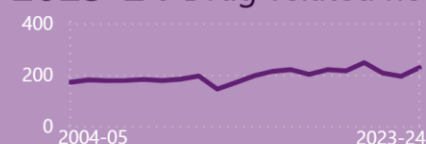




Victoria

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



15,586

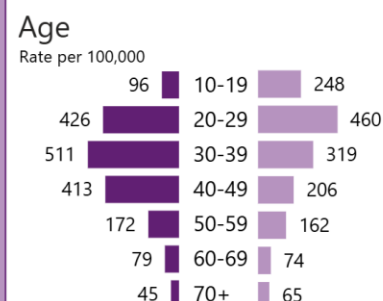
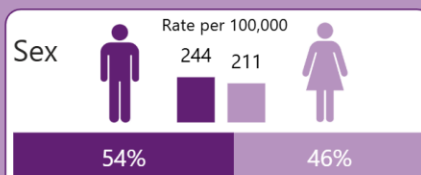
Number of hospitalisations

228

Rate per 100,000 people

Remoteness

Rate per 100,000 people



Drug	Rate per 100,000 people	
	2022-23	2023-24
All drugs	193.7	227.5 ▲
Amphetamine-type stimulants	49.1	67.7 ▲
Methamphetamine *	41.6	59.1 ▲
Antiepileptic, sedative-hypnotic and antiparkinsonism drugs	36.6	44.4 ▲
Non-opioid analgesics	25.9	22.8 ▼
Opioids	24.3	22.1 ▼
Cannabinoids	17.8	23.9 ▲
GHB *	14.6	23.1 ▲
Antidepressants	9.9	10.0
Antipsychotics and neuroleptics	10.5	9.4
Cocaine	5.3	6.7 ▲
Volatile solvents	2.3	2.1
MDMA/Ecstasy *	1.0	2.1 ▲
Hallucinogens	1.0	1.6 ▲

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 1).

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 2).

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 3).

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 4).

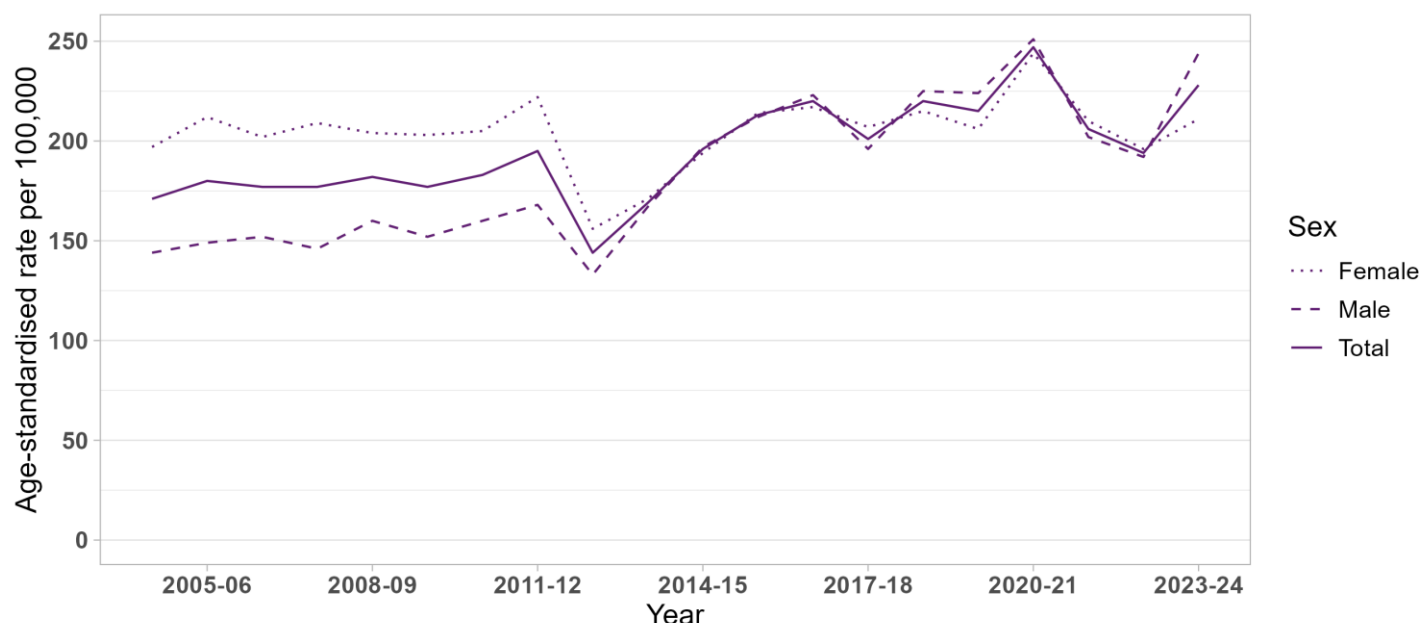
Compared to 2022-23, there were statistically significant increases in the rate of hospitalisations with a principal diagnosis related to

- 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:

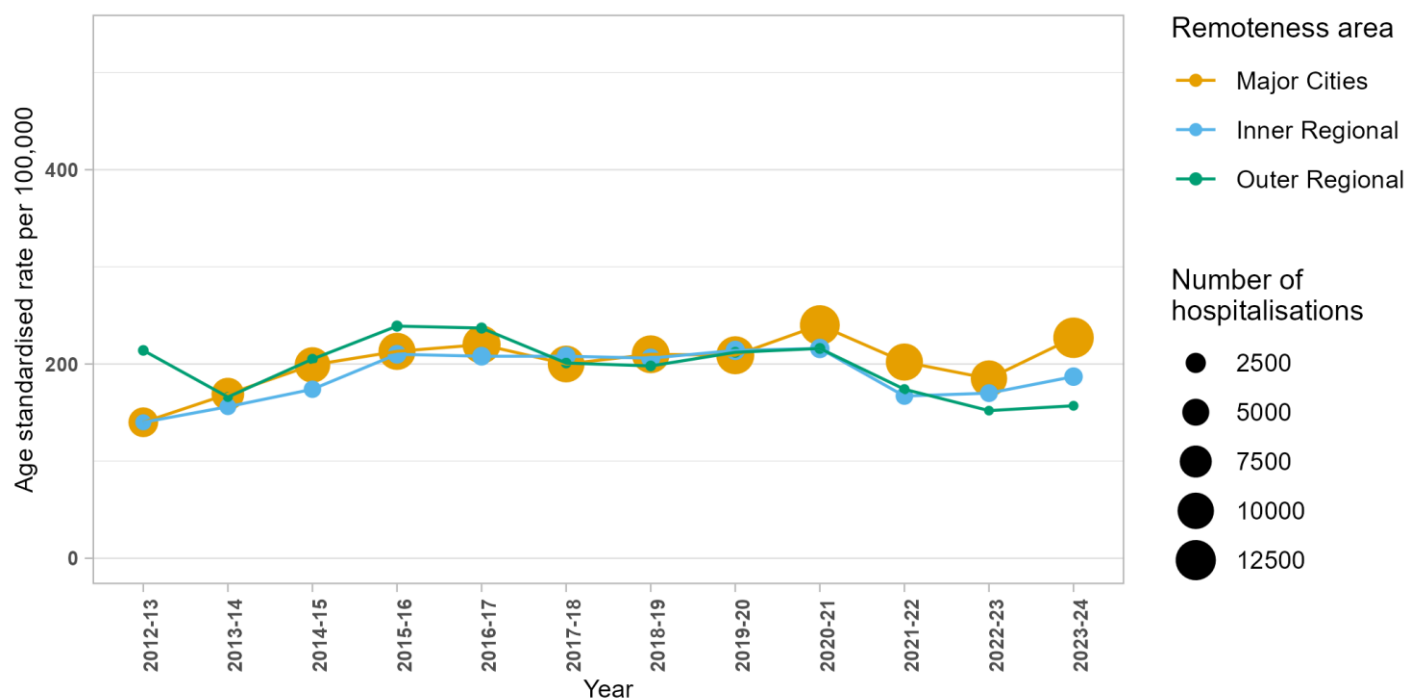
- non-opioid analgesics (▼12%) and
- opioids (▼9.2%) (Table A23, [Appendix](#)).

Figure 1. 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.

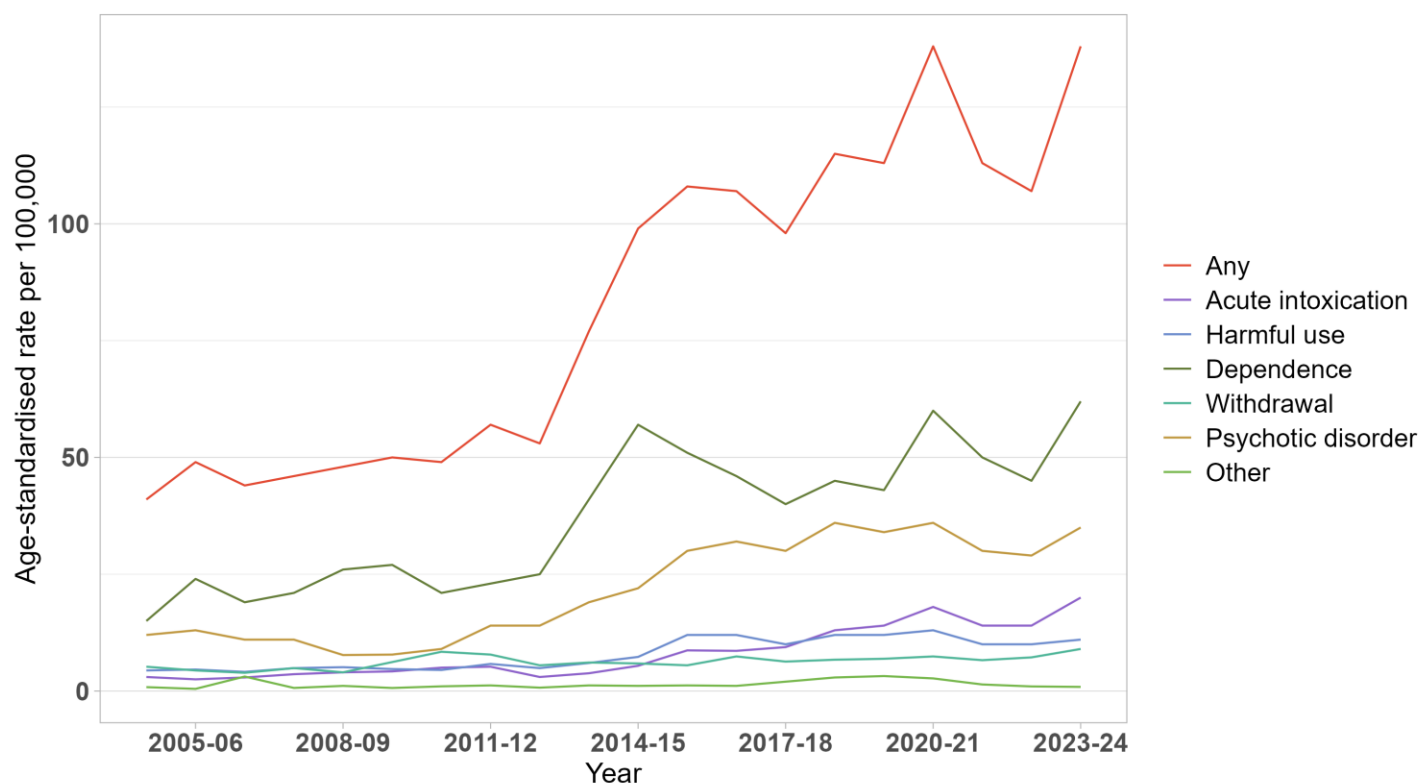
Figure 2. Age-standardised rate per 100,000 people of drug-related hospitalisations, by remoteness, Victoria, 2012-13 to 2023-24.



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

(A) Mental & behavioural disorder due to substance use



(B) Drug poisoning

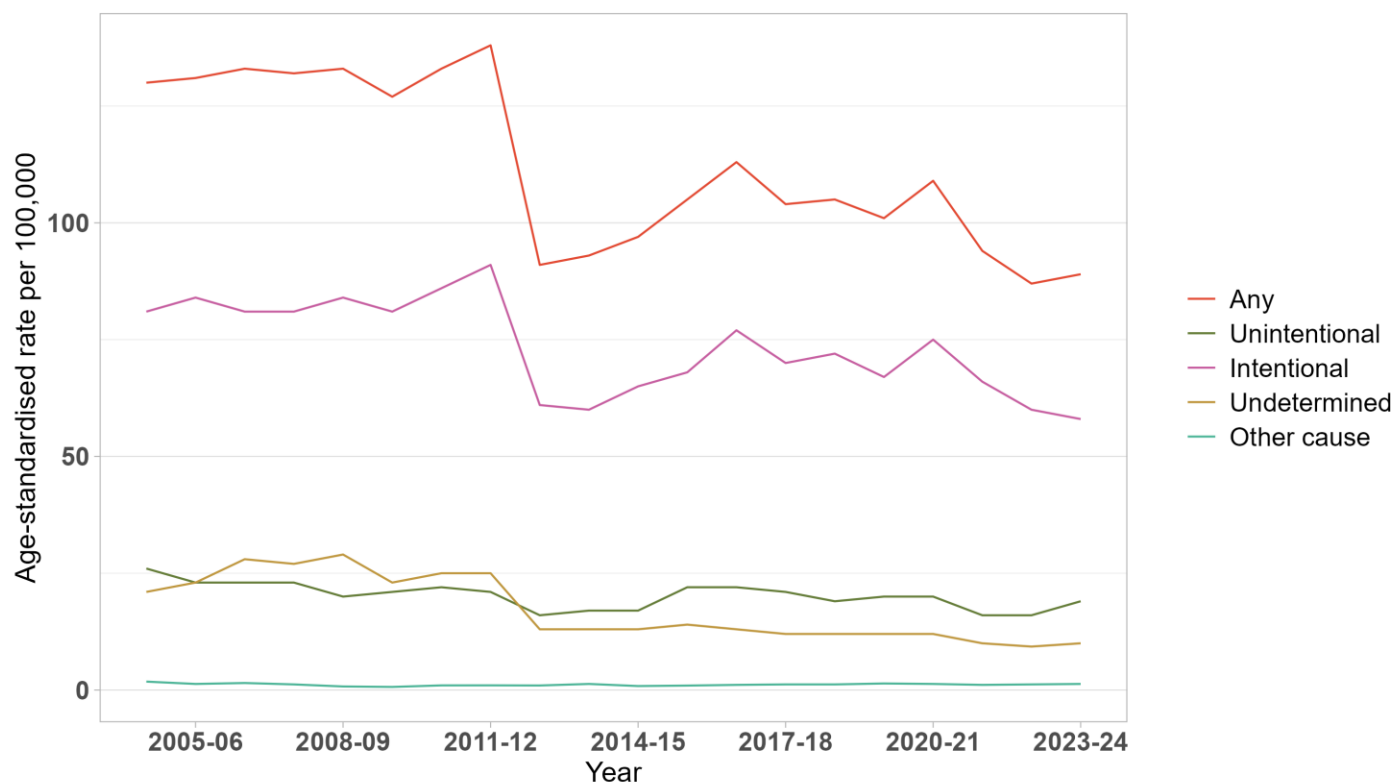
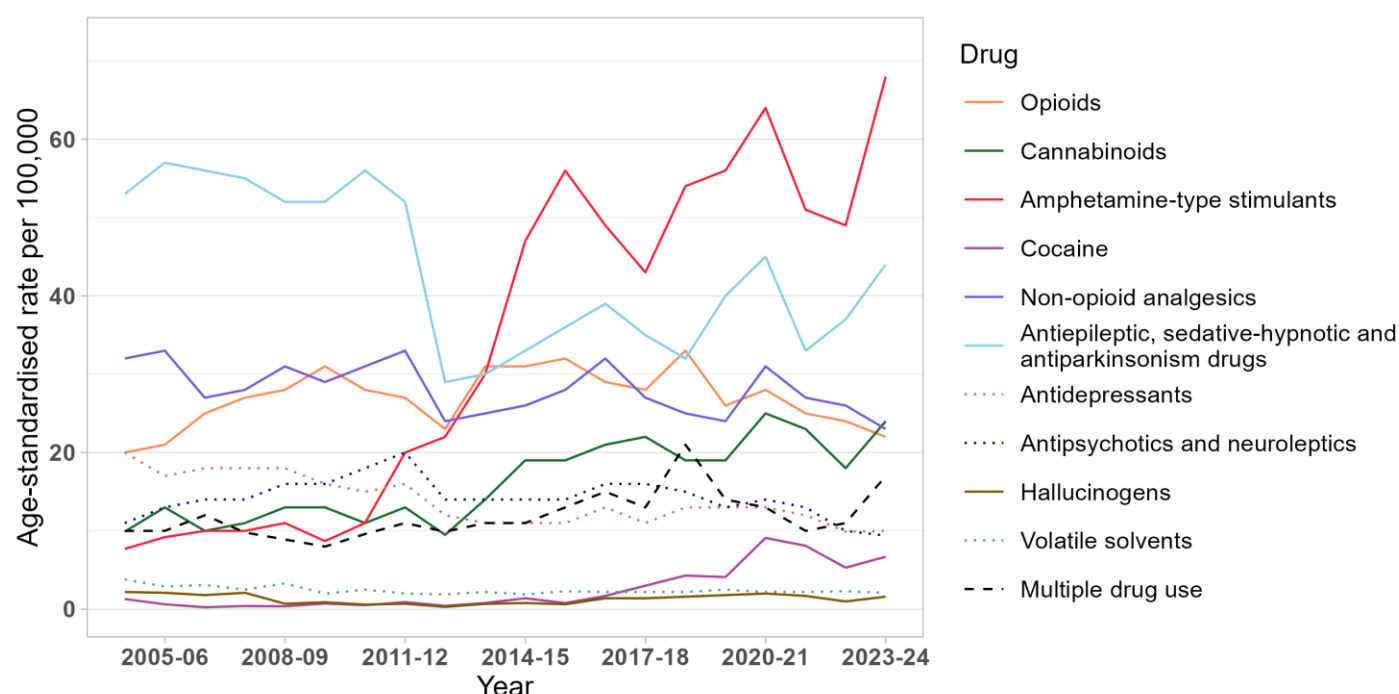


Figure 4. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, Victoria, 2004-05 to 2023-24.



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.

Table A23. Age-standardised rate (per 100,000 people) of drug-related hospitalisations in 2023-24 and average percent change for difference compared to 2022-23, in Victoria by drug type identified in the principal diagnosis

Drug	Number 2023-24	Age-standardised rate (95% CI)		APC (95% CI)
		2023-24	2022-23	2023-24 vs 2022-23
All drugs	15,586	228 (224, 231)	194 (190, 197)	17 (15, 20)
Amphetamine-type stimulants	4,600	68 (66, 70)	49 (47, 51)	38 (32, 44)
<i>Methamphetamine*</i>	4,023	59 (57, 61)	42 (40, 43)	42 (35, 49)
Antiepileptic, sedative-hypnotic and antiparkinsonism drugs	3,090	44 (43, 46)	37 (35, 38)	21 (15, 28)
Cannabinoids	1,638	24 (23, 25)	18 (17, 19)	34 (25, 45)
Non-opioid analgesics	1,505	23 (22, 24)	26 (25, 27)	-12 (-18, -5)
<i>GHB*</i>	1,590	23 (22, 24)	15 (14, 16)	59 (46, 72)
Opioids	1,567	22 (21, 23)	24 (23, 26)	-9.2 (-15.2, -2.6)
Multiple drug use	1,157	17 (16, 18)	11 (10, 12)	51 (38, 66)
Antidepressants	674	10 (9, 11)	9.9 (9.1, 10.7)	1.5 (-9.0, 13.1)
Antipsychotics and neuroleptics	649	9.4 (8.7, 10.2)	10 (10, 11)	-9.9 (-19.1, 0.4)
Cocaine	458	6.7 (6.1, 7.3)	5.3 (4.7, 5.9)	26 (10, 45)
Volatile solvents	142	2.1 (1.7, 2.4)	2.3 (2.0, 2.7)	-12 (-30, 11)
<i>MDMA/ecstasy*</i>	142	2.1 (1.7, 2.4)	1.0 (0.8, 1.3)	104 (53, 173)
Hallucinogens	106	1.6 (1.3, 1.9)	0.99 (0.76, 1.26)	59 (16, 116)

Note: 95% confidence intervals for the age-standardised rate and average percent change are shown in brackets. Please refer to our [methods](#) document on 'Presentation of results' for interpretation of average percent change. Please also refer to our [methods](#) document on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions. *Indicates a specific drug type within a broader drug group.

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.

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](#)