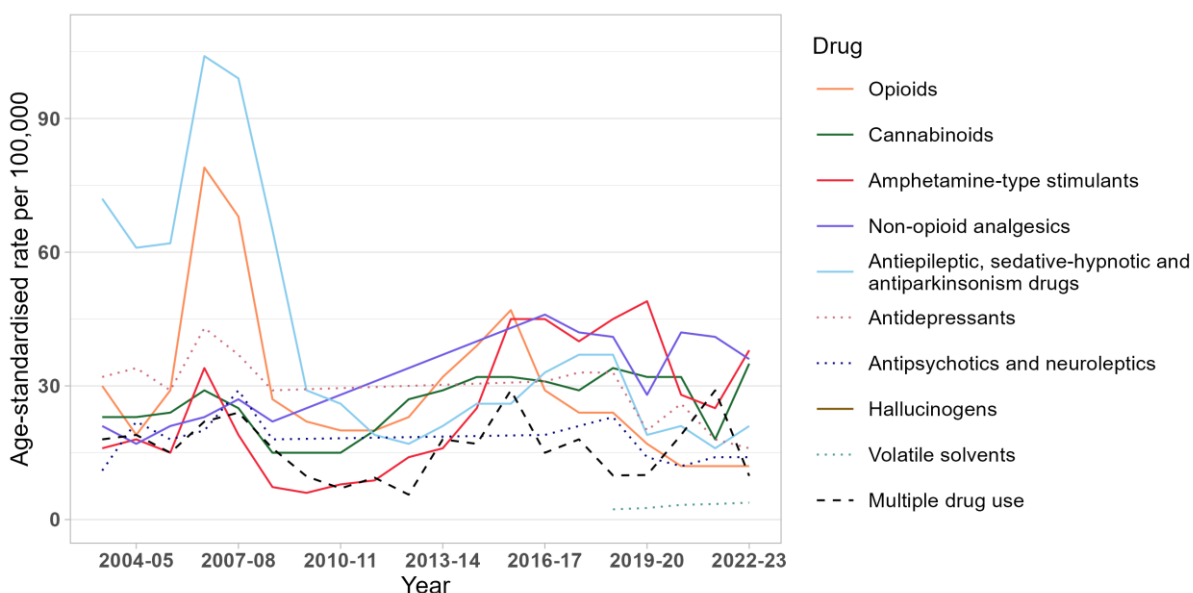


Figure 4. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, Tasmania, 2003-04 to 2022-23.



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 A22. 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 Tasmania 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	188 (177, 201)	179 (167, 191)	5.4 (-3.8, 15.5)
Amphetamine-type stimulants	38 (33, 44)	25 (21, 30)	56 (24, 96)
Non-opioid analgesics	36 (31, 42)	41 (36, 47)	-13 (-29, 6)
Cannabinoids	35 (30, 41)	18 (15, 23)	89 (47, 144)
Methamphetamine	28 (23, 33)	18 (14, 22)	53 (17, 100)
Antiepileptic, sedative-hypnotic and antiparkinsonism drugs	21 (18, 26)	16 (13, 20)	32 (0, 75)
Antidepressants	16 (13, 20)	18 (15, 23)	-10 (-33, 21)
Antipsychotics and neuroleptics	14 (11, 18)	14 (11, 18)	1.9 (-26.8, 41.9)
Opioids	12 (10, 16)	12 (9, 15)	4.3 (-25.5, 46.1)
Multiple drug use	9.8 (7.2, 13.0)	29 (24, 34)	-66 (-76, -53)
Volatile solvents	3.8 (2.3, 6.0)	3.5 (2.0, 5.6)	10 (-43, 113)

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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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
- 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](#)