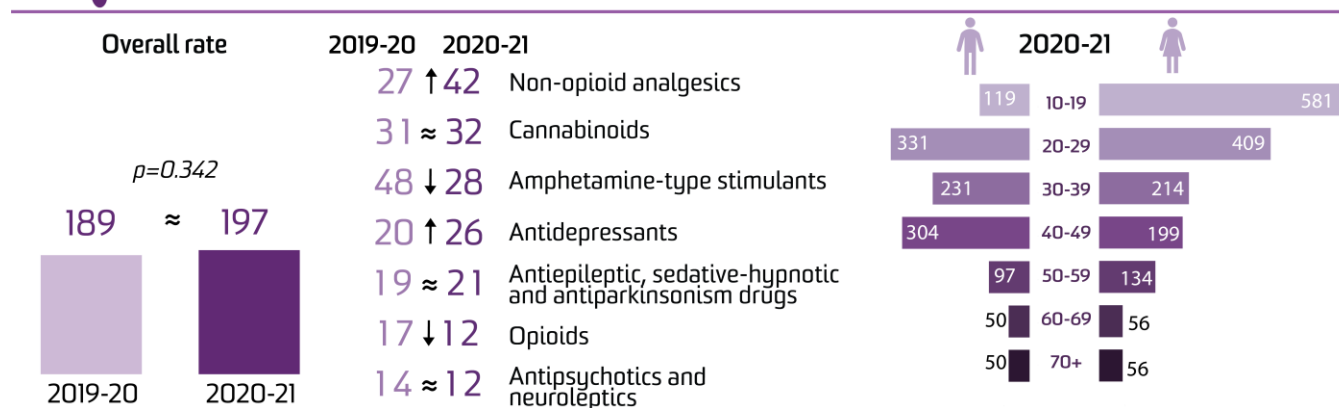


Tasmania



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



Note: Arrows indicate a statistically significant increase/decrease between 2019-20 and 2020-21 ($p<0.05$); sign "≈" indicates no significant change.

There were 1,009 hospitalisations with a drug-related principal diagnosis in [Tasmania](#) in 2020-21.

This is equivalent to 197 hospitalisations per 100,000 people, which was not significantly different from the rate in 2019-20 (189 hospitalisations per 100,000 people; $p=0.342$) (Table A24) but higher than reported in 1999-00 (127 hospitalisations per 100,000 people) (Figure 1).

Sex

The rate of hospitalisations was higher among [females](#) than males in 2020-21 (241 versus 163 hospitalisations per 100,000 people).

Age

In 2020-21, the rate of hospitalisations was [highest](#) among the 20-29 age group, followed by the 10-19 and 40-49 age groups (429, 285, and 263 hospitalisations per 100,000 people, respectively). Among males, the rate of drug-related hospitalisations was highest in the 20-29 age groups, and among females in the 10-19 age groups.

Remoteness Area of Usual Residence

The highest number and rate of hospitalisations in 2020-21 was observed in [inner regional](#)

Tasmania (747 hospitalisations, 206 per 100,000 people; noting there are no major city areas in Tasmania) (Figure 2).

External Cause of Drug Poisoning

In 2020-21, 48% of drug-related hospitalisations in Tasmania were due to drug poisoning. Furthermore, 82% of drug poisoning related hospitalisations were intentional (78 hospitalisations per 100,000 people) and 11% were unintentional (9.2 hospitalisations per 100,000 people) (Figure 3).

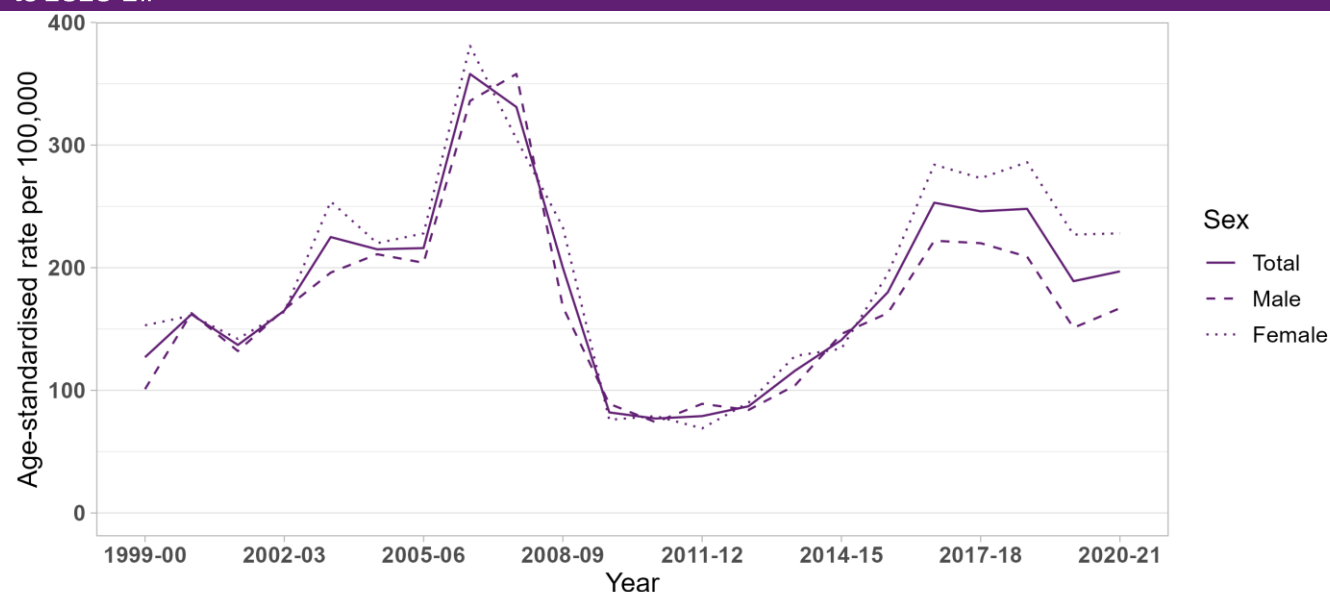
Drug Type

In 2020-21, the rate of hospitalisations was [highest](#) where there was a principal diagnosis indicating non-opioid analgesics (42 hospitalisations per 100,000 people) (Figure 4).

Compared to 2019-20, there were significant decreases in 2020-21 in the rates of hospitalisations related to amphetamine-type stimulants and opioids ($p<0.050$) (Table A24).

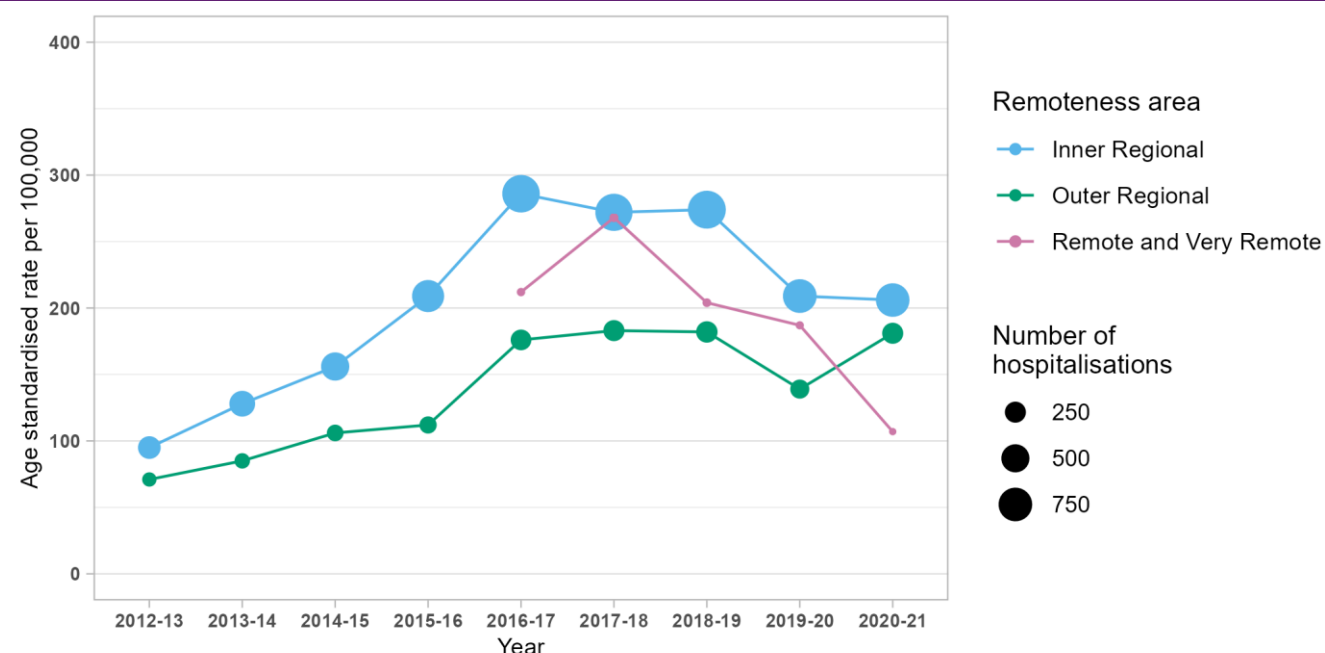
In contrast, there were significant increases in the rate of hospitalisations related to non-opioid analgesics and antidepressants ($p<0.050$) (Table A24).

Figure 1. Age-standardised rate per 100,000 people of drug-related hospitalisations, by sex, Tasmania, 1999-00 to 2020-21.



Provision of Tasmanian data between 2008-09 and 2015-16 was limited to drug related hospitalisations based on selected drug-related ICD-10-AM codes (see the [methods](#) for the list of ICD-10-AM codes). Estimates of drug-related hospitalisations for this period are likely to be underestimated.

Figure 2. Age-standardised rate per 100,000 people of drug-related hospitalisations, by remoteness, Tasmania, 2012-13 to 2020-21.



Note: The size (area) of the bubble is proportional to the number of hospitalisations. Data on remoteness are only available from 2012-13. There are no major city areas in Tasmania. Where the number of hospitalisations for remote and very remote Tasmania were small (less than or equal to 10) age-standardised rates were not calculated. Please refer to our [methods](#) document for details.

Figure 3. Age-standardised rate per 100,000 people of drug-related hospitalisations, by principal diagnosis of mental and behavioural disorder due to substance use (A) and external cause of poisoning (B), Tasmania, 1999-00 to 2020-21.

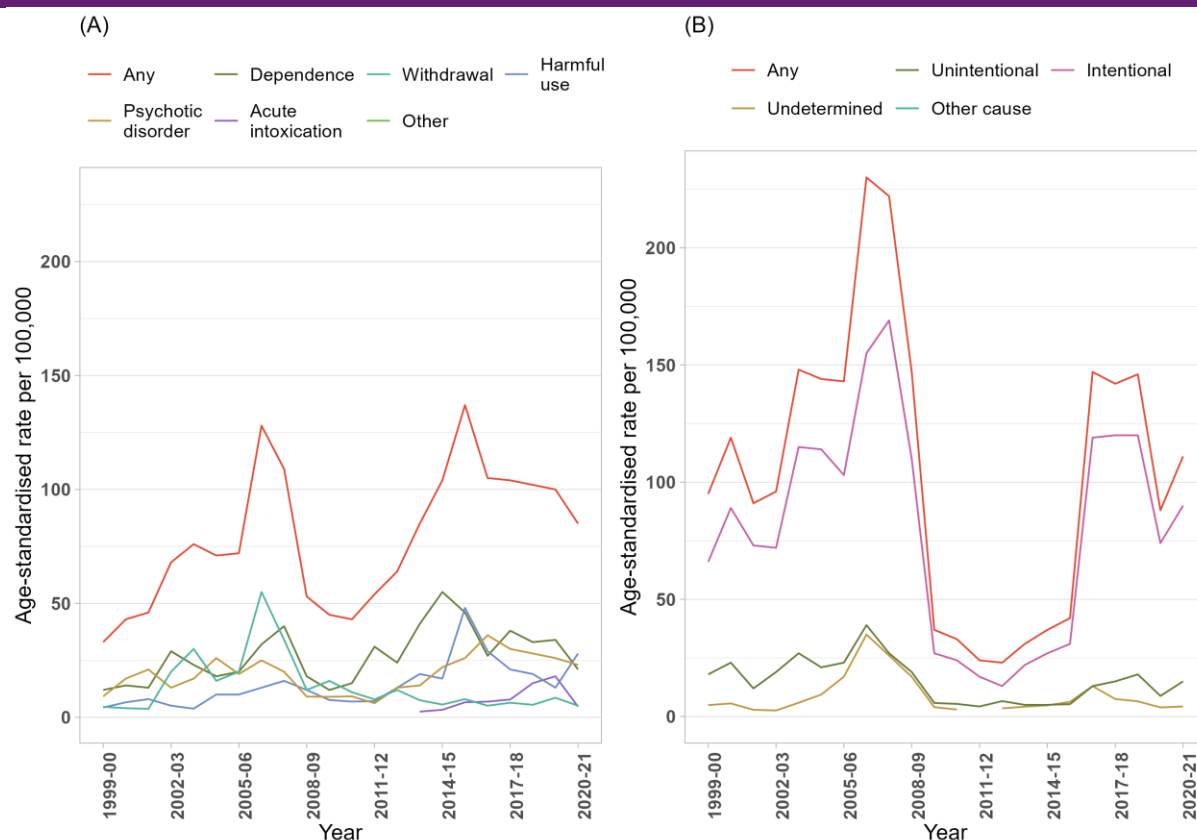
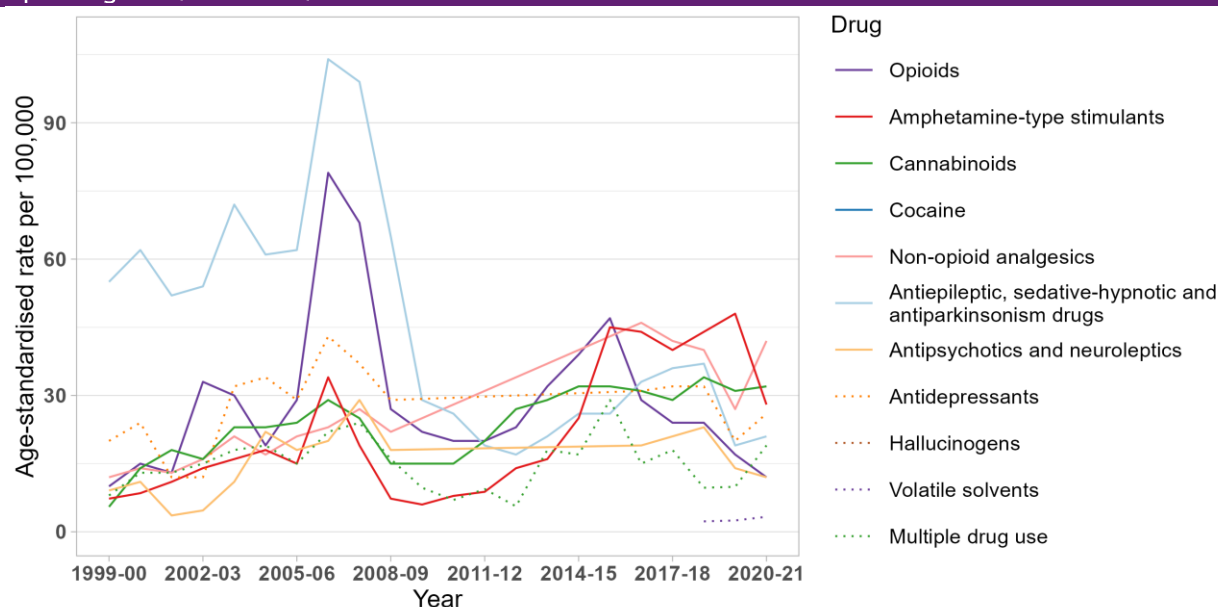


Figure 4. Age-standardised rate per 100,000 people of drug-related hospitalisations, by drug identified in the principal diagnosis, Tasmania, 1999-00 to 2020-21.



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 A24. Age-standardised rate (per 100,000 people) of drug-related hospitalisations in 2020-21 and rate ratio and p-value for difference compared to 2019-20, in Tasmania by drug type identified in the principal diagnosis

Drug	Rate in 2020-21 (95% CI)	Rate in 2019-20 (95% CI)	Rate ratio (95% CI)	P-value
All drugs	197 (185, 210)	189 (177, 201)	1.04 (0.96, 1.14)	0.342
Non-opioid analgesics	42 (36, 48)	27 (23, 32)	1.53 (1.24, 1.91)	<0.001
Cannabinoids	32 (27, 37)	31 (27, 37)	1.02 (0.82, 1.28)	0.838
Amphetamine-type stimulants	28 (24, 34)	48 (42, 55)	0.59 (0.48, 0.73)	<0.001
Antidepressants	26 (22, 31)	20 (16, 24)	1.33 (1.02, 1.73)	0.034
Antiepileptic, sedative-hypnotic and antiparkinsonism drugs	21 (17, 25)	19 (15, 23)	1.10 (0.84, 1.44)	0.480
Multiple drug use	19 (15, 23)	9.9 (7.3, 13)	1.94 (1.37, 2.74)	<0.001
Opioids	12 (9, 15)	17 (14, 21)	0.69 (0.50, 0.96)	0.027
Antipsychotics and neuroleptics	12 (9, 15)	14 (10, 17)	0.87 (0.61, 1.23)	0.421
Volatile solvents	3.3 (1.9, 5.2)	2.5 (1.3, 4.4)	1.28 (0.62, 2.65)	0.505
Cocaine	*np	*np	-	-
Hallucinogens	*np	*np	-	-

Note: 95% confidence intervals for the age-standardised rate and rate ratio are shown in brackets. Please refer to our [methods](#) document on 'Presentation of results' for interpretation of rate ratios. Please also refer to our [methods](#) document on 'Scope of the data' and 'Coding of hospitalisations' for specifications of data selected and all exclusions. "*np" means data not publishable due to small numbers.

For complete report on trends in drug-related hospitalisations in Australia please go to the [national report](#).

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Data source

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Related Links

- Hospitalisations data visualisations: https://drugtrends.shinyapps.io/hospital_separations
- Hospitalisations methods document: <https://ndarc.med.unsw.edu.au/resource-analytics/trends-drug-related-hospitalisations-australia-1999-2021>
- For other Drug Trends publications on drug-related hospitalisations and drug-induced deaths in Australia, go to: <https://ndarc.med.unsw.edu.au/project/national-illicit-drug-indicators-project-nidip>
- For more information on NDARC research, go to: <http://ndarc.med.unsw.edu.au/>
- For more information about the AIHW and NHMD, go to: <https://www.aihw.gov.au/>
- For more information on ICD coding go to: <http://www.who.int/classifications/icd/en/>
<https://www.ihacpa.gov.au/resources/icd-10-amachiacs-eleventh-edition>
- For more research from the Drug Trends program go to: <https://ndarc.med.unsw.edu.au/program/drug-trends>

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Please note that as with all statistical reports there is the potential for minor revisions to data in this report. Please refer to the online version at [Drug Trends](#).

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