



NIDIP

National Illicit Drug
Indicators Project

ISSN 2982-0782



Trends in
**DRUG-RELATED
HOSPITALISATIONS**
in Australia, 2004-2024

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Louisa Degenhardt and Amy Peacock



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ISSN 2982-0782

DOI <https://doi.org/10.26190/unsworks/32512>

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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, National Drug Research Institute, and University of Tasmania.

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Recommended citation: Chrzanowska, A, Man, N, Sutherland, R, Degenhardt, L, Peacock, A. Trends in drug-related hospitalisations in Australia, 2004-2024. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney; 2026. Available from: <https://doi.org/10.26190/unsworks/32512>

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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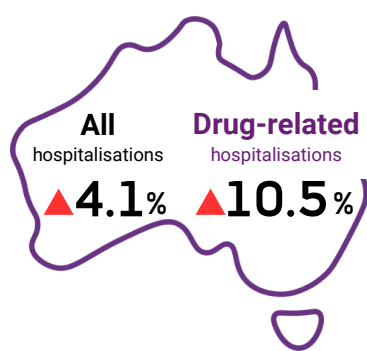
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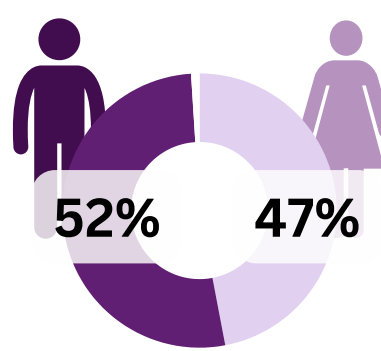
Drug-Related Hospitalisations, Australia, 2023-24



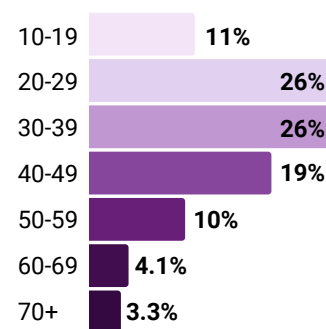
There were 56,797 drug-related hospitalisations (excluding alcohol and tobacco) in Australia in 2023-24.



The number of drug-related hospitalisations increased by 10.5% in 2023-24 compared to 2022-23, more than double the 4.1% increase in all-cause hospitalisations.

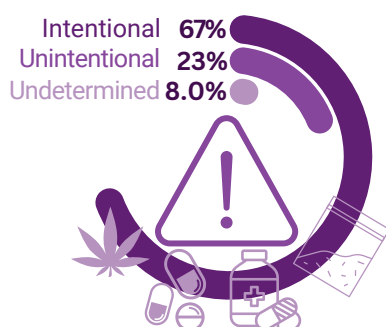


Drug-related hospitalisations were more common among males than females, both increased from 2022-23 to 2023-24, although the increase was greater among males.

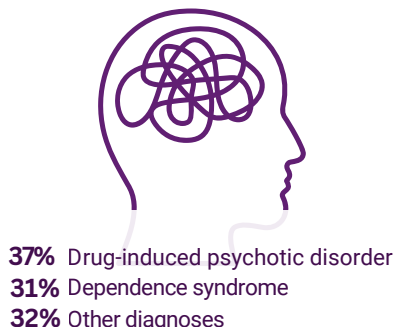


The highest percentage of drug-related hospitalisations occurred amongst Australians aged 20-29 and 30-39 years.

Poisoning 41% 59% Mental and behavioural disorders

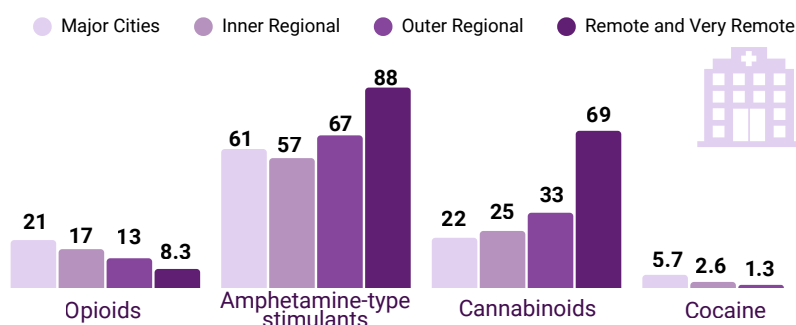


Intentional poisoning was the most common external cause of hospitalisations due to drug poisoning.

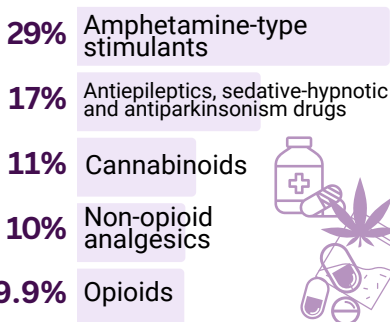


Drug-induced psychotic disorder and dependence syndrome were the leading diagnoses of mental and behavioural disorders due to substance use.

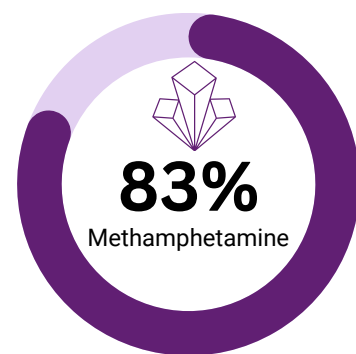
Hospitalisations per 100,000 Australians



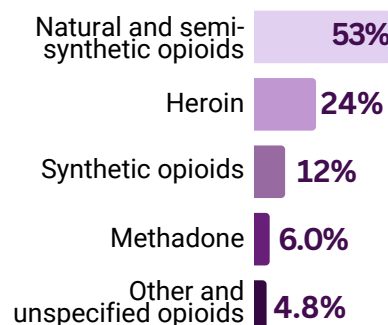
The highest rates of opioid- and cocaine-related hospitalisations were in major city areas. In contrast, amphetamine-type stimulant- and cannabinoid-related hospitalisations had the highest rates in remote and very remote areas.



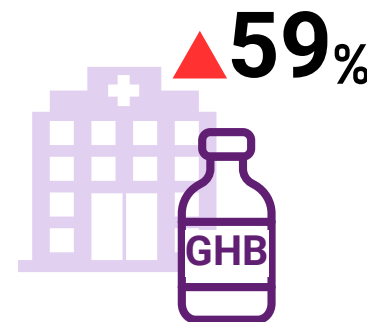
The five drug classes most commonly identified as the principal diagnosis in drug-related hospitalisations.



Methamphetamine-related hospitalisations comprised 83% of all hospitalisations related to amphetamine-type stimulants.

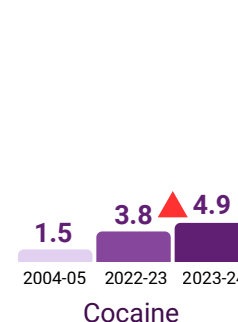
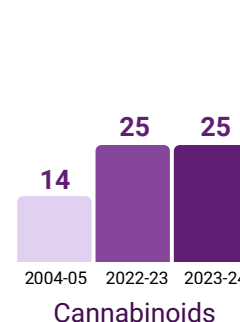
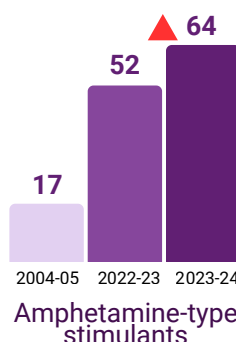
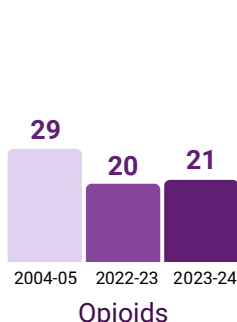
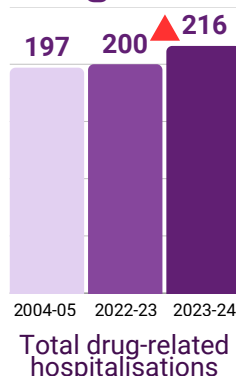


Natural and semi-synthetic opioids were the principal diagnosis in over half of opioid-poisoning hospitalisations.



GHB-related hospitalisations increased 59% from 2022-23 to 2023-24, with 72% (2,497 hospitalisations) among the 20-39 age group.

Change in Rate of Hospitalisations (per 100,000 people)



The rate of drug-related hospitalisations generally rose from 2004-05 to 2016-17, then declined, especially from 2020-21. The rate increased again in 2023-24 but remained lower than rates observed between 2016-17 and 2020-21. Each drug type exhibited its own distinct pattern of change over time, but many saw an increase from 2022-23 to 2023-24.

Executive Summary



Drug-related hospitalisations

In 2023-24, there were 56,797 drug-related hospitalisations, representing a 10.5% increase from 2022-23. The age-standardised rate rose to 216 drug-related hospitalisations per 100,000 people.



Populations most affected

Drug-related hospitalisation rates were higher among males, people aged 20-39, residents of remote and very remote areas, and those living in areas of greater socioeconomic disadvantage.



Clinical profile

A greater proportion of drug-related hospitalisations involved mental and behavioural disorders due to substance use than poisoning. However, poisoning accounted for 41% of drug-related hospitalisations and almost all ICU admissions.



Drug types driving trends

Amphetamine-type stimulants drove much of the overall increase in drug-related hospitalisations, while cocaine-related hospitalisations also rose markedly. Opioid-related hospitalisations were broadly stable.



Significance

The increase in drug-related hospitalisations in 2023-24 partly reverses recent declines, but rates remained below those observed from 2016-17 to 2020-21. This recent increase exceeded the growth observed in all-cause hospitalisations.

What is the overall trend?

In 2023-24, Australia recorded **56,797 drug-related hospitalisations** (excluding alcohol and tobacco) with a principal diagnosis. These hospitalisations accounted for 0.45% of all hospitalisations, averaging 156 hospitalisations per day.

After several years of decline, drug-related hospitalisations increased substantially in 2023-24. Compared with 2022-23, the number of hospitalisations rose by 10.5% and the age-standardised rate increased by 8.0%, to 216 hospitalisations per 100,000 people. This was the first statistically significant annual increase since 2015-16, although the rate was below that observed from 2016-17 to 2020-21.

From 2022-23 to 2023-24, all-cause hospitalisations increased by 4.1%, indicating that drug-related hospitalisations grew faster than overall hospital activity.

How do drug-related hospitalisations vary across population groups?

- **Sex:** Demographically, drug-related hospitalisations were more common among males (52%) than females (47%). The increase in hospitalisation rate from 2022-23 to 2023-24 was much greater among males (up by 14%) compared with females (2.1%), resulting in a widening gap between male and female hospitalisation rates.
- **Age:** People aged 20-39 years accounted for the largest share of hospitalisations, with the highest rates observed among those aged 20-29 years (386 per 100,000 people). For the first time in the time series, however, the number of hospitalisations among people aged 30-39 years exceeded those aged 20-29 (14,809 versus 14,600, respectively). Rates increased across nearly all adult age groups, with the largest rises occurring among those aged 40-49 and 50-59. In contrast, drug-related hospitalisations among young people aged 10-19 years declined from 2022-23 to 2023-24.

- **Remoteness Area of Usual Residence:** Although most hospitalisations occurred among residents of major cities (41,641 hospitalisations), the highest rates were recorded in remote and very remote areas (267 per 100,000 people) in 2023-24 and increased across all remoteness areas except outer regional.
- **Socio-Economic Advantage and Disadvantage:** Socioeconomically, the greatest proportion of drug-related hospitalisations (23%) occurred among residents in the most disadvantaged areas, although there were some differences by drug type.

What are the clinical characteristics of drug-related hospitalisations?

- **Mental and Behavioural Disorders:** Clinically, 59% of drug-related hospitalisations in 2023-24 had a principal diagnosis of mental and behavioural disorders due to substance use. Of these, drug-induced psychotic disorders (37%) and dependence syndrome (31%) were the most common diagnoses. Rates increased across all diagnosis types from 2022-23 to 2023-24.
- **Drug Poisoning:** Among poisoning-related hospitalisations (41% of all drug-related hospitalisations), intentional poisoning accounted for the majority of episodes (67%), while unintentional poisoning accounted for 23%. The rate of intentional poisonings declined from 2022-23 to 2023-24, while unintentional poisonings increased. Intentional poisonings continued to be more common among females and younger age groups (10-29 years).
- **Care Type:** Most hospitalisations (60%) were classified as acute care, while in the remaining 40%, mental health was the main type of care provided. Antiepileptic, sedative-hypnotic & antiparkinsonism drugs were the most common drug class recorded for acute care hospitalisations (23%), closely followed by amphetamine-type stimulants (21%). Amphetamine-type stimulants were the most common drug class among mental health care hospitalisations (42%).
- **Length of Stay:** Nearly three-fifths (58%) of all drug-related hospitalisations were short one-day stays. Of these one-day stays, 61% were discharged on the same day. Extended stays of 15 days or more accounted for 6.7% of hospitalisations. Amphetamine-type stimulants were the most commonly involved drug class across all length-of-stay categories, with the highest proportion observed in long and extended-stay hospitalisations.

- **Intensive Care Unit Admission:** Admissions to intensive care units accounted for 6.1% of all drug-related hospitalisations in 2023-24, with 94% of these ICU episodes involving drug poisoning.

How did rates differ by drug type?

- **Most Common Drugs:** Patterns of harm differed across drug types. Amphetamine-type stimulants remained the leading contributor, accounting for 29% of all drug-related hospitalisations, followed by antiepileptic, sedative-hypnotic and antiparkinsonism drugs (17%), cannabinoids (11%), non-opioid analgesics (10%), and opioids (9.9%).

Alcohol-Related Hospitalisations

While hospitalisations where the principal diagnosis was related to alcohol are excluded from estimates of drug-related hospitalisations (see Background and Methods), we include a brief analysis of alcohol-related hospitalisations for context. In 2023-24, there were over 189,600 hospitalisations with an alcohol-related diagnosis, of which 80,561 hospitalisations had an alcohol-related principal diagnosis (293 per 100,000 people). The hospitalisation rate increased steadily from 2004-05, peaking at 324 per 100,000 in 2020-21 before declining and then stabilising.

- **Amphetamine-Type Stimulants:** The rate of amphetamine-type stimulant-related hospitalisations increased by 24% from 2022-23 to 2023-24, to 64 hospitalisations per 100,000 people. The largest increase was observed in remote and very remote areas, and rates among people aged 40-49 and 50-59 years reached record highs.
- **Methamphetamine:** Methamphetamine accounted for most amphetamine-type stimulant-related hospitalisations (83%) and remained the most common drug type (53 hospitalisations per 100,000 people).
- **Opioids:** The rate of opioid-related hospitalisations has decreased since peaking in 2015-16 at 37 per 100,000 people, falling to its lowest level in two decades in 2022-23 (20 per 100,000 people). This long-term decrease was driven largely by reductions in hospitalisations across all opioid classes but particularly heroin, natural, semi-synthetic and synthetic opioids. From 2022-23 to 2023-24 specifically, opioid-related hospitalisations remained relatively stable despite the overall rise in drug-related hospitalisations. The one exception was heroin, which

recorded a 26% annual increase, although the rate remained below that observed in earlier years.

- **Cannabinoids:** After peaking in 2020-21 and then declining for two consecutive years, the rate of cannabinoid-related hospitalisations remained stable from 2022-23 to 2023-24 (25 per 100,000 people in 2023-24). Stability at the national level masked declines among younger people aged 10-19 and 20-29 (particularly among males), and increases among older adults aged 30-69.
- **Cocaine:** Cocaine-related hospitalisations continued to rise and showed one of the largest year-on-year increases (29% growth compared to 2022-23). This increase was driven primarily by increased hospitalisations among males and younger people aged 10-29 years.

GHB-Related Hospitalisations

The rate of hospitalisations related to GHB (and its precursors GBL and 1,4-BD) increased again in 2023-24, reaching a peak of 13 hospitalisations per 100,000 people – a result of a 59% rise from 8.3 hospitalisations per 100,000 in 2022-23. Hospitalisations were fairly evenly distributed across males and females, and most (72%) occurred in individuals aged 20-39 years. Half of all hospitalisations were related to GHB poisoning, of which 43% were unintentional (26% undetermined intent). Among mental and behavioural disorder diagnoses, acute intoxication (36%) and dependence syndrome (34%) were the most common presentations.

Jurisdiction overview

See the [jurisdictional reports](#) for a summary of findings on drug-related hospitalisations specific to each jurisdiction.

Online interactive visualisation

Important differences in age-standardised and crude rates, as appropriate, of drug-related hospitalisations by sex, age group, remoteness area and drug type for each jurisdiction are also reported and available in our publicly accessible [online interactive visualisation](#).



Overall, drug-related hospitalisations increased in 2023-24, reversing recent declines, although rates remain below those observed in 2020-21 and earlier. Growth was concentrated among males, older adults, and hospitalisations related to amphetamine-type stimulants. These findings highlight the importance of ongoing monitoring of drug-related hospitalisations, including differences by drug type, age, sex, and geography, to inform public health responses and service planning.

Background and Methods

Introduction

This report presents national trends in drug-related hospitalisations (see **Panel A** for definition) in Australia from 2004-05 to 2023-24, with detailed analyses of hospitalisations related to opioids, amphetamine-type stimulants, cannabinoids, cocaine and other drugs, in line with the aims of the [Drug Trends](#) program. Data were extracted from the [National Hospital Morbidity Database](#) (NHMD) for which the [Australian Institute of Health and Welfare](#) (AIHW) is the data custodian. Full methodological details are available for [download](#) and should be read alongside this report.

Panel A. Terminology

- A **hospitalisation** (also called [hospital separation](#)) refers to a completed episode of admitted patient's care in a hospital ending with discharge, death, transfer or a portion of a hospital stay beginning or ending in a change to another type of care.
- The [principal diagnosis](#) is defined as the diagnosis determined after study and established at the completion of the episode of care to be chiefly responsible for occasioning the patient's episode of admitted patient care.
- An [external cause](#) is defined as the event, circumstance or condition associated with the occurrence of injury, poisoning or violence. Whenever a patient has a principal or additional diagnosis of an injury or poisoning, an external cause should be recorded.
- A **drug-related hospitalisation** refers to a hospitalisation where the principal diagnosis indicates a substance use disorder or direct harm due to selected substances.

Scope of Reporting

At the time of separation from hospital, a principal diagnosis and up to 99 additional diagnoses may be recorded using diagnosis codes from the [International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification \(ICD-10-AM\)](#). The main data presented here describe drug-related hospitalisations where the principal diagnosis was directly attributable to the use of *illicit drugs* (e.g., heroin), *prescription medicines* (e.g., antidepressants) or *medicines available without a prescription* (e.g., paracetamol). To provide a broader view of drug involvement, we also present the total number of hospitalisations with drug-related codes recorded within the first 20 diagnoses, broken down by drug type and overall.

Data Coverage and Limitations

Key aspects of reporting comprise the following:

- We present findings for Australians of all ages unless otherwise indicated.
- Some data in the NHMD unit record extract have been confidentialised or modified before being provided.
- Hospitalisations data in this report are restricted to where the state of hospitalisation equals the state of usual residence, as cross-border hospitalisations were not provided until 2025 for 2023-24 data. An overview of complete cross-sectional data for 2023-24 covering all hospitalisations in Australia, regardless of jurisdiction of usual residence and hospitalisation, is presented in [Panel B](#).
- Hospitalisations with a care type of ['newborn' \(without qualified days\)](#), and records for ['hospital boarders'](#) and ['posthumous organ procurement'](#) are not provided. Hospitalisations in Western Australia with a contracted patient status of 'Inter-hospital contracted patient to private sector hospital' are also not provided to adjust for separations recorded on both sides of contractual care arrangements.

- For Tasmania, the provision of 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.
- Data on the remoteness area of usual residence were unavailable for Queensland prior to 2018-19. Therefore, we present data by remoteness area in Australia for the years 2018-19 to 2023-24.
- Socio-Economic Indexes for Areas (SEIFA) data were available only from 2021-22 onwards. Given the limited time series and minimal variation across years, the estimates presented in this report are restricted to the most recent data (2023-24). Historical estimates are available in previous reports.
- Data on care type, length of stay in hospital and length of stay in Intensive Care Unit presented in this report are also confined to the latest 2023-24 data.
- Data relating to Aboriginal and Torres Strait Islander peoples are not presented in this report. These data were not available for reporting due to restrictions on access and reporting permissions applied by the data custodians. We acknowledge the importance of monitoring drug-related harms among Aboriginal and Torres Strait Islander peoples and recognise the need for improved access to appropriately governed and culturally safe data to support this work.

Data presented here may underestimate the total number of hospitalisations related to drug use for several reasons. Firstly, hospitalisations where the principal diagnosis was related to tobacco or alcohol use are not included as they fall outside the scope of our monitoring. We acknowledge the significant harm arising from these substances, and encourage readers to refer to the [National Alcohol Indicators Project](#) and [AIHW reporting](#) for information on alcohol- and tobacco-related hospitalisations. For context on the broader burden of alcohol use, including the number and characteristics of alcohol-related hospitalisations excluded from this analysis, see the summary presented in Panel D. Secondly, hospitalisations where drugs are coded as an additional diagnosis (but not the principal diagnosis) are excluded unless otherwise indicated. Thirdly, some data were not provided by the data custodians as outlined above for reasons of confidentiality; for this reason, estimates may be smaller than in the Australian Institute of Health and Welfare's latest report [Alcohol, tobacco & other drugs in Australia](#). Finally, these data will not capture cases where a drug contributed to the hospitalisation but were not captured in diagnosis coding.

In studying hospitalisations by drug type, it is important to note that many drug-related hospitalisations involve more than one drug (including alcohol) but may have one substance coded as the 'principal diagnosis'. In some cases, it is not possible to determine one substance as the primary drug leading to hospitalisation. These instances are coded and presented as 'multiple drug use' and are not included in the count for any individual substance.

Please refer to our [methods document](#) on 'Scope of the data' and 'Coding of hospitalisations' for details on data selected and all exclusions.

Reporting of Results

We present hospitalisations data as raw numbers, age-standardised rates per 100,000 people (computed using the [direct method](#) based on the [Australian Standard Population](#) at 30 June 2001), and crude rates per 100,000 people (calculated using the [Australian Bureau of Statistics' estimated resident population figures](#) as at 30 June each year). To protect privacy, hospitalisations of five or fewer are suppressed. Age-standardised rates were not calculated when the total number of hospitalisations was 10 or fewer, in line with recommendations for data stability. Estimates for specific age groups are provided only as crude rates per 100,000 people. Unless otherwise stated, all other rates described in this report are age-standardised.

For consistency with previous reporting and to enable valid time series comparisons, the analyses in this report are restricted to hospitalisations where the state of hospitalisation is the same as the patient's state of usual residence. Statistical tests examining percentage changes between 2022-23 and 2023-24 were conducted using this same restriction. A percent change is considered statistically significant if zero falls outside the 95% confidence interval. Results of these tests are presented in

tables within a separate [Appendix document](#) and throughout the report as percentage increase and decrease. The ▲ up arrow indicates a statistically significant increase, while the ▼ down arrow indicates a statistically significant decrease in population rates from 2022-23 to 2023-24. Non-significant change is marked with the '~' symbol.

Sex is reported as male and female, as recorded in the NHMD. Population estimates used to calculate rates were based on Australian Bureau of Statistics estimated resident population data for males, females, and persons (combined sexes). Consequently, gender identity and sexual orientation could not be reported. We acknowledge the importance of inclusive data collection and reporting, and the need for improved data availability in these areas.

Supporting Resources

An [interactive online data visualisation](#) accompanies this report, allowing users to explore, disaggregate and download figures and data. Data can be viewed by drug, jurisdiction, remoteness area, sex, age group, and diagnosis, and presented as numbers, crude rates or age-standardised rates per 100,000 population (with 95% confidence intervals).

Full details of the [methods](#), including the codes used, are also available for download.

1

National Overview and Trends





2023-24

56,797
drug-related
hospitalisations

0.45%
of all
hospitalisations
in Australia

156
drug-related
hospitalisations
per day

216
drug-related
hospitalisations
per 100,000
Australians

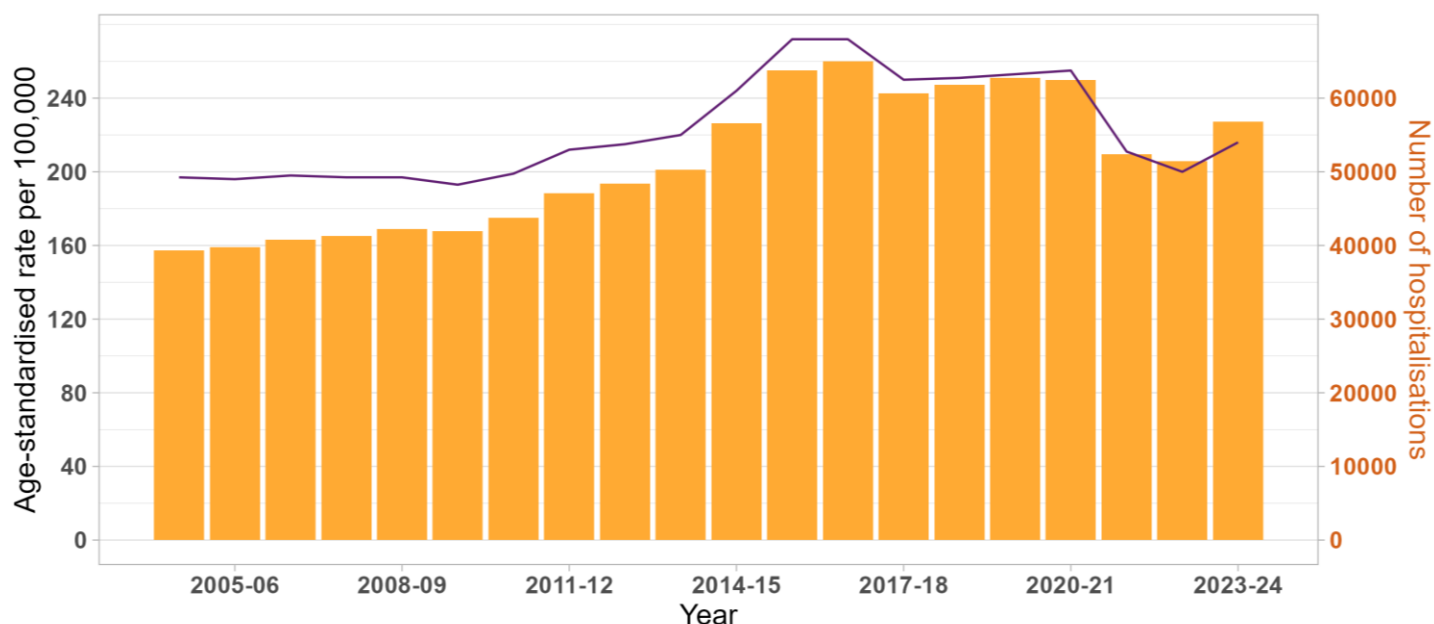
Overall number and rate of hospitalisations

Number: In 2023-24, there were [12.6 million hospitalisations](#) in Australia's public and private hospitals. Of these, **125,795** hospitalisations had a drug-related diagnosis recorded in the first 20 diagnosis fields (i.e., principal or additional diagnosis), with [56,797 having a drug-related principal diagnosis](#) (see Panel B for data on all hospitalisations irrespective of jurisdiction of usual residence). This latter figure represents 0.45% of all-cause hospitalisations and an average of 156 drug-related hospitalisations per day. While the number of all-cause hospitalisations in 2023-24 [increased by 4.1%](#) compared to 2022-23, **the number of drug-related hospitalisations specifically increased by 10.5%** over the same period (see [Panel C](#)).

Rate: Adjusting for population size and age distribution, we estimate 216 drug-related hospitalisations per 100,000 people in 2023-24 ([Figure 1](#)). These figures exclude episodes of care where alcohol or tobacco were the principal reason for hospitalisation, although a summary of rates of alcohol-related hospitalisations is presented in [Panel D](#) for reference. This represents an **8.0% increase** compared to 2022-23 (216 versus 200 hospitalisations per 100,000 people) (Table A1 in [Appendix](#)), approximately twice the percentage increase observed in the number of all-cause hospitalisations (4.1%) across Australian public and private hospitals.

Over the longer term, drug-related hospitalisation rates increased to a peak of 272 per 100,000 population in 2015-16 and 2016-17, before stabilising to 2020-21 and then declining. The increase in 2023-24 reverses this recent decline, although rates remain below those observed in 2020-21.

Figure 1. Age-standardised rate per 100,000 people and number of drug-related hospitalisations, Australia, 2004-05 to 2023-24.



Panel B. Drug-related hospitalisations in Australia, 2023-24: impact of data scope



60,300

drug-related
hospitalisations

229

drug-related
hospitalisations per
100,000 Australians

165

drug-related
hospitalisations
per day

0.48%

of all
hospitalisations
in Australia

This panel presents national summary statistics for all drug-related hospitalisations in Australia in 2023-24, including episodes where the state of hospitalisation differs from the patient's state of usual residence.

Elsewhere in this report, analyses are restricted to episodes where the state of hospitalisation equals the state of usual residence. This restriction is applied to ensure consistency with historical data, as cross-border hospitalisations were not available for earlier years and were first provided for 2023-24 data in 2025.

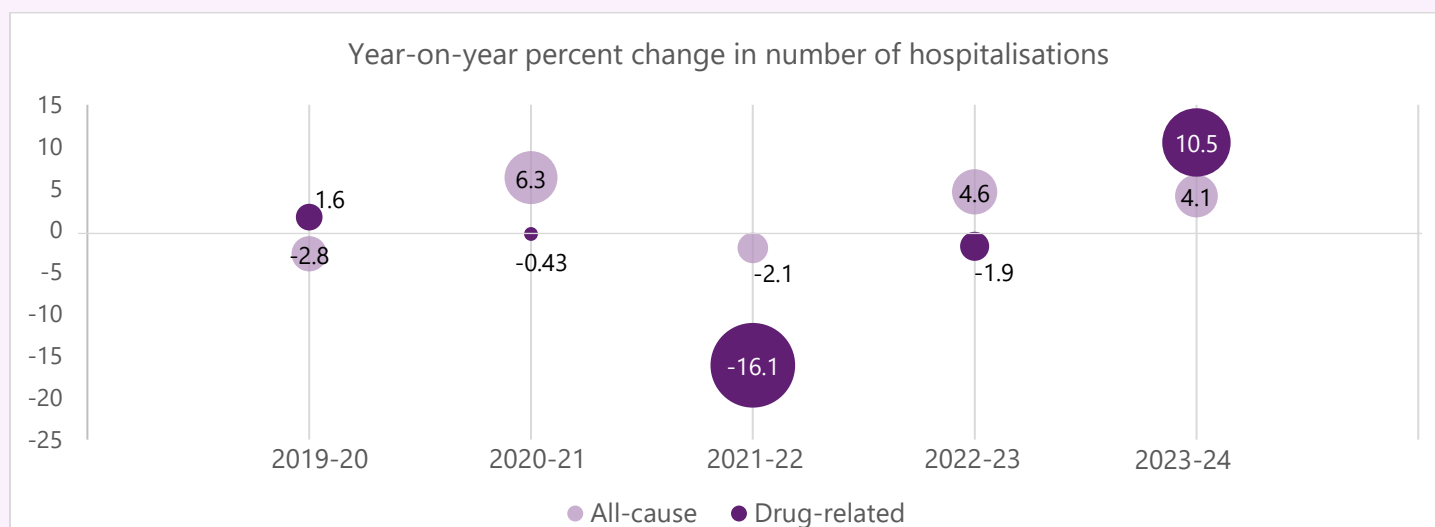
The table below compares the number of hospitalisations by drug using the restricted and unrestricted data for 2023-24. Differences are observed across drug types, with the largest difference for methamphetamine (9.3% higher in the unrestricted data).

Estimates based on unrestricted data are higher and are not directly comparable with those presented elsewhere in the report. As such, the numbers and rates reported in the main analyses are likely to underestimate the true number of drug-related hospitalisations.

The percentage difference between the numbers of all drug-related hospitalisations recorded in Australia versus hospitalisations restricted to where the state of hospitalisation matches the patient's state of usual residence:

Drug type	Complete Number	Restricted Number	% Difference
Total	60,300	56,797	6.2%
Amphetamine-type stimulants	18,141	16,618	9.2%
Methamphetamine	15,067	13,782	9.3%
Antiepileptic, sedative-hypnotic and antiparkinsonism drugs	10,090	9,633	4.7%
Cannabinoids	6,878	6,468	6.3%
Non-opioid analgesics	6,091	5,909	3.1%
Opioids	5,935	5,637	5.3%
Heroin	681	632	7.8%
Multiple drug use	4,641	4,342	6.9%
Antipsychotics and neuroleptics	3,040	2,919	4.1%
Antidepressants	3,032	2,930	3.5%
Cocaine	1,322	1,276	3.6%
Volatile solvents	738	696	6.0%
Hallucinogens	392	369	6.2%

Panel C. Impact of COVID-19 on Hospital Activity in Australia



The emergence of the COVID-19 pandemic in Australia in early 2020 impacted the operations and use of emergency departments and admitted patient hospital services. As reported by the [Australian Institute of Health and Welfare](#), the total number of all-cause hospitalisations in Australia increased by 6.3% between 2019-20 and 2020-21, contrasting with a 2.8% decrease between 2018-19 and 2019-20 prior to the pandemic. This rise was likely influenced, at least in part, by admissions involving a COVID-19 diagnosis. Hospitalisations then declined by 2.1% in 2021-22, reflecting the impact of public health restrictions and changes in service delivery, before rising in 2022-23 by 4.6% to 12.1 million hospitalisations, and continued to increase in 2023-24 (up 4.1% to 12.6 million hospitalisations).

In contrast, drug-related hospitalisations declined for three consecutive years following the onset of the pandemic (2020-21 to 2023-24). In 2023-24, this trend reversed, with a marked increase compared with the previous year. This divergence from broader hospital activity suggests that changes in drug-related harm during the pandemic may not have mirrored overall service use. The recent increase, alongside sustained growth in all-cause hospitalisations, indicates increasing demand on hospital services for drug-related harm.

2

Sociodemographic Characteristics

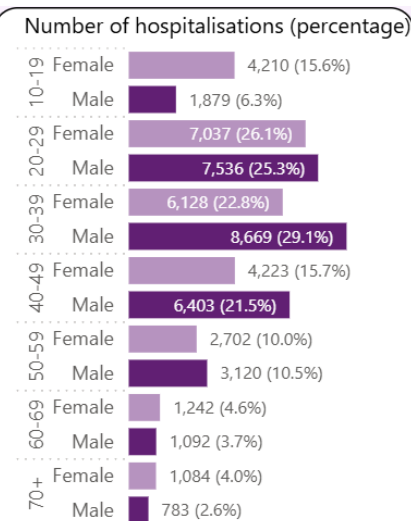


Sex and Age

In 2023-24, **males** accounted for a slightly greater proportion of drug-related hospitalisations than females (**52%** versus 47%), and more than half (**51%**) occurred among people aged **20-39 years** (Table 1). As in previous years, the age distribution differed by sex: males predominated across most age groups, while females were more common in the youngest (10-19 years) and the two oldest age groups (60-69 and 70+ years).

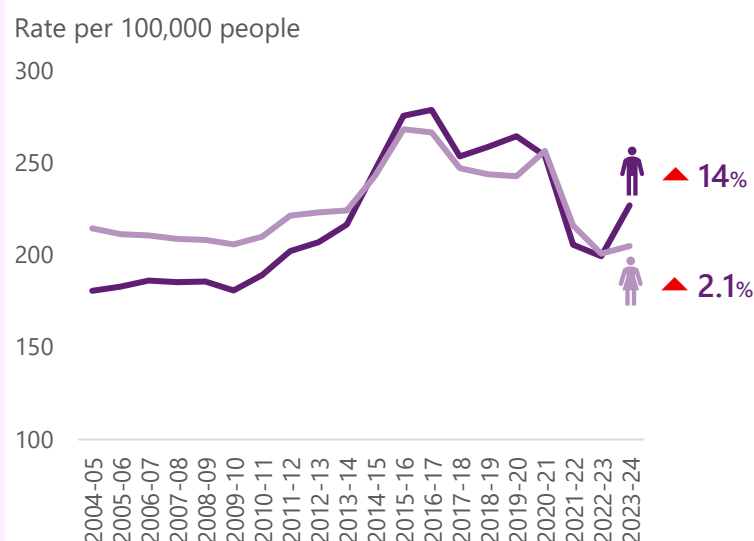
Table 1. Percentage, number and rate of drug-related hospitalisations by sex and age, Australia, 2023-24.

Characteristics	Percentage	Number	Rate per 100,000	Change in rate from 2022-23
Sex				
Male	52%	29,815	227	▲14%
Female	47%	26,912	205	▲2.1%
Age group				
10-19	11%	6,109	183	▼12%
20-29	26%	14,600	386	▲6.4%
30-39	26%	14,809	368	▲13%
40-49	19%	10,637	306	▲16%
50-59	10%	5,822	181	▲18%
60-69	4.1%	2,334	81	~
70 and over	3.3%	1,867	56	~



Note: The estimates for the 0-9 years age group are not presented due to the sensitivity of the data. Bolded values represent the highest percentages and rates in that group. For 2023-24 rates and non-significant changes see [Table A2 in Appendix](#). Please refer to our [methods document](#) on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions. Only significant changes are shown.

Sex



In 2023-24, the age-standardised rate of drug-related hospitalisations increased for both **sexes** compared with 2022-23, although the increase was substantially larger among males. The rate among males rose by 14% to 227 hospitalisations per 100,000 people, while the rate among females increased by 2.1% to 205 hospitalisations per 100,000 people (Table 1; Table A1 in Appendix).

Earlier patterns differed. From 2004-05 to 2013-14, rates were generally higher among females. This reversed between 2014-15 and 2019-20, before converging in 2020-21 due to a decrease among males and an increase among females.

Age

2023-24 versus 2022-23		
10-19y	▼12%	Compared with 2022-23, rates in 2023-24 increased across all age groups from 20-29 to 50-59, with the largest increases among those aged 50-59 and 40-49 (Table A2 in Appendix). In contrast, rates among those aged 10-19 continued to decline .
20-29y	▲6.4%	
30-39y	▲13%	Historically, rates have been highest among those aged 20-29 , followed by those aged 30-39. In 2023-24, however, the number of hospitalisations among those aged 30-39 exceeded those aged 20-29 for the first time, although the rate remained highest among people aged 20-29 years (Figure 2 , Table 1).
40-49y	▲16%	
50-59y	▲18%	

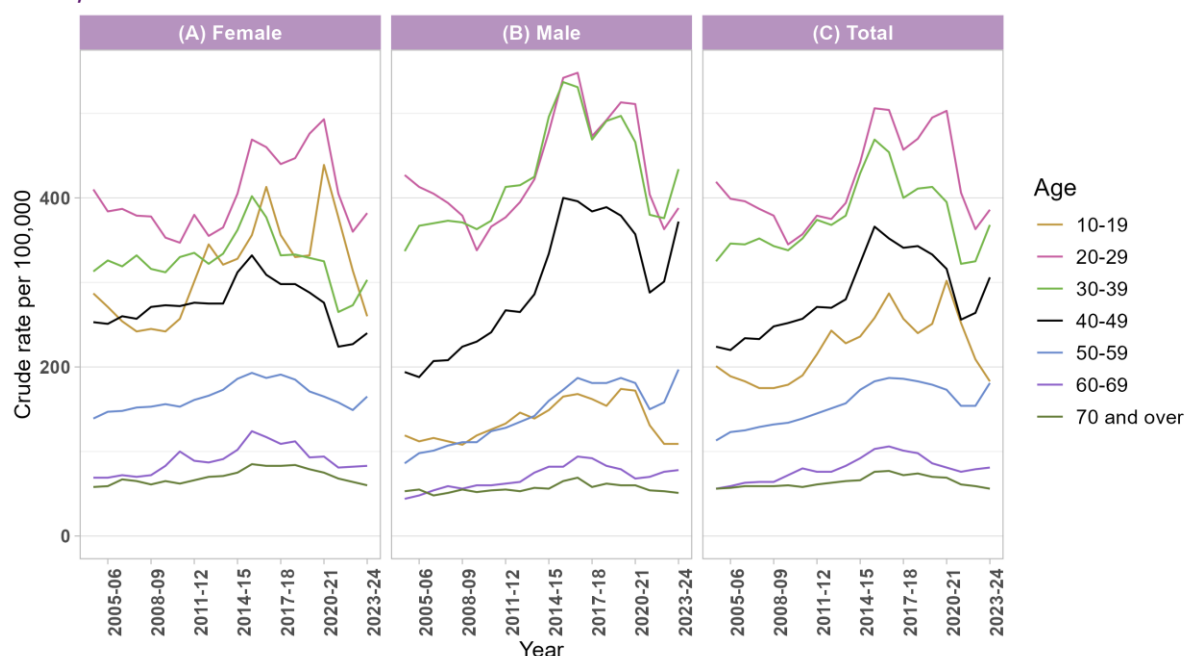
Sex by Age

Between 2004-05 and 2023-24, the age distribution of drug-related hospitalisations shifted for both females and males, although patterns differed by sex ([Figure 2](#)).

Among **females**, rates have consistently been highest among those aged 20-29. However, there have been notable changes in other age groups. Rates among females aged 10-19 peaked in 2020-21, becoming the second-highest age group, before declining in subsequent years, including in 2023-24. In contrast, rates among those aged 30-39 and 40-49 peaked earlier in 2015-16, declined to 2021-22, and have increased again over the past two years. Indeed, rates increased from 2022-23 to 2023-24 across all age groups from 20-29 to 60-69 (Table A3 in [Appendix](#)).

Among **males**, rates have consistently been highest among those aged 20-29 and 30-39, although the age profile has shifted towards older groups over time. Rates among males aged 40-49 increased markedly to a peak in 2015-16, thereafter declining. More recently, rates have increased from 2022-23 to 2023-24 for all age groups between 20-29 and 50-59 (Table A3 in [Appendix](#)), with the largest increases among those aged 40-49 and 50-59, approaching earlier peak levels.

Figure 2. Crude rate per 100,000 people of drug-related hospitalisations for females (A), males (B) and total (C), by age group, Australia, 2004-05 to 2023-24.



Note: The rates for the 0-9 years age group are not presented due to the sensitivity of the data.

Remoteness Area of Usual Residence

Table 2. Percentage, number and rate of drug-related hospitalisations (per 100,000 people) by remoteness area of usual residence and by sex and age group, Australia, 2023-24.

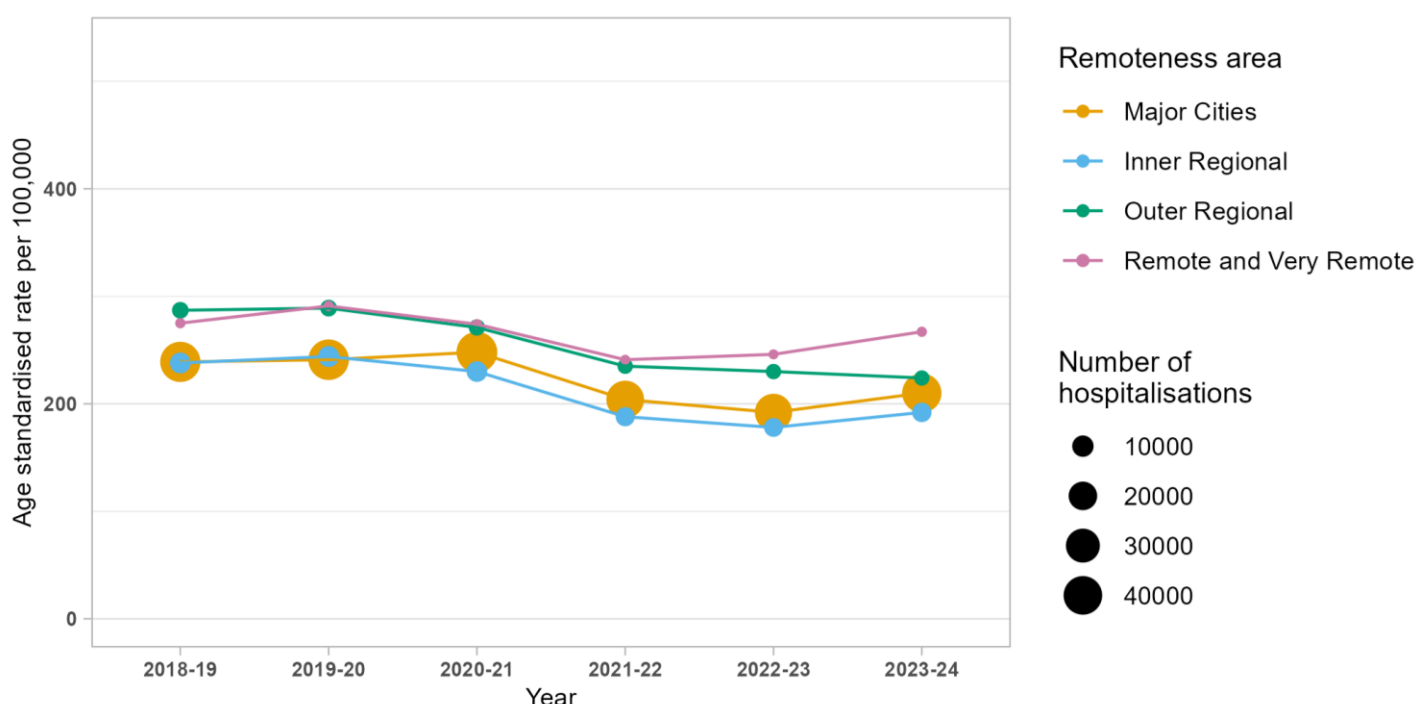
	Major cities	Inner regional	Outer regional	Remote and very remote
Overall number	41,641	7,863	4,208	1,296
Percentage	73%	14%	7.4%	2.3%
Rate per 100,000 people	210	192	224	267
Change in rate from 2022-23	▲9.5%	▲8.0%	~	▲8.4%
Rate per 100,000 people				
Sex				
Male	223	191	221	281
Female	197	195	228	252
Age				
10-19	169	188	234	329
20-29	360	394	444	549
30-39	361	312	345	381
40-49	305	233	396	360
50-59	186	141	162	171
60-69	87	65	72	*np
70 and over	59	46	*np	*np

Although most drug-related hospitalisations occurred in major cities, rates have been consistently highest among residents of remote and very remote areas since 2019-20 (Figure 3, Table 2).

In 2023-24, rates increased in all remoteness areas except outer regional areas (Table A4 in Appendix).

Note: Remoteness area could not be identified in 2.8% of hospitalisations in 2023-24 (n=1,599). Please refer to our [methods document](#) on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions. Only significant changes are shown.

Figure 3. Age-standardised rate per 100,000 people of drug-related hospitalisations by remoteness area, Australia, 2018-19 to 2023-24.

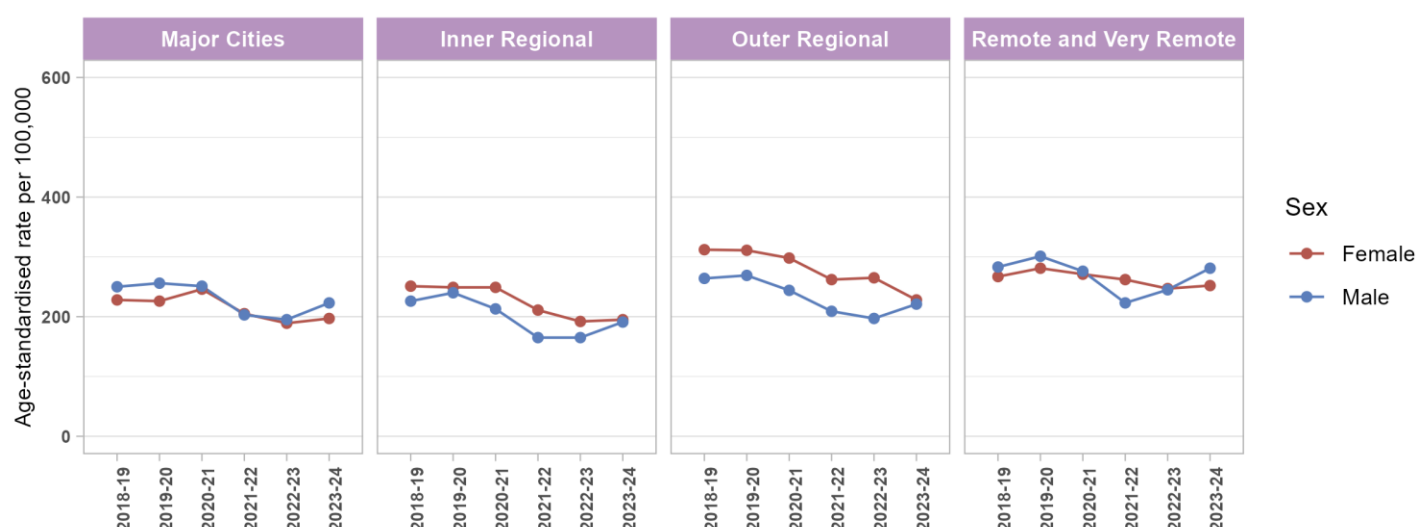


Note: Remoteness area could not be identified in 2.8% of hospitalisations in 2023-24 (n=1,599).

Remoteness Area and Sex

2023-24 vs 2022-23			Rates of drug-related hospitalisations were generally higher among males in major cities and in remote and very remote areas, whereas females generally had higher rates in inner and outer regional areas (Table 2 , Figure 4).
	Male	Female	
Major cities	▲14%	▲4.4%	In 2023-24, rates among males increased significantly across all remoteness areas relative to 2022-23. Among females, rates increased in major cities but decreased in outer regional areas. As a result, the gap between males and females narrowed in inner and outer regional areas but widened in major cities and in remote and very remote areas (Table A4 in Appendix).
Inner regional	▲16%	~	
Outer regional	▲12%	▼14%	
Remote and very remote	▲15%	~	

Figure 4. Age-standardised rate per 100,000 people of drug-related hospitalisations among by remoteness area and sex, Australia, 2018-19 to 2023-24.



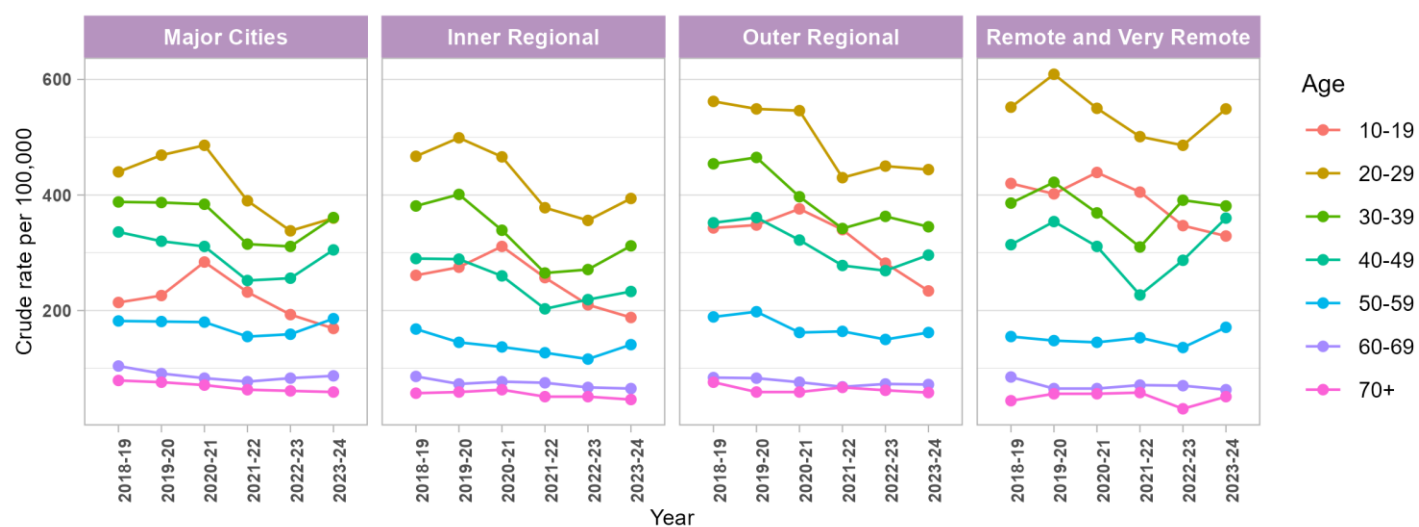
Remoteness Area and Age

2023-24 vs 2022-23					
	10-19y	20-29y	30-39y	40-49y	50-59y
Major cities	▼12%	▲6.8%	▲16%	▲19%	▲17%
Inner regional	▼10%	▲11%	▲15%	~	▲22%
Outer regional	▼17%	~	~	~	~
Remote and very remote	~	~	~	▲25%	~

Rates have been consistently highest in the 20-29 age group and lowest in the 60-69 and 70 and over age groups across all remoteness areas ([Table 2](#), [Figure 5](#)). In 2023-24, rates among people aged 30-39 years were similar to those aged 20-29 years in major cities (361 versus 360 per 100,000 people).

This reflected broader increases in 2023-24, with rates rising across age groups from 20-29 to 50-59 in major cities and inner regional areas ([Figure 5](#)). By contrast, rates among those aged 10-19 declined across most remoteness areas, except in remote and very remote areas, and remained stable among those aged 60 and over ([Table A5](#) [Appendix](#)).

Figure 5. Crude rate per 100,000 people of drug-related hospitalisations by remoteness area and age group, Australia, 2018-19 to 2023-24.



Socioeconomic Pattern

[Socio-Economic Indexes for Areas \(SEIFA\)](#) is a product developed by the ABS that ranks areas in Australia according to relative socio-economic advantage and disadvantage. The SEIFA index used in this report is based on the Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) which summarises information about the economic and social conditions of people and households within an area, including both relative advantage and disadvantage measures. Data are presented as SEIFA quintiles ranging from 1 to 5 where:

- A **lower** score indicates relatively greater disadvantage and a lack of advantage in general. For example, an area could have a low score if there are:
 - many households with low incomes, or many people in unskilled occupations, AND
 - few households with high incomes, or few people in skilled occupations.
- A **higher** score indicates a relative lack of disadvantage and greater advantage in general. For example, an area may have a high score if there are:
 - many households with high incomes, or many people in skilled occupations, AND
 - few households with low incomes, or few people in unskilled occupations.

The SEIFA index data have been available only since 2021-22; therefore, given the limited time series and minimal variation across years, the estimates presented below are restricted to the most recent data (2023-24).

Profile in 2023-24



In 2023-24, 23% of drug-related hospitalisations (13,157 admissions) occurred among residents of the most disadvantaged areas. The remaining hospitalisations were fairly equally distributed across other socioeconomic areas, each accounting for 18%-19%. This pattern was similar across sexes, with 23% (6,754 admissions) of all drug-related hospitalisations among **males** and 24% (6,395 hospitalisations) among **females** occurring in the most disadvantaged areas ([Table 3](#)).



The greatest proportion of people hospitalised from **most age groups** resided in the most disadvantaged area. Among those aged 70 and over, proportions were similarly high in the two most disadvantaged quintiles.



Both drug-related **poisoning and mental and behavioural disorder diagnoses** were most common among individuals from the most disadvantaged areas, accounting for 22% (7,312 hospitalisations) and 25% (5,835 hospitalisations), respectively. However, within the diagnoses of mental and behavioural disorder due to substance use, dependence syndrome showed a different pattern. It was most common among residents of the most advantaged area, with 35% of admissions in quintile 5, and least common in quintile 1 (14%).

DRUG



People living in the most disadvantaged areas accounted for the highest proportion of hospitalisations related to most drug classes. However, there were some exceptions:

- **Opioids:** The highest proportion of hospitalisations occurred among individuals in the most advantaged and the most disadvantaged areas (21%, each). Overall, however, hospitalisations were relatively evenly distributed, with the remaining areas accounting for 17-19% each.
- **Cocaine:** The highest proportion (33%) of hospitalisations were among people in the most advantaged areas.
- **Hallucinogens:** The highest proportion was recorded in the second most advantaged area, accounting for 29% of hospitalisations.
- **Antiepileptic, sedative-hypnotic, and antiparkinsonism drugs** (including GHB): Hospitalisations were relatively evenly distributed across socioeconomic areas, ranging from 18% to 21%.

Table 3. Percentage of hospitalisations by the index of relative socio-economic advantage and disadvantage quintiles by sex, age group, diagnosis and drug class, Australia, 2023-24

Characteristics	Disadvantaged		← SEIFA →	Advantaged		Total with SEIFA %
	Quintile 1 %	Quintile 2 %	Quintile 3 %	Quintile 4 %	Quintile 5 %	
Total	23	19	18	19	18	97
Sex						
Male	23	18	17	19	19	96
Female	24	19	19	18	17	97
Age						
10-19	24	20	19	19	17	99
20-29	23	19	17	19	19	97
30-39	21	17	18	19	19	96
40-49	25	18	18	20	16	96
50-59	23	21	20	16	17	97
60-69	25	20	18	19	17	99
70 and over	22	23	19	17	19	99
PRINCIPAL DIAGNOSIS						
Mental and behavioural disorder	22	18	18	19	20	96
Drug-induced psychotic disorder	28	22	18	15	11	94
Dependence syndrome	14	12	18	21	35	99
Harmful use	20	17	16	22	21	96
Acute intoxication	24	17	15	21	15	92
Withdrawal syndrome	24	23	19	20	12	97
Poisoning	25	20	19	19	15	98
Unintentional	24	20	20	18	14	97
Intentional	25	21	19	19	15	99
Drug type						
Amphetamine-type stimulants	24	19	18	18	16	95
Antidepressants	27	21	19	19	13	99
Antiepileptic, sedative-hypnotic & antiparkinsonism drugs	21	19	19	20	18	97
Antipsychotics & neuroleptics	26	20	18	19	15	98
Cannabinoids	25	21	17	19	18	98
Cocaine	14	11	16	26	32	99
Hallucinogens	16	14	14	29	25	98
Non-opioid analgesics	25	20	20	18	16	99
Opioids	21	17	19	18	21	96

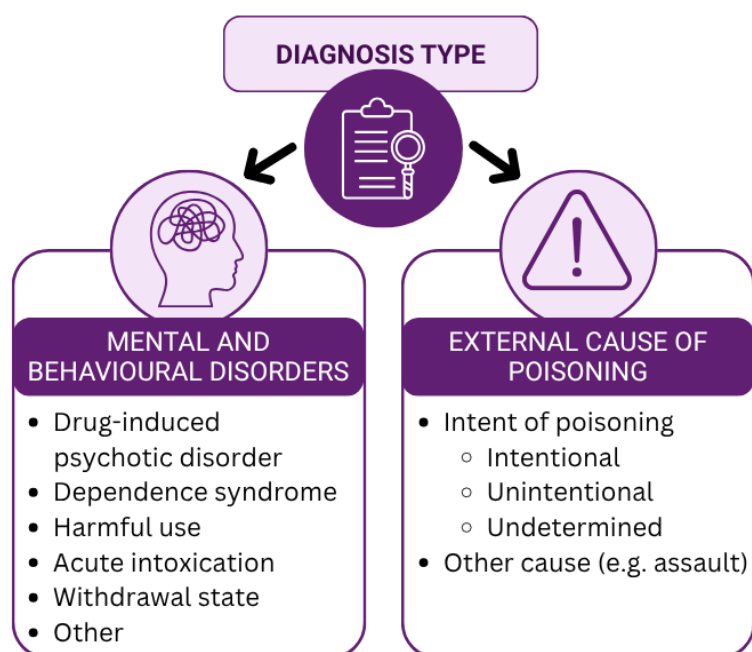
Note: A lower score indicates relatively greater disadvantage and a lack of advantage in general. A higher score indicates a relative lack of disadvantage and greater advantage in general. Bolded values represent the highest percentages within the characteristics. Please also refer to our [methods document](#) on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions.

3

Clinical Characteristics

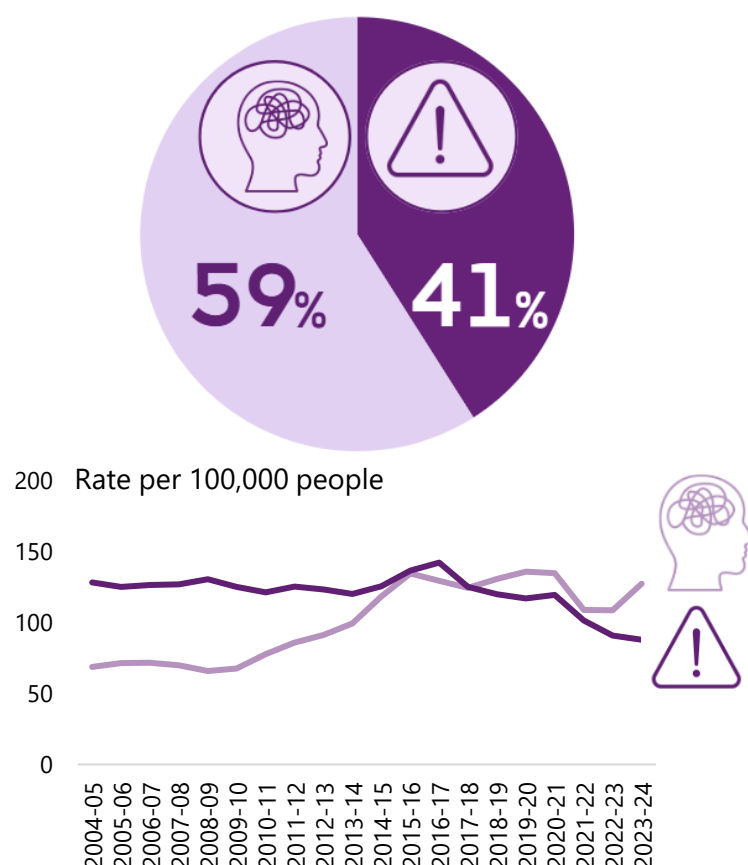


This chapter explores the types and patterns of drug-related hospitalisation, including principal diagnosis type and the nature of drug involvement (e.g. poisoning, dependence, withdrawal). It also covers the severity of presentations (e.g. ICU admissions), length of stay, and types of care provided (e.g. acute, mental health).



Drug-related hospitalisations included in this report are coded according to ICD-10-AM as related to 'mental and behavioural disorder due to substance use' or 'poisoning' (see [methods](#) for details on the ICD-10-AM codes included). The former category has a number of specific diagnoses within the overarching diagnosis type, including dependence syndrome, withdrawal state, drug-induced psychotic disorder, acute intoxication, and harmful use. Hospitalisations coded as 'poisoning' can relate to acute effects from a range of scenarios (e.g., wrong drug administered or taken in error, suicide and homicide). They have an external cause of injury assigned which indicates the intent of the injury (i.e., unintentional poisoning ('overdose'), intentional poisoning, or undetermined intent).

Principal Diagnosis



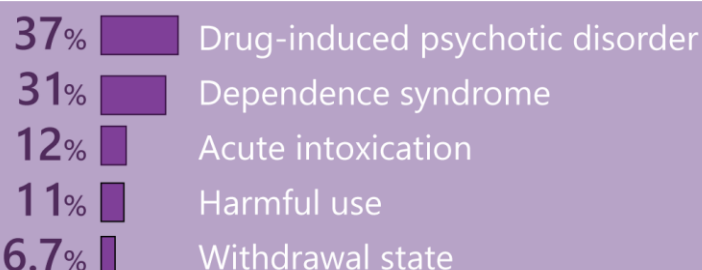
In 2023-24, [diagnoses](#) of **mental and behavioural disorder due to substance use** were identified as the principal diagnosis in **59%** of all drug-related hospitalisations, while **drug poisoning** accounted for **41%**. Between 2004-05 and 2009-10, the rate of drug poisoning-related hospitalisations was twice the rate of hospitalisations related to mental and behavioural disorder due to substance use. Between 2009-10 and 2017-18, this difference decreased and then reversed from 2018-19 onwards. **It is important to exercise caution when comparing diagnoses over time, as the classifications and coding standards for that data can change.**

Principal Diagnosis: Mental and Behavioural Disorder Due to Substance Use



2023-24

59%
mental and
behavioural disorder
due to substance use



Diagnosis Type

Among hospitalisations with a principal diagnosis from the group of ICD-10-AM codes indicating [mental and behavioural disorder due to substance use](#) (59% of all drug-related hospitalisations), [drug-induced psychotic disorder](#) and [dependence syndrome](#) were the leading diagnoses over the course of monitoring. In 2023-24, they accounted for 37% and 31%, respectively, of these hospitalisations ([Table 4](#)).

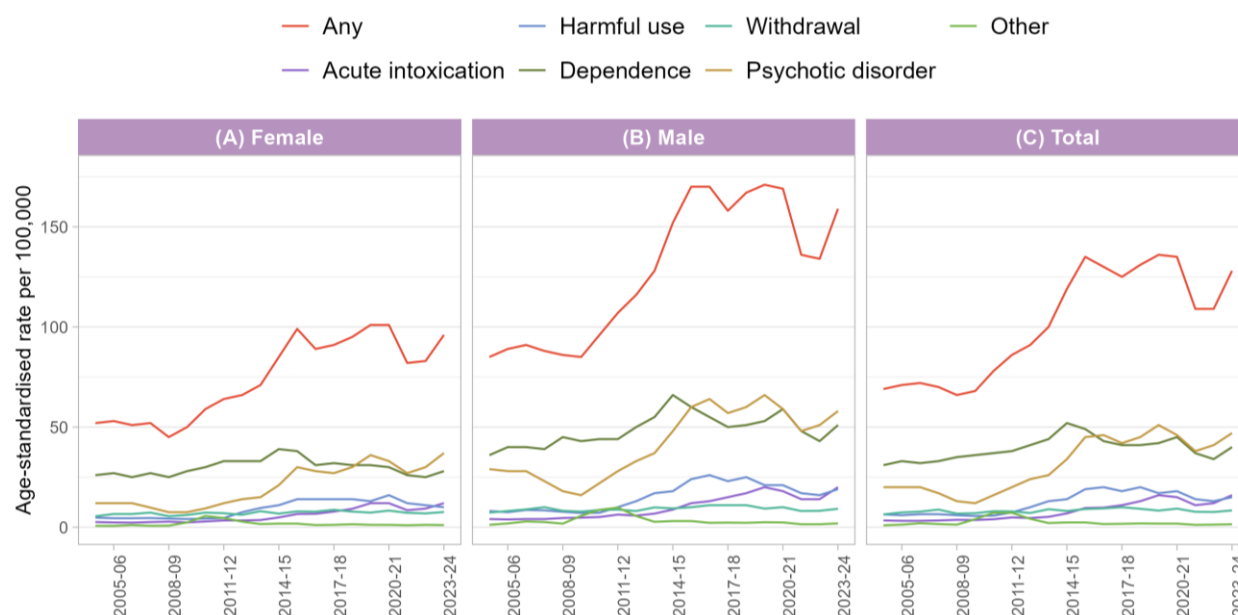
Compared with 2022-23, rates in 2023-24 increased significantly across all diagnosis types ([Table 4](#); [Table A6 in Appendix](#)). Over the longer term, the rate of hospitalisations with a principal diagnosis of acute intoxication increased approximately fourfold between 2004-05 and 2022-23, peaking at 16 per 100,000 people in 2019-20 ([Table 4](#); [Figure 6](#)). Following a subsequent decline, the rate rose again in 2023-24 to a similar peak level.

Table 4. Percentage and rate per 100,000 people of hospitalisations with a mental and behavioural disorder due to substance use by diagnosis type, sex, age group and remoteness, Australia, 2023-24.

	Any	Acute intoxication	Dependence syndrome	Harmful use	Psychotic disorder	Withdrawal state
Number	33,374	4,100	10,479	3,830	12,324	2,246
Percentage (%)	100	12	31	11	37	6.7
Rate per 100,000 people	128	16	40	15	47	8.4
Change in rate from 2022-23	▲17%	▲35%	▲17%	▲10%	▲17%	▲11%
Rate per 100,000 people						
Sex						
Male	159	20	51	19	58	9.2
Female	96	12	28	10	37	7.6
Age						
10-19	47	8.7	5.4	7.1	21	3.8
20-29	250	29	74	29	99	16
30-39	269	30	88	30	100	16
40-49	208	29	68	20	77	12
50-59	99	11	37	12	31	6.5
60-69	28	2.7	10	5.2	6	3.8
70 and over	9.9	1.0	3.4	0.6	1.3	3.5
Remoteness						
Major cities	127	16	46	15	41	7.2
Inner regional	102	8.0	23	12	49	9.2
Outer regional	114	12	11	13	61	15
Remote and very remote	178	17	8.1	19	110	21

Note: The estimates for other mental and behavioural disorder due to substance use identified in the principal diagnosis are not presented due to small numbers. The estimates for the 0-9 years age group are not presented due to the sensitivity of the data. Please also refer to our [methods document](#) on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions. Bolded values represent the highest percentages and rates in each diagnosis type.

Figure 6. Age-standardised rate per 100,000 people of drug-related hospitalisations by principal diagnosis of mental and behavioural disorder due to substance use, Australia, 2004-05 to 2023-24.



Diagnosis Type and Sex

2023-24 vs 2022-23			
	♂	♀	
Any	▲19%	▲16%	In 2023-24, males were more frequently represented than females across all diagnosis types of mental and behavioural disorders due to substance use (54% - 64%, Table 4). The male and female rates increased compared to 2022-23 across almost all diagnosis types (Table A6 in Appendix). Over the course of monitoring, however, patterns have differed by sex. Males have consistently had higher rates than females for hospitalisations with a principal diagnosis of a mental and behavioural disorder due to substance use (Table 4; Figure 6), a pattern observed across all diagnoses within this cluster of ICD-10-AM codes.
Psychotic disorder	▲13%	▲22%	
Dependence syndrome	▲19%	▲13%	
Acute intoxication	▲40%	▲29%	
Harmful use	▲18%	~	
Withdrawal state	~	▲9.2%	

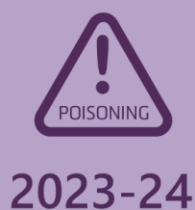
Diagnosis Type and Age

2023-24 vs 2022-23							
	10-19y	20-29y	30-39y	40-49y	50-59y	60-69y	
Any	~	▲11%	▲26%	▲37%	▲47%	~	In 2023-24, hospitalisations for mental and behavioural disorders due to substance use were most common among people aged 30-39, with the 20-29 age group close behind (Table 4). Hospitalisation rates increased in 2023-24 compared with 2022-23 across most age groups for each diagnosis type (Table A7 in Appendix). Since 2018-19, rates have been consistently highest in the 20-29 and 30-39 age groups across all diagnosis types. An exception was acute intoxication, where rates were similarly high in the 40-49 and the 20-29 age groups.
Psychotic disorder	▲12%	▲6.8%	▲16%	▲19%	▲17%	~	
Dependence syndrome	▼39%	▲9.4%	▲24%	▲22%	▲23%	~	
Acute intoxication	▲52%	▲28%	▲23%	▲51%	▲56%	▲46%	
Harmful use	~	~	▲21%	▲13%	▲23%	~	
Withdrawal state	~	▲14%	▲20%	~	~	~	

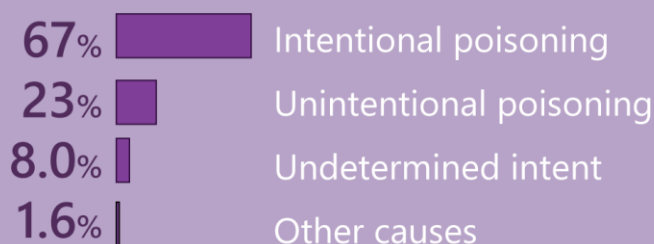
Diagnosis Type and Remoteness Area

2023-24 vs 2022-23					In 2023-24, the rate of dependence-related hospitalisations was highest in major city areas, while drug-induced psychotic disorder, withdrawal, harmful use and acute intoxication-related hospitalisations were highest in remote and very remote areas, which is partly related to the types of drugs that have higher rates of hospitalisations in these areas. The rates of hospitalisation increased in 2023-24 across all diagnosis types in major cities compared to 2022-23, and across most diagnosis types in other remoteness areas (Table A8 in Appendix). Since 2018-19, rates have generally been highest in remote and very remote areas. An exception is dependence syndrome, for which rates have been highest in major city areas and lowest in the remote and very remote areas (see data visualisation for details).
	Major cities	Inner regional	Outer regional	Remote & very remote	
Any	▲19%	▲15%	▲11%	▲18%	
Psychotic disorder	▲16%	▲23%	▲13%	~	
Dependence syndrome	▲19%	~	~	▲77%	
Acute intoxication	▲40%	▲34%	▲32%	▲41%	
Harmful use	▲13%	~	~	▲13%	
Withdrawal state	▲9.7%	▲18%	~	▲62%	

Principal Diagnosis of Drug Poisoning



41%
drug
poisoning



Intent

In 2023-24, 41% of drug-related hospitalisations comprised poisonings, of which **67%** (15,708 hospitalisations) were intentional, equivalent to 60 hospitalisations per 100,000 people. The rate of intentional drug poisoning decreased in 2023-24 compared with 2022-23 ([Table 5](#)). Over the longer-term, rates were relatively stable between 2004-05 and 2014-15, before peaking at 102 hospitalisations per 100,000 people in 2016-17, and subsequently declining to the lowest level over the monitoring period in 2023-24 ([Figure 7](#)).

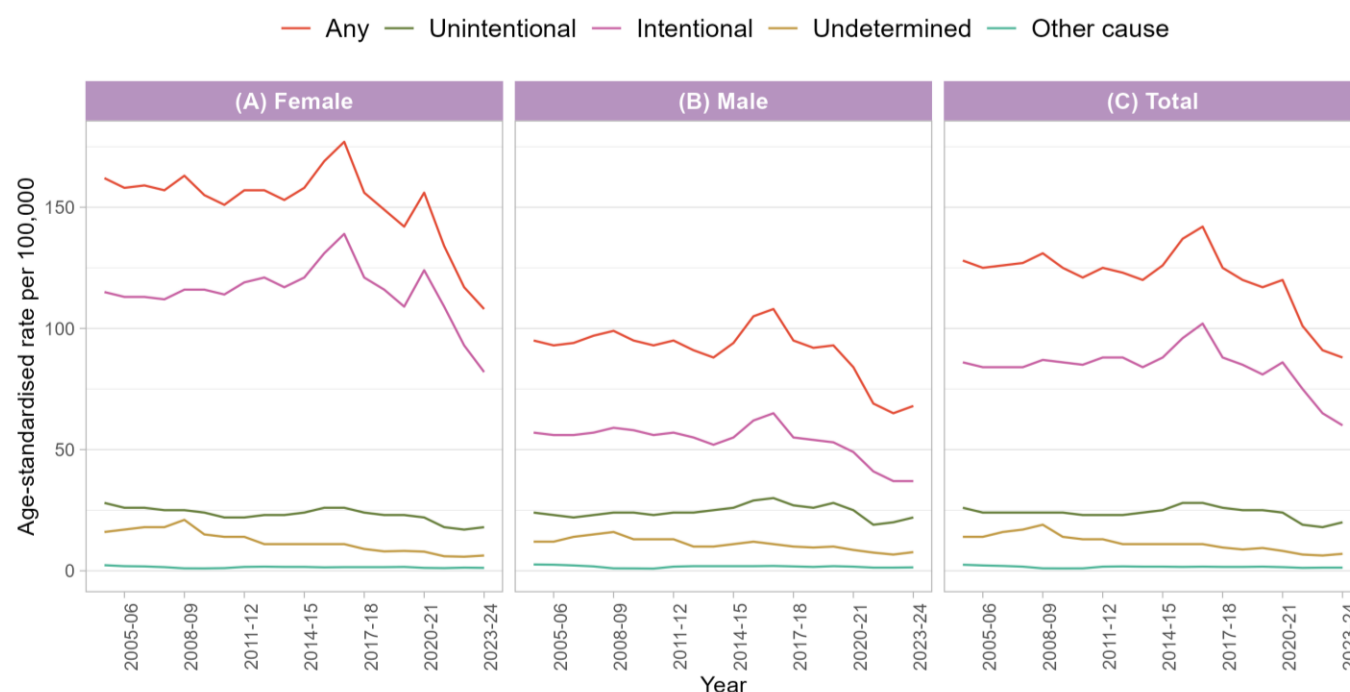
In contrast, the rate of hospitalisations due to **unintentional** drug poisoning increased in 2023-24 compared with 2022-23. Over the longer term, the rate declined from 26 per 100,000 people in 2004-05 to 18 per 100,000 people in 2022-23, before rising to 20 per 100,000 people in 2023-24 ([Table A9](#) in [Appendix](#)).

Table 5. Percentage and rate per 100,000 people of hospitalisations due to drug poisoning by intent, sex, age group and remoteness, Australia, 2023-24.

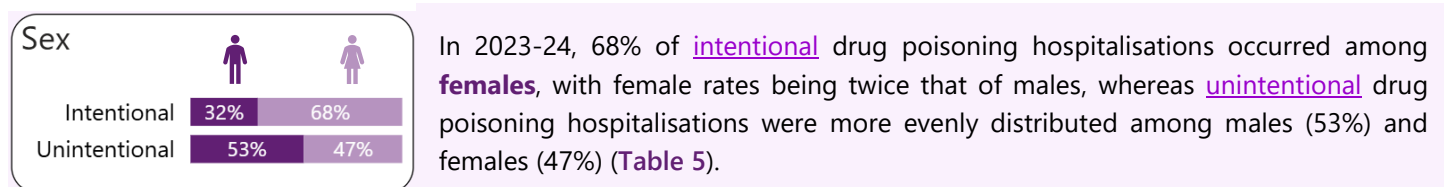
	Any	Intentional	Unintentional
Number	23,369	15,708	5,432
Percentage (%)	100	67	23
Rate per 100,000 people	88	60	20
Change in rate from 2022-23	▼3.2%	▼8.4%	▲9.5%
Rate per 100,000 people			
Sex			
Male	68	37	22
Female	108	82	18
Age			
10-19	136	118	11
20-29	136	97	26
30-39	99	63	23
40-49	98	61	24
50-59	82	55	19
60-69	52	32	15
70 and over	45	23	19
Remoteness			
Major cities	83	56	20
Inner regional	91	64	19
Outer regional	110	81	21
Remote and very remote	89	59	20

Note: The estimates for undetermined intent and other causes accounted for 9.5% of all drug poisoning hospitalisations and are not presented in the table. The estimates for the 0-9 years age group are not presented due to the sensitivity of the data. Please also refer to our [methods document](#) on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions. Bolded values represent the highest percentages and rates in each diagnosis type.

Figure 7. Age-standardised rate per 100,000 people of drug-related hospitalisations by external cause of poisoning, Australia, 2004-05 to 2023-24.



Intent and Sex



2023-24 vs 2022-23			
	Male	Female	
Any poisoning	▲4.3%	▼7.5%	In 2023-24, rates of hospitalisations for intentional poisoning decreased further among females compared with 2022-23, while rates of unintentional poisoning increased for both sexes (Table A9 in Appendix). These recent patterns are consistent with longer-term trends. Over the monitoring period, the rate of intentional drug poisoning among females was twice that of males, with both peaking in 2016-17 before declining thereafter (Figure 7). In contrast, rates of unintentional drug poisoning have been similar for males and females throughout the monitoring period, decreasing from 2016-17 to recent lows in 2021-22 for males and 2022-23 for females (Figure 7).
Intentional	~	▼11%	
Unintentional	▲10%	▲8.4%	

Intent and Age

2023-24 vs 2022-23							
	10-19y	20-29y	30-39y	40-49y	50-59y	60-69y	70+
Any poisoning	▼16%	~	▲1.4%	▲2.7%	▲6.3%	~	▼8.5%
Intentional	▼19%	▼6.9%	~	~	~	~	▼9.9%
Unintentional	~	▲11%	~	▲14%	▲21%	~	~

In 2023-24, [intentional](#) drug poisoning was most common among people aged 10-19 and 20-29 and least common among people aged 60-69 and 70 and over. Rates decreased among those aged 10-19, 20-29, and 70 and over compared to 2022-23 ([Table 5](#)).

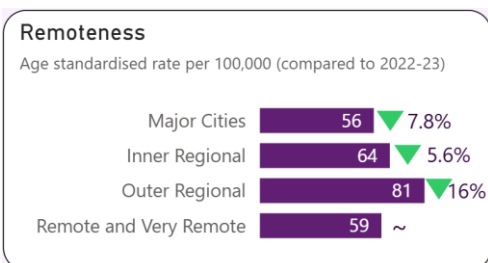
In contrast, [unintentional](#) drug poisoning hospitalisations were more evenly distributed among age groups, with the highest rate in the 20-29 age group followed closely by 40-49 and 30-39 age groups ([Table 5](#)). Rates increased among those aged 20-29, 40-49, and 50-59 ([Table A10 in Appendix](#)).

Over the longer term, rates of intentional poisoning among those aged 10-19 rose substantially, increasing from 115 to 203 per 100,000 people between 2004-05 and 2020-21, and have remained the highest of all age groups despite a decline in recent years (see [data visualisation](#) for details).

Rates of unintentional poisoning were generally highest among those aged 20-29, 30-39 and 40-49 throughout the monitoring period.

Intent and Remoteness Area

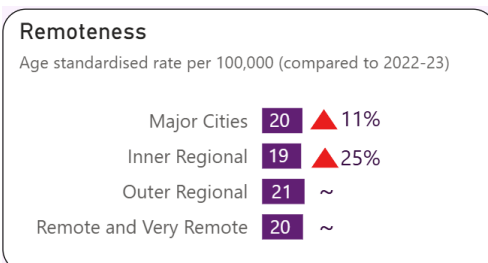
Intentional poisoning



In 2023-24, hospitalisation rates for intentional drug poisoning were highest in outer regional areas and lowest in major cities, which was consistent with the longer-term trend (see [data visualisation](#) for details).

Compared with 2022-23, rates **declined** across all remoteness areas except remote and very remote areas ([Table A11 in Appendix](#)).

Unintentional poisoning



In 2023-24, hospitalisation rates for unintentional drug poisoning were similar across all remoteness areas. Compared with 2022-23, rates **increased** in major cities and inner regional areas ([Table A11 in Appendix](#)).

Over the longer term, rates were generally highest in the remote and very remote areas but decreased over time (see [data visualisation](#) for details).

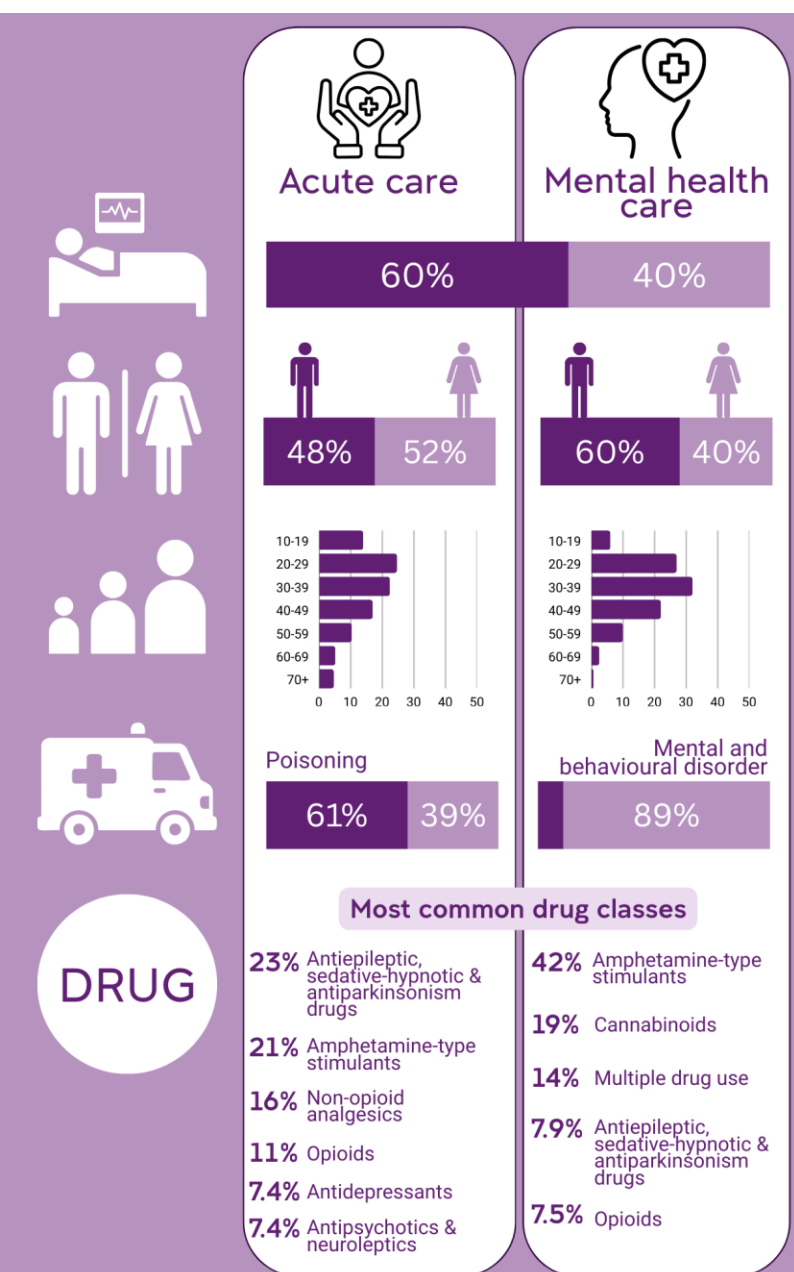
Care Type

Admitted patients receive various [types of care](#), which reflect the overall nature of the clinical services provided during their hospital stay. It is important to note that the type of care is distinct from a patient's diagnosis or specific medical condition. A single care type may be used to treat a wide range of health issues. Care types are generally classified into the following categories:

- Acute care,
- Newborn care,
- Subacute and non-acute care, which includes: Rehabilitation care, Palliative care, Geriatric evaluation and management, Maintenance care and Psychogeriatric care, and
- Mental health care.

For detailed definitions of each care type, refer to the 'More information about the data' section on the [AIHW website](#).

Profile in 2023-24



In 2023-24, the main type of care provided in **60%** of drug-related hospitalisations was **acute care**, while 40% were classified as **mental health care** episodes. The remaining 0.32% of hospitalisations were classified as other types ([Table 6](#)).

Acute care hospitalisations were more common among females, while **mental health care** hospitalisations were more common among males.

Mental health care hospitalisations had a greater proportion of those **aged 20-49** years than **acute care** hospitalisations (81% compared to 64%).

In 2023-24, **61%** of **acute care** drug-related hospitalisations had a principal diagnosis related to **drug poisoning**, while **89%** of **mental health care** hospitalisations had a principal diagnosis of **mental and behavioural disorder due to substance use**.

The most common drug class among hospitalisations classified as **acute care** was **antiepileptic, sedative-hypnotic & antiparkinsonism drugs** (23%), closely followed by **amphetamine-type stimulants** (21%). In contrast, **amphetamine-type stimulants** accounted for 42% of hospitalisations in **mental health care**, followed by **cannabinoids** (19%).

Table 6. Percentage of drug-related hospitalisations by the care type and by sex, age group, principal diagnosis and drug class, Australia, 2023-24

Care type	Acute care	Mental health care
Characteristics	%	%
Overall n (%)	34,095 (60)	22,518 (40)
Sex		
Male	48	60
Female	52	40
Age		
10-19	14	6.0
20-29	25	27
30-39	22	32
40-49	17	22
50-59	10	10
60-69	5.2	2.5
70 and over	4.7	0.66
Principal diagnosis		
Poisoning	61	11
Mental and behavioural disorder	39	89
Drug type		
Amphetamine-type stimulants	21	42
Antidepressants	7.4	1.8
Antiepileptic, sedative-hypnotic & antiparkinsonism drugs	23	7.9
Antipsychotics & neuroleptics	7.4	1.8
Cannabinoids	6.3	19
Cocaine	1.7	3.0
Hallucinogens	0.66	0.64
Non-opioid analgesics	16	2.6
Opioids	11	7.5
Volatile solvents	1.8	0.26
Multiple drug use	3.6	14
SEIFA		
Quintile 1	25	20
Quintile 2	19	18
Quintile 3	18	19
Quintile 4	19	19
Quintile 5	16	21
Remoteness area		
Major cities	71	76
Inner regional	14	13
Outer regional	8.6	5.6
Remote and very remote	2.5	1.9

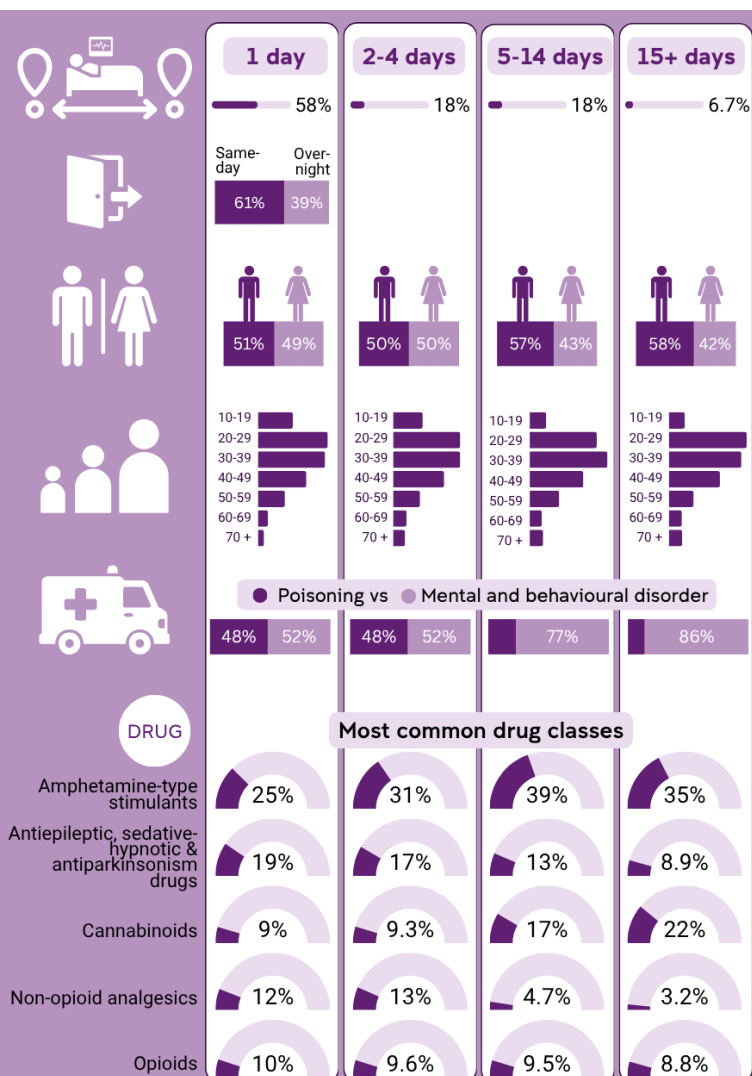
Note: Subacute, non-acute, other care or unknown care type accounted for 0.32% of all hospitalisations and are not included in the table due to small numbers. *np means data not publishable due to a small number of hospitalisations (n≤5). Bolded values represent the highest percentages within the care type. Please also refer to our [methods document](#) on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions.

Length of Stay

The **length of stay (LOS)** refers to the number of days a patient is admitted for an episode of care, calculated as the duration between hospital admission and the end of that care episode. In the NHMD unit record extract, LOS is capped at 30 days. For hospitalisations exceeding 30 days, the length of stay is recorded as ">30", which prevents the calculation of an accurate average LOS. LOS can provide a rough proxy for the severity or complexity of an episode of care, but it is not a direct or standardised measure of severity. Various factors, like diagnosis, treatment type, comorbidities, hospital protocols, and patient characteristics, can influence LOS. Still, certain guidelines are used in health systems to help interpret LOS in relation to severity (e.g., **AR-DRGs**, average length of stay). For this report, we use the following grouping:

- **Short Stay: 1 day.** Typically implies a brief admission for acute conditions or procedures with uncomplicated recoveries or for a diagnostic test.
- **Moderate Stay: 2-4 days.** Suggests a more involved admission for conditions requiring more complex management, monitoring, or recovery from significant but not severe illnesses.
- **Long Stay: 5-14 days.** Often associated with major surgeries, severe illnesses, or conditions requiring intensive rehabilitation.
- **Extended Stay: 15 days or more.** Occurs in cases of severe trauma, complex surgeries, chronic illnesses requiring prolonged treatment, or significant complications.

Profile in 2023-24



In 2023-24, **58%** of drug-related hospitalisations were **short** one-day stays (**Table 7**).

61% of short one-day hospitalisations ended with a discharge on the **same day**.

The proportion of **males** increased with longer lengths of stay.

Regardless of the length of stay, hospitalisations were most common among people aged **20-39 years**. However, as the length of stay increased, the proportion of patients aged 70 years and over increased, while the proportion aged 10-19 years decreased.

Short and moderate length of stays had a similar proportion of poisoning and mental and behavioural disorder type diagnoses. The majority of drug-related hospitalisations with **long or extended** stay were attributed to mental and behavioural disorder due to substance use.

Amphetamine-type stimulants were the most commonly involved drug class across all length-of-stay categories, with the highest proportion observed in long-stay hospitalisations. Similarly, the proportion of **cannabinoid**-related hospitalisations increased with longer lengths of stay. In contrast, the proportions of **antiepileptic, sedative hypnotic & antiparkinsonism drugs** and **non-opioid analgesics**-related hospitalisations decreased with longer lengths of stay.

Table 7. Percentage of drug-related hospitalisations by the length of stay and by sex, age group, principal diagnosis and drug class, Australia, 2023-24

Length of stay	Short 1 day %	Moderate 2-4 days %	Long 5-14 days %	Extended 15+ days %
Characteristics				
Overall n (%)	32,766 (58)	10,130 (18)	10,088 (18)	3,813 (6.7)
Discharge				
Same day n (%)	19,928 (61)	N/A	N/A	N/A
Overnight stay n (%)	12,838 (39)	N/A	N/A	N/A
Sex				
Male	51	50	57	58
Female	49	50	43	42
Age				
10-19	13	11	6.1	5.9
20-29	26	25	25	29
30-39	25	25	29	27
40-49	18	19	20	19
50-59	10	10	11	9.2
60-69	3.7	5.0	4.5	4.8
70 and over	2.2	4.4	5.0	4.9
Principal diagnosis				
Poisoning	48	48	23	14
Mental and behavioural disorder	52	52	77	86
Drug type				
Amphetamine-type stimulants	25	31	39	35
Antidepressants	6.0	6.0	2.9	2.1
Antiepileptic, sedative-hypnotic & antiparkinsonism drugs	19	17	13	8.9
Antipsychotics & neuroleptics	5.4	7.2	3.3	2.1
Cannabinoids	9.0	9.3	17	22
Cocaine	2.8	1.2	1.7	2.2
Hallucinogens	0.78	0.40	0.44	0.73
Non-opioid analgesics	12	13	4.7	3.2
Opioids	10	9.6	9.5	8.8
Volatile solvents	1.7	0.56	0.61	0.68
Multiple drug use	7.7	4.9	7.8	14
SEIFA				
Quintile 1	22	26	25	22
Quintile 2	17	21	21	19
Quintile 3	18	18	20	19
Quintile 4	20	17	16	19
Quintile 5	21	13	14	19
Remoteness area				
Major cities	76	68	68	75
Inner regional	12	17	18	14
Outer regional	6.9	8.9	7.8	6.4
Remote and very remote	2.3	2.7	2.2	1.9

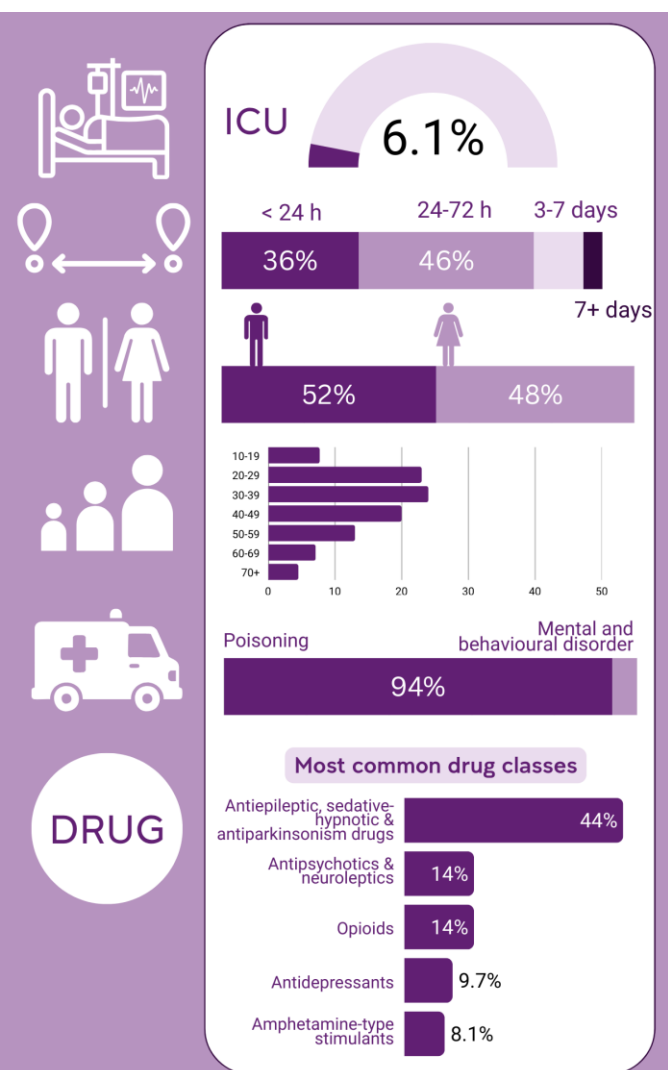
Note: Bolded values represent the highest percentages within the LOS category. Please also refer to our [methods document](#) on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions.

Intensive Care Unit Admission

The length of stay in an intensive care unit (LOS in ICU) is the total number of hours an admitted patient has spent in ICU. The total number of hours is reported by public hospitals with approved level 3 adult intensive care unit or an approved paediatric intensive care unit.

Where an episode of admitted patient care involves more than one period spent in an intensive care unit, the total number of hours is to be reported for all periods during the episode of care. The time spent in an operating theatre or in a coronary care unit is not counted. The total duration of hours reported is rounded to the nearest hour. In the NHMD unit record extract, LOS in ICU is capped at 300 hours. While there are no strict hourly guidelines, a longer LOS in ICU generally correlates with a more severe episode of care.

Profile in 2023-24



In 2023-24, **6.1%** of drug-related hospitalisations involved **admission to the ICU** of which the majority were short and moderate length of stay (no more than 72 hours) ([Table 8](#)).

There were slightly more males than females admitted to the ICU.

Patients admitted to the ICU were, on average, older than those not admitted. In addition, patients' age increased with longer lengths of stay in the ICU.

The majority (**94%**) of the drug-related hospitalisations that involved admission to the ICU were related to **drug poisoning**.

More than 40% of all **ICU admissions** were related to antiepileptic, sedative-hypnotic & antiparkinsonism drugs.

Table 8. Percentage of hospitalisations involving admission to the intensive care unit (ICU), by length of stay in ICU, sex, age group, diagnosis and drug class, Australia, 2023-24

Characteristics	No ICU Stay %	With ICU Stay %
Overall n (%)	53,359 (94)	3,438 (6.1)
Length of Stay in ICU		
Short, <24 hours	N/A	36
Moderate, 24-72 hours	N/A	46
Long, 3-7 days	N/A	13
Extended, >7 days	N/A	4.5
Sex		
Male	53	52
Female	47	48
Age		
10-19	11	7.7
20-29	26	23
30-39	26	24
40-49	19	20
50-59	10	13
60-69	3.9	7.1
70 and over	3.2	4.5
Principal diagnosis		
Poisoning	38	94
Mental and behavioural disorder	62	5.9
Drug type		
Amphetamine-type stimulants	31	8.1
Antidepressants	4.9	9.7
Antiepileptic, sedative-hypnotic & antiparkinsonism drugs	15	44
Antipsychotics & neuroleptics	4.6	14
Cannabinoids	12	0.96
Cocaine	2.3	1.1
Hallucinogens	0.67	0.29
Non-opioid analgesics	11	6.3
Opioids	9.6	14
Volatile solvents	1.2	1.1
Multiple drug use	8.1	0.79
SEIFA		
Quintile 1	23	22
Quintile 2	19	20
Quintile 3	18	20
Quintile 4	19	19
Quintile 5	18	15
Remoteness area		
Major cities	73	77
Inner regional	14	13
Outer regional	7.5	6.1
Remote and very remote	2.3	1.3

Note: Bolded values represent the highest percentages within the LOS category. Please also refer to our [methods document](#) on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions.

4

Drug Type Overview



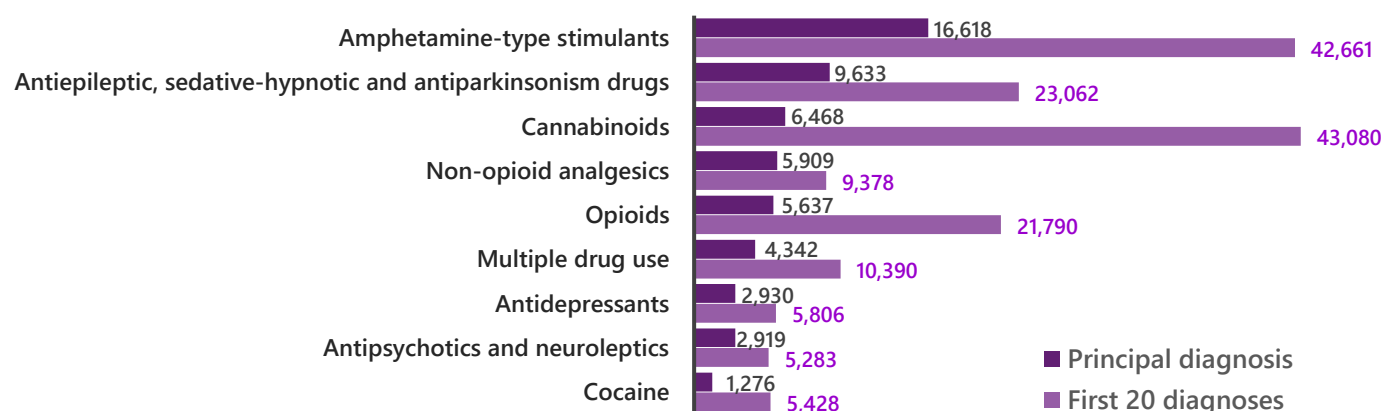
In 2023-24, the largest number of drug-related hospitalisations identified by principal diagnosis among the Australian population were attributable to [amphetamine-type stimulants](#) (mainly methamphetamine), followed by antiepileptic, sedative-hypnotic and antiparkinsonism drugs (e.g., benzodiazepines; GHB), cannabinoids, non-opioid analgesics, and opioids ([Table 9](#)). Notably, considering the first 20 diagnoses among all hospitalisations (i.e., regardless of whether a drug is coded as the principal diagnosis), cannabinoids emerged as the most commonly identified drug, followed closely by amphetamine-type stimulants ([Figure 8](#)).

Table 9. Percentage and number of hospitalisations by drug type, Australia, 2023-24

Drug type	Percentage	Number	Rate per 100,000	Significant change from 2022-23
Amphetamine-type stimulants	29%	16,618	64	▲ 24%
<i>Methamphetamine</i>	24%	13,782	53	▲ 27%
<i>MDMA/Ecstasy</i>	0.80%	456	1.8	▲ 44%
Antiepileptic, sedative-hypnotic and antiparkinsonism drugs	17%	9,633	36	▲ 14%
<i>Benzodiazepines</i>	5.6%	3,202	12	
<i>GHB</i>	6.1%	3,437	13	▲ 59%
Non-opioid analgesics	10%	5,909	23	▼ 12%
<i>4-Aminophenol derivatives (e.g., paracetamol)</i>	8.7%	4,967	19	▼ 12%
Cannabinoids	11%	6,468	25	
Opioids	9.9%	5,637	21	
<i>Natural and semi-synthetic opioids</i> [^]	2.4%	1,369	4.7	
<i>Heroin</i> [^]	1.1%	632	2.4	▲ 26%
<i>Synthetic opioids</i> [^]	0.53%	301	1.1	
<i>Methadone</i> [^]	0.27%	154	0.55	
<i>Other and unspecified opioids</i> [^]	0.22%	124	0.44	
Multiple drug use	7.6%	4,342	17	▲ 24%
Antipsychotics and neuroleptics	5.2%	2,919	11	▼ 9.6%
Antidepressants	5.1%	2,930	11	▼ 12%
Cocaine	2.2%	1,276	4.9	▲ 29%
Volatile solvents	1.2%	696	2.6	
Hallucinogens	0.65%	369	1.4	▲ 49%

Note: For 2022-23 rates and not statistically significant percent change, see [Table A12 in the Appendix](#). [^]Indicates diagnosis related to poisoning by the specified drug type identified by specific T-codes. Please refer to our [methods document](#) on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions. Bolded values represent the highest percentage and rate.

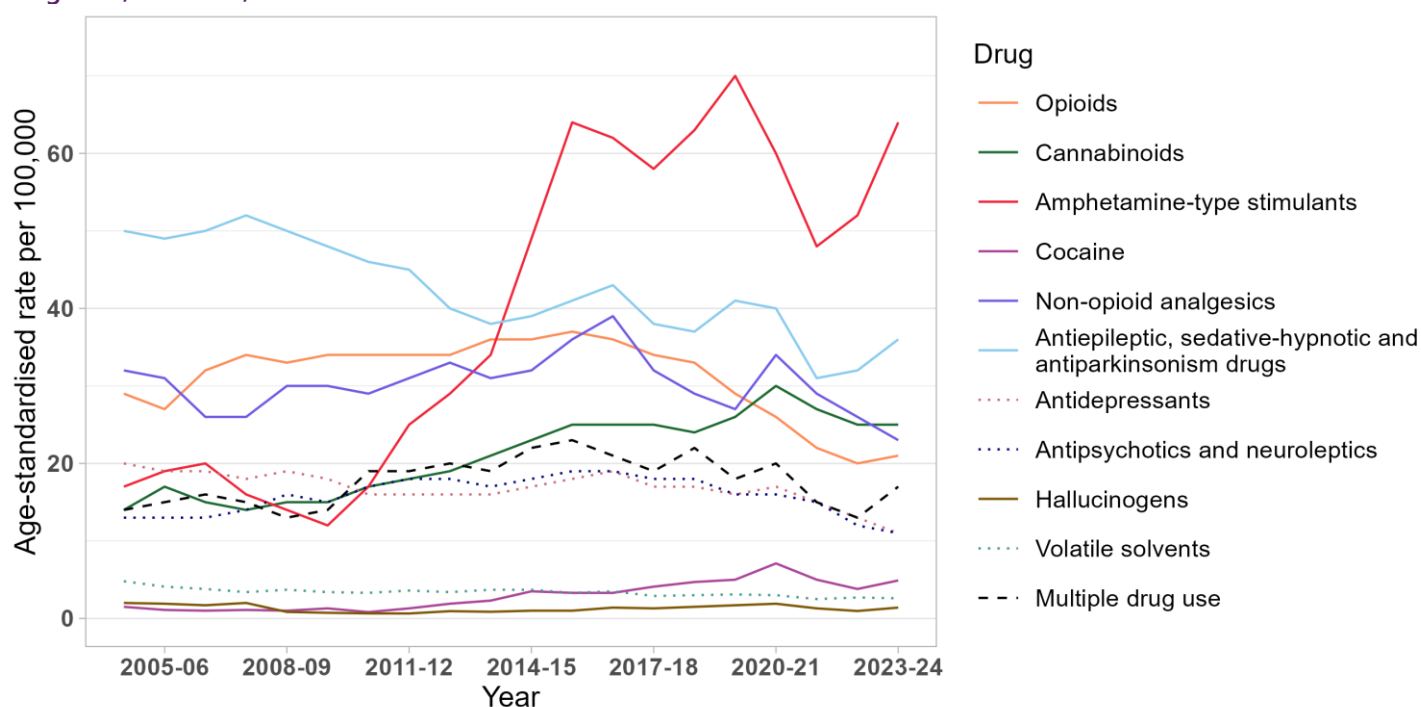
Figure 8. Number of selected drug-related hospitalisations identified in the first 20 diagnosis fields, Australia, 2023-24



Trend since 2004-05

- From 2004-05 to 2013-14, the highest age-standardised rate of drug-related hospitalisations was observed for a principal diagnosis indicating **antiepileptic, sedative-hypnotic and antiparkinsonism drugs**, followed typically by opioids and non-opioid analgesics (Figure 9).
- Since 2014-15, the rate of hospitalisations for **amphetamine-type stimulants** has surpassed the rate observed for opioids, and antiepileptic, sedative-hypnotic and antiparkinsonism drugs, peaking in 2019-20 at 70 hospitalisations per 100,000 people.
- Although amphetamine-type stimulants continued to account for the highest hospitalisation rate across all drug classes, the rate declined from 70 hospitalisations per 100,000 population in 2019-20 to 48 per 100,000 in 2021-22, before increasing again in recent years.
- Over the past 7 years, the rate of opioid-related hospitalisations has steadily declined.
- Compared with the overall 8.0% increase in the rate of drug-related hospitalisations between 2022-23 and 2023-24, more substantial **increases** were observed for GHB (59%), hallucinogens (49%), cocaine (29%), amphetamine-type stimulants (24%), multiple drug use (24%), and antiepileptic, sedative-hypnotic and antiparkinsonism drugs (14%) (Table 9; Table A12 in Appendix).
- While the overall rate of drug-related hospitalisations increased in 2023-24 compared to the previous year, the rates for non-opioid analgesics, antidepressants and antipsychotics and neuroleptics **decreased** by 12%, 12% and 9.6%, respectively (Table 9; Table A12 in Appendix).
- More detailed description of trends over the course of monitoring for opioid-, amphetamine-type stimulant-, cannabinoid-, cocaine- and other drug-related hospitalisations are provided in the subsequent chapters.

Figure 9. Age-standardised rate per 100,000 people of drug-related hospitalisations by drug identified in the principal diagnosis, Australia, 2004-05 to 2023-24.



Note: Please also refer to our [methods document](#) on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions.

Drug Type and Remoteness Area of Usual Residence

[Amphetamine-type stimulants](#) were the most common drug class identified as the principal diagnosis for drug-related hospitalisations across all remoteness areas in 2023-24. This has been consistent over time, with the exception of higher rates of cannabinoid-related hospitalisations in remote and very remote areas between 2019-20 and 2022-23 ([Figure 10](#)). Compared with other remoteness areas across the years, the rates of drug-related hospitalisations were:

- highest for opioids and cocaine in major cities,
- lowest for non-opioid analgesics in major cities,
- highest for antidepressants, and antipsychotics and neuroleptics in outer regional areas,
- highest for cannabinoids and volatile solvents in remote and very remote areas, and
- lowest for opioids, antiepileptic, sedative-hypnotic and antiparkinsonism drugs in remote and very remote areas.

A detailed description of the distribution of selected drug-related hospitalisation rates across remoteness areas can be found in the subsequent sections.

Figure 10. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug type identified in the principal diagnosis and remoteness area, Australia, 2018-19 to 2023-24.



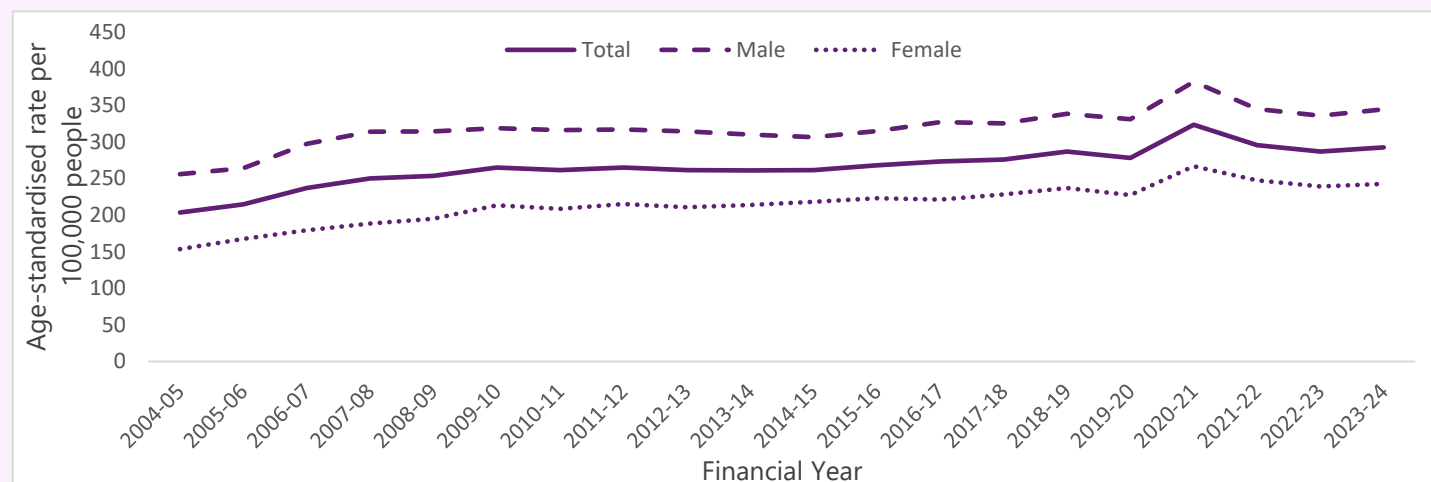
Note: Age-standardised rates are not shown for remote and very remote areas for some drug types because the number of hospitalisations was less than or equal to 10. Please refer to our methods document for details.

Panel D. Alcohol-Related Hospitalisations

Trend since 2004-05

Hospitalisations for which the principal diagnosis was alcohol-related are excluded from the analyses presented in this report. However, alcohol remains a major contributor to the overall burden of disease in Australia, as shown in the most recent [national morbidity data](#) published by the Australian Institute of Health and Welfare. The rate of alcohol-related hospitalisations increased from 204 per 100,000 people in 2004-05 to a peak of 324 per 100,000 people in 2020-21, before declining to 287 per 100,000 people in 2022-23.

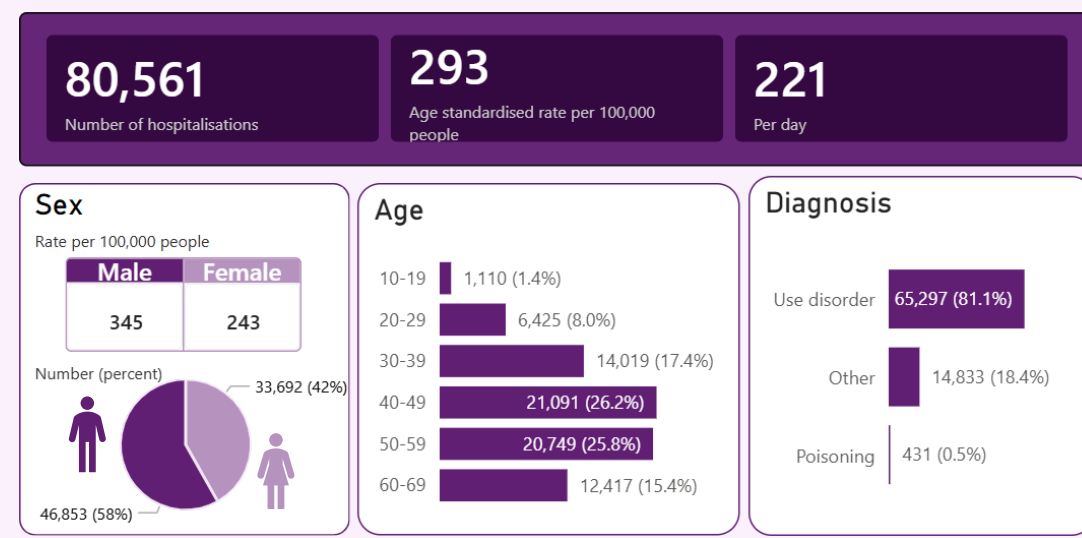
Age-standardised rate per 100,000 people of alcohol-related hospitalisations among the total Australian population and for males and females, 2004-05 to 2023-24.



Note: Figures presented here as time series are restricted to hospitalisations where the state of hospitalisation equals the state of usual residence and may differ slightly from those reported by the Australian Institute of Health and Welfare in their latest report [Alcohol, tobacco & other drugs in Australia](#). This difference arises from historical exclusions applied to the data by the data custodians. Please refer to our [methods document](#) on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions.

Cross-sectional profile in 2023-24

In relation to the recent hospital activity, in 2023-24 there were **189,600** hospitalisations with an alcohol-related diagnosis recorded in the first 20 diagnoses (principal or additional). Of these, **80,561** hospitalisations had an alcohol-related principal diagnosis, representing approximately 0.64% of all hospitalisations nationally. Adjusting for age distribution, we estimate 293 alcohol-related hospitalisations per 100,000 people in 2023-24.



Alcohol-related hospitalisations were more common among **males** in 2023-24, and **over half** occurred among individuals **aged 40-59 years**.

A principal diagnosis of mental and behavioural disorders due to use of alcohol was the leading cause, of which **49%** were related to **dependence syndrome** and **36%** to **acute intoxication or harmful use**.

5

Opioids

This chapter describes opioid-related hospitalisations due to illicit opioids (e.g., heroin), as well as opioids typically used for the treatment of pain (e.g., oxycodone) or for the treatment of opioid dependence (e.g., methadone).

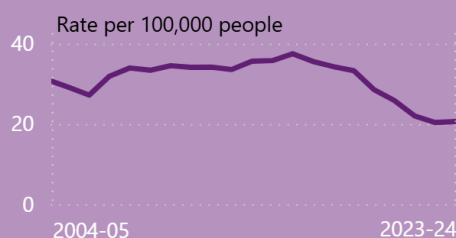
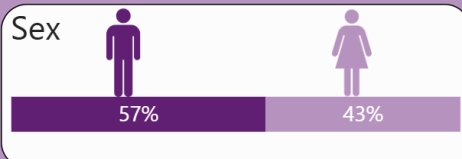
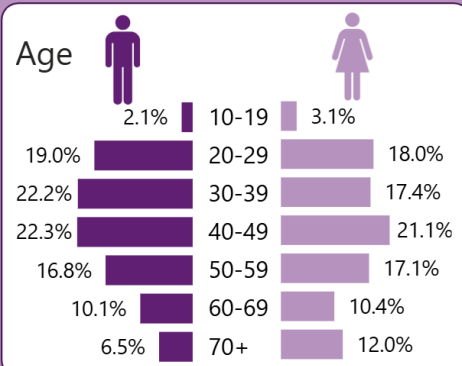


5,637

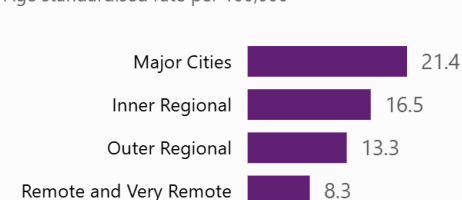
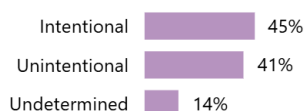
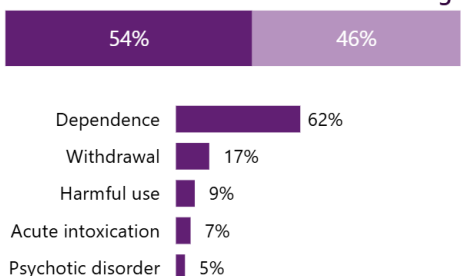
Number of hospitalisations

21

Rate per 100,000 people

**Sex****Age****Remoteness**

Age standardised rate per 100,000

**Diagnosis****Use disorder****Poisoning**

In 2023-24, there were 21,790 hospitalisations with opioid-related principal or additional diagnosis (within the first 20 diagnosis fields). Of these, **5,637** hospitalisations specifically identified opioids as a principal diagnosis, equivalent to a rate of **21 hospitalisations per 100,000 people**.

Trend since 2004-05

The rate of hospitalisations with a principal diagnosis related to opioids [declined](#) after peaking at 37 per 100,000 people in 2015-16. The rate reached its lowest level in two decades in 2022-23, at 20 per 100,000 people, and remained at a similar level in 2023-24 ([Figure 11](#); Table A12 in [Appendix](#)).

Sex

In 2023-24, opioid-related hospitalisations were more common among [males](#) (57%) than females (43%), with a rate of 24 hospitalisations per 100,000 males compared to 18 per 100,000 females ([Table 10](#)).

Rates of opioid-related hospitalisations have steadily decreased among both males and females between 2015-16 and 2022-23, remaining stable in 2023-24 ([Figure 11](#); Table A1 in [Appendix](#)).

Age

The 40-49 age group was the most common, comprising 22% (1,229 hospitalisations) of all opioid-related hospitalisations, with a rate of 35 hospitalisations per 100,000 people.

Rates were initially highest among people aged 20-39 but declined significantly over time. By 2017-18, older age groups, particularly those aged 40-49, had the highest rates, reflecting a gradual shift due to rising opioid use in this age bracket ([Figure 12](#)).

Compared to 2022-23, a significant change in opioid-related hospitalisation rates in 2023-24 was observed only among those 30-39 years, declining further and reaching a record low ([Table 10](#); Table A2 in [Appendix](#)).

Remoteness Area

In 2023-24, the rate of opioid-related hospitalisations was highest in [major city areas](#) (21 hospitalisations per 100,000 people; 4,332 hospitalisations), and lowest in remote and very remote areas (8.3 per 100,000 people; 43 hospitalisations) ([Figure 10](#)). Compared to 2022-23, the rate in 2023-24 decreased by 18% in outer regional areas and remained stable elsewhere (Table A13 in [Appendix](#)).

Principal Diagnosis

In 2023-24, mental and behavioural disorders due to opioid use accounted for 54% of all opioid-related hospitalisations, with dependence syndrome the most commonly identified principal diagnosis among these episodes. Hospitalisations due to harmful use increased by 27% compared with 2022-23 ([Figure 13](#); Table A14 in [Appendix](#)). Opioid poisoning accounted for 46% of hospitalisations. Of the 2,581 opioid-poisoning hospitalisations, 45% were intentional, 41% were unintentional and 14% were of undetermined intent (Table A15 in [Appendix](#)).

Figure 11. Age-standardised rate per 100,000 people of opioid-related hospitalisations by sex, Australia, 2004-05 to 2023-24.

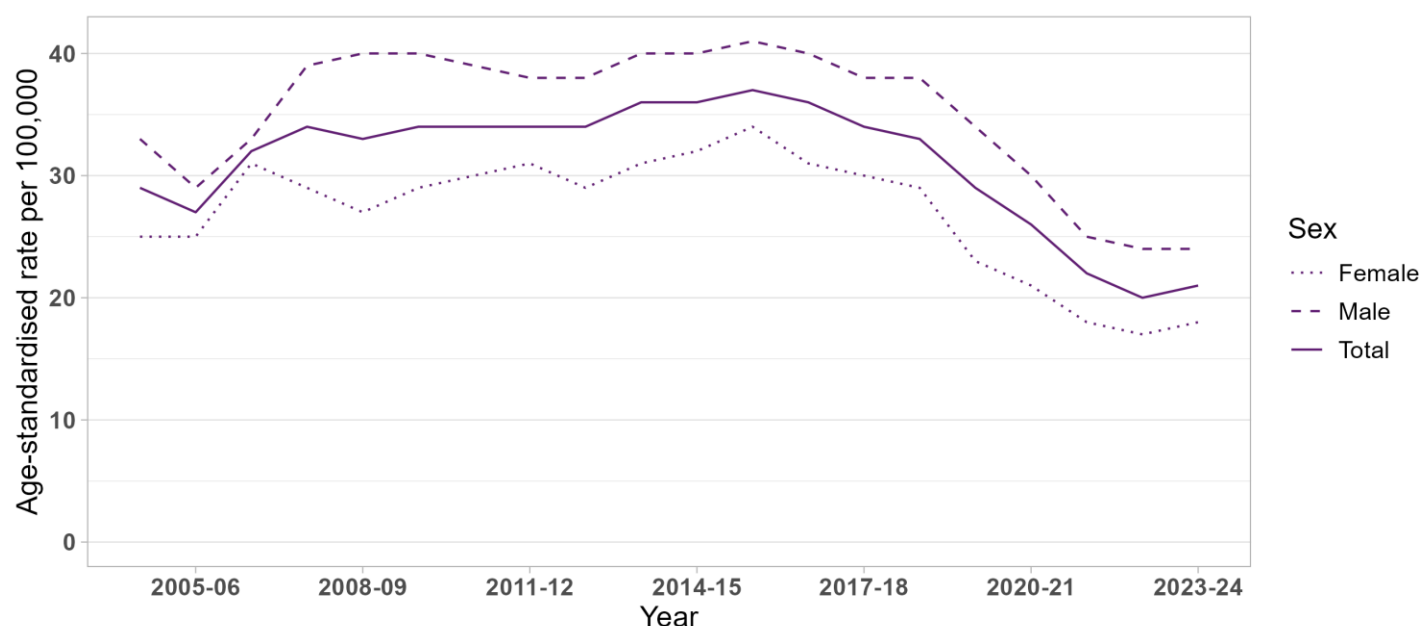
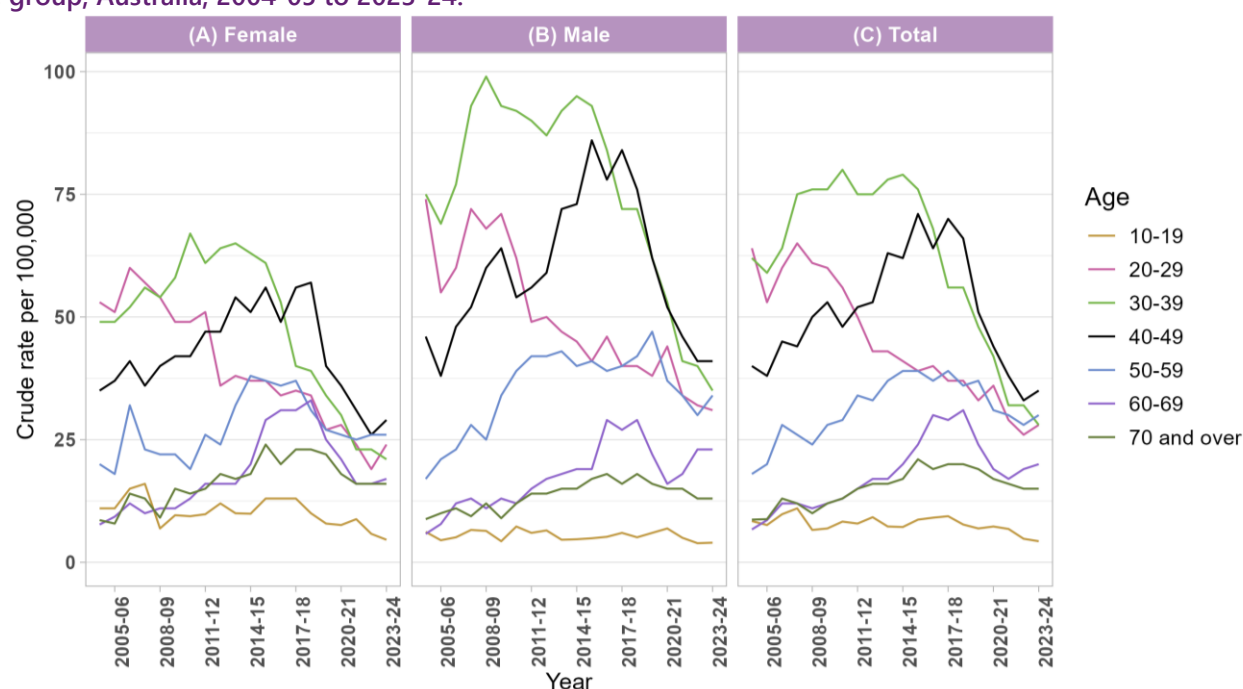


Table 10. Percentage, number and age-standardised rate of opioid-related hospitalisations by sex, age, remoteness area and principal diagnosis, Australia, 2023-24.

Age group	Percentage	Number	Rate per 100,000	Significant Change from 2022-23
Total		5,637	21	~
Sex				
Male	57%	3,188	24	~
Females	43%	2,448	18	~
Age				
10-19	2.5%	143	4.3	~
20-29	19%	1,047	28	~
30-39	20%	1,134	28	▼11%
40-49	22%	1,229	35	~
50-59	17%	956	30	~
60-69	10%	577	20	~
70 and over	8.9%	501	15	~
Remoteness area				
Major cities		4,332	21	~
Inner regional		772	17	~
Outer regional		294	13	▼18%
Remote and very remote		43	8.3	~
Principal diagnosis				
Use disorder	54%	3,056	11	~
Poisoning	46%	2,581	9.2	~

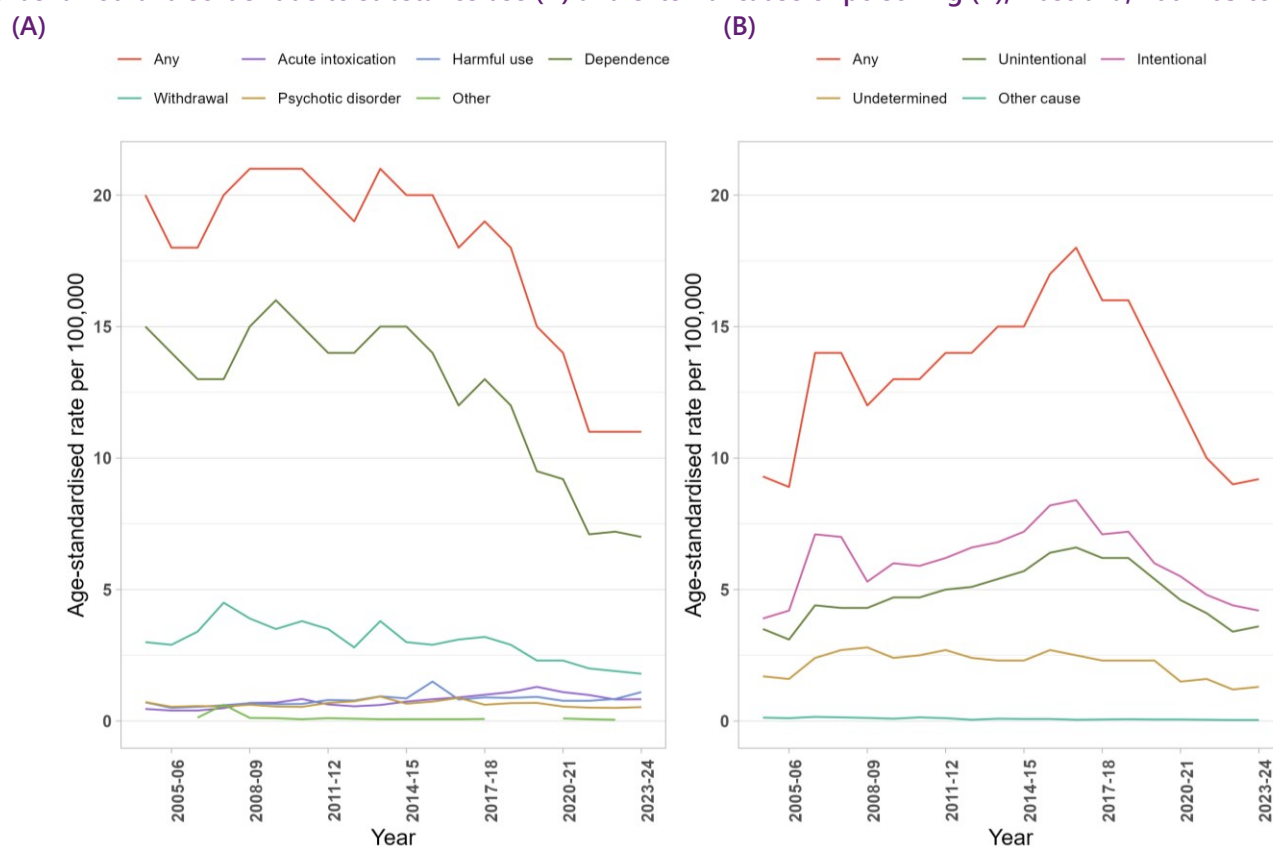
Note: The estimates for the 0-9 years age group are not presented due to the sensitivity of the data. Bolded values represent the highest percentages and rates. For 2022-23 rates and non-significant changes, see Tables in the [Appendix](#). Please refer to our [methods document](#) on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions. Group-specific counts do not necessarily sum to the total because records with values recorded as other, indeterminate or not stated are included in the overall total but excluded from group-specific analyses.

Figure 12. Crude rate per 100,000 people of opioid-related hospitalisations among females (A), males (B) and total (C), by age group, Australia, 2004-05 to 2023-24.



Note: The rates for the 0-9 years age group are not presented due to sensitivity of the data.

Figure 13. Age-standardised rate per 100,000 people of opioid-related hospitalisations by principal diagnosis of mental and behavioural disorder due to substance use (A) and external cause of poisoning (B), Australia, 2004-05 to 2023-24.



Note: Age-standardised rates were not calculated if the number of hospitalisations was less than or equal to 10 (please refer to our [methods](#) for details). Suppressed data are visible as gaps in the data series.

Panel E. Naloxone availability, programs and training

Trend since 2004-05

Naloxone is a short-acting opioid antagonist that rapidly reverses the effects of opioid overdose, particularly respiratory depression. It can be administered via intranasal spray or intramuscular injection and is safe to use, including in situations where opioid overdose is suspected but not confirmed. Its timely administration can restore breathing within minutes, making it a critical intervention for preventing opioid-related deaths. Naloxone has no psychoactive effects and will not produce harm if administered in the absence of opioids.

Increasing community access to naloxone is a key harm reduction strategy. In Australia, naloxone is widely available through community and healthcare settings. Under the national [Take Home Naloxone \(THN\)](#) program, naloxone is provided free of charge and without a prescription through participating community pharmacies, alcohol and other drug (AOD) services, hospitals, and correctional facilities. The program is intended for people at risk of experiencing or witnessing an opioid overdose, including individuals who use opioids (illicit or prescribed), as well as their families, carers and service providers. Evidence from Australia and internationally indicates that take-home naloxone programs are associated with increased overdose reversals and reductions in opioid-related mortality.

Healthcare professionals play an important role in identifying patients who may benefit from naloxone and in providing education on overdose recognition and response. Clinical guidance supports offering naloxone to patients prescribed higher-dose opioids, those with a history of substance use disorder, or those concurrently using other sedating medicines. Brief interventions in hospital and primary care settings can improve awareness, confidence, and uptake.

A range of Australian training and educational resources are available to support both clinicians and community members. These are generally free, evidence-based, and accessible online:

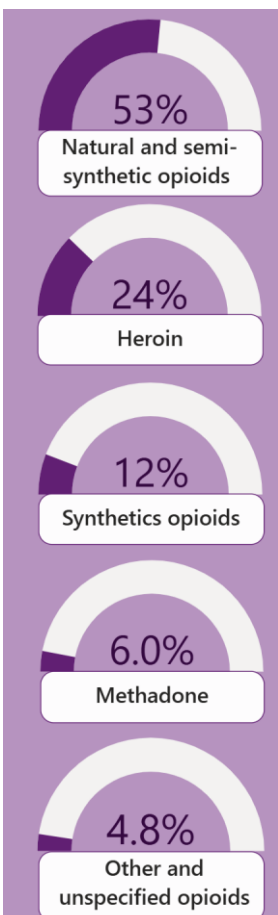
- **National Drug and Alcohol Research Centre (NDARC), UNSW**
 - Naloxone fact sheet (2025): <https://www.unsw.edu.au/research/ndarc/resources/naloxone-fact-sheet-2025>
 - Naloxone awareness and uptake bulletin (2022–2025): <https://www.unsw.edu.au/research/ndarc/resources/naloxone-awareness-and-uptake-2022-2025>
- **Australian Government Department of Health and Aged Care**
 - Take Home Naloxone program information and resources: <https://www.health.gov.au/our-work/take-home-naloxone-program>
- **Harm Reduction Victoria**
 - Overdose recognition and naloxone training resources: <https://www.hrvic.org.au>
- **Other organisations**
 - **Australasian College of Pharmacy:** Take home naloxone training and resources: <https://www.acp.edu.au/education/short-courses/take-home-naloxone/>
 - **Insight:** Take home naloxone toolkit: <https://insight.qld.edu.au/toolkits/take-home-naloxone/detail>
- **State and territory health departments and professional and clinical bodies (e.g. RACGP)**
 - Practical guidance on accessing naloxone and responding to overdose (jurisdiction-specific)
 - Guidance on opioid prescribing, overdose risk, and naloxone provision

These resources typically include information on recognising the signs of opioid overdose (such as slowed or absent breathing, unconsciousness, and cyanosis), appropriate emergency responses, and step-by-step instructions for administering naloxone.

Peer-reviewed literature further supports the effectiveness and safety of naloxone distribution and training. Systematic reviews have demonstrated that community-based naloxone programs increase overdose survival without evidence of increased risk-taking behaviour (Clark et al., McDonald et al., Tohira et al., Agramunt et al.). Studies also indicate that brief training interventions can improve knowledge, preparedness, and willingness to respond to overdose among both clinicians and people who use opioids (Mueller et al., Maullin et al., Agramunt et al.).

Opioid Type

The ICD-10-AM coding system identifies the type of opioid only for poisoning diagnoses. Hospitalisations coded to mental and behavioural disorders due to opioid use do not specify the opioid involved (see [methods document](#)). This section therefore focuses on opioid-related hospitalisations with a principal diagnosis of **opioid poisoning** where the opioid type was identified, representing **46%** of all opioid-related hospitalisations in 2023-24.



Natural and semi-synthetic opioids

- [Natural and semi-synthetic opioids](#) (e.g., oxycodone, morphine) were responsible for over half (53%, 1,369 hospitalisations) of all hospitalisations due to opioid poisoning in 2023-24. It has consistently been the most common opioid type identified over the years of monitoring.
- The hospitalisation rate for natural and semi-synthetic opioid poisoning increased from 2004-05, peaking in 2016-17 at 9.1 hospitalisations per 100,000 people, before subsequently declining to 4.7 hospitalisations per 100,000 people in 2023-24 ([Figure 14](#)).

Heroin

- In 2023-24, [heroin](#) was the second most common opioid associated with hospitalisations due to opioid poisoning. With 632 hospitalisations, heroin poisoning accounted for 24% of all opioid poisoning-related hospitalisations.
- Hospitalisation rates for heroin poisoning fluctuated over time, peaking at 4.1 per 100,000 people in 2018-19 before declining to 1.9 per 100,000 in 2022-23. Heroin was the only opioid type for which the rate increased between 2022-23 and 2023-24, rising by 26% to 2.4 per 100,000 people (Table A16 in [Appendix](#)). Despite this increase, the rate remained below that observed at most earlier time points.

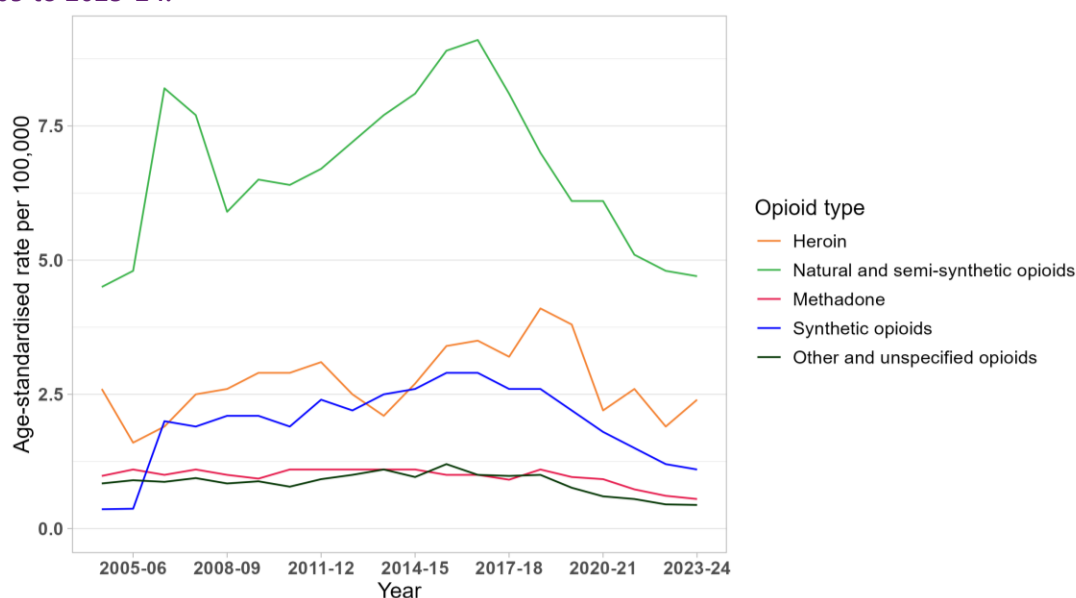
Synthetic opioids

- The third most common opioid type, responsible for 12% of hospitalisations due to opioid poisoning in 2023-24, was synthetic opioids (e.g., fentanyl, tramadol).
- Hospitalisation rates for synthetic opioid poisoning rose from 0.36 to 2.9 per 100,000 people between 2004-05 and 2016-17, before gradually declining to 1.1 per 100,000 people in 2023-24.

Other opioids

- Rates of hospitalisations for opioid poisoning were low for methadone and 'other and unspecified opioids' over the period of monitoring (≤ 1.2 per 100,000 people) (Table A16 in [Appendix](#)).

Figure 14. Age-standardised rate per 100,000 people of opioid poisoning-related hospitalisations by opioid type, Australia, 2004-05 to 2023-24.



Opioid Type and Remoteness Area of Usual Residence

Natural and semi-synthetic opioids

- In 2023-24, natural and semi-synthetic opioids were the leading cause of hospitalisations related to opioid poisoning in all remoteness areas.
- The highest rate was observed in **outer regional** areas (6.4 hospitalisations per 100,000 people), followed by inner regional areas (5.5 hospitalisations per 100,000 people), major city areas (4.3 hospitalisations per 100,000 people) and remote and very remote areas (2.5 hospitalisations per 100,000 people) (**Figure 15**).

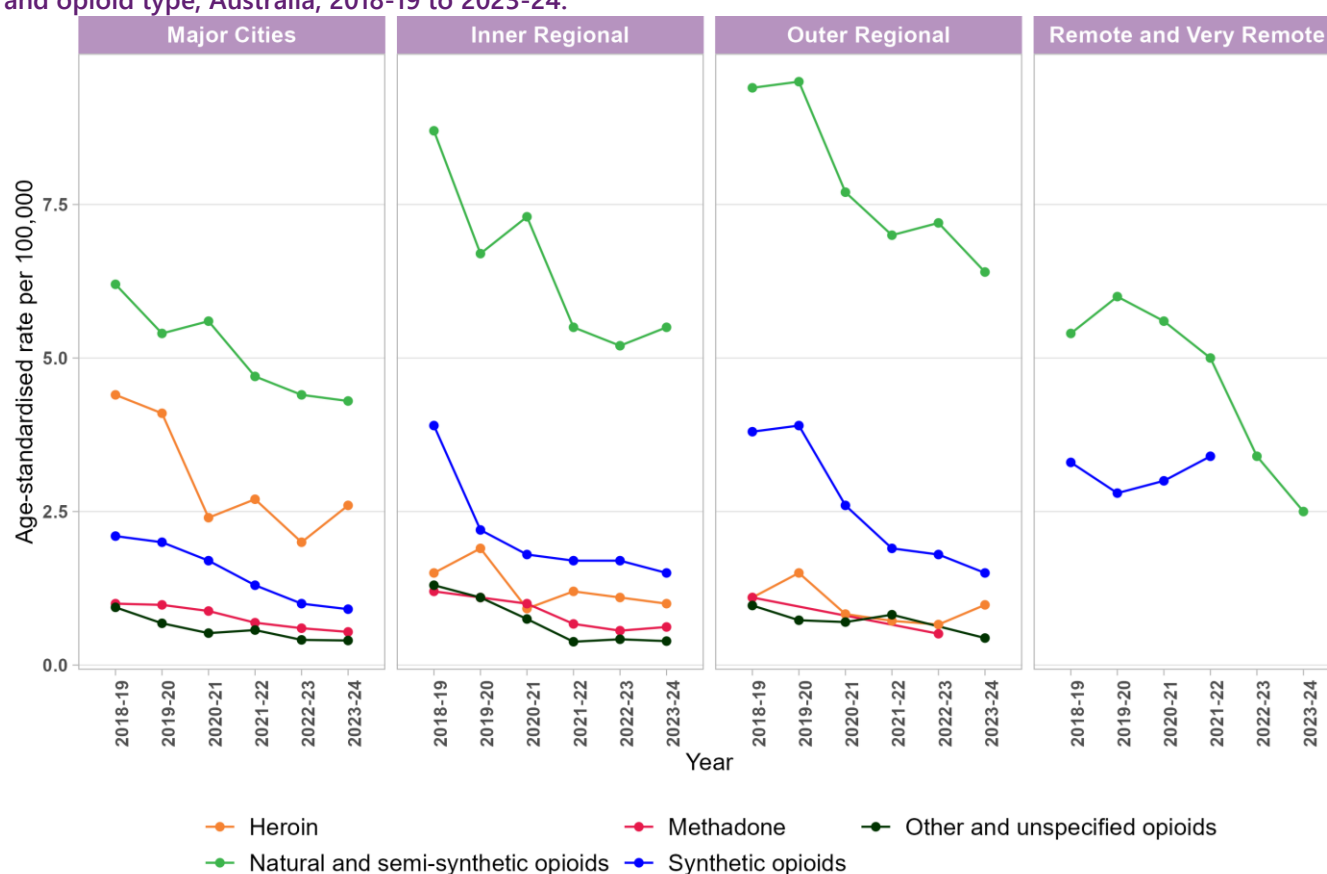
Heroin

- The rate of **heroin poisoning** hospitalisations was highest in **major city** areas in 2023-24 (2.6 hospitalisations per 100,000 people). This was followed by inner regional areas (1.0 hospitalisations per 100,000 people) and outer regional areas (0.91 hospitalisations per 100,000 people).
- The age-standardised rate was not computed for heroin poisoning hospitalisations in remote and very remote Australia because the total number of hospitalisations was too small ($n \leq 10$).

Synthetic opioids

- In 2023-24, the rate of synthetic opioid poisoning-related hospitalisations was highest in **inner and outer regional** areas (1.5 hospitalisations per 100,000 people, each), followed by major city areas (0.91 hospitalisations per 100,000 people).
- The age-standardised rate was not computed for remote and very remote areas because the total number of hospitalisations was too small ($n \leq 10$).

Figure 15. Age-standardised rate per 100,000 people of opioid poisoning-related hospitalisations by remoteness area and opioid type, Australia, 2018-19 to 2023-24.



Note: Age-standardised rates were not shown for outer regional and remote and very remote areas with some opioid types because the number of hospitalisations was less than or equal to 10. Please refer to our [methods](#) document for details.

6

Amphetamine-Type Stimulants

The following findings describe hospitalisations with the principal diagnosis related to amphetamine-type stimulants. This includes methamphetamines, 3,4-methylenedioxymethamphetamine (MDMA, 'ecstasy'), pharmaceutical stimulants (e.g., dexamphetamine), and other stimulants (e.g., caffeine).

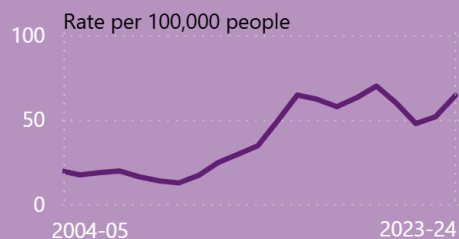
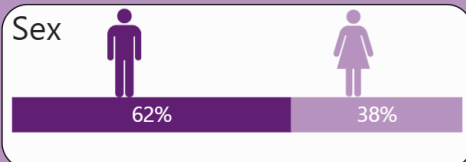
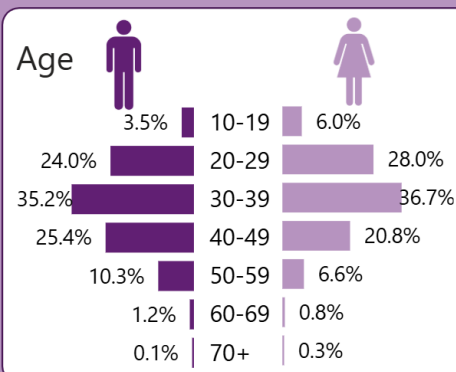


16,618

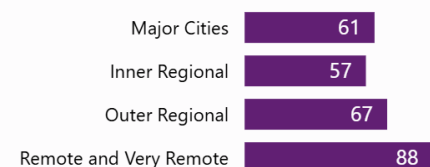
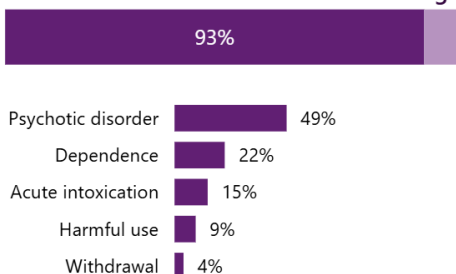
Number of hospitalisations

64

Rate per 100,000 people

**Sex****Age****Remoteness**

Age standardised rate per 100,000

**Diagnosis****Use disorder****Poisoning**

In 2023-24, there were 42,661 hospitalisations involving amphetamine-type stimulants. Of these, **16,618** hospitalisations specifically identified amphetamine-type stimulants as a principal diagnosis, equivalent to a rate of **64 hospitalisations per 100,000 people**.

Trend since 2004-05

The rate of hospitalisations with a principal diagnosis related to amphetamine-type stimulants increased from 12 per 100,000 people in 2009-10 to a peak of 70 per 100,000 people in 2019-20. The rate then declined to 48 per 100,000 people in 2021-22 before rising again. Between 2022-23 and 2023-24, the rate increased by 24% to 64 hospitalisations per 100,000 people ([Figure 16](#); Table A1 in [Appendix](#)).

Sex

In 2023-24, hospitalisations for amphetamine-type stimulants were more common among [males](#) (62%) than females (38%), with a rate of 79 hospitalisations per 100,000 males compared to 49 per 100,000 females ([Table 11](#)).

Hospitalisation rates for amphetamine-type stimulants have consistently been higher among males than females. In 2023-24, rates increased substantially for both sexes compared with 2022-23, rising by 24% for males and females alike ([Figure 17](#); Table A1 in [Appendix](#)).

Age

In 2023-24, the highest rate of hospitalisations related to amphetamine-type stimulants was observed in the 30-39 age group. This age group accounted for 36% of episodes (5,938 hospitalisations) at a rate of 148 per 100,000 people ([Table 11](#)).

Rates were initially highest among people aged 20-29 years but declined over time, with people aged 30-39 years having the highest rates from 2016-17 onwards. In 2023-24, significant increases were observed across all age groups from 10-59 years, with rates among people aged 40-49 and 50-59 years reaching their highest levels over monitoring ([Figure 17](#); Table A2 in [Appendix](#)).

Remoteness Area

In 2023-24, the rate of amphetamine-type stimulant-related hospitalisations was highest in remote and very remote areas (88 per 100,000 people; 423 hospitalisations), and lowest in inner regional areas (57 per 100,000 people; 2,139 hospitalisations) ([Figure 10](#)). Compared to 2022-23, rates increased in all remoteness areas ([Table 11](#); Table A13 in [Appendix](#)).

Principal Diagnosis

In 2023-24, mental and behavioural disorders due to use of amphetamine-type stimulants accounted for 93% of amphetamine-type stimulant-related hospitalisations. Psychotic disorder was the most commonly identified diagnosis within this group. Hospitalisation rates increased across all diagnosis types compared with 2022-23 ([Figure 18](#)) (Table A14 in [Appendix](#)).

Poisoning accounted for the remaining 7.4% of amphetamine-type stimulant-related hospitalisations. Of these poisoning episodes, 41% were unintentional and 39% were intentional (Table A15 in [Appendix](#)).

Figure 16. Age-standardised rate per 100,000 people of amphetamine-type stimulant-related hospitalisations by sex, Australia, 2004-05 to 2023-24.

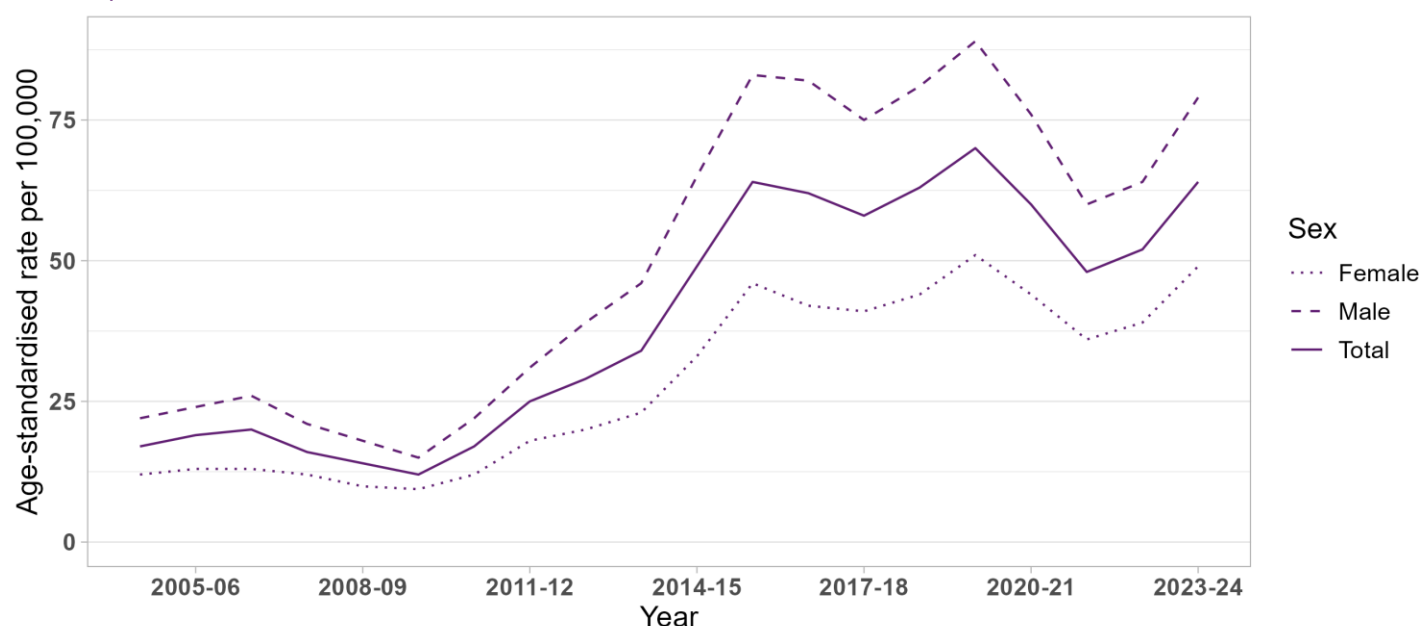
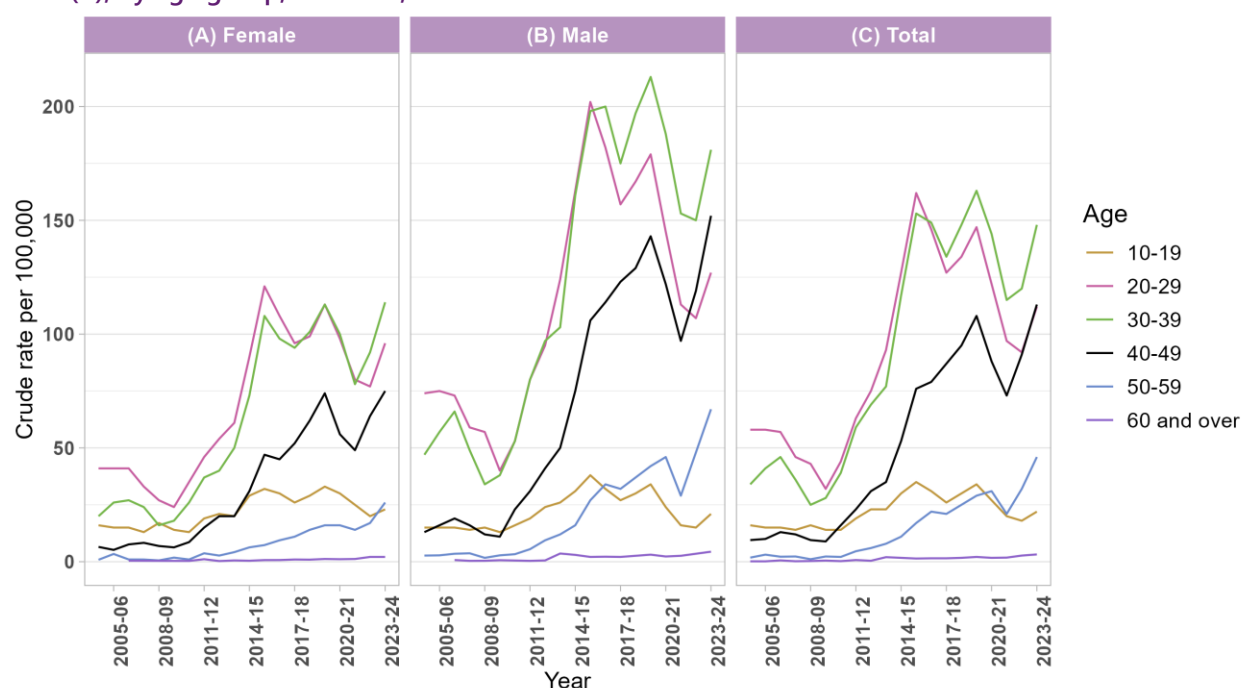


Table 11. Percentage, number and age-standardised rate of amphetamine-type stimulant-related hospitalisations by sex, age, remoteness area and principal diagnosis, Australia, 2023-24.

Age group	Percentage	Number	Rate per 100,000	Significant change from 2022-23
Total		16,618	64	▲24%
Sex				
Male	62%	10,280	79	▲24%
Females	38%	6,314	49	▲24%
Age				
10-19	4.5%	740	22	▲26%
20-29	26%	4,244	112	▲22%
30-39	36%	5,938	148	▲23%
40-49	24%	3,935	113	▲24%
50-59	8.9%	1,473	46	▲41%
60-69	1.0%	170	5.9	~
70 and over	0.17%	28	0.84	~
Remoteness area				
Major cities		11,987	61	▲24%
Inner regional		2,139	57	▲24%
Outer regional		1,174	67	▲24%
Remote and very remote		423	88	▲55%
Principal diagnosis				
Use disorder	93%	15,395	59	▲25%
Poisoning	7.4%	1,223	4.8	▲17%

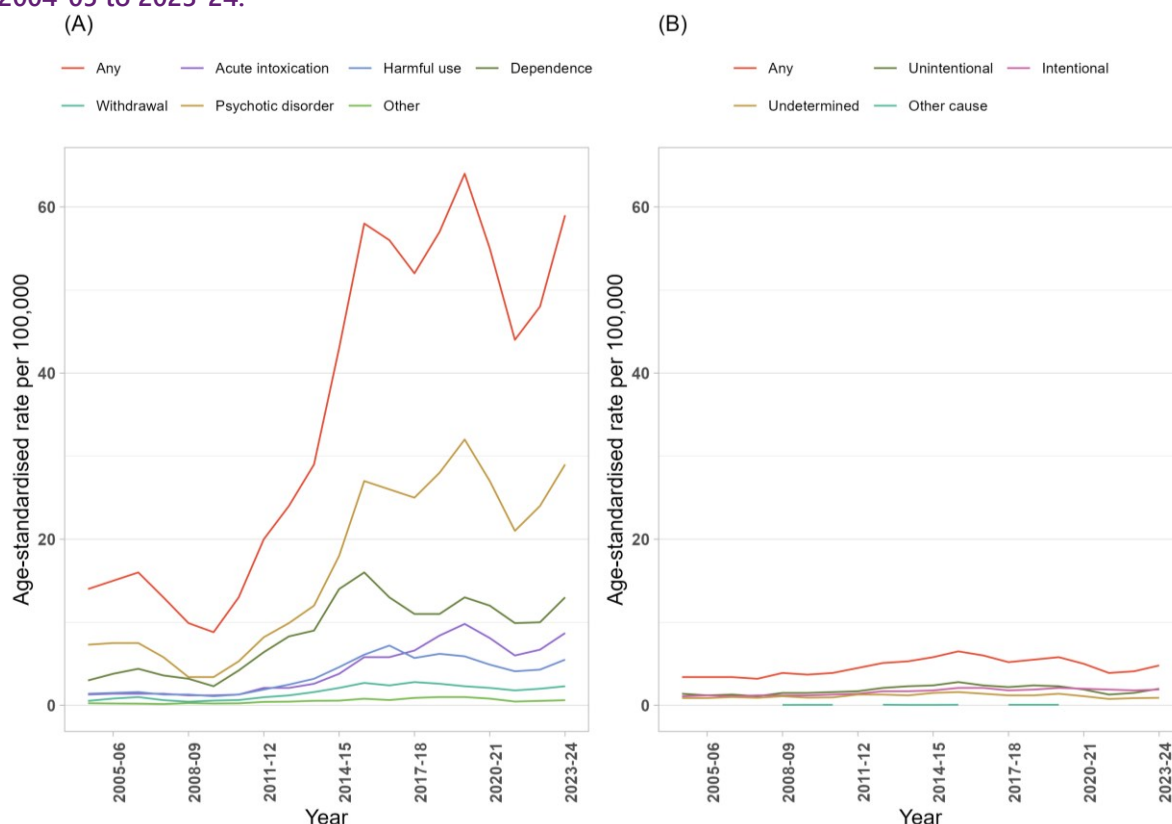
Note: The estimates for the 0-9 years age group are not presented due to the sensitivity of the data. Bolded values represent the highest percentages and rates. For 2022-23 rates and non-significant changes see [Appendix](#). Please refer to our [methods document](#) on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions. Group-specific counts do not necessarily sum to the total because records with values recorded as other, indeterminate or not stated are included in the overall total but excluded from group-specific analyses.

Figure 17. Crude rate per 100,000 people of amphetamine-type stimulant-related hospitalisations for females (A), males (B) and total (C), by age group, Australia, 2004-05 to 2023-24.



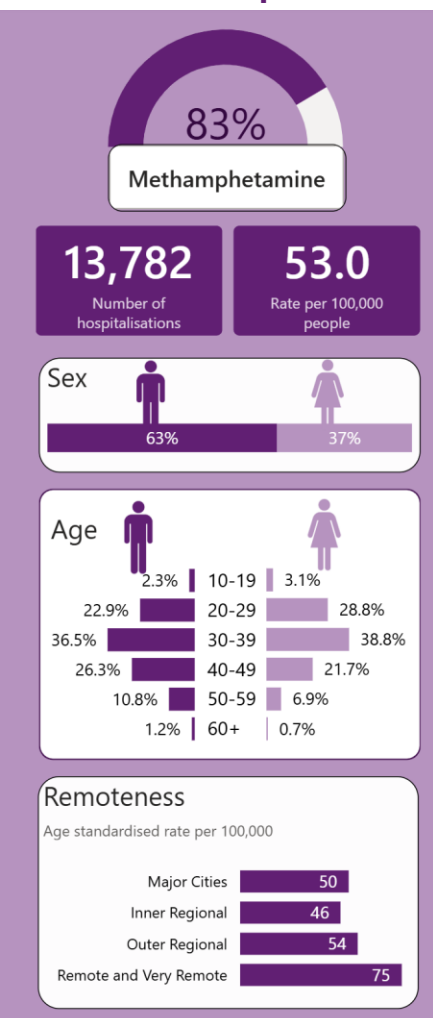
Note: Given the small numbers, the age groups 60-69 years and 70 years and over are combined into the 60 and over age group. The rates for the 0-9 years age group are not presented due to the sensitivity of the data.

Figure 18. Age-standardised rate per 100,000 people of amphetamine-type stimulant-related hospitalisations by principal diagnosis of mental and behavioural disorder due to substance use (A) and external cause of poisoning (B), Australia, 2004-05 to 2023-24.



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.

Methamphetamine



Since 2008-09, specific ICD-10-AM codes tailored to methamphetamine were implemented (refer to the [methods](#) document for details on the incorporated ICD-10-AM codes), enabling distinction from other amphetamine-type stimulants. Since 2008-09, methamphetamine-related hospitalisations have broadly followed a similar pattern as described above for amphetamine-type stimulants.

Profile in 2023-24

- Methamphetamine-related hospitalisations accounted for **83%** of all amphetamine-type stimulant-related hospitalisations. With **13,782** hospitalisations and a rate of 53 hospitalisations per 100,000 people, it remained the most common drug type. The rate increased by 27% compared with 2022-23, reaching its highest level on record ([Table 12](#); [Table A12 in Appendix](#)).
- Among methamphetamine-related hospitalisations, males represented 63% (8,655 hospitalisations), equating to a rate of 67 hospitalisations per 100,000 people, whereas the female rate was 39 hospitalisations per 100,000 people ([Figure 19](#)).
- The age distribution in methamphetamine-related hospitalisations was similar to that observed for amphetamine-type stimulants.
- The highest rate of methamphetamine-related hospitalisations in 2023-24 was observed in remote and very remote areas (75 hospitalisations per 100,000 people), with recent increases observed in all remoteness areas ([Table A13 in Appendix](#)).

Figure 19. Age-standardised rate per 100,000 people of methamphetamine-related hospitalisations by sex, Australia, 2004-05 to 2023-24.

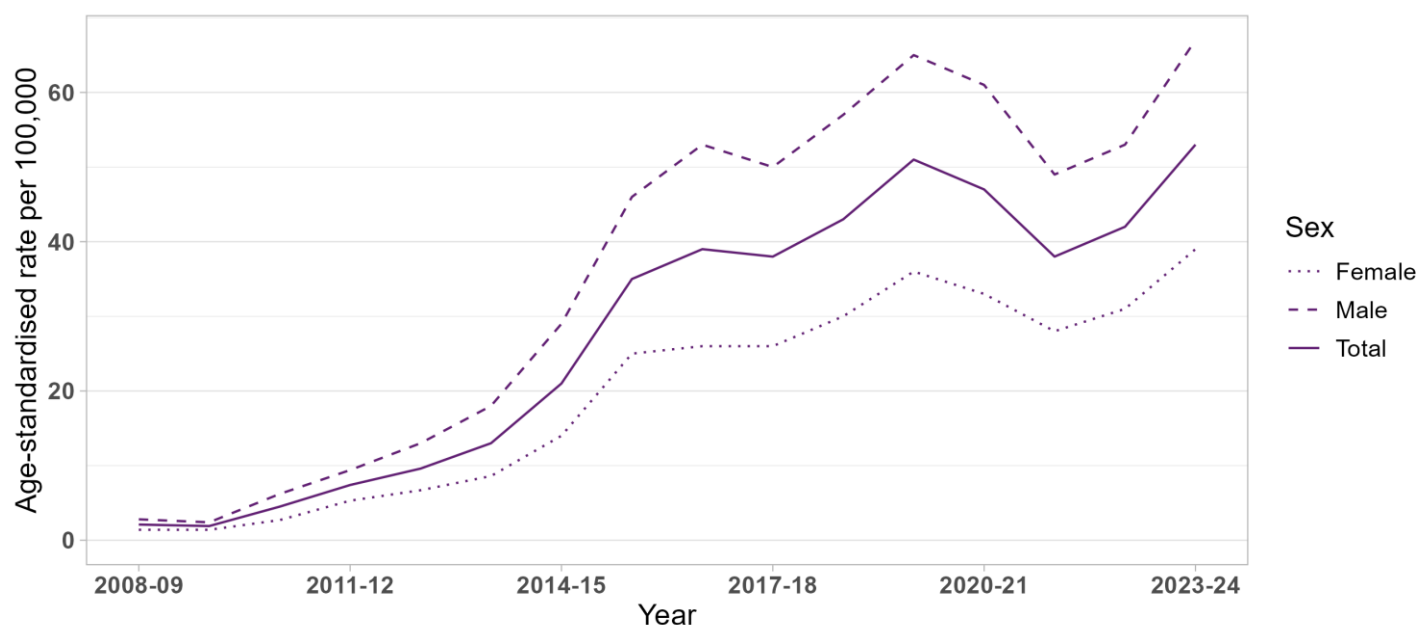


Table 12. Percentage, number and age-standardised rate of methamphetamine-related hospitalisations by sex, age and remoteness area, Australia, 2023-24.

Age group	Percentage	Number	Rate per 100,000
Total		13,782	53 (▲27%)
Sex			
Male	63%	8,655	67
Females	37%	5,112	39
Age			
10-19	2.6%	355	11
20-29	25%	3,458	91
30-39	37%	5,144	128
40-49	25%	3,389	97
50-59	9.3%	1,286	40
60 and over	1.0%	139	2.2
Remoteness area			
Major cities		9,920	50
Inner regional		1,745	46
Outer regional		956	54
Remote and very remote		358	75

Note: The estimates for the 0-9 years age group are not presented due to the sensitivity of the data. Bolded values represent the highest percentages and rates. Please refer to our [methods document](#) on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions.

MDMA/Ecstasy

2.7%

MDMA/Ecstasy

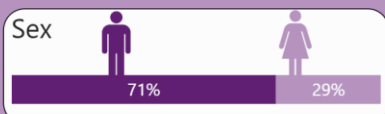
456

Number of
hospitalisations

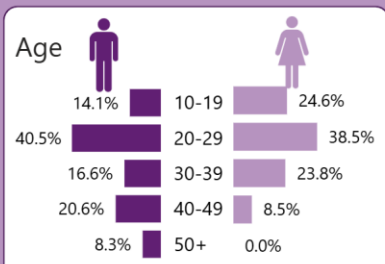
1.8

Rate per 100,000
people

Sex



Age



Remoteness

Age standardised rate per 100,000



Since 2010-11, specific ICD-10-AM codes have been introduced to distinguish methylenedioxymethamphetamine (MDMA), commonly known as ecstasy, from other amphetamine-type stimulants (see the [methods](#) document for details on the coding). Following this introduction, MDMA/ecstasy-related hospitalisations rose significantly, increasing fourfold from 0.97 per 100,000 people in 2010-11 to a peak of 3.4 per 100,000 people in both 2018-19 and 2019-20. By 2022-23, the rate had declined to 1.0 per 100,000, similar to the level observed at the start of the monitoring period.

Profile in 2023-24

- MDMA/ecstasy-related hospitalisations comprised **2.7%** of amphetamine-type stimulant-related hospitalisations, with **456** hospitalisations and a rate of 1.8 hospitalisations per 100,000 people, representing an increase of 44% from 2022-23 (Table A12 in [Appendix](#)).
- Males accounted for 71% of MDMA/ecstasy-related hospitalisations in 2023-24, comprising 326 hospitalisations and an age-standardised rate of 2.5 per 100,000 males. Females accounted for 130 hospitalisations, with a rate of 1.0 per 100,000 females ([Figure 20](#)).
- MDMA/ecstasy-related hospitalisations involved a younger demographic than that observed for methamphetamine ([Table 13](#)).
- The rate of MDMA/ecstasy-related hospitalisations in 2023-24 was highest in outer regional areas (2.0 hospitalisations per 100,000 people), and lowest in inner regional areas (1.2 hospitalisations per 100,000 people).

Figure 20. Age-standardised rate per 100,000 people of MDMA/ecstasy-related hospitalisations by sex, Australia, 2004-05 to 2023-24.

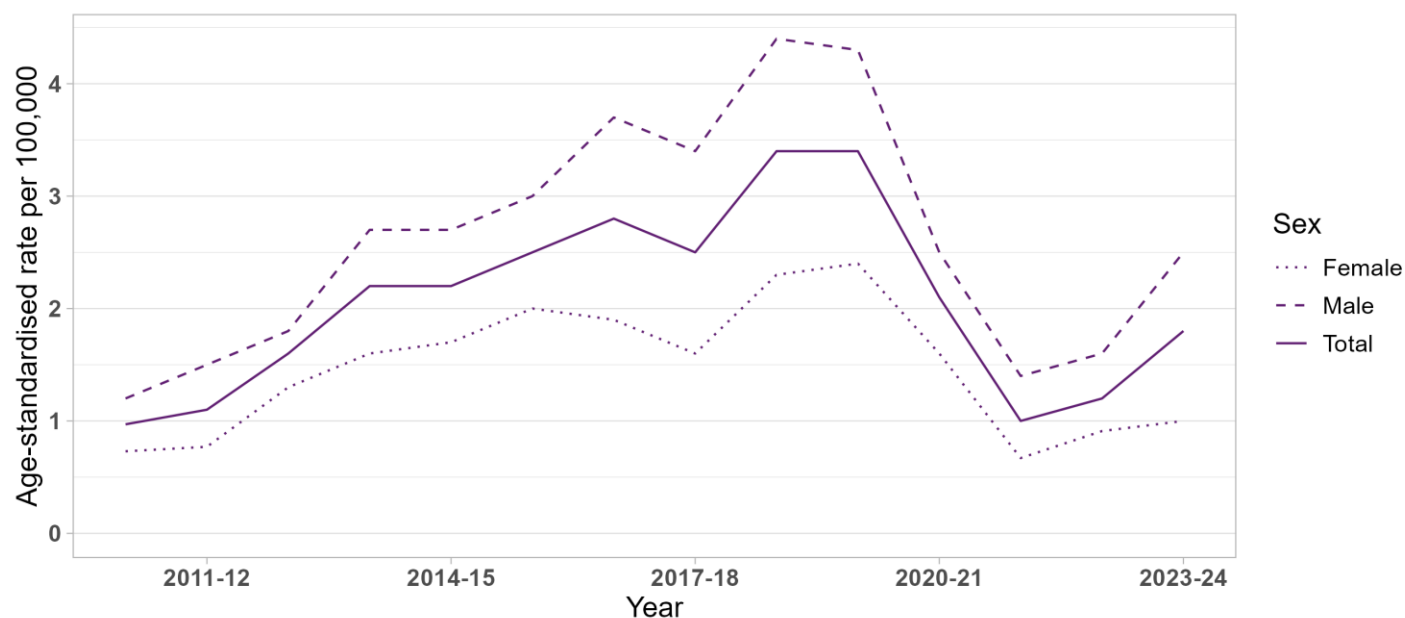


Table 13. Percentage, number and age-standardised rate of MDMA/ecstasy-related hospitalisations by sex, age and remoteness, Australia, 2023-24.

Age group	Percentage	Number	Rate per 100,000
Total		456	1.8 (▲44%)
Sex			
Male	71% 	326	2.5
Females	29% 	130	1.0
Age			
10-19	17% 	78	2.3
20-29	40% 	182	4.8
30-39	19% 	85	2.1
40-49	17% 	78	2.2
50 and over	7.0% 	32	0.34
Remoteness			
Major cities		357	1.8
Inner regional		46	1.2
Outer regional		35	2.0
Remote and very remote		8	<i>np</i>

Note: 'np' means 'not presented'. The estimates for the 0-9 years age group are not presented due to the sensitivity of the data. Bolded values represent the highest percentages and rates. Please refer to our [methods document](#) on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions. Group-specific counts do not necessarily sum to the total because records with values recorded as other, indeterminate or not stated are included in the overall total but excluded from group-specific analyses.

7

Cannabinoids

The following findings describe hospitalisations with the principal diagnosis related to cannabinoids, including cannabis and synthetic cannabinoids, as defined by the ICD-10-AM codes used in this report.

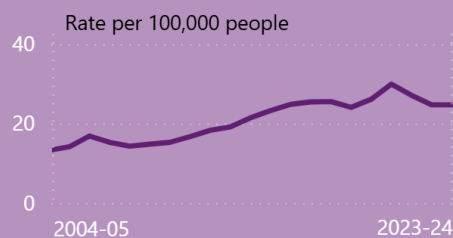


6,468

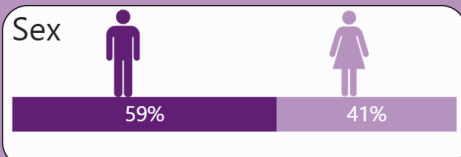
Number of hospitalisations

25

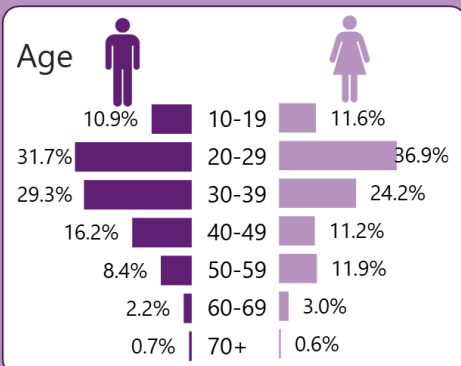
Rate per 100,000 people



Sex

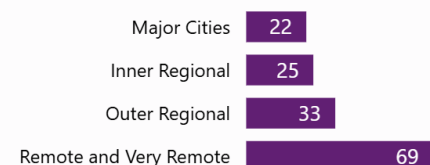


Age

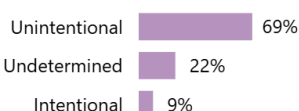


Remoteness

Age standardised rate per 100,000

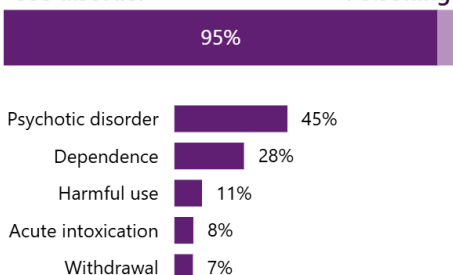


Diagnosis



Use disorder

Poisoning



In 2023-24, a cannabinoid-related diagnosis was the most frequently recorded drug-related diagnosis within the first 20 diagnosis fields (**43,080 hospitalisations**). Of these, **6,468 hospitalisations** specifically identified cannabinoids as a principal diagnosis, equivalent to an age-standardised rate of **25 per 100,000 people**.

Trend since 2004-05

The age-standardised rate of cannabinoid-related hospitalisations increased from 14 per 100,000 people in 2004-05 to a peak of 30 per 100,000 people in 2020-21, before declining over the following two years. The rate remained stable at 25 per 100,000 people between 2022-23 and 2023-24 and, despite the preceding decline, was still nearly double that recorded in 2004-05 ([Figure 21](#); Table A1 in [Appendix](#)).

Sex

In 2023-24, cannabinoid-related hospitalisations were more common among [males](#) (59%) than females (41%), with a rate of 29 hospitalisations per 100,000 males compared to 20 hospitalisations per 100,000 females ([Table 14](#)).

Hospitalisation rates for cannabinoids have consistently been higher among males than females, and overall trends were broadly similar between the sexes. However, this pattern diverged between 2016-17 and 2018-19, when rates among males declined while rates among females continued to increase ([Figure 21](#)).

Age

In 2023-24, the highest rate of hospitalisations related to cannabinoids was observed among people aged 20-29 years. This group accounted for 34% of cannabinoid-related hospitalisations, comprising 2,190 hospitalisations at a rate of 58 per 100,000 people ([Figure 22](#), [Table 14](#)).

Although the overall rate remained stable between 2022-23 and 2023-24, age-specific trends differed. Rates decreased among people aged 10-19 and 20-29 years, but increased among those aged 30-39, 40-49, 50-59 and 60-69 years ([Table A2 in Appendix](#)).

Remoteness Area

In 2023-24, the rate of cannabinoid-related hospitalisations was highest among residents of remote and very remote areas (69 per 100,000 people; 336 hospitalisations), and lowest in major city areas (22 per 100,000 people; 4,459 hospitalisations) ([Figure 10](#)). Compared to 2022-23, the rate decreased significantly in remote and very remote areas and remained stable in the other remoteness areas ([Table 14](#); Table A13 in [Appendix](#)).

Principal Diagnosis

Over the period of monitoring, cannabinoid-related hospitalisations mostly comprised a [principal diagnosis](#) of mental and behavioural disorder. In 2023-24, these diagnoses accounting for 95% of cannabinoid-related hospitalisations, comprising 6,157 episodes. Drug-induced psychotic disorder was the most common diagnosis type, accounting for 45% of these episodes (2,775 hospitalisations; [Figure 23](#); Table A14 in [Appendix](#)). The remaining 311 hospitalisations were related to cannabinoid poisoning.

Figure 21. Age-standardised rate per 100,000 people of cannabinoid-related hospitalisations by sex, Australia, 2004-05 to 2023-24.

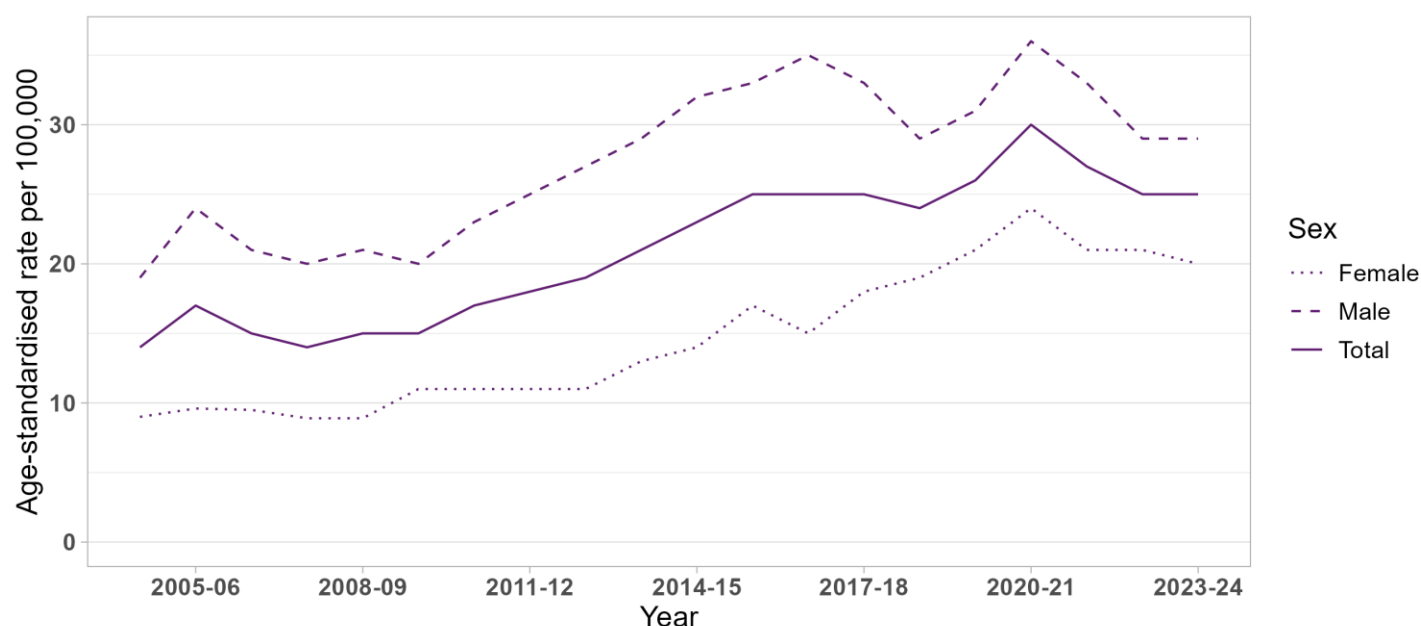


Table 14. Percentage, number and age-standardised rate of cannabinoid-related hospitalisations by sex, age, remoteness area and principal diagnosis, Australia, 2023-24.

Age group	Percentage	Number	Rate per 100,000	Significant Change from 2022-23
Total		6,468	25	~
Sex				
Male	59%	3,841	29	~
Females	41%	2,620	20	~
Age				
10-19	11%	722	22	▼11%
20-29	34%	2,190	58	▼17%
30-39	27%	1,760	44	▲11%
40-49	14%	916	26	▲14%
50-59	9.8%	634	20	▲42%
60-69	2.5%	163	5.6	▲36%
70 and over	0.7%	43	1.3	~
Remoteness area				
Major cities		4,459	22	~
Inner regional		971	25	~
Outer regional		596	33	~
Remote and very remote		336	69	▼15%
Principal diagnosis				
Use disorder	95%	6,157	24	~
Poisoning	5%	311	1.2	▼18%

Note: The estimates for the 0-9 years age group are not presented due to the sensitivity of the data. Bolded values represent the highest percentages and rates. For 2022-23 rates and non-significant changes see [Appendix](#). Please refer to our [methods document](#) on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions. Group-specific counts do not necessarily sum to the total because records with values recorded as other, indeterminate or not stated are included in the overall total but excluded from group-specific analyses.

Figure 22. Crude rate per 100,000 people of cannabinoid-related hospitalisations for females (A), males (B) and total (C), by age group, Australia, 2004-05 to 2023-24.

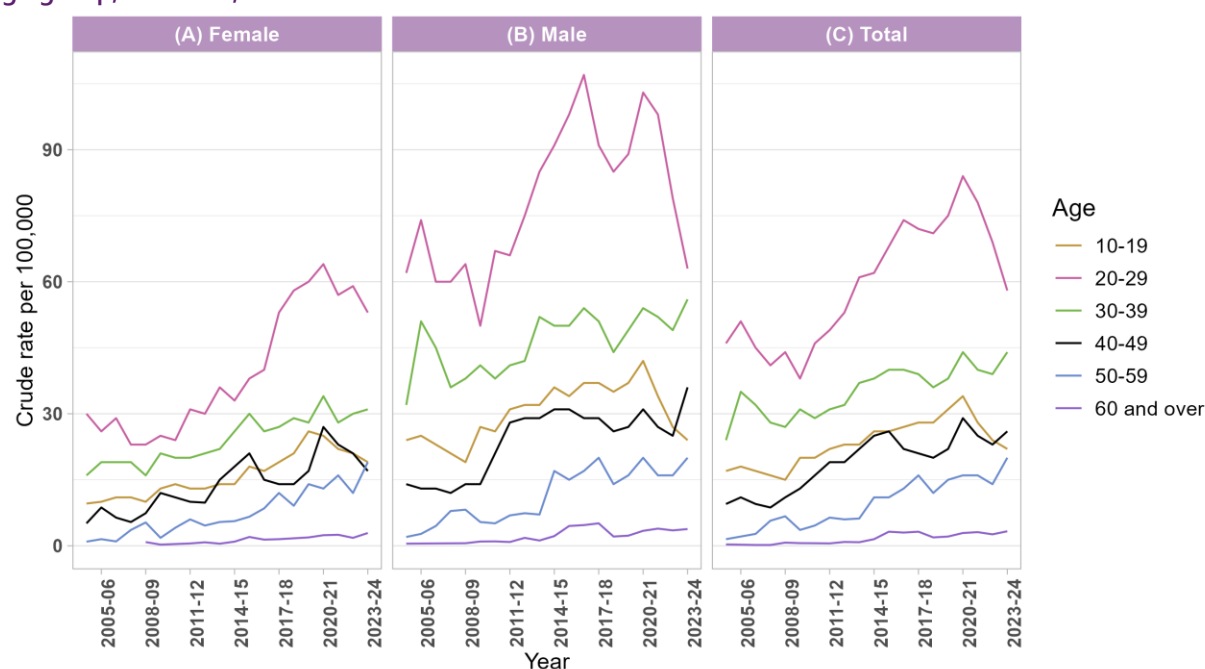
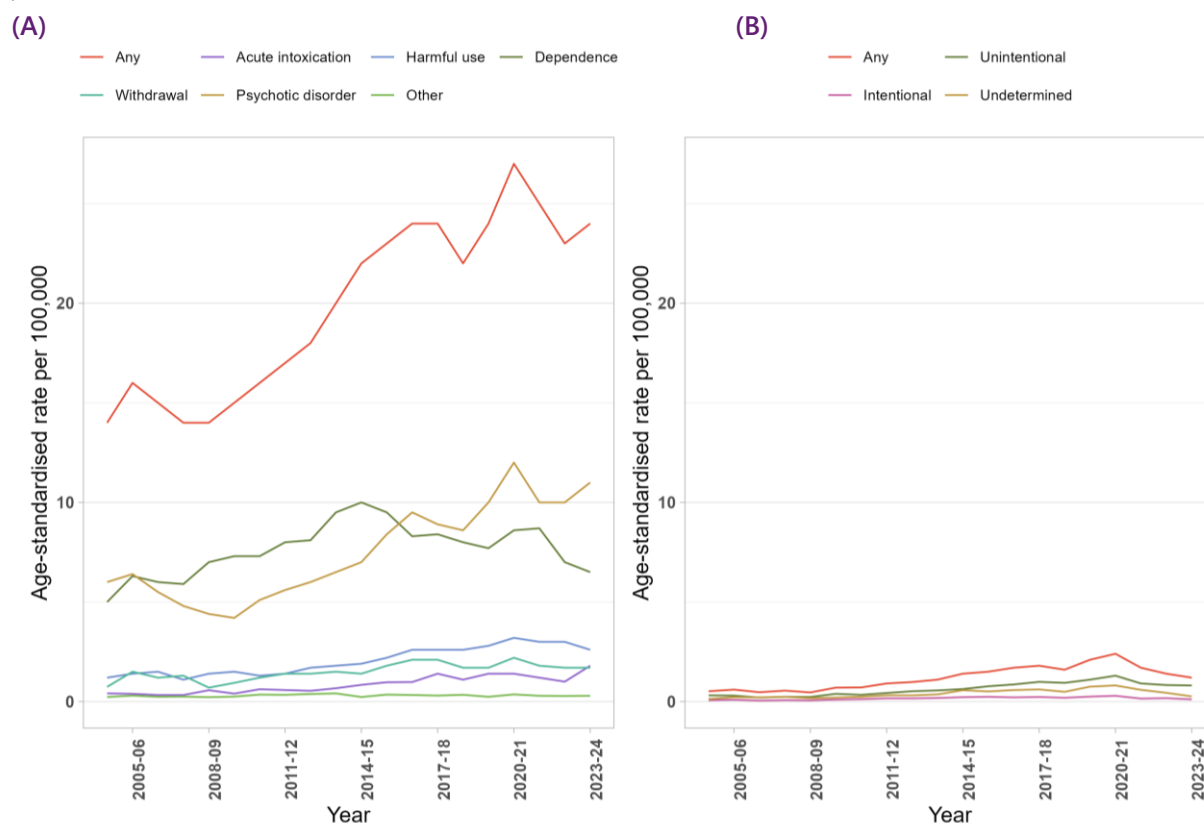


Figure 23. Age-standardised rate per 100,000 people of cannabinoid-related hospitalisations by principal diagnosis of mental and behavioural disorder due to substance use (A) and external cause of poisoning (B), Australia, 2004-05 to 2023-24.



Note: Given the small numbers, the age groups 60-69 years, and 70 years and over are combined into the 60 years and over age group. Numbers for the 50-59 years, and the 60 years and over age groups in the earlier years are small and thus rates are suppressed to protect confidentiality. The rates for the 0-9 years age group are not presented due to sensitivity of the data. Please refer to our [methods document](#) on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions. 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.

8

Cocaine

The following findings describe hospitalisations with the principal diagnosis relating to cocaine.

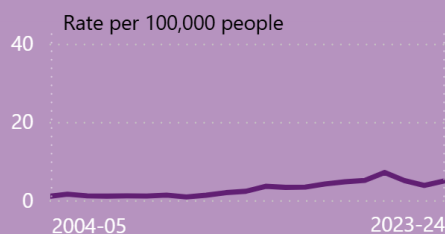
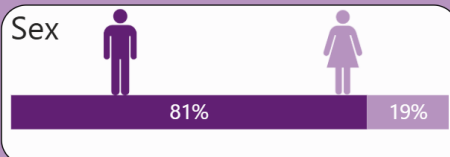
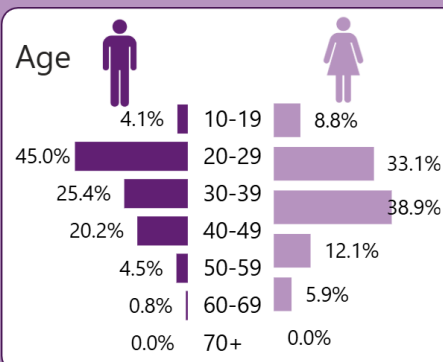


1,276

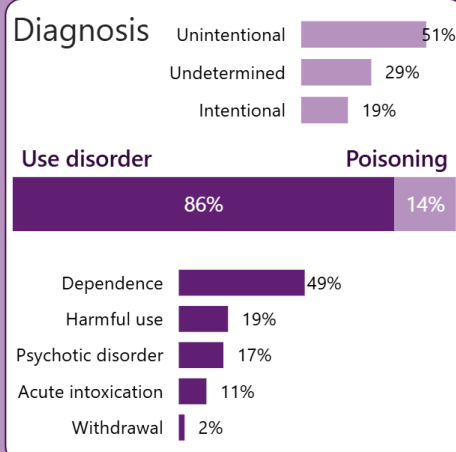
Number of hospitalisations

5

Rate per 100,000 people

**Sex****Age****Remoteness**

Age standardised rate per 100,000

**Diagnosis**

In 2023-24, there were **5,428 hospitalisations** with a cocaine-related diagnosis recorded in the first 20 diagnosis fields. Of these, **1,276 hospitalisations** specifically identified cocaine as a principal diagnosis, equivalent to an age-standardised rate of 4.9 hospitalisations per 100,000 people ([Table 15](#)).

Trend since 2004-05

Following a prolonged upward trend, cocaine-related hospitalisations peaked at 7.1 per 100,000 people in 2020-21, before declining to 3.8 per 100,000 in 2022-23. Between 2022-23 and 2023-24, the rate increased by 29% to 4.9 hospitalisations per 100,000 people ([Figure 24](#); [Table A1](#) in [Appendix](#)).

Sex

In 2023-24, as in previous years, cocaine-related hospitalisations were more common among males (81%) than females, with a rate of 7.9 per 100,000 males compared to 1.8 per 100,000 females.

Between 2022-23 and 2023-24, the rate of cocaine-related hospitalisations increased by 31% among males, while the rate among females remained relatively stable ([Table A1](#) in [Appendix](#)).

Age

The majority (71%) of cocaine-related hospitalisations occurred among individuals aged 20-29 and 30-39, with rates of 14 and 8.9 hospitalisations per 100,000 people, respectively.

Rates among those aged 20-29 and 30-39 increased from 2004-05 and peaked in 2020-21 at 20 and 14 hospitalisations per 100,000 people, respectively, before declining. While rates among those aged 30-39 continued to decline between 2022-23 and 2023-24, significant increases were observed among those aged 20-29 and 10-19.

Remoteness Area

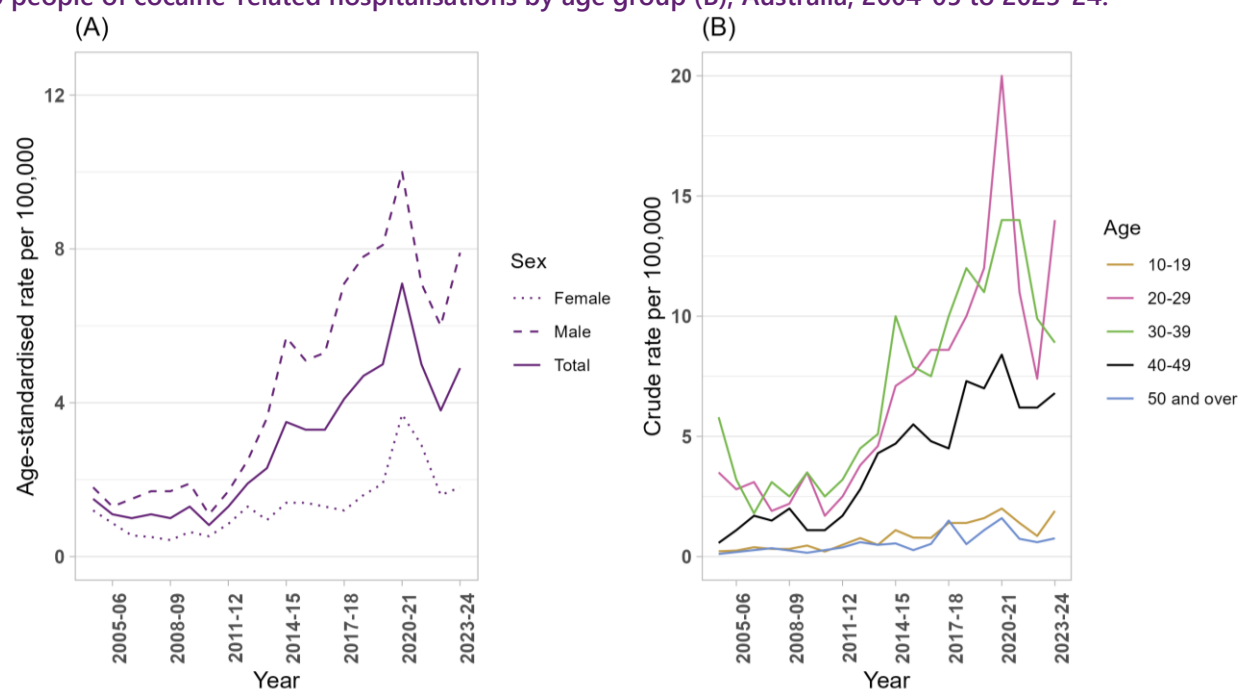
In 2023-24, the rate of cocaine-related hospitalisations was highest in major city areas (5.7 hospitalisations per 100,000 people). This rate was more than twice the rate in inner regional areas and more than four times the rate in outer regional areas ([Figure 10](#)). There were 8 hospitalisations among residents of remote and very remote areas; an age-standardised rate was not calculated because of the small number of hospitalisations.

Compared with 2022-23, significant increases in the rate of cocaine-related hospitalisations were observed in both major city and inner regional areas ([Table A13](#) in [Appendix](#)).

Principal Diagnosis

Over the course of monitoring, most cocaine-related hospitalisations comprised a principal diagnosis of **mental and behavioural disorder** (86% in 2023-24). Among these, dependence syndrome was the most common specific diagnosis, accounting for 49% of episodes (542 hospitalisations; 2.1 per 100,000 people) ([Figure 25](#); [Table A14](#) in [Appendix](#)).

Figure 24. Age-standardised rate per 100,000 people of cocaine-related hospitalisations by sex (A) and crude rate per 100,000 people of cocaine-related hospitalisations by age group (B), Australia, 2004-05 to 2023-24.



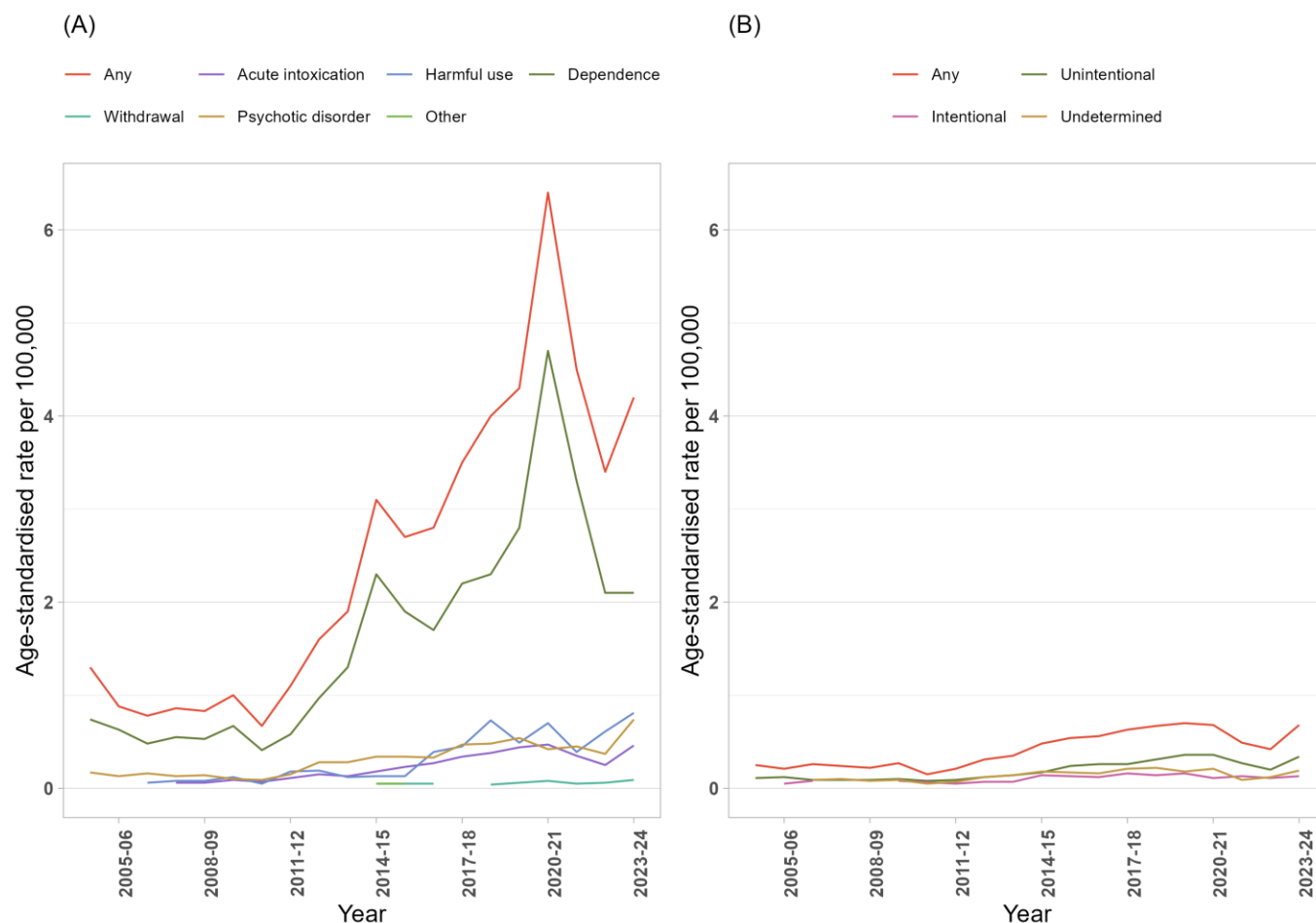
Note: Given the small numbers, the age groups 50-59 years, 60-69 years, and 70 years and over are combined into the 50 years and over age group. The rates for the 0-9 years age group are not presented due to the sensitivity of the data.

Table 15. Percentage, number and age-standardised rate of cocaine-related hospitalisations by sex, age, remoteness area and principal diagnosis, Australia, 2023-24.

Age group	Percentage	Number	Rate per 100,000	Significant Change from 2022-23
Total		1,276	4.9	▲29%
Sex				
Male	81%	1,037	7.9	▲31%
Females	19%	239	1.8	~
Age				
10-19	5.0%	64	1.9	▲124%
20-29	43%	546	14	▲94%
30-39	28%	356	8.9	~
40-49	19%	238	6.8	~
50 and over	5.6%	72	0.76	~
Remoteness area				
Major cities		1,144	5.7	▲24%
Inner regional		94	2.6	▲184%
Outer regional		23	1.3	~
Remote and very remote		8	*np	N/A
Principal diagnosis				
Use disorder	86%	1,098	4.2	▲25%
Poisoning	14%	178	0.68	▲61%

Note: *np indicates where data could not be published or calculated. The estimates for the 0-9 years age group are not presented due to the sensitivity of the data. Bolded values represent the highest percentages and rates. For 2022-23 rates and non-significant changes see [Appendix](#). Please refer to our [methods document](#) on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions.

Figure 25. Age-standardised rate per 100,000 people of cocaine-related hospitalisations by principal diagnosis of mental and behavioural disorder due to substance use (A) and external cause of poisoning (B), Australia, 2004-05 to 2023-24.



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.

10

Other Drugs

Antiepileptic, sedative-hypnotic, and antiparkinsonism drugs


 50 36

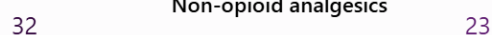
9,633

Number of hospitalisations

36

Rate per 100,000 people

Non-opioid analgesics


 32 23

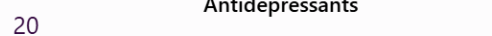
5,909

Number of hospitalisations

23

Rate per 100,000 people

Antidepressants


 20 11

2,930

Number of hospitalisations

11

Rate per 100,000 people

Antipsychotic and neuroleptics


 13 11

2,919

Number of hospitalisations

11

Rate per 100,000 people

Volatile solvents


 4.8 2.6

696

Number of hospitalisations

2.6

Rate per 100,000 people

The rate of hospitalisations with a principal diagnosis related to **antiepileptic, sedative-hypnotic, and antiparkinsonism drugs** declined over time, decreasing from 50 hospitalisations per 100,000 people in 2004-05 to 32 per 100,000 people in 2022-23 (**Figure 9**). In 2023-24, however, the rate increased significantly, driven largely by a rise in GHB-related hospitalisations. GHB overtook **benzodiazepines** as the leading contributor within this drug group, accounting for 36% of hospitalisations at a rate of 13 per 100,000 people (**Panel F**). Benzodiazepines accounted for 33% of hospitalisations and remained stable at 12 per 100,000 people (Table A12 in **Appendix**).

The rate of **non-opioid analgesic**-related hospitalisations fluctuated between 2004-05 and 2020-21, peaking at 39 hospitalisations per 100,000 people in 2016-17. Since 2020-21, the rate has declined for three consecutive years, falling from 34 to 23 hospitalisations per 100,000 people in 2023-24 (**Figure 9**). In 2023-24, 84% of hospitalisations related to non-opioid analgesics involved 4-aminophenol derivatives such as paracetamol (4,967 hospitalisations, 19 hospitalisations per 100,000 people).

The rate of **antidepressant**-related hospitalisations declined from 20 per 100,000 people in 2004-05 to 11 per 100,000 people in 2023-24. In the same period, **antipsychotic and neuroleptic**-related hospitalisations increased from 13 per 100,000 people in 2004-05, peaking at 19 per 100,000 people in 2016-17, before declining to 11 per 100,000 people in 2023-24 (**Figure 9**).

Throughout the monitoring period, the rate of hospitalisations related to **volatile solvents** has been low, declining from 4.8 in 2004-05 to 2.6 hospitalisations per 100,000 people in 2023-24 (**Figure 9**).

The rate of **hallucinogen**-related hospitalisations has consistently remained low over the years, at approximately 2.0 hospitalisations per 100,000 people or lower (**Figure 9**).

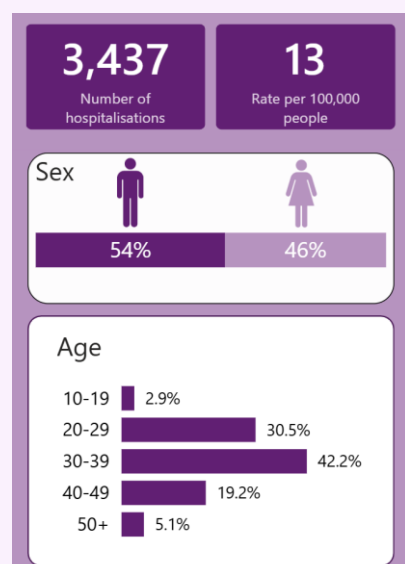
Please see the [visualisation tool](#) for trends over time by sociodemographic characteristics and diagnosis type for these drug classes.

Panel F. GHB-Related Hospitalisations

The use of **gamma-hydroxybutyrate (GHB)** and its precursors, gamma-butyrolactone and 1,4-butanediol, is less common in the general population compared to the use of other drugs like cocaine and MDMA (NDSHS 2022–2023). Despite its low overall prevalence, GHB's increasing recognition in emergency toxicology presentations has raised significant concerns. Ambulance attendances and emergency department visits related to GHB have been rising, with marked increases in presentations noted in recent years (Berling et al., 2024; Stockham et al., 2023; Ogeil et al., 2023). Indeed, GHB-related harms and treatment engagement increased in Australia from 2013 to 2024 (Peacock et al., 2026).

Since 2010-11, specific ICD-10-AM codes tailored to GHB were implemented (refer to the [methods](#) document for details on the incorporated ICD-10-AM codes), enabling the distinct classification of this substance from other antiepileptic, sedative-hypnotic and antiparkinsonism drugs in hospital data.

Profile in 2023-24



In 2023-24, there were **3,437** GHB-related hospitalisations, corresponding to a peak rate of 13 hospitalisations per 100,000 people (Table 16; Table A1 in [Appendix](#)). The rate was 2.2 hospitalisations per 100,000 people in 2010-11 and remained relatively stable before increasing from 2014-15. There was a temporary decline between 2020-21 and 2021-22. Since then, the rate has increased substantially, rising by 77% and then by a further 59% over the past two years to exceed previously observed levels, and reach the highest rate recorded during the monitoring period (Figure 26).

In 2023-24, GHB-related hospitalisations were slightly more common among males than females, with 1,855 hospitalisations among males and 1,581 hospitalisations among females, equating to a rate of 14 and 12 hospitalisations per 100,000 males and females, respectively (Figure 26).

Nearly three in four GHB-related hospitalisations (73%) occurred among individuals aged 20-39 years.



The majority (**84%**) of GHB-related hospitalisations in 2023-24 were observed in major city areas.



GHB-related mental and behavioural use disorder was as commonly diagnosed as GHB poisoning among these hospitalisations, accounting for 50% of episodes. Nearly half of all hospitalisations related to GHB poisoning were unintentional and 36% of mental and behavioural use disorder diagnoses were related to acute intoxication by GHB.

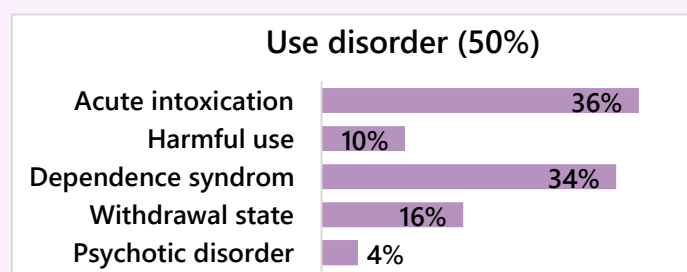
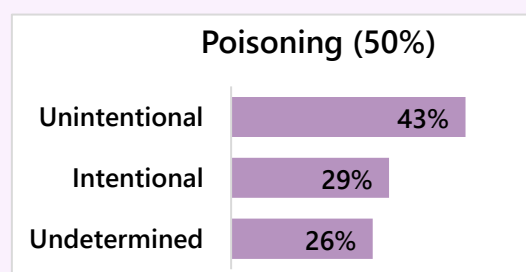


Figure 26. Age-standardised rate per 100,000 people of GHB-related hospitalisations, overall and by sex, Australia, 2010-11 to 2023-24.

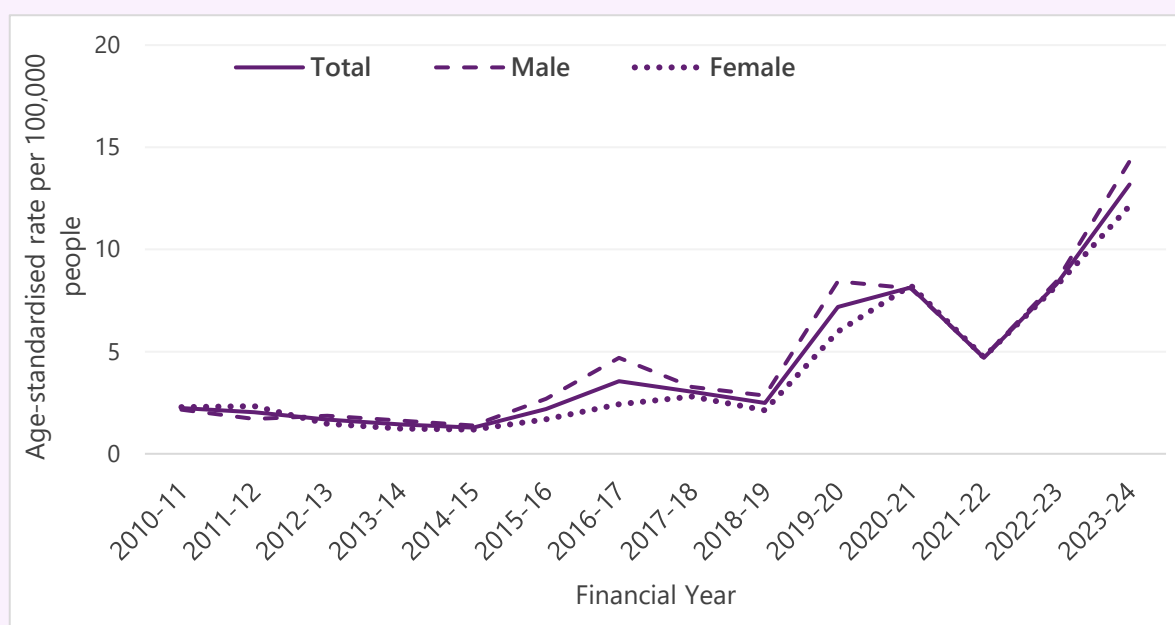


Table 16. Percentage, number and age-standardised rate of GHB-related hospitalisations by sex, age group, remoteness area and principal diagnosis, Australia, 2023-24.

Age group	Percentage	Number	Rate per 100,000	Significant Change from 2022-23
Total		3,437	13	▲59%
Sex				
Male	54%	1,855	14	▲70%
Females	46%	1,581	12	▲48%
Age				
10-19	2.9%	100	3.0	
20-29	30%	1,048	28	▲29%
30-39	42%	1,449	36	▲73%
40-49	19%	659	19	▲100%
50 and over	5.1%	175	1.9	
Remoteness area				
Major cities		2,887	14	▲65%
Inner regional		267	7.2	▲67%
Outer regional		78	4.4	▲140%
Remote and very remote		12	2.4	
Principal diagnosis				
Use disorder	50%	1,733	6.6	N/A
Poisoning	50%	1,704	6.5	N/A

Note: The estimates for the 0-9 years age group are not presented due to the sensitivity of the data. Bolded values represent the highest percentages and rates. For 2022-23 rates and non-significant changes see [Appendix](#). Please refer to our [methods document](#) on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions.

11

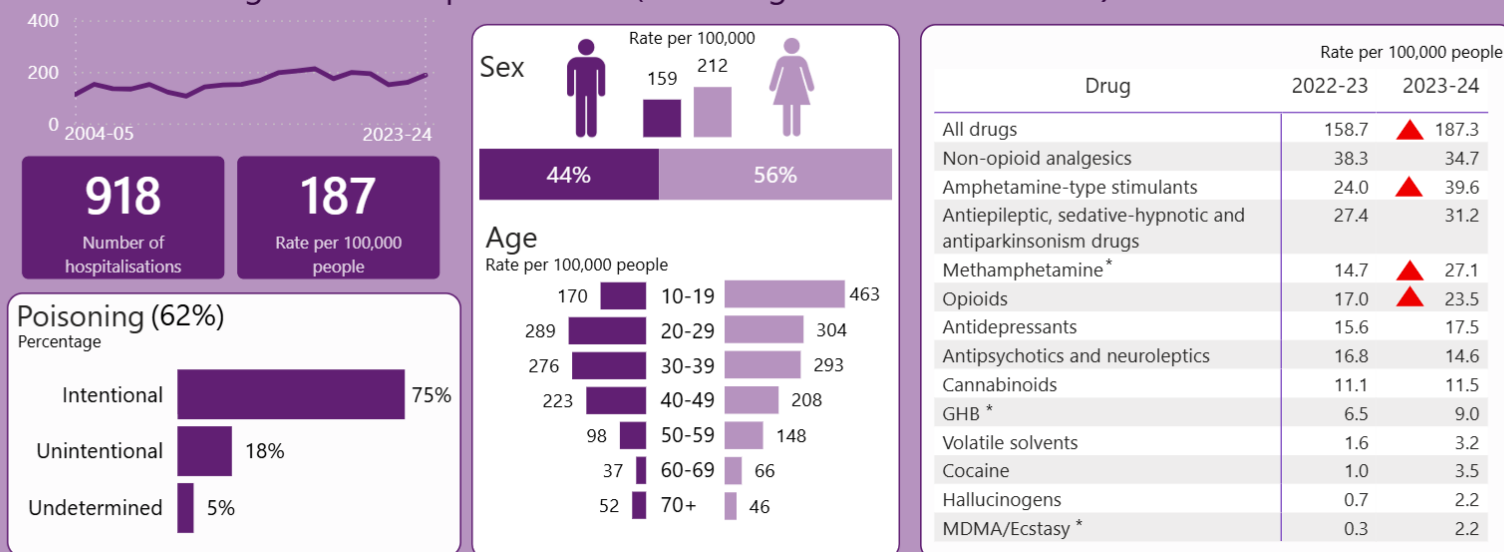
Jurisdictional Overview





Australian Capital Territory

2023-24 Drug-related hospitalisations (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 2022-23 to 2023-24. *Indicates a specific drug type within a broader drug group.

Overall trend

There were 918 hospitalisations with a drug-related principal diagnosis in the [Australian Capital Territory](#) in 2023-24, representing 0.62% of all hospitalisations in public hospitals in the Australian Capital Territory.

This corresponds to a rate of 187 hospitalisations per 100,000 people, which was 18% higher than the rate in 2022-23 (159 hospitalisations per 100,000 people) (Table A17 in [Appendix](#)), representing a statistically significant increase ([Figure 27](#)).

Sex

The rate of hospitalisations was higher among [females](#) than males in 2023-24 (212 versus 159 hospitalisations per 100,000 people, respectively).

Age

In 2023-24, the rate of hospitalisations was [highest](#) among the 10-19 age group, followed by the 20-29 and 30-39 age groups (320, 302, and 285 hospitalisations per 100,000 people, respectively). Females were younger than males, with the 10-19 age group having the highest rate of drug-related hospitalisations. Among males, the rate was highest in the 20-29 and 30-39 age groups.

Remoteness Area of Usual Residence

Over 99% of the population in the Australian Capital Territory resided in major city areas and the remaining resided in inner regional areas. For this reason, data on hospitalisations by remoteness area are not presented.

External Cause of Drug Poisoning

In 2023-24, 62% of drug-related hospitalisations in the Australian Capital Territory were due to drug poisoning. Furthermore, 75% of drug poisoning-related hospitalisations were intentional (89 hospitalisations per 100,000 people) and 18% were unintentional (21 hospitalisations per 100,000 people) ([Figure 28](#)).

Drug Type

In 2023-24, the hospitalisation rates were [highest](#) for amphetamine-type stimulants, reaching a record high of 40 hospitalisations per 100,000 people, and being driven by an increase in methamphetamine-related hospitalisations ([Figure 29](#); Table A17 in [Appendix](#)).

Compared to 2022-23, there were significant increases in the 2023-24 rates of hospitalisations related to:

- methamphetamine (▲85%),
- amphetamine-type stimulants (▲65%), and
- opioids (▲38%) (Table A17 in [Appendix](#)).

In contrast, there were no significant decreases compared to 2022-23 rates for any drug class.

Figure 27. Age-standardised rate per 100,000 people of drug-related hospitalisations, by sex, Australian Capital Territory, 2004-05 to 2023-24.

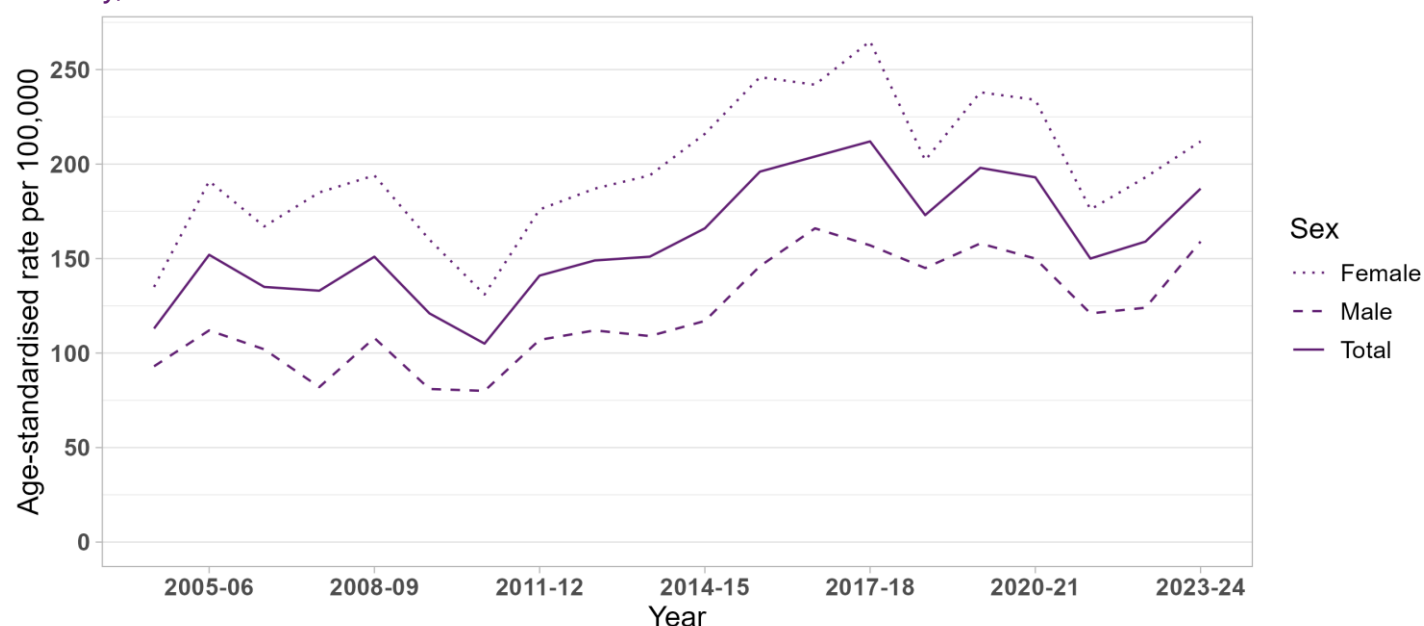


Figure 28. Age-standardised rate per 100,000 people of drug-related hospitalisations, by principal diagnosis of mental and behavioural disorder due to substance use (A) and external cause of poisoning (B), Australian Capital Territory, 2004-05 to 2023-24.

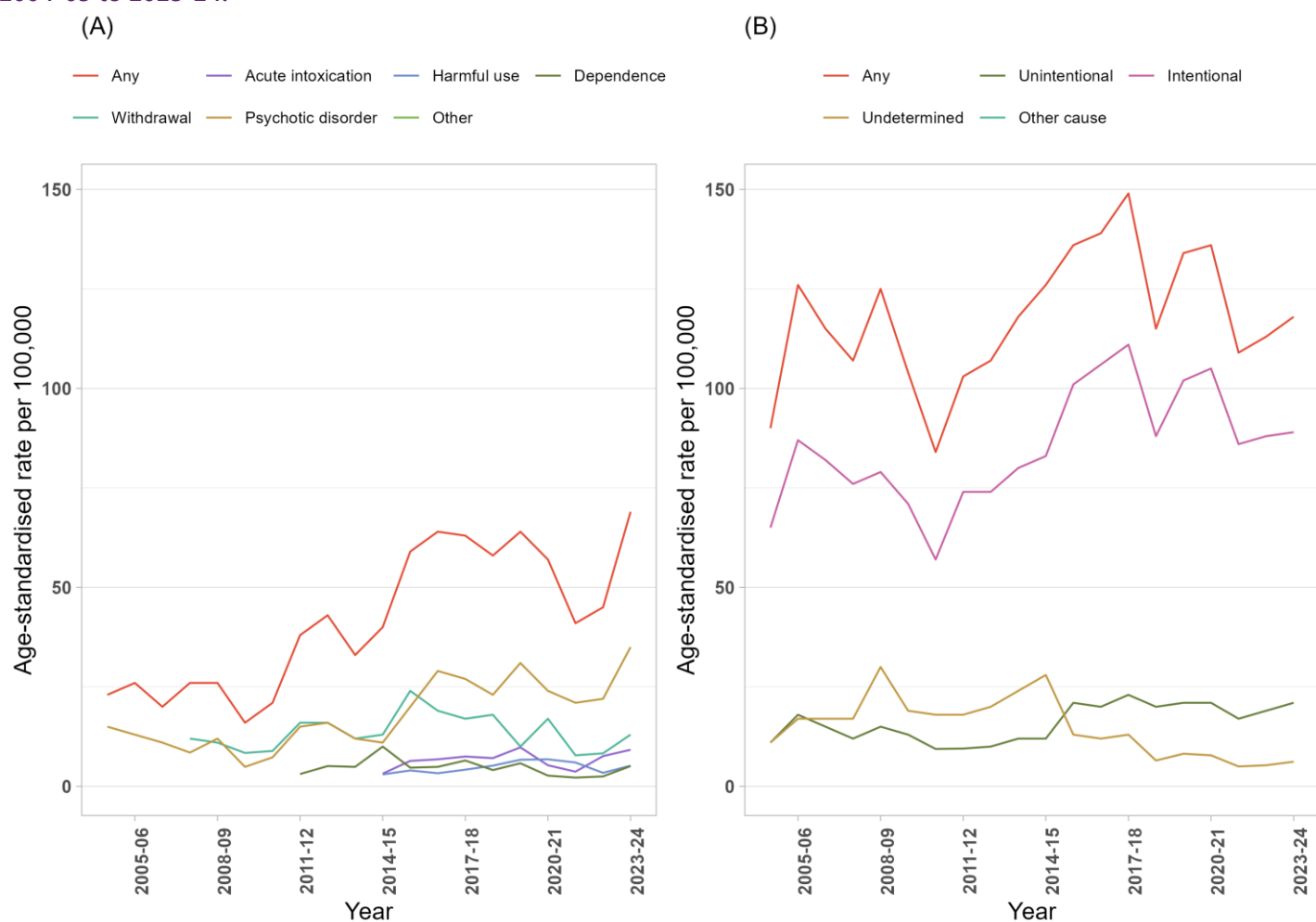
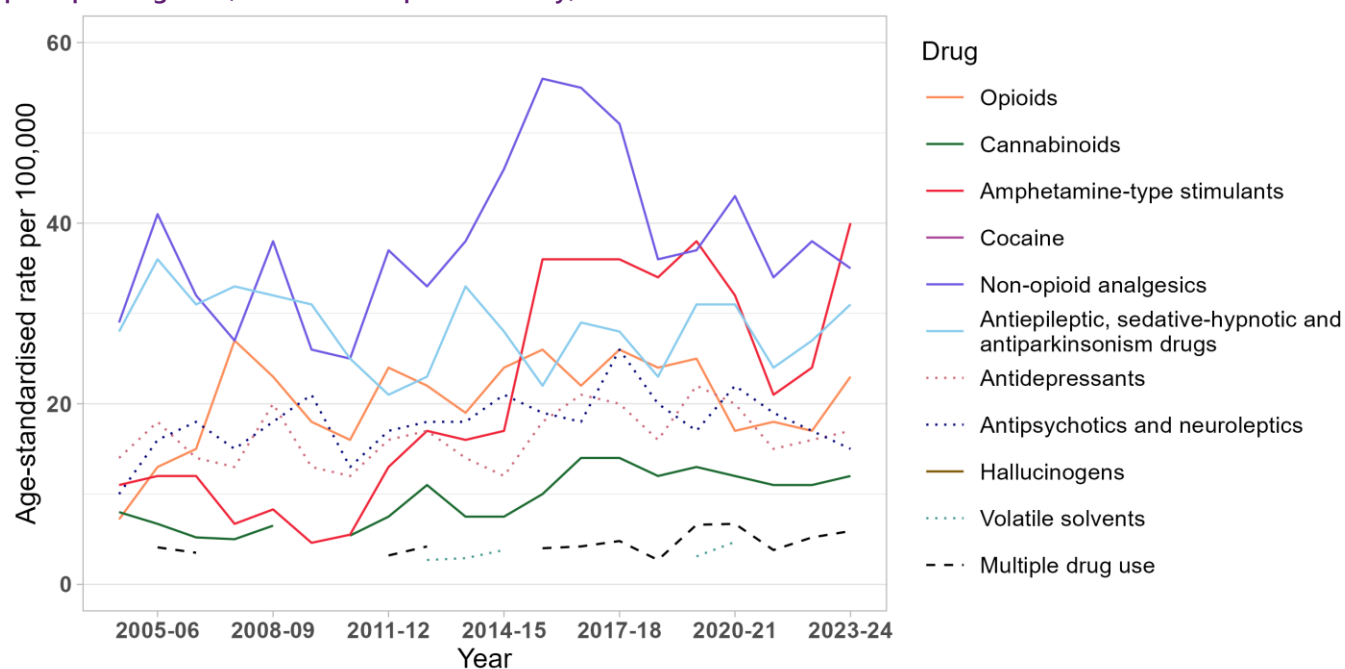


Figure 29. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, Australian Capital Territory, 2004-05 to 2023-24.

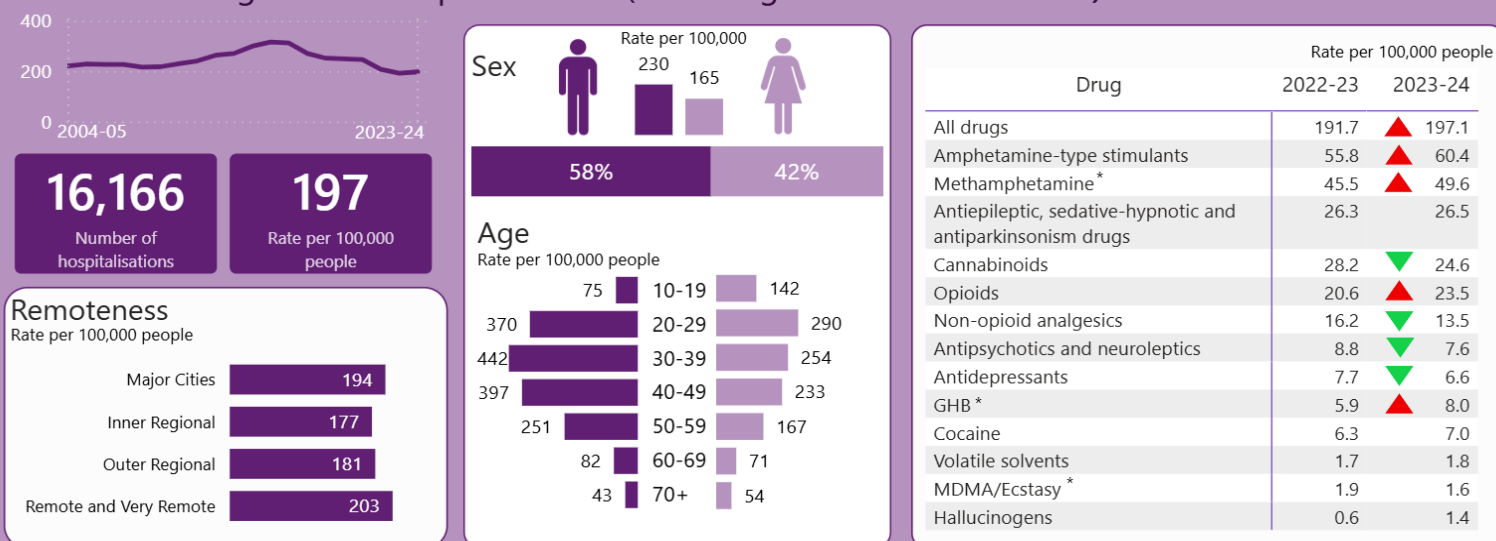


Note: Age-standardised rates were not calculated if the number of hospitalisations was less than or equal to 10 (please refer to our methods document for details). Suppressed data are visible as gaps in the data series.



New South Wales

2023-24 Drug-related hospitalisations (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 2022-23 to 2023-24. *Indicates a specific drug type within a broader drug group.

Overall trend

There were 16,166 hospitalisations with a drug-related principal diagnosis in [New South Wales](#) in 2023-24, representing 0.47% of all hospitalisations in New South Wales.

This corresponds to a rate of 197 hospitalisations per 100,000 people, which was 2.8% higher than the rate in 2022-23 (192 hospitalisations per 100,000 people) (Table A18 in [Appendix](#)), and the first significant annual increase since 2016-17 ([Figure 30](#)).

Sex

In 2023-24, the rate of hospitalisations was higher among [males](#) than females (230 versus 165 hospitalisations per 100,000 people, respectively).

Age

In 2023-24, hospitalisation rates were highest among those aged 30-39, followed by 20-29 and 40-49 (347, 332, and 315 per 100,000 people, respectively). Females tended to be younger than males, with the highest rates among those aged 20-29; rates among females aged 10-19 were twice those of males. Among males, rates were highest in the 30-39 age group.

Remoteness Area of Usual Residence

The highest rate of hospitalisations in 2023-24 was observed in [remote and very remote](#) New South Wales

(203 hospitalisations per 100,000 people), while the number of hospitalisations was highest in major city areas (12,518 hospitalisations; [Figure 31](#))

External Cause of Drug Poisoning

In 2023-24, 30% of drug-related hospitalisations in New South Wales were due to drug poisoning. Over three-fifths (63%) of drug poisoning-related hospitalisations were intentional (37 hospitalisations per 100,000 people) and 27% were unintentional (15 hospitalisations per 100,000 people; [Figure 32](#)).

Drug Type

In 2023-24, hospitalisation rates were [highest](#) for amphetamine-type stimulants, at 60 hospitalisations per 100,000 people ([Figure 33](#)).

Compared to 2022-23, there were significant decreases in the 2023-24 rates of hospitalisations related to:

- non-opioid analgesics (▼16%),
- antidepressants (▼15%),
- antipsychotics and neuroleptics (▼13%), and
- cannabinoids (▼13%) (Table A18 in [Appendix](#)).

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

- hallucinogens (▲112%),
- GHB (▲36%),
- opioids (▲14%),
- methamphetamine (▲8.9%), and
- amphetamine-type stimulants (▲8.1%).

Figure 30. Age-standardised rate per 100,000 people of drug-related hospitalisations, overall and by sex, New South Wales, 2004-05 to 2023-24.

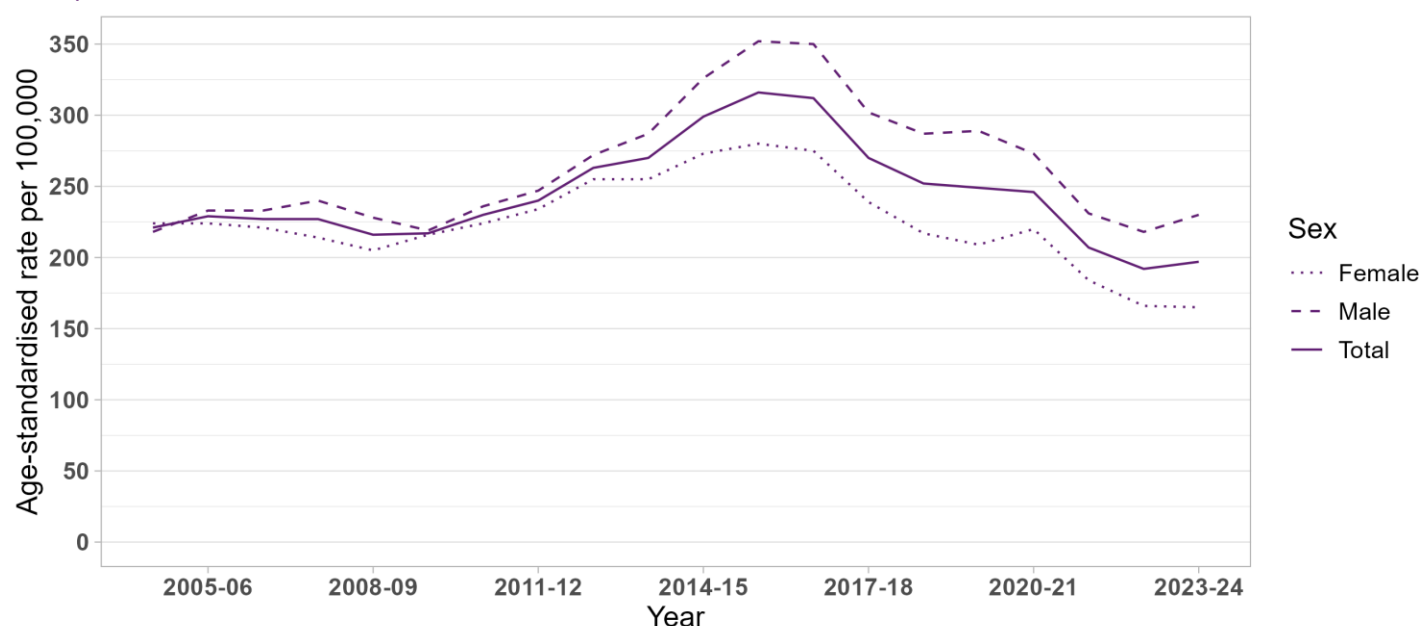
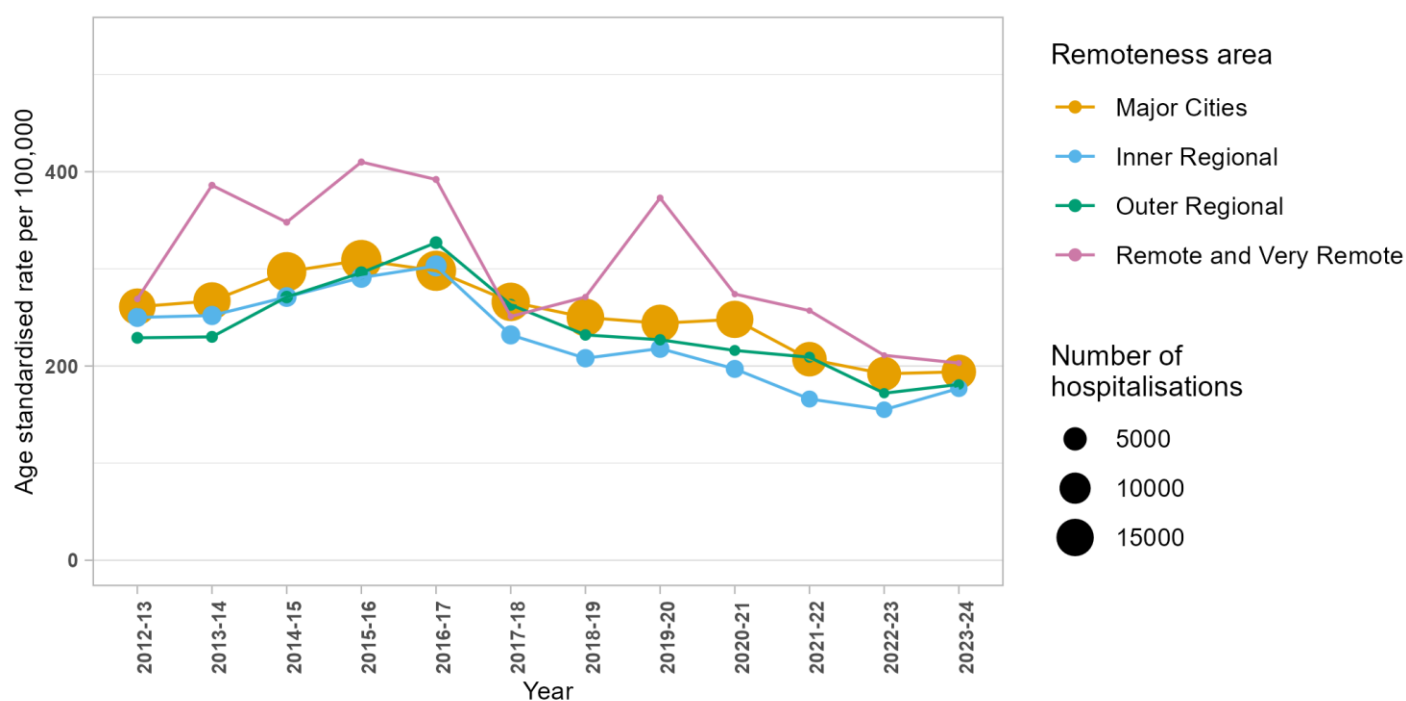


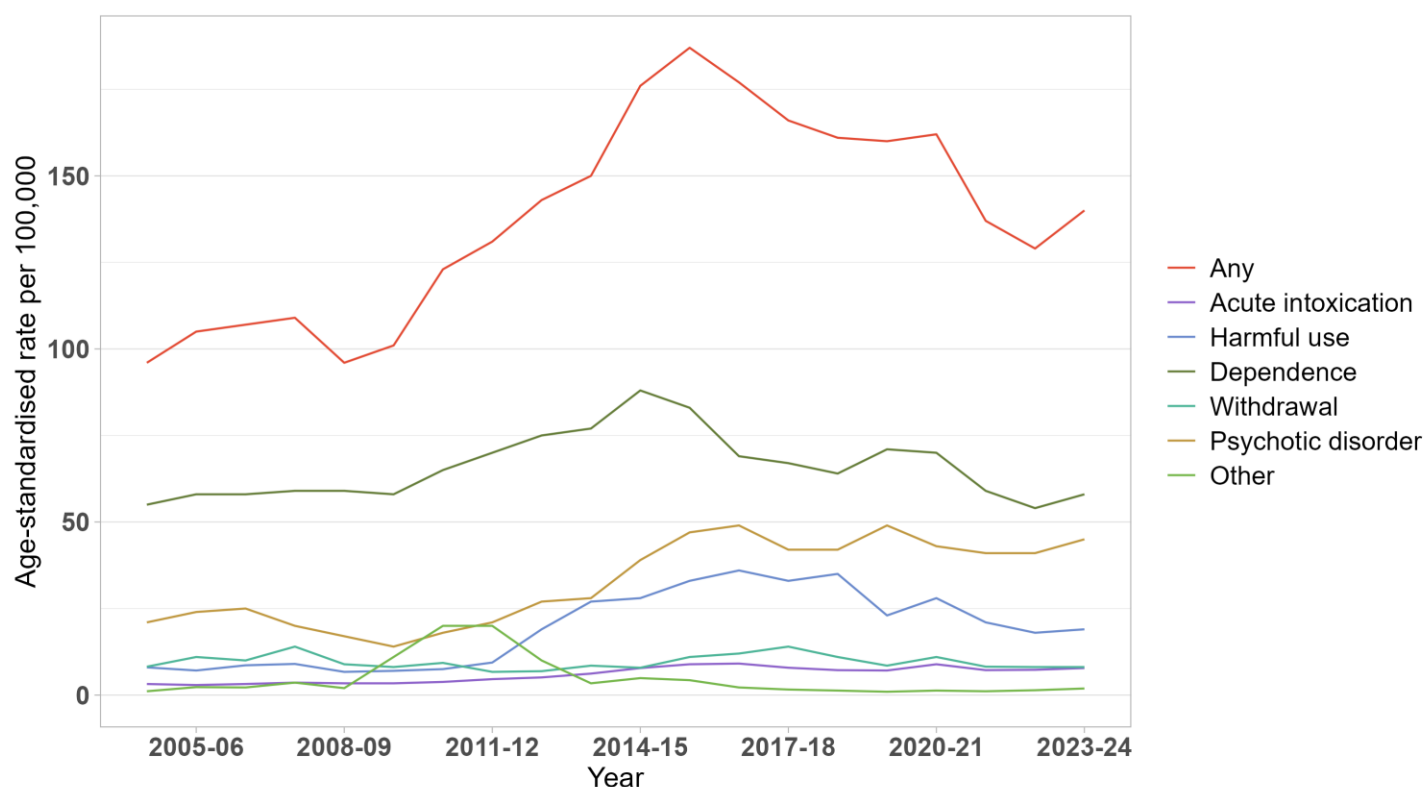
Figure 31. Age-standardised rate per 100,000 people of drug-related hospitalisations, by remoteness area of usual residence, New South Wales, 2012-13 to 2023-24.



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

Figure 32. 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), New South Wales, 2004-05 to 2023-24.

(A) Mental & behavioural disorder due to substance use



(B) Drug poisoning

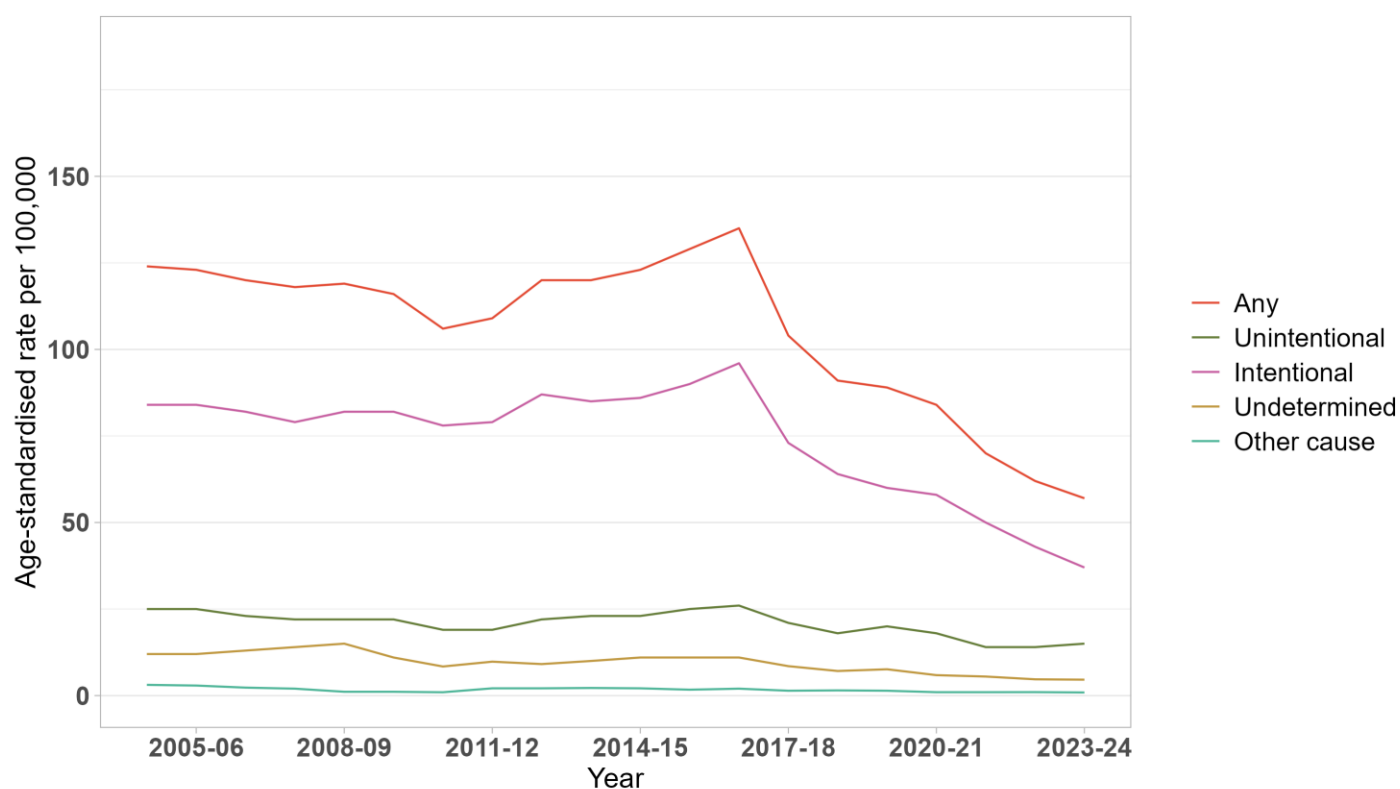
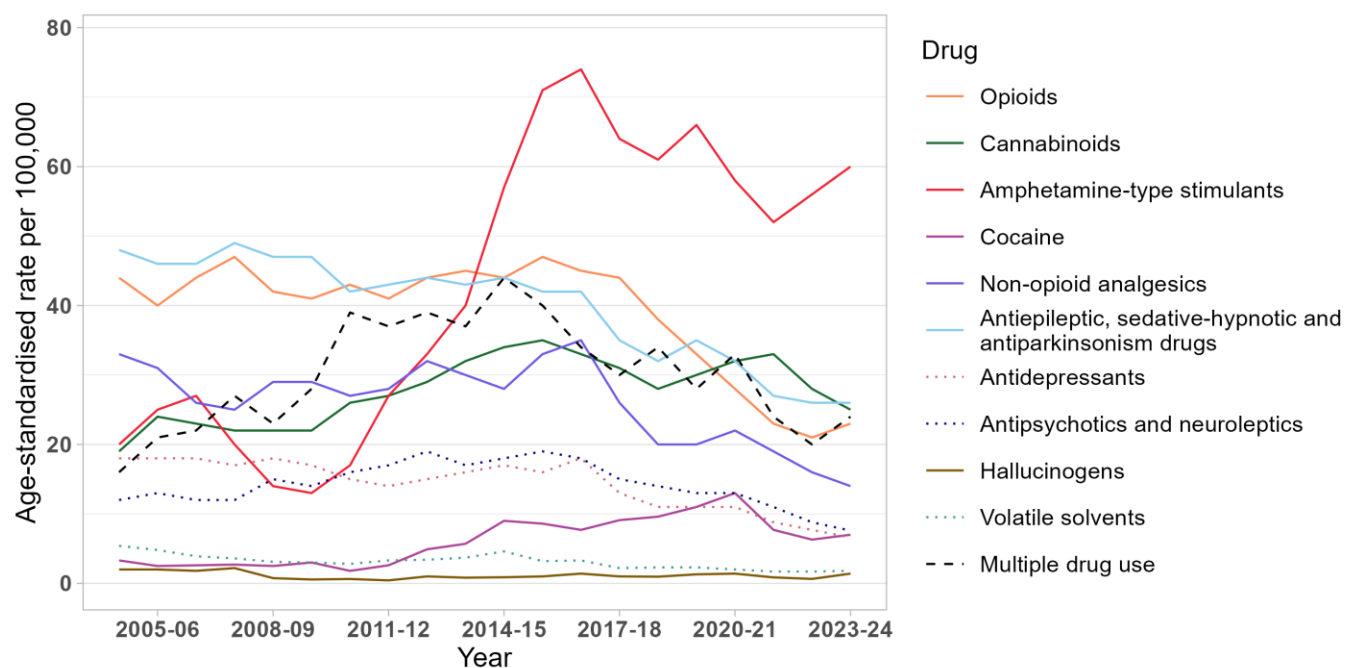


Figure 33. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, New South Wales, 2004-05 to 2023-24.





Northern Territory – *Pending data custodian approval*

Figure 34. Age-standardised rate per 100,000 people of drug-related hospitalisations, by sex, Northern Territory, 2004-05 to 2023-24. - *Pending data custodian approval*

Figure 35. Age-standardised rate per 100,000 people of drug-related hospitalisations, by remoteness, Northern Territory, 2012-13 to 2023-24. - *Pending data custodian approval*

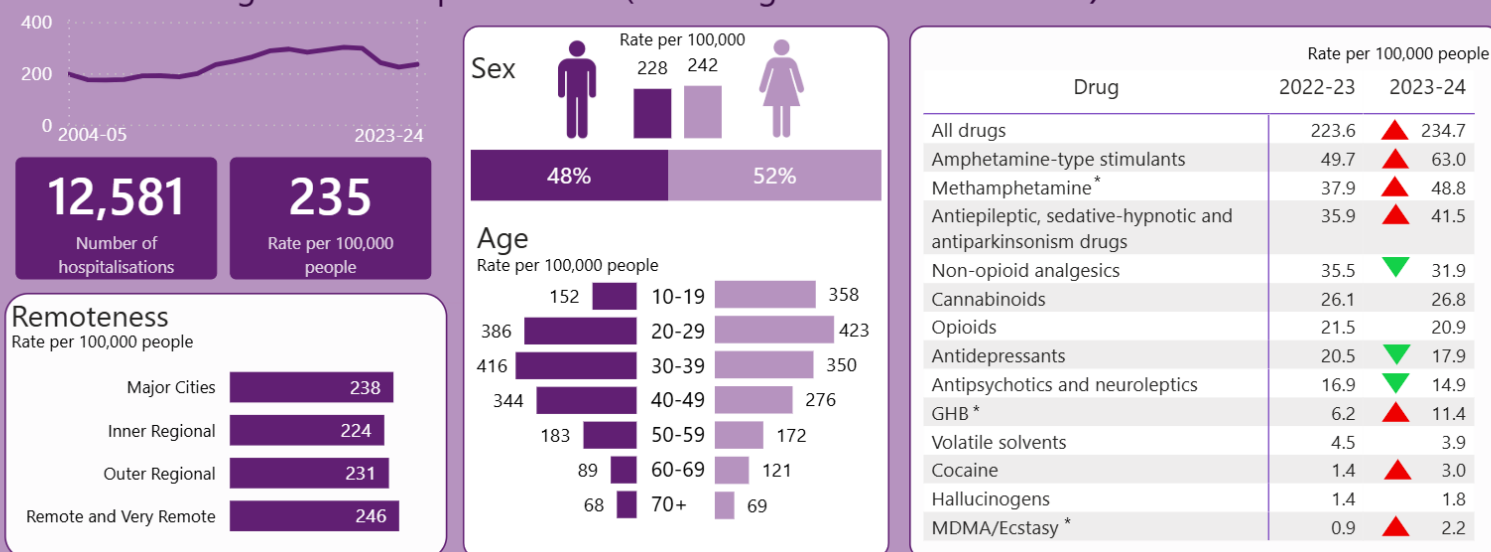
Figure 36. Age-standardised rate per 100,000 people of drug-related hospitalisations, by principal diagnosis of mental and behavioural disorder due to substance use (A) and external cause of poisoning (B), Northern Territory, 2004-05 to 2023-24. - *Pending data custodian approval*

Figure 37. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, Northern Territory, 2004-05 to 2023-24. - *Pending data custodian approval*



Queensland

2023-24 Drug-related hospitalisations (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 2022-23 to 2023-24. *Indicates a specific drug type within a broader drug group.

Overall Trend

There were 12,581 hospitalisations with a drug-related principal diagnosis in [Queensland](#) in 2023-24, representing 0.41% of all hospitalisations in the state.

This corresponds to a rate of 235 hospitalisations per 100,000 people. This rate was 5% higher than that in 2022-23 (224 per 100,000 people) (Table A20 in [Appendix](#)), reversing the recent downward trend since the peak of 301 per 100,000 people in 2019-20 ([Figure 38](#)).

Sex

The rate of hospitalisations was higher among [females](#) than males in 2023-24 (242 versus 228 hospitalisations per 100,000 people, respectively).

Age

In 2023-24, the rate of hospitalisations was [highest](#) among the 20-29 age group, followed by the 30-39, 40-49 and 10-19 age groups (404, 383, 309 and 252 hospitalisations per 100,000 people, respectively). Females tended to be younger than males, with the highest rates among those aged 20-29 and rates among those aged 10-19 more than twice those of males. Among males, rates were highest in the 30-39 and 20-29 age groups.

Remoteness Area of Usual Residence

The rate of hospitalisations in 2023-24 was highest in the [remote and very remote](#) Queensland (246 hospitalisations

per 100,000 people), while the number of hospitalisations was highest in major city areas (8,627 hospitalisations) ([Figure 39](#)).

External Cause of Drug Poisoning

In 2023-24, 52% of drug-related hospitalisations in Queensland were due to drug poisoning (6,505 hospitalisations). Furthermore, 71% of drug poisoning-related hospitalisations were intentional (85 hospitalisations per 100,000 people) and 22% were unintentional (26 hospitalisations per 100,000 people) ([Figure 40](#)).

Drug Type

In 2023-24, the hospitalisation rates were [highest](#) for amphetamine-type stimulants, at 63 hospitalisations per 100,000 people ([Figure 41](#)Figure 29).

Compared to 2022-23, there were statistically significant increases in rates of hospitalisations with principal diagnosis related to

- MDMA/ecstasy (▲134%),
- cocaine (▲123%),
- GHB (▲83%),
- methamphetamine (▲29%),
- amphetamine-type stimulants (▲27%), and
- antiepileptic, sedative-hypnotic and antiparkinsonism drugs (▲16%) (Table A20 in [Appendix](#)).

Figure 38. Age-standardised rate per 100,000 people of drug-related hospitalisations, by sex, Queensland, 2004-05 to 2023-24.

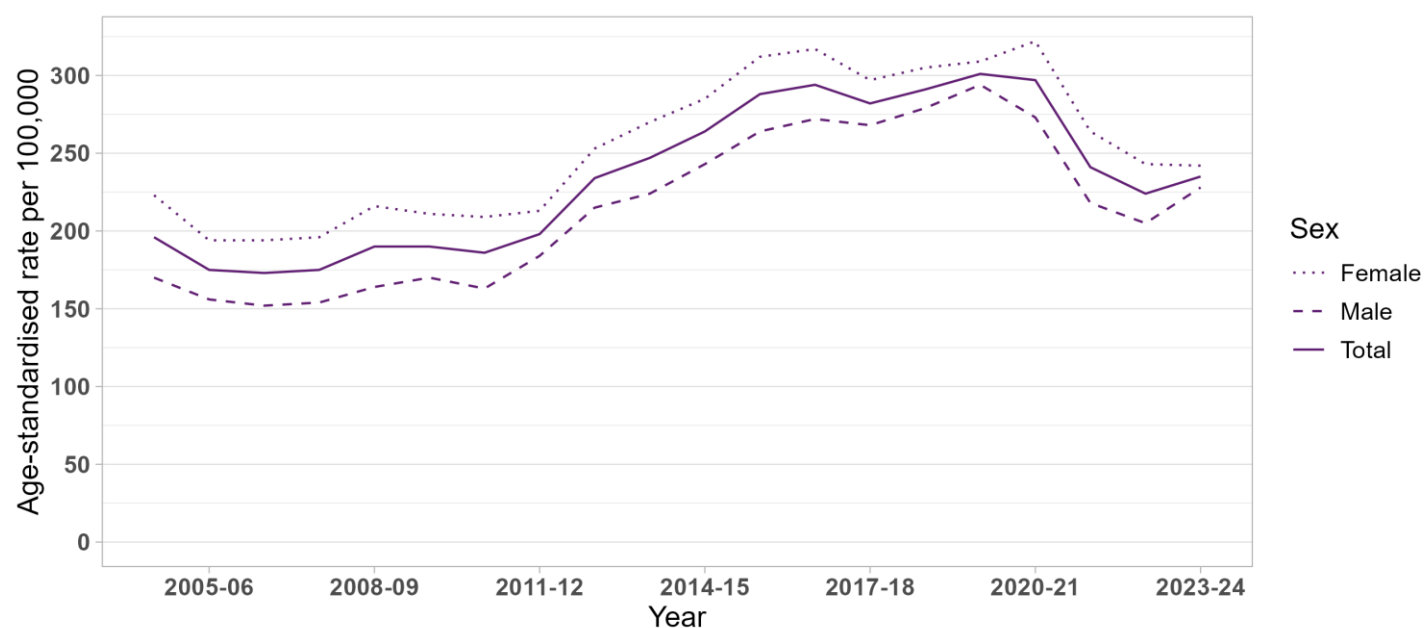
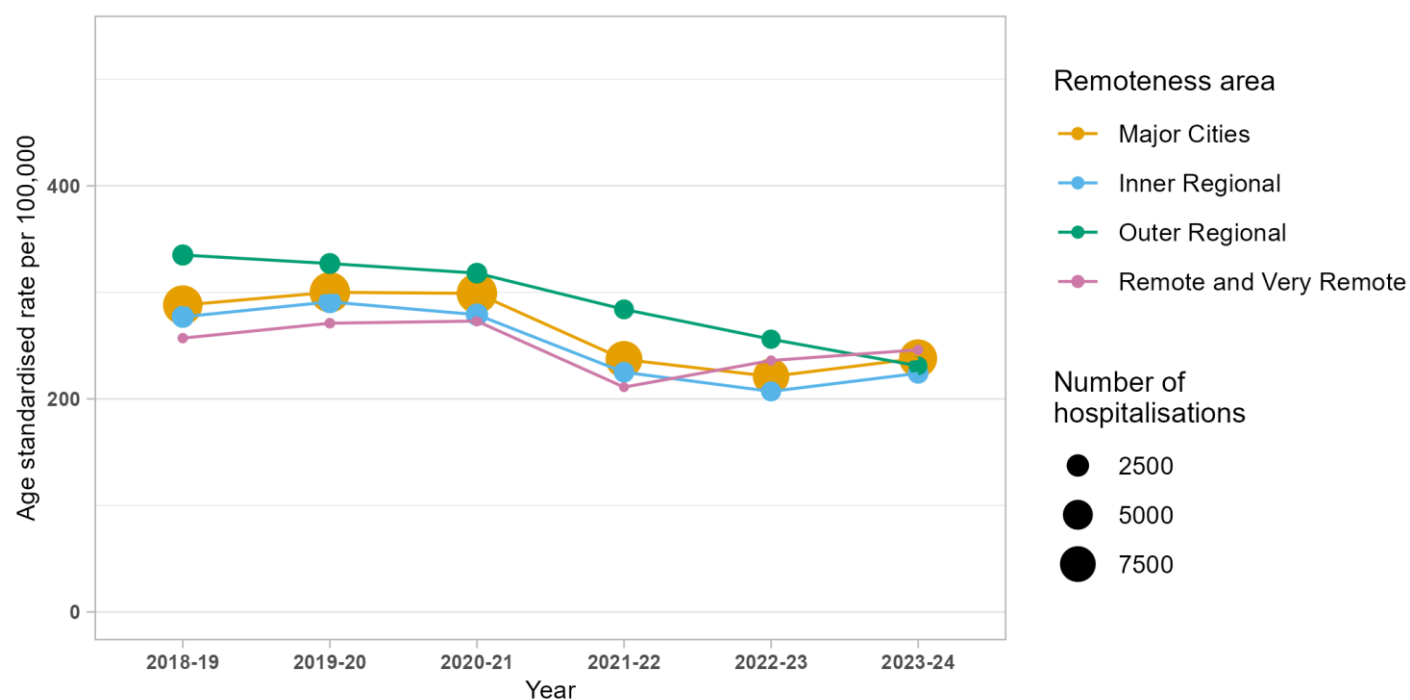


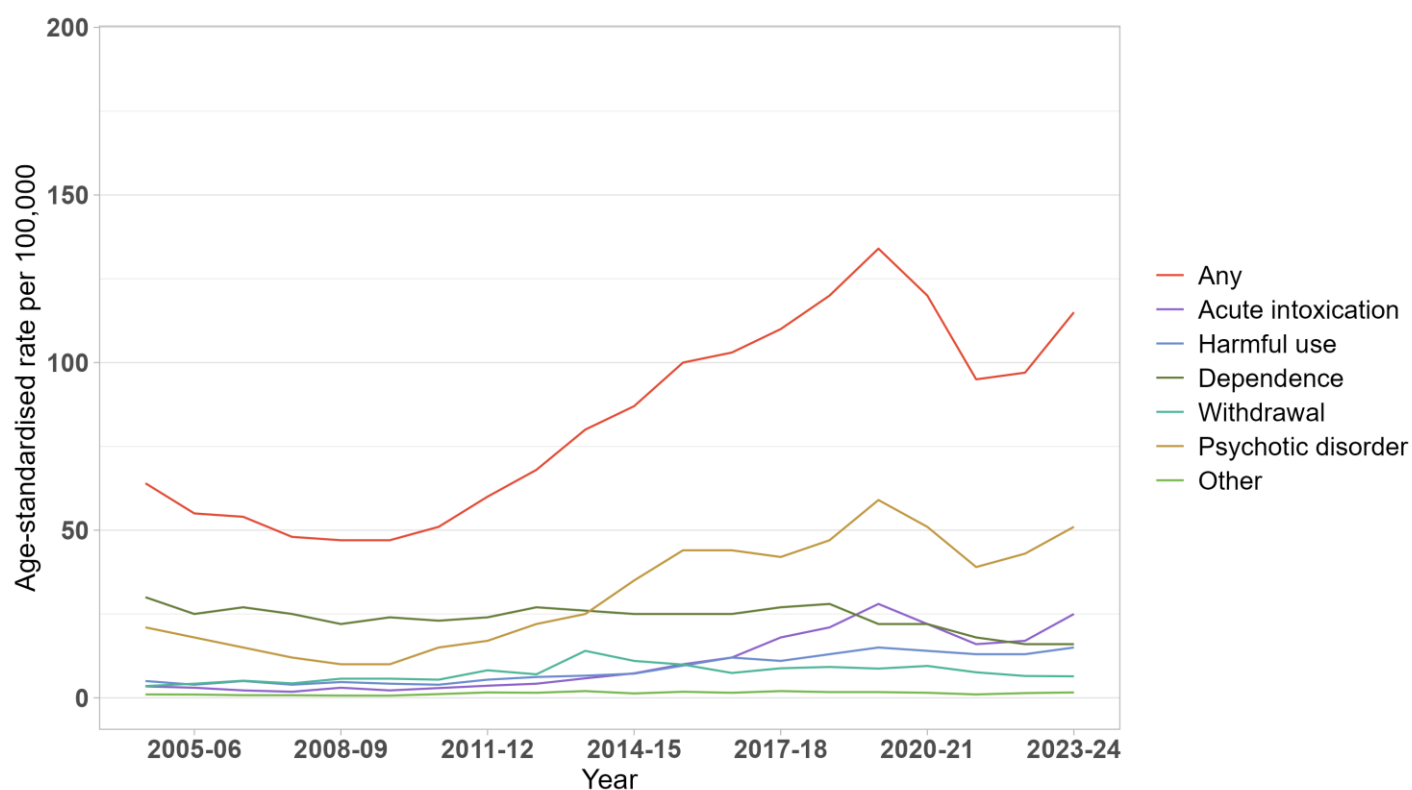
Figure 39. Age-standardised rate per 100,000 people of drug-related hospitalisations, by remoteness, Queensland, 2018-19 to 2023-24.



Note: The size (area) of the bubble is proportional to the number of hospitalisations. Data on remoteness in Queensland are only available from 2018-19.

Figure 40. 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, 2004-05 to 2023-24.

(A) Mental & behavioural disorder due to substance use



(B) Drug poisoning

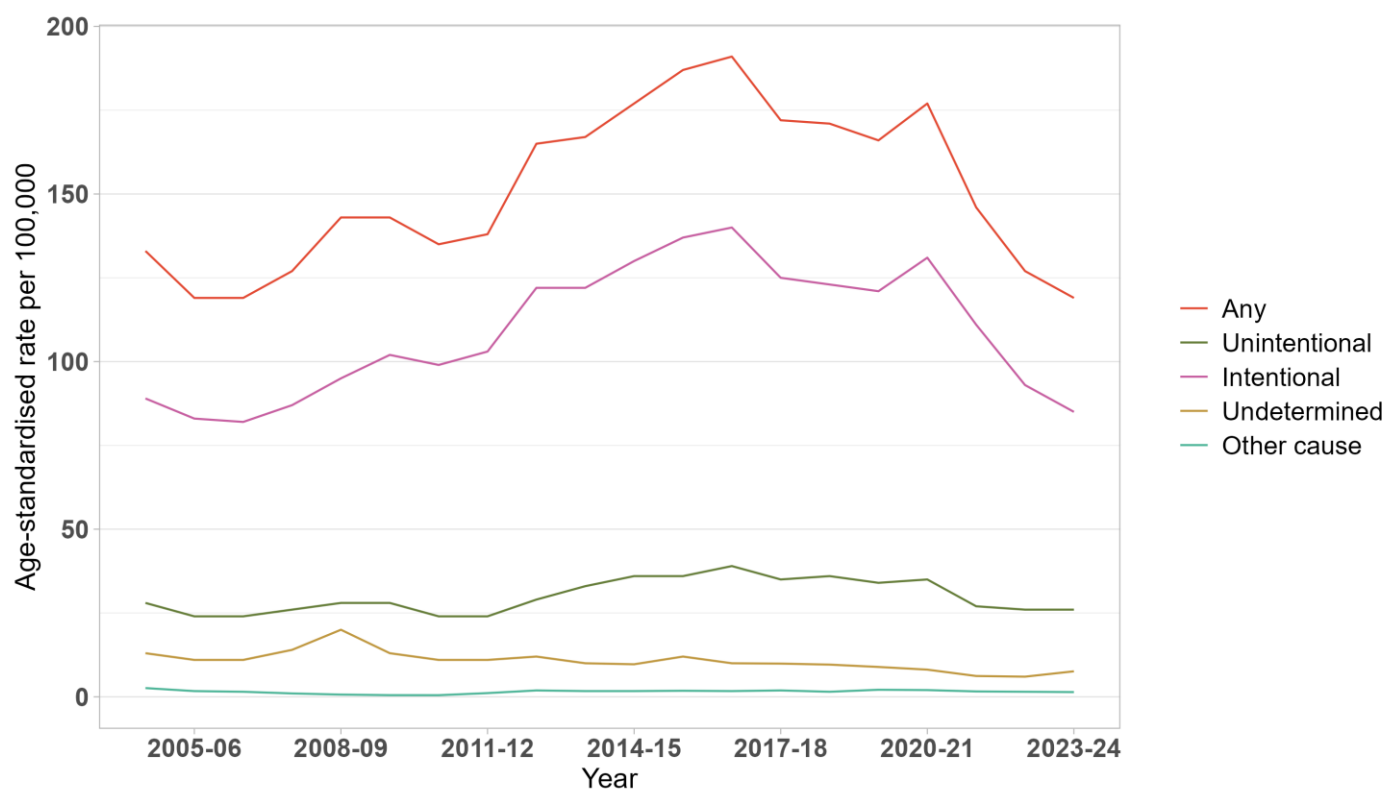
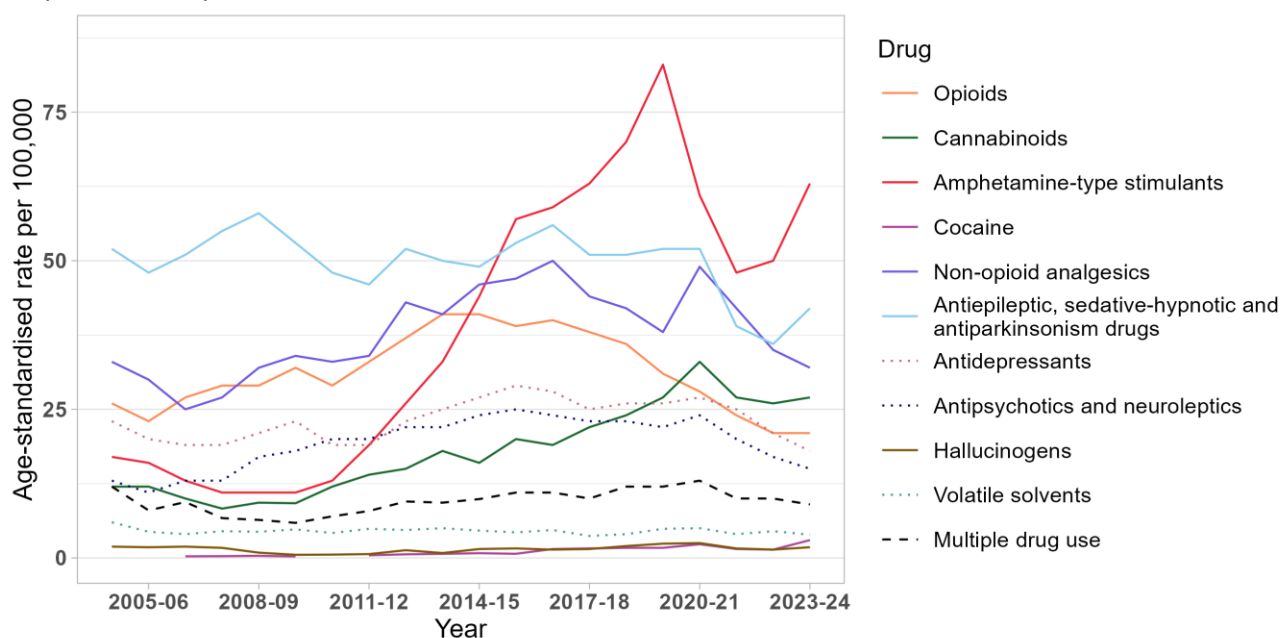


Figure 41. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, Queensland, 2004-05 to 2023-24.



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.



South Australia – *Pending data custodian approval*

Figure 42. Age-standardised rate per 100,000 people of drug-related hospitalisations, by sex, South Australia, 2004-05 to 2023-24. - *Pending data custodian approval*

Figure 43. Age-standardised rate per 100,000 people of drug-related hospitalisations, by remoteness, South Australia, 2012-13 to 2023-24. - *Pending data custodian approval*

Figure 44. 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, 2004-05 to 2023-24. - *Pending data custodian approval*

Figure 45. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, South Australia, 2004-05 to 2023-24. - *Pending data custodian approval*



Tasmania – *Pending data custodian approval*

Figure 46. Age-standardised rate per 100,000 people of drug-related hospitalisations, by sex, Tasmania, 2004-05 to 2023-24. - *Pending data custodian approval*

Figure 47. Age-standardised rate per 100,000 people of drug-related hospitalisations, by remoteness, Tasmania, 2012-13 to 2023-24. - *Pending data custodian approval*

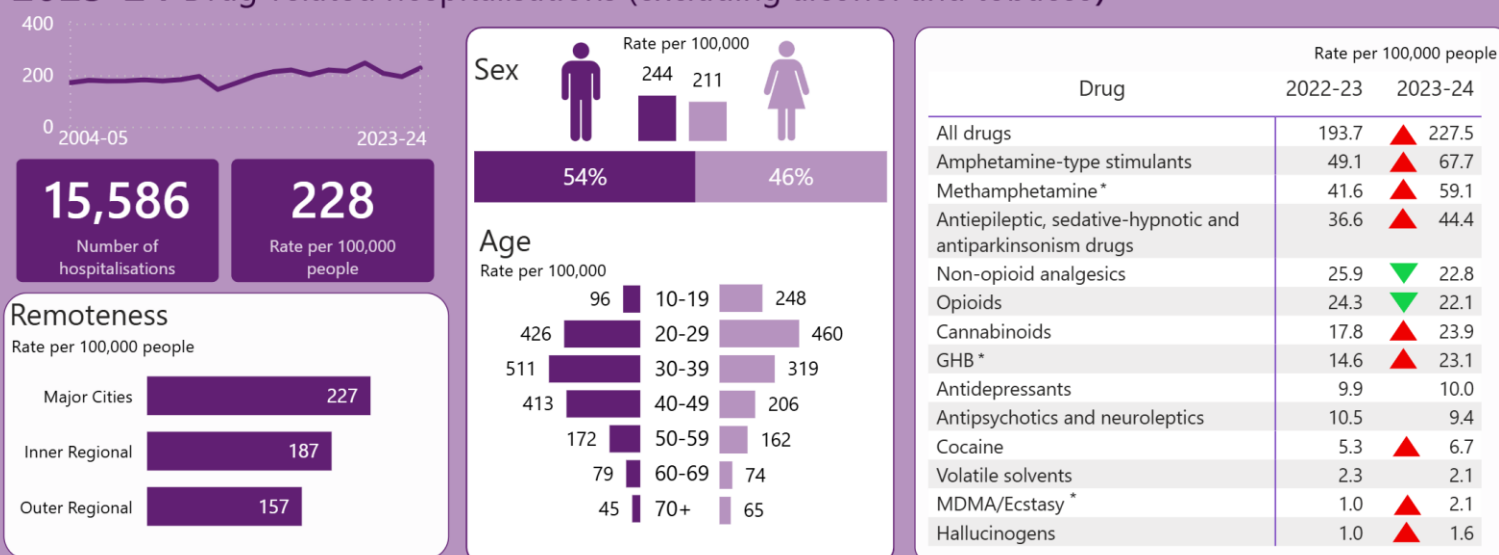
Figure 48. Age-standardised rate per 100,000 people of drug-related hospitalisations, by principal diagnosis of mental and behavioural disorder due to substance use (A) and external cause of poisoning (B), Tasmania, 2004-05 to 2023-24. - *Pending data custodian approval*

Figure 49. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, Tasmania, 2004-05 to 2023-24. - *Pending data custodian approval*



Victoria

2023-24 Drug-related hospitalisations (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 2022-23 to 2023-24. *Indicates a specific drug type within a broader drug group.

Overall Trend

There were 15,586 hospitalisations with a drug-related principal diagnosis in [Victoria](#) in 2023-24, representing 0.48% of all hospitalisations in Victoria.

This corresponds to a rate of 228 hospitalisations per 100,000 people, which was 17% higher than the rate in 2022-23 (194 per 100,000 people) (Table A23 in [Appendix](#)) (Figure 50).

Sex

The rate of hospitalisations was higher among [males](#) than females in 2023-24 (244 versus 211 hospitalisations per 100,000 people, respectively).

Age

In 2023-24, hospitalisation rates were highest among those aged 20-29, followed by 30-39 and 40-49 (444, 415, and 309 per 100,000 people, respectively). Females tended to be younger than males, with rates among those aged 10-19 more than twice the rate among males. Among females, rates were highest in the 20-29 age group, while among males the highest rates were observed in those aged 30-39 years.

Remoteness Area of Usual Residence

The rate of hospitalisations and the number in 2023-24 were highest in the [major city areas of](#) Victoria (12,694 hospitalisations, 227 per 100,000 people) (Figure 51).

External Cause of Drug Poisoning

In 2023-24, 39% of drug-related hospitalisations in Victoria were due to drug poisoning. Furthermore, 65% of drug poisoning-related hospitalisations were intentional (58 hospitalisations per 100,000 people) and 22% were unintentional (19 hospitalisations per 100,000 people) (Figure 52).

Drug Type

In 2023-24, the hospitalisation rates were [highest](#) for amphetamine-type stimulants, at 68 hospitalisations per 100,000 people, reaching a record high (Figure 53).

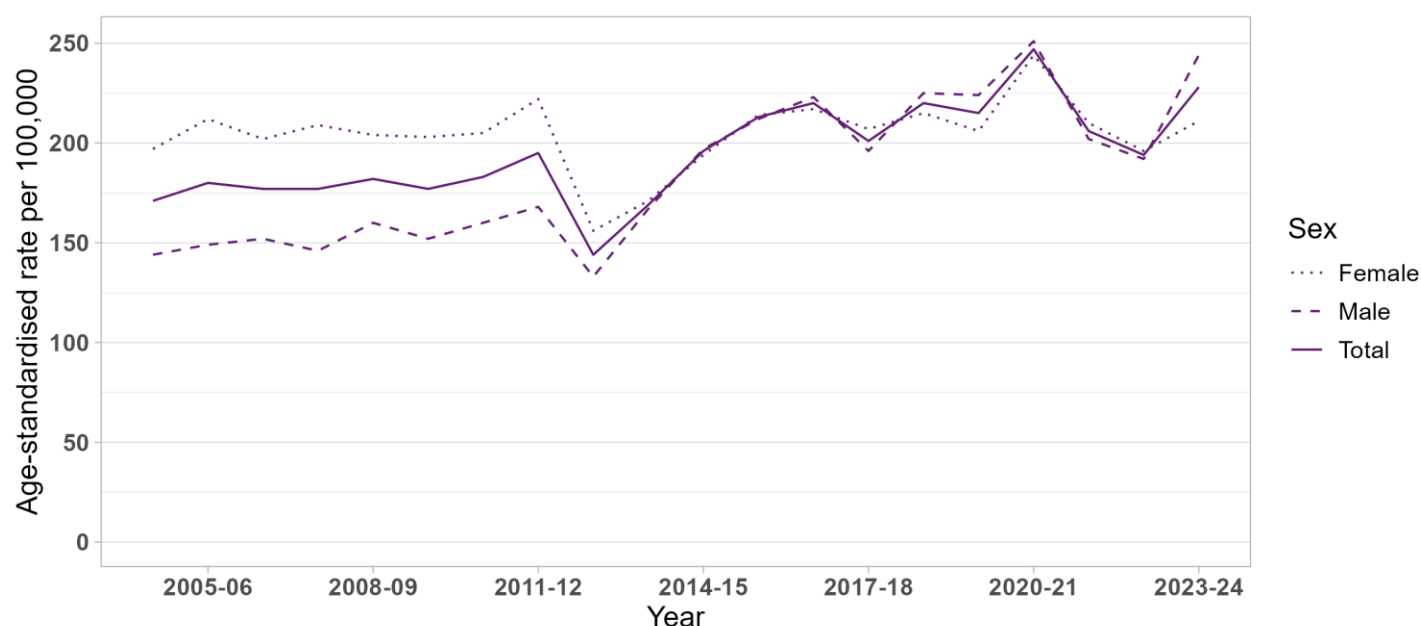
Compared to 2022-23, there were statistically significant increases in the rate of hospitalisations with a principal diagnosis related to

- MDMA/ecstasy (▲104%),
- hallucinogens (▲59%),
- GHB (▲59%),
- methamphetamine (▲42%),
- amphetamine-type stimulants (▲38%),
- cannabinoids (▲34%),
- cocaine (▲26%), and
- antiepileptic, sedative-hypnotic and antiparkinsonism drugs (▲21%).

In contrast, the rate significantly decreased for hospitalisations related to:

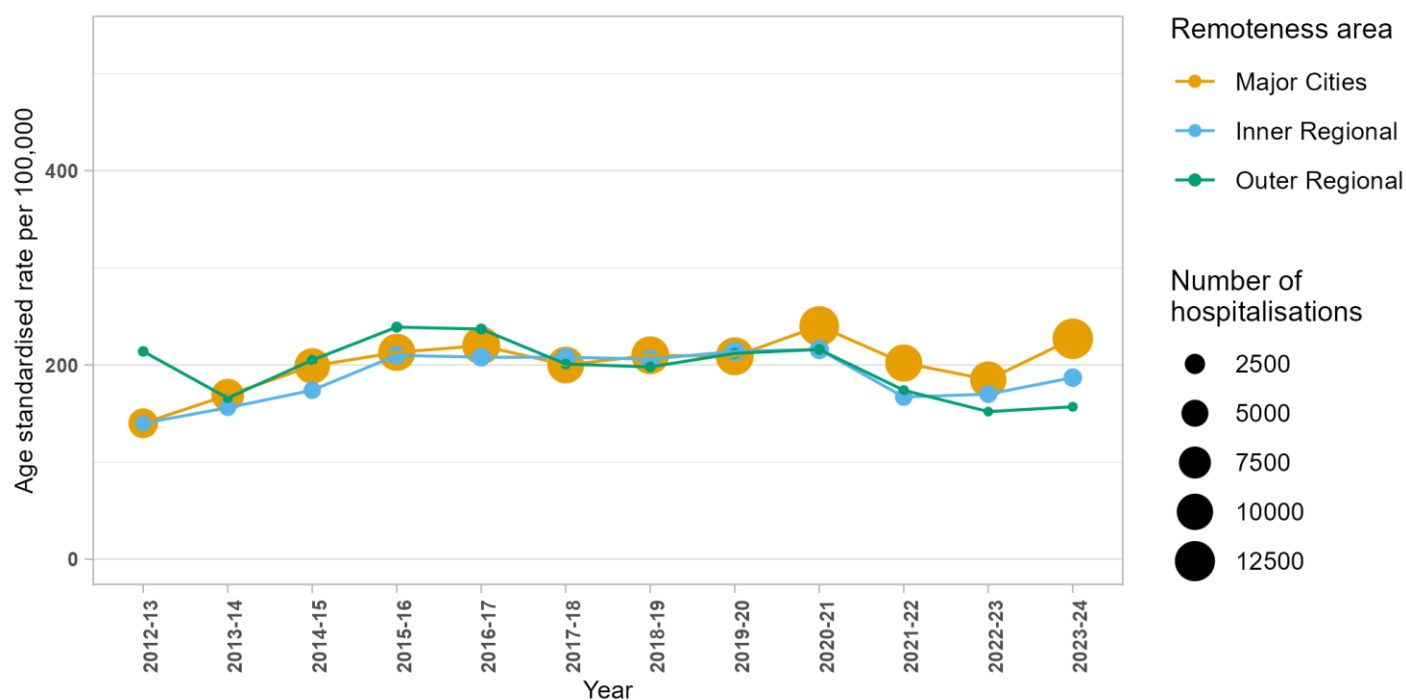
- non-opioid analgesics (▼12%) and
- opioids (▼9.2%) (Table A23, [Appendix](#)).

Figure 50. Age-standardised rate per 100,000 people of drug-related hospitalisations, by sex, Victoria, 2004-05 to 2023-24.



Note: From 1st July 2011 to 30th June 2013 (i.e., between 2011-12 and 2012-13), there was a large decrease in public hospitalisations reported for the Victorian Admitted Episodes Dataset (VAED) because episodes where the patient's entire care was provided in the emergency department were not considered for admission, irrespective of whether a criterion for admission was met. From 2013-14 onwards, "ED-only admissions" were largely replaced with admissions to Short Stay Observation Units.

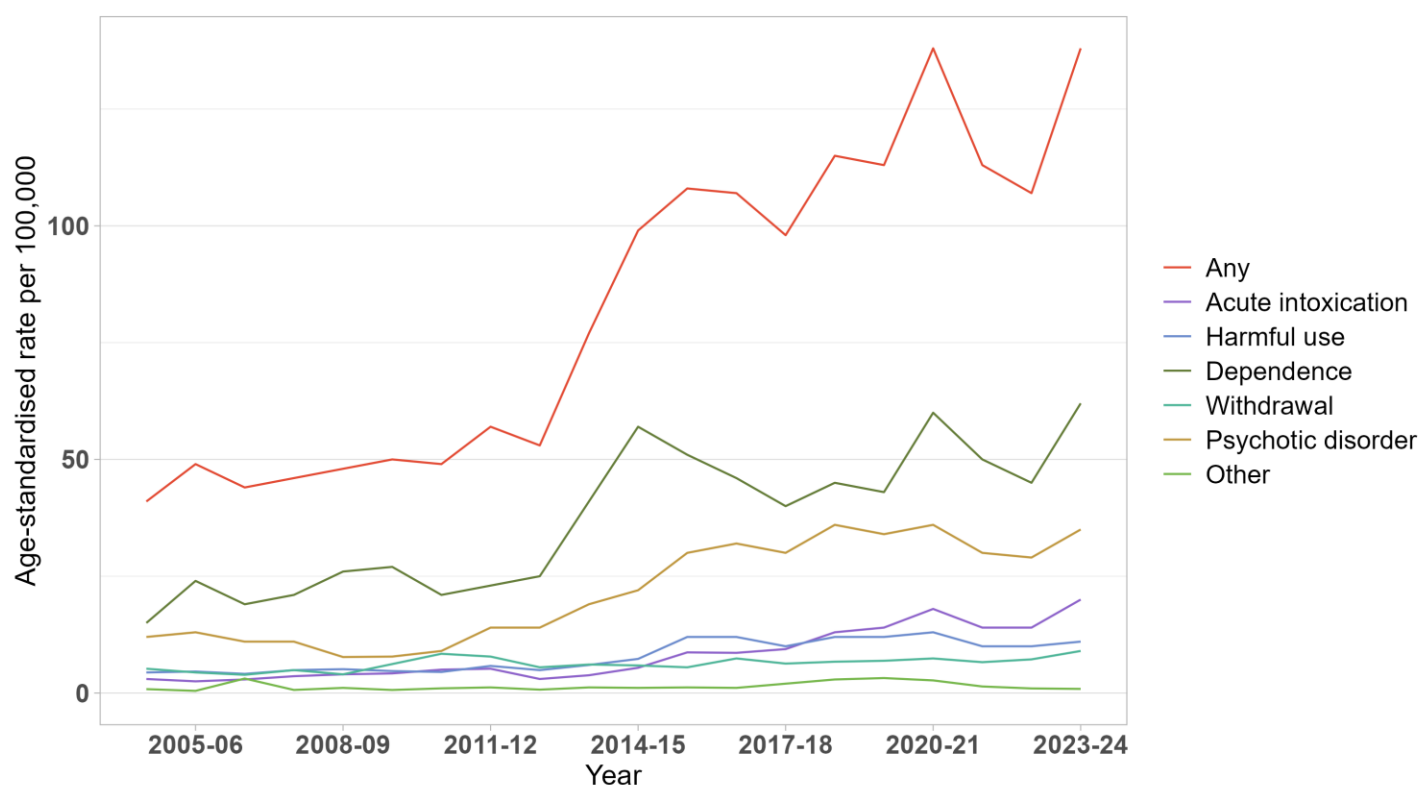
Figure 51. Age-standardised rate per 100,000 people of drug-related hospitalisations, by remoteness, Victoria, 2012-13 to 2023-24.



Note: The size (area) of the bubble is proportional to the number of hospitalisations. The number of hospitalisations for remote and very remote Victoria in each year were small (less than or equal to 10) thus age-standardised rates were not calculated. Please refer to our methods document for details. Data on remoteness are only available from 2012-13.

Figure 52. 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), Victoria, 2004-05 to 2023-24.

(A) Mental & behavioural disorder due to substance use



(B) Drug poisoning

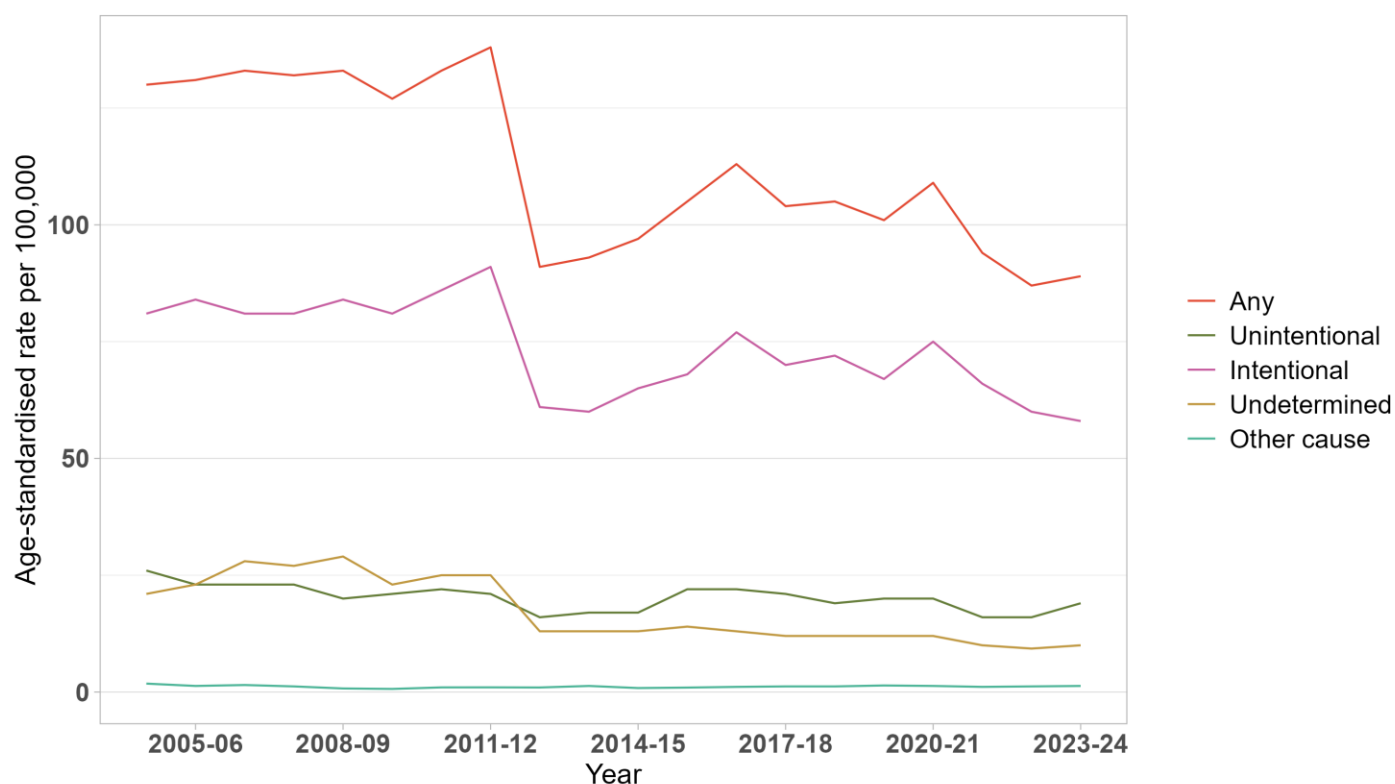
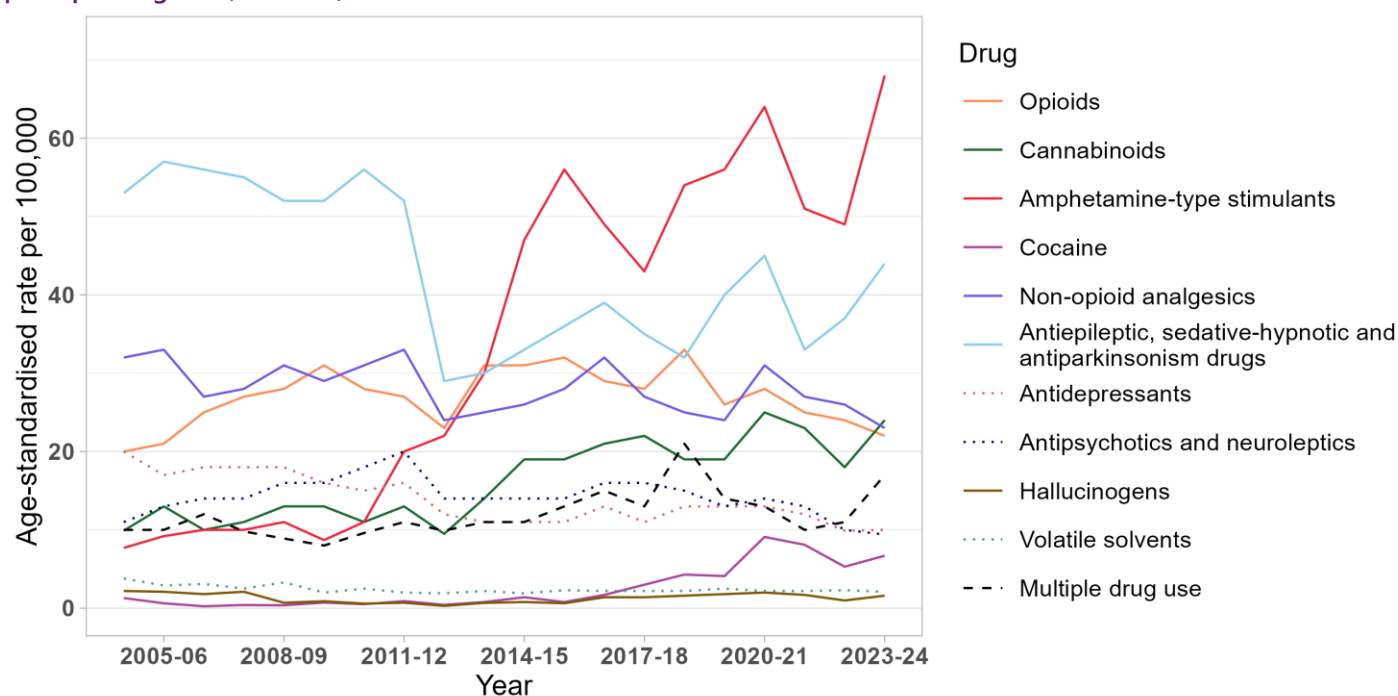


Figure 53. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, Victoria, 2004-05 to 2023-24.

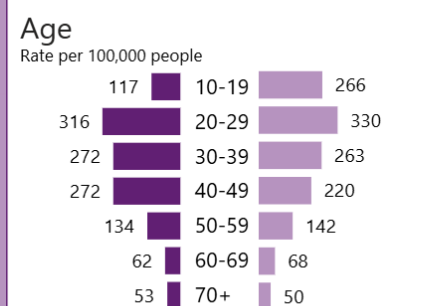
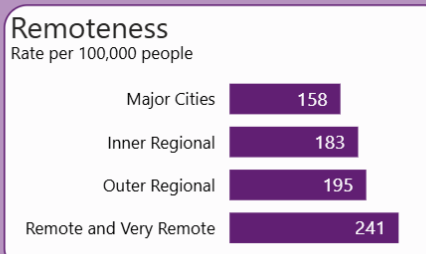
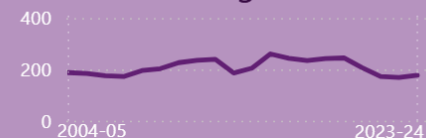


Note: Age-standardised rates were not calculated if the number of hospitalisations was less than or equal to 10 (please refer to our [methods](#) document for details). Suppressed data are visible as gaps in the data series.



Western Australia

2023-24 Drug-related hospitalisations (excluding alcohol and tobacco)



Drug	Rate per 100,000 people	
	2022-23	2023-24
All drugs	168.6	176.9 ▲
Amphetamine-type stimulants	42.5	52.7 ▲
Methamphetamine*	33.9	42.8 ▲
Antiepileptic, sedative-hypnotic and antiparkinsonism drugs	27.3	30.6 ▲
Non-opioid analgesics	23.8	19.7 ▼
Cannabinoids	21.1	19.2
Opioids	14.7	15.6
Antipsychotics and neuroleptics	12.8	12.1
Antidepressants	11.4	9.5 ▼
GHB *	5.1	7.1 ▲
Volatile solvents	2.1	2.0
MDMA/Ecstasy *	0.7	1.2 ▲
Hallucinogens	0.8	0.9
Cocaine	0.5	0.8

Note: The ▲ up arrow indicates a statistically significant increase, while the ▼ down arrow indicates a statistically significant decrease in population rates from 2022-23 to 2023-24. *Indicates a specific drug type within a broader drug group.

Overall Trend

There were 5,131 hospitalisations with a drug-related principal diagnosis in [Western Australia](#) in 2023-24, representing 0.43% of all hospitalisations in Western Australia.

This corresponds to a rate of 177 hospitalisations per 100,000 people, which was 5% higher than the rate in 2022-23 (169 per 100,000 people) (Table A24 in [Appendix](#)) ([Figure 54](#)).

Sex

The rate of hospitalisations was higher among [females](#) than males in 2023-24 (185 versus 169 hospitalisations per 100,000 people, respectively).

Age

In 2023-24, hospitalisation rates were highest among those aged 20-29, followed by 30-39 and 40-49 (323, 268, and 246 per 100,000 people, respectively). Females tended to be younger than males, with rates among those aged 10-19 more than twice the rate among males. For both sexes, however, the rates were highest in the 20-29 age group.

Remoteness Area of Usual Residence

The rate of hospitalisations in 2023-24 was highest in the [remote and very remote](#) Western Australia (241 hospitalisations per 100,000 people), while the number of

hospitalisations was highest in major city areas (3,665 hospitalisations; [Figure 55](#)).

External Cause of Drug Poisoning

In 2023-24, 50% of drug-related hospitalisations in Western Australia were due to drug poisoning. Furthermore, 63% of drug poisoning-related hospitalisations were intentional (56 hospitalisations per 100,000 people) and 30% were unintentional (26 hospitalisations per 100,000 people; [Figure 56](#)).

Drug Type

In 2023-24, the hospitalisation rates were [highest](#) for amphetamine-type stimulants, at 53 hospitalisations per 100,000 people ([Figure 57](#)).

Compared to 2022-23, there were statistically significant increases in the rate of hospitalisations with principal diagnosis related to

- MDMA/ecstasy (▲86%),
- GHB (▲40%),
- methamphetamine (▲26%),
- amphetamine-type stimulants (▲24%), and
- antiepileptic, sedative-hypnotic and antiparkinsonism drugs (▲12%).

In contrast, the rate significantly decreased for hospitalisations related to:

- non-opioid analgesics (▼17%) and
- antidepressants (▼17%) (Table A24 in [Appendix](#)).

Figure 54. Age-standardised rate per 100,000 people of drug-related hospitalisations, by sex, Western Australia, 2004-05 to 2023-24.

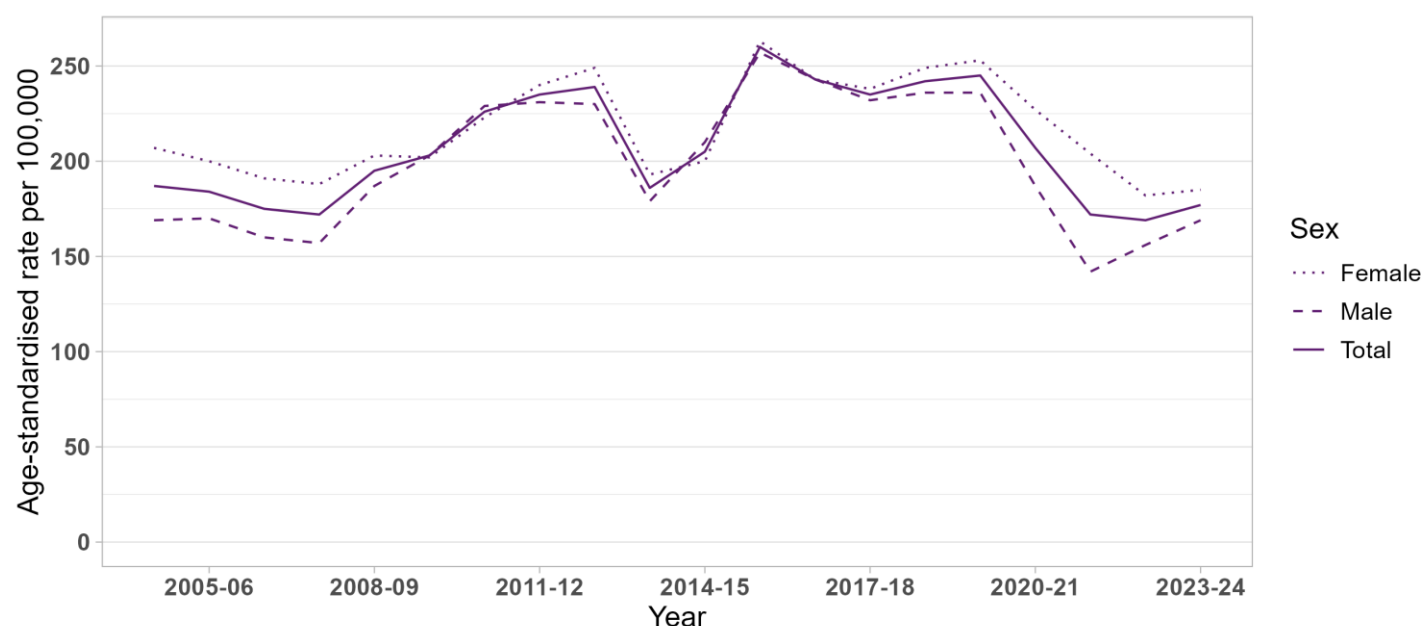
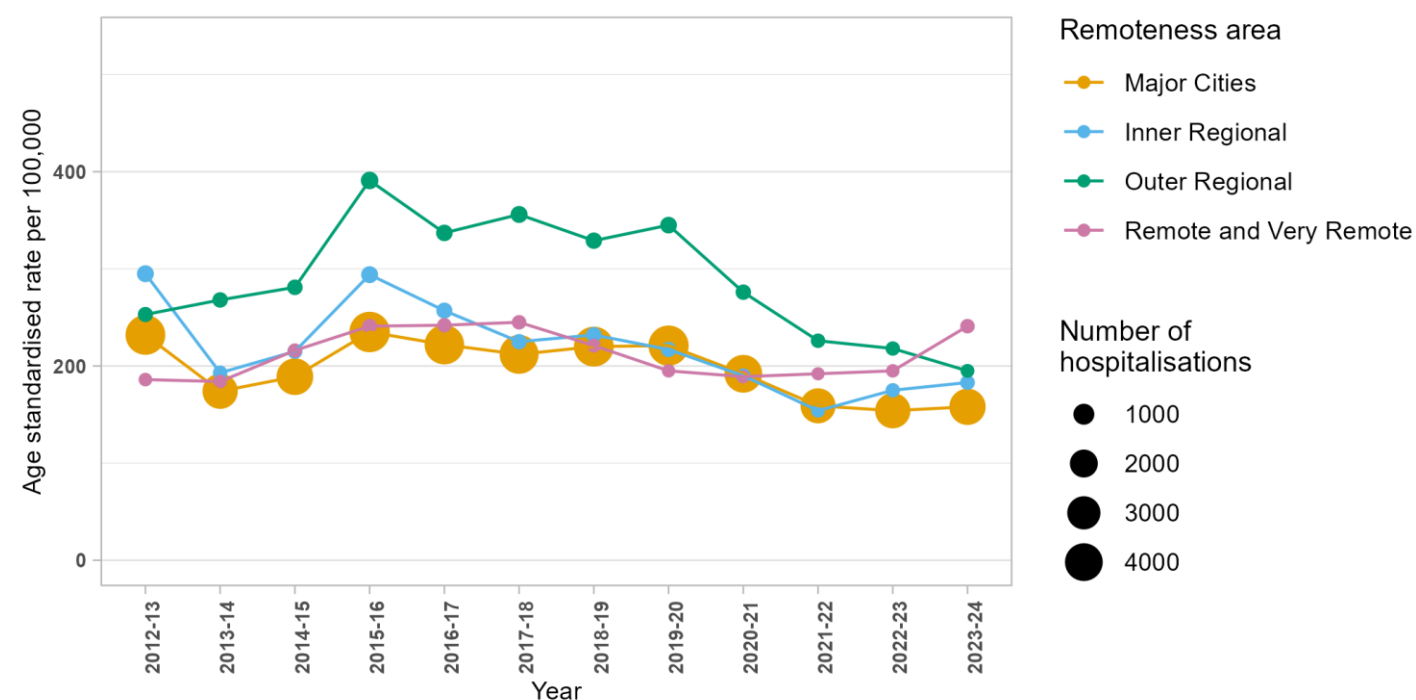


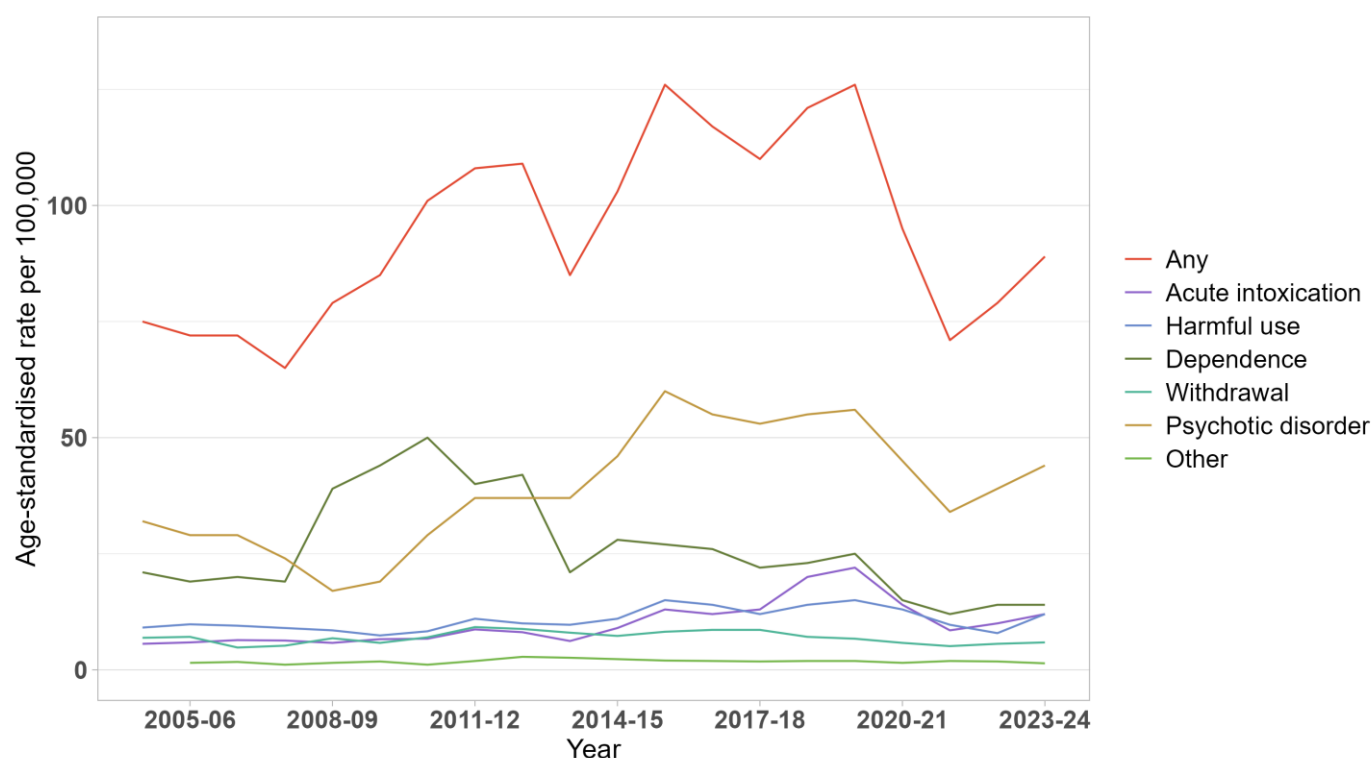
Figure 55. Age-standardised rate per 100,000 people of drug-related hospitalisations, by remoteness, Western Australia, 2012-13 to 2023-24.



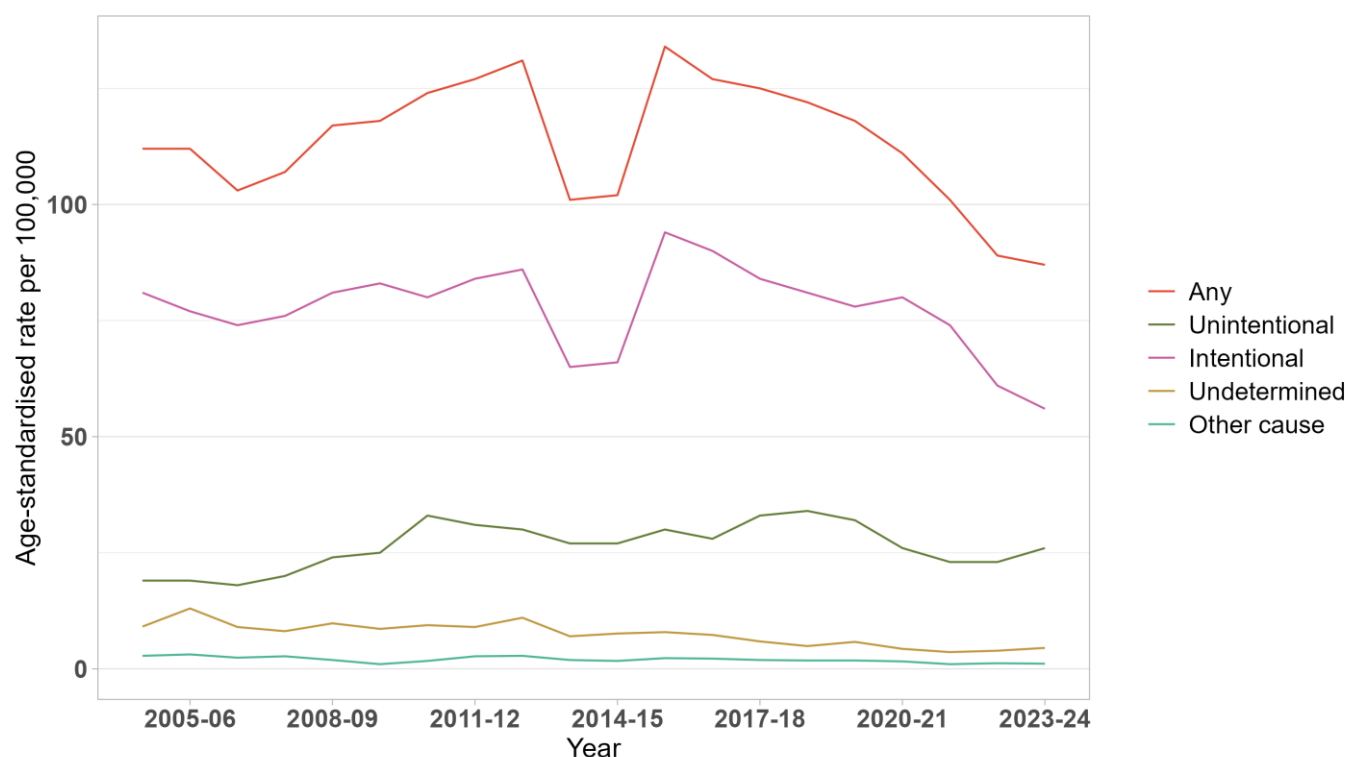
Note: The size (area) of the bubble is proportional to the number of hospitalisations. Data on remoteness are only available from 2012-13.

Figure 56. 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, 2004-05 to 2023-24.

(A) Mental & behavioural disorder due to substance use

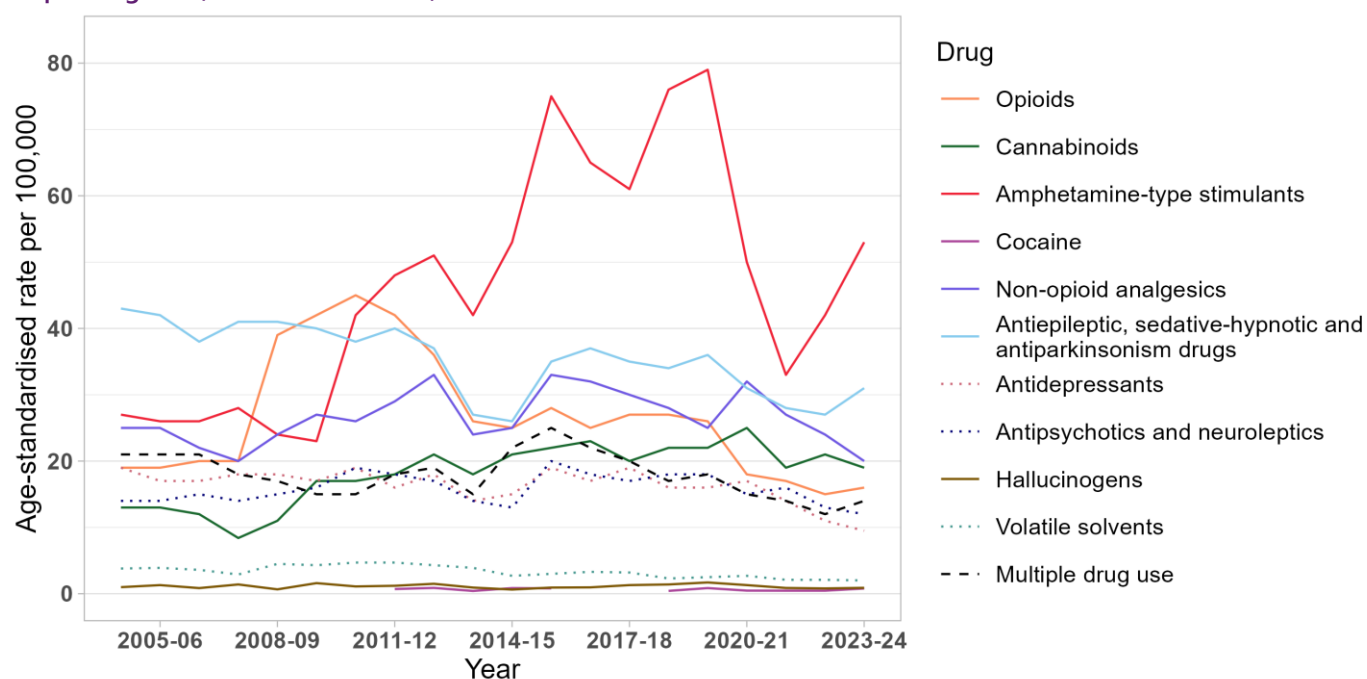


(B) Drug poisoning



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.

Figure 57. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, Western Australia, 2004-05 to 2023-24.



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.

Acknowledgements

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 lands on which this work was undertaken. We pay our respects to Elders past and present, and extend that same respect to all Aboriginal and Torres Strait Islander peoples. We recognise their continuing connection to Country, culture and community.

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-2004-2024>
- 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](#)