

Hospitalisation due to drugs other than tobacco or alcohol in Western Australia, 1991-1995

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List of abbreviations

ALOS	Average length of stay
ASR	Age-standardised rate
ecode	External code
HMDS	Hospital Morbidity Database System
HDWA	Health Department of Western Australia
HZ	Health Zone
ICD-9-CM	International Classification of Diseases (9 th Revision, Clinical Modification)
IDU	Injecting drug use
SMR	Standardised morbidity rate
WA	Western Australia

Summary

State overview

- This report estimates, using aetiologic fractions, the number of people admitted to hospital (9,795), hospital admissions (11,573), and beddays (52,783) caused by the use of drugs other than alcohol or tobacco in Western Australia (WA) over the period 1991 to 1995.
- Over the period studied, an estimated 0.5% of all hospital admissions and beddays were caused by other drugs.
- The estimated annual bedday cost for other drug-caused hospitalisation was \$4.6 million.
- More females were admitted to hospital for conditions caused by other drugs than males, and the female age-standardised admission rate was significantly higher than that for males.
- For different drugs, peaks in the age-specific rates for admissions and beddays occurred in different age groups. Also, the peaks for admissions and beddays did not necessarily occur in the same age groups, indicating that length of stay varied with age.
- People aged 15 to 34 years accounted for 62% of admissions, and 50% of beddays caused by other drugs.
- Children under five years old accounted for 1.7% of hospital admissions, and 5.2% of beddays caused by other drugs.
- The drug group responsible for the most hospital admissions was tranquillisers.

Opioids

- During the period 1991 to 1995, there were an estimated 1,020 people admitted to hospital, 1,253 hospital admissions, and 5,840 beddays caused by opioids in WA.
- The estimated average annual cost of opioid-caused hospitalisation was \$0.51 million.
- Nearly half of the opioid-caused hospital admissions were for dependence and over a third were for suicide attempts.
- There were more female admissions due to opioid-caused suicide attempts compared to males. Attempted suicides accounted for 42% of opioid-caused admissions in females but only 30% of opioid-caused admissions in males.
- People aged between 15 and 34 years old accounted for 68% of opioid-caused admissions and 58% of opioid-caused beddays.
- There was no significant difference between the age-standardised rate for male opioid-caused hospital admissions and that for females.

Drug-caused attempted suicides

- During the period 1991 to 1995, there were an estimated 5,740 people admitted to hospital, 7,614 hospital admissions, and 27,526 beddays due to drug-caused suicide attempts in WA.
- The estimated average annual cost of hospitalisation for drug-caused suicide attempts was \$2.42 million.
- Attempted suicides were the most common cause of drug-related admissions, accounting for two-thirds of such admissions between 1991 and 1995.
- The drug group most commonly responsible for hospitalisation due to drug-caused suicide attempts was tranquillisers - associated with 35% of such admissions.
- The age-standardised rate for female hospital admissions due to drug-caused suicide attempts was significantly higher than the male rate.
- People aged between 15 and 34 years old accounted for 61% of hospital admissions for drug-caused suicide attempts and 48% of beddays.
- The female age-specific admission rates for drug-caused suicide attempts showed a higher and earlier peak in females compared with males .

Trends

- Over the period 1991 to 1995, the age-standardised rates for hospital admissions due to all other drugs, opiates, and drug-caused suicide attempts all increased significantly. The admission rate for opioids, in particular, showed a dramatic increase, by an average of 65% per year.

Health Zones

- The East Metropolitan HZ had significantly higher crude admission rates for all other drugs, opioids, and drug-caused suicide attempts than the State.

1. Introduction

This report estimates the number of people admitted to hospital, hospital admissions and beddays caused by drugs other than tobacco or alcohol¹ in Western Australia (WA) over the period 1991 to 1995. The study also examines opioid-caused admissions to WA hospitals, in response to recent community concern in the State about the number of young people dying of heroin overdoses.

The reference to 'other drugs' in this report overcomes the limitations of the artificial distinction created by the terms illicit and licit. Hospital admissions attributed to illicit drug use often involve combinations of pharmaceutical and non-pharmaceutical drugs. Even in cases where licit drugs are thought to be responsible, it may be difficult to determine whether they were obtained legitimately.

The report contains a State overview of hospitalisation caused by other drug use, an estimate of the cost of this hospitalisation, trends in other drug-caused hospitalisation, and a summary by Health Department 'Health Zones'² (HZ) [Figure 1]. The analyses are repeated for hospitalisation due to opioids³ and drug-caused suicide attempts.⁴ Summary sheets for each HZ, using broad categories of drug-related conditions⁵, are shown in Appendix 1.

It is expected that the morbidity data by Health Zone contained in this report will be used to construct baselines, against which the effectiveness of the activities of Local Drug Action Groups throughout the State can be evaluated. The role of community based organisations in developing initiatives to address problems of drug abuse has been recognised by the WA Government.⁶

2. Method

Hospitalisation data for the years 1991 to 1995 inclusive were extracted from the Hospital Morbidity Data System (HMDS).⁷ It was necessary to look at five years of data because of the small number of cases in non-metropolitan areas. Cases of conditions known to be related to the use of other drugs were selected using the principal diagnosis or the external code (ecode).⁸ Only records where the postcode of residence could be coded to a Western Australian Health Zone were selected. The number of people admitted for other drug-caused conditions was obtained by using data from the Western Australian Health Services Data Linkage project. This assigns each individual a unique number which allows records belonging to the same individual to be identified. This enables an individual's history of health care to be followed, even though they may have been admitted into different WA hospitals.

¹ Drugs other than alcohol or tobacco are subsequently referred to as 'other drugs' in this report.

² A table showing how postcodes were allocated to each Health Zone is shown in Appendix 4.

³ The opioid group of drugs includes many prescription drugs. Examples of opioids are: heroin, Methadone, Temgesic, Codiphen, Veganin, Palfium, Digesic, Doloxene, Proladone, Omnopon, Fortral.

⁴ Drug-caused attempted suicides are identified by the following ICD9-CM codes: E950.0 (opioids); E950.1 (barbiturates); E950.2 (other sedatives); E951.1 (volatile substances); E950.3 (tranquillisers and other psychotropic agents); E950.4-E950.5 (other/unspecified drugs). Attempted suicides are included in the specific drug groups in Appendix 3 but are also analysed separately.

⁵ These conditions, together with their IDC-9-CM codes, are shown in Appendix 3.

⁶ Strategy Plan Against Drug Abuse, *Together Against Drugs*, June 1997.

⁷ The HMDS is maintained by the Health Statistics Branch of the Health Department of Western Australia (HDWA). It covers all public and private hospitals in Western Australia, including the detoxification program run by the Alcohol and Drug Authority, but excluding psychiatric hospitals. Only episodes of treatment requiring an inpatient stay are captured on the HMDS, therefore other drug-caused conditions which received outpatient treatment are not included in this report.

⁸ The HMDS records up to eighteen extra diagnostic codes. For some conditions, these extra diagnoses were used to identify the specific drug responsible for the admission.

The numbers of persons admitted, hospital admissions and beddays caused by the use of other drugs were estimated using the aetiologic fractions method, developed in 1990 (Holman et al 1990), and recently updated (English et al 1995). Aetiologic fractions are sex-, age-, and condition-specific. The 1995 aetiologic fractions methodology quantifies morbidity caused by the following groups of illicit drugs: cannabis, opioids, stimulants, hallucinogens, and anabolic steroids. To avoid underestimating the impact of other drugs, the aetiologic fractions were extended to include conditions known to be caused by such licit drugs as barbiturates, anti-depressants, sedatives, tranquillisers, and volatile substances⁹. The ICD-9-CM codes and the aetiologic fractions for conditions related to other drug use are shown in Appendix 2.

Most of the conditions connected with the use of other drugs are wholly attributable. This means that all cases coded to these conditions are directly caused by drug use, and the aetiologic fraction is 1.0. However, conditions such as, antepartum haemorrhage, low birthweight, hepatitis, AIDS, and infective endocarditis cannot be attributed wholly to the use of drugs. In these cases, an indirect estimate of drug-caused morbidity is obtained by applying the aetiologic fraction (which is less than 1.0) to the number of hospital admissions for a particular condition.¹⁰ For example, the aetiologic fraction for hepatitis B is 0.29, so if there were 100 hospital admissions for hepatitis B, applying the aetiologic fraction to the number of cases would estimate that 29 of such admissions could be attributed to other drug use.

Two conditions related to other drug use are thought to affect children (low birthweight, and newborn drug toxicity¹¹), and two are specific to females (antepartum haemorrhage and maternal drug toxicity).

The statistical measures used in this report were crude rates, age-specific rates, age-standardised rates (ASRs), and standardised morbidity rates (SMRs). These rates were calculated using a program called the Health Statistics calculator.¹²

Crude rates were calculated by dividing the estimated number of cases by the population of the area, and then multiplying by 100,000 to express the rates as cases per 100,000 population. Crude rates give 'the actual experience of a population' (Rothman 1986) and do not take into account the age-structure of the population.

Age-specific rates were calculated by dividing the number of cases in a particular age group by the population of that age group. Age-standardisation uses a standard population¹³ to eliminate the effects of differences in the age structure of various populations. This allows comparisons between groups with different age compositions. In this report, age-specific and age-standardised rates are expressed per 100,000 population.

Standardised morbidity rates were calculated by dividing the observed number of cases by the expected number of cases. The expected number of cases were estimated by applying the State sex- and age-specific rates to the population of the area. The State SMR is always 1.0, therefore an SMR of 2.0 indicates that the observed rate of drug-caused morbidity in a particular area is twice that expected, based on the State rate. Confidence intervals (95%) applied to the SMRs determined whether differences were significant or not compared to the State.

⁹ This approach was followed in an earlier report (Unwin 1996), but the program to extract and allocate cases to particular drug groups has been refined since this report was written.

¹⁰ Using aetiologic fractions may give estimated numbers of cases which are not integers. This sometimes causes slight discrepancies in the totals due to rounding errors.

¹¹ Low birthweight is specific to females between the ages of 25 and 39 years, but fractions are applied to babies of both sexes.

¹² The *Health Statistics Calculator* was written by Dr J Codde (Director of Epidemiology and Analytical Services, HDWA).

¹³ The Australian 1991 population was used as the standard.

3. Results

3.1 Statewide

3.1.1 Overview

During the five-year period 1991 to 1995, an estimated 9,795 people were admitted to hospital, totalling 11,573 hospital admissions and 52,783 beddays due to other drugs in WA. This is an average of 1,959 persons, 2,315 admissions, and 10,557 beddays per year [Table 1]. These accounted for 0.5% of the total of 2,222,511 admissions and 9,732,937 beddays from all causes that occurred over this period. The estimated average annual cost of hospitalisation caused by other drugs in WA was \$4.6 million.

Overall, there were about 1.3 times more females admitted to hospital, female admissions and beddays caused by other drugs than males. This was mainly because of the large number of admissions for conditions due to licit drugs, such as tranquillisers, sedatives, and antidepressants. There were twice as many females admitted for conditions caused by antidepressants than males. However, there were more male admissions for conditions due to opioids, psychostimulants, hallucinogens, volatile substances, drug psychoses, and conditions related to injecting drug use (IDU) than females [Table 1].

The average length of stay (ALOS) for different conditions varied. The longest hospital stays were for infective endocarditis (18.3 days), poisoning by other sedatives/hypnotics (17.8 days), and low birthweight babies (15.3 days) [Table 1]. The ALOS for conditions due to specific drug groups were similar for males and females, except for conditions caused by volatile substances, and hallucinogens, for which females spent longer in hospital compared to males [Table 2]. Although males spent longer in hospital than females for conditions arising from complications of pregnancy and infancy, this is an artifact of the aetiologic fraction methodology. Fractions for this group of conditions apply to all babies and females of childbearing age.¹¹ As babies usually spend more time in hospital per admission than adults this will increase the ALOS for males.

The drug groups responsible for the most admissions were tranquillisers (2,817), followed by unclassified drugs (2,561), antidepressants (1,530), and opioids (1,253) [Table 1]. Attempted suicides were the most common cause of drug-related admissions, accounting for two-thirds of such admissions between 1991 and 1995. The next most common cause was drug dependence, which accounted for 13% of drug-caused admissions. The other causes accounted for smaller proportions of admissions: drug psychoses 5.4%; drug use disorders 5.3%; complications of pregnancy and infancy 4.2%; accidental poisoning 3.2%; conditions related to IDU 2.0%; and undetermined cause 1.2% [Table 3].

People aged between 15 and 34 years old accounted for 62% of other drug-caused admissions and 50% of other drug-caused beddays. An estimated 199 admissions and 2,749 beddays caused by other drugs (1.7% of other drug-caused admissions; 5.2% of other drug-caused beddays) involved children aged 0 to 4 years. This highlights the risk that drug-taking poses to foetuses and babies.

The highest number of other drug-caused hospital admissions (1,984) involved people aged 25 to 29 years [Figure 1], but the highest number of other drug-caused hospital beddays (7,684) involved the 30 to 34 years age group. Overall, the number of female admissions for other drug-caused conditions was higher for all age groups, resulting in a significantly higher ASR for females than for males (158 admissions / 100,000 population compared with 119).

The age-specific rates for hospital admissions caused by other drugs peaked in the 25 to 29 years age group for both males and females [Figure 1]. For different drugs, peaks in the age-specific rates for admissions and beddays occurred in different age groups [Figure 2]. For example, admission rates for volatile substances, and hallucinogens peaked in the 15 to 19 years age group, and those for psychostimulants peaked in the 20 to 24 year age group, whereas admission rates for the other drug groups were more evenly distributed over the age groups.

Table 1: Estimated number of other drug-caused hospital admissions and beddays, ALOS, and approximate cost, by drug-related conditions

Western Australia, 1991-1995

Drug-related conditions	Number of admissions	Number of beddays	ALOS (days)	Cost¹
Opioids				
Accidental poisoning - heroin	34	155	4.6	\$68,200
Suicide - heroin	112	354	3.2	\$155,760
Poisoning - heroin	11	30	2.7	\$13,200
Methadone dependence	1	7	7.0	\$3,080
Accidental poisoning - methadone	5	8	1.6	\$3,520
Suicide - methadone	28	79	2.8	\$34,760
Other/unknown opioid dependence	602	3,480	5.8	\$1,531,200
Other/unknown opioid use disorder	109	508	4.7	\$223,520
Accidental poisoning - other opioid	35	227	6.5	\$99,880
Suicide - other/unknown opioid	310	978	3.2	\$430,320
Poisoning - other/unknown opioid	6	14	2.3	\$6,160
Sub-total: opioids	1,253	5,840	4.7	\$2,569,600
Barbiturates/sedatives/hypnotics				
Accidental poisoning - barbiturates	3	14	4.7	\$6,160
Suicide - barbiturates	22	70	3.2	\$30,800
Other sedative/hypnotic dependence	128	1,297	10.1	\$570,680
Other sedative/hypnotic use disorder	121	423	3.5	\$186,120
Accidental poisoning - other sedative/hypnotic	19	64	3.4	\$28,160
Suicide - other sedative/hypnotic	564	1,600	2.8	\$704,000
Poisoning - other sedative/hypnotic	6	107	17.8	\$47,080
Sub-total: barbiturates/sedatives/hypnotics	863	3,575	4.1	\$1,573,000
Tranquillisers				
Accidental poisoning - tranquillisers	135	567	4.2	\$249,480
Suicide - tranquillisers	2,657	9,386	3.5	\$4,129,840
Poisoning - tranquillisers	25	49	2.0	\$21,560
Sub-total: tranquillisers	2,817	10,002	3.6	\$4,400,880
Antidepressants				
Antidepressant use disorder	4	13	3.3	\$5,720
Accidental poisoning - antidepressants	53	206	3.9	\$90,640
Suicide - antidepressants	1,457	6,116	4.2	\$2,691,040
Poisoning - antidepressants	16	88	5.5	\$38,720
Sub-total: antidepressants	1,530	6,423	4.2	\$2,826,120
Psychostimulants				
Cocaine dependence	3	17	5.7	\$7,480
Cocaine use disorder	4	19	4.8	\$8,360
Amphetamine/other psychostimulant dependence	87	457	5.3	\$201,080
Amphetamine use disorder	145	521	3.6	\$229,240
Accidental poisoning - psychostimulants	19	77	4.1	\$33,880
Suicide - psychostimulants	73	145	2.0	\$63,800
Poisoning - psychostimulants	2	2	1.0	\$880
Sub-total: psychostimulants	333	1,238	3.7	\$544,720
Hallucinogens				
Cannabis dependence	17	65	3.8	\$28,600
Cannabis use disorder	40	106	2.7	\$46,640
Hallucinogen dependence	1	1	1.0	\$440
Hallucinogen use disorder	28	198	7.1	\$87,120
Accidental poisoning - hallucinogens	19	21	1.1	\$9,240
Suicide - hallucinogens	18	22	1.2	\$9,680
Poisoning - hallucinogens	3	3	1.0	\$1,320
Sub-total: hallucinogens	126	416	3.3	\$183,040
Other/combination psychotropic agents				
Suicide - other/comb psychotropic agent	621	3,420	5.5	\$1,504,800
Poisoning - other/comb psychotropic agent	20	78	3.9	\$34,320
Sub-total: other/comb psychotropic agents	641	3,498	5.5	\$1,539,120

continued...

Table 1: continued

Drug-related conditions	Number of admissions	Number of beddays	ALOS (days)	Cost ¹
Volatile substances				
Volatile substance dependence	55	248	4.5	\$109,120
Accidental poisoning - volatile substances	46	79	1.7	\$34,760
Suicide - volatile substances	4	4	1.0	\$1,760
Poisoning - volatile substances	1	1	1.0	\$440
Sub-total: volatile substances	106	332	3.1	\$146,080
Unclassified drugs				
Combination/unspecified drug dependence	601	4,837	8.0	\$2,128,280
Other/mixed/unspecified drug use disorder	163	744	4.6	\$327,360
Suicide - other/unspecified drugs	1,748	5,352	3.1	\$2,354,880
Poisoning - other/unspecified drugs	49	162	3.3	\$71,280
Sub-total: unclassified drugs	2,561	11,095	4.3	\$4,881,800
Drug psychoses				
Sub-total: drug psychoses	622	5,486	8.8	\$2,413,840
IDU-related conditions				
Hepatitis B	27	153	5.7	\$67,320
Hepatitis non-A, non-B	184	386	2.1	\$169,840
AIDS/HIV	14	34	2.4	\$14,960
Infective endocarditis	8	146	18.3	\$64,240
Sub-total: IDU-related conditions	233	719	3.1	\$316,360
Complications of pregnancy/infancy				
Maternal drug dependence	114	679	6.0	\$298,760
Antepartum haemorrhage	158	610	3.9	\$268,400
Newborn drug toxicity	58	431	7.4	\$189,640
Low birthweight	159	2,439	15.3	\$1,073,160
Sub-total: complications of pregnancy/infancy	489	4,159	8.5	\$1,829,960
TOTAL: ALL DRUGS	11,573	52,783	4.6	\$23,224,520

¹ Cost estimates are based on the number of beddays using: *Time Series Analysis, 1994/95*. Finance and Assets, Health Department of WA, 1996.

Admission and bedday rates did not necessarily peak in the same age groups, indicating that length of stay varied with age. For example, the age-specific rate for admissions due to tranquillisers peaked in the 25 to 29 years age group (69 admissions / 100,000 population), whereas the peak rate for beddays due to this group of drugs occurred in people aged 85 years and over (756 beddays / 100,000).

Figure 1: Estimated numbers and age-specific rates for hospital admissions caused by other drugs, by age group and sex, WA, 1991-1995

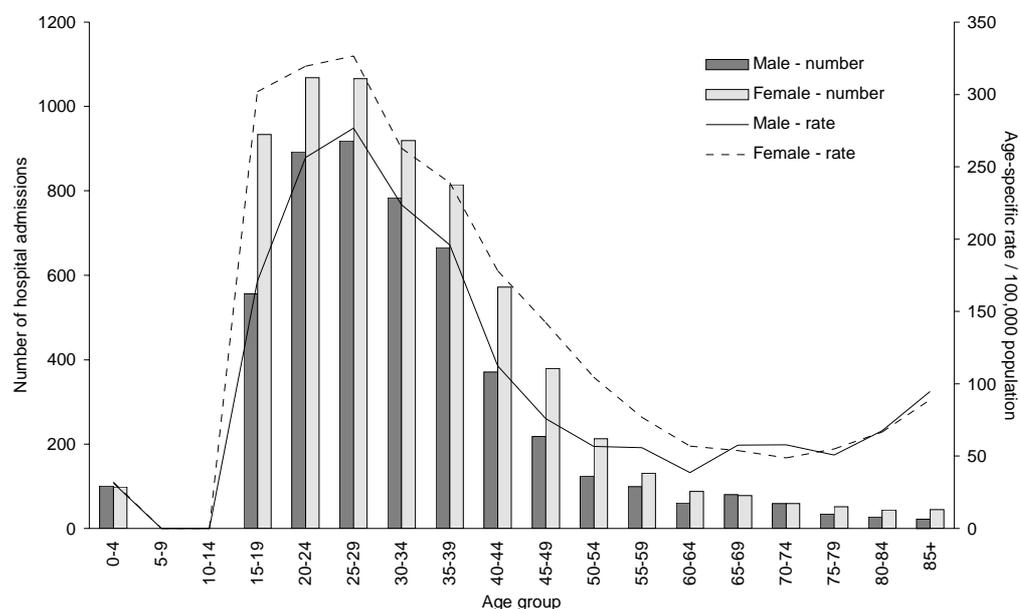


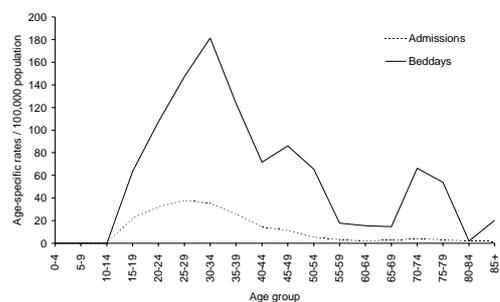
Table 2: Estimated number of people admitted to hospital, hospital admissions, beddays, and ALOS, by drug group and sex

Western Australia, 1991-1995

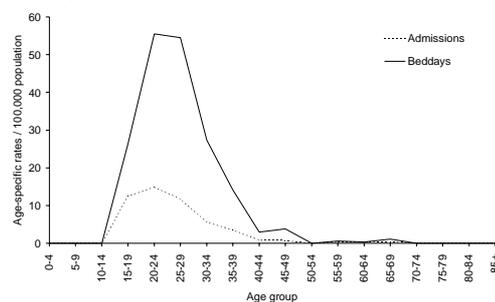
Drug-related conditions	Persons	Admissions		Beddays		ALOS (days)
		Number	%	Number	%	
MALES						
Opioids	536	656	13.1	2,926	13.5	4.5
Barbiturates/sedatives/hypnotics	288	344	6.9	1,257	5.8	3.7
Tranquillisers	935	1,092	21.8	3,294	15.2	3.0
Antidepressants	453	507	10.1	1,888	8.7	3.7
Psychostimulants	169	190	3.8	801	3.7	4.2
Hallucinogens	91	93	1.9	184	0.8	2.0
Other/comb psychotropic agents	244	273	5.4	1,243	5.7	4.6
Volatile substances	66	69	1.4	130	0.6	1.9
Unclassified drugs	996	1,192	23.8	5,362	24.7	4.5
Drug psychoses	300	341	6.8	2,732	12.6	8.0
Conditions related to IDU	128	155	3.1	481	2.2	3.1
Complications of pregnancy/infancy	93	101	2.0	1,408	6.5	13.9
All drugs	4,299	5,013	100.0	21,706	100.0	4.3
FEMALES						
Opioids	484	597	9.1	2,914	9.4	4.9
Barbiturates/sedatives/hypnotics	440	519	7.9	2,318	7.5	4.5
Tranquillisers	1,380	1,725	26.3	6,708	21.6	3.9
Antidepressants	871	1,023	15.6	4,535	14.6	4.4
Psychostimulants	132	143	2.2	437	1.4	3.1
Hallucinogens	33	33	0.5	232	0.7	7.0
Other/comb psychotropic agents	314	368	5.6	2,255	7.3	6.1
Volatile substances	32	37	0.6	202	0.6	5.5
Unclassified drugs	1,166	1,369	20.9	5,733	18.4	4.2
Drug psychoses	254	281	4.3	2,754	8.9	9.8
Conditions related to IDU	65	77	1.2	236	0.8	3.1
Complications of pregnancy/infancy	325	388	5.9	2,752	8.9	7.1
All drugs	5,496	6,560	100.0	31,077	100.0	4.7
PERSONS						
Opioids	1,020	1,253	10.8	5,840	11.1	4.7
Barbiturates/sedatives/hypnotics	728	863	7.5	3,575	6.8	4.1
Tranquillisers	2,315	2,817	24.3	10,002	18.9	3.6
Antidepressants	1,324	1,530	13.2	6,423	12.2	4.2
Psychostimulants	301	333	2.9	1,238	2.3	3.7
Hallucinogens	124	126	1.1	416	0.8	3.3
Other/comb psychotropic agents	558	641	5.5	3,498	6.6	5.5
Volatile substances	98	106	0.9	332	0.6	3.1
Unclassified drugs	2,162	2,561	22.1	11,095	21.0	4.3
Drug psychoses	554	622	5.4	5,486	10.4	8.8
Conditions related to IDU	192	489	4.2	4,160	7.9	8.5
Complications of pregnancy/infancy	419	232	2.0	717	1.4	3.1
All drugs	9,795	11,573	100.0	52,783	100	4.6

Figure 2: Age-specific rates for hospital admissions and beddays, by age group and drug group, WA, 1991-1995

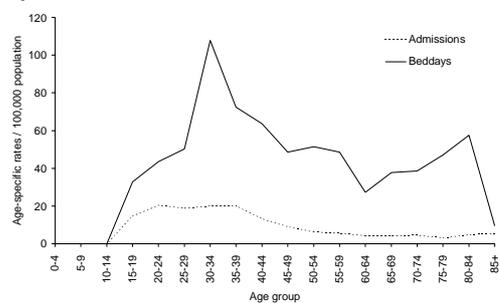
a) Opioids



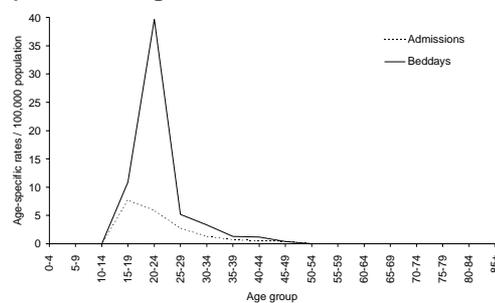
e) Psychostimulants



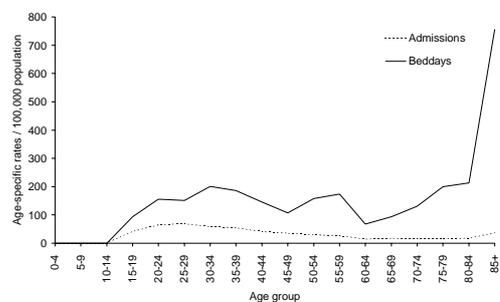
b) Sedatives and barbiturates



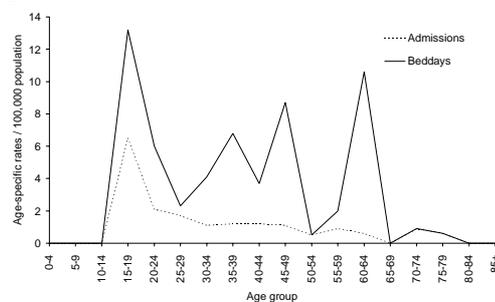
f) Hallucinogens



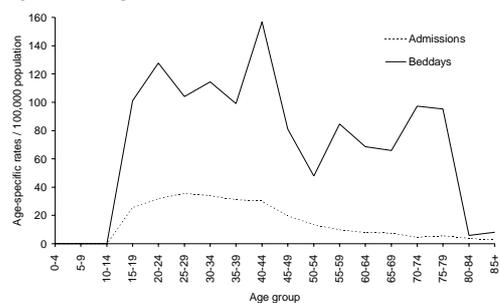
c) Tranquillisers



g) Volatile substances



d) Antidepressants



h) Unclassified drugs

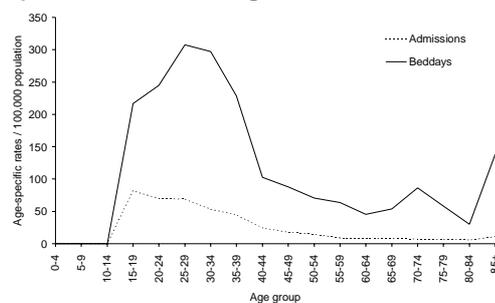


Table 3: Estimated number of other drug-caused hospital admissions and beddays, ALOS, and approximate cost, by cause

Western Australia, 1991-1995

Drug-related conditions	Admissions		Beddays		ALOS (days)	Cost ¹
	Number	%	Number	%		
Dependence						
Methadone	1	0.0	7	0.0	7.0	\$3,080
Other opioids	602	5.2	3,480	6.6	5.8	\$1,531,200
Other sedatives/hypnotics	128	1.1	1,297	2.5	10.1	\$570,680
Cocaine	3	0.0	17	0.0	5.7	\$7,480
Amphetamines	87	0.8	457	0.9	5.3	\$201,080
Cannabis	17	0.1	65	0.1	3.8	\$28,600
Hallucinogens	1	0.0	1	0.0	1.0	\$440
Volatile substances	55	0.5	248	0.5	4.5	\$109,120
Unclassified drugs	601	5.2	4,837	9.2	8.0	\$2,128,280
Sub-total: dependence	1,495	12.9	10,409	19.7	7.0	\$4,579,960
Drug use disorders						
Other opioids	109	0.9	508	1.0	4.7	\$223,520
Other sedatives/hypnotics	121	1.0	423	0.8	3.5	\$186,120
Antidepressants	4	0.0	13	0.0	3.3	\$5,720
Cocaine	4	0.0	19	0.0	4.8	\$8,360
Amphetamines	145	1.3	521	1.0	3.6	\$229,240
Cannabis	40	0.3	106	0.2	2.7	\$46,640
Hallucinogens	28	0.2	198	0.4	7.1	\$87,120
Unclassified drugs	163	1.4	744	1.4	4.6	\$327,360
Sub-total: drug use disorders	614	5.3	2,532	4.8	4.1	\$1,114,080
Accidental poisoning						
Heroin	34	0.3	155	0.3	4.6	\$68,200
Methadone	5	0.0	8	0.0	1.6	\$3,520
Other opioids	35	0.3	227	0.4	6.5	\$99,880
Barbiturates	3	0.0	14	0.0	4.7	\$6,160
Other sedatives/hypnotics	19	0.2	64	0.1	3.4	\$28,160
Tranquillisers	135	1.2	567	1.1	4.2	\$249,480
Antidepressants	53	0.5	206	0.4	3.9	\$90,640
Psychostimulants	19	0.2	77	0.1	4.1	\$33,880
Hallucinogens	19	0.2	21	0.0	1.1	\$9,240
Volatile substances	46	0.4	79	0.1	1.7	\$34,760
Sub-total: accidental poisoning	368	3.2	1,418	2.7	3.9	\$623,920
Suicide						
Heroin	112	1.0	354	0.7	3.2	\$155,760
Methadone	28	0.2	79	0.1	2.8	\$34,760
Other opioids	310	2.7	978	1.9	3.2	\$430,320
Barbiturates	22	0.2	70	0.1	3.2	\$30,800
Other sedatives/hypnotics	564	4.9	1,600	3.0	2.8	\$704,000
Tranquillisers	2,657	23.0	9,386	17.8	3.5	\$4,129,840
Antidepressants	1,457	12.6	6,116	11.6	4.2	\$2,691,040
Psychostimulants	73	0.6	145	0.3	2.0	\$63,800
Hallucinogens	18	0.2	22	0.0	1.2	\$9,680
Other/comb psychotropic agent	621	5.4	3,420	6.5	5.5	\$1,504,800
Volatile substances	4	0.0	4	0.0	1.0	\$1,760
Unclassified drugs	1,748	15.1	5,352	10.1	3.1	\$2,354,880
Sub-total: suicide	7,614	65.8	27,526	52.1	3.6	\$12,111,440
Undetermined cause (poisoning)						
Heroin	11	0.1	30	0.1	2.7	\$13,200
Other opioids	6	0.1	14	0.0	2.3	\$6,160
Other sedatives/hypnotics	6	0.1	107	0.2	17.8	\$47,080
Tranquillisers	25	0.2	49	0.1	2.0	\$21,560
Antidepressants	16	0.1	88	0.2	5.5	\$38,720
Psychostimulants	2	0.0	2	0.0	1.0	\$880
Hallucinogens	3	0.0	3	0.0	1.0	\$1,320
Other/comb psychotropic agent	20	0.2	78	0.1	3.9	\$34,320
Volatile substances	1	0.0	1	0.0	1.0	\$440
Unclassified drugs	49	0.4	162	0.3	3.3	\$71,280
Sub-total: undetermined cause	139	1.2	534	1.0	3.8	\$234,960

continued...

Table 3: continued

Drug-related conditions	Admissions		Beddays		ALOS (days)	Cost ¹
	Number	%	Number	%		
Mental disorders						
Drug psychoses	622	5.4	5,486	10.4	8.8	\$2,413,840
Sub-total: mental disorders	622	5.4	5,486	10.4	8.8	\$2,413,840
Complications of pregnancy/infancy						
Maternal drug dependence	114	1.0	679	1.3	6.0	\$298,760
Antepartum haemorrhage	158	1.4	610	1.2	3.9	\$268,400
Newborn drug toxicity	58	0.5	431	0.8	7.4	\$189,640
Low birthweight	159	1.4	2,439	4.6	15.3	\$1,073,160
Sub-total: comp of pregnancy/infancy	489	4.2	4,159	7.9	8.5	\$1,829,960
Conditions related to IDU						
Hepatitis B	27	0.2	153	0.3	5.7	\$67,320
Hepatitis non-A, non-B	184	1.6	386	0.7	2.1	\$169,840
AIDS/HIV	14	0.1	34	0.1	2.4	\$14,960
Infective endocarditis	8	0.1	146	0.3	18.3	\$64,240
Sub-total: conditions related to IDU	233	2.0	719	1.4	3.1	\$316,360
TOTAL - ALL CAUSES	11,574	100.0	52,783	100.0	4.6	\$23,224,520

¹ Cost estimates are based on the number of beddays using: *Time Series Analysis, 1994/95*. Finance and Assets, Health Department of WA, 1996.

3.1.2 Opioids

During the five-year period 1991 to 1995, there were an estimated 1,020 people admitted to hospital, 1,253 hospital admissions and 5,840 beddays caused by opioids in WA [Table 2] - an average of 204 persons, 251 admissions, and 1,168 beddays each year. These accounted for 10% of people admitted, 11% of hospital admissions and beddays due to other drugs over this period in WA. The estimated average annual cost of opioid-caused hospitalisation in WA was \$0.51 million.

Males had slightly more persons admitted, hospital admissions and beddays due to opioids than females, but females had a slightly longer ALOS (4.9 days compared to 4.5 for males) [Table 2].

Nearly half of the opioid-caused hospital admissions were for dependence and over a third were for suicide attempts. However, because dependence cases had the longest ALOS (5.8 days), these admissions accounted for 60% of opioid-caused beddays, whereas suicides accounted for only 24% of such beddays. There were more female admissions due to opioid-caused suicide attempts compared to males. Attempted suicides accounted for 42% of opioid-caused admissions in females but only 30% of opioid-caused admissions in males [Table 4].

The highest number of opioid-caused hospital admissions (249) involved people aged 25 to 29 years, and the highest number of opioid-caused beddays (1,270) involved people aged 30 to 34 years [Figure 3]. People aged between 15 and 34 years old accounted for 68% of opioid-caused admissions and 58% of opioid-caused beddays.

Numbers and rates for opioid-caused hospital admissions were higher for females in the very young (15-19 years), the middle aged (45-64 years) and the aged (80 years and above). The peak in age-specific rates for opioid-caused hospital admissions was earlier in females (35 admissions per 100,000 population in the 25 to 29 years age group) compared with males (41 admissions per 100,000 in the 30 to 34 years age group) [Figure 3]. There was no significant difference between the age-standardised rate for male opioid-caused hospital admissions (15.4 admissions per 100,000 population) and that for females (14.4 admissions per 100,000).

Figure 3: Estimated numbers and age-specific rates for opioid-caused hospital admissions, by age group and sex, WA, 1991-1995

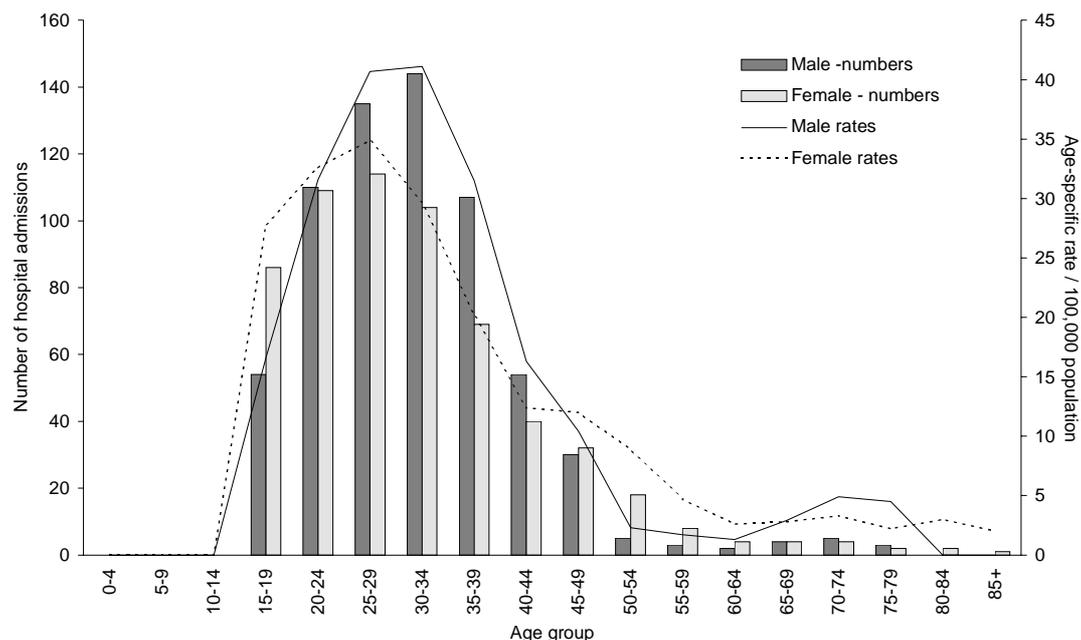


Table 4: Estimated number of opioid-caused hospital admissions and beddays, by cause and sex

Western Australia, 1991-1995

Opioid-related conditions	Males		Females		Persons	
	No. of admissions	No. of beddays	No. of admissions	No. of beddays	No. of admissions	No. of beddays
Dependence*						
Methadone dependence	1	7	0	0	1	7
Other/unknown opioid dependence	334	1,741	268	1,739	602	3,480
Sub-total: dependence	335	1,748	268	1,739	603	3,487
Use disorder						
Other/unknown opioid	62	270	47	238	109	508
Sub-total: use disorder	62	270	47	238	109	508
Accidental poisoning						
Heroin	25	120	9	35	34	155
Methadone	4	6	1	2	5	8
Other opioid	22	119	13	108	35	227
Sub-total: accidental poisoning	51	245	23	145	74	390
Suicide						
Heroin	72	199	40	155	112	354
Methadone	12	29	16	50	28	79
Other/unknown opioid	113	405	197	573	310	978
Sub-total: suicide	197	633	253	778	450	1,411
Undetermined cause (poisoning)						
Heroin	10	29	1	1	11	30
Other/unknown opioid	1	1	5	13	6	14
Sub-total: undetermined cause	11	30	6	14	17	44
TOTAL	656	2,926	597	2,914	1,253	5,840

* Dependence includes opioid dependence (304.0) and combinations of opioid dependence with any other drug dependence (304.7).

3.1.3 Attempted suicides using drugs

During the five-year period 1991 to 1995, there were an estimated 5,740 people admitted to hospital, 7,614 hospital admissions and 27,526 beddays due to drug-caused suicide attempts in WA [Table 3] - an average of 1,148 persons, 1,523 admissions, and 5,505 beddays each year. These accounted for 59% of people admitted, 66% of hospital admissions, and 52% of beddays from all drugs other than alcohol and tobacco over this period in WA. The estimated average annual cost of hospitalisation for drug-caused suicide attempts in WA was \$2.42 million.

The drugs most commonly responsible for hospitalisation due to drug-caused suicide attempts were tranquillisers, which were associated with 35% of such admissions and 34% of such beddays. Antidepressants were responsible for 19% of admissions for drug-caused suicide attempts and 22% of beddays for drug-caused suicide attempts [Table 5].

Females had over 1.5 times more persons admitted, hospital admissions and beddays from drug-caused suicide attempts than males [Table 5]. Females also had a higher ALOS for drug-caused suicide attempts than males (3.8 days compared to 3.3 days). Among females, 62% of people admitted, 71% of hospital admissions and 57% of beddays caused by other drugs were due to suicide attempts. Corresponding figures for males were 54%, 59% and 45% respectively.

The highest number of hospital admissions from drug-caused suicide attempts (1,279) involved people aged 20 to 24 years and the highest number of beddays (3,910) involved people aged 30 to 34 years. People aged between 15 and 34 years old accounted for 61% of hospital admissions from drug-caused suicide attempts and 48% of beddays.

The female age-specific admission rates for drug-caused suicide attempts showed a higher and earlier peak in females (243 admissions per 100,000 population in the 15 to 19 years age group) compared with males (158 admissions per 100,000 in the 25 to 29 years age group) [Figure 4]. Female age-specific admission rates were higher than for males, and the age-standardised rate for female hospital admissions due to drug-caused suicide attempts (112 admissions per 100,000 population) was significantly higher than the male rate (70 admissions per 100,000).

Figure 4: Estimated numbers and age-specific rates for hospital admissions from drug-caused suicide attempts, by age group and sex, WA, 1991-1995

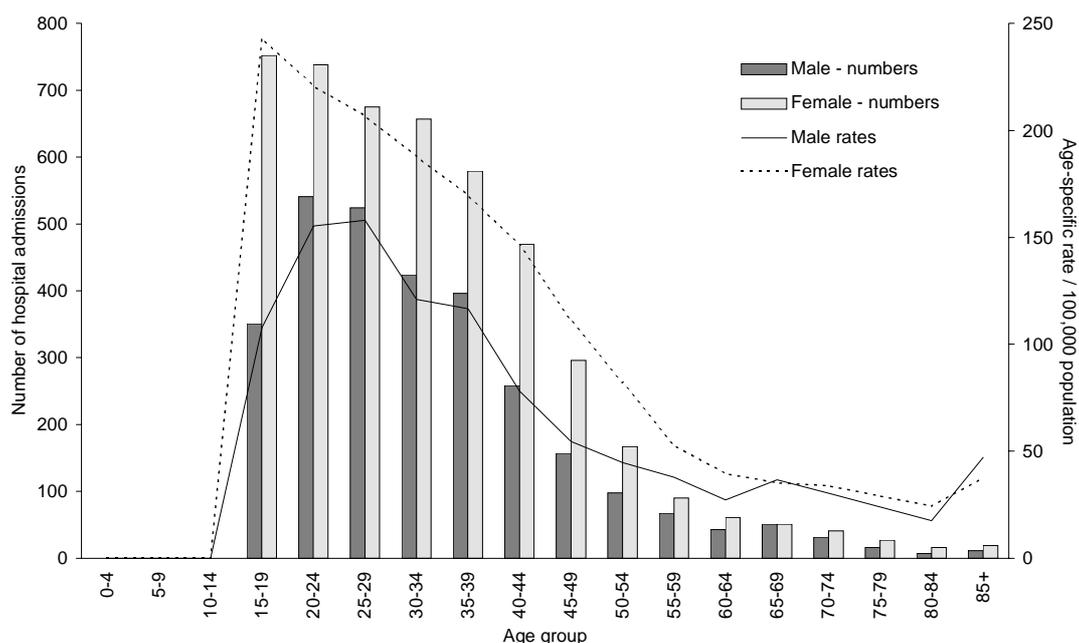


Table 5: Estimated number of hospital admissions and beddays due to attempted suicide using drugs, by drug and sex

Western Australia, 1991-1995

Drug used in suicide attempt	Males		Females		Persons	
	No. of admissions	No. of beddays	No. of admissions	No. of beddays	No. of admissions	No. of beddays
Heroin	72	199	40	155	112	354
Methadone	12	29	16	50	28	79
Other/unknown opioid	113	405	197	573	310	978
Barbiturates	12	29	10	41	22	70
Other sedative/hypnotic	219	649	345	951	564	1,600
Tranquillisers	1,031	3,056	1,626	6,330	2,657	9,386
Antidepressants	479	1,786	978	4,330	1,457	6,116
Psychostimulants	31	85	42	60	73	145
Hallucinogens	15	17	3	5	18	22
Other/comb psychotropic agent	267	1,225	354	2,195	621	3,420
Volatile substances	2	2	2	2	4	4
Other/unspecified drugs	722	2,283	1,026	3,069	1,748	5,352
Total	2,975	9,765	4,639	17,761	7,614	27,526

3.2 Trends

In WA over the period 1991 to 1995, the hospital admission rates due to all other drugs, opiates, and drug-caused suicide attempts all increased significantly [Figure 5; Table 6]. The admission rate for opioids, in particular, showed a dramatic increase, by an average of 65% per year between 1991 and 1995. Females had higher ASRs than males for hospital admissions due to all other drugs, and drug-caused suicide attempts.

Figure 5: Age-standardised rates for hospital admissions caused by other drugs, opioids, and drug-caused suicide attempts, by year and sex, WA, 1991-1995

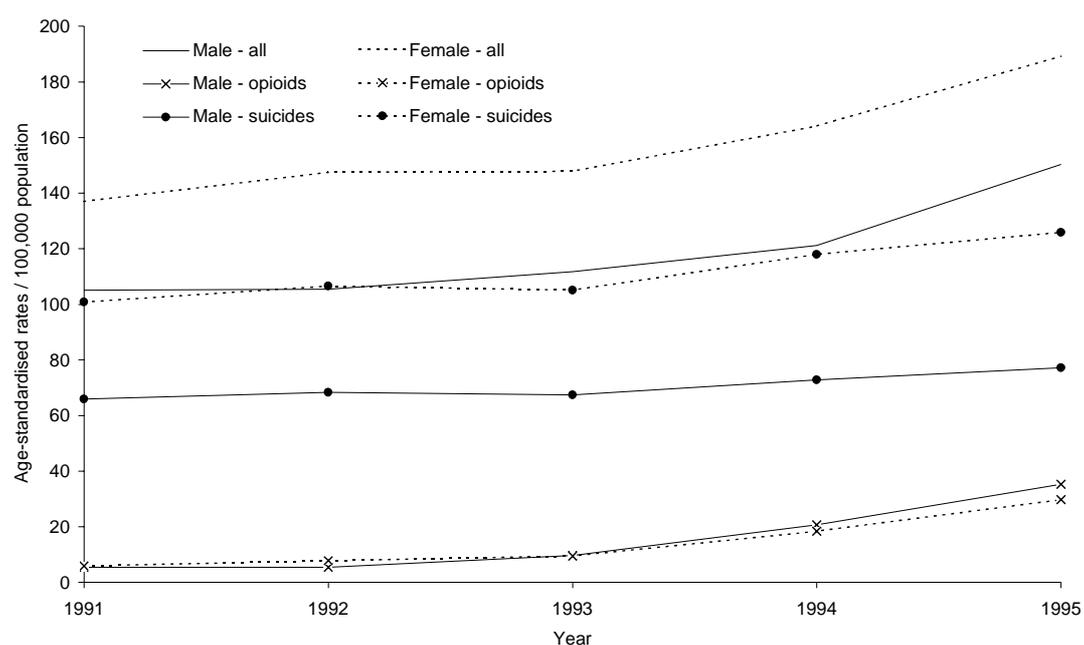


Table 6: Average annual percentage increase in hospital admission rates caused by other drugs, opioids, and drug-caused suicide attempts, by sex

Western Australia, 1991-1995

	All other drugs	Opioids	Drug-caused suicide attempts
Males	9.6%	74.6%	3.9%
Females	8.2%	55.9%	5.8%
Persons	8.8%	65.2%	5.1%

Note: The rate of change of the ASRs is the average per year over the period 1991-1995. All the changes in the above table were significant ($p < 0.05$).

3.3 Health Zones

3.3.1 Overview

Seventy-six percent of people admitted to hospital, 77% of admissions and 82% of beddays due to other drugs, occurred in the metropolitan area. This largely reflects the population distribution of WA (73% of the population lived in the metropolitan HZs during the period studied).

Metropolitan HZs had similar or longer ALOS than the State, whilst country HZs had shorter ALOS [Table 7].

The female crude admission rate for other drugs was significantly greater than for males in all HZs except the Midlands and the Great Southern HZs [Figure 6]. In the Pilbara HZ, the female crude rate was double that of males. Overall, the East Metropolitan HZ had a crude admission rate for other drugs significantly higher than the State, the Goldfields and Midwest HZs had rates not significantly different to the State, and the rates in other HZs rates were significantly lower than the State [Table 7].

Figure 6: Estimated numbers and crude rates (with 95% confidence intervals) for hospital admissions caused by other drug use, by Health Zone and sex, WA, 1991-1995

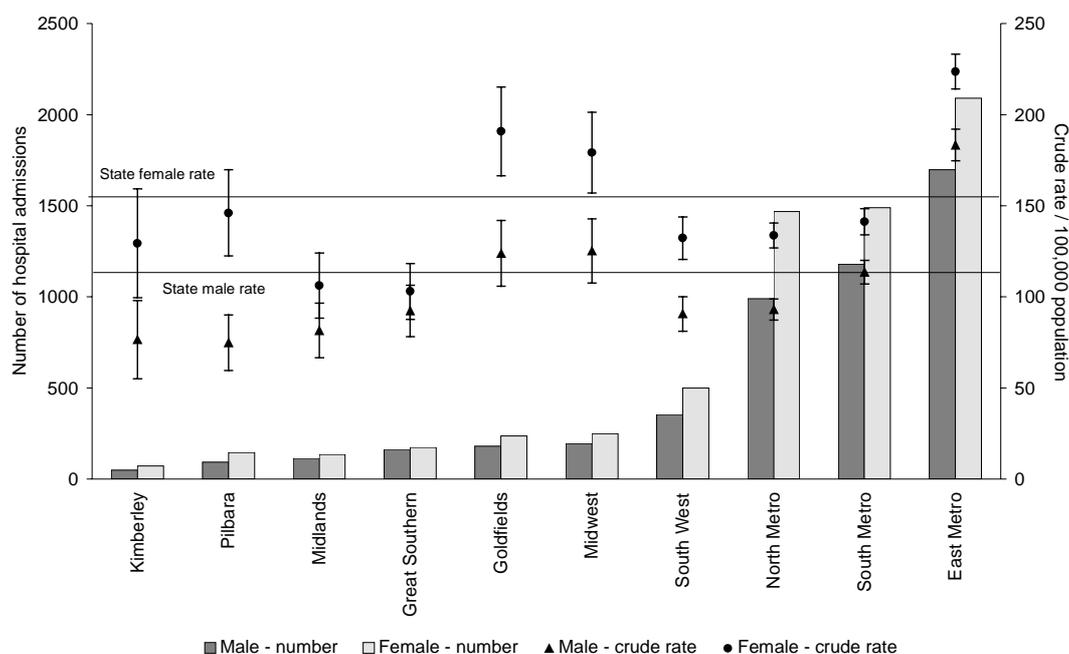


Table 7: Estimated numbers of persons admitted, hospital admissions, and beddays, crude admission rates, ALOS, and bedday cost of other drug-caused hospitalisation, by Health Zones

Western Australia, 1991-1995

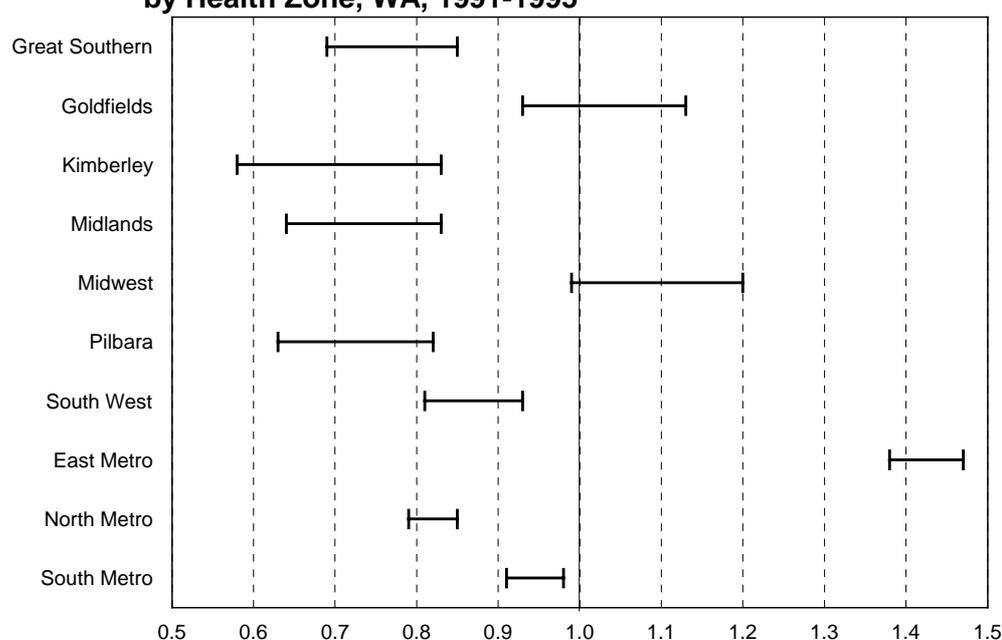
Health Zone	Number of persons	Number of admissions	Crude adm rates / 100,000 pop	Number of beddays	ALOS (days)	Total bedday cost ¹
Great Southern	287	337	*97.5	1,244	3.7	\$547,360
Goldfields	377	417	154.5	1,259	3.0	\$553,960
Kimberley	108	121	*101.1	360	3.0	\$158,400
Midlands	213	248	*92.9	1,008	4.1	\$443,520
Midwest	379	443	150.7	1,435	3.2	\$631,400
Pilbara	212	238	*106.8	765	3.2	\$336,600
South West	756	852	*111.1	3,589	4.2	\$1,579,160
East Metropolitan	3,101	3,788	*203.6	17,080	4.5	\$7,515,200
North Metropolitan	2,106	2,459	*113.7	12,792	5.2	\$5,628,480
South Metropolitan	2,257	2,670	*127.5	13,251	5.0	\$5,830,440
State	9,795	11,573	137.7	52,783	4.6	\$23,224,520

¹ Calculated using the number of beddays and the average cost from: *Time Series Analysis, 1994/95*. Finance and Assets, Health Department of WA, 1996

* Indicates a significant difference ($p < 0.05$) relative to the State rate.

Due to variations in the age structure of the HZs and the low number of admissions in some HZs, SMRs were calculated to determine whether the observed number of hospital admissions varied from that expected based on the State rate. The SMRs in the Goldfields and Midwest HZs were similar to that of the State. The East Metropolitan HZ had a significantly higher SMR than the State, and the other HZs had significantly lower SMRs than the State [Figure 7].

Figure 7: Standardised morbidity rates for other drug-caused hospital admissions, by Health Zone, WA, 1991-1995



3.3.2 Opioids

There were no significant sex-related differences in the crude admission rates for opioids in any of the HZs [Figure 8]. Overall, the East Metropolitan HZ had a crude admission rate for opioids significantly higher than the State, and the Great Southern, Goldfields, Kimberley, Midlands, South West, and North Metropolitan HZs had rates significantly lower than the State [Table 8].

Table 8: Estimated numbers of persons admitted, hospital admissions, and beddays, crude admission rates, ALOS, and bedday cost of opioid-caused hospitalisation, by Health Zones

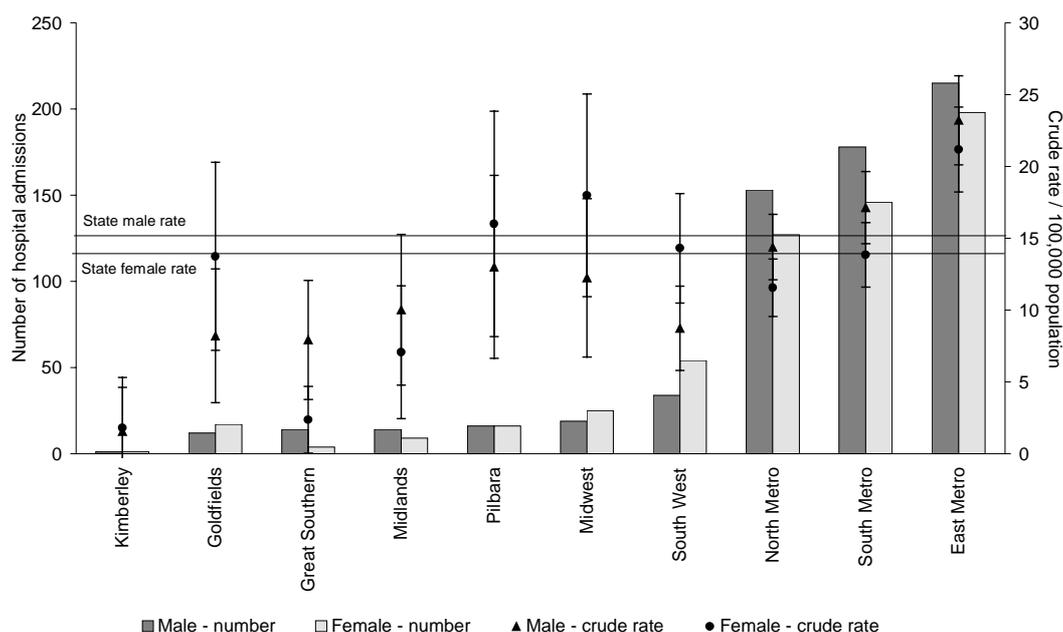
Western Australia, 1991-1995

Health Zone	Number of persons	Number of admissions	Crude adm rates / 100,000 pop	Number of beddays	ALOS (days)	Total bedday cost ¹
Great Southern	14	18	*5.2	92	5.1	\$40,480
Goldfields	25	29	*10.7	81	2.8	\$35,640
Kimberley	2	2	*1.7	3	1.5	\$1,320
Midlands	20	23	*8.6	116	5.0	\$51,040
Midwest	36	44	15.0	154	3.5	\$67,760
Pilbara	25	32	14.4	112	3.5	\$49,280
South West	72	88	*11.5	540	6.1	\$237,600
East Metropolitan	338	413	*22.2	1,811	4.4	\$796,840
North Metropolitan	222	280	*12.9	1,377	4.9	\$605,880
South Metropolitan	266	324	15.5	1,554	4.8	\$683,760
State	1,020	1,253	14.9	5,840	4.7	\$2,569,600

¹ Calculated using the number of beddays and the average cost from: *Time Series Analysis, 1994/95*. Finance and Assets, Health Department of WA, 1996

* Indicates a significant difference ($p < 0.05$) relative to the State rate.

Figure 8: Estimated numbers and crude rates (with 95% confidence intervals) for hospital admissions caused by opioids, by Health Zone and sex, WA, 1991-1995



3.3.3 Attempted suicides using drugs

The female crude admission rate for suicide attempts using drugs was significantly greater than that for males in all HZs except the Midlands and Great Southern HZs [Figure 9]. In the Pilbara, Kimberley, and Goldfields HZs, the female crude rate was at least 1.5 times that of males. Overall, the East Metropolitan HZ had a significantly higher crude admission rate for drug-caused suicide attempts than the State, crude rates in the Goldfields and Midwest HZs were not significantly different to the State, and the rates in the other HZs were significantly lower than the State [Table 9].

Table 9: Estimated numbers of persons admitted, hospital admissions, and beddays, crude admission rates, ALOS, and bedday cost of hospitalisation for drug-caused attempted suicides, by Health Zones

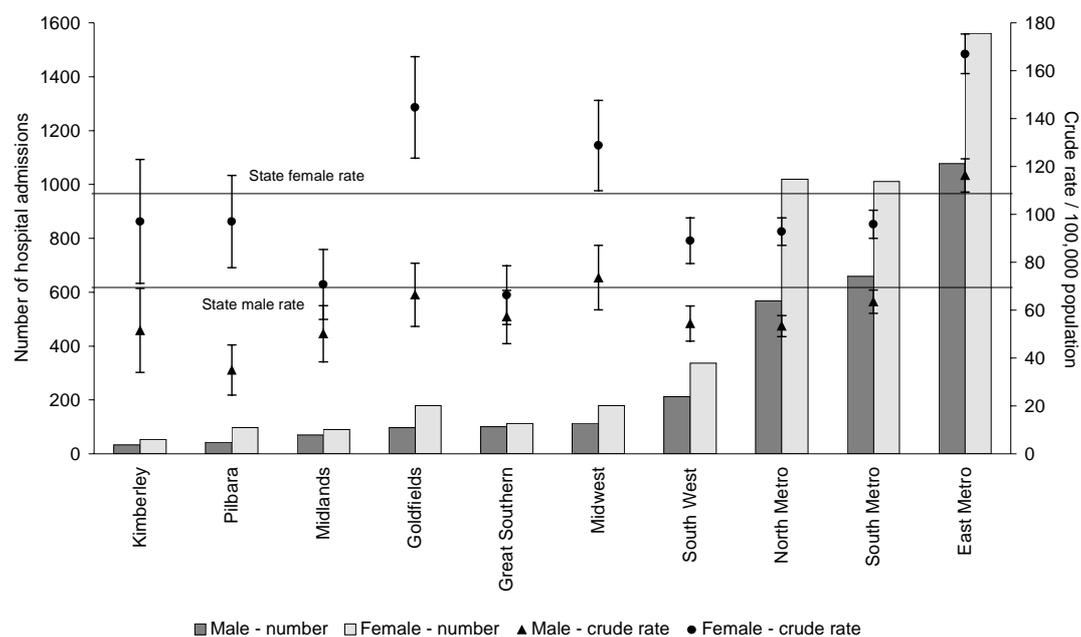
Western Australia, 1991-1995

Health Zone	Number of persons	Number of admissions	Crude adm rates / 100,000 pop	Number of beddays	ALOS (days)	Total bedday cost ¹ (\$)
Great Southern	167	213	*61.7	679	3.2	\$298,760
Goldfields	232	276	102.3	663	2.4	\$291,720
Kimberley	75	87	*72.7	178	2.0	\$78,320
Midlands	125	160	*60.0	490	3.1	\$215,600
Midwest	226	293	99.7	708	2.4	\$311,520
Pilbara	120	140	*62.8	308	2.2	\$135,520
South West	446	548	*71.5	1,831	3.3	\$805,640
East Metropolitan	1,857	2,638	*141.8	9,943	3.8	\$4,374,920
North Metropolitan	1,194	1,588	*73.4	6,634	4.2	\$2,918,960
South Metropolitan	1,300	1,671	*79.8	6,092	3.6	\$2,680,480
State	5,740	7,614	90.6	27,526	3.6	\$12,111,440

¹ Calculated using the number of beddays and the average cost from: *Time Series Analysis, 1994/95*. Finance and Assets, Health Department of WA, 1996

* Indicates a significant difference ($p < 0.05$) relative to the State rate.

Figure 9: Estimated numbers and crude rates (with 95% confidence intervals) for hospital admissions for drug-caused attempted suicides, by Health Zone and sex, WA, 1991-1995



4. Conclusion

Prevalence of drug use

Many of the drugs included in this study are illegal, and it is difficult to estimate the prevalence of their use in the general population. However, surveys and information from other sources have indicated that the use of illicit drugs is restricted to a small proportion of Australians, and is more common amongst people aged 20 to 29 years (Commonwealth Department of Health, Housing, Local Government and Community Services 1993, page xvi). This is supported by the hospital admission rates reported in this study.

The exception is cannabis, which has been used by a third of the Western Australian population (Task Force on Drug Abuse 1995). Although cannabis is the most commonly used illicit drug, in WA it accounted for only 57 hospital admissions between 1991 and 1995, and no deaths between 1984 and 1994 (Unwin 1996).

Use of hospital services

This study found that, over the period 1991 to 1995, rates of admissions to WA hospitals due to the use of illicit drugs were low, particularly considering that admissions to the Alcohol and Drug Authority's detoxification hospital, the Central Drug Unit, are recorded by the HMDS. Possible explanations for this are: the prevalence of the use of these drugs is low; users of illicit drugs are reluctant to seek medical assistance; or that many of these drugs do not cause health problems that are apparent to users. In the case of heroin, the recent increase in overdose deaths and research showing that users rarely contact ambulance services for assistance, would suggest that the low rate of heroin-related admissions may be because heroin users are reluctant users of hospitals. It may also be partly explained by the State's methadone program, which gives heroin users the opportunity to change high risk behaviours.

Costs to the community

In 1992, the tangible and intangible costs of illicit drug abuse in Australia were estimated at more than \$1,683 million (Collins and Lapsley 1996). This estimate includes such factors as production costs, health care, law enforcement, resources used in addictive consumption, and death. It does not include the abuse of licit drugs other than alcohol and tobacco.

In WA, the estimated average cost for other drug-caused hospitalisation alone was over \$5.1 million per year, or \$3 per head of population. This is much lower than the annual cost per head of population for tobacco-caused hospitalisation (\$21) (Unwin et al 1997) and alcohol-caused hospitalisation (\$15) (Unwin et al - in preparation).

Social effects

Although illicit drug use incurs lower hospitalisation costs than alcohol and tobacco, it is of concern because of the associated harmful health and social effects. In WA, the use of drugs other than tobacco and alcohol is responsible for about 3% of all drug-caused deaths (Unwin 1996), 10% of all drug-caused hospital admissions, and 7% of all drug-caused beddays.

In 1992, WA had the highest recorded drug offence rate in Australia (801 offences / 100,000 population). WA also showed the largest increase in drug offence rates, increasing more than seven times since the 1980 rate of 109 offences / 100,000 (Department of Human Services and Health 1994, page 106).

Opioids and tranquillisers

There is evidence that heroin deaths have increased in a number of Western countries since the early 1990s. A recent review of opioid deaths in WA has found that the number of opioid deaths had increased by more than four fold, from 20 deaths in 1990 to 81 deaths in 1995, with a small drop occurring in 1996 when 65 deaths were recorded (Swensen 1997). In the current study, heroin was identified as the drug responsible in only 12.5% of opiate-caused admissions. This is

probably an underestimate of morbidity attributable to heroin, as heroin users are reluctant users of hospitals, contributing to the premature mortality associated with this drug.

Although hospitalisation rates due to opioids have shown a striking increase over the period studied in this report, this is unlikely to reflect patterns of heroin use. It is more likely due to a dramatic increase in the medical use of opioids experienced in Australia over the last decade. Between 1986 and 1995, the amount of oral morphine used medicinally in Australia rose from 117kg per year to 578kg and the amount of all other oral opioid drugs used medicinally increased from 93kg to 149kg (Bell 1997). Even given this large increase in the rates of opiate-caused admissions, over the period 1991 to 1995 tranquillisers were responsible for more than twice as many hospital admissions as opiates.

Attempted suicides using drugs

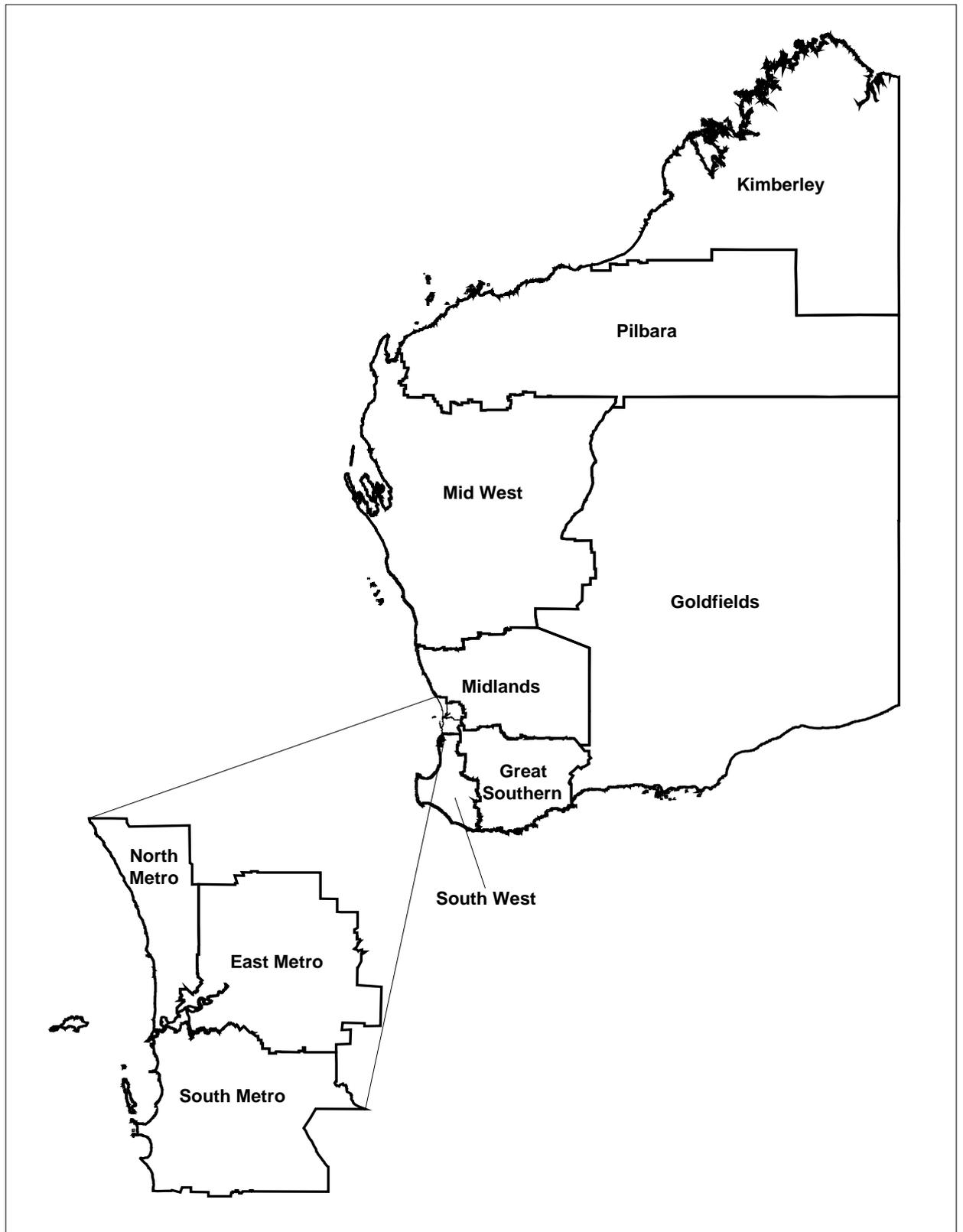
Drugs were the most commonly used method of attempting suicide in WA between 1981 and 1993, implicated in 76% of male suicide attempts and 91% of female suicide attempts (Serafino, Swensen & Thomson 1996). Because of the high proportion of suicide attempts involving drugs the age-specific rates for all suicides followed a similar pattern to that for drug-caused suicide attempts in this report, with the female peak in the 15 to 19 years age group and a lower, later peak for males.

Serafino et al (1996) found a decrease in attempted suicides using drugs over the period 1981 to 1993 (by 1.8% for males and 2.9% for females), but the current report shows that drug-caused suicide attempts have increased by an average of 5.1% per year between 1991 and 1995. Although the methodologies are slightly different, Figure 5 suggests that an increase has occurred in the last few years.

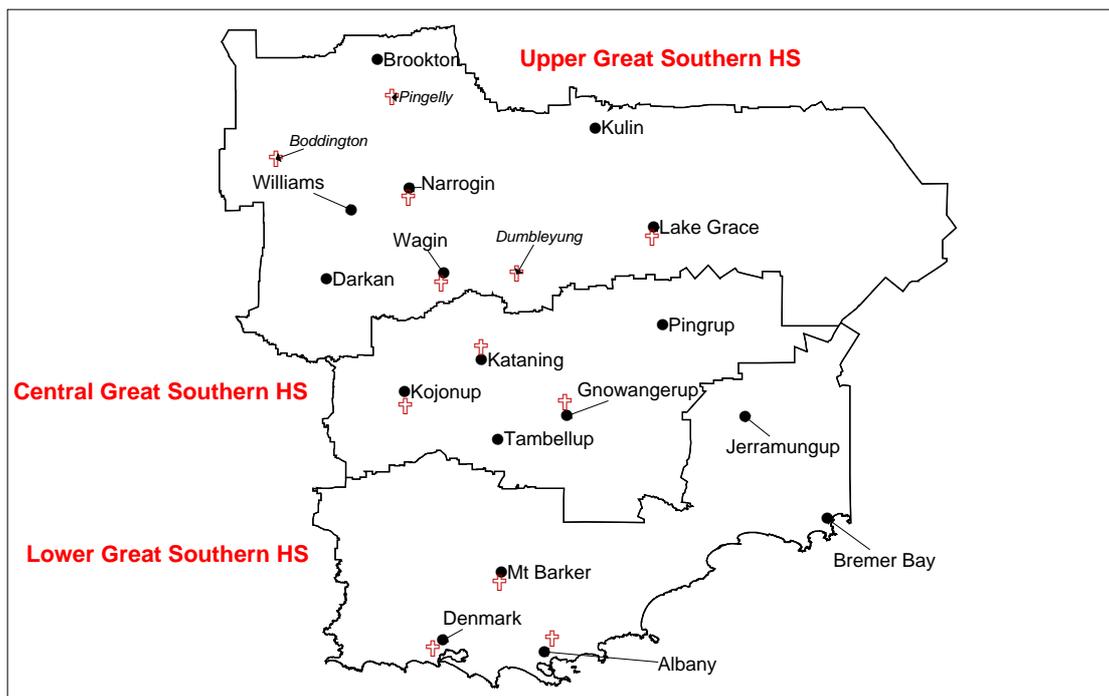
5. References

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Appendix 1: Summary sheets of other drug-caused hospitalisation, by Health Zone



Great Southern Health Zone



✚ indicates the approximate site of a hospital. Where the name of the hospital is the same as the town or suburb the hospital name is omitted.

Great Southern Health Zone

	Population estimates*			
	1995	% of HZ	2001	% of HZ
Central Great Southern Health Service	11,204	16	10,577	14
Lower Great Southern Health Service	39,312	57	43,181	59
Upper Great Southern Health Service	18,901	27	19,311	26
Great Southern Health Zone	69,417	100	73,069	100

Hospitalisation caused by other drug use, 1991-1995

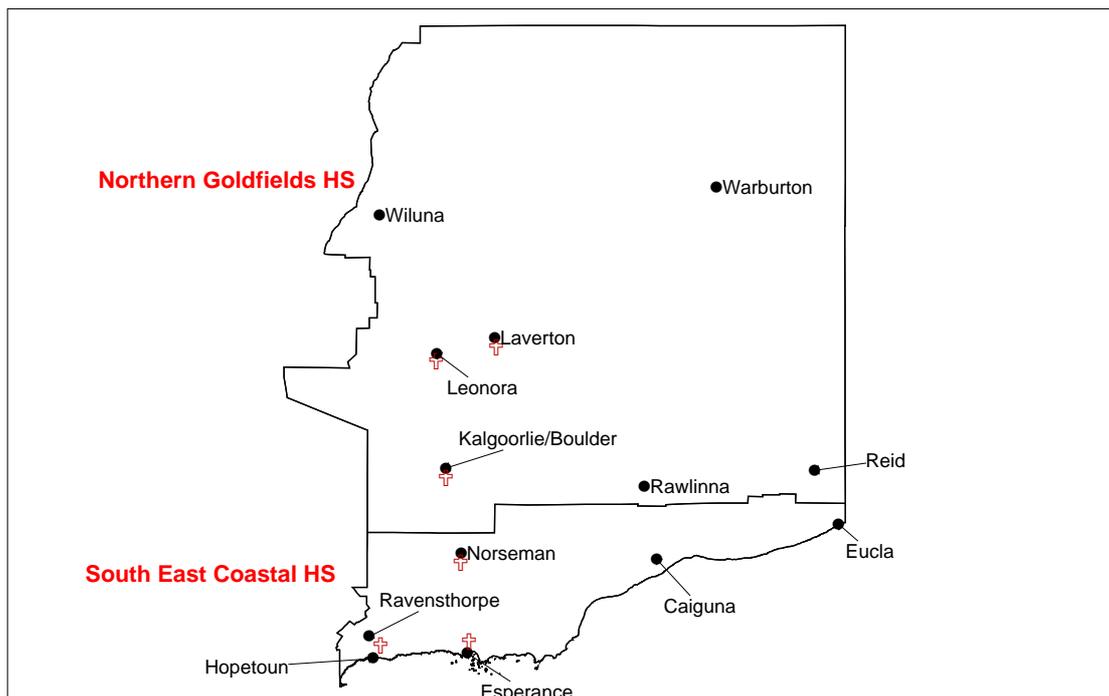
Other drug-related conditions	Number of persons	Number of admissions	Ave. length of stay (days)	% of drug-caused cost
Opioids	14	18	5.1	7.4
Barbiturates, sedatives and hypnotics	14	14	3.9	4.3
Tranquillisers	64	74	3.3	19.5
Anti-depressants	29	33	3.2	8.4
Psychostimulants	4	4	2.8	0.9
Hallucinogens	8	10	2.5	2.0
Other psychotropic agents	15	17	5.9	8.0
Volatile substances	5	6	1.2	0.6
Unclassified drugs	84	104	3.2	26.9
Drug psychoses	27	31	4.2	10.5
IDU conditions	9	10	2.4	1.9
Complications of pregnancy/infancy	14	17	7.0	9.6
Total	287	337	3.7	100.0

Summary

- The average cost of hospitalisation caused by other drug use in the Great Southern Health Zone was \$109,472 per year, equivalent to \$1.58 per head of population.
- The age-standardised admission rate for conditions caused by other drugs was significantly lower in the Great Southern Health Zone (108 per 100,000 population) compared to the State (138 per 100,000 population).
- Opioid-caused hospitalisation cost an average of \$8,096 per year in the Great Southern Health Zone, equivalent to \$2,891 per person admitted.
- Psychotropic agents accounted for 43% of other drug-caused hospital beddays in the Great Southern Health Zone, costing an average of \$47,256 per year.
- Between 1991 and 1995, an estimated 167 people were admitted to hospital a total of 213 times in the Great Southern Health Zone for attempting suicide using drugs, costing an average of \$59,752 per year.

* The 1995 population estimate was based on the ABS Estimated Resident Populations for 1995. The 2001 estimate was based on population projections from the Ministry of Planning, 1996.

Goldfields Health Zone



⛶ indicates the approximate site of a hospital. Where the name of the hospital is the same as the town or suburb the hospital name is omitted.

Goldfields Health Zone

	Population estimates*			
	1995	% of HZ	2001	% of HZ
Northern Goldfields Health Service	40,877	73	43,187	73
South East Coastal Health Service	14,951	27	15,656	27
Goldfields Health Zone	55,828	100	58,843	100

Hospitalisation caused by other drug use, 1991-1995

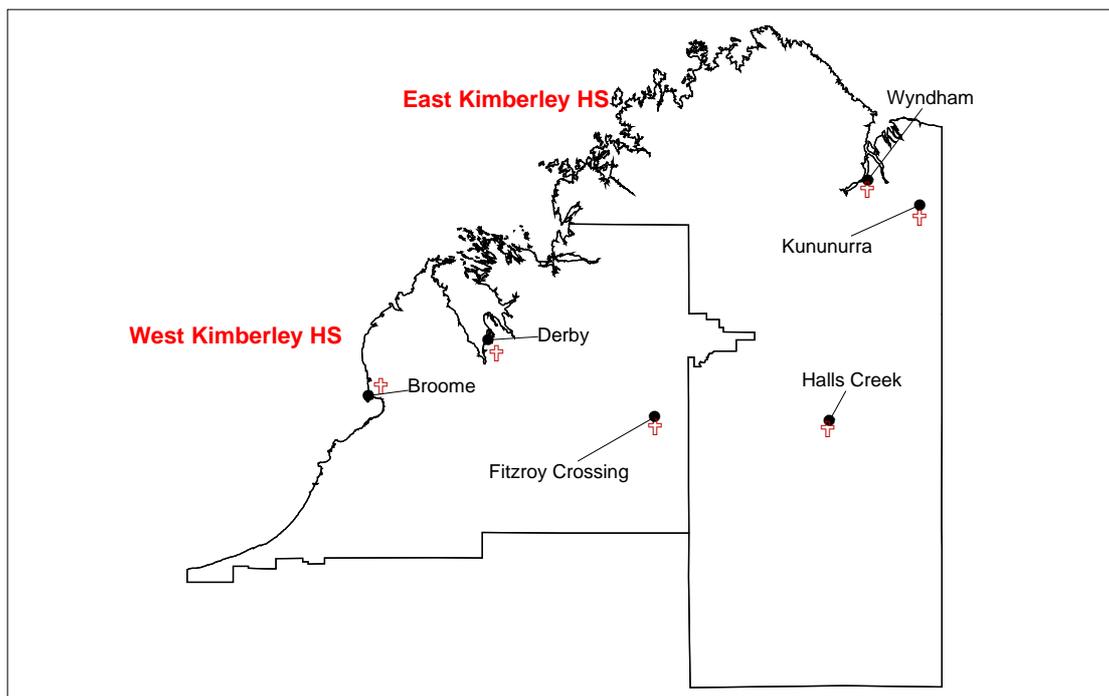
Other drug-related conditions	Number of persons	Number of admissions	Ave. length of stay (days)	% of drug-caused cost
Opioids	25	29	2.8	6.4
Barbiturates, sedatives and hypnotics	24	25	1.5	2.9
Tranquillisers	82	88	2.6	18.0
Anti-depressants	45	55	2.9	12.5
Psychostimulants	18	19	2.7	4.1
Hallucinogens	7	7	1.4	0.8
Other psychotropic agents	17	18	4.7	6.7
Volatile substances	20	22	2.6	4.5
Unclassified drugs	98	106	2.5	21.3
Drug psychoses	20	24	5.0	9.6
IDU conditions	4	5	6.2	2.5
Complications of pregnancy/infancy	17	19	7.0	10.6
Total	377	417	3.0	100.0

Summary

- The average cost of hospitalisation caused by other drug use in the Goldfields Health Zone was \$110,792 per year, equivalent to \$2.05 per head of population.
- The age-standardised admission rate for conditions caused by other drugs in the Goldfields Health Zone (145 per 100,000 population) was not significantly different to the State (138 per 100,000 population).
- Opioid-caused hospitalisation cost an average of \$7,128 per year in the Goldfields Health Zone, equivalent to \$1,426 per person admitted.
- Psychotropic agents accounted for 45% of other drug-caused hospital beddays in the Goldfields Health Zone, costing an average of \$49,984 per year.
- Between 1991 and 1995, an estimated 232 people were admitted to hospital a total of 276 times in the Goldfields Health Zone for attempting suicide using drugs, costing an average of \$58,344 per year.

* The 1995 population estimate was based on the ABS Estimated Resident Populations for 1995. The 2001 estimate was based on population projections from the Ministry of Planning, 1996.

Kimberley Health Zone



⛆ indicates the approximate site of a hospital. Where the name of the hospital is the same as the town or suburb the hospital name is omitted.

Kimberley Health Zone

	Population estimates*			
	1995	% of HZ	2001	% of HZ
East Kimberley Health Service	9,120	37	10,332	36
West Kimberley Health Service	15,840	63	18,186	64
Kimberley Health Zone	24,960	100	28,518	100

Hospitalisation caused by other drug use, 1991-1995

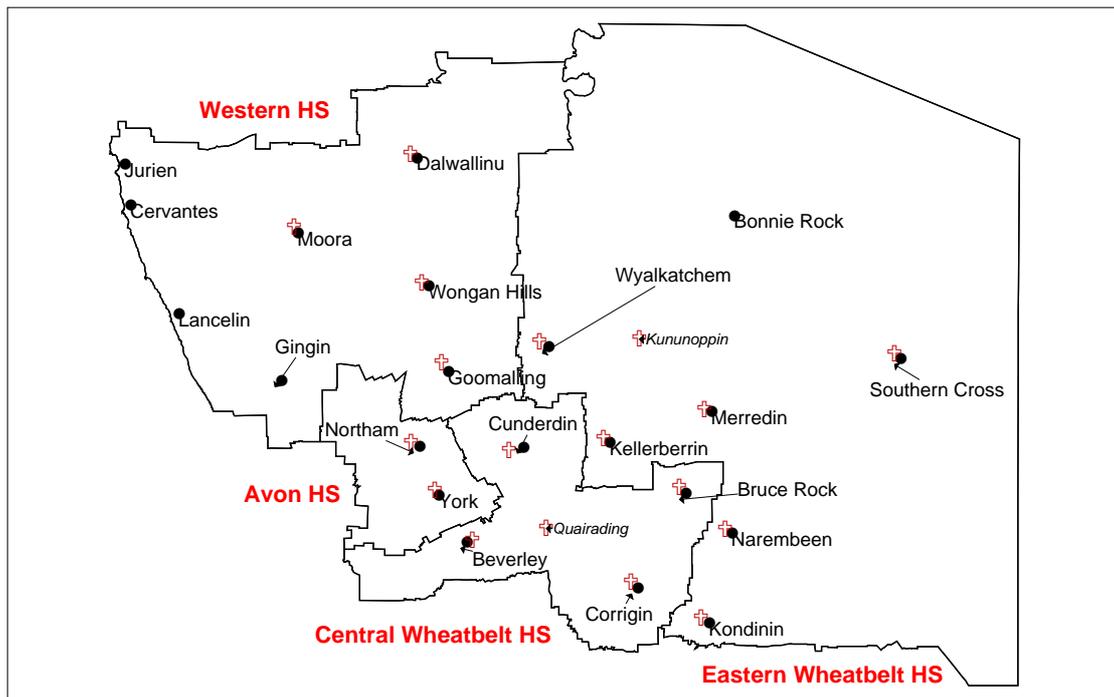
Other drug-related conditions	Number of persons	Number of admissions	Ave. length of stay (days)	% of drug-caused cost
Opioids	2	2	1.5	0.8
Barbiturates, sedatives and hypnotics	4	4	10.3	11.4
Tranquillisers	27	30	1.8	15.3
Anti-depressants	9	10	3.6	10.0
Psychostimulants	2	2	1.0	0.6
Hallucinogens	2	2	1.0	0.6
Other psychotropic agents	3	3	2.3	1.9
Volatile substances	2	2	1.5	0.8
Unclassified drugs	41	47	1.8	23.9
Drug psychoses	5	5	3.0	4.2
IDU conditions	3	4	5.3	5.8
Complications of pregnancy/infancy	8	10	8.9	24.7
Total	108	121	3.0	100.0

Summary

- The average cost of hospitalisation caused by other drug use in the Kimberley Health Zone was \$31,680 per year, equivalent to \$1.32 per head of population.
- The age-standardised admission rate for conditions caused by other drugs was significantly lower in the Kimberley Health Zone (95 per 100,000 population) compared to the State (138 per 100,000 population).
- Opioid-caused hospitalisation cost an average of \$264 per year in the Kimberley Health Zone, equivalent to \$660 per person admitted.
- Psychotropic agents accounted for 40% of other drug-caused hospital beddays in the Kimberley Health Zone, costing an average of \$12,584 per year.
- Between 1991 and 1995, an estimated 75 people were admitted to hospital a total of 87 times in the Kimberley Health Zone for attempting suicide using drugs, costing an average of \$15,664 per year.

* The 1995 population estimate was based on the ABS Estimated Resident Populations for 1995. The 2001 estimate was based on population projections from the Ministry of Planning, 1996.

Midlands Health Zone



⛶ indicates the approximate site of a hospital. Where the name of the hospital is the same as the town or suburb the hospital name is omitted.

Midlands Health Zone

	Population estimates*			
	1995	% of HZ	2001	% of HZ
Avon Health Service	15,998	30	16,708	31
Central Wheatbelt Health Service	7,140	13	6,996	13
Eastern Wheatbelt Health Service	12,988	24	12,442	23
Western Health Service	17,350	32	17,930	33
Midlands Health Zone	53,476	100	54,076	100

Hospitalisation caused by other drug use, 1991-1995

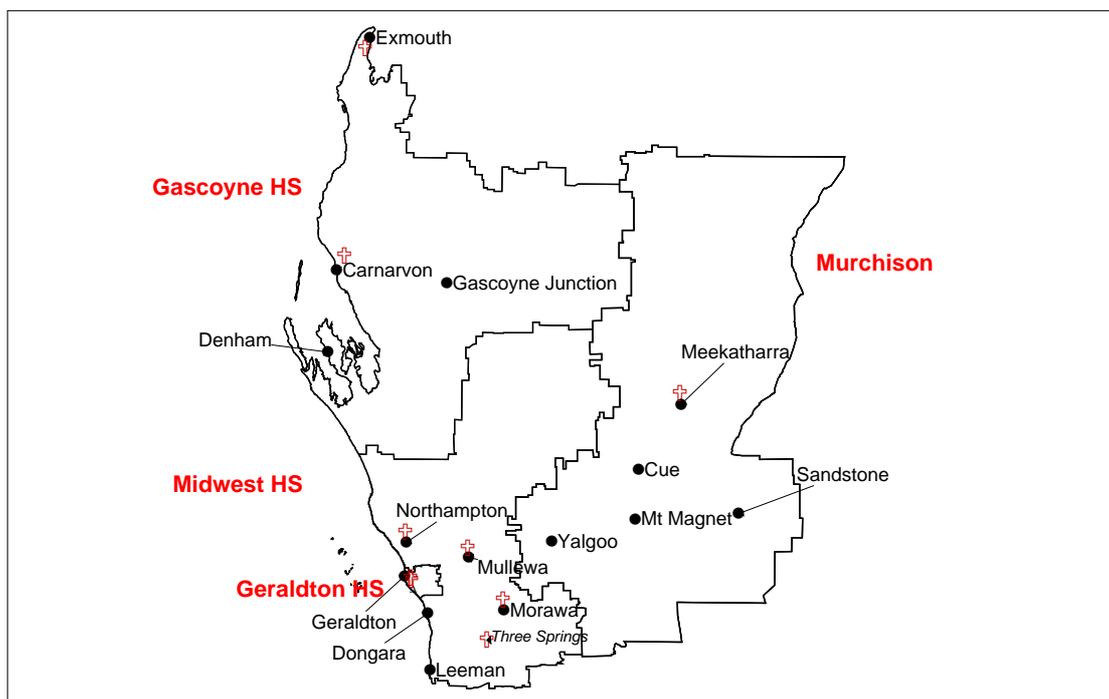
Other drug-related conditions	Number of persons	Number of admissions	Ave. length of stay (days)	% of drug-caused cost
Opioids	20	23	5.0	11.5
Barbiturates, sedatives and hypnotics	20	23	3.9	8.8
Tranquillisers	45	50	3.3	16.5
Anti-depressants	27	32	3.1	9.7
Psychostimulants	6	8	5.9	4.7
Hallucinogens	1	1	1.0	0.1
Other psychotropic agents	10	10	1.9	1.9
Volatile substances	2	2	1.0	0.2
Unclassified drugs	58	70	3.5	24.2
Drug psychoses	10	12	6.3	7.4
IDU conditions	3	3	3.3	1.0
Complications of pregnancy/infancy	11	14	10.1	14.0
Total	213	248	4.1	100.0

Summary

- The average cost of hospitalisation caused by other drug use in the Midlands Health Zone was \$88,704 per year, equivalent to \$1.66 per head of population.
- The age-standardised admission rate for conditions caused by other drugs was significantly lower in the Midlands Health Zone (101 per 100,000 population) compared to the State (138 per 100,000 population).
- Opioid-caused hospitalisation cost an average of \$10,208 per year in the Midlands Health Zone, equivalent to \$2,552 per person admitted.
- Psychotropic agents accounted for 42% of other drug-caused hospital beddays in the Midlands Health Zone, costing an average of \$36,960 per year.
- Between 1991 and 1995, an estimated 125 people were admitted to hospital a total of 160 times in the Midlands Health Zone for attempting suicide using drugs, costing an average of \$43,120 per year.

* The 1995 population estimate was based on the ABS Estimated Resident Populations for 1995. The 2001 estimate was based on population projections from the Ministry of Planning, 1996.

Midwest Health Zone



⛆ indicates the approximate site of a hospital. Where the name of the hospital is the same as the town or suburb the hospital name is omitted.

Midwest Health Zone

	Population estimates*			
	1995	% of HZ	2001	% of HZ
Gascoyne Health Service	10,210	17	10,754	16
Geraldton Health Service	32,022	53	35,786	55
Midwest Health Service	13,503	22	14,048	21
Murchison Health Service	4,386	7	4,760	7
Midwest Health Zone	60,121	100	65,348	100

Hospitalisation caused by other drug use, 1991-1995

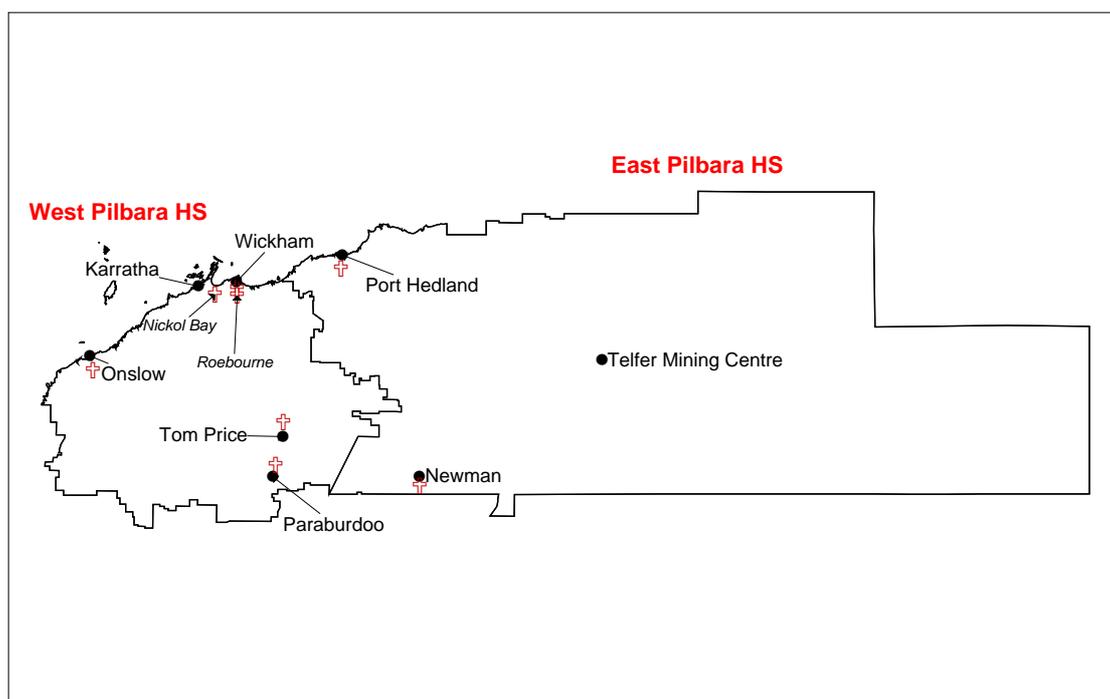
Other drug-related conditions	Number of persons	Number of admissions	Ave. length of stay (days)	% of drug-caused cost
Opioids	36	44	3.5	10.7
Barbiturates, sedatives and hypnotics	20	20	1.8	2.4
Tranquillisers	72	83	3.1	18.2
Anti-depressants	51	55	2.5	9.5
Psychostimulants	16	20	3.7	5.2
Hallucinogens	11	11	1.5	1.1
Other psychotropic agents	16	17	3.4	4.0
Volatile substances	3	3	4.0	0.8
Unclassified drugs	107	137	2.9	27.2
Drug psychoses	21	24	5.6	9.4
IDU conditions	6	6	2.2	0.9
Complications of pregnancy/infancy	20	23	6.6	10.5
Total	379	443	3.2	100.0

Summary

- The average cost of hospitalisation caused by other drug use in the Midwest Health Zone was \$126,280 per year, equivalent to \$2.15 per head of population.
- The age-standardised admission rate for conditions caused by other drugs in the Midwest Health Zone (151 per 100,000 population) was not significantly different to the State (138 per 100,000 population).
- Opioid-caused hospitalisation cost an average of \$13,552 per year in the Midwest Health Zone, equivalent to \$1,882 per person admitted.
- Psychotropic agents accounted for 40% of other drug-caused hospital beddays in the Midwest Health Zone, costing an average of \$50,952 per year.
- Between 1991 and 1995, an estimated 226 people were admitted to hospital a total of 293 times in the Midwest Health Zone for attempting suicide using drugs, costing an average of \$62,304 per year.

* The 1995 population estimate was based on the ABS Estimated Resident Populations for 1995. The 2001 estimate was based on population projections from the Ministry of Planning, 1996.

Pilbara Health Zone



† indicates the approximate site of a hospital. Where the name of the hospital is the same as the town or suburb the hospital name is omitted.

Pilbara Health Zone

	Population estimates*			
	1995	% of HZ	2001	% of HZ
East Pilbara Health Service	20,833	49	22,515	49
West Pilbara Health Service	22,113	51	23,127	51
Pilbara Health Zone	42,946	100	45,642	100

Hospitalisation caused by other drug use, 1991-1995

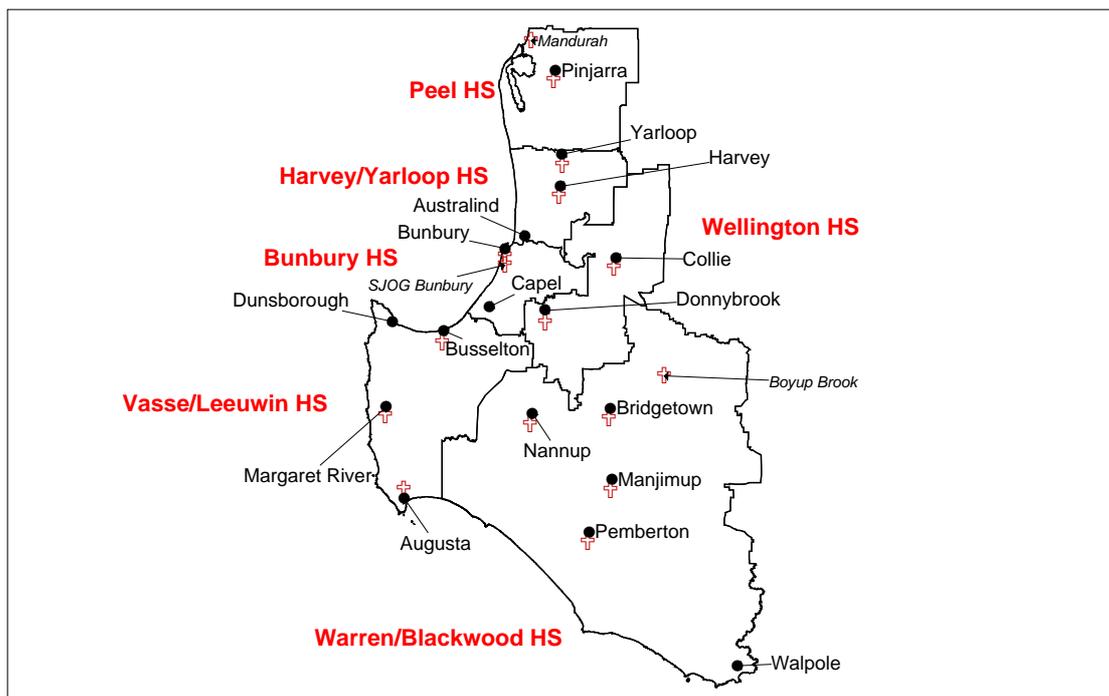
Other drug-related conditions	Number of persons	Number of admissions	Ave. length of stay (days)	% of drug-caused cost
Opioids	25	32	3.5	14.6
Barbiturates, sedatives and hypnotics	17	18	2.2	5.1
Tranquillisers	34	40	2.5	13.1
Anti-depressants	27	28	3.6	13.2
Psychostimulants	14	16	1.8	3.7
Hallucinogens	1	1	1.0	0.1
Other psychotropic agents	4	4	2.0	1.0
Volatile substances	2	2	2.0	0.5
Unclassified drugs	62	66	2.6	22.2
Drug psychoses	9	11	6.0	8.6
IDU conditions	4	5	3.4	2.2
Complications of pregnancy/infancy	13	15	8.0	15.7
Total	212	238	3.2	100.0

Summary

- The average cost of hospitalisation caused by other drug use in the Pilbara Health Zone was \$67,320 per year, equivalent to \$1.51 per head of population.
- The age-standardised admission rate for conditions caused by other drugs was significantly lower in the Pilbara Health Zone (108 per 100,000 population) compared to the State (138 per 100,000 population).
- Opioid-caused hospitalisation cost an average of \$9,856 per year in the Pilbara Health Zone, equivalent to \$1,971 per person admitted.
- Psychotropic agents accounted for 36% of other drug-caused hospital beddays in the Pilbara Health Zone, costing an average of \$24,376 per year.
- Between 1991 and 1995, an estimated 120 people were admitted to hospital a total of 140 times in the Pilbara Health Zone for attempting suicide using drugs, costing an average of \$27,104 per year.

* The 1995 population estimate was based on the ABS Estimated Resident Populations for 1995. The 2001 estimate was based on population projections from the Ministry of Planning, 1996.

South West Health Zone



⛆ indicates the approximate site of a hospital. Where the name of the hospital is the same as the town or suburb the hospital name is omitted.

South West Health Zone

	Population estimates*			
	1995	% of HZ	2001	% of HZ
Bunbury Health Service	40,883	25	43,563	23
Harvey-Yarloop Health Service	15,035	9	17,055	9
Peel Health Service	50,640	31	64,263	35
Vass Leeuwin Health Service	24,800	15	28,857	15
Warren / Blackwood Health Service	17,367	11	18,162	10
Wellington Health Service	13,533	8	14,277	8
South West Health Zone	162,258	100	186,177	100

Hospitalisation caused by other drug use, 1991-1995

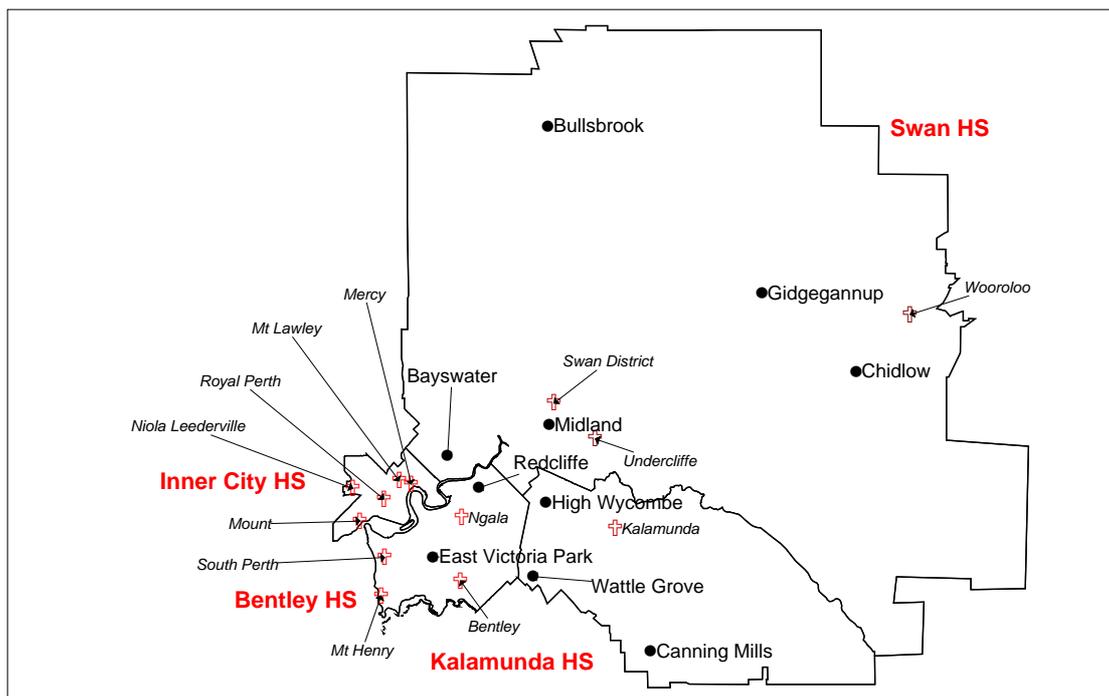
Other drug-related conditions	Number of persons	Number of admissions	Ave. length of stay (days)	% of drug-caused cost
Opioids	72	88	6.1	15.0
Barbiturates, sedatives and hypnotics	54	63	4.3	7.6
Tranquillisers	142	157	3.7	16.2
Anti-depressants	110	128	3.0	10.7
Psychostimulants	22	22	5.4	3.3
Hallucinogens	16	16	1.5	0.7
Other psychotropic agents	43	49	5.4	7.4
Volatile substances	12	12	2.0	0.7
Unclassified drugs	192	209	3.2	18.6
Drug psychoses	44	50	6.2	8.7
IDU conditions	16	18	3.7	1.8
Complications of pregnancy/infancy	33	40	8.3	9.3
Total	756	852	4.2	100.0

Summary

- The average cost of hospitalisation caused by other drug use in the South West Health Zone was \$315,832 per year, equivalent to \$2.06 per head of population.
- The age-standardised admission rate for conditions caused by other drugs was significantly lower in the South West Health Zone (119 per 100,000 population) compared to the State (138 per 100,000 population).
- Opioid-caused hospitalisation cost an average of \$47,520 per year in the South West Health Zone, equivalent to \$3,300 per person admitted.
- Psychotropic agents accounted for 46% of other drug-caused hospital beddays in the South West Health Zone, costing an average of \$144,760 per year.
- Between 1991 and 1995, an estimated 446 people were admitted to hospital a total of 548 times in the South West Health Zone for attempting suicide using drugs, costing an average of \$161,128 per year.

* The 1995 population estimate was based on the ABS Estimated Resident Populations for 1995. The 2001 estimate was based on population projections from the Ministry of Planning, 1996.

East Metropolitan Health Zone



⛆ indicates the approximate site of a hospital. Where the name of the hospital is the same as the town or suburb the hospital name is omitted.

East Metropolitan Health Zone

	Population estimates*			
	1995	% of HZ	2001	% of HZ
Bentley Health Service	118,381	31	119,957	29
Kalamunda Health Service	48,251	13	54,477	13
Inner City Health Service	51,173	14	51,886	13
Swan Health Service	160,010	42	185,512	45
East Metropolitan Health Zone	377,815	100	411,832	100

Hospitalisation caused by other drug use, 1991-1995

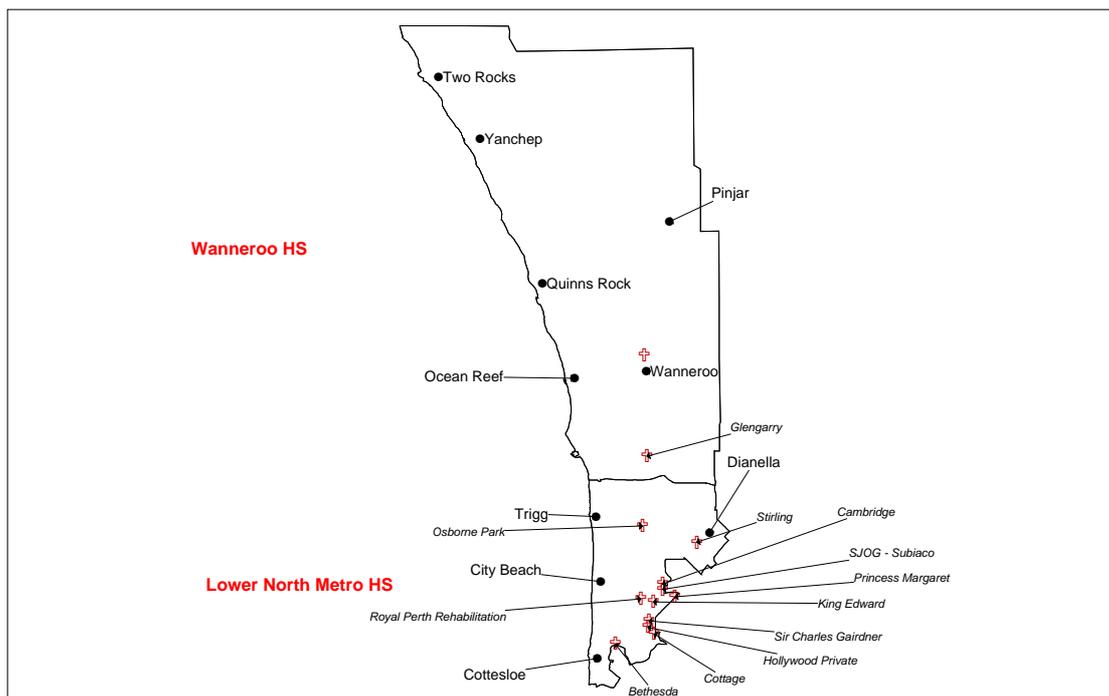
Other drug-related conditions	Number of persons	Number of admissions	Ave. length of stay (days)	% of drug-caused cost
Opioids	338	413	4.4	10.6
Barbiturates, sedatives and hypnotics	259	323	3.2	6.0
Tranquillisers	821	1,058	3.4	21.0
Anti-depressants	410	469	5.1	14.0
Psychostimulants	93	109	3.5	2.2
Hallucinogens	37	37	6.2	1.3
Other psychotropic agents	223	259	5.4	8.2
Volatile substances	25	28	2.3	0.4
Unclassified drugs	584	734	4.8	20.8
Drug psychoses	151	169	8.0	7.9
IDU conditions	55	68	3.6	1.4
Complications of pregnancy/infancy	105	120	8.7	6.1
Total	3,101	3,788	4.5	100.0

Summary

- The average cost of hospitalisation caused by other drug use in the East Metropolitan Health Zone was \$1,503,040 per year, equivalent to \$4.04 per head of population.
- The age-standardised admission rate for conditions caused by other drugs was significantly higher in the East Metropolitan Health Zone (197 per 100,000 population) compared to the State (138 per 100,000 population).
- Opioid-caused hospitalisation cost an average of \$159,368 per year in the East Metropolitan Health Zone, equivalent to \$2,358 per person admitted.
- Psychotropic agents accounted for 53% of other drug-caused hospital beddays in the East Metropolitan Health Zone, costing an average of \$793,672 per year.
- Between 1991 and 1995, an estimated 1,857 people were admitted to hospital a total of 2,638 times in the East Metropolitan Health Zone for attempting suicide using drugs, costing an average of \$874,984 per year.

* The 1995 population estimate was based on the ABS Estimated Resident Populations for 1995. The 2001 estimate was based on population projections from the Ministry of Planning, 1996.

North Metropolitan Health Zone



⛆ indicates the approximate site of a hospital. Where the name of the hospital is the same as the town or suburb the hospital name is omitted.

North Metropolitan Health Zone

	Population estimates*			
	1995	% of HZ	2001	% of HZ
Lower North Metropolitan Health Service	244,897	54	244,521	50
Wanneroo Health Service	205,314	46	247,060	50
North Metropolitan Health Zone	450,211	100	491,581	100

Hospitalisation caused by other drug use, 1991-1995

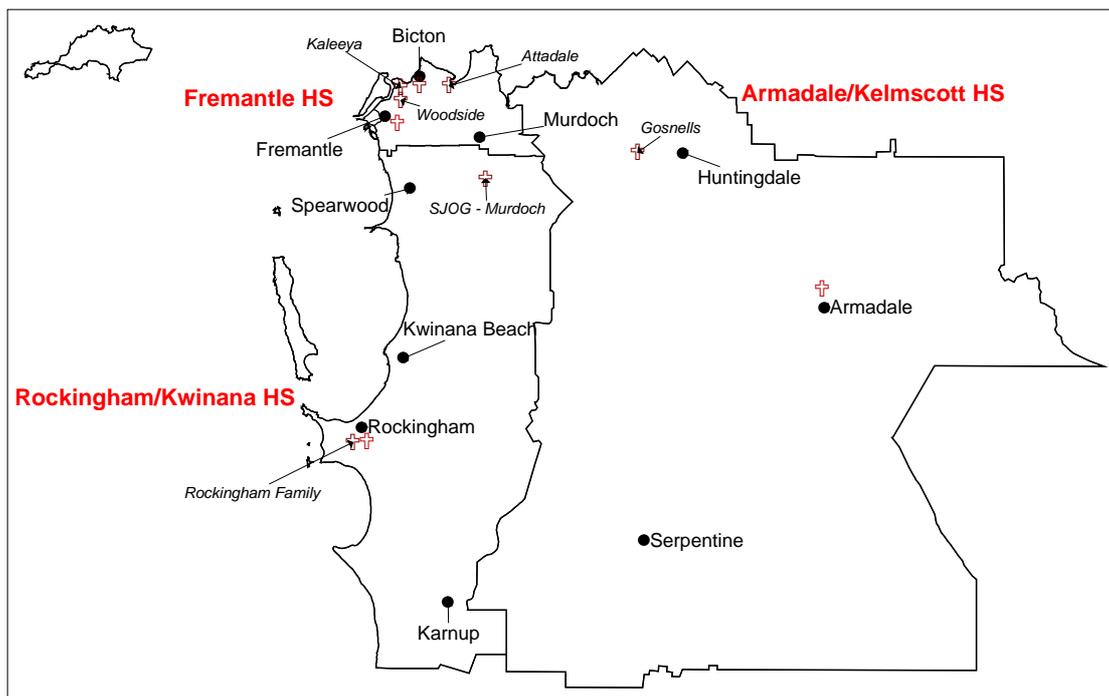
Other drug-related conditions	Number of persons	Number of admissions	Ave. length of stay (days)	% of drug-caused cost
Opioids	222	280	4.9	10.8
Barbiturates, sedatives and hypnotics	143	173	6.2	8.4
Tranquillisers	543	647	3.9	19.6
Anti-depressants	304	359	4.4	12.5
Psychostimulants	51	54	3.6	1.5
Hallucinogens	13	13	3.4	0.3
Other psychotropic agents	121	142	6.1	6.7
Volatile substances	10	10	4.9	0.4
Unclassified drugs	435	488	4.9	18.7
Drug psychoses	133	139	12.3	13.3
IDU conditions	46	58	2.8	1.3
Complications of pregnancy/infancy	85	96	8.6	6.5
Total	2,106	2,459	5.2	100.0

Summary

- The average cost of hospitalisation caused by other drug use in the North Metropolitan Health Zone was \$1,125,696 per year, equivalent to \$2.60 per head of population.
- The age-standardised admission rate for conditions caused by other drugs was significantly lower in the North Metropolitan Health Zone (113 per 100,000 population) compared to the State (138 per 100,000 population).
- Opioid-caused hospitalisation cost an average of \$121,176 per year in the North Metropolitan Health Zone, equivalent to \$2,729 per person admitted.
- Psychotropic agents accounted for 49% of other drug-caused hospital beddays in the North Metropolitan Health Zone, costing an average of \$552,024 per year.
- Between 1991 and 1995, an estimated 1,194 people were admitted to hospital a total of 1,588 times in the North Metropolitan Health Zone for attempting suicide using drugs, costing an average of \$583,792 per year.

* The 1995 population estimate was based on the ABS Estimated Resident Populations for 1995. The 2001 estimate was based on population projections from the Ministry of Planning, 1996.

South Metropolitan Health Zone



† indicates the approximate site of a hospital. Where the name of the hospital is the same as the town or suburb the hospital name is omitted.

South Metropolitan Health Zone

	Population estimates*			
	1995	% of HZ	2001	% of HZ
Armadale / Kelmscott Health Service	176,286	41	192,871	39
Fremantle Health Service	123,030	28	123,183	26
Rockingham / Kwinana Health Service	134,814	31	163,628	34
South Metropolitan Health Zone	434,130	100	479,682	100

Hospitalisation caused by other drug use, 1991-1995

Other drug-related conditions	Number of persons	Number of admissions	Ave. length of stay (days)	% of drug-caused cost
Opioids	266	324	4.8	11.7
Barbiturates, sedatives and hypnotics	173	200	4.5	6.8
Tranquillisers	485	590	3.9	17.2
Anti-depressants	312	361	3.9	10.7
Psychostimulants	75	79	4.2	2.5
Hallucinogens	28	28	2.3	0.5
Other psychotropic agents	106	122	5.7	5.2
Volatile substances	17	19	5.8	0.8
Unclassified drugs	502	600	5.0	22.5
Drug psychoses	134	157	10.0	11.9
IDU conditions	46	56	2.3	1.0
Complications of pregnancy/infancy	113	134	9.0	9.1
Total	2,257	2,670	5.0	100.0

Summary

- The average cost of hospitalisation caused by other drug use in the South Metropolitan Health Zone was \$1,166,088 per year, equivalent to \$2.79 per head of population.
- The age-standardised admission rate for conditions caused by other drugs was significantly lower in the South Metropolitan Health Zone (130 per 100,000 population) compared to the State (138 per 100,000 population).
- Opioid-caused hospitalisation cost an average of \$136,752 per year in the South Metropolitan Health Zone, equivalent to \$2,571 per person admitted.
- Psychotropic agents accounted for 43% of other drug-caused hospital beddays in the South Metropolitan Health Zone, costing an average of \$500,808 per year.
- Between 1991 and 1995, an estimated 1,300 people were admitted to hospital a total of 1,671 times in the South Metropolitan Health Zone for attempting suicide using drugs, costing an average of \$536,096 per year.

* The 1995 population estimate was based on the ABS Estimated Resident Populations for 1995. The 2001 estimate was based on population projections from the Ministry of Planning, 1996.

**Appendix 2: Age-specific aetiologic fractions for conditions
caused by other drugs, by sex**

Appendix 3: Broad categories and ICD-9-CM codes for drug-related conditions

Tobacco-related categories	ICD9-CM codes
Opioids	304.0*, 304.7*, 305.5*, E850.0-E850.2, E950.0*, E980.0*
Sedatives & barbiturates	304.1*, 305.4*, E851, E950.1, E980.1, E852, E950.2, E980.2
Tranquillisers	E853, E950.3*, E980.3*
Anti-depressants	305.8, E854.0, E950.3*, E980.3*
Psychostimulants	304.2, 304.4, 305.6, 305.7, E854.2, E950.3*, E980.3*
Hallucinogens & cannabis	304.3, 305.2, 304.5, 305.3, E854.1, E950.3*, E980.3*
Other/comb. psychotropic agents	E854.8, E950.3*, E980.3*
Volatile substances	304.6, E862.0-E862.1, E862.4, E862.9, E866.6, E951.1, E981.1
Unclassified drugs ¹⁴	304.8, 304.9, 305.9, E950.4-E950.5, E980.4-E980.5
Drug psychoses	292
Complications of pregnancy/infancy	640, 641, 656.5, 764, 765, 648.3, 760.72, 760.73, 760.75, 779.5
IDU conditions	70.2-70.5, 279.1, 42-44, 421

* Indicates conditions for which the extra diagnosis fields were used to try to identify the specific drug responsible.

¹⁴ 'Unclassified drugs' includes combinations of drugs, and other or unspecified drug use.

Appendix 4: Allocation of postcodes to each Health Service and Health Zone

Health Zone	Health Service	Postcodes
Great Southern	Central Great Southern	6317-6318, 6320, 6335-6336, 6341, 6343, 6394-6395, 6316
	Lower Great Southern	6321-6324, 6326-6328, 6330, 6333, 6337-6338, 6396-6397
	Upper Great Southern	6306, 6308-6309, 6311-6313, 6315, 6350, 6352-6353, 6355-6358, 6361, 6363, 6365, 6367, 6370, 6372, 6390-6393
Goldfields	Northern Goldfields	6429-6442, 6444, 6646, 0872
	South East Coastal	6346, 6348, 6443, 6445-6448, 6450
Kimberley	East Kimberley	6740, 6743, 6770
	West Kimberley	6725, 6728, 6731, 6733, 6765
Midlands	Avon	6302, 6380, 6401, 6403, 6560, 6562, 6564, 6566
	Central Wheatbelt	6304, 6373, 6375-6376, 6383-6386, 6405, 6407, 6409, 6417-6419, 6428
	Eastern Wheatbelt	6368, 6369, 6410-6415, 6420-6427, 6463, 6470-6473, 6475-6477, 6479-6480, 6484-6785, 6487-6490, 6359
	Western	6041-6044, 6460-6462, 6464-6468, 6501-6513, 6516, 6521, 6568-6569, 6571-6572, 6574-6575, 6603, 6605-6606, 6608-6609
Midwest	Gascoyne	6532, 6537, 6701, 6705, 6707
	Geraldton	6530, 6528
	Midwest	6514-6515, 6517-6519, 6522, 6525, 6535-6536, 6613-6614, 6616, 6618, 6620, 6623, 6625, 6627-6628, 6630-6632
	Murchison	6612, 6635, 6638-6640, 6642
Pilbara	East Pilbara	6721-6724, 6753, 6755, 6758, 6760-6762
	West Pilbara	6710-6716, 6718, 6720, 6751-6752, 6754

continued...

Appendix 4: continued

Health Zone	Health Service	Postcodes
South West	Bunbury	6226, 6228-6230, 6236-6237, 6271
	Harvey- Yarloop	6218, 6220-6221, 6223-6224, 6227
	Peel	6205-6208, 6210-6211, 6213-6215
	Vasse - Leeuwin	6280-6282, 6284-6286, 6288, 6290
	Warren - Blackwood	6243-6244, 6252, 6254-6256, 6258, 6260, 6262, 6275, 6398
	Wellington	6225, 6239-6240, 6251, 6253
East Metro	Bentley	6100, 6101-6107, 6151-6152
	RPH & Inner City Health Service	6000, 6004-6007, 6016, 6050-6053
	Kalamunda Hospital & Health Service	6057-6058, 6076
	Swan	6054-6056, 6062-6063, 6066-6068, 6070-6074, 6081-6084, 6553-6556, 6558
North Metro	Lower North Metro	6008-6012, 6014-6015, 6017-6022, 6029, 6060-6061, 6161
	Wanneroo	6023-6028, 6030-6037, 6064-6065
South Metro	Armadale - Kelmscott	6108-6113, 6147-6149, 6155, 6201-6203, 6206
	Fremantle Hospital & Health Service	6153-6154, 6156-6160, 6162-6164, 6150, 6166
	Rockingham- Kwinana	6165, 6167-6176

Note: This table reflects how postcodes were allocated to Health Zones in this report. As new postcodes are being created all the time and the boundaries for Health Services and Health Zones may change, this table is constantly being updated.

Appendix 5: Data relating to the figures in this report

Figure 1: Estimated numbers and age-specific rates for hospital admissions caused by other drugs, by age group and sex

Western Australia, 1991-1995

Age group	Number of hospital admissions		Age-specific rate / 100,000 popn.	
	Males	Females	Males	Females
0-4	101	98	31.2	32.0
5-9	0	0	0.0	0.0
10-14	0	0	0.0	0.0
15-19	556	934	170.8	301.9
20-24	893	1,068	256.4	319.5
25-29	918	1,066	276.7	326.6
30-34	784	919	223.7	262.8
35-39	666	815	196.0	238.9
40-44	371	572	112.3	178.0
45-49	218	379	75.8	142.4
50-54	124	213	56.6	104.7
55-59	99	131	55.8	76.8
60-64	61	88	38.7	57.0
65-69	80	78	57.6	53.9
70-74	59	59	57.8	48.8
75-79	34	51	50.9	54.9
80-84	27	44	67.5	66.7
85+	22	45	94.6	89.0

Figure 3: Estimated numbers and age-specific rates for opioid-caused hospital admissions, by age group and sex

Western Australia, 1991-1995

Age group	Number of hospital admissions		Age-specific rate / 100,000 popn.	
	Males	Females	Males	Females
0-4	0	0	0.0	0.0
5-9	0	0	0.0	0.0
10-14	0	0	0.0	0.0
15-19	54	86	16.6	27.8
20-24	110	109	31.6	32.6
25-29	135	114	40.7	34.9
30-34	144	104	41.1	29.7
35-39	107	69	31.5	20.2
40-44	54	40	16.3	12.4
45-49	30	32	10.4	12.0
50-54	5	18	2.3	8.9
55-59	3	8	1.7	4.7
60-64	2	4	1.3	2.6
65-69	4	4	2.9	2.8
70-74	5	4	4.9	3.3
75-79	3	2	4.5	2.2
80-84	0	2	0.0	3.0
85+	0	1	0.0	2.0

Figure 4: Estimated numbers and age-specific rates for hospital admissions from drug-caused suicide attempts, by age group and sex

Western Australia, 1991-1995

Age group	Number of hospital admissions		Age-specific rate / 100,000 popn.	
	Males	Females	Males	Females
0-4	0	0	0.0	0.0
5-9	0	0	0.0	0.0
10-14	0	0	0.0	0.0
15-19	351	752	107.8	243.1
20-24	541	738	155.3	220.8
25-29	524	675	157.9	206.8
30-34	424	657	121.0	187.9
35-39	396	579	116.6	169.7
40-44	258	470	78.1	146.3
45-49	157	296	54.6	111.2
50-54	98	167	44.8	82.1
55-59	67	90	37.8	52.8
60-64	43	61	27.3	39.5
65-69	51	51	36.7	35.2
70-74	31	41	30.4	33.9
75-79	16	27	23.9	29.1
80-84	7	16	17.5	24.3
85+	11	19	47.3	37.6

Figure 5: Age-standardised rates for hospital admissions caused by other drugs, opioids, and drug-caused suicide attempts, by year and sex

Western Australia, 1991-1995

	1991	1992	1993	1994	1995
Male - all	105.1	105.4	111.7	121.2	150.3
Female - all	137.0	147.5	147.9	164.1	189.3
Male - opioids	5.4	5.4	9.7	20.7	35.3
Female - opioids	5.9	7.8	9.5	18.4	29.8
Male - suicides	65.9	68.3	67.4	72.8	77.2
Female - suicides	100.8	106.6	105.1	118	125.9

Figure 6: Estimated numbers and crude rates (with 95% confidence intervals) for hospital admissions caused by other drug use, by Health Zone and sex

Western Australia, 1991-1995

Health Zone	Number of admissions		Crude rate		95% confidence intervals	
	Males	Females	Males	Females	Males	Females
Kimberley	49	72	76.5	129.4	21.4	29.9
Pilbara	92	146	74.8	146.1	15.3	23.7
Midlands	114	135	81.6	106.2	15.0	17.9
Great Southern	163	174	92.3	103.0	14.2	15.3
Goldfields	181	236	123.8	190.8	18.0	24.3
Midwest	194	249	125.2	179.2	17.6	22.2
South West	353	499	90.6	132.2	9.5	11.6
North Metro	990	1,469	93.0	133.7	5.8	6.8
South Metro	1,180	1,490	113.6	141.3	6.5	7.2
East Metro	1,698	2,090	183.4	223.7	8.7	9.6
State	5,013	6,560	118.7	157.0	3.3	3.8

Figure 7: Standardised morbidity rates for other drug-caused hospital admissions, by Health Zone

Western Australia, 1991-1995

Health Zone	Lower confidence interval	Upper confidence interval
Great Southern	0.69	0.85
Goldfields	0.93	1.13
Kimberley	0.58	0.83
Midlands	0.64	0.83
Midwest	0.99	1.2
Pilbara	0.63	0.82
South West	0.81	0.93
East Metropolitan	1.38	1.47
North Metropolitan	0.79	0.85
South Metropolitan	0.91	0.98

Figure 8: Estimated numbers and crude rates (with 95% confidence intervals) for hospital admissions caused by opioids, by Health Zone and sex

Western Australia, 1991-1995

Health Zone	Number of admissions		Crude rate		95% confidence intervals	
	Males	Females	Males	Females	Males	Females
Kimberley	1	1	1.6	1.8	3.1	3.5
Goldfields	12	17	8.2	13.7	4.6	6.5
Great Southern	14	4	7.9	2.4	4.2	2.3
Midlands	14	9	10.0	7.1	5.2	4.6
Pilbara	16	16	13.0	16.0	6.4	7.8
Midwest	19	25	12.3	18.0	5.5	7.1
South West	34	54	8.7	14.3	2.9	3.8
North Metro	153	127	14.4	11.6	2.3	2.0
South Metro	178	146	17.1	13.8	2.5	2.2
East Metro	215	198	23.2	21.2	3.1	3.0
State	656	597	15.5	14.3	1.2	1.1

Figure 9: Estimated numbers and crude rates (with 95% confidence intervals) for hospital admissions for drug-caused attempted suicides, by Health Zone and sex

Western Australia, 1991-1995

Health Zone	Number of admissions		Crude rate		95% confidence intervals	
	Males	Females	Males	Females	Males	Females
Kimberley	33	54	51.5	97.0	17.6	25.9
Pilbara	43	97	35.0	97.1	10.5	19.3
Midlands	70	90	50.1	70.8	11.7	14.6
Goldfields	97	179	66.4	144.7	13.2	21.2
Great Southern	101	112	57.2	66.3	11.2	12.3
Midwest	114	179	73.6	128.8	13.5	18.9
South West	212	336	54.4	89.0	7.3	9.5
North Metro	568	1,020	53.4	92.8	4.4	5.7
South Metro	660	1,011	63.5	95.9	4.8	5.9
East Metro	1,077	1,561	116.3	167.0	6.9	8.3
State	2,975	4,639	70.5	111.0	2.5	3.2