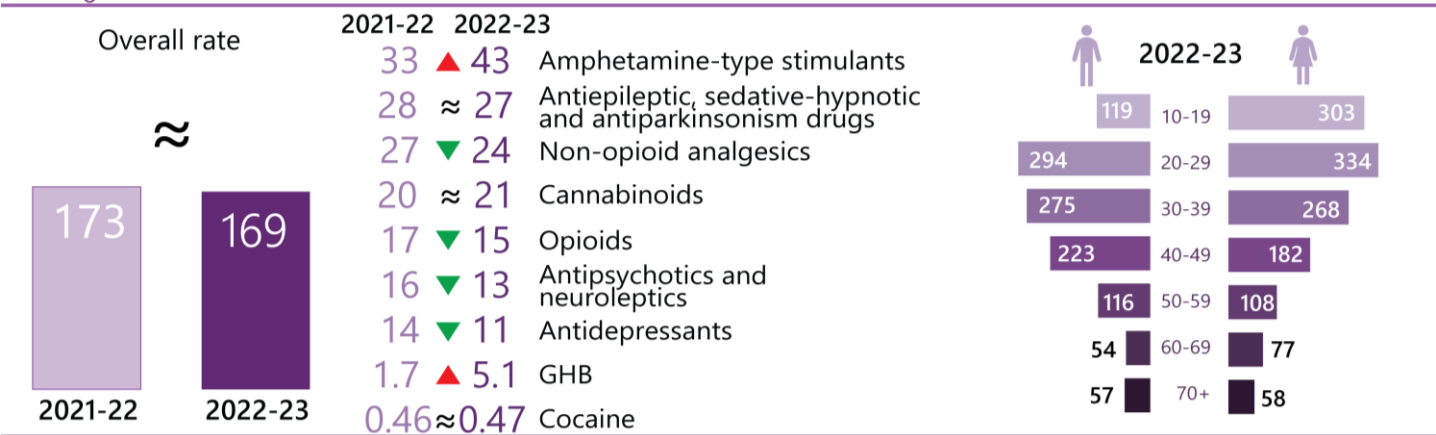


Western Australia



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.

There were 4,719 hospitalisations with a drug-related principal diagnosis in [Western Australia](#) in 2022-23, equivalent to 0.39% of all hospitalisations in Western Australia.

This is equivalent to 169 hospitalisations per 100,000 people, which was similar to the rate in 2021-22 (173 hospitalisations per 100,000 people) (Table A24, [Appendix](#)) and the lowest rate in the past two decades ([Figure 1](#)).

Sex

The rate of hospitalisations was higher among [females](#) than males in 2022-23 (183 versus 157 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 (313, 271, 208 and 203 hospitalisations per 100,000 people, respectively). The rate of drug-related hospitalisations was highest in the 20-29 age group among both males and females.

Remoteness Area of Usual Residence

The highest rate of hospitalisations in 2022-23 was observed in [outer regional](#) Western Australia (218 per 100,000 people), while the number of hospitalisations was

highest in major city areas (3,445 hospitalisations) ([Figure 2](#)).

External Cause of Drug Poisoning

In 2022-23, 53% of drug-related hospitalisations in Western Australia were due to drug poisoning. Furthermore, 68% of drug poisoning-related hospitalisations were intentional (62 hospitalisations per 100,000 people) and 26% were unintentional (23 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 (43 hospitalisations per 100,000 people) ([Figure 4](#)).

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

- non-opioid analgesics (▼13%),
- opioids (▼14%),
- antipsychotics and neuroleptics (▼18%), and
- antidepressants (▼21%).

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

- amphetamine-type stimulants (▲29%),
- methamphetamine (▲33%), and
- GHB (▲194%) (Table A24, [Appendix](#)).

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

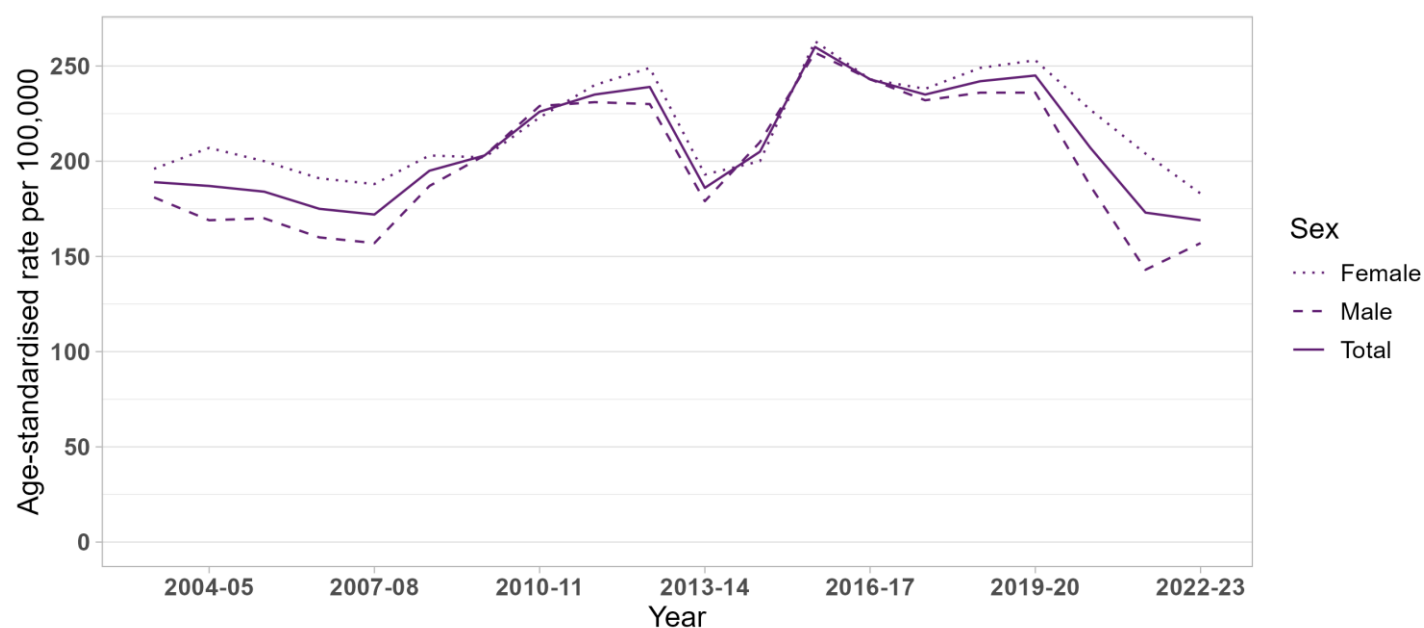
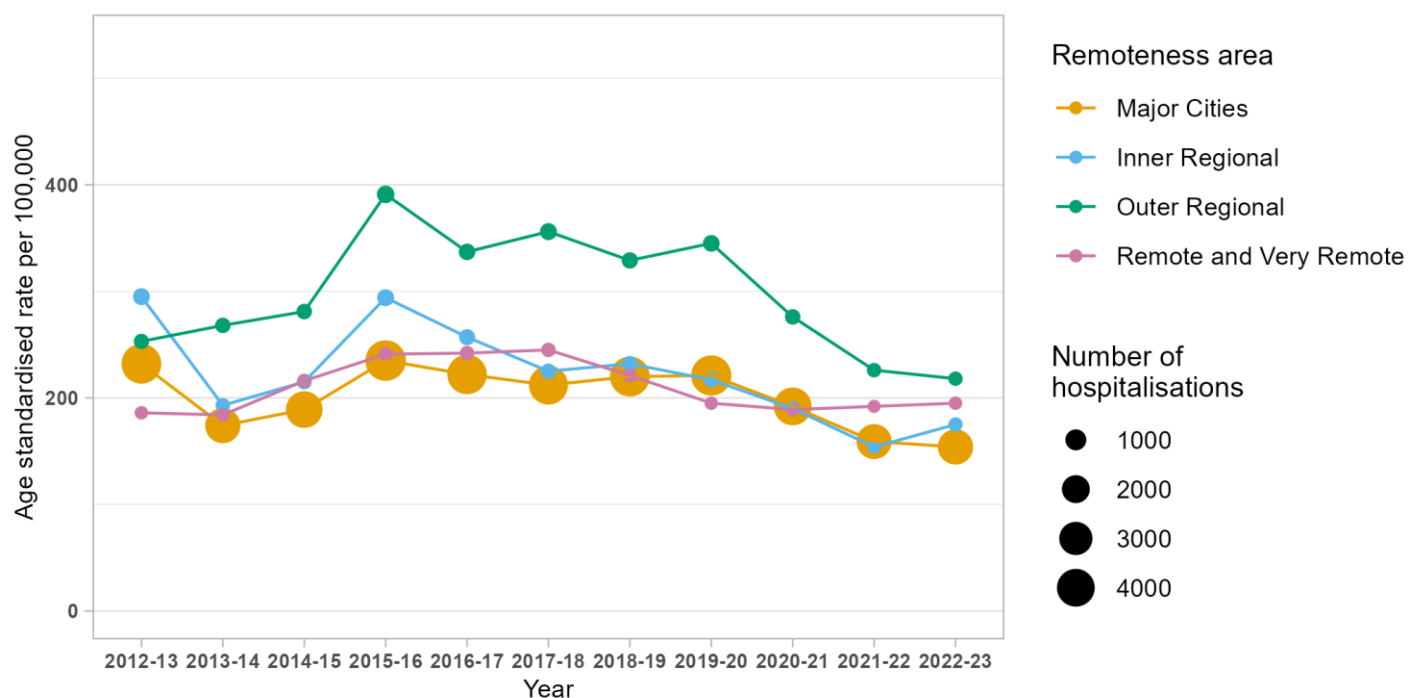


Figure 2. Age-standardised rate per 100,000 people of drug-related hospitalisations, by remoteness, Western Australia, 2012-13 to 2022-23.



Note: The size (area) of the bubble is proportional to the number of hospitalisations. Data on remoteness are only available from 2012-13.

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), Western Australia, 2003-04 to 2022-23.

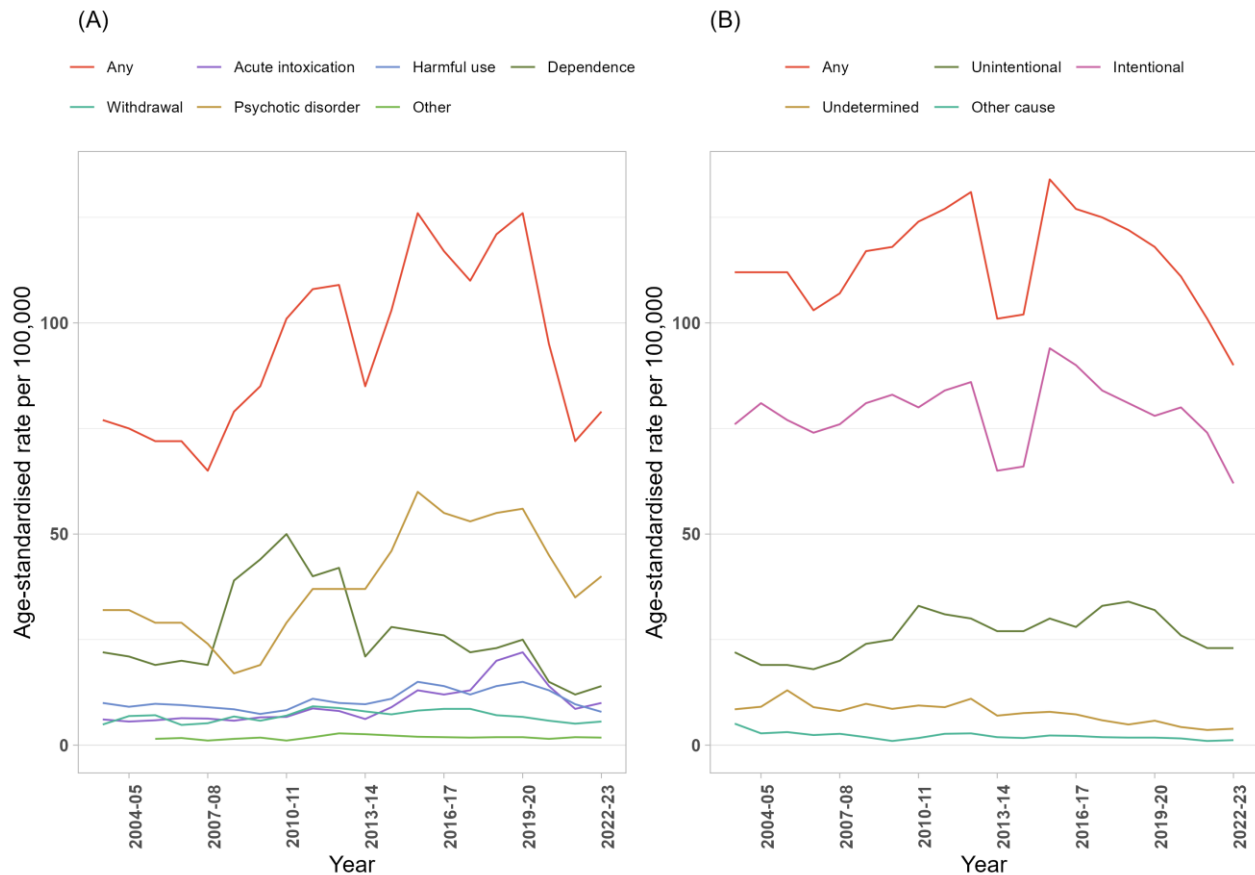
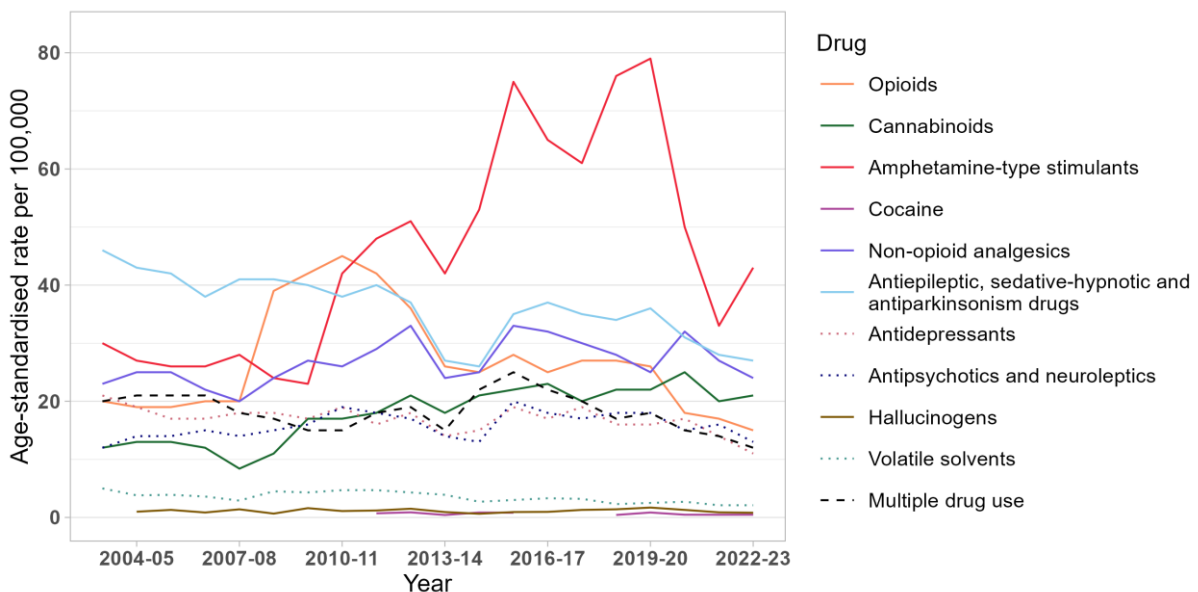


Figure 4. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, Western Australia, 2003-04 to 2022-23.



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

Table A24. 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 Western Australia 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	169 (165, 174)	173 (168, 178)	-1.9 (-5.8, 2.2)
Amphetamine-type stimulants	43 (40, 45)	33 (31, 35)	29 (18, 41)
Methamphetamine	34 (32, 36)	26 (24, 28)	33 (20, 46)
Antiepileptic, sedative-hypnotic and antiparkinsonism drugs	27 (26, 29)	28 (26, 30)	-3.4 (-12.6, 6.7)
Non-opioid analgesics	24 (22, 26)	27 (25, 29)	-13 (-22, -3)
Cannabinoids	21 (20, 23)	20 (18, 21)	8.5 (-3.7, 22.3)
Opioids	15 (13, 16)	17 (16, 19)	-14 (-24, -2)
Antipsychotics and neuroleptics	13 (12, 14)	16 (14, 17)	-18 (-29, -5)
Multiple drug use	12 (10, 13)	14 (12, 15)	-14 (-26, -1)
Antidepressants	11 (10, 13)	14 (13, 16)	-21 (-32, -8)
GHB	5.1 (4.3, 6.0)	1.7 (1.3, 2.3)	194 (110, 310)
Volatile solvents	2.1 (1.6, 2.7)	2.1 (1.6, 2.8)	-1.1 (-31.3, 42.4)
Hallucinogens	0.81 (0.51, 1.22)	0.88 (0.55, 1.33)	-8.0 (-49.0, 66.2)
MDMA/Ecstasy	0.67 (0.39, 1.05)	0.54 (0.30, 0.91)	23 (-39, 147)
Cocaine	0.47 (0.25, 0.80)	0.46 (0.24, 0.81)	0.98 (-54, 122)

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](#)