



About

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Drug related hospitalisations

Web report | Last updated: 13 Dec 2018 | Topic: [Alcohol & other drug treatment services](#)

Hospitalisations

Information on hospitalisations is taken from the National Hospital Morbidity Database (NHMD). This database includes almost all public hospitals that provided data for the NHMD in 2016-17, with the exception being an early parenting centre in the Australian Capital Territory. Similarly, the majority of private hospitals also provided data for the NHMD, the exceptions being the private free-standing day hospital facilities in the Australian Capital Territory.

Further information can be found in [Admitted patient care 2016-17: Australian hospital statistics](#).

Number of drug-related separations

Drugs described in this section include legal, accessible drugs such as alcohol and tobacco, drugs that are available by prescription or over the counter, such as analgesics and antidepressants, and drugs that are generally not obtained through legal means, such as heroin and ecstasy. Therefore, a proportion of the separations reported here may result from harm arising from the therapeutic use of drugs, and this inclusion may mean the burden on the hospital system appears larger than expected.

In 2016-17:

- there were about 11.0 million separations (episodes of admitted patient care) in Australia's public and private hospitals
- about 137,000 hospital separations with a drug-related principal diagnosis were reported in 2016-17 (Table 1), representing 1.2% of all hospital separations, a similar proportion to previous years
- sedatives and hypnotics continued to account for the highest proportion of hospital separations with a drug-related principal diagnosis (59% of all such separations), with alcohol making up 87% of separations for sedatives and hypnotics
- on its own, alcohol accounted for 51% of all drug-related hospital separations
- of all separations with a drug-related principal diagnosis, 13% were for analgesics, with opioids (heroin, opium, morphine and methadone) accounting for half of this group (6.3% of all drug-related separations)
- stimulants and hallucinogens, which includes cannabis, cocaine and methamphetamines, accounted for 16% of all separations where the principal diagnosis was drug-related
- overnight separations continued to be more common for drug-related treatment than same-day separations, accounting for 60% of all drug-related separations.

Definitions

A **hospital separation** refers to a completed episode of admitted hospital care ending with discharge, death, transfer or a portion of a hospital stay beginning or ending in a change to another type of care (for example, from acute care to rehabilitation). The hospital separations data do not include episodes of non-admitted patient care provided in outpatient clinics or emergency departments. Patients in these settings may be admitted subsequently, with the care provided to them as admitted patients being included in the NHMD.

Drug-related separations refer to hospital care with selected principal diagnoses (that is, the diagnosis established to be chiefly responsible for occasioning an episode of admitted patient care) of substance-use disorder or harm (all forms of harm, for example, accidental, intended or self-inflicted) due to selected substances. Hospital separations where the diagnosis of drug-related harm or disorder is additional to the principal diagnosis such as problems related to certain chronic conditions caused by the use of drugs like tobacco and alcohol have been excluded.

Separations can be either **same-day** (where the patient is admitted and separated on the same day) or **overnight** (where the patient is admitted to hospital and separates on a different date).

Table 1: Hospital separations by drug-related principal diagnosis and duration, 2016-17

Drug-related principal diagnosis	Same-day separations: number	Same-day separations: per cent	Overnight separations: number	Overnight separations: per cent	Total separations: number	Total separations: per cent
Analgesics						
Opioids (includes opium, heroin and methadone)	3,003	5.5	5,612	6.8	8,615	6.3

Non-opioid analgesics (includes paracetamol)	2,710	5.0	6,434	7.8	9,144	6.7
Total analgesics	5,713	10.5	12,046	14.5	17,759	12.9
Sedatives and hypnotics						
Alcohol	31,883	58.6	38,128	46.0	70,011	51.0
Other sedatives and hypnotics	3,716	6.8	6,698	8.1	10,414	7.6
Total sedatives and hypnotics	35,599	65.5	44,826	54.1	80,425	58.6
Stimulants and hallucinogens						
Cannabinoids (includes cannabis)	1,998	3.7	4,304	5.2	6,302	4.6
Hallucinogens (includes LSD and ecstasy)	142	0.3	197	0.2	339	0.2
Cocaine	518	1.0	300	0.4	818	0.6
Tobacco and nicotine	29	0.1	67	0.1	96	0.1
Methamphetamines	2,145	3.9	6,507	7.9	8,652	6.3
Other amphetamines	2,066	3.8	3,588	4.3	5,654	4.1
Other stimulants	109	0.2	282	0.3	391	0.3
Total stimulants and hallucinogens	7,007	12.9	15,245	18.4	22,252	16.2
Antidepressants and antipsychotics	2,721	5.0	6,569	7.9	9,290	6.8
Volatile solvents	438	0.8	437	0.5	875	0.6
Other and unspecified drugs of concern						
Multiple drug use	2,505	4.6	2,671	3.2	5,176	3.8
Unspecified drug use and other drugs not elsewhere classified	79	0.1	295	0.4	374	0.3
Total other and unspecified drugs of concern	2,584	4.8	2,966	3.6	5,550	4.0
Total	54,371	100.0	82,832	100.0	137,203	100.0

Note: Separations with a care type of 'Newborn' (without qualified days), and records for 'Hospital boarders' and 'Posthumous organ procurement' have been excluded.

Source: AIHW analysis of the NHMD 2016-17.

Trends in drug-related separations

The total number of drug-related hospital separations has increased from 111,910 in 2012-13 to 137,203 in 2016-17, an increase of 23%. At the same time, total hospital separations have increased, with drug-related hospital separations consistently making up about 1% of all hospital separations across this 5-year period.

Alcohol was the drug-related principal diagnosis with the highest number of hospital separations across the 5-year period from 2012-13 to 2016-17, with the number of separations increasing from 62,359 to 70,011 in that time. Over the same period, there was a notable increase regarding methamphetamine drug-related principal diagnosis, rising from 1.6% of all drug-related principal diagnoses in 2012-13 to 6.3% of all drug-related principal diagnoses in 2016-17 (Table 2).

Table 2: Hospital separations by drug-related principal diagnosis, 2012-13 to 2016-17

Drug of concern	2012-13	2013-14	2014-15	2015-16	2016-17
Analgesics					
Opioids	7,438	8,153	8,365	8,904	8,615
Non-opioid analgesics	7,525	7,301	7,579	8,545	9,144
Sedatives and hypnotics					
Alcohol	62,359	64,248	65,701	68,239	70,011
Other sedatives and hypnotics	8,919	8,717	9,173	9,857	10,414
Stimulants and hallucinogens					
Cannabinoids	4,314	4,991	5,550	6,020	6,302
Hallucinogens	215	214	241	263	339
Cocaine	444	523	827	776	818
Tobacco and nicotine	60	84	77	72	96
Methamphetamines	1,741	2,782	4,612	7,762	8,652
Other amphetamines	4,644	5,055	6,765	7,302	5,654
Other stimulants	400	434	377	413	391
Antidepressants and antipsychotics	7,924	7,827	8,264	9,104	9,290
Volatile solvents	805	884	901	818	875
Other and unspecified drugs of concern					
Multiple drug use	4,580	4,564	5,294	5,649	5,176
Unspecified drug use and other drugs not elsewhere classified	299	256	295	352	374
Fetal and perinatal conditions	27	27	26	5	12
Total	111,910	116,337	124,483	135,001	137,203

Notes

1. Crude rate is based on the Australian estimated resident population as at 31 December of the reference year.
2. Changes to the Australian Coding Standard for Rehabilitation (ACS 2104), introduced from 1 July 2015 in the 9th edition of ICD-10-AM mean that Z50.- Care involving the use of rehabilitation procedures (which was previously required to be coded as the principal diagnosis) is now an 'Unacceptable principal diagnosis'. The change to the ACS means that the 'reason' for rehabilitation will now be identified using the principal diagnosis (rather than as the first additional diagnosis). This change has had minimal impact on separations related to a drug-related principal diagnosis.
3. Separations with a care type of 'Newborn' (without qualified days), and records for 'Hospital boarders' and 'Posthumous organ procurement' have been excluded

Source: AIHW analysis of the National Hospital Morbidity Database 2016-17.

Hospital separations data

The hospital separation data included in this report were extracted from the AIHW National Hospital Morbidity Database using a selection of codes from the International statistical classification of diseases and related health problems, 10th revision, Australian modification 9th edition (ICD-10-AM) (see Table 3).

Table 3: Relationship between the drug of concern and the ICD-10-AM codes

Drug of concern identified in principal diagnosis	ICD-10-AM codes
Analgesics Opioids (includes heroin, opium, morphine and methadone)	F11.0-11.9, T40.0-40.4
Non-opioid analgesics (includes paracetamol)	F55.2, T39.0, T39.1, T39.3, T39.4, T39.8, T39.9,

Sedatives & hypnotics Alcohol (includes ethanol)	E52, F10.0-10.9, G31.2, I42.6, K29.2, K70.0-70.9, K85.2, K86.0, T51.0-51.9, Z71.4
Other sedatives and hypnotics (includes barbiturates and benzodiazepines; excludes ethanol)	F13.0-13.9, T41.2, T42.3-42.8
Stimulants and hallucinogens Cannabinoids (includes cannabis)	F12.0-12.9, T40.7
Hallucinogens (includes LSD)	F16.0-16.9, T40.8, T40.9
Cocaine	F14.0-14.9, T40.5
Tobacco and nicotine	F17.0-17.9, T65.2, Z58.7, Z71.6
Other stimulants (includes amphetamines and caffeine)	F15.0-15.9, T40.6, T43.6, T46.0, T46.3
Antidepressants and antipsychotics Antidepressants and antipsychotics	F55.0, T43.0-43.5
Volatile solvents Volatile solvents	F18.0-18.9, T52.0-52.9, T53.0-9, T59.0, T59.8
Other and unspecified drugs of concern Multiple drug use	F19.0-19.9
Unspecified drug use and other drugs not elsewhere classified (includes psychotropic drugs not elsewhere classified; diuretics; anabolic and androgenic steroids and opiate antagonists)	F55.1, F55.3-6, F55.8, F55.9, N14.1-3, T38.7, T43.8-9, T50.1-3, T50.7, Z71.5
Fetal and perinatal related conditions Fetal and perinatal related conditions (includes conditions caused by the mother's alcohol, tobacco or other drug addiction)	P04.2-4, Q86.0

Note: Data for 2016-17 were reported to the NHMD using the ICD-10-AM (9th edition).

References

ACCD (Australian Consortium for Classification Development) 2014. The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM) - 9th edn. - tabular list of diseases, and Alphabetic index of diseases. Adelaide: Independent Hospital Pricing Authority.

ACCD 2015. The Australian Classification of Health Interventions (ACHI) - 9th edn. - Tabular list of interventions, and Alphabetic index of interventions. Adelaide: Independent Hospital Pricing Authority.





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