

Alcohol and other drug treatment services in Australia 2014–15: state and territory summaries

Introduction

Publicly funded alcohol and other drug (AOD) treatment services in Australia provide services to assist people to address their drug use through a range of treatments. Assistance may also be provided to support the family and friends of people using drugs.

The main findings on AOD treatment services in 2014–15 – including information on clients, drugs of concern and treatment provided – are available in the *Alcohol and other drug treatment services in Australia 2014–15* report. This report also contains details of the methods used in the analysis of the data, including the imputation methodology developed to adjust the data to account for missing information. Key findings and details of scope, coverage and data quality are available online. In addition, a series of supplementary tables accompanying the annual report is also available online.

This supplementary report presents key state and territory findings on clients and closed treatment episodes in 2014–15. Client counts refer to those closed treatment episodes for which a valid statistical linkage key (SLK) has been supplied. No imputation has been applied to client counts in this section of the report.

Supplementary tables referred to in this report (tables with the prefix 'S') are available for download from <www.aihw.gov.au/publication-detail/?id=60129554768>.

Key facts

In 2014–15:

- A total of 843 publicly funded agencies provided data about services for clients seeking treatment services and support in Australia. This ranged from 15 in the Australian Capital Territory to 297 in New South Wales.
- Nationally, alcohol was the most common principal drug of concern in 2014–15, accounting for 38% of episodes and this was consistent across all states and territories, with the exception of Queensland where cannabis (36%) was the most common drug of concern, followed by alcohol (34%).
- Although cannabis was the second most common principal drug of concern overall, accounting for 24% of episodes, this was not consistent across states and territories. In New South Wales, Western Australia, South Australia and the Australian Capital Territory amphetamines were the second most common principal drug of concern.
- The proportion of episodes with cannabis as the principal drug of concern was well above the national average for Queensland (36% compared with 24% nationally), but well below for the Northern Territory (15%).
- The proportion of episodes where heroin was the principal drug of concern was higher than the national average in the Australian Capital Territory (9% compared with 6% nationally).

- Nationally, counselling was the most common treatment type (40%). It was the most common in half of the states and territories. In South Australia, the Northern Territory, and the Australian Capital Territory assessment only was most common, and in Queensland, information and education only was most common.
- Nationally, the most common source of referral for treatment episodes was self or family (39%), followed by referral from a health service (26%). This was also the case in New South Wales, Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory. However, in Queensland and South Australia the source of referral was more evenly distributed between self or family, health service and diversion (around one-third in each).
- Nationally, over three-quarters (79%) of closed treatment episodes ended within 3 months. Among the states and territories, the proportion of closed episodes that ended within 1 month ranged from 34% in Tasmania to 66% in Queensland.

Over the 5-year period to 2014–15:

- The number of publicly funded agencies providing data about services for clients seeking treatment and support increased by 27% (from 666 to 843). This increase has largely been driven by increases in reporting agencies in New South Wales (from 262 to 297), Queensland (from 109 to 181), Western Australia (from 56 to 84) and South Australia (from 59 to 89).
- Nationally, the top 4 principal drugs of concern have remained consistent over this period. However at the state and territory level, in New South Wales, Western Australia, South Australia and the Australian Capital Territory amphetamines replaced cannabis as the second most common principal drug of concern in 2014–15.

Australia

In Australia, 843 publicly funded alcohol and other drug treatment agencies provided 170,367 treatment episodes in 2014–15 to 114,912 clients (Figure 1 and tables 1 and SA.1). Nearly all (95%) clients in 2014–15 were receiving treatment for their own drug use. Most clients receiving treatment for their own drug use were male (69%), while the reverse was true for clients receiving treatment for someone else’s drug use (63% were female) (Figure 1). Around 1 in 7 clients (15%) were Aboriginal and Torres Strait Islander (from here on referred to as ‘Indigenous Australians’) (Table SC.3).

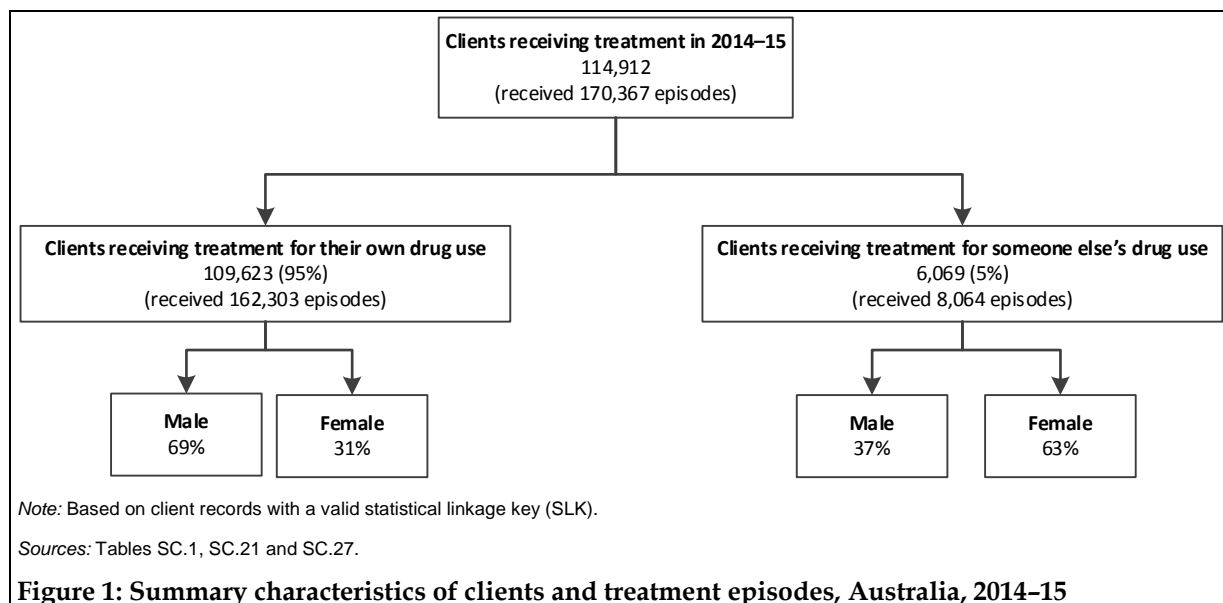


Table 1: Estimated clients, episodes and rates, by state and territory, 2014-15

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Number of episodes	36,598	45,855	38,923	23,542	12,478	3,241	5,222	4,508	170,367
Number of clients ^(a)	23,059	25,484	31,958	17,159	8,939	2,595	3,663	2,822	114,912
Average number of episodes per client	1.6	1.8	1.2	1.4	1.4	1.2	1.4	1.6	1.5
Rate of episodes ^(b) (per 100,000 population)	554	891	946	1050	837	717	1,552	2,175	827
Rate of clients ^(b) (per 100,000 population)	349	495	777	765	600	574	1089	1,361	558

(a) Client numbers are based on records with a valid SLK.

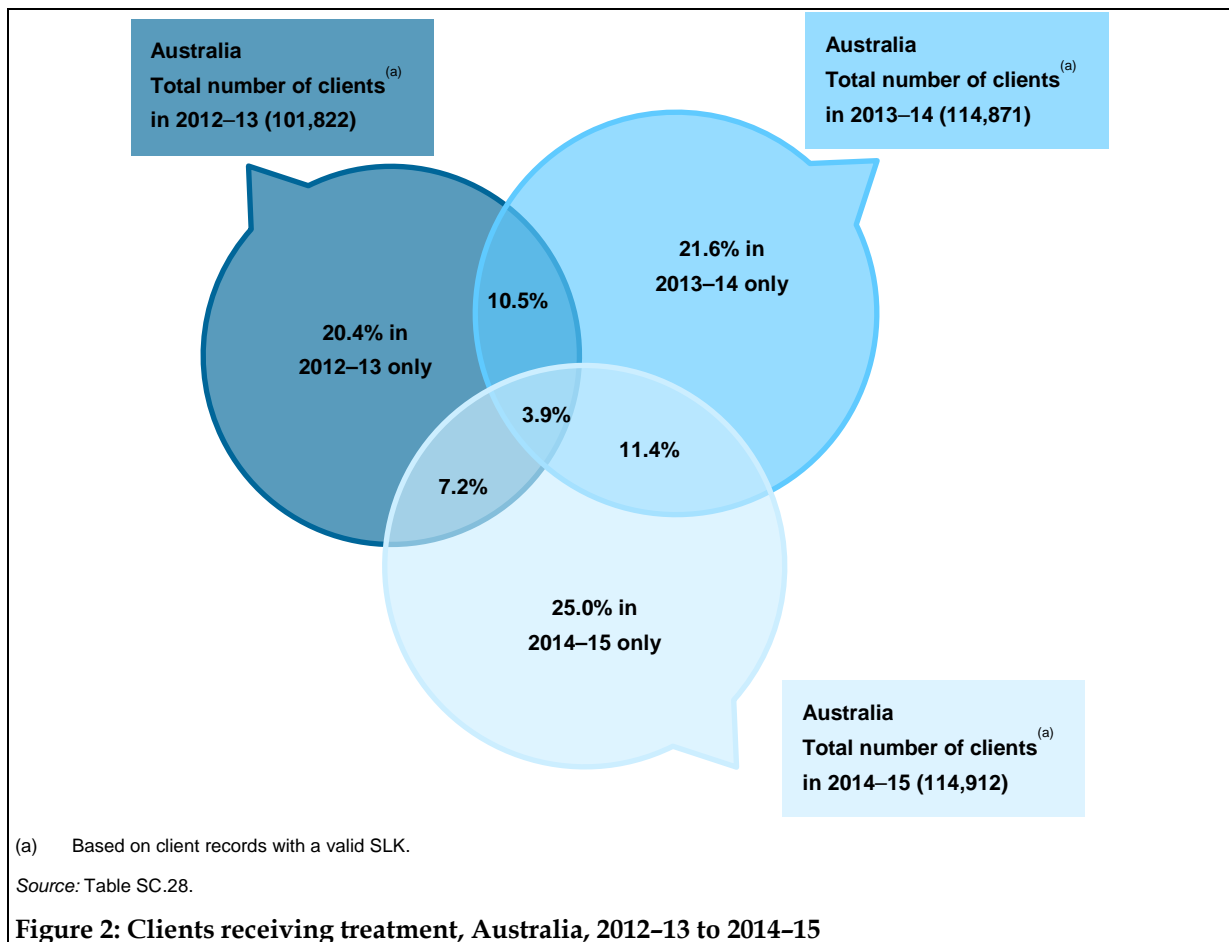
(b) Crude rate is based on the preliminary Australian estimated resident population as at 31 December 2014.

Source: Table SC.21.

Treatment over time

Most (85%) clients received treatment from 1 agency and received an average of 1.5 treatment episodes (Table 1). A total of 242,279 clients received treatment over these 3 years. Of these, 25% (60,507 clients) presented in 2014-15 only, and 11% (27,595) received treatment in both 2013-14 and 2014-15 only (Figure 2).

Only 3.9% (9,419 clients) of the total 242,279 clients received treatment in all 3 collection years.



In 2014-15 in Australia, the most common principal drugs of concern (the primary drug leading someone to seek treatment) were alcohol (37% of clients and 38% of episodes), cannabis (27% of clients and 24% of episodes), amphetamines (19% of clients and 20% of episodes) and heroin (5.3% of clients and 6.1% of episodes). Since 2010-11, the proportion of treatment episodes where alcohol was the most common principal drug of concern decreased (from 47% to 38%), while the proportion of episodes for amphetamines increased (from 8.7% to 20%) (tables SC.4 and SD.2).

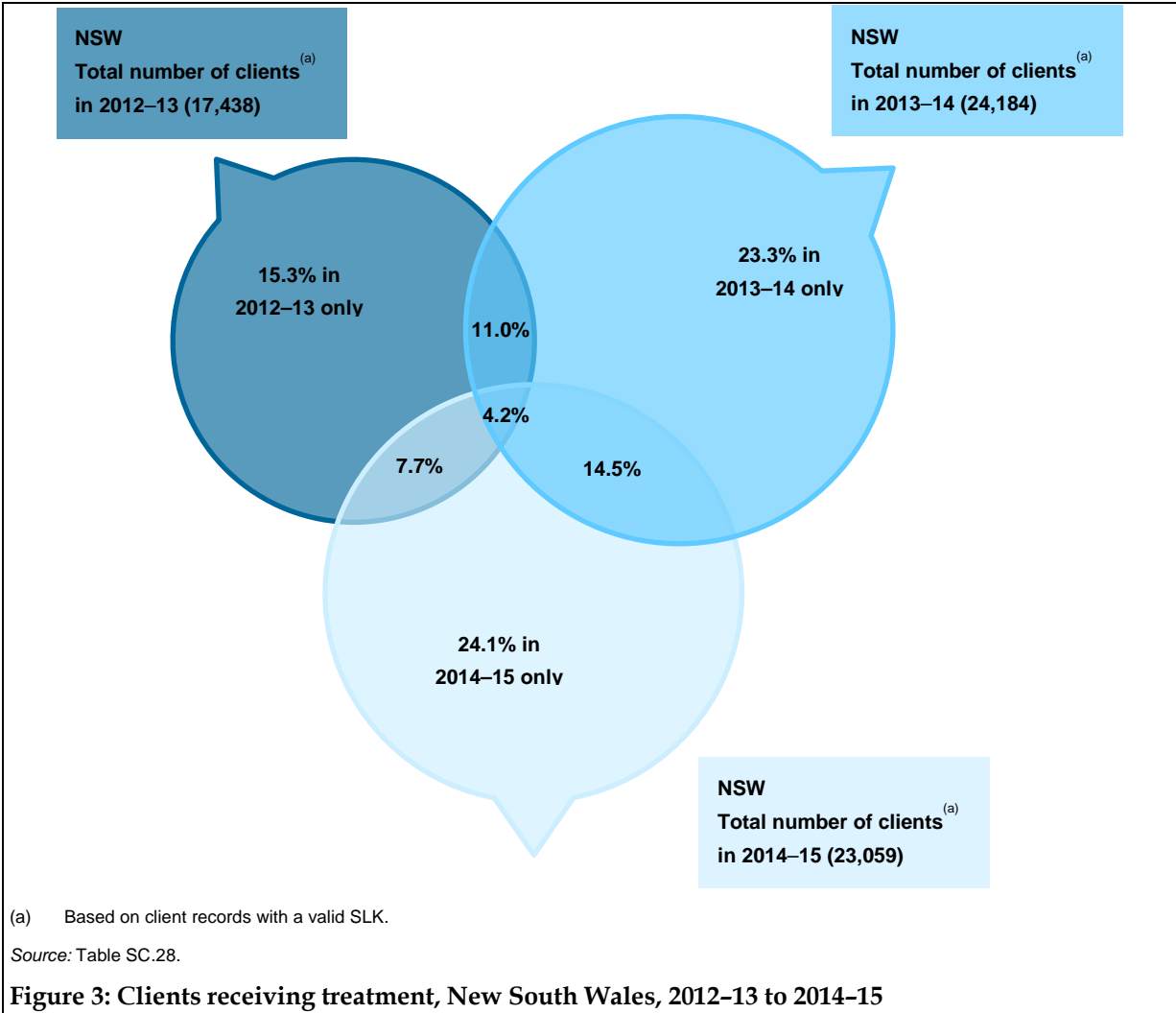
Since 2005-06, the proportion of treatment episodes for each main treatment type remained relatively stable. Counselling continues to be the most common main treatment type provided (comprising about 2 in 5 episodes (40%) since 2005-06, and 43% of clients in 2014-15), followed by assessment only (18% of clients and 17% of episodes), withdrawal management (9.5% of clients and 13% of episodes) and information and education only (13% of clients and 10% of episodes) (tables SC.14 and ST.2).

New South Wales

In New South Wales, 297 publicly funded alcohol and other drug treatment agencies provided 36,598 treatment episodes completed in 2014–15 to 23,059 clients (Figure 4 and tables SA.1 and SA.2). New South Wales reported a decrease in treatment episodes between 2013–14 and 2014–15. This decrease was attributed to changes in data capture systems for local health districts, resulting in a number of agencies either being unable to report data or reporting lower numbers of treatment episodes. See the Data Quality Statement <<http://meteor.aihw.gov.au/content/index.phtml/itemId/637860>> for further details.

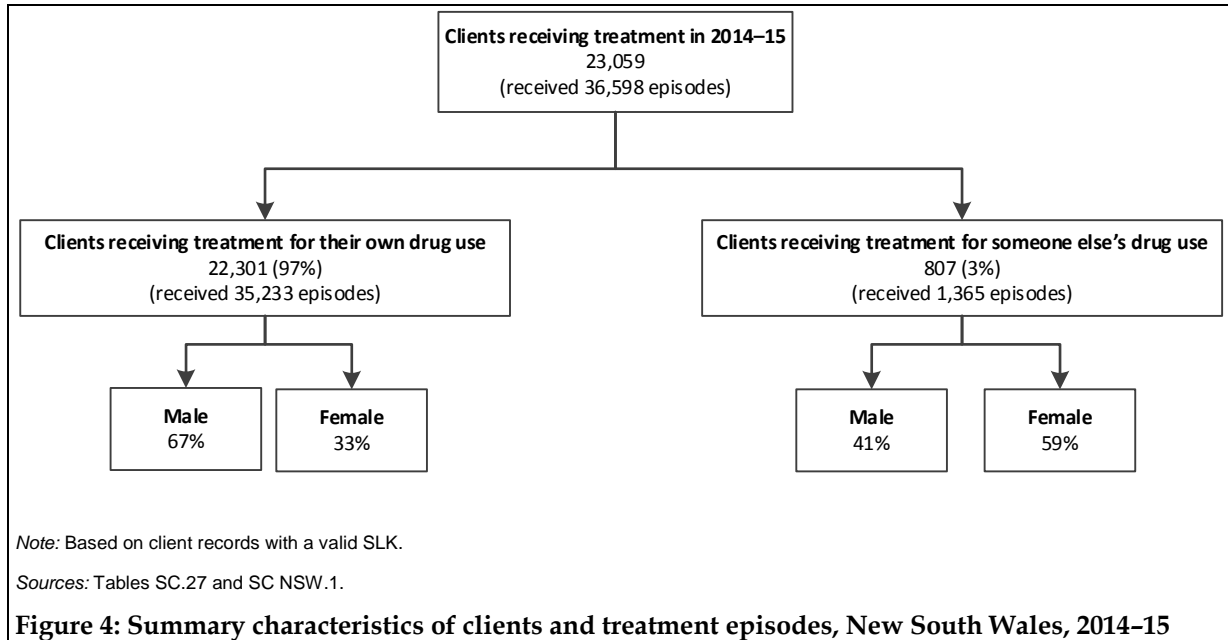
Most (81%) clients received treatment from 1 agency and received an average of 1.6 treatment episodes. This is consistent with national results (1.5 episodes) (tables 1 and SC.23). A total of 45,701 clients received treatment over these 3 years. Of these, 24% (11,003 clients) presented in 2014–15 only, and 15% (6,631) received treatment in both 2013–14 and 2014–15 only (Figure 3).

Only 4.2% (1,913 clients) of the total 45,701 clients received treatment in all 3 collection years.



Client demographics

Nearly all (97%) clients in New South Wales in 2014–15 were receiving treatment for their own drug use (Figure 4). Most clients receiving treatment for their own drug use were male (67%), while the reverse was true for clients receiving treatment for someone else’s drug use (59% were female). In New South Wales in 2014–15, 1 in 7 clients were Indigenous Australians (14%) (Table SC NSW.3). This is consistent with the national picture.

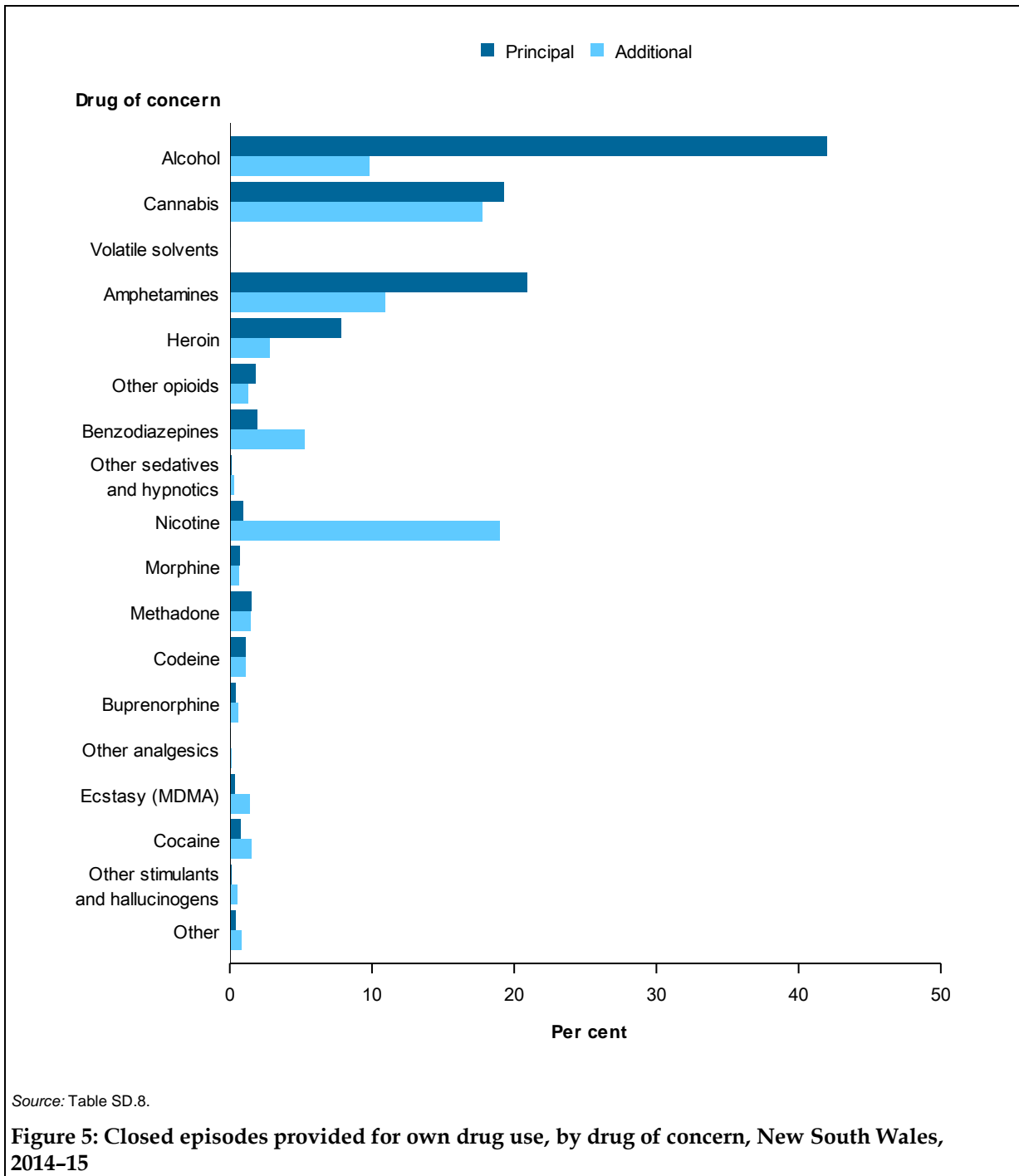


Drugs of concern

In New South Wales in 2014–15, alcohol was the most common principal drug of concern in episodes provided to clients for their own drug use (41% of clients and 42% of episodes) (Figure 5 and Table SC NSW.4). Amphetamines were also relatively common as a principal drug, accounting for one-fifth of closed episodes (21%), followed by cannabis (19%) and heroin (7.8%).

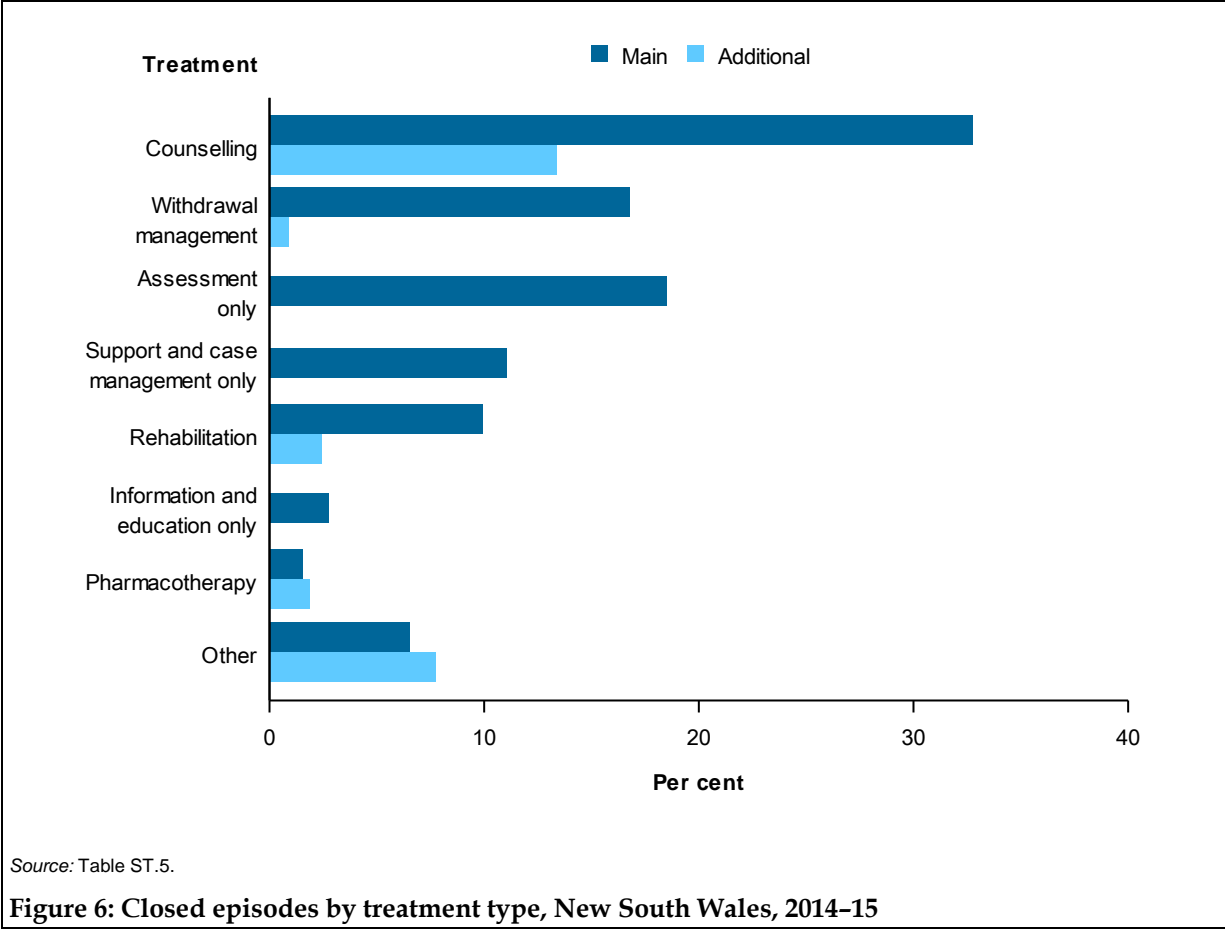
Nicotine was the most common additional drug of concern, accounting for 19% of closed episodes, followed by cannabis (18%), amphetamines (11%) and alcohol (10%) (clients can nominate up to 5 additional drugs of concern for their treatment episode) (Figure 5).

Over the 5 years from 2010–11, alcohol remained the most common principal drug of concern for closed episodes provided for client’s own drug use, even though the proportion of these episodes declined (from 51% to 42%). Cannabis remained the second most common principal drug of concern between 2010–11 and 2013–14, but was replaced by amphetamines in 2014–15, making it the third most common (Table SD.2). This is consistent with the national picture.



Treatment

Counselling was the most common type of main treatment (38% of clients, and 33% of closed treatment episodes), followed by assessment only (19% of episodes) and withdrawal management (17% of episodes) (Figure 6). Counselling (13%) was also the most common type of additional treatment followed by other (7.8%).



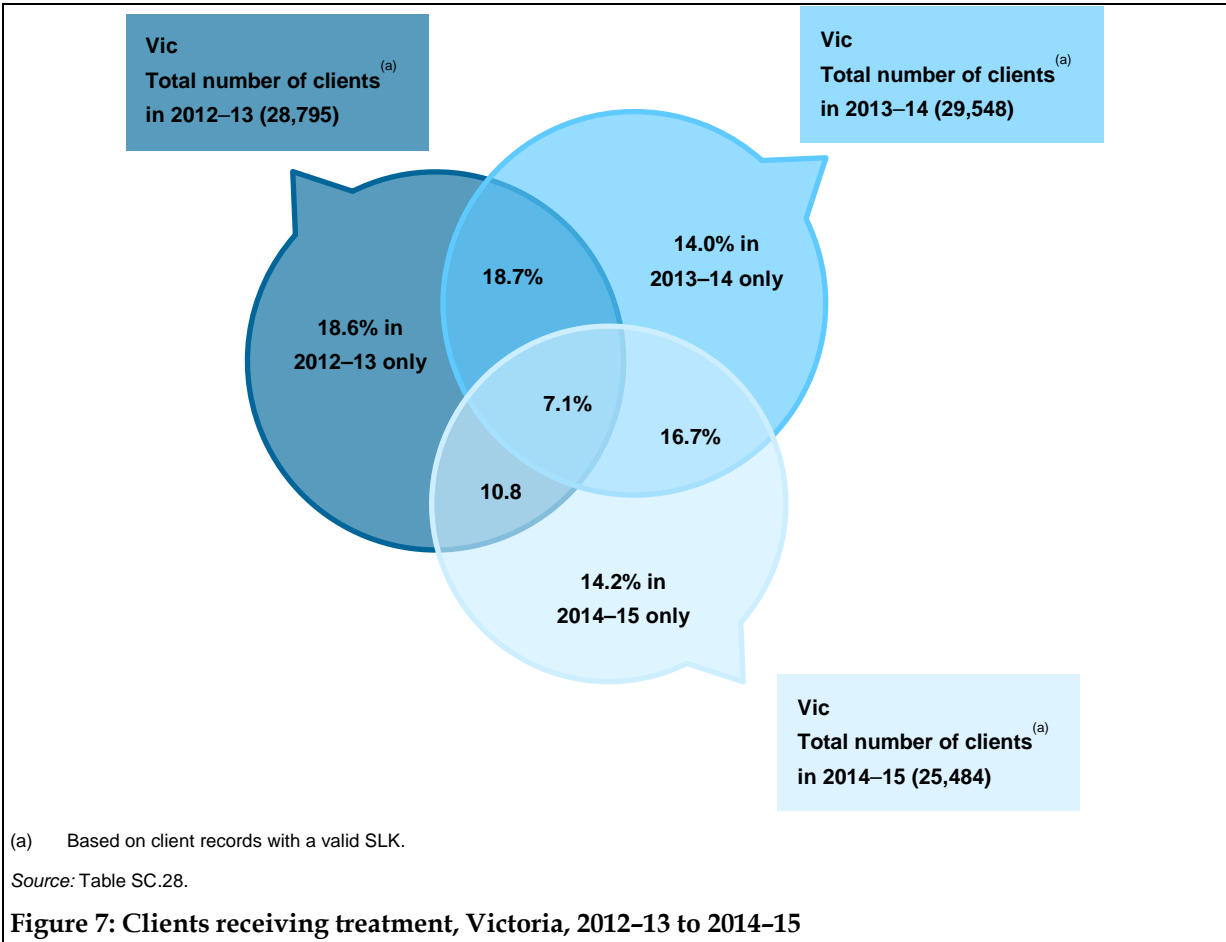
Over the 5 years from 2010-11, counselling remained the most common main treatment type for closed episodes in New South Wales. Assessment only replaced withdrawal management as the second most common treatment in 2012-13 (increasing from 15% to 22% over the same period), but decreased to 19% in the most recent year (Table SE NSW.20). The proportion of episodes where counselling was a main treatment type remained consistently lower than the national average (Table ST.2).

Victoria

In Victoria, 140 publicly funded alcohol and other drug treatment agencies provided 45,855 treatment episodes completed in 2014–15 to 25,484 clients (Figure 8 and tables SA.1–2). Victoria reported a decrease in treatment episodes between 2013–14 and 2014–15. This occurred as a result of the uptake and rollover to new client management systems, in response to AOD sector reforms. See the Data Quality Statement <<http://meteor.aihw.gov.au/content/index.phtml/itemId/637860>> for further details.

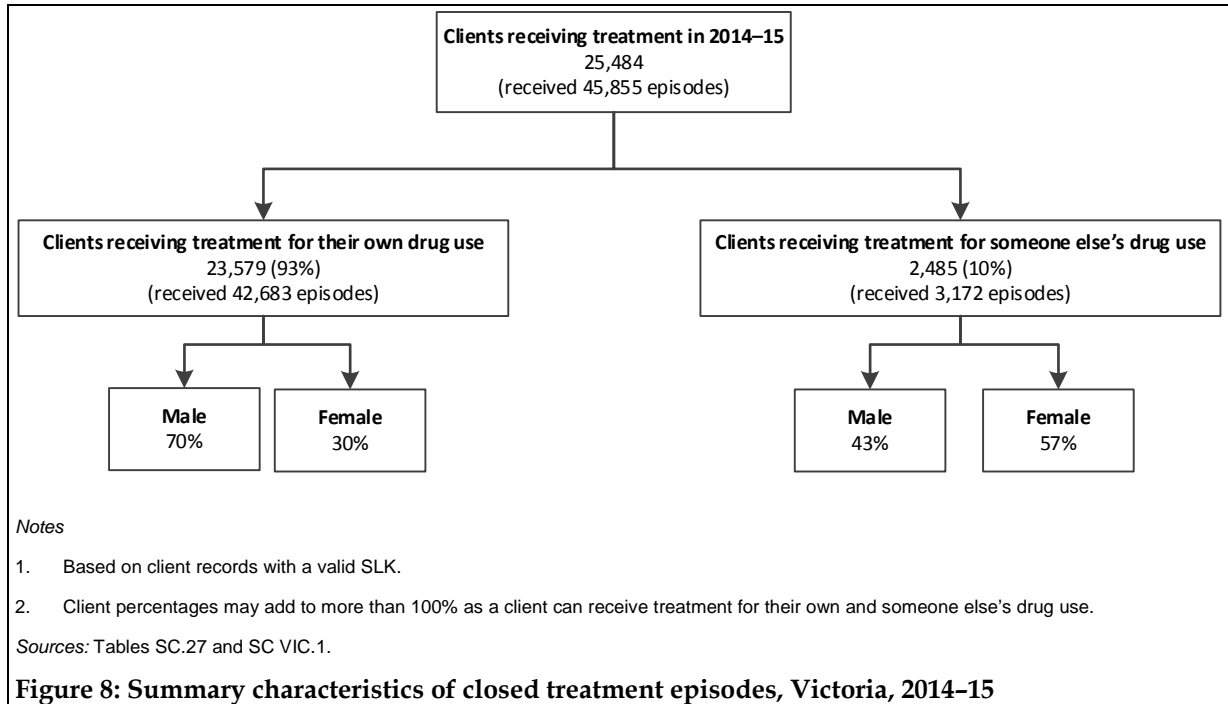
Most (82%) clients received treatment from 1 agency, and received an average of 1.8 treatment episodes, which is higher than the national result (1.5 episodes). This is due to the nuances of Victoria’s data collection system, where each type of treatment results in a separate treatment episode (tables 1 and SC.23). A total of 52,274 clients received treatment over these 3 years. Of these, 14% (7,401 clients) presented in 2014–15 only, and 17% (8,749) received treatment in both 2013–14 and 2014–15 only (Figure 7).

Only 7.1% (3,710 clients) of the total 52,274 clients received treatment in all 3 collection years.



Client demographics

Nearly all (92%) clients in Victoria in 2014–15 were receiving treatment for their own drug use and most (70%) clients were male. The picture was different for clients receiving treatment for someone else’s drug use (57% were female) (Figure 8). These results are consistent with the national picture. In Victoria in 2014–15, around 1 in 16 clients were Indigenous Australians (6.7%), which is lower than the national results (15%) (Table SC VIC.3).

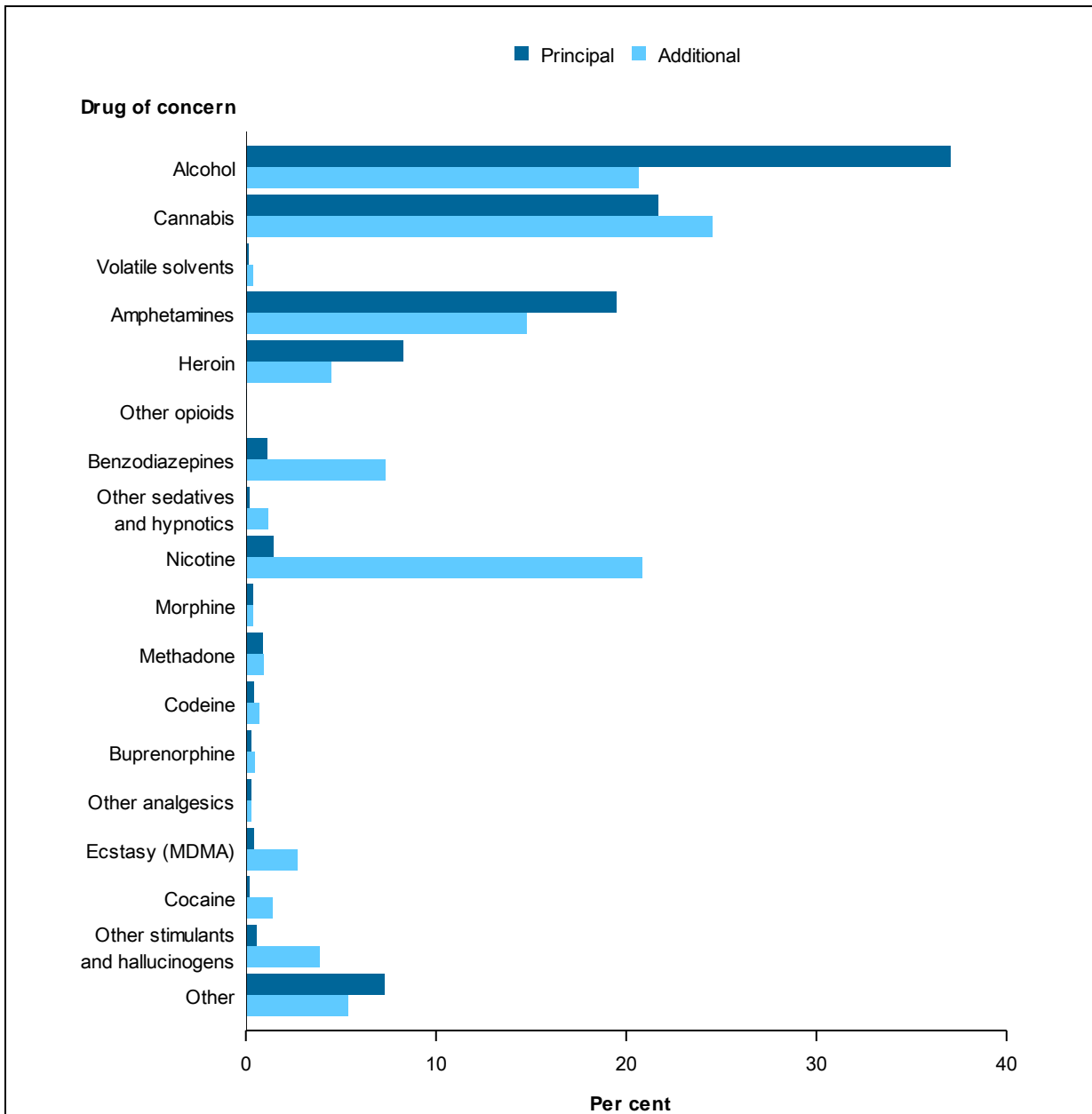


Drugs of concern

In 2014–15 in Victoria, alcohol was the most common principal drug of concern in episodes provided to clients for their own drug use (37% of clients and 37% of episodes) (Figure 9 and Table SC VIC.4). Cannabis was also relatively common as a principal drug, accounting for more than one-fifth of episodes (22%), followed by amphetamines (19%) and heroin (8.2%).

Cannabis was the most common additional drug of concern, accounting for 25% of closed episodes, followed by nicotine and alcohol (both 21%) (Figure 9).

Over the 5 years from 2010–11, alcohol remained the most common principal drug of concern in episodes provided to clients for their own drug use. Cannabis remained the second most common principal drug of concern over this time, while amphetamines replaced heroin as the third most common principal drug of concern from 2012–13 onwards. Over the 5 years from 2010–11, treatment episodes with a principal drug of concern of amphetamines increased from 6.9% to 19%, while episodes with a principal drug of concern of heroin decreased from 13% to 8.3% (Table SD.2).

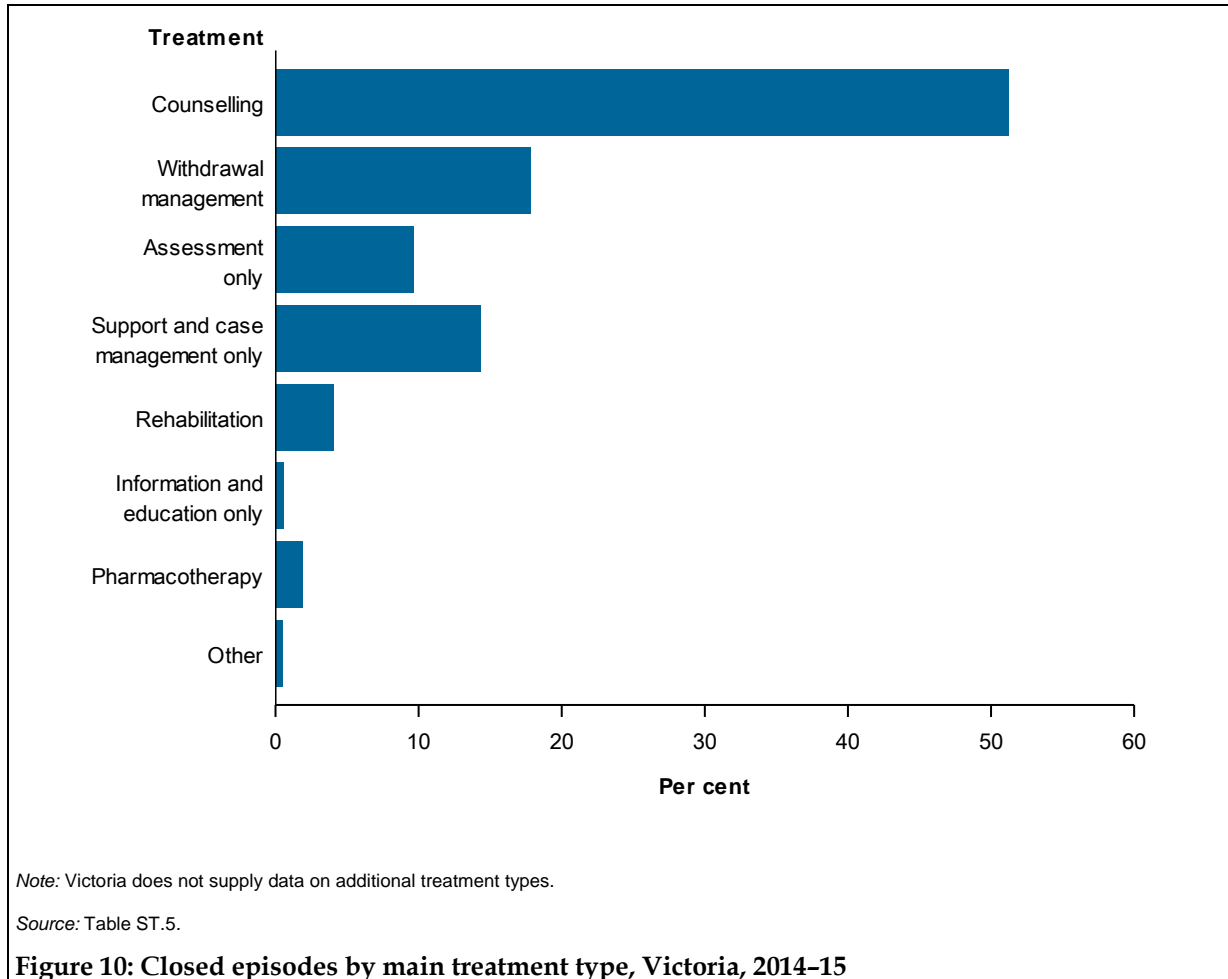


Source: Table SD.8.

Figure 9: Closed episodes provided for own drug use, by drug of concern, Victoria, 2014-15

Treatment

In Victoria in 2014–15, counselling was the most common type of main treatment (56% of clients and 51% of episodes), followed by withdrawal management (18%) and support and case management only (14%) (Figure 10). Due to the nuances of Victoria’s data collection system, with each type of treatment resulting in a separate episode, Victoria cannot supply data on additional treatment types.



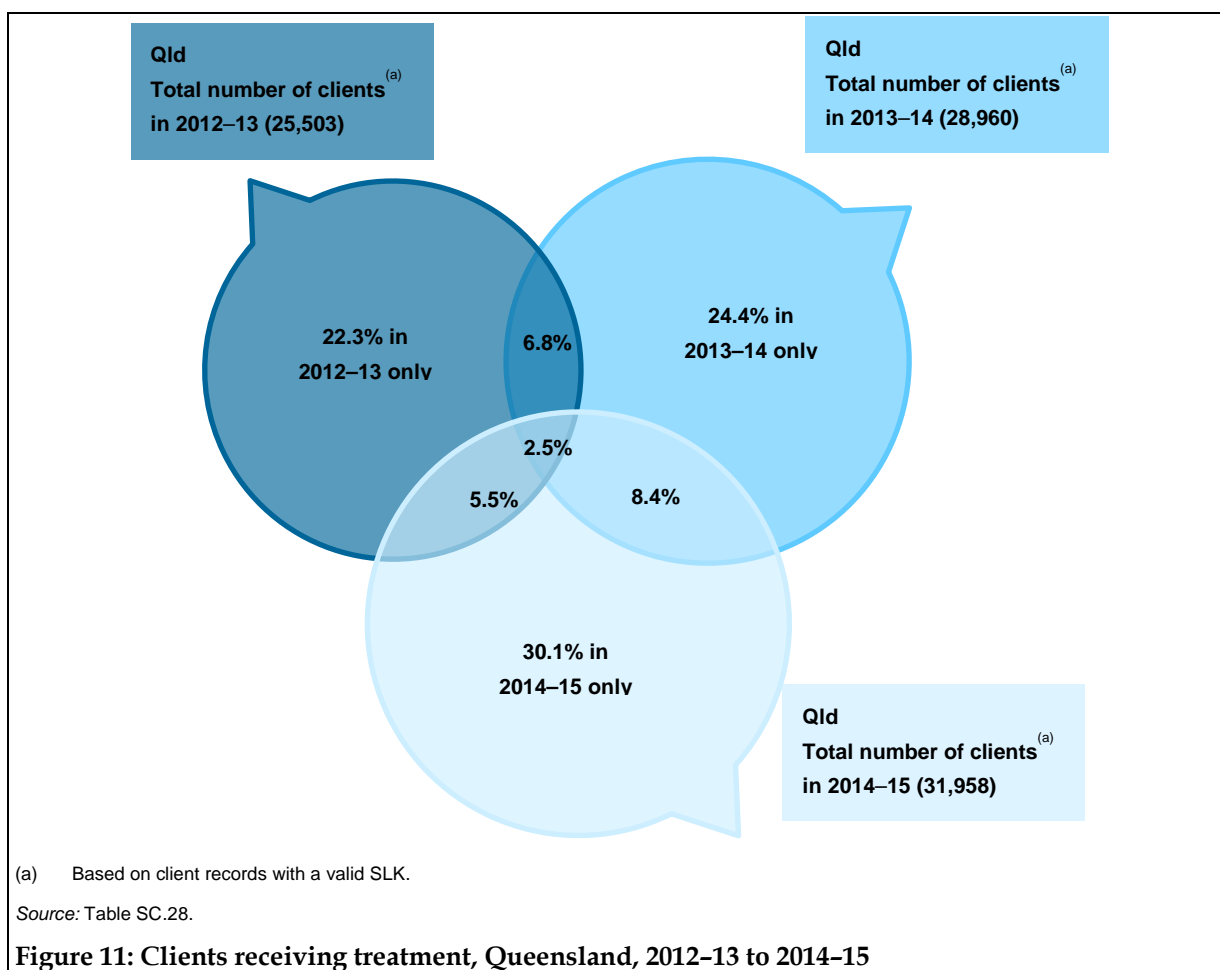
Over the 5 years from 2010–11, there was no change to the most common treatment types for closed episodes in Victoria; counselling was the most common treatment type, followed by withdrawal management and support and case management only. Over the same period, the proportion of closed episodes for the 3 most common main treatment types remained higher than the national average, most noticeably for counselling (ranging from 51% to 56% in Victoria compared with 40% to 43% nationally) (tables SE VIC.20 and ST.2).

Queensland

In Queensland, 181 publicly funded alcohol and other drug treatment agencies provided 38,923 treatment episodes completed in 2014–15 to 31,958 clients (Figure 12 and tables SA.1–2).

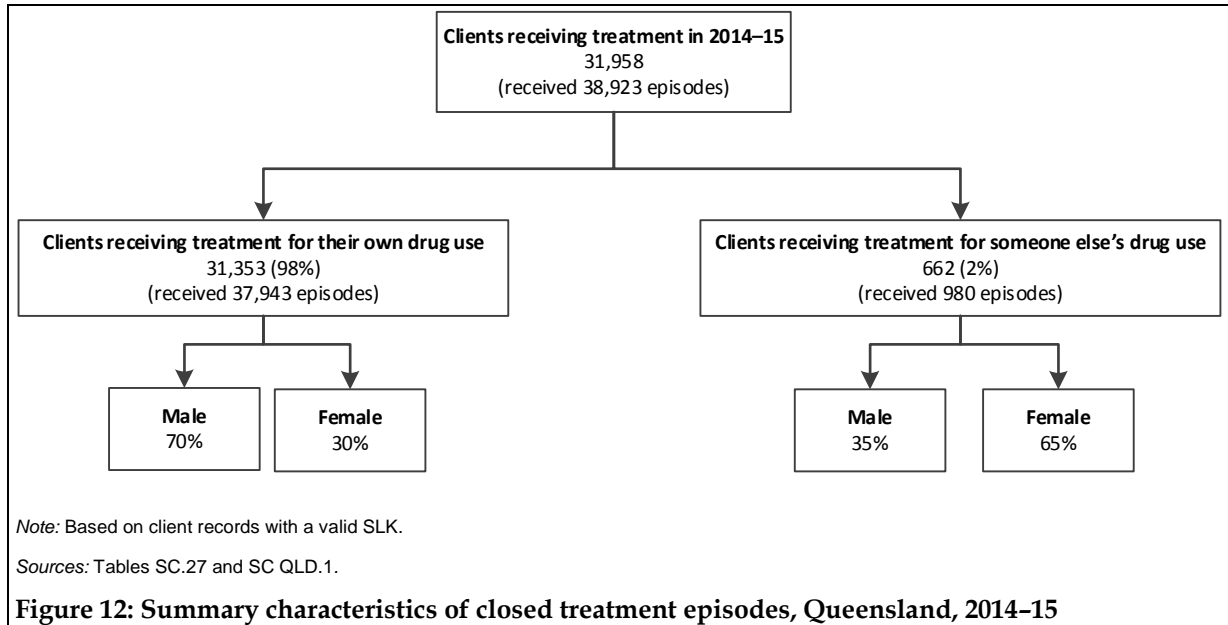
Most (91%) clients received treatment from 1 agency and received an average of 1.2 treatment episodes, slightly lower than national results (1.5 episodes) (tables 1 and SC.23). A total of 68,756 clients received treatment over these 3 years. Of these, 30% (20,694 clients) presented in 2014–15 only, and 8.4% (5,762) received treatment in both 2013–14 and 2014–15 only (Figure 11).

Only 2.5% (1,739 clients) of the total 68,756 clients received treatment in all 3 collection years.



Client demographics

Nearly all (98%) clients in Queensland in 2014–15 were receiving treatment for their own drug use and most (70%) were male (Figure 12). The reverse was true for clients receiving treatment for someone else’s drug use (65% were for females). In Queensland in 2014–15, just over 1 in 7 clients were Indigenous Australians (15%) (Table SC QLD.3). These results are consistent with the national picture.

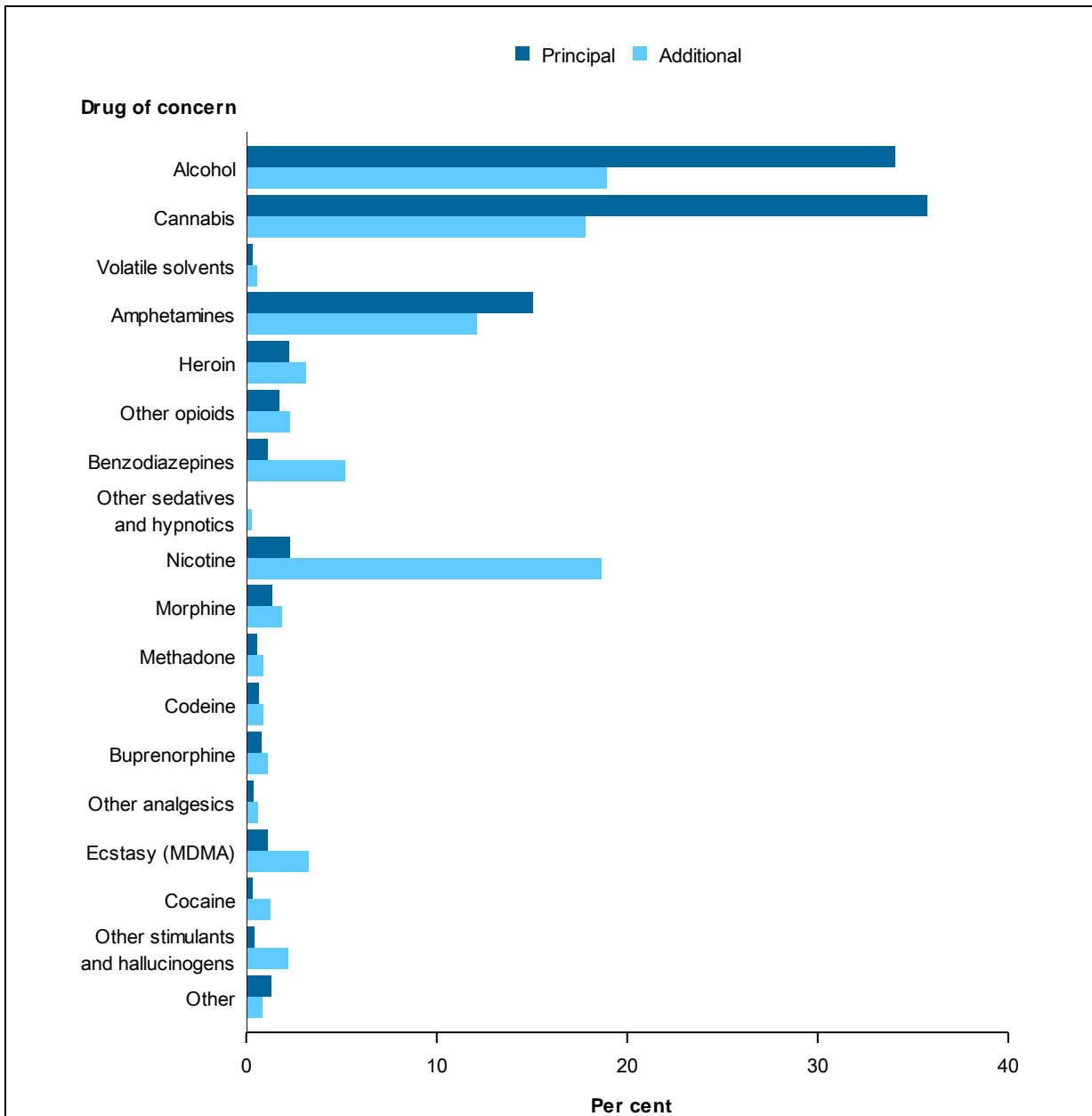


Drugs of concern

In 2014–15, cannabis was the most common principal drug of concern in treatment episodes provided to clients for their own drug use in Queensland (39% of clients and 36% of episodes) (Figure 13 and Table SC QLD.4). This is different to all other states and territories, where alcohol was the most common principal drug of concern. Alcohol was the second most common principal drug of concern, accounting for just over one-third of closed treatment episodes (34%), followed by amphetamines (15%).

When episodes for additional drugs of concern are considered, alcohol and nicotine were the most common additional drugs, both accounting for 19% of episodes, followed by cannabis (18%) and amphetamines (12%) (Figure 13).

Over the 5 years from 2010–11, alcohol was the most common principal drug of concern in episodes provided to clients for their own drug use, until it was replaced by cannabis in 2014–15. This was followed by amphetamines as the third most common principal drug of concern. The proportion of episodes involving amphetamines increased from 8.1% in 2010–11 to 15% in 2014–15. Over the same period, the proportion of episodes for client’s own drug use where cannabis was the principal drug have remained consistently higher than the national average (ranging from 29% to 36% in Queensland, compared with 22% to 24% nationally) (Table SD.2).

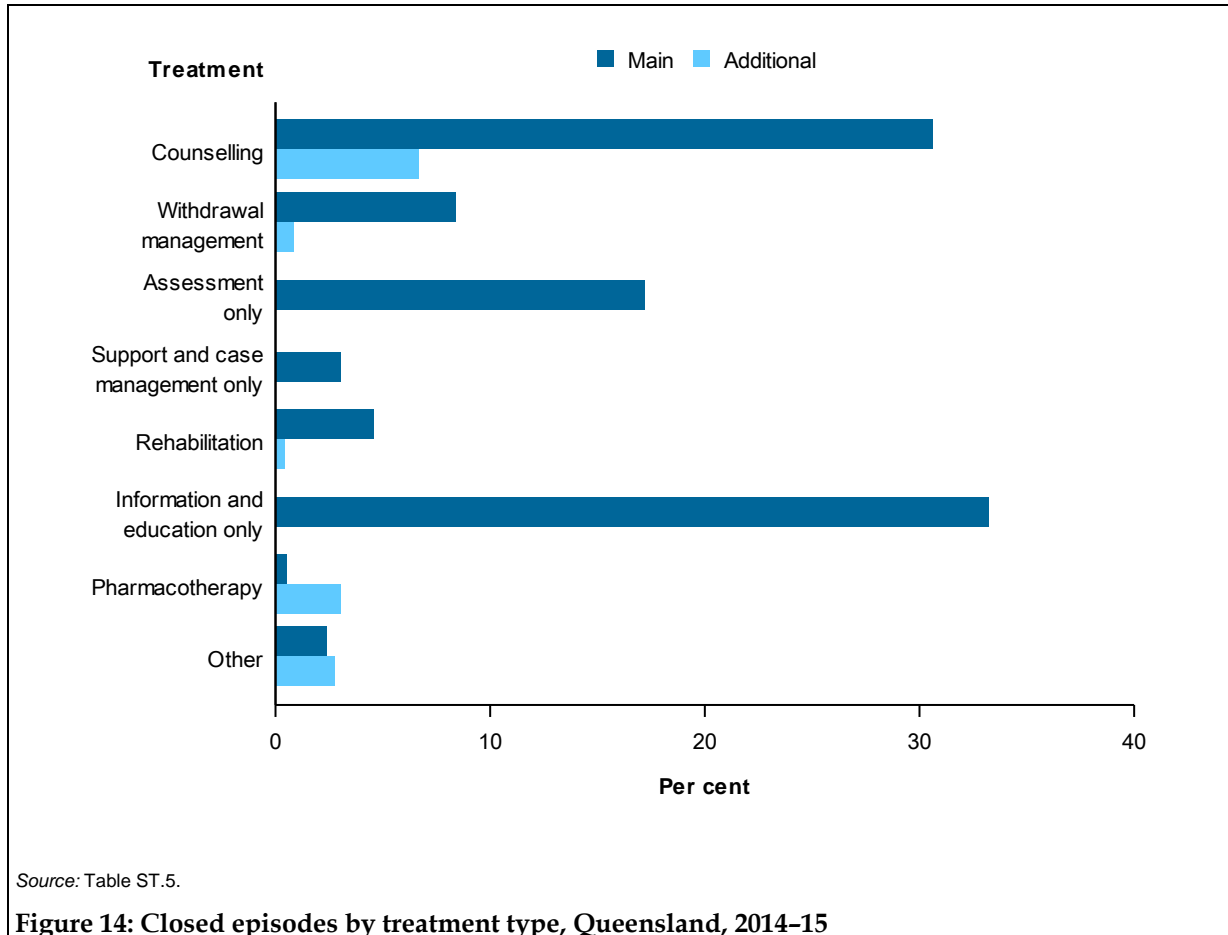


Source: Table SD.8.

Figure 13: Closed episodes provided for own drug use, by drug of concern, Queensland, 2014-15

Treatment

Information and education only was the most common type of main treatment (37% of clients and 33% of closed episodes), followed by counselling (31% of episodes) and assessment only (17% of episodes) (Figure 14). Counselling (6.7% of episodes) was the most common type of additional treatment, followed by pharmacotherapy (3.0%) and other (2.8% of episodes).



Over the 5 years from 2010-11, the proportion of episodes where information and education only was a main treatment type remained consistent in Queensland (around 30%, except in 2011-12 when it was reported in 19% of episodes). Over the same period, the proportion of episodes where counselling was a main treatment type fluctuated, ranging from a low of 29% in 2010-11 to a high of 35% in 2011-12 – in 2014-15, it was the main treatment in 31% of episodes (Table SE QLD.20).

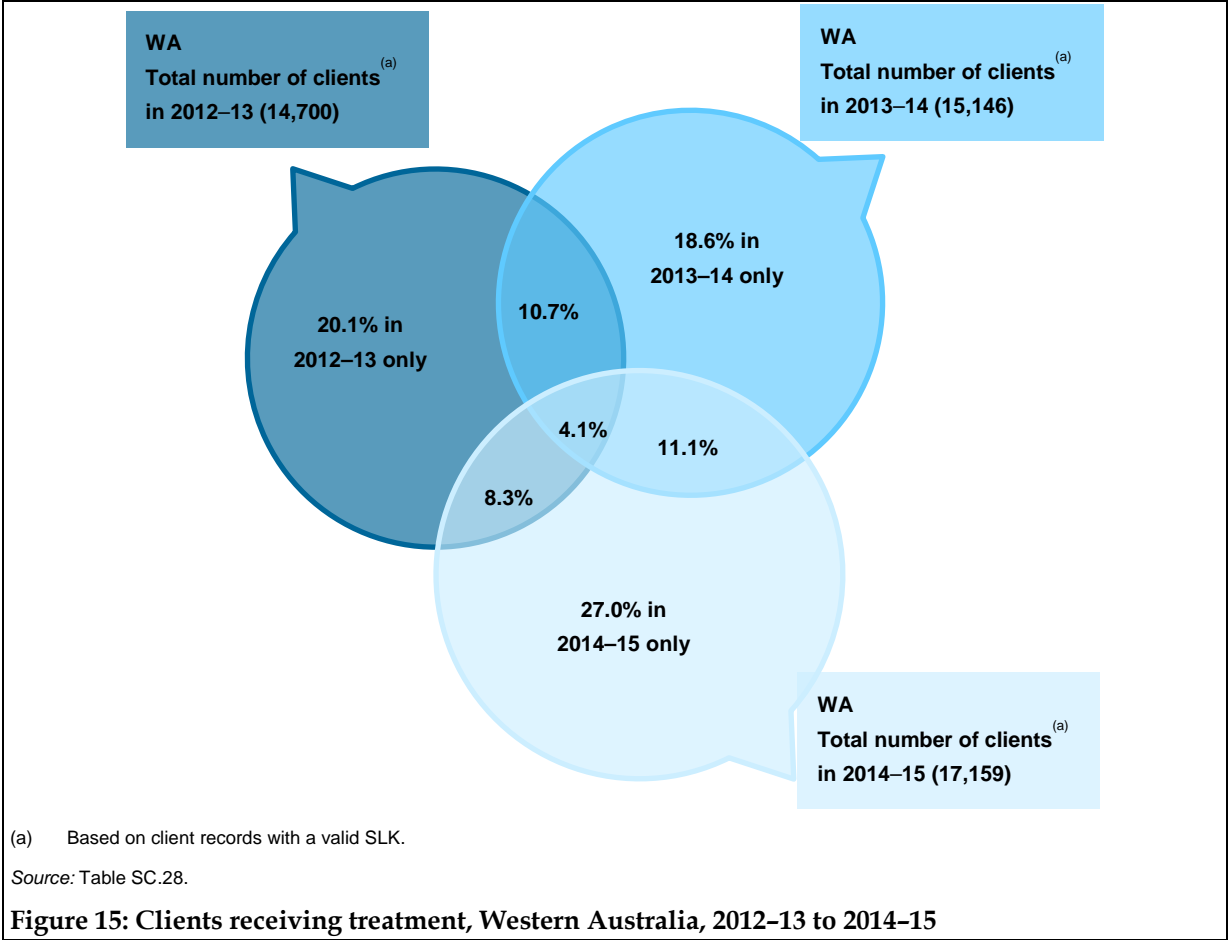
Over the 5 years from 2010-11, nationally, the proportion of episodes where information and education only was a main treatment type remained the highest in Queensland, and was just over 3 times the national average in 2014-15 (33% compared with 10%) (tables SE QLD.20 and ST.2). In Queensland, treatment provided to people diverted to services by police and the courts is recorded as 'information and education only'. Actual treatment involves a 2-hour treatment session that includes extensive alcohol and drug assessment to determine dependence, assessment of risk-taking behaviours, provision of advice and information on reducing/ceasing drug use and harm minimisation, motivational intervention, provision of resources and referral.

Western Australia

In Western Australia, 84 publicly funded alcohol and other drug treatment agencies provided 23,542 treatment episodes completed in 2014–15 to 17,159 clients (Figure 16 and tables SA.1–2).

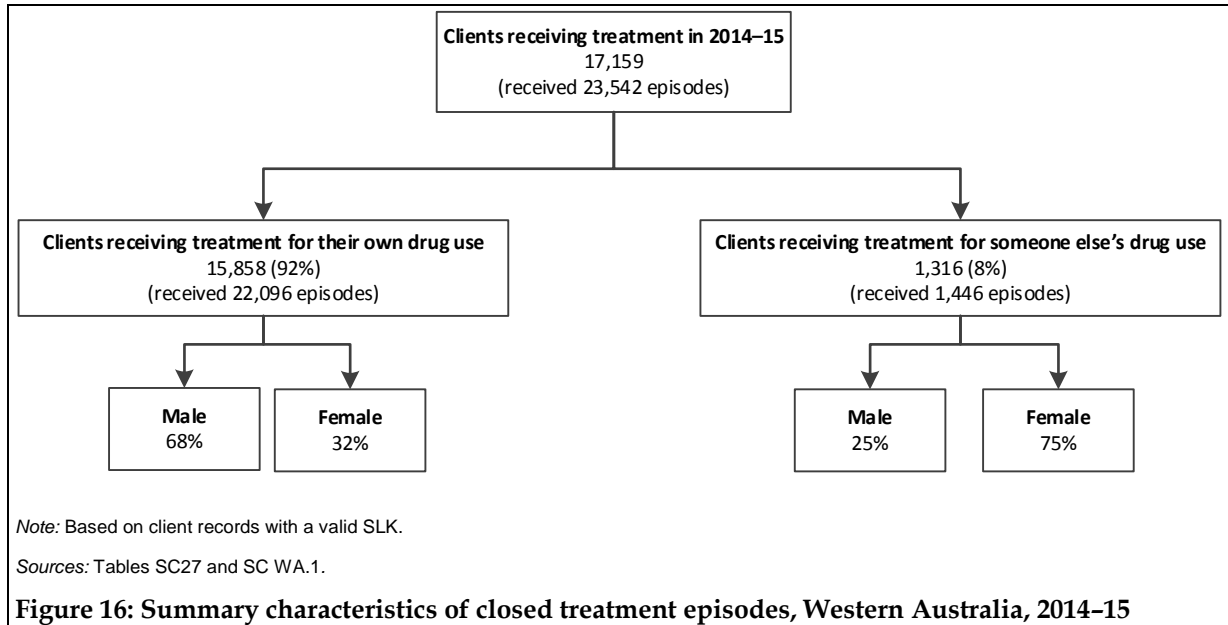
Most (85%) clients received treatment from 1 agency and received 1.4 treatment episodes. This is consistent with national results (1.5 episodes) (tables 1 and SC.23). A total of 33,964 clients received treatment over these 3 years. Of these, 27% (9,162 clients) presented in 2014–15 only, and 11% (3,773) received treatment in both 2013–14 and 2014–15 only (Figure 15).

Only 4.1% (1,398 clients) of the total 33,964 clients received treatment in all 3 collection years.



Client demographics

Nearly all (92%) clients in Western Australia in 2014–15 were receiving treatment for their own drug use and most (68%) were male. The reverse was true for clients receiving treatment for someone else’s drug use (75% were for females) (Figure 16). In Western Australia in 2014–15, nearly 1 in 4 clients were Indigenous Australians (23%), which is higher than the national average (15%) (Table SC WA.3).

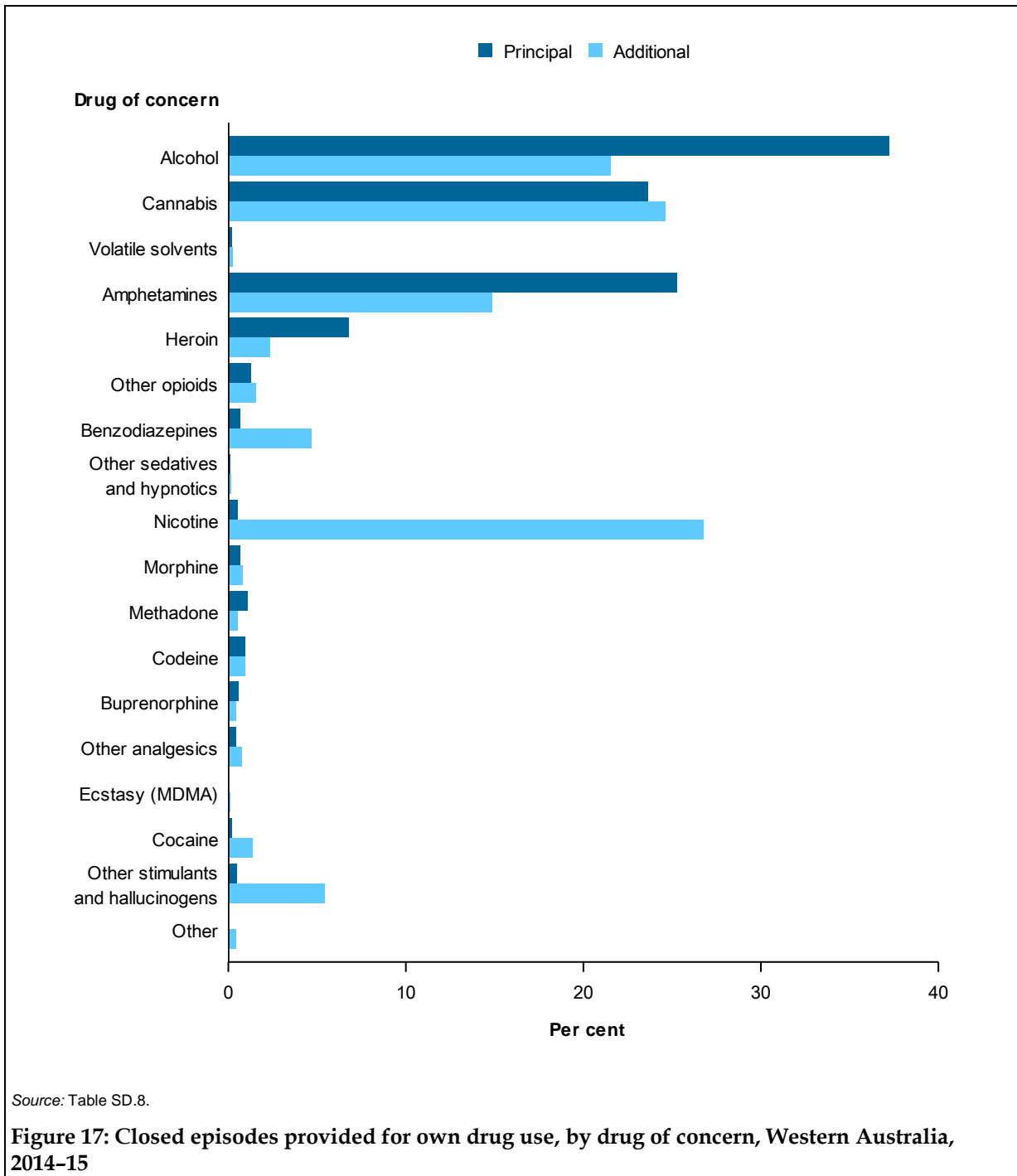


Drugs of concern

In Western Australia, alcohol was the most common principal drug of concern in episodes provided to clients for their own drug use in 2014–15 (37% of clients and 37% of episodes) (Figure 17 and Table SC WA.4). Amphetamines were also relatively common as a principal drug, accounting for one-quarter of treatment episodes (25%), followed by cannabis (24%) and heroin (6.8%).

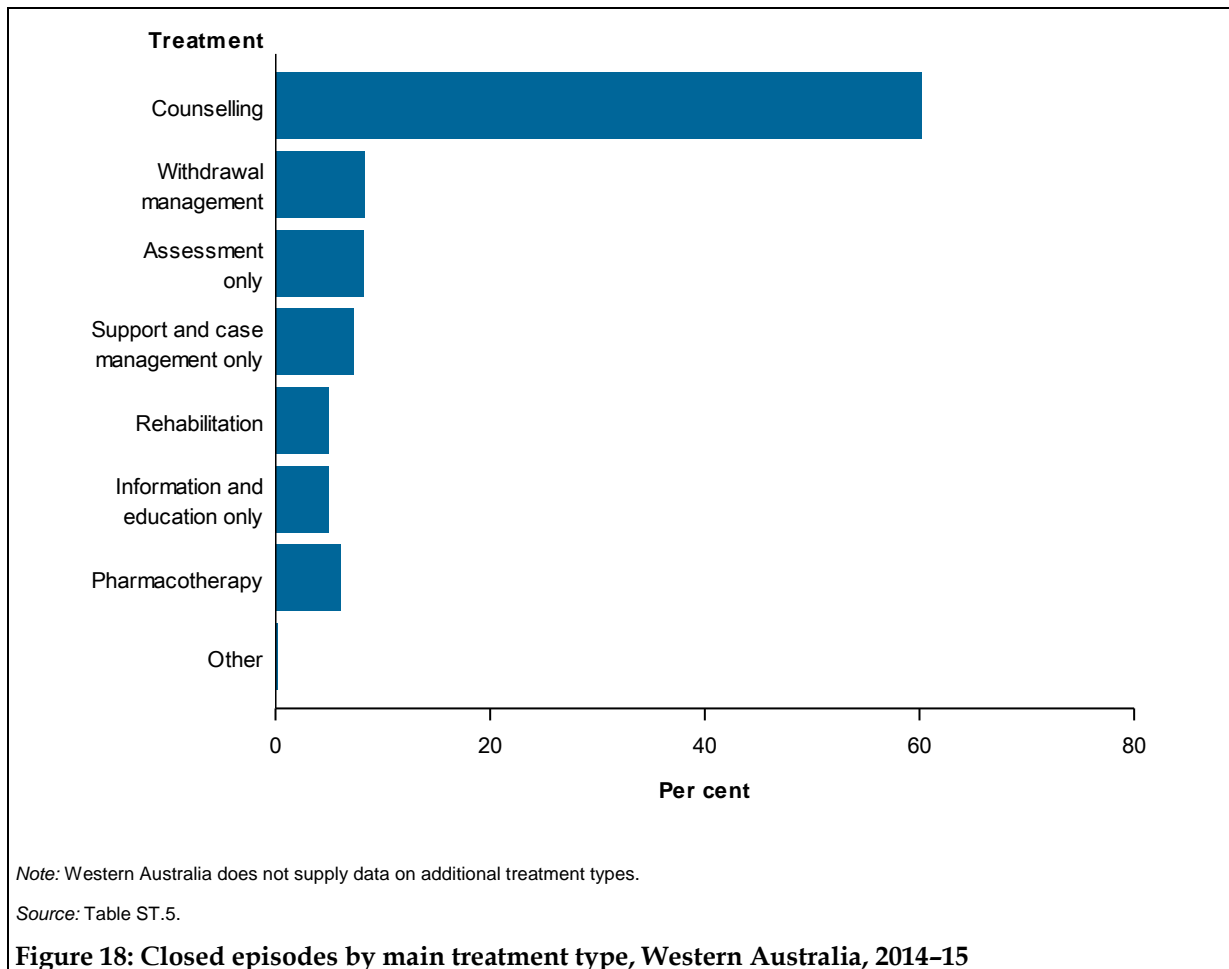
When episodes for additional drugs of concern are considered, nicotine (27% of episodes) was the most common additional drug, followed by cannabis (25% of episodes), alcohol (22% of episodes) and amphetamines (15% of episodes) (Figure 17).

Over the 5 years from 2010–11, alcohol remained the most common principal drug of concern in closed treatment episodes provided to clients for their own drug use, followed by cannabis and amphetamines until 2014–15 when amphetamines took over as second most common principal drug of concern. However, alcohol declined over this period, from 48% of treatment episodes to 37% in 2014–15. The proportion of episodes involving amphetamines was higher than the national average (ranging from 16% to 25% in Western Australia compared with 8.7% to 20% nationally) (Table SD.2).



Treatment

In Western Australia, counselling was the most common type of main treatment (71% of clients and 60% of episodes) in 2014–15, followed by withdrawal management (8.3%) and assessment only (8.2%) (Figure 18). Note that Western Australia does not supply data on additional treatment types. Each type of treatment results in a separate episode, though a small number of episodes provided in Western Australia through the Non-Government Organisation Treatment Grants Program (NGOTGP) may have additional treatment types.



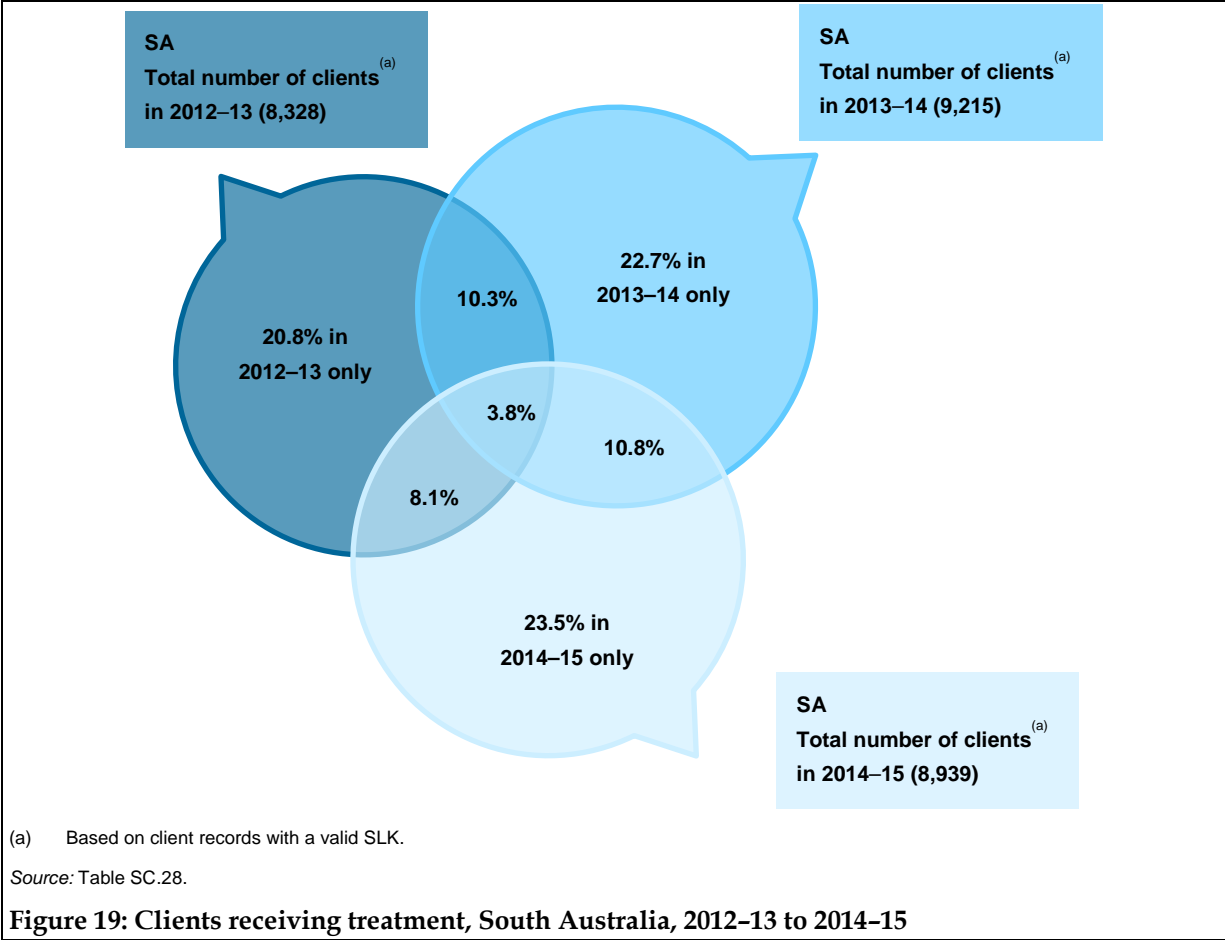
Over the 5 years from 2010–11, counselling remained the most common main treatment type for closed episodes in Western Australia, followed by withdrawal management. The proportion of episodes where counselling was a main treatment type (fluctuating between 60% and 64%) remained substantially higher than the national average (ranging from 40% to 43%) (tables SE WA.20 and ST.2).

South Australia

In South Australia, 89 publicly funded alcohol and other drug treatment agencies provided 12,478 treatment episodes completed in 2014–15 to 8,939 clients (Figure 20 and tables SA.1 and SA.2).

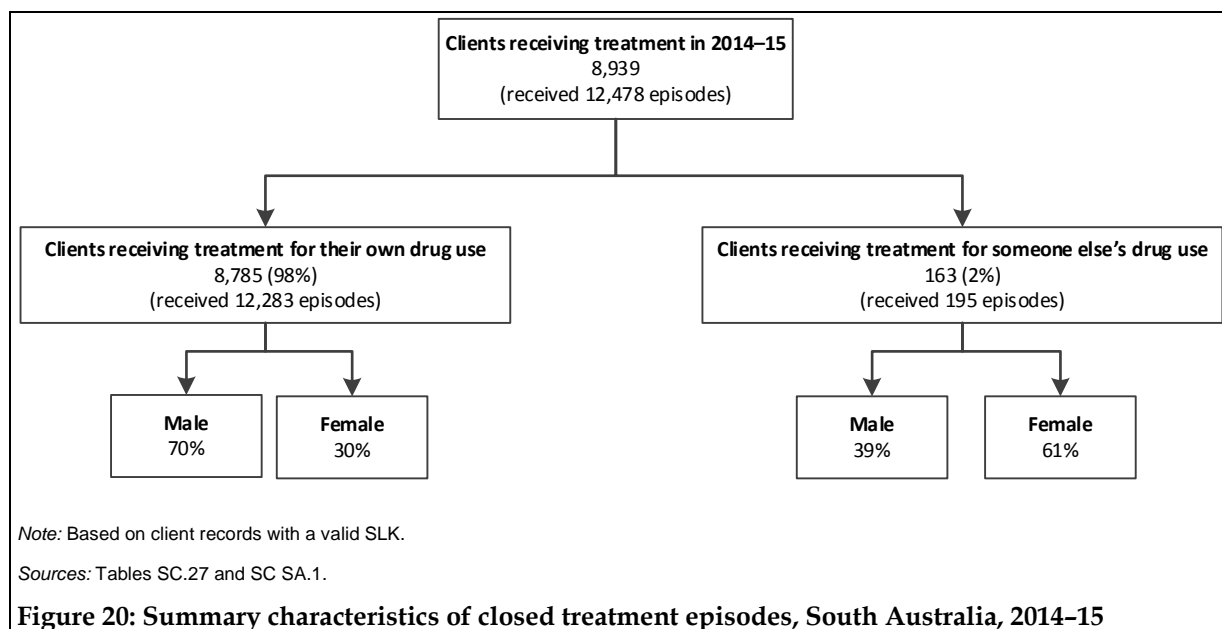
Most (87%) clients received treatment from 1 agency and received 1.4 treatment episodes. This is consistent with national results (1.5 episodes) (tables 1 and SC.23). A total of 19,352 clients received treatment over these 3 years. Of these, 23% (4,543 clients) presented in 2014–15 only, and 11% (2,084) received treatment in both 2013–14 and 2014–15 only (Figure 19).

Only 3.8% (737 clients) of the total 19,352 clients received treatment in all 3 collection years.



Client demographics

Nearly all (98%) clients in South Australia in 2014–15 were receiving treatment for their own drug use and most (70%) clients were male. The reverse was true for clients receiving treatment for someone else’s drug use (61% were for females) (Figure 20). In South Australia in 2014–15, just over 1 in 10 clients were Indigenous Australians (11%), which is lower than the national average (15%) (Table SC SA.3).



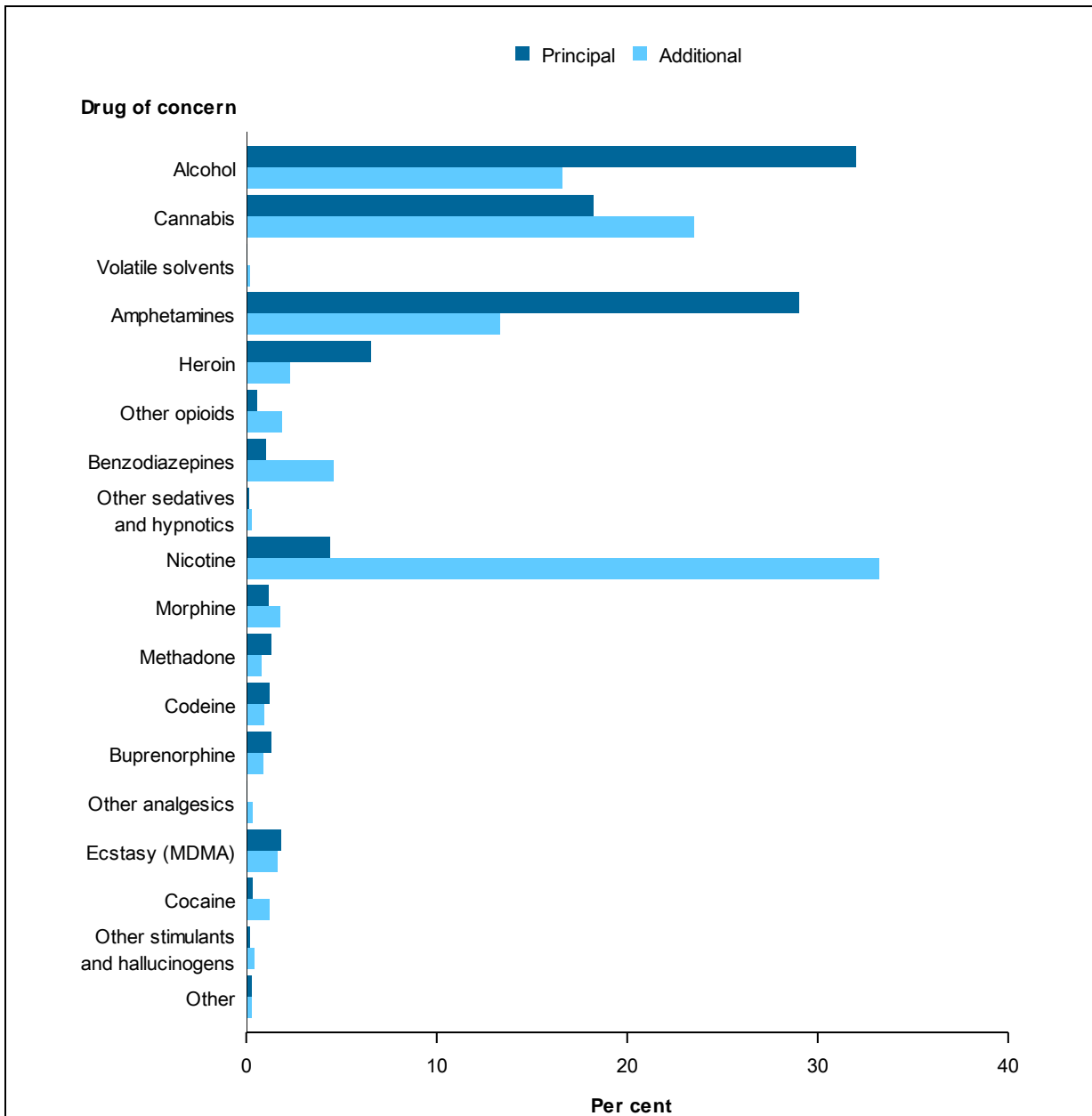
Drugs of concern

In South Australia, alcohol was the most common principal drug of concern in episodes provided to clients for their own drug use in 2014–15 (29% of clients and 32% of episodes) (Figure 21 and Table SC SA.4). Amphetamines were also relatively common as a principal drug, accounting for over one-quarter of treatment episodes (29%), followed by cannabis (18%) and heroin (6.5%).

When closed episodes for additional drugs of concern are considered, nicotine was the most common additional drug, accounting for 33% of closed episodes, followed by cannabis (23%), alcohol (17%) and amphetamines (13%) (Figure 21).

Over the 5 years from 2010–11, there has been no change to the most common principal drugs of concern in closed treatment episodes for clients receiving treatment for their own drug use. Alcohol remains the most common principal drug of concern, but has declined markedly (from 55% of episodes in 2010–11 to 32% of episodes in 2014–15), while the opposite is true for amphetamines (increasing from 13% to 29%, in the same period) (Table SD.2).

The proportion of treatment episodes for client’s own drug use where amphetamines were the principal drug of concern has been consistently higher in South Australia than the national average over the same period (ranging from 8.7% to 20% nationally). Cannabis also had a gradual increase, from 13% of episodes in 2010–11 to 18% of episodes in 2014–15 (Table SD.2).

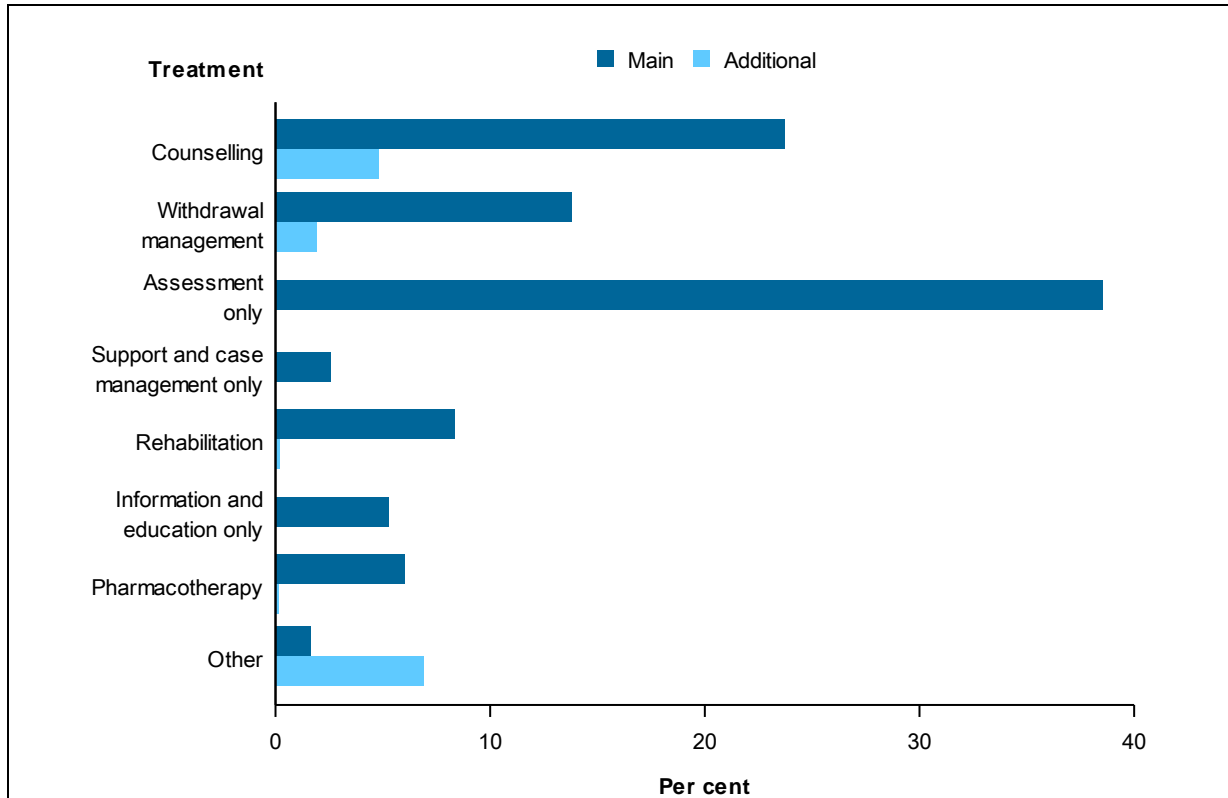


Source: Table SD.8.

Figure 21: Closed episodes provided for own drug use, by drug of concern, South Australia, 2014–15

Treatment

In 2014–15 in South Australia, assessment only was the most common type of main treatment (43% of clients and 39% of episodes), followed by counselling (24% of episodes) and withdrawal management (14% of episodes) (Figure 22). Other (6.9% of episodes) was the most common type of additional treatment, followed by counselling (4.8%) and withdrawal management (1.9%).



Source: Table ST.5.

Figure 22: Closed episodes by treatment type, South Australia, 2014–15

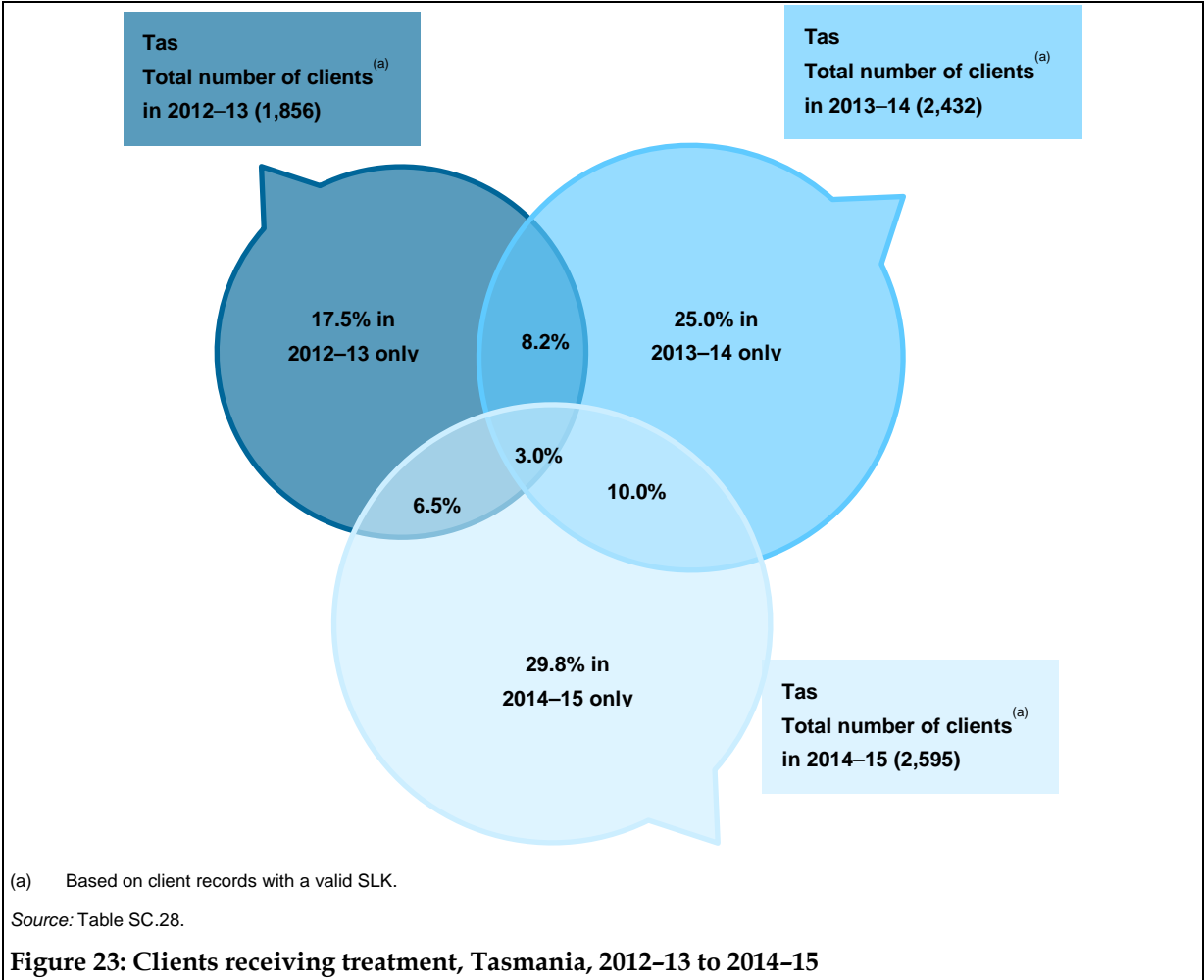
Over the 5 years from 2010–11, the proportion of closed episodes where assessment only was a main treatment type increased from 25% to a high of 44% in 2013–14 and then decreased to 39% in 2014–15. It replaced counselling from 2012–13 as the most common main treatment type. Over the same period, the proportion of closed episodes where assessment only was the main treatment remained considerably higher in South Australia than the national average (ranging from 23% to 44% compared with 14% to 17% nationally) (tables SE SA.20 and ST.2).

Tasmania

In Tasmania, 19 publicly funded alcohol and other drug treatment agencies provided 3,241 treatment episodes completed in 2014–15 to 2,595 clients (Figure 24 and tables SA.1–2).

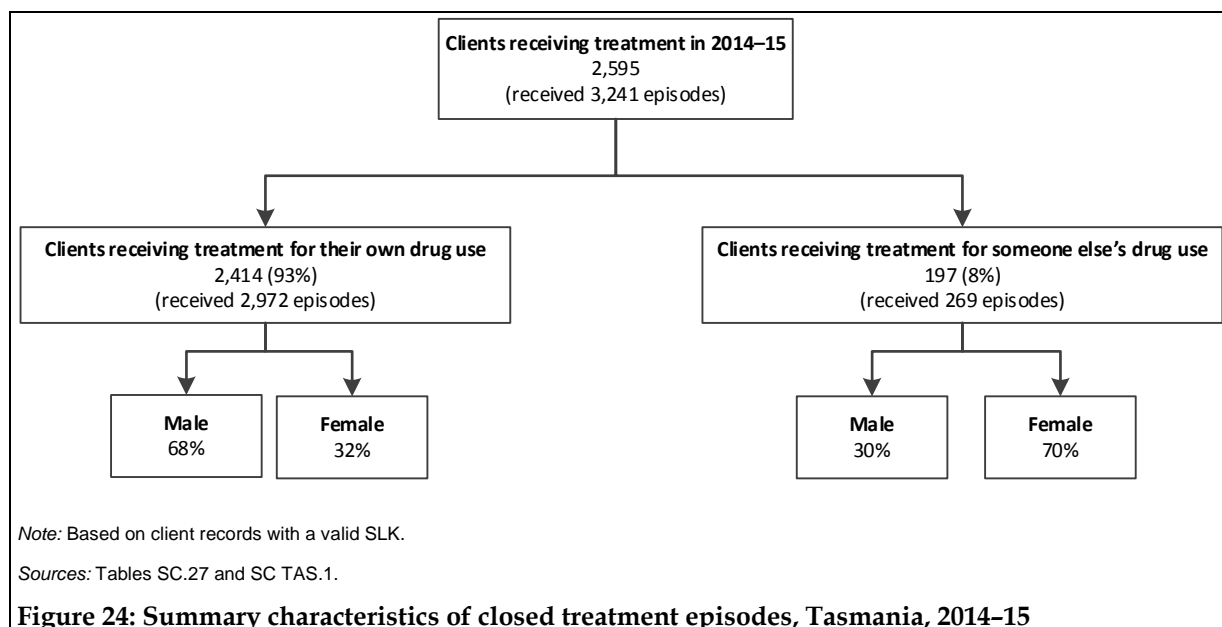
Most (91%) clients received treatment from 1 agency and received 1.2 treatment episodes, slightly lower than national results (1.5 episodes) (tables 1 and SC.23). A total of 5,265 clients received treatment over these 3 years. Of these, 30% (1,569 clients) presented in 2014–15 only, and 10% (526) received treatment in both 2013–14 and 2014–15 only (Figure 23).

Only 3.0% (158 clients) of the total 5,265 clients received treatment in all 3 collection years.



Client demographics

Nearly all (93%) clients in Tasmania in 2014–15 were receiving treatment for their own drug use and most (68%) were male. The reverse was true for clients receiving treatment for someone else’s drug use (70% were for females) (Figure 24). In Tasmania in 2014–15, just over 1 in 12 clients were Indigenous Australians (9.4%), which is lower than the national average (15%) (Table SC TAS.3).

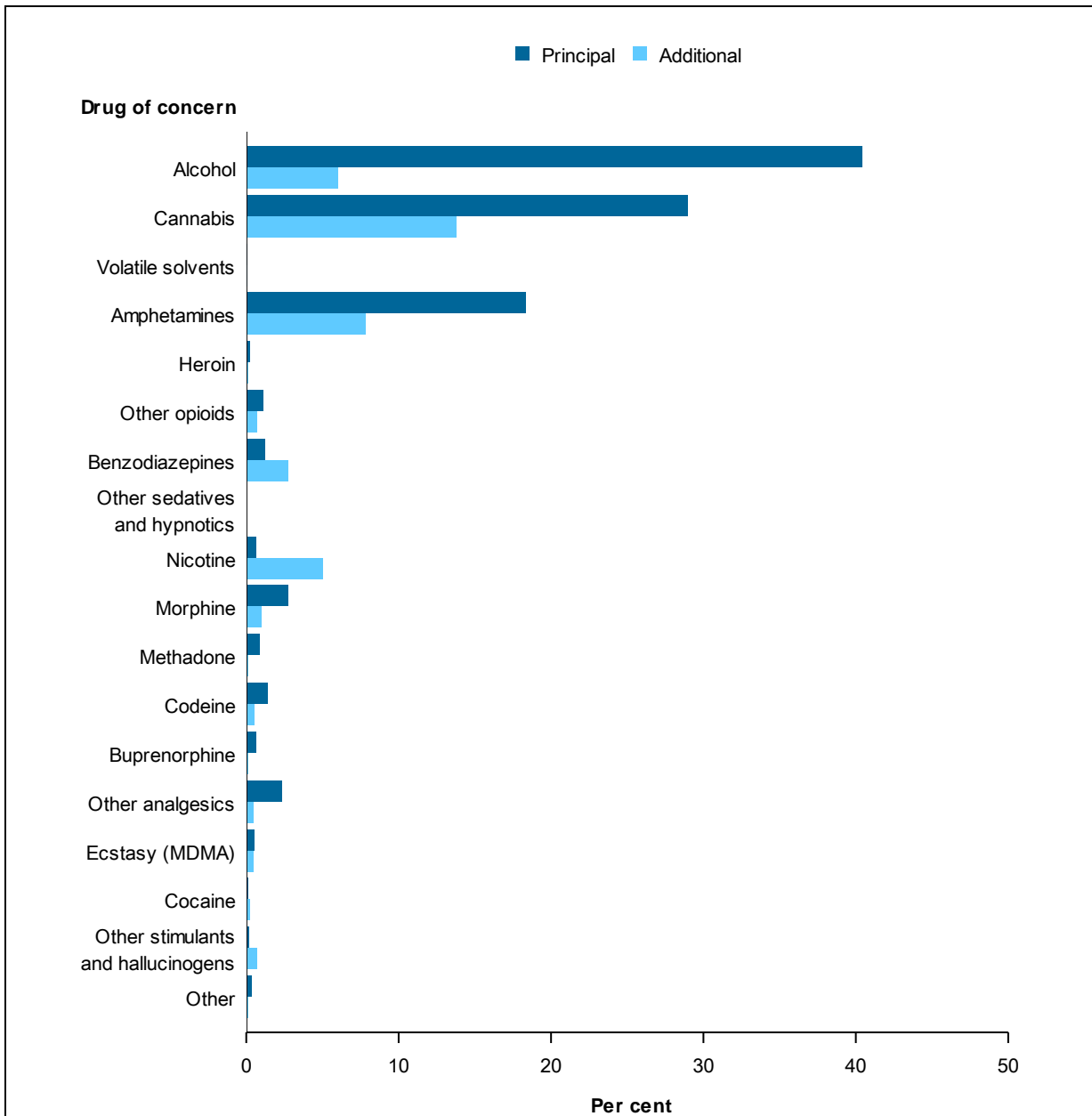


Drugs of concern

In Tasmania, alcohol was the most common principal drug of concern in episodes provided to clients for their own drug use in 2014–15 (41% of clients and 40% of episodes) (Figure 25 and Table SC TAS.4). Cannabis was also relatively common as a principal drug, accounting for almost one-third of treatment episodes (29%), followed by amphetamines (18%) and morphine (2.7%).

Cannabis was the most common additional drug of concern, accounting for 14% of closed episodes, followed amphetamines (7.8%), alcohol (6.0%) and nicotine (5%) (Figure 25).

Over the 5 years from 2010–11, the proportion of closed episodes for client’s receiving treatment for their own drug use where cannabis was the principal drug of concern declined (from 39% to 29%). For all years across the same period, the proportion of episodes involving cannabis in Tasmania was higher than the national average (ranging from 22% to 24% nationally). Alcohol was the most common principal drug of concern for client’s receiving treatment from 2011–12 to 2014–15. Amphetamines as a principal drug of concern increased from 8.6% to 18% over the 5 years from 2010–11 (Table SD.2).

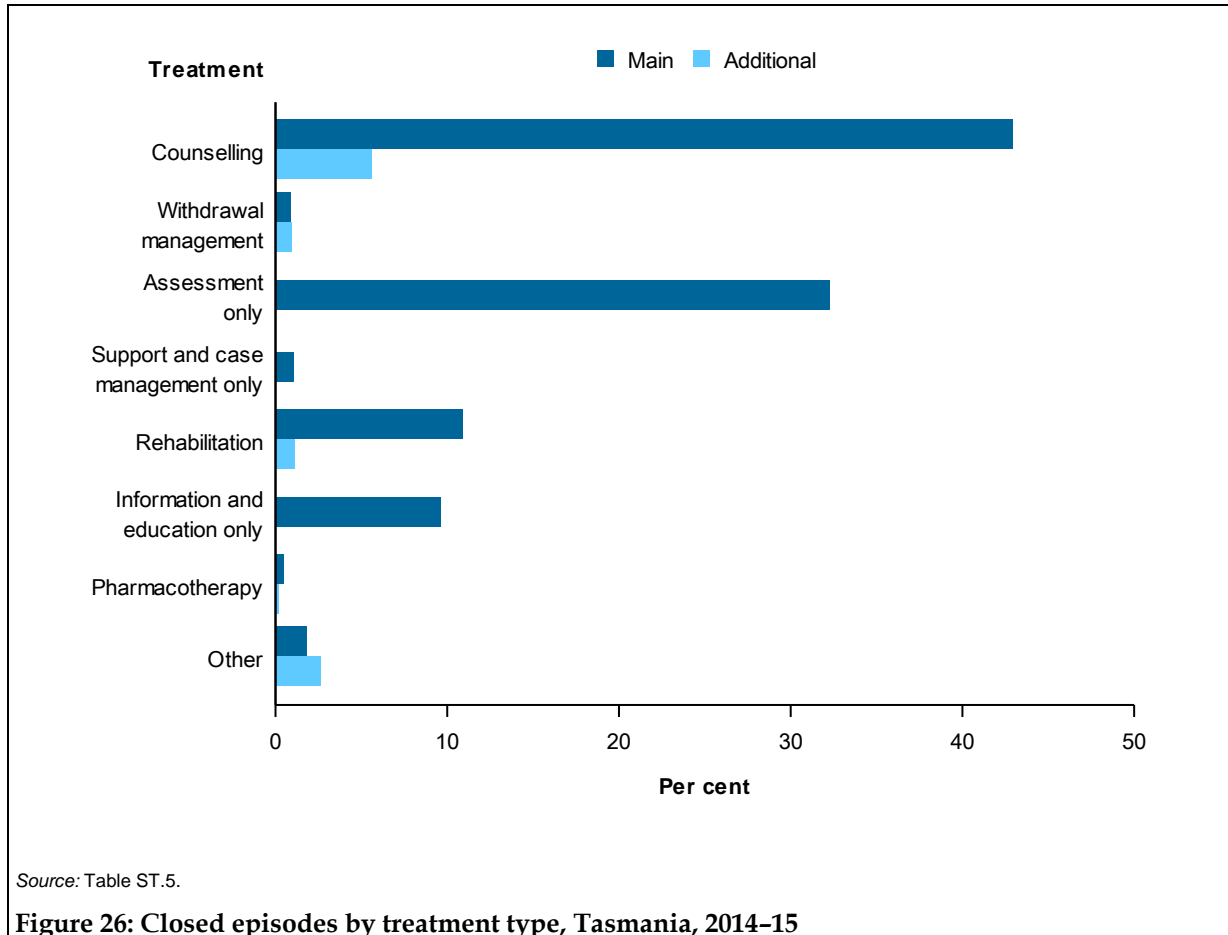


Source: Table SD.8.

Figure 25: Closed episodes provided for own drug use, by drug of concern, Tasmania, 2014-15

Treatment

In 2014–15 in Tasmania, counselling was the most common type of main treatment (45% of clients and 43% of episodes), followed by assessment only (32% of episodes) and rehabilitation (11% of episodes) (Figure 26). Counselling (5.6%) was the most common type of additional treatment, followed by other (2.7%) and rehabilitation (1.1%) and withdrawal management (1.0%).



Over the 5 years from 2010–11, counselling remained the most common main treatment type for closed episodes in Tasmania, but the proportion of episodes dropped from a high of 66% in 2010–11 to 43% in 2014–15. Assessment only increased from 8.3% in 2010–11 to 32% in 2014–15, replacing information and education only as the second most common form of treatment provided in Tasmania since 2012–13 (Table SE TAS.20).

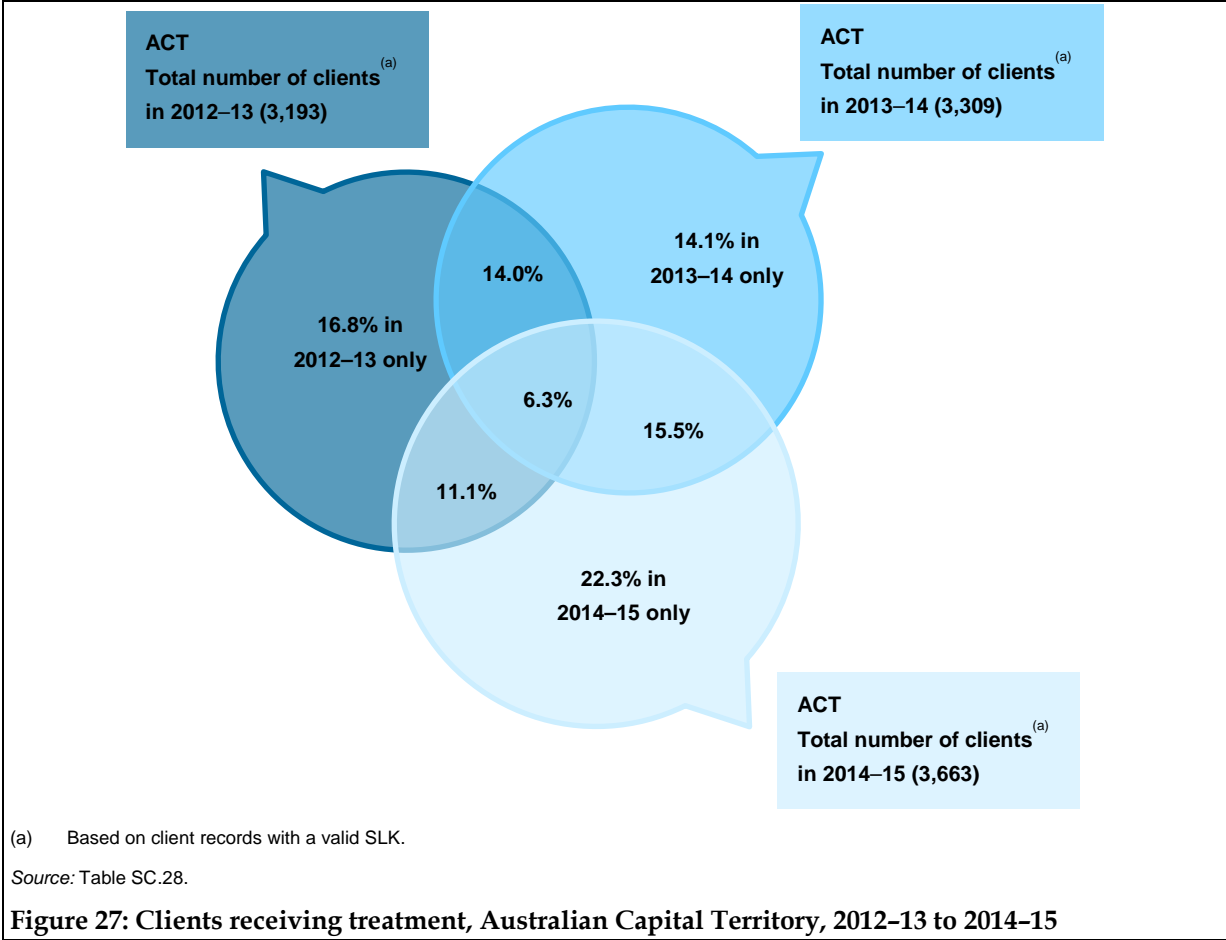
Over the same period, the proportion of closed episodes where counselling was the main treatment remained higher in Tasmania than the national average (ranging from 43% to 66% compared with 40% to 43% nationally) (tables SE TAS.20 and ST.2).

Australian Capital Territory

In the Australian Capital Territory, 15 publicly funded alcohol and other drug treatment agencies provided 5,222 treatment episodes completed in 2014–15 to 3,663 clients (Figure 28 and tables SA.1–2).

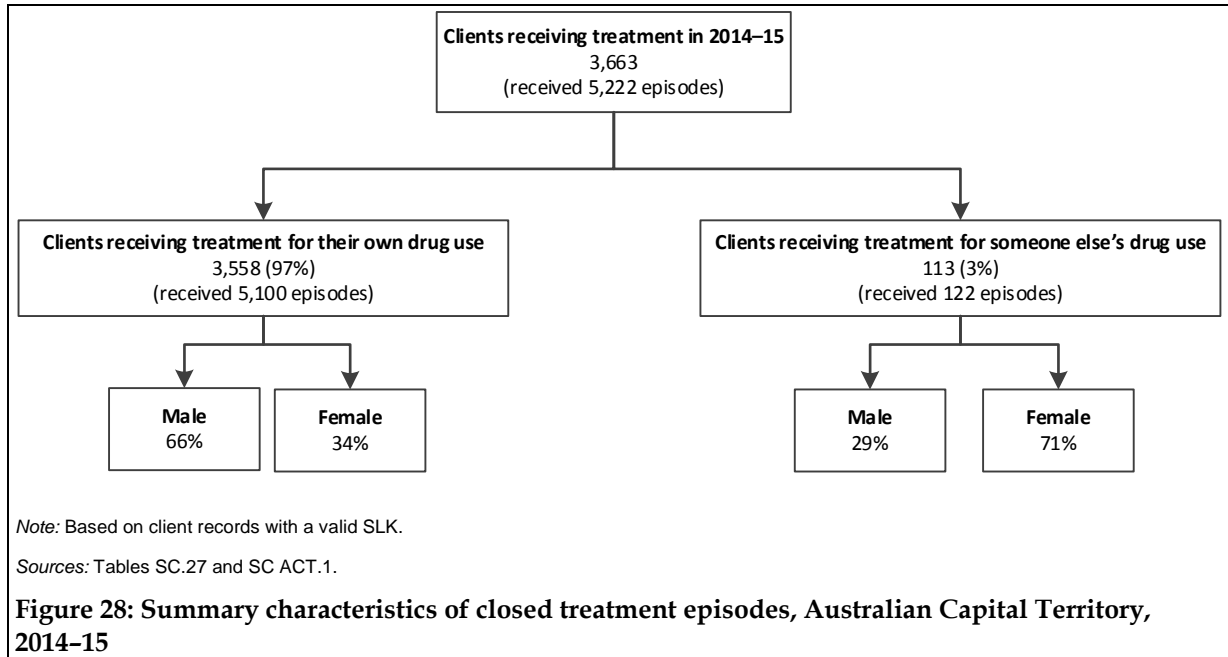
Most (88%) clients received treatment from 1 agency and received 1.4 treatment episodes. This is consistent with national results (1.5 episodes) (tables 1 and SC.23). A total of 6,637 clients received treatment over these 3 years. Of these, 22% (1,477 clients) presented in 2014–15 only, and 16% (1,032) received treatment in both 2013–14 and 2014–15 only (Figure 27).

Only 6.3% (415 clients) of the total 6,637 clients received treatment in all 3 collection years.



Client demographics

Nearly all (97%) clients in the Australian Capital Territory in 2014–15 were receiving treatment for their own drug use and most (66%) were male. The picture was different for clients receiving treatment for someone else’s drug use, with almost 3 in 4 (71%) being female (Figure 28). In the Australian Capital Territory in 2014–15, 1 in 11 clients were Indigenous Australians (9.1%), which is lower than the national average (15%) (Table SC ACT.3).

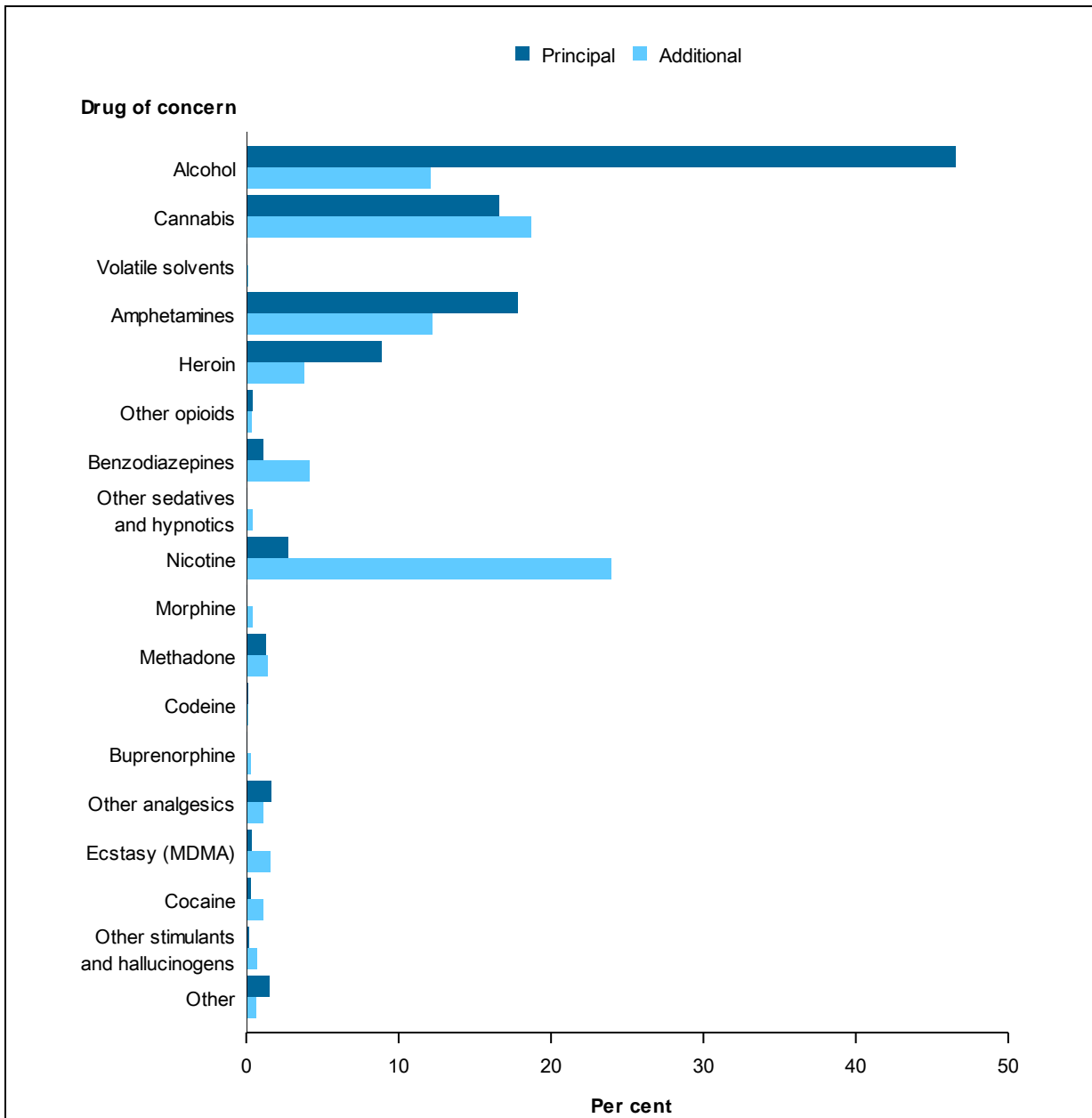


Drugs of concern

In the Australian Capital Territory, alcohol was the most common principal drug of concern in episodes provided to clients for their own drug use in 2014–15 (47% of clients and 47% of episodes) (Figure 29 and Table SC ACT.4). Amphetamines were also relatively common as a principal drug, accounting for one-sixth (18%) of treatment episodes, followed by cannabis (17% of episodes) and heroin (8.8%).

When additional drugs of concern are considered, nicotine (24% of episodes) was the most common additional drug, followed by cannabis (19%) and alcohol and amphetamines (both 14%) (Figure 29).

Over the 5 years from 2010–11 in the Australian Capital Territory, alcohol remained the most common principal drug of concern in episodes provided to clients for their own drug use, followed by cannabis, until 2014–15 when amphetamines became the second most common principal drug of concern. Heroin remained the third most common drug for clients seeking treatment for their own drug use until it was replaced by amphetamines in 2013–14 and cannabis in 2014–15. The proportion of episodes involving heroin was higher than the national average (ranging from 8.6% to 16% in the Australian Capital Territory compared with 6.1% to 9.3% nationally). Amphetamines as a principal drug of concern increased from 6.4% to 18% of treatment episodes over the 5 years from 2010–11 (Table SD.2).

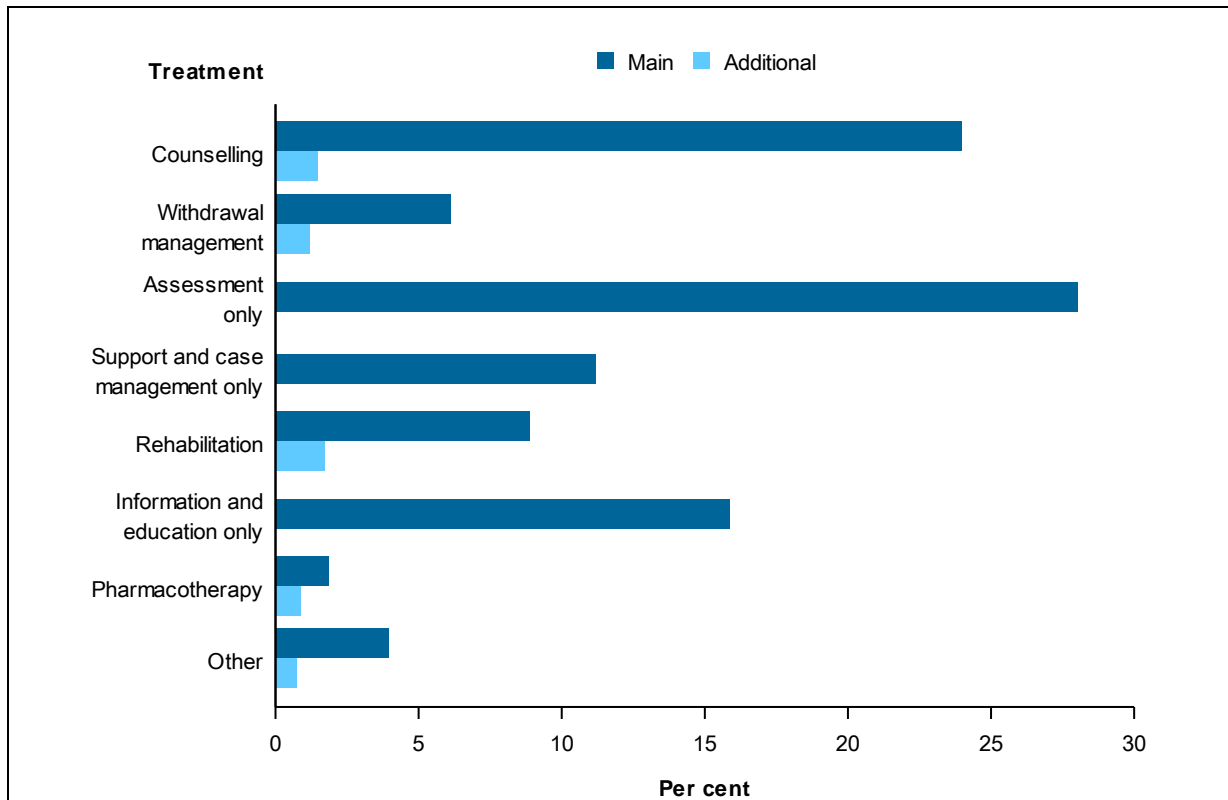


Source: Table SD.8.

Figure 29: Closed episodes provided for own drug use, by drug of concern, Australian Capital Territory, 2014-15

Treatment

Assessment only was the most common type of main treatment (28% of both clients and episodes), followed by counselling (24% of episodes) and information and education only (16% of episodes) (Figure 30). Rehabilitation (1.7%), was the most common type of additional treatment, followed by counselling (1.5%), withdrawal management (1.2%) and pharmacotherapy (0.9%).



Source: Table ST.5.

Figure 30: Closed episodes by treatment type, Australian Capital Territory, 2014-15

Over the 5 years from 2010-11, the most common main treatment type has varied, with withdrawal management (2010-11 and 2011-12), information and education only (2012-13 and 2013-14) and assessment only (2014-15) each being the most common during that period. The proportion of episodes where counselling was a main treatment type increased (from 17% to 24% in 2014-15) (Table SE ACT.20).

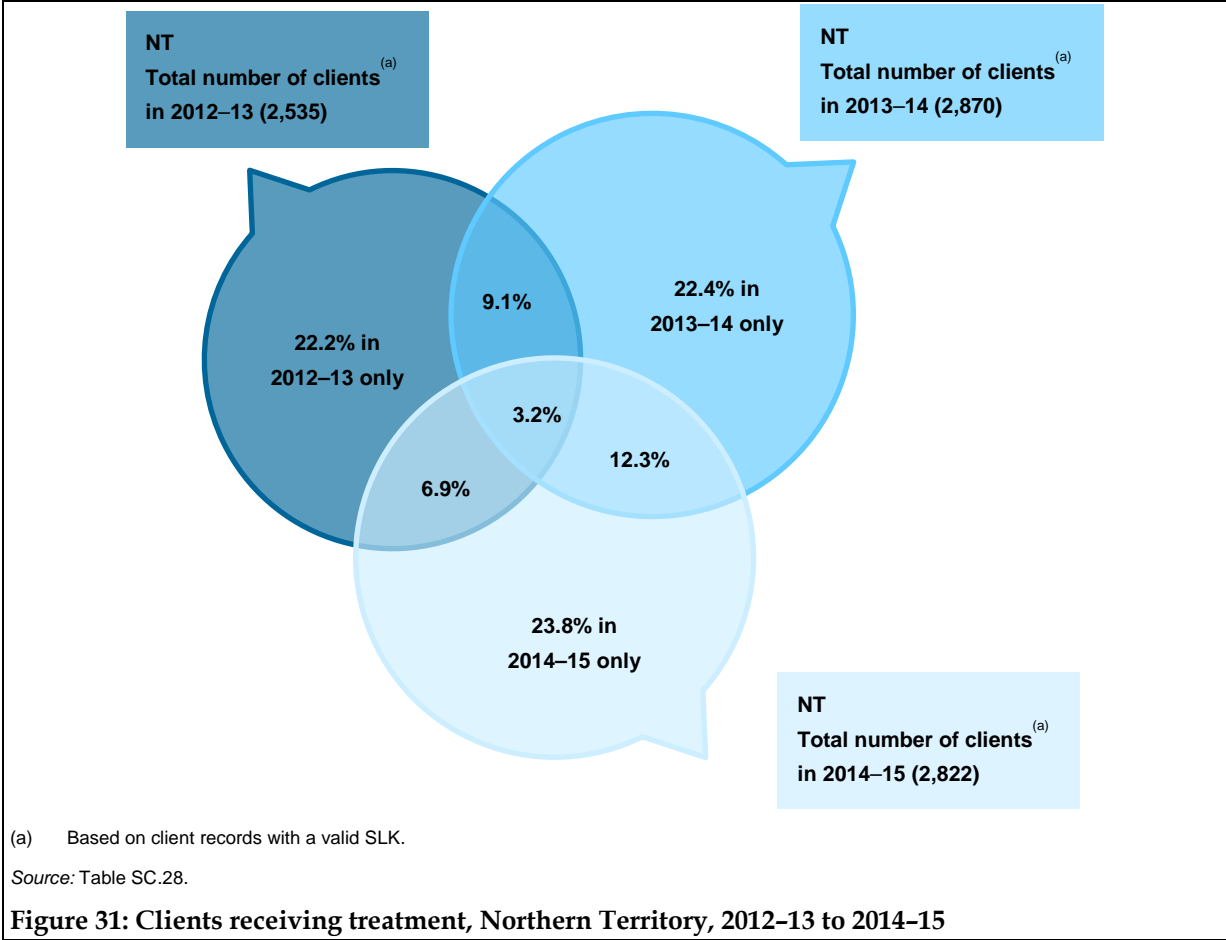
Over the same period, the Australian Capital Territory provided proportionally less counselling than the national average (ranging from 17% to 24% compared with 40% to 43% nationally), and withdrawal as a main treatment type decreased from 24% in 2011-12 to 6.1% in 2014-15 (tables SE ACT.20 and ST.2).

Northern Territory

In the Northern Territory, 18 publicly funded alcohol and other drug treatment agencies provided 4,508 treatment episodes completed in 2014–15 to 2,822 clients (Figure 32 and tables SA.1–2).

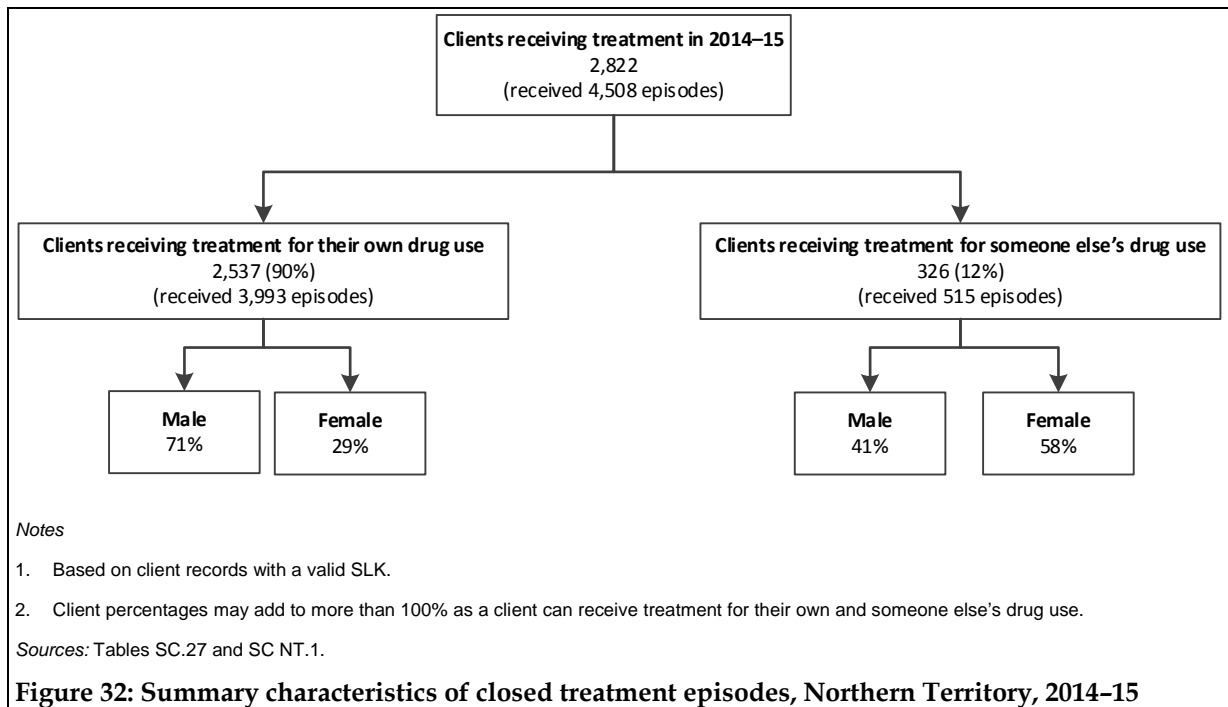
Most (89%) clients received treatment from 1 agency and received 1.6 treatment episodes. This is consistent with national results (1.5 episodes) (tables 1 and SC.23). A total of 6,104 clients received treatment over these 3 years. Of these, 24% (1,452 clients) presented in 2014–15 only, and 12% (750) received treatment in both 2013–14 and 2014–15 only (Figure 31).

Only 3.2% (196 clients) of the total 6,104 clients received treatment in all 3 collection years.



Client demographics

Most (89%) clients in the Northern Territory in 2014–15 were receiving treatment for their own drug use. Nearly three-quarters (71%) of clients receiving treatment for their own drug use were male, while almost 3 in 5 clients (58%) receiving treatment for someone else’s drug use were females (Figure 32). In the Northern Territory in 2014–15, nearly two-thirds of clients were Indigenous Australians (65%), which is substantially higher than the national average (15%) (Table SC NT.3).



Drugs of concern

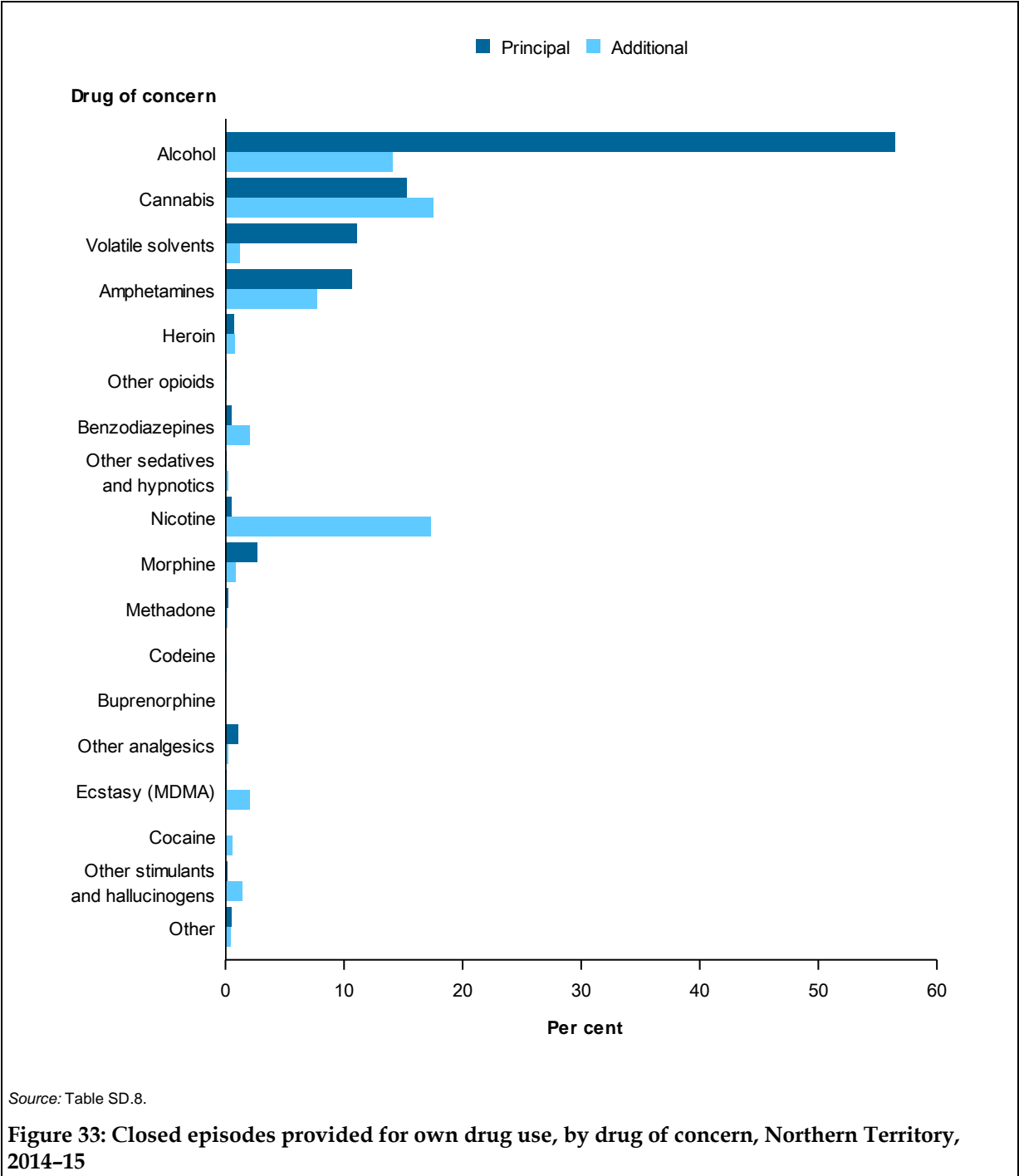
In the Northern Territory, alcohol was the most common principal drug of concern in episodes provided to clients for their own drug use in 2014–15 (58% of clients, and 56% of episodes) (Figure 33 and Table SC NT.4). Cannabis was also relatively common as a principal drug, accounting for 1 in 7 episodes (15%), followed by volatile solvents (much higher than the national picture) and amphetamines (both 11% of episodes).

When additional drugs of concern are considered, cannabis (18% of episodes) was the most common additional drug, followed by nicotine (17%) and alcohol (14%) (Figure 33).

Over the 5 years from 2010–11, alcohol remained the most common principal drug of concern in episodes for clients receiving treatment for their own drug use in the Northern Territory. Even though the proportion of these episodes where alcohol was the principal drug of concern declined (from 64% to 56%) in the Northern Territory, it remained the highest (proportionally) across all states and territories and has been considerably higher than the national average (47% compared with 38% nationally) over the same period (Table SD.2).

The proportion of closed episodes for a client’s own drug use where volatile solvents were a drug of concern increased in the 5 years since 2010–11, fluctuating between 7.1% and 14%. It has also been noticeably higher than the national average (less than 1% nationally) across this

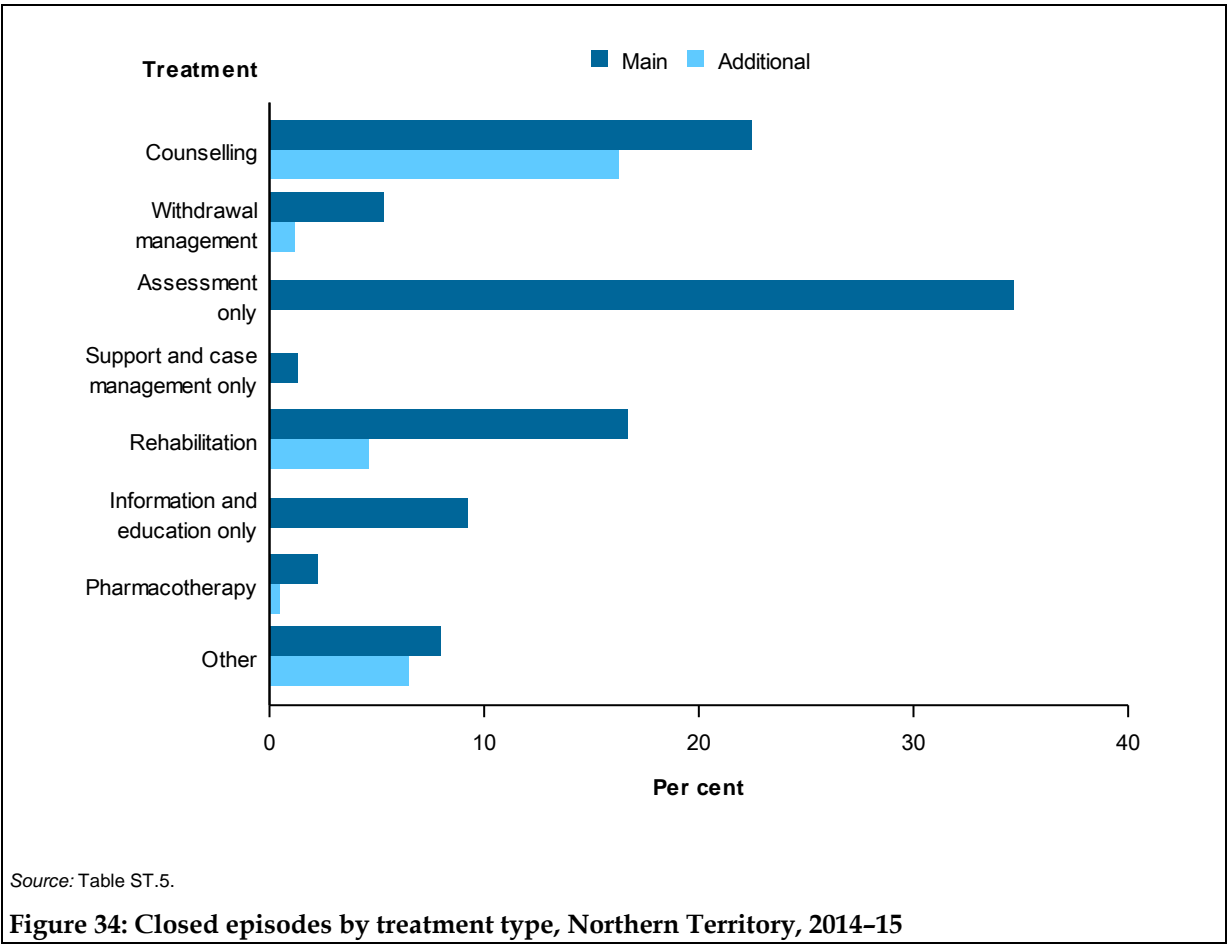
period. Amphetamines as a principal drug of concern increased from 3.1% to 11% and cannabis from 11% to 15% of episodes over the 5 years from 2010–11 (Table SD.2).



Treatment

In 2014–15 in the Northern Territory, assessment only was the most common type of main treatment (39% of clients and 35% of closed episodes), followed by counselling (22% of episodes) and rehabilitation (17% of episodes) (Figure 34). Counselling was the most common type of additional treatment (16% of episodes), followed by other (6.5%) and rehabilitation (4.6%).

Over the 5 years from 2010–11, assessment only remained the most common main treatment type in the Northern Territory. The proportion of these episodes has consistently been much higher than the national average (ranging from 35% to 44% in the Northern Territory compared with 14% to 17% nationally) (tables SE NT.20 and ST.2). There has been little change to the proportion of closed episodes where counselling or rehabilitation were the main treatment types, with counselling remaining the second most common main treatment type, and rehabilitation the third most common over the same period (Table SE NT.20).



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