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Funding from the Australian Government Department of Health and Ageing contributed to the production of the report.

Useful references
National drug policy
www.nationaldrugstrategy.gov.au

Drug use and attitudes
Canberra AIHW

Opioid pharmacotherapy
Canberra AIHW

Prisoner Health

Hospital morbidity
www.aihw.gov.au/hospitals

Alcohol and other drug treatment data online

About the Drug Surveys and Services Unit
The AIHW’s Drug Surveys and Services Unit manages the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS), the National Drug Strategy Household Survey and the National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection.

Reports produced from these data collections are available on the AIHW website at www.aihw.gov.au/alcohol-and-other-drugs.

Data guides, collection manuals and specifications are also available at this site.

Alcohol and other drug treatments in Australia 2009–10

Alcohol, tobacco and other drug use remains of significant concern to governments and the community. A wide variety of drug and alcohol treatment services is available across Australia to support people who are concerned about their own or someone else’s drug use, or who enter the criminal justice system as a result of drug use.

These services are funded by state and territory health departments, the Commonwealth Government, the private sector, or a combination of these.

Alcohol and other drug treatment services in Australia 2009–10: Report on the National Minimum Data Set presents national, state and territory data about alcohol and other drug (AOD) treatment services that were either wholly or partly publicly-funded during the reporting year. The report also presents information on AOD-related hospital admissions and government-funded opioid pharmacotherapy programs (such as methadone programs).

Alcohol and other drug treatment at a glance

Agencies and clients
- In 2009–10, 671 alcohol and other drug treatment agencies provided data for the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS), with 146,786 closed treatment episodes recorded.
- 19 out of 20 treatment episodes (96%) were for clients seeking treatment for their own drug use.
- Three in ten episodes (29%) were for clients aged 20–29 years (the largest age cohort) and two in three episodes (66%) involved male clients.

Drugs
- Almost half of the treatment episodes (48%) had alcohol as the principal drug of concern, the highest proportion since the collection began.
- Alcohol was the most frequently reported principal drug of concern for all age groups except for those aged 10–19 years.
- The second and third most common drugs of concern were cannabis (accounting for 23% of treatment episodes) and heroin (10%).

Treatment
- Despite being a principal drug of concern in only 2% of treatment episodes, nicotine was reported as a drug of concern in 20% of episodes (the third most common drug of concern reported overall).
- Counselling was the most common treatment type (42% of episodes). Three in 20 (15%) treatment episodes had withdrawal management (detoxification) as the main treatment.
- Self-referral was the most common referral method (35%).
- In 2010, there were 46,078 clients who received pharmacotherapy for opioid dependence, of which almost two in three clients were male.
- Methadone accounted for seven in 10 clients’ pharmacotherapy type (69%) and was also the most commonly available treatment in Australian prisons.
- In 2009–10, there were 104,614 hospital admissions reported with a drug-related principal diagnosis, 1.2% of all hospital admissions in that period.
- Three-fifths of admissions were for alcohol; this was more than for any other drug (61,125 admissions).
Scope of the data collection

The AODTS–NMDS is based on closed treatment episodes—that is, specific interventions with defined start and end dates.

In 2009–10, there were 146,786 such treatment episodes. The number of treatment episodes, however, does not equal the total number of people in Australia who received treatment for alcohol and other drug use. This is because clients may have received more than one treatment episode from the one agency within the collection period, or services from more than one treatment agency.

Some services were not within the scope of the AODTS–NMDS. These included some methadone treatment programs, half-way houses and emergency accommodation services, needle and syringe exchange programs, sobering-up shelters, and services delivered by correctional facilities.

Clients who were aged under 10 years, and those who sought advice or information but were not formally assessed, were also excluded from the collection.

Agencies

In 2009–10, 6,711 alcohol and other drug treatment agencies provided data for the AODTS–NMDS. This is the highest number of treatment agencies to report since the collection began in 2000. The proportion of government and non-government sector agencies remained relatively stable between 2008–09 and 2009–10 (54% non–government sector and 46% government sector).

Half of treatment agencies (51%) were located in Major cities and almost three in ten (28%) in Inner regional areas. Withdrawal management (detoxification) was more common in Major cities (18%) than in other areas. The lowest number of treatment episodes for withdrawal management (detoxification) and rehabilitation were in Very remote areas. Counselling was the most common treatment type in all regions except Remote areas, where assessment-only was most common.

Clients

The demographic profile of clients who accessed treatment services has remained relatively stable since the collection began.

In 2009–10, 146,786 closed treatment episodes were recorded, of which 140,769 (96%) were for clients seeking treatment for their own substance use. Clients seeking treatment for their own drug use tended to be younger (median age of 32 years) than those seeking assistance for someone else’s drug use (40 years). Around one in eight (11%) episodes involved clients who identified as being of Aboriginal and Torres Strait Islander origin and the majority of episodes involved clients who were born in Australia (87%) and nominated English as their preferred language (95%).

Drugs of concern

Clients seeking treatment for their own drug use were asked to identify the principal drug for which they were seeking treatment (principal drug of concern) and any other drugs which may have caused them concern.

Nationally, alcohol continued to be the most common principal drug of concern, representing almost half of episodes (48%), the highest proportion since the collection’s inception. Cannabis (23%), heroin (10%) and amphetamines (7%) were the next most common principal drugs of concern reported consistently across the years. Alcohol was the most frequently reported principal drug of concern for all age groups except for those aged 10–19 years, where cannabis was more common (50%, Figure 1). Over half of episodes (53%) had more than one drug of concern. Despite being a principal drug of concern in only 2% of treatment episodes, nicotine was reported as a drug of concern in 20% of episodes (the third most common drug of concern reported overall).

Treatment received

In 2009–10, counselling was the most common main treatment type nationally, used in two in five treatment episodes (42%). This was followed by withdrawal management (15%) and assessment only (13%) (Figure 2). There were 8,848 closed treatment episodes that included more than one treatment type in 2009–10, fewer than in 2008–09.

Hospital admissions

In 2009–10, there were 104,614 hospital admissions reported with a drug-related principal diagnosis, 1.2% of all hospital admissions in that period. Three-fifths of admissions were for alcohol—this was more than for any other drug (61,125 admissions).

Males were more likely to receive hospital treatment for stimulants and hallucinogens (65%), alcohol (60%) and volatile solvents (61%) than females. Alcohol-related admissions were most common for all age groups excluding those under 10 years old (Figure 3).

Analgesic admissions were more common among people of low to mid socio-economic status (15%), becoming less common among people of high socioeconomic status (11-13%). Seven out of 10 people (71%) with a drug-related hospital admission were treated in a public hospital rather than a private hospital.

Figure 1: Selected principal drug of concern by age group, 2009–10

Figure 2: Proportions of main treatment type, 2009–10

Figure 3: Hospital separations with a drug-related principal diagnosis, by sex, 2009–10
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