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to promote better health and wellbeing*

DRUG TREATMENT SERIES

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# **Alcohol and other drug treatment services in Australia: state and territory summaries**

**2015–16**

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# 1 Introduction

Publicly funded alcohol and other drug (AOD) treatment services in Australia provide services to assist people to address their problematic 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 about AOD treatment services in 2015–16 – including information on clients, drugs of concern, and treatment provided – are available in the *Alcohol and other drug treatment services in Australia 2015–16* report.

This supplementary report presents key state and territory findings on clients and closed treatment episodes in 2015–16. 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.

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 (tables with the prefix 'S') are also available at <http://www.aihw.gov.au/publication-detail/?id=60129559769>.

### **Box 1.1: Key facts**

In 2015–16:

- a total of 796 publicly funded agencies provided data about services for clients seeking treatment services and support in Australia, ranging from 15 in the Australian Capital Territory to 287 in New South Wales
- nationally, alcohol was the most common principal drug of concern (32% of episodes), and amphetamines the second most common (23% of episodes)
- cannabis was the most common drug of concern in Queensland (39%), and amphetamines the most common in Western Australia (35%) and South Australia (36%)
- nationally, counselling was the most common treatment type (36%), and was the most common in half of the states and territories
- nationally, the most common source of referral for treatment episodes was self or family (37%), followed by referral from a health service (28%), which was also the case in New South Wales, Western Australia, Tasmania, the Australian Capital Territory, and the Northern Territory
- nationally, over three-quarters (79%) of closed treatment episodes ended within 3 months, while among the states and territories, the proportion of closed episodes that ended within 1 month ranged from 35% in Tasmania to 67% in Queensland.

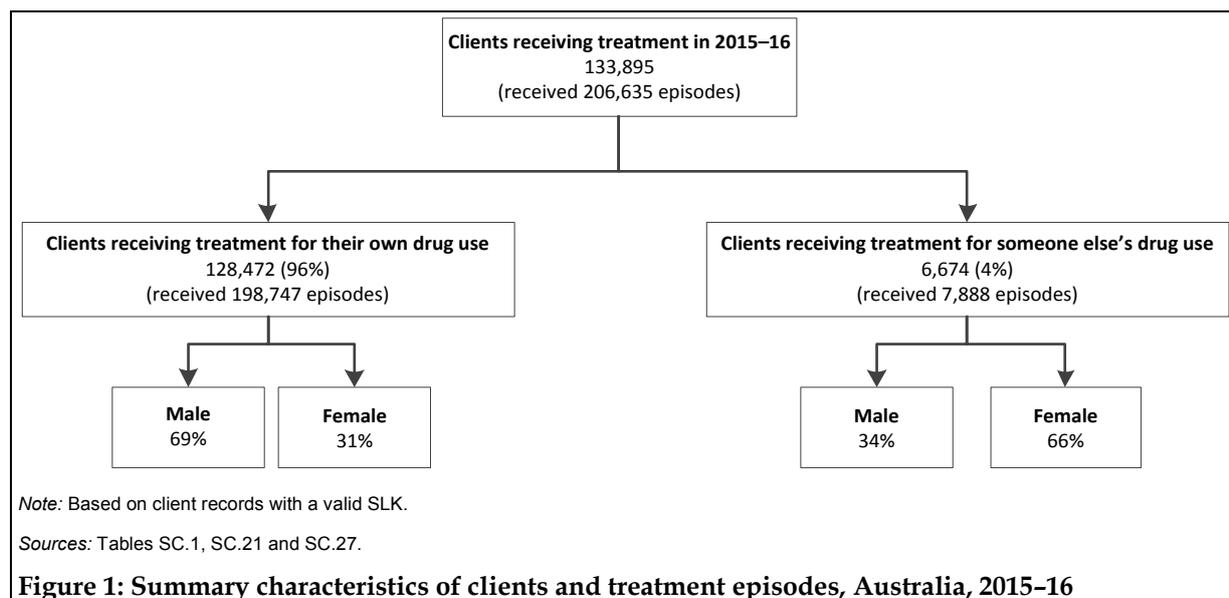
Over the 5-year period to 2015–16:

- the number of publicly funded agencies providing data about services for clients seeking treatment and support rose from 659 to 796 agencies, an increase that was largely been driven by increases in reporting agencies in New South Wales (from 263 to 287), Queensland (from 97 to 162), and South Australia (from 56 to 78)
- nationally, the top 4 principal drugs of concern remained consistent, but in New South Wales, Victoria, and the Australian Capital Territory, amphetamines replaced cannabis as the second most common principal drug of concern in 2015–16.

## 2 Australia

In Australia, 796 publicly funded alcohol and other drug treatment agencies provided 206,635 treatment episodes in 2015–16 to 131,228 distinct clients (Figure 1; tables ST.1 and SA.1).

Nearly all (96%) clients in 2015–16 were receiving treatment for their own drug use. Most clients receiving treatment for their own drug use were male (69%), most clients receiving treatment for someone else's drug use were female (66%) (Figure 1). Around 1 in 7 clients (14%) were Aboriginal or Torres Strait Islander (Table SC.4).



**Table 1: Estimated clients, episodes and rates, by state and territory, 2015–16**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Number of episodes	47,371	64,118	44,534	24,206	11,430	3,840	5,914	5,222	206,635
Number of clients <sup>(a)</sup>	29,071	33,312	35,800	17,912	8,109	2,973	3,524	3,209	133,895
Average number of episodes per client	1.6	1.9	1.2	1.4	1.4	1.3	1.7	1.6	1.5
Rate of episodes <sup>(b)</sup> (per 100,000 population)	618	1,069	926	930	671	742	1,505	2,140	863
Rate of clients <sup>(b)</sup> (per 100,000 population)	379	556	744	688	476	575	897	1,315	559

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

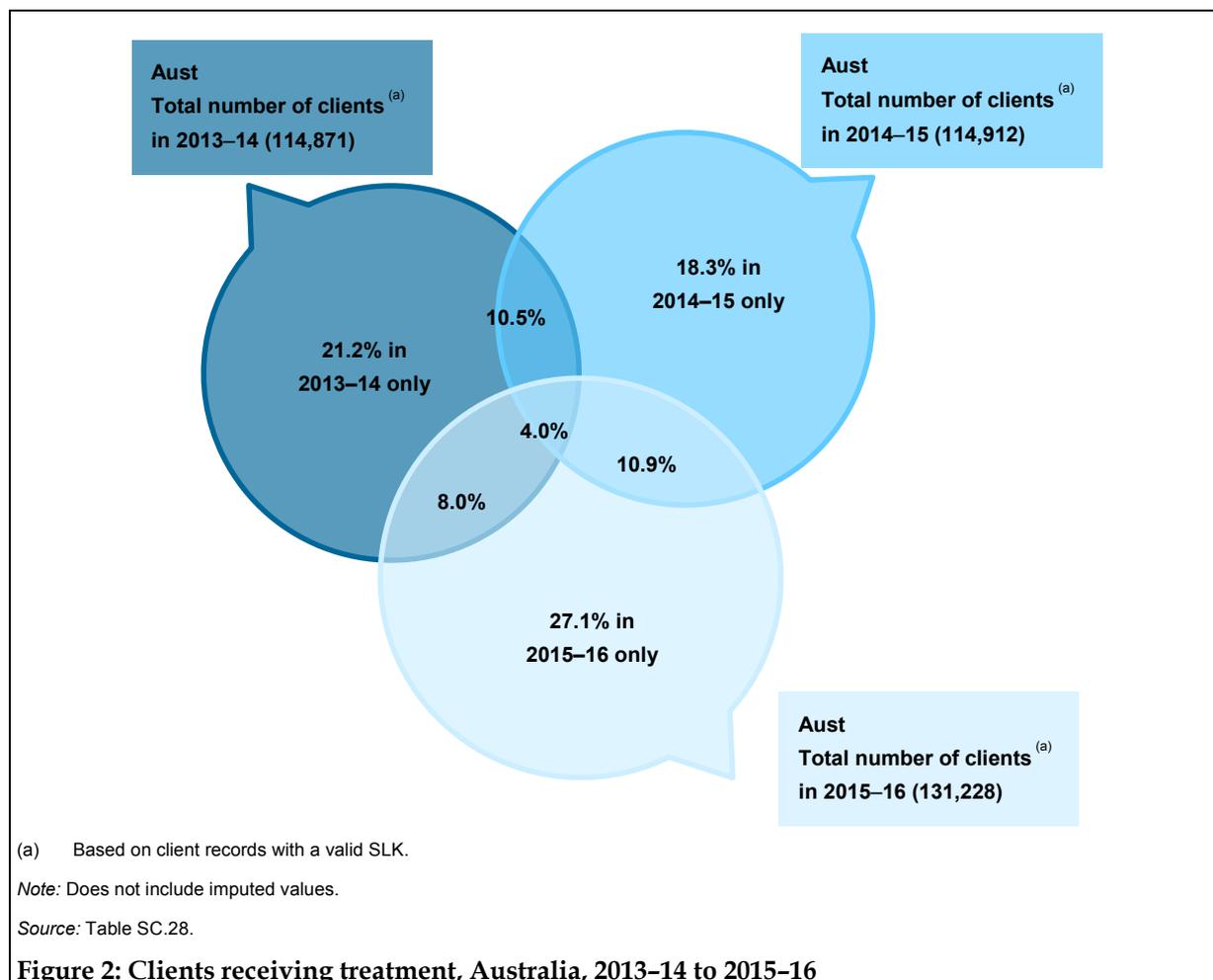
(b) Crude rate is based on the preliminary Australian estimated resident population as at 31 December 2015.

Source: Table SC.21.

## 2.1 Treatment over time

In 2015–16, most clients (83%) attended 1 agency, and received an average of 1.5 treatment episodes (Table 1). A total of 262,734 distinct clients received treatment from 2013–14 to 2015–16. Of these, 27% (71,075 clients) received treatment in 2015–16 only, and 11% (28,704) received treatment in both 2014–15 and 2015–16 only (Figure 2).

Only 4% (10,529 clients) of the total 262,734 clients received treatment in all 3 years.



In 2015–16 in Australia, the most common principal drugs of concern (the primary drug leading someone to seek treatment) were alcohol (30% of clients, and 32% of episodes), amphetamines (21% of clients, and 23% of episodes), cannabis (26% of clients, and 23% of episodes), and heroin (5% of clients, and 6% of episodes). Since 2011–12, the proportion of treatment episodes where alcohol was the most common principal drug of concern fell (from 46% to 32%), while the proportion of episodes for amphetamines rose (from 11% to 23%) (tables SC.4 and SD.2).

Since 2006–07, 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 almost 2 in 5 episodes (39%) since 2006–07, and 36% of clients in 2015–16), followed by assessment only (16% of clients, and 16% of episodes), support and

case management (13% of clients, and 13% of episodes), and information and education only (12% of clients, and 9% of episodes) (tables SC.14 and ST.2).

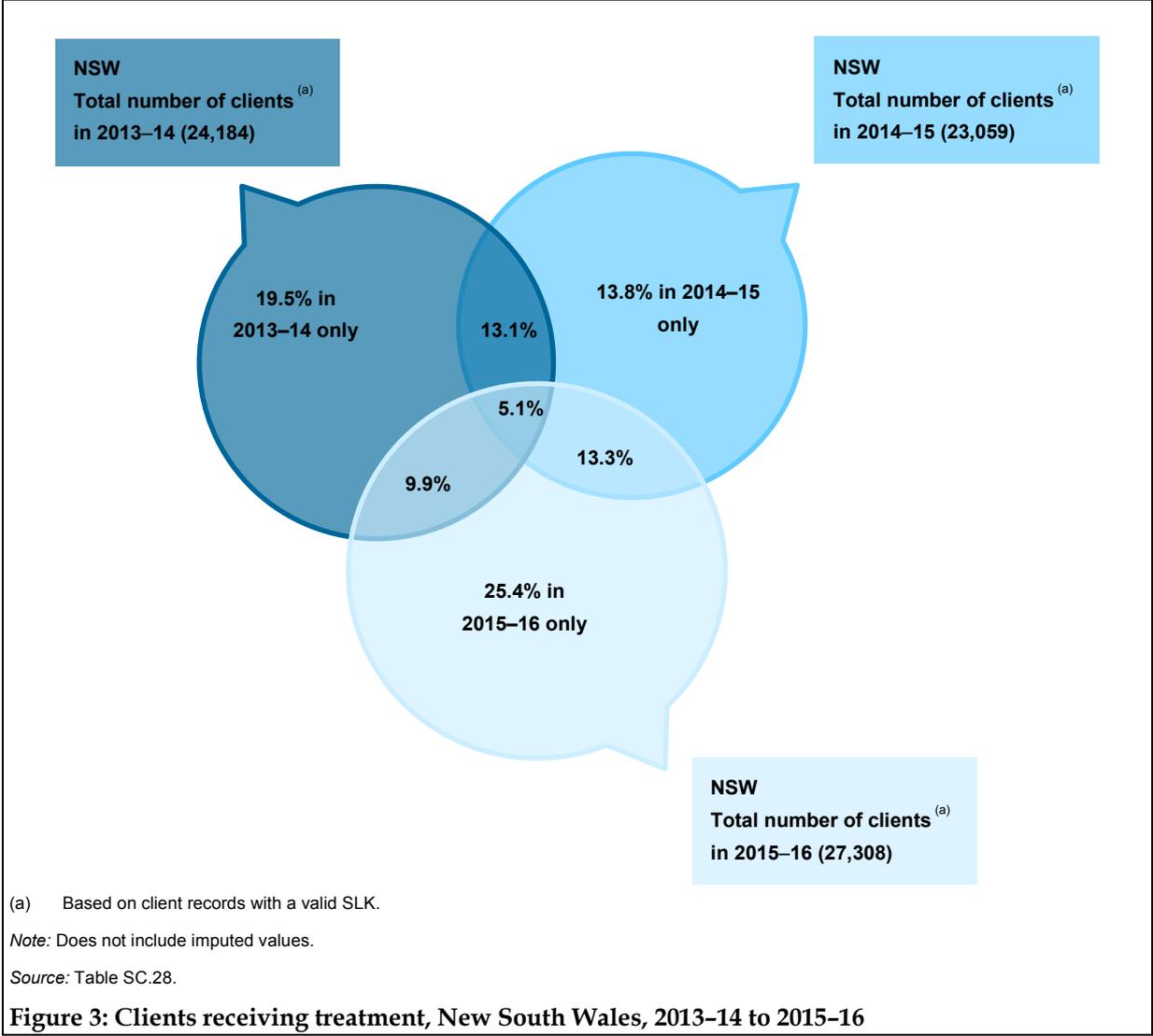
### 3 New South Wales

In New South Wales, in 2015–16, 287 publicly funded alcohol and other drug treatment agencies provided 47,371 completed treatment episodes to 27,308 estimated clients (Figure 4; tables SA.1 and SA.2). New South Wales reported an increase in treatment episodes between 2014–15 and 2015–16. This increase is due to changes in data capture systems for local health districts, which resulted in a number of agencies either being unable to report data, or reporting lower numbers of treatment episodes in 2014–15 (see the Data Quality Statement at <<http://meteor.aihw.gov.au/content/index.phtml/itemId/667446>>).

In 2015–16, most (81%) clients attended 1 agency and received an average of 1.6 treatment episodes. This is similar to national average of 1.5 episodes (tables 1 and SC.21).

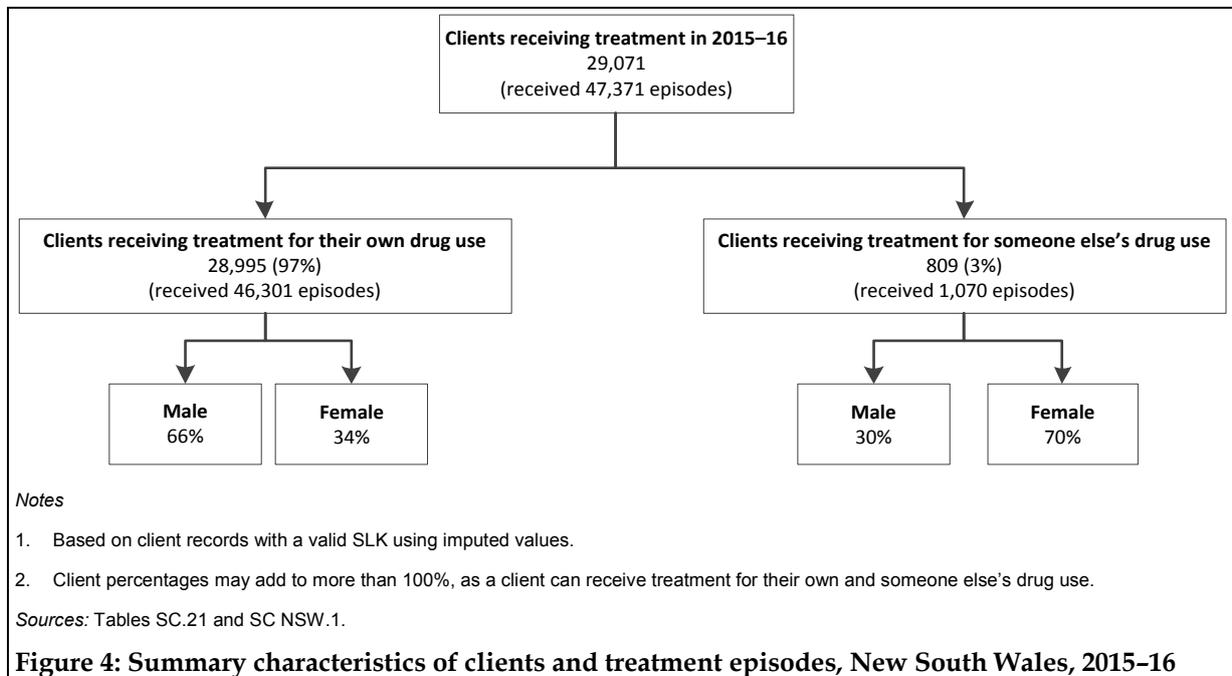
A total of 74,551 clients received treatment from 2013–14 to 2015–16. Of these, 17% (12,940 clients) received treatment in 2015–16 only, and 9% (6,761) received treatment in both 2014–15 and 2015–16 (Figure 3).

Only 5% (2,583 clients) of the total 74,551 clients received treatment in all 3 collection years.



### 3.1 Client demographics

Nearly all (97%) clients in New South Wales in 2015–16 were receiving treatment for their own drug use, and most were male (66%) (Figure 4). The reverse was true for clients receiving treatment for someone else’s drug use (70% were female) (Table SC NSW.1). Almost 1 in 7 clients were Indigenous Australians (15%) (Table SC NSW.3). This is consistent with the national average (14%) (Table SC.4).

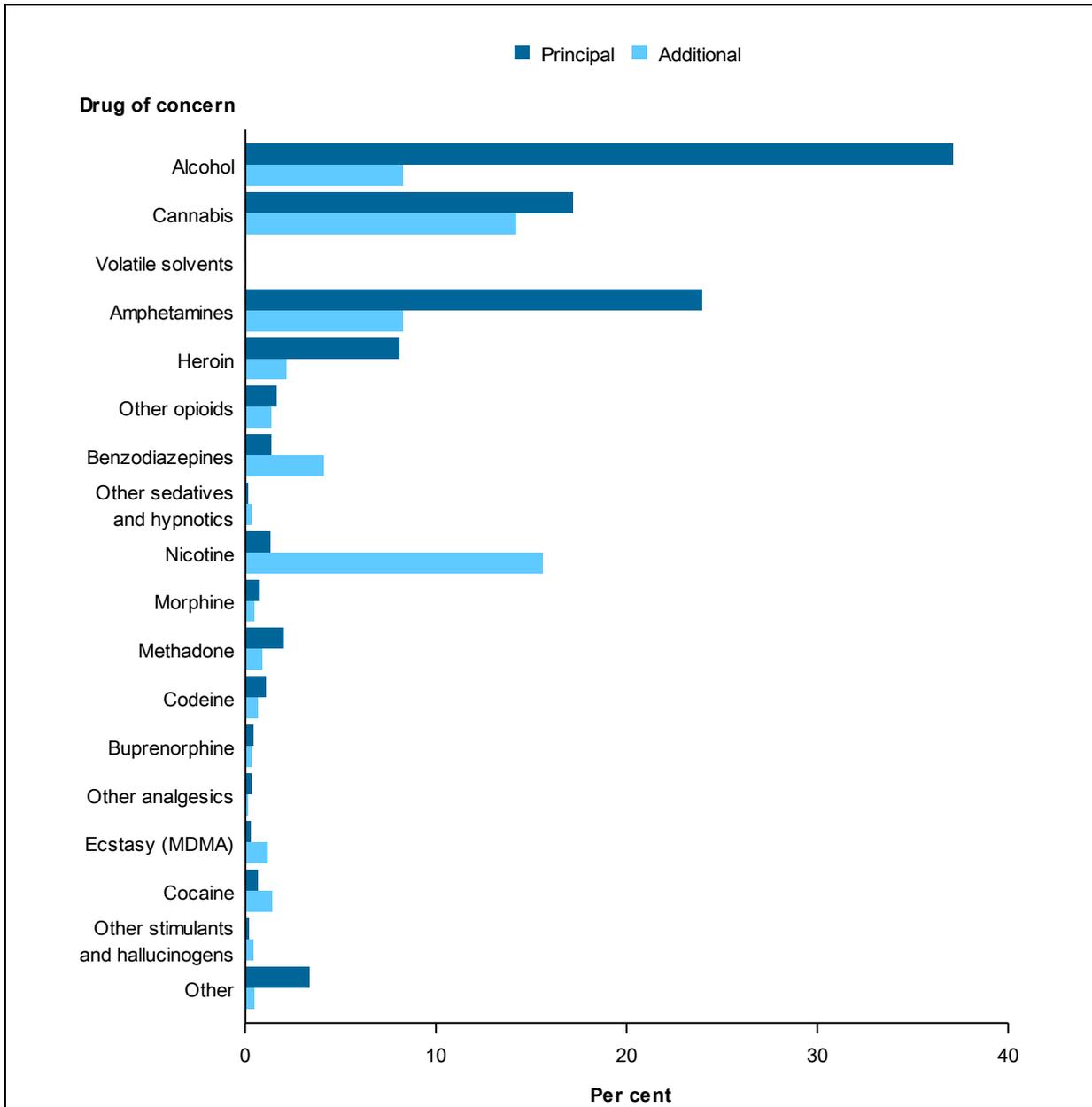


### 3.2 Drugs of concern

In New South Wales, in 2015–16, alcohol was the most common principal drug of concern in episodes provided to clients for their own drug use (36% of clients, and 37% of episodes) (Figure 5; Table SC NSW.4). Amphetamines were also common as a principal drug, accounting for almost one-quarter of closed episodes (23%), followed by cannabis (18%), and heroin (8%) (Figure 5).

When episodes for additional drugs of concern are considered, nicotine was the most common additional drug of concern, accounting for 16% of closed episodes, followed by cannabis (14%), amphetamines (8%), and alcohol (8%) (clients can nominate up to 5 additional drugs of concern for their treatment episode).

Over the 5 years to 2015–16, alcohol remained the most common principal drug of concern for closed episodes provided for clients’ own drug use, even though the proportion of these episodes declined (from 47% to 37%). Cannabis remained the second most common principal drug of concern between 2011–12 and 2013–14, but was replaced by amphetamines in 2014–15 and 2015–16. Cannabis is now the third most common principal drug of concern (Table SD.2). This is consistent with the national average.

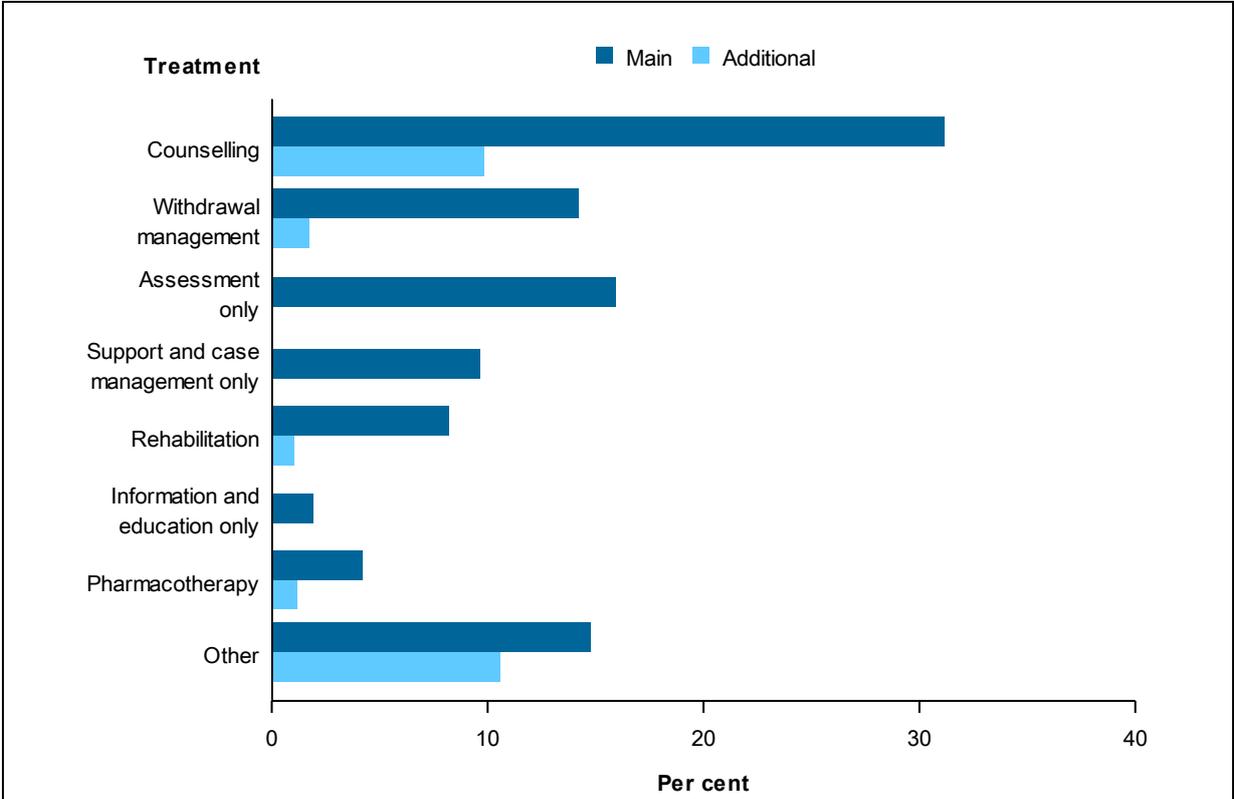


Source: Table SD.8.

**Figure 5: Closed treatment episodes for own drug use, by drug of concern, New South Wales, 2015–16**

### 3.3 Treatment

In New South Wales, in 2015–16, counselling was the most common type of main treatment (31% of closed treatment episodes), followed by assessment only (16%), other (15%), and withdrawal management (14%) (Figure 6). Other (11%) was the most common type of additional treatment followed by counselling (10%) (Table SE NSW.20).



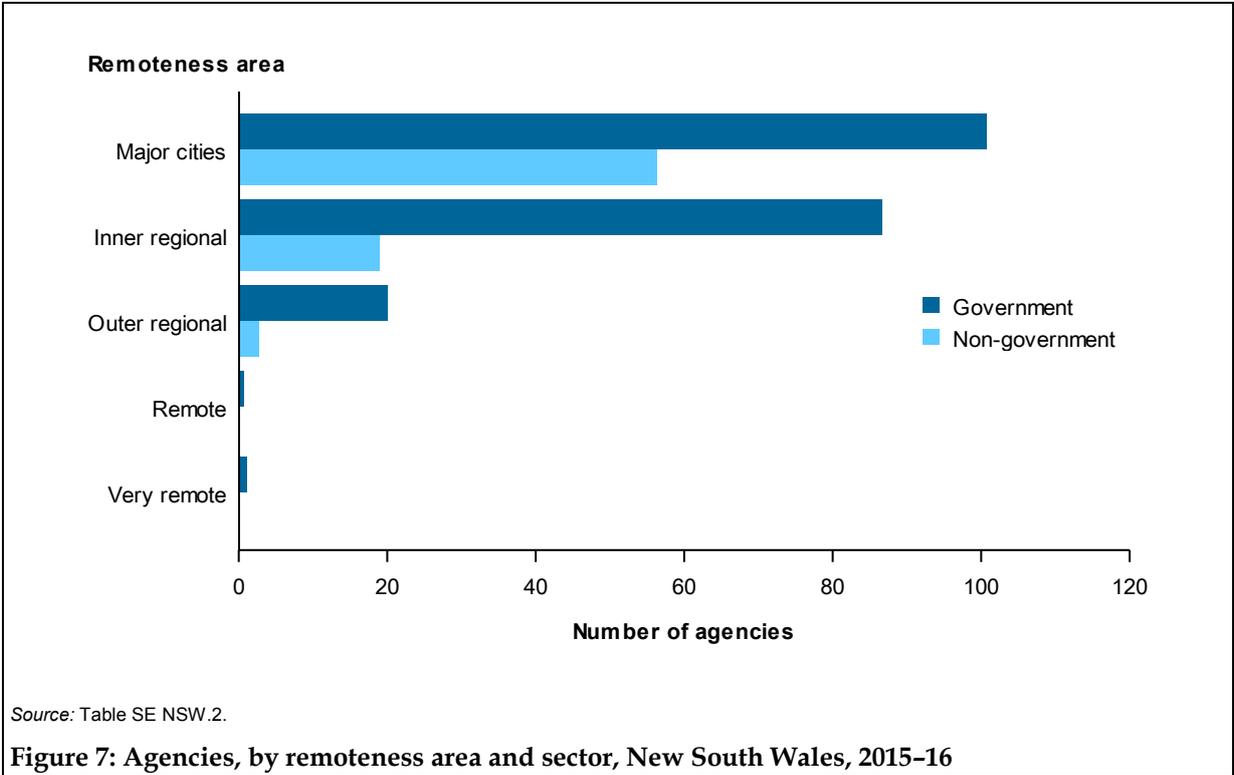
Source: Table ST.5.

**Figure 6: Closed treatment episodes, by main treatment type, New South Wales, 2015–16**

Over the 5 years to 2015–16, 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 (rising from 15% to 22%), but decreased to 16% in 2015–16 (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).

### 3.4 Remoteness area

More than half of all publicly funded treatment agencies in New South Wales were located in *Major cities* (55%), followed by *Inner regional areas* (37%). There are less than 1% of treatment agencies located in *Remote* and *Very remote* areas, with all of these being government agencies. (Figure 7).



# 4 Victoria

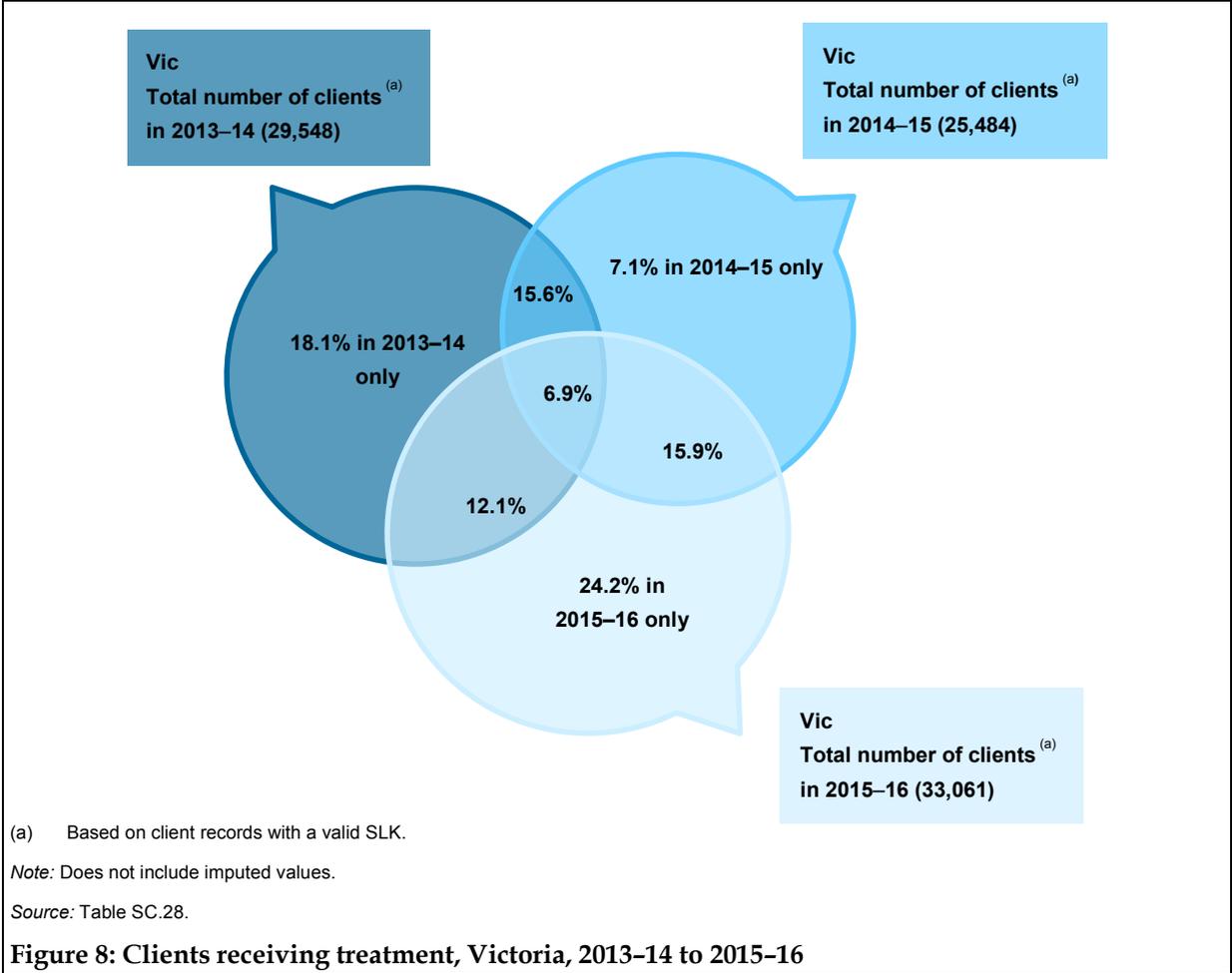
In Victoria, in 2015–16, 129 publicly funded alcohol and other drug treatment agencies provided 64,118 treatment episodes to 33,061 estimated clients (Figure 9; tables SA.1–2).

Victoria reported an increase in treatment episodes between 2014–15 and 2015–16, see the Data Quality Statement at <http://meteor.aihw.gov.au/content/index.phtml/itemId/667446>.

In 2015–16, most (74%) clients in Victoria received treatment from 1 agency, and received an average of 1.9 treatment episodes, which is higher than the national average of 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, SC.21 and SC.23).

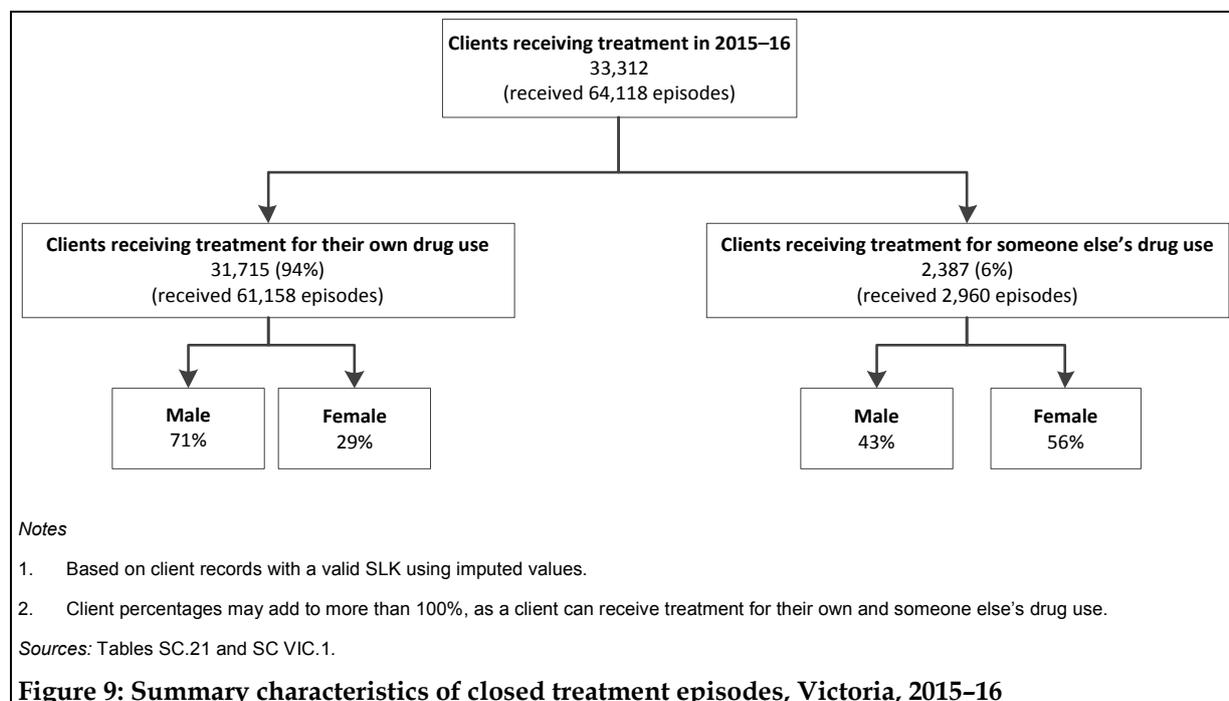
A total of 88,093 clients received treatment from 2013–14 to 2015–16, with (24% or 13,531 clients) receiving treatment in 2015–16 only, and 16% (8,889) receiving treatment in both 2014–15 and 2015–16 (Figure 8).

Only 7% (3,842 clients) of the total 88,093 clients received treatment in all 3 collection years.



## 4.1 Client demographics

Nearly all (94%) clients in Victoria in 2015–16 were receiving treatment for their own drug use, and most (71%) clients were male. The picture was different for clients receiving treatment for someone else’s drug use (56% were female) (Figure 9). These results are consistent with the national picture. Around 1 in 16 clients were Indigenous Australians (6%), which is lower than the national average (14%) (Table SC VIC.3).

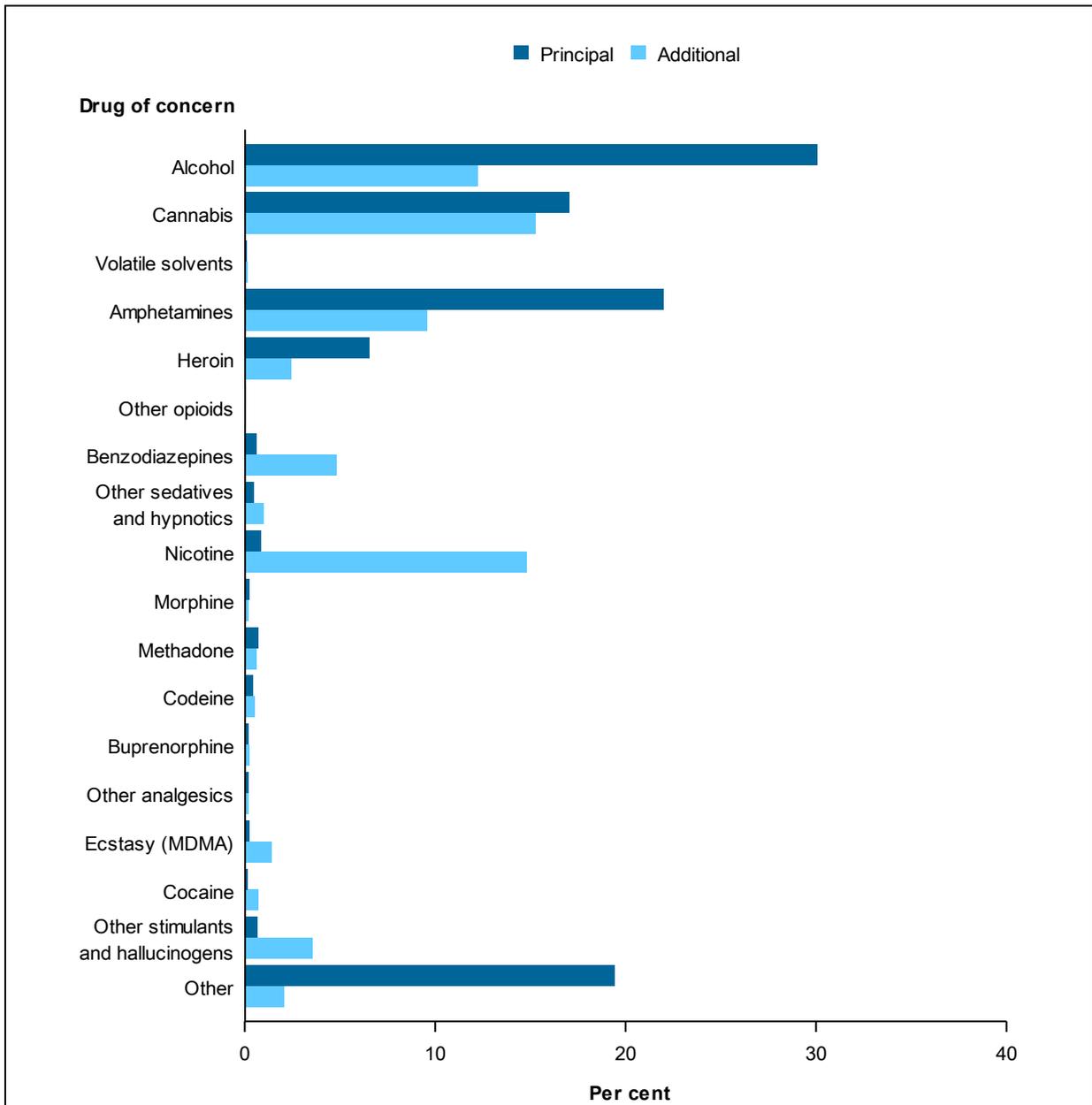


## 4.2 Drugs of concern

In Victoria, in 2015–16, alcohol was the most common principal drug of concern in episodes provided to clients for their own drug use (28% of clients, and 30% of episodes) (Figure 10; Table SC VIC.4). Amphetamines were also common as a principal drug, accounting for more than one-fifth of episodes (22%), followed by cannabis (17%), and heroin (7%). Other drugs of concern increased from 8% in 2014–15 to 19% in 2015–16. This is due to a number of large Victorian service providers implementing their own in-house client management systems resulting in an increase of generic other drugs of concern (Figure 10).

When episodes for additional drugs of concern are considered, cannabis was the most common additional drug of concern, accounting for over 15% of closed episodes, followed by nicotine (just under 15%), and alcohol (12%) (clients can nominate up to 5 additional drugs of concern for their treatment episode).

Over the 5 years to 2015–16, alcohol remained the most common principal drug of concern for episodes provided to clients for their own drug use. Cannabis remained the second most common principal drug of concern until 2015–16 when it was replaced by amphetamines. Heroin was the third most common principal drug of concern from 2012–13, until cannabis overtook it in 2015–16. Over the 5 years from 2011–12, treatment episodes with a principal drug of concern of amphetamines rose from 10% to 22%, while episodes with a principal drug of concern of heroin decreased from 12% to 7% (Table SD.2).

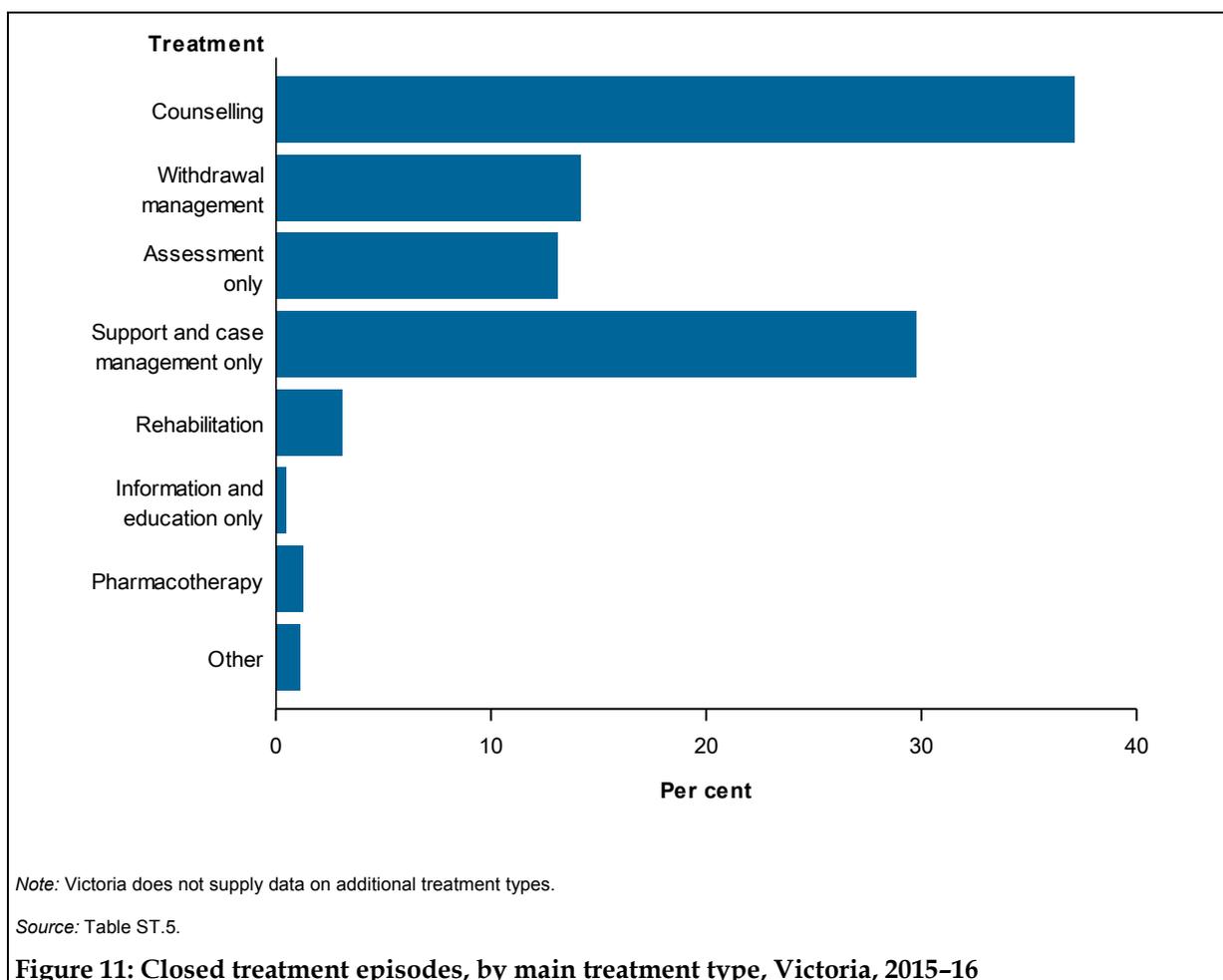


Source: Table SD.8.

**Figure 10: Closed treatment episodes for own drug use, by drug of concern, Victoria, 2015-16**

### 4.3 Treatment

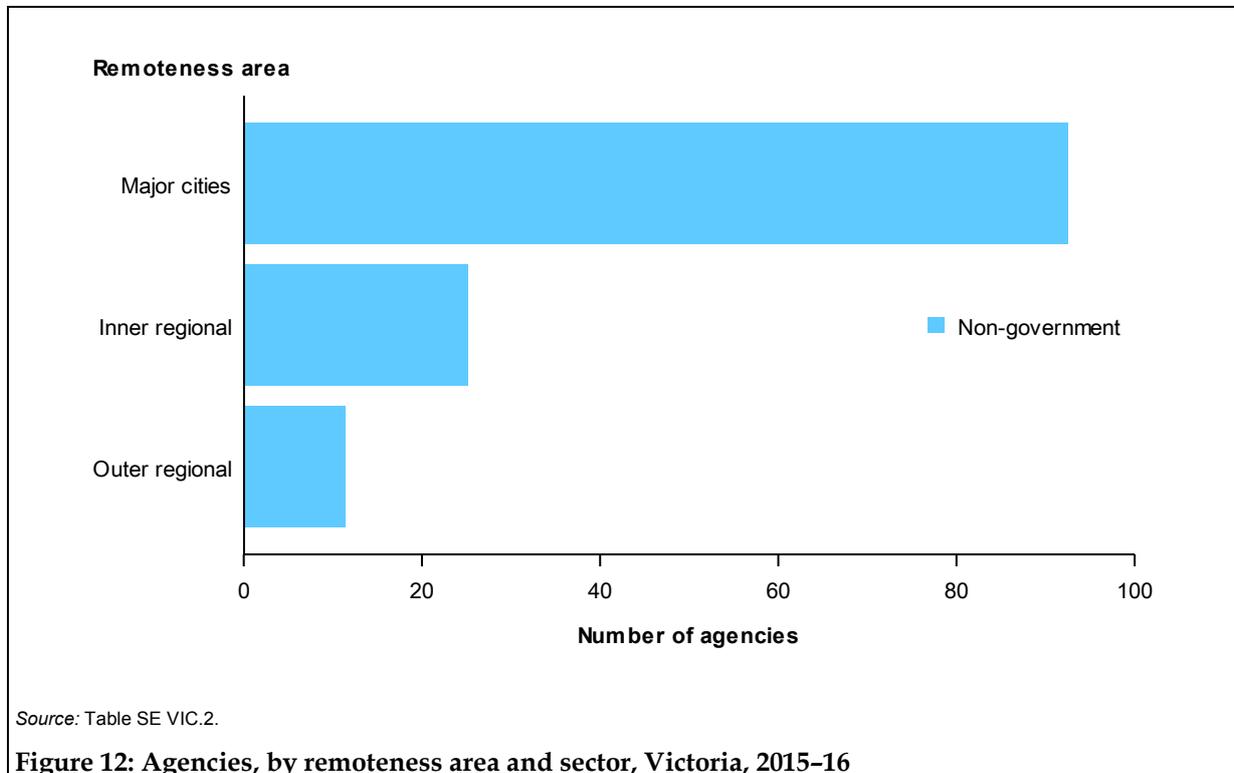
In Victoria, in 2015–16, counselling was the most common type of main treatment (37% of closed treatment episodes) (Table SC VIC.13), followed by support and case management only (30%), which overtook withdrawal management (14%) to be the second most common type of main treatment (Figure 11). Due to 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 to 2015–16, counselling remained the most common treatment type for closed episodes in Victoria. Support and case management replaced withdrawal management as the second most common treatment type in 2015–16 (tables SE VIC.20 and ST.2).

## 4.4 Remoteness area

Victoria does not have any areas classified as *Remote* or *Very remote*. Victoria only provides data on non-government treatment agencies that receive public funding. Almost three quarters of all treatment agencies in Victoria were located in *Major cities* (71%), followed by *Inner regional* areas (19%) (Figure 12).



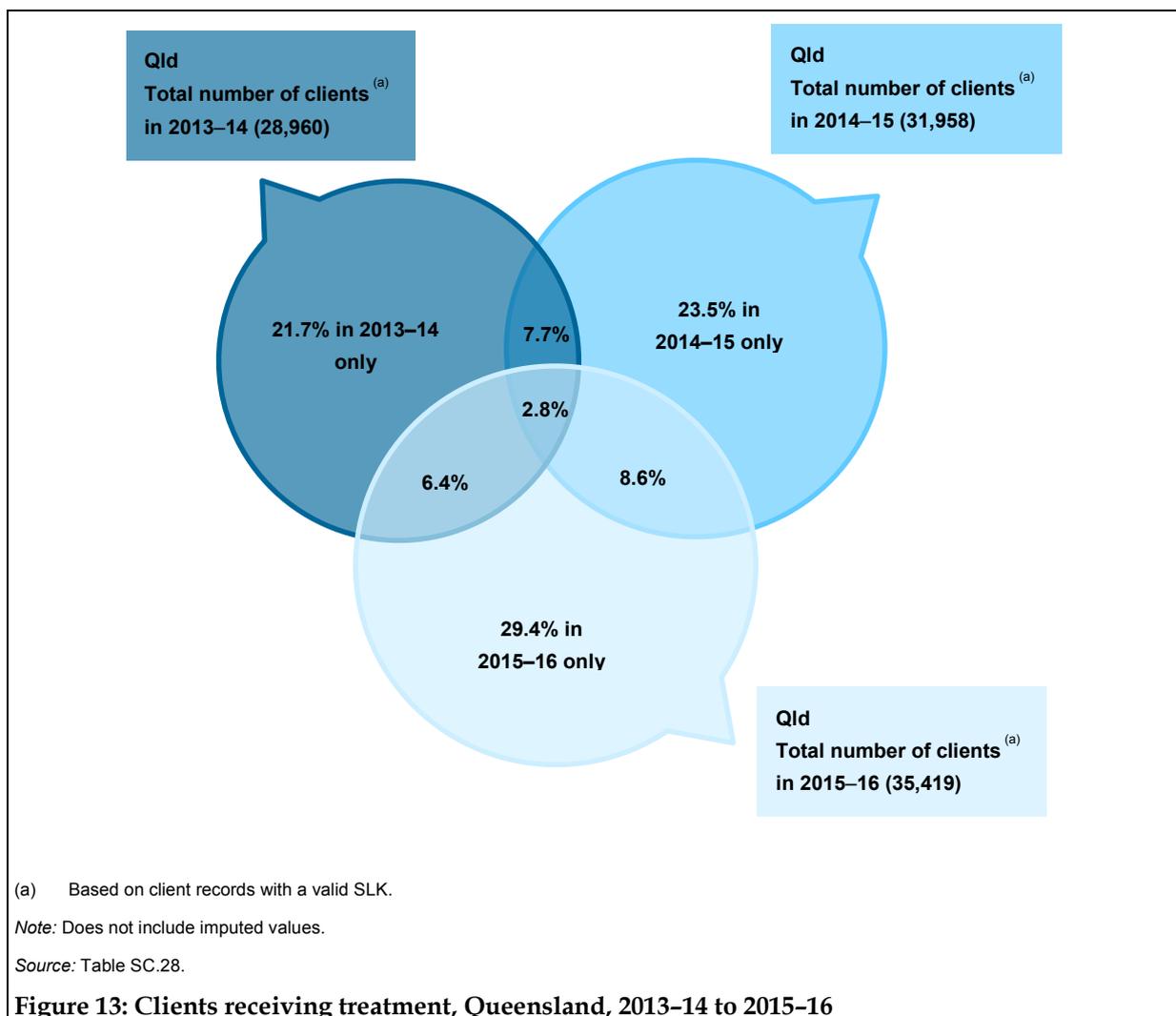
## 5 Queensland

In Queensland, in 2015–16, 162 publicly funded alcohol and other drug treatment agencies provided 44,534 treatment episodes to 35,419 estimated clients (Figure 14; tables SA.1–2).

In 2015–16, most (91%) clients in Queensland received treatment from 1 agency, and received an average of 1.2 treatment episodes, which is lower than national results of 1.5 episodes (tables 1, SC.21 and SC.23).

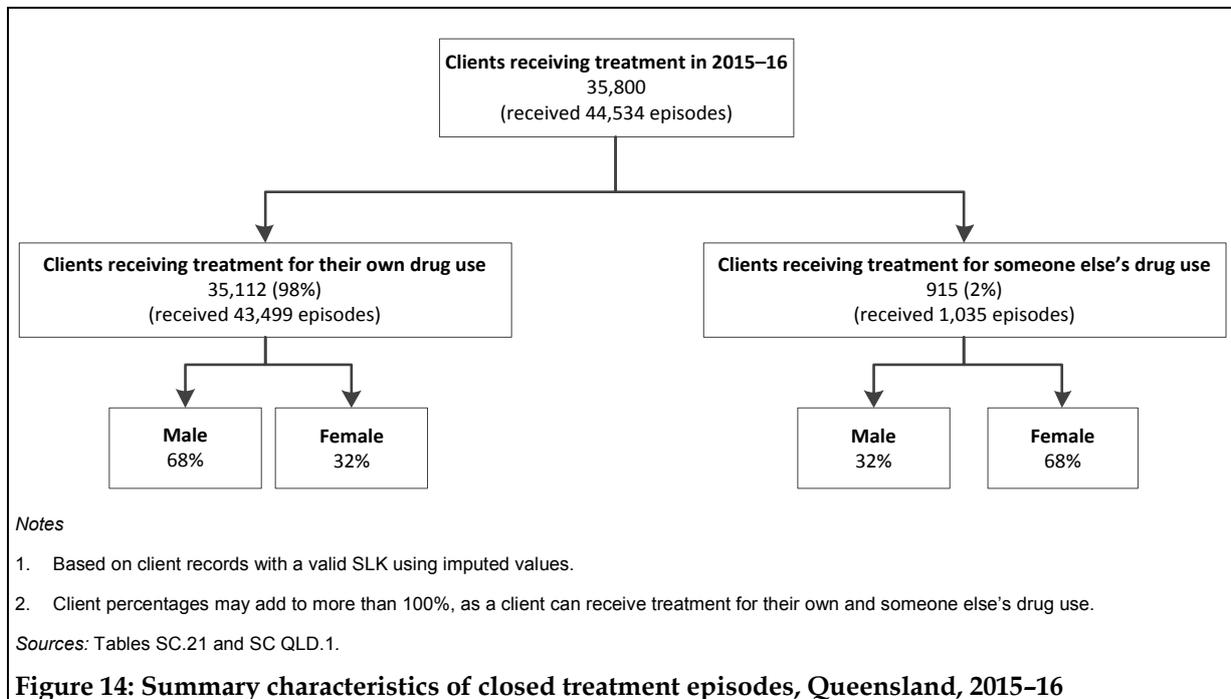
A total of 96,337 clients received treatment from 2013–14 to 2015–16, over one-quarter (29% or 22,076 clients) received treatment in 2015–16 only, and 9% (6,436 clients) received treatment in both 2014–15 and 2015–16 (Figure 13).

Only 3% (2,071 clients) of the total 96,337 clients received treatment in all 3 collection years.



## 5.1 Client demographics

Nearly all (98%) clients in Queensland in 2015–16 were receiving treatment for their own drug use, and most (68%) were male (Figure 14). The reverse was true for clients receiving treatment for someone else’s drug use (68% were female) (Figure 14). About 1 in 7 clients were Indigenous Australians (14%), which is consistent with the national average (Table SC QLD.3).

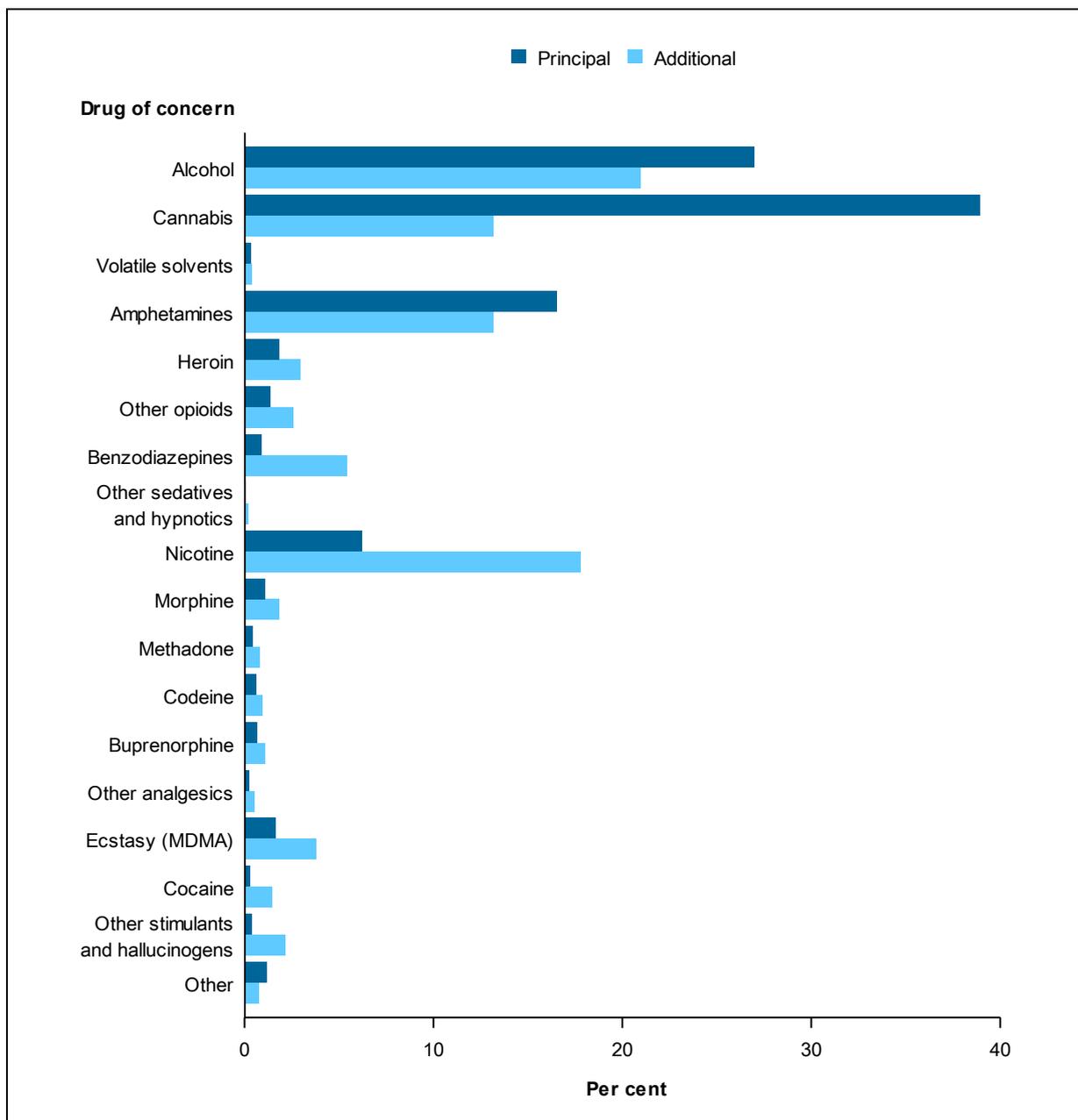


## 5.2 Drugs of concern

In Queensland, in 2015–16, cannabis was the most common principal drug of concern in treatment episodes provided to clients for their own drug use (42% of clients, and 39% of episodes) (Figure 15; 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-quarter of closed treatment episodes (27%), followed by amphetamines (17%) (Figure 15).

When episodes for additional drugs of concern are considered, alcohol was the most common additional drug, accounting for 21% of closed episodes, followed by nicotine (18%), and amphetamines (13%), which overtook cannabis (13%) as the third most common additional drug of concern from 2014–15 (clients can nominate up to 5 additional drugs of concern for their treatment episode).

Over the 5 years to 2015–16, alcohol began as 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, with both trends continuing in 2015–16. The proportion of episodes involving amphetamines increased from 11% in 2011–12 to 17% in 2015–16. The proportion of episodes for clients’ own drug use where cannabis was the principal drug have remained consistently higher than the national average, ranging from 29% to 39% in Queensland, compared with 22% to 23% nationally (Table SD.2).

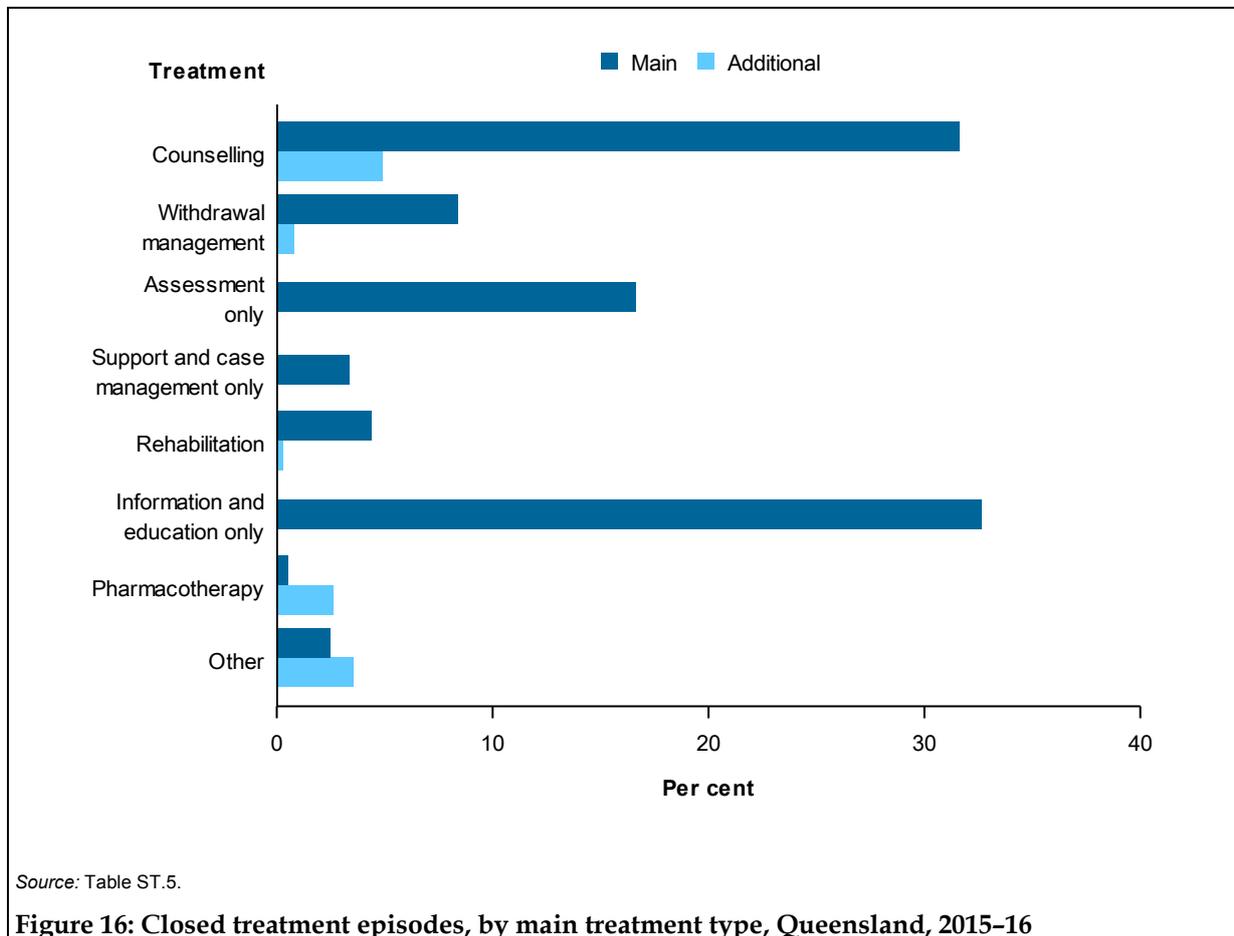


Source: Table SD.8.

**Figure 15: Closed treatment episodes for own drug use, by drug of concern, Queensland, 2015-16**

## 5.3 Treatment

In Queensland, in 2015–16, information and education only was the most common type of main treatment (37% of clients and 33% of closed treatment episodes), followed by counselling (32% of episodes) and assessment only (17% of episodes) (Figure 16; Table SC QLD.13). Counselling (5%) was the most common type of additional treatment, followed by other (4%), and pharmacotherapy (3%).

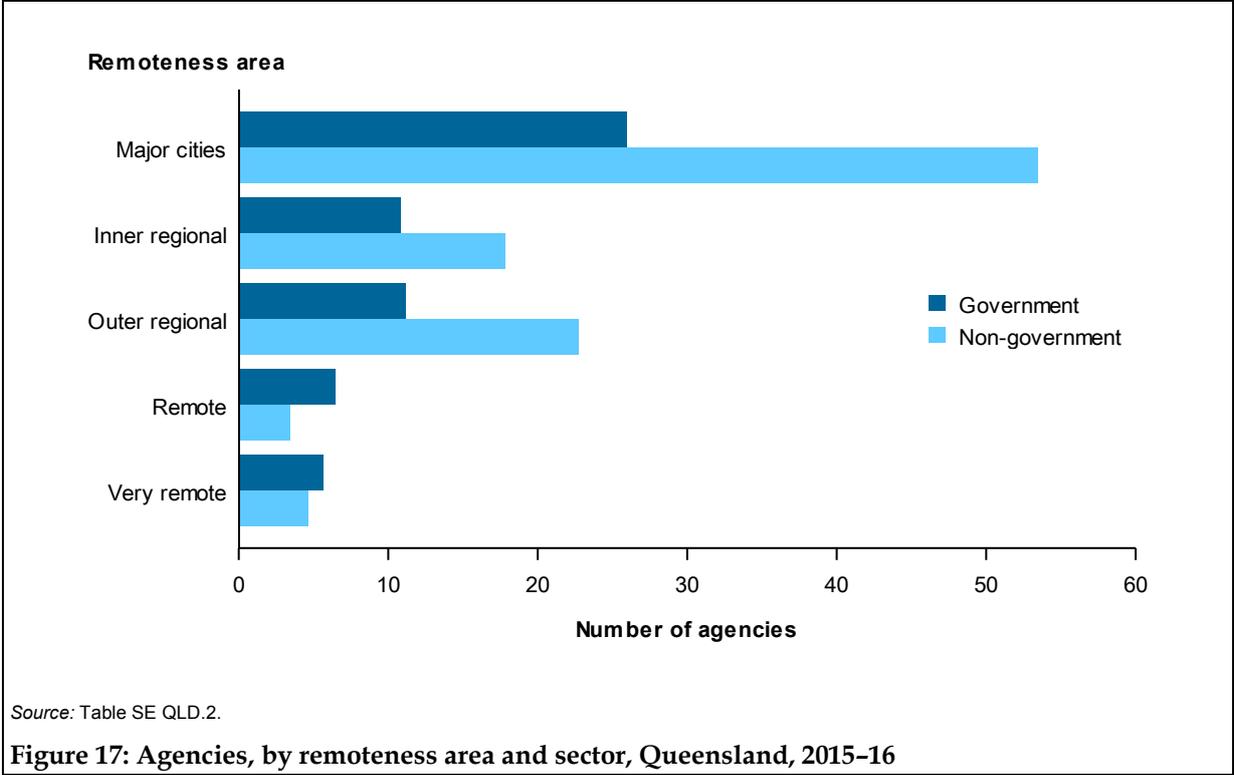


Over the 5 years to 2015–16, the proportion of episodes where information and education only was a main treatment type remained consistent in Queensland (around 30%, except in 2011–12 when it was reported in 19% of episodes). Over the same period, the proportion of episodes where counselling was a main treatment type fluctuated, ranging from a high of 35% in 2011–12 and then decreasing in the five years, then rising again to 32% in 2015–16 (Table SE QLD.20).

Over the 5 years to 2015–16, nationally, the proportion of episodes where information and education only was a main treatment type remained the highest in Queensland, at over 3 times the national average in 2015–16 (33% compared with 9%) (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 an extensive alcohol and drug assessment to determine dependence, an assessment of risk-taking behaviours, provision of advice and information on reducing or ceasing drug use and harm minimisation, motivational intervention, provision of resources, and referral.

## 5.4 Remoteness area

Almost half of the treatment agencies in Queensland were located in *Major cities* (49%), followed by *Outer regional* areas (21%) and *Inner regional* (18%). In *Remote* and *Very remote* areas, 20% of treatment agencies were government organisations, compared to just 8% of agencies that were non-government organisations (Figure 17).



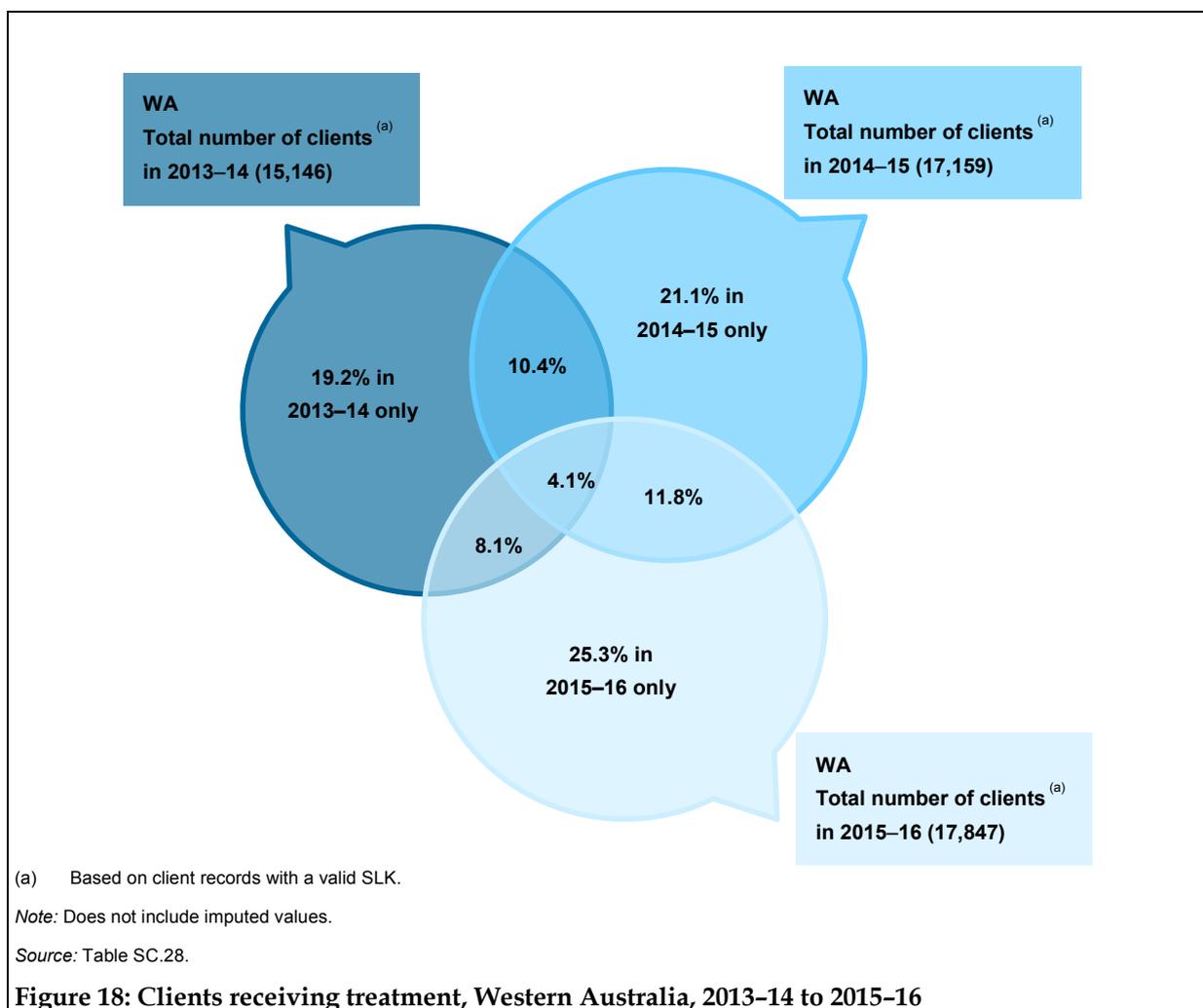
## 6 Western Australia

In Western Australia, in 2015–16, 79 publicly funded alcohol and other drug treatment agencies provided 24,206 treatment episodes to 17,847 estimated clients (Figure 19; tables SA.1–2).

In 2015–16, most (86%) clients in Western Australia received treatment from 1 agency, and received 1.4 treatment episodes, which is slightly lower than the national average of 1.5 episodes (tables 1, SC.21 and SC.23).

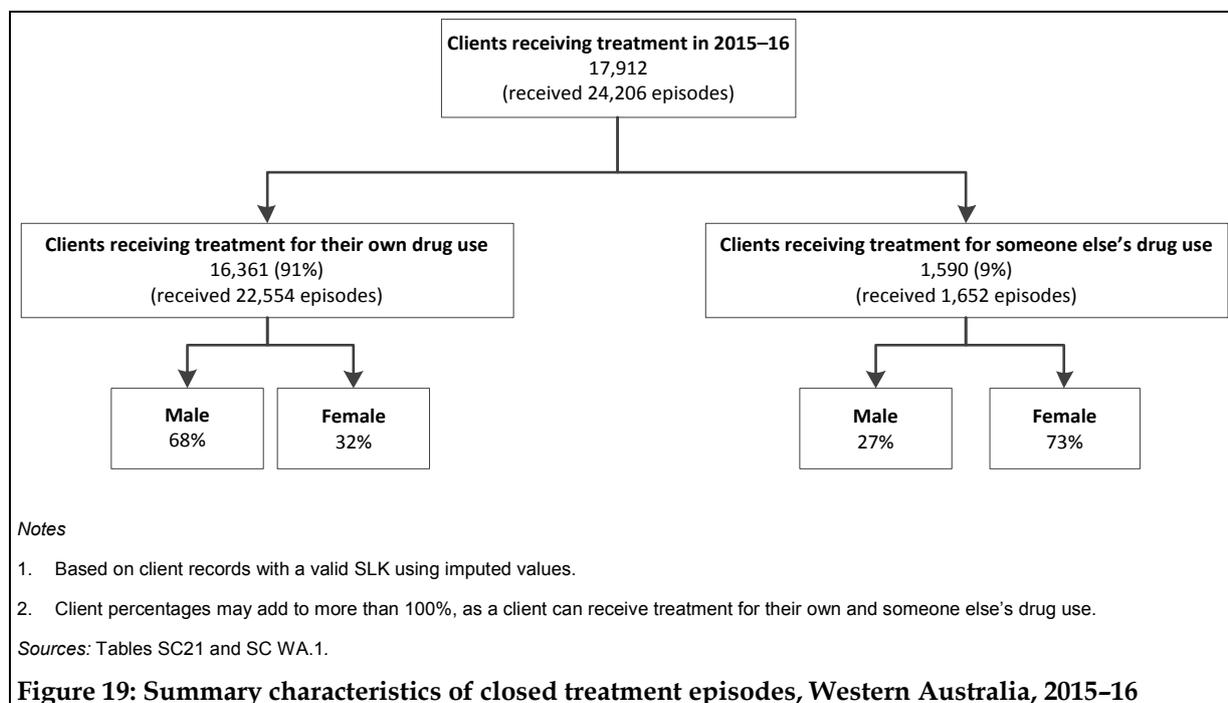
A total of 50,152 clients received treatment from 2013–14 to 2015–16, one-quarter of clients, (25% or 9,164 clients) received treatment in 2015–16 only, and 12% (4,262) received treatment in both 2014–15 and 2015–16 (Figure 18).

Only 4% (1,500 clients) of the total, 50,152 clients received treatment in all 3 collection years.



## 6.1 Client demographics

Nearly all (91%) clients in Western Australia in 2015–16 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 (73% were female) (Figure 19). Nearly 1 in 5 clients were Indigenous Australians (21%), which is higher than the national average (14%) (Table SC WA.3).

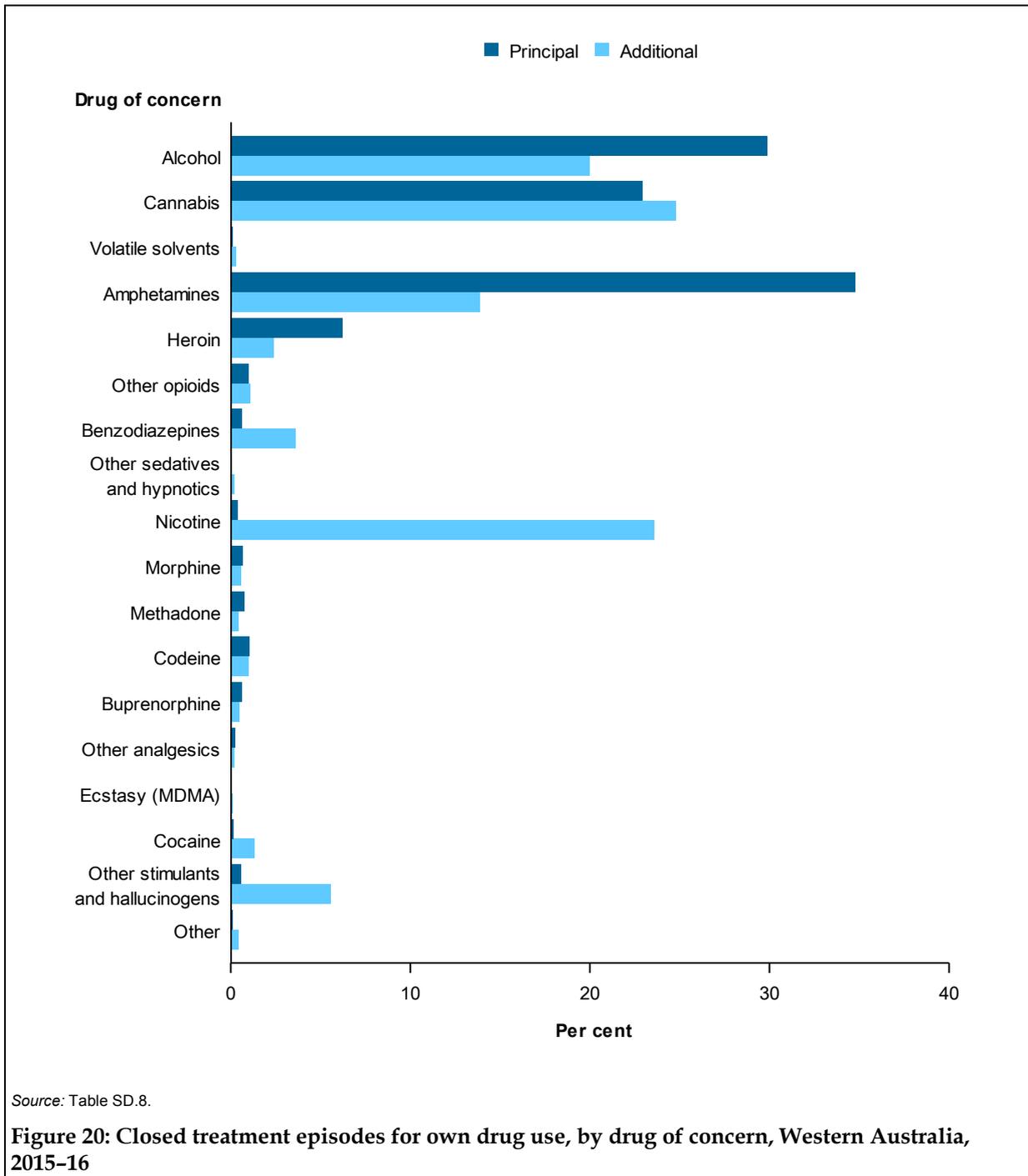


## 6.2 Drugs of concern

Since 2014–15, in Western Australia, amphetamines have overtaken alcohol as the most common principal drug of concern in episodes provided to clients for their own drug use (31% of clients, and 35% of episodes) (Figure 20; Table SC WA.4). Alcohol accounted for just under one-third of treatment episodes (30%), followed by cannabis (23%), and heroin (6%) (Figure 20).

When episodes for additional drugs of concern are considered, cannabis (25% of episodes) was the most common additional drug, followed by nicotine (24% of episodes), alcohol (20%), and amphetamines (13%) (clients can nominate up to 5 additional drugs of concern for their treatment episode).

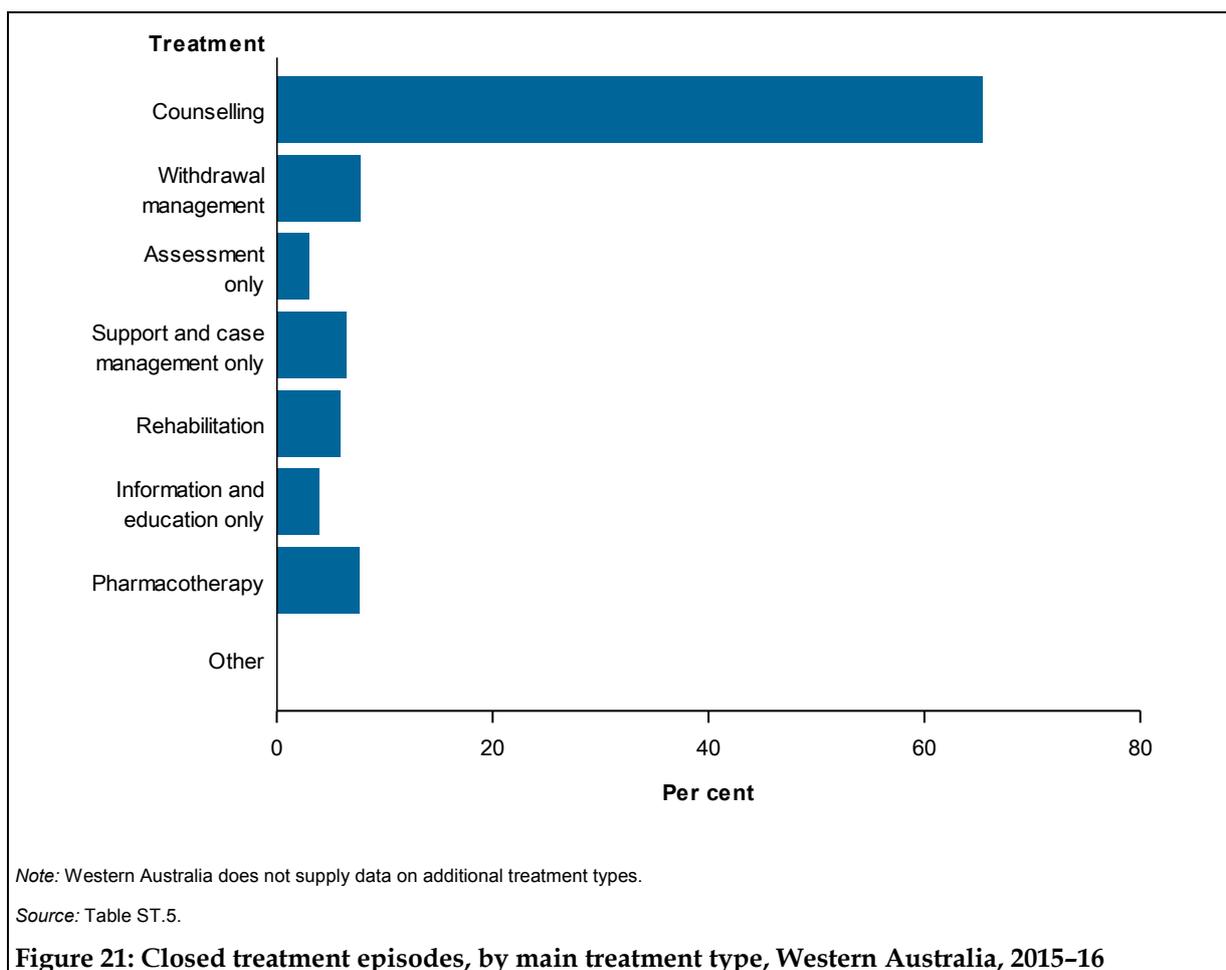
Over the 5 years to 2015–16, alcohol remained the most common principal drug of concern in closed treatment episodes provided to clients for their own drug use, until it was replaced by amphetamines in 2015–16. Alcohol consistently fell, from 43% of treatment episodes to 30% in 2015–16. The proportion of episodes involving amphetamines was higher than the national average, ranging from 18% to 35% in Western Australia, compared with 11% to 23% nationally (Table SD.2).



## 6.3 Treatment

In Western Australia, in 2015–16, counselling was the most common type of main treatment (74% of clients, and 65% of episodes), followed by withdrawal management (8%), and pharmacotherapy (8%). Pharmacotherapy overtook assessment only, which was previously the third most common treatment type (Figure 21).

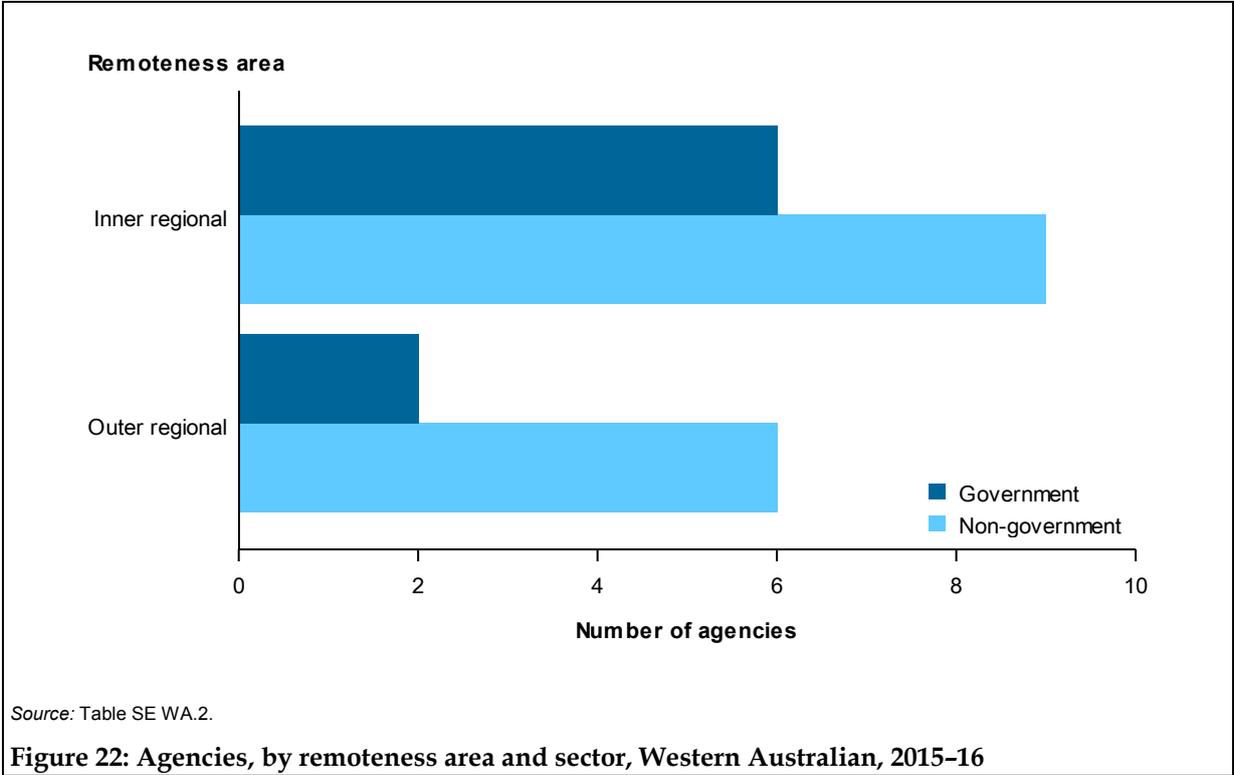
Note that Western Australia does not supply data on additional treatment types. Each type of treatment results in a separate episode, though a small number of episodes provided in Western Australia through the Non-Government Organisation Treatment Grants Program may have additional treatment types.



Over the 5 years to 2015–16, counselling remained the most common main treatment type for closed episodes in Western Australia. Pharmacotherapy replaced withdrawal management as the second most common main treatment type in 2015–16. The proportion of episodes where counselling was a main treatment type (ranging from 60% to 65%) remained substantially higher than the national average (from 43% to 36%) (tables SE WA.20 and ST.2).

# 6.4 Remoteness area

More than half of all treatment agencies in Western Australia were located in *Major cities* (61%). Of the agencies located in *Major cities*, 96% of them were non-government organisations. *Very remote* areas were the only areas where there were more government than non-government agencies (Figure 22).



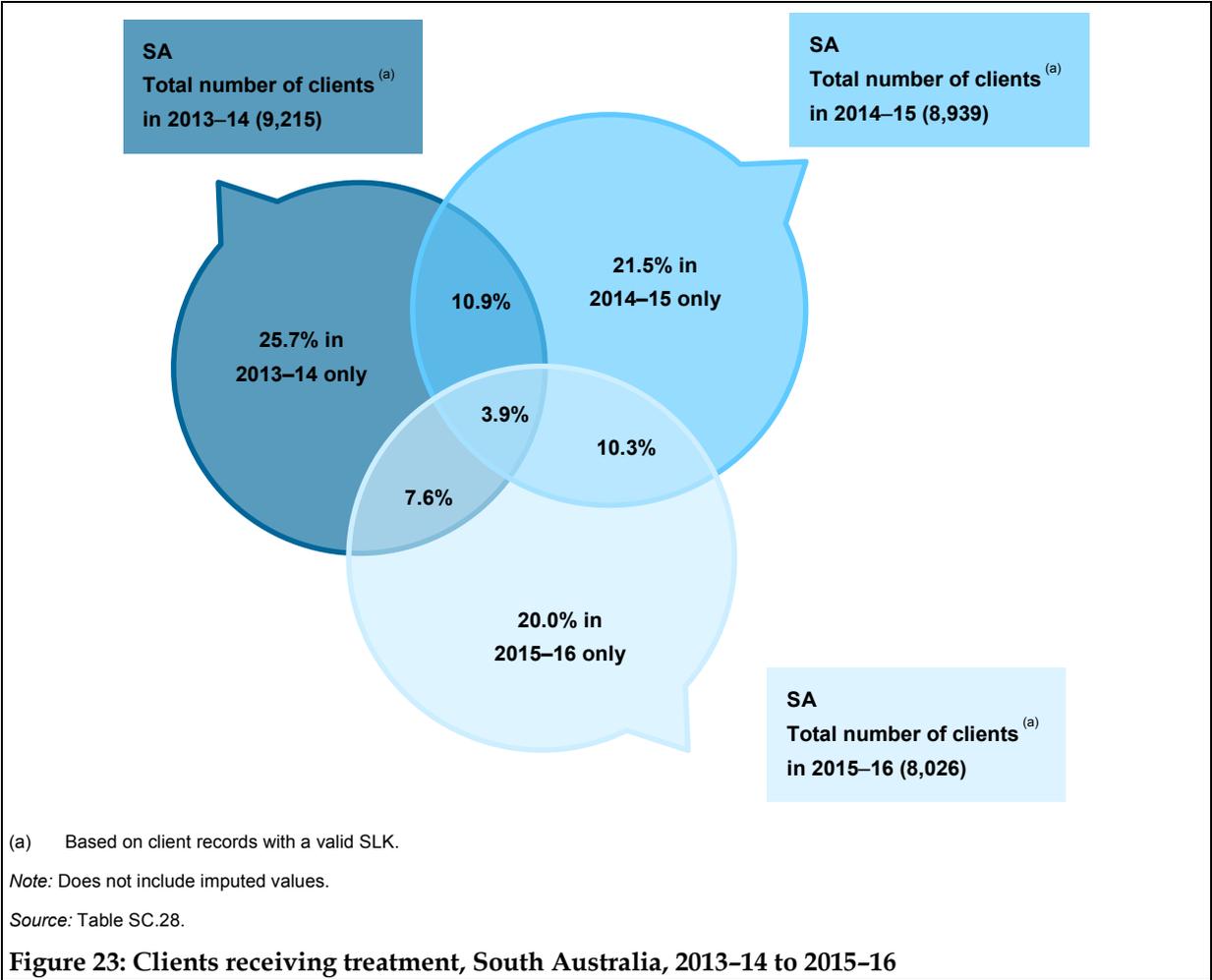
# 7 South Australia

In South Australia, in 2015–16, 78 publicly funded alcohol and other drug treatment agencies provided 11,430 treatment episodes to 8,026 estimated clients (Figure 24; tables SA.1 and SA.2).

In 2015–16, most (88%) clients in South Australia received treatment from 1 agency, and received 1.4 treatment episodes, which is slightly lower than the national average of 1.5 episodes (tables 1, SC.21 and SC.23).

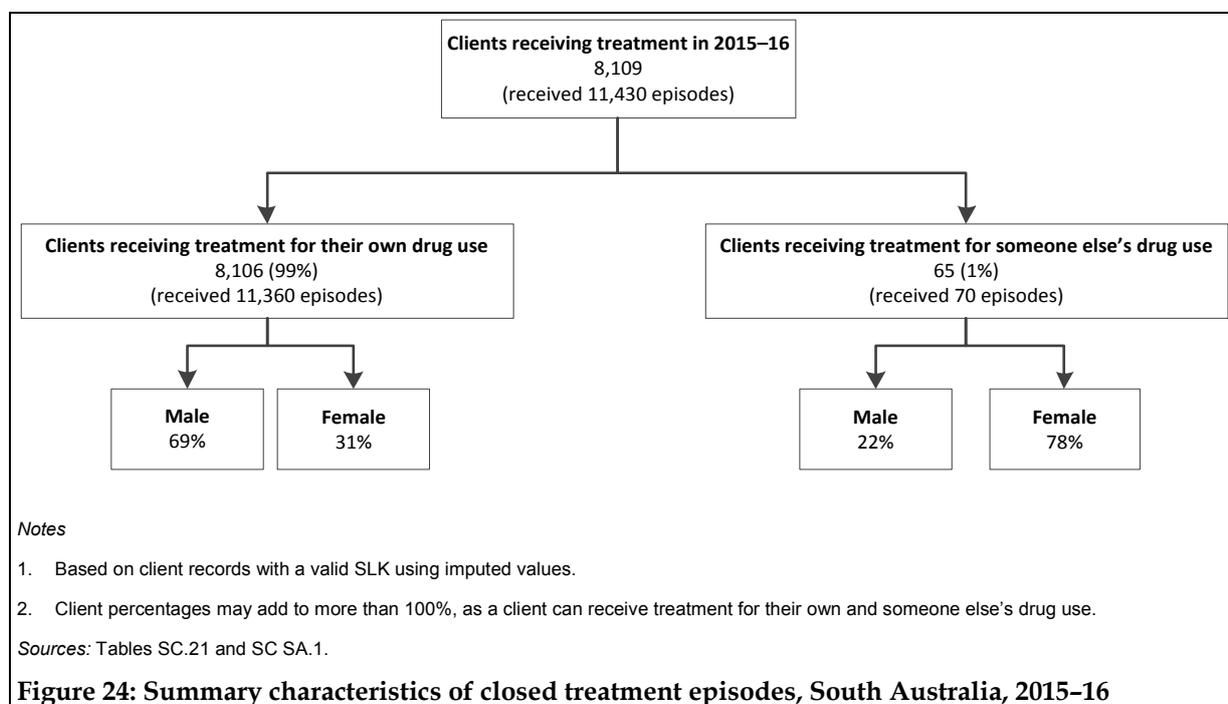
A total of 26,180 clients received treatment from 2013–14 to 2015–16, one-fifth of clients (3,839 clients) received treatment in 2015–16 only, and 1,980 clients received treatment in both 2014–15 and 2015–16 (Figure 23).

Only 4% (747 clients) of the total 26,180 clients received treatment in all 3 collection years.



## 7.1 Client demographics

Nearly all (99%) clients in South Australia in 2015–16 were receiving treatment for their own drug use, and most (69%) clients were male. The reverse was true for clients receiving treatment for someone else’s drug use (78% were female) (Figure 24). Just over 1 in 10 clients were Indigenous Australians (12%), which is lower than the national average (14%) (Table SC SA.3).



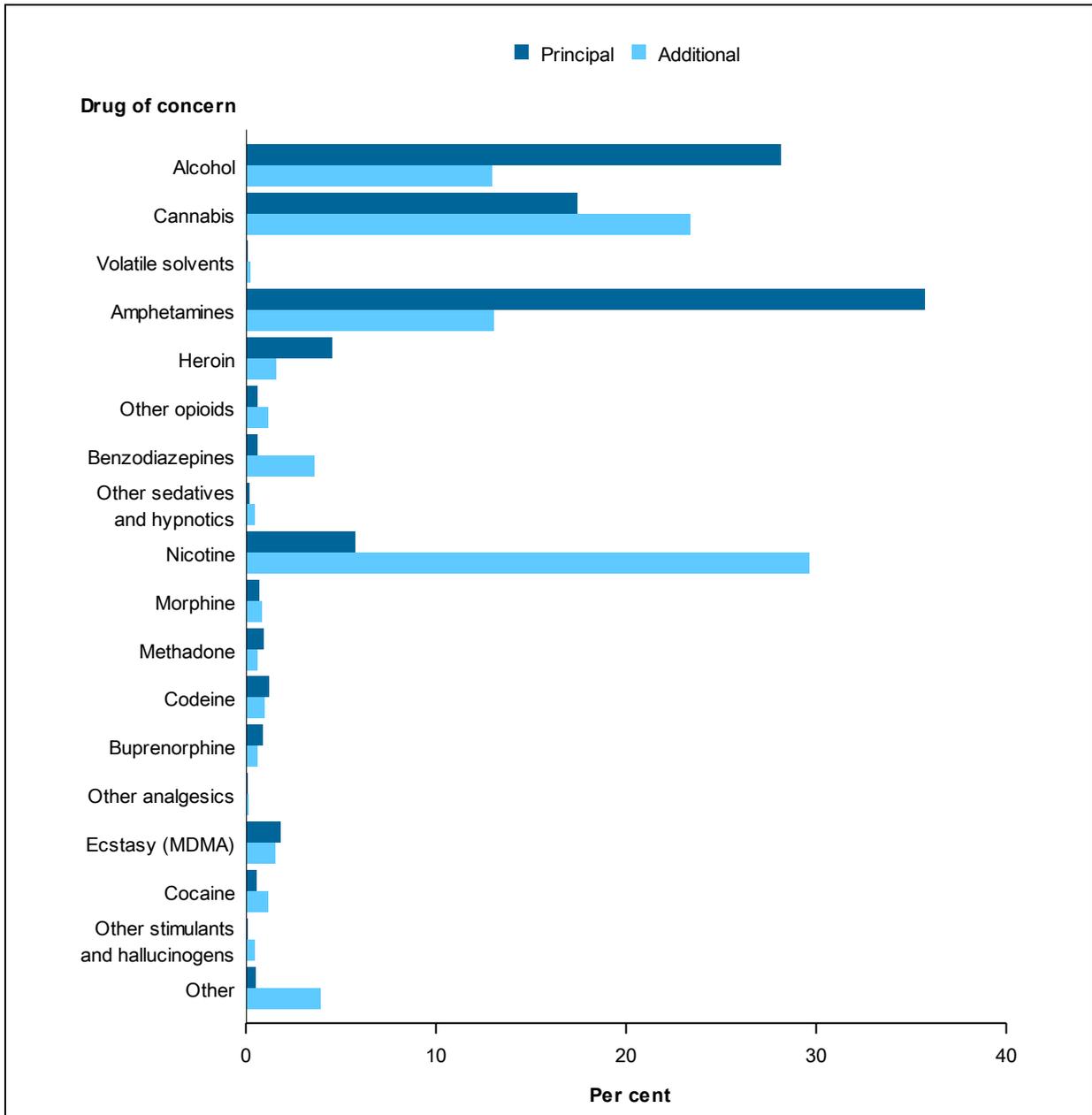
## 7.2 Drugs of concern

Since 2014–15, in South Australia, amphetamines have overtaken alcohol as the most common principal drug of concern in episodes provided to clients for their own drug use (35% of clients, and 36% of episodes) (Figure 25; Table SC SA.4). Alcohol accounted for over one-quarter of treatment episodes (28%), followed by cannabis (17%), and nicotine (5.8%) (Figure 25).

When closed episodes for additional drugs of concern are considered Nicotine was the most common additional drug, accounting for 30% of closed episodes, followed by cannabis (23%), amphetamines (13%), and alcohol (13%) (clients can nominate up to 5 additional drugs of concern for their treatment episode).

Over the 5 years to 2015–16, alcohol remained the most common principal drug of concern in closed treatment episodes provided to clients for their own drug use, until it was replaced by amphetamines in 2015–16. Alcohol fell markedly, from 50% of treatment episodes in 2011–12 to 28% in 2015–16), while amphetamines rose from 16% to 36% (Table SD.2).

The proportion of treatment episodes for clients’ own drug use where amphetamines were the principal drug of concern has been consistently higher in South Australia than the national average, which has ranged from 11% to 23%. Cannabis also had a gradual increase, from 12% of episodes in 2011–12 to 17% of episodes in 2015–16 (Table SD.2).

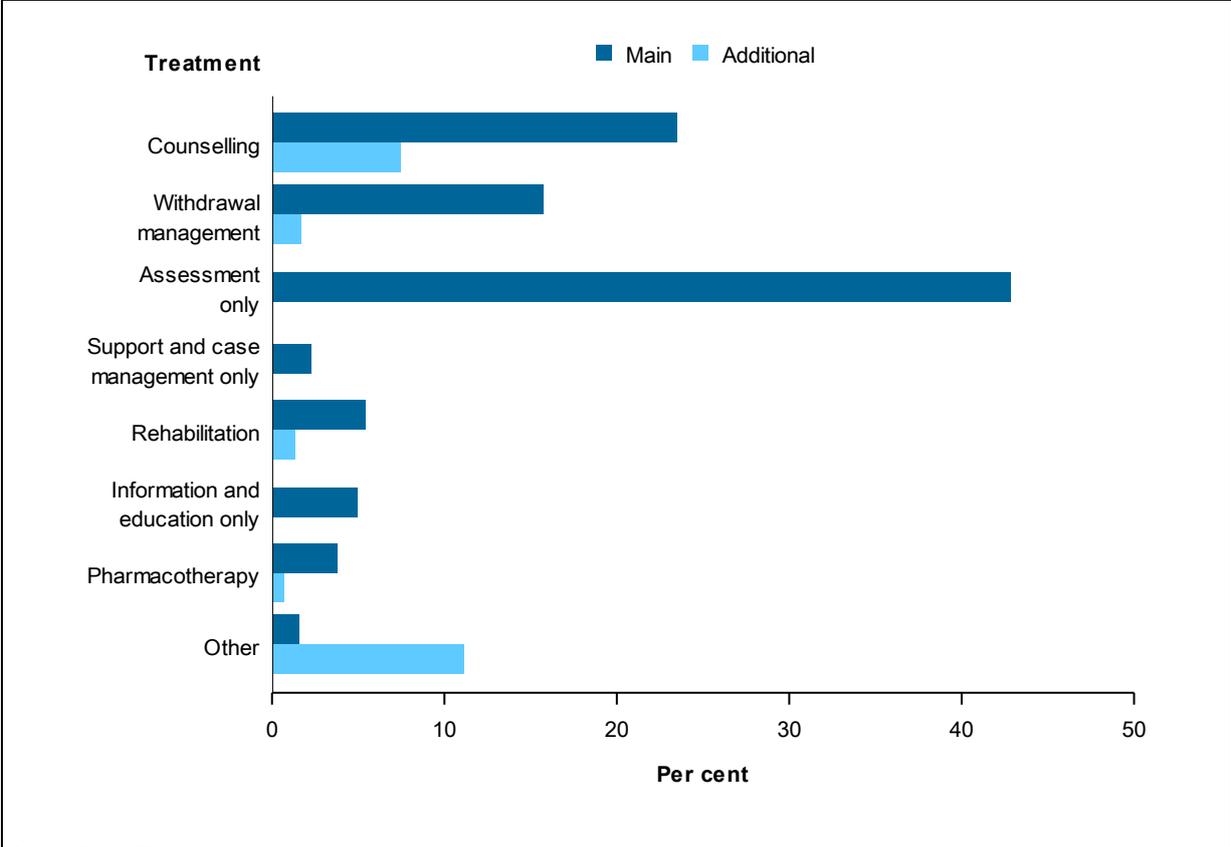


Source: Table SD.8.

**Figure 25: Closed treatment episodes for own drug use, by drug of concern, South Australia, 2015–16**

### 7.3 Treatment

In South Australia, in 2015–16, assessment only was the most common type of main treatment (43% of episodes), followed by counselling (24%), and withdrawal management (16%) (Figure 26; Table ST.5). Other treatment (11%) was the most common type of additional treatment, followed by counselling (7.5%), and withdrawal management (1.7%).



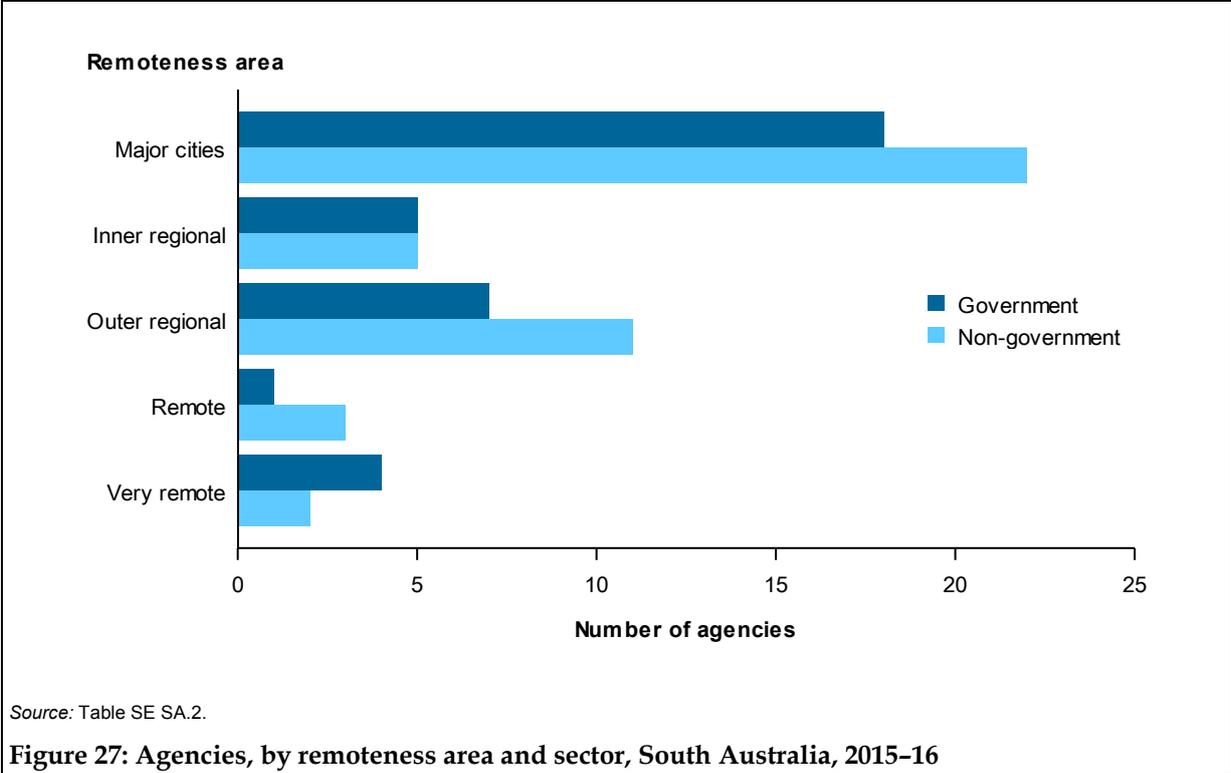
Source: Table ST.5.

**Figure 26: Closed treatment episodes, by main treatment type, South Australia, 2015–16**

Over the 5 years to 2015–16, the proportion of closed episodes where assessment only was a main treatment type increased from 23% to a high of 44% in 2013–14, then decreased to 39% in 2014–15, before rising again to 43% in 2015–16. It replaced counselling from 2012–13 as the most common main treatment type. The proportion of closed episodes where assessment only was the main treatment (ranging from 23% to 43%) remained considerably higher in South Australia than the national average (from 14% to 16%) (tables SE SA.20 and ST.2).

## 7.4 Remoteness area

More than half of all treatment agencies in South Australia were located in *Major cities* (51%), followed by *Outer regional* areas (23%). *Remote* areas had the lowest number of treatment agencies (5%). In *Very remote* areas, 11% of treatment agencies were government organisations compared to non-government organisations with just 5% (Figure 27).



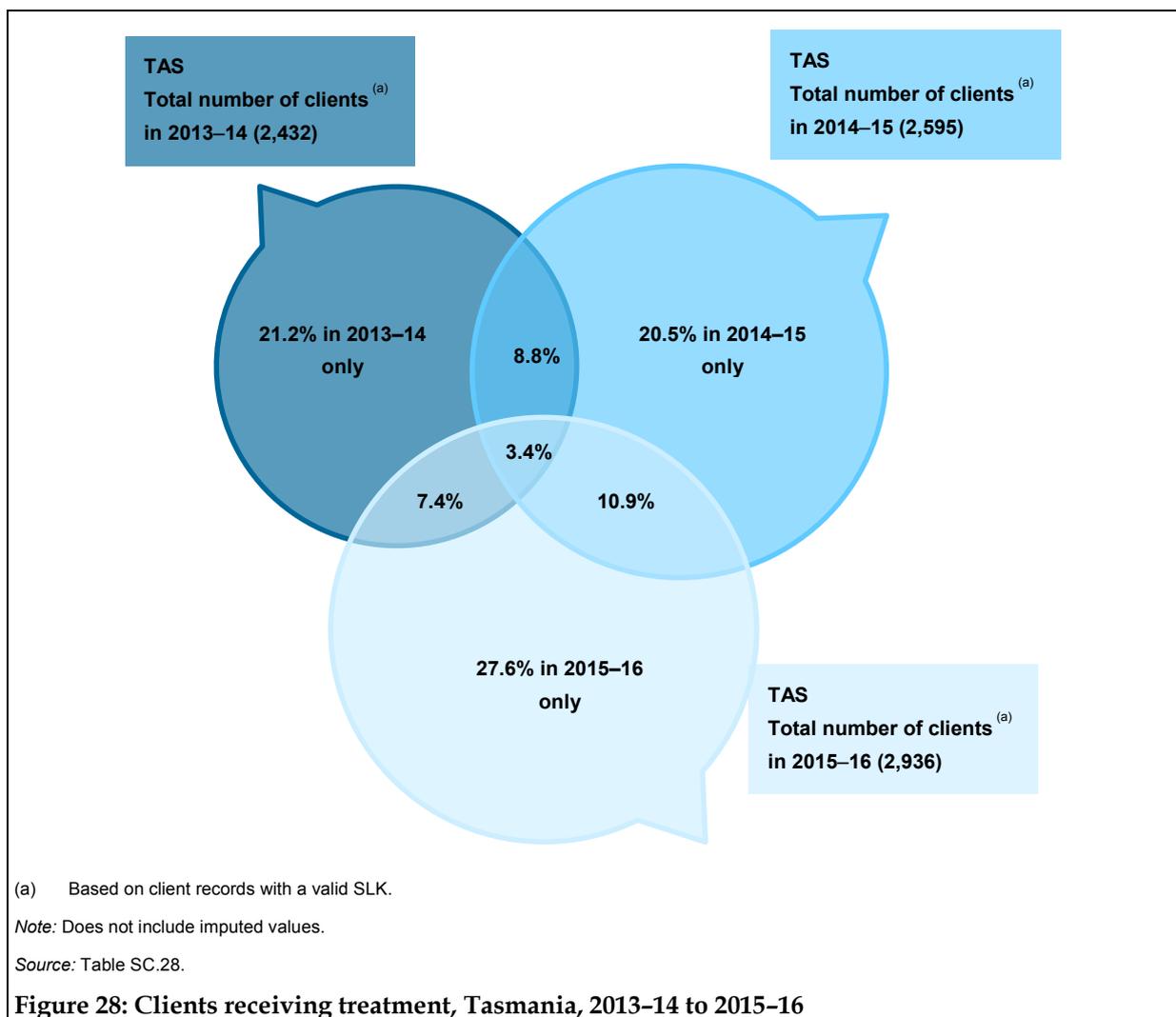
## 8 Tasmania

In Tasmania, in 2015–16, 23 publicly funded alcohol and other drug treatment agencies provided 3,840 completed treatment episodes to 2,936 clients (Figure 29; tables SA.1–2).

In 2015–16, most (88%) clients in Tasmania received treatment from 1 agency, and received 1.3 treatment episodes, which is slightly lower than national average of 1.5 episodes (tables 1, SC.21 and SC.23).

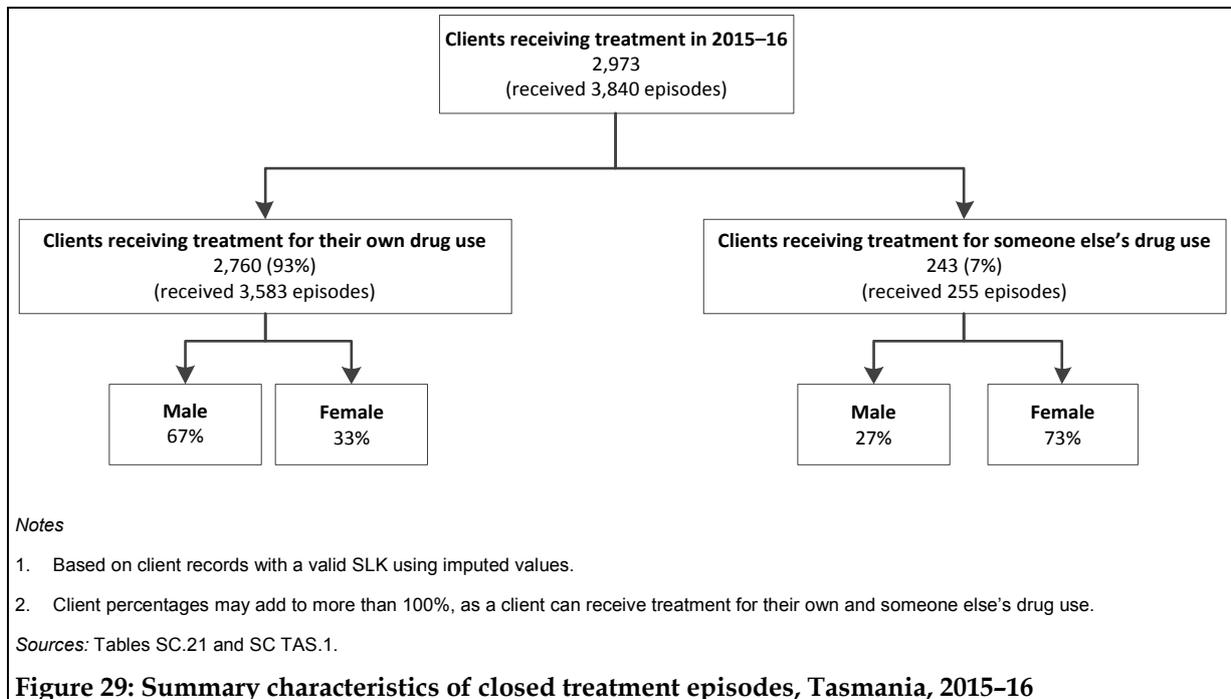
A total of 7,963 clients received treatment from 2013–14 to 2015–16, with one-fifth (28% or 1,641 clients) receiving treatment in 2015–16 only, and 7% (650) received treatment in both 2014–15 and 2015–16 (Figure 28).

Only 3% (204 clients) of the total 7,963 clients received treatment in all 3 collection years.



## 8.1 Client demographics

Nearly all (93%) clients in Tasmania in 2015–16 were receiving treatment for their own drug use, and most (67%) were male. The reverse was true for clients receiving treatment for someone else’s drug use (73% were female) (Figure 29). Just over 1 in 10 clients were Indigenous Australians (10%), which is lower than the national average (14%) (Table SC TAS.3).



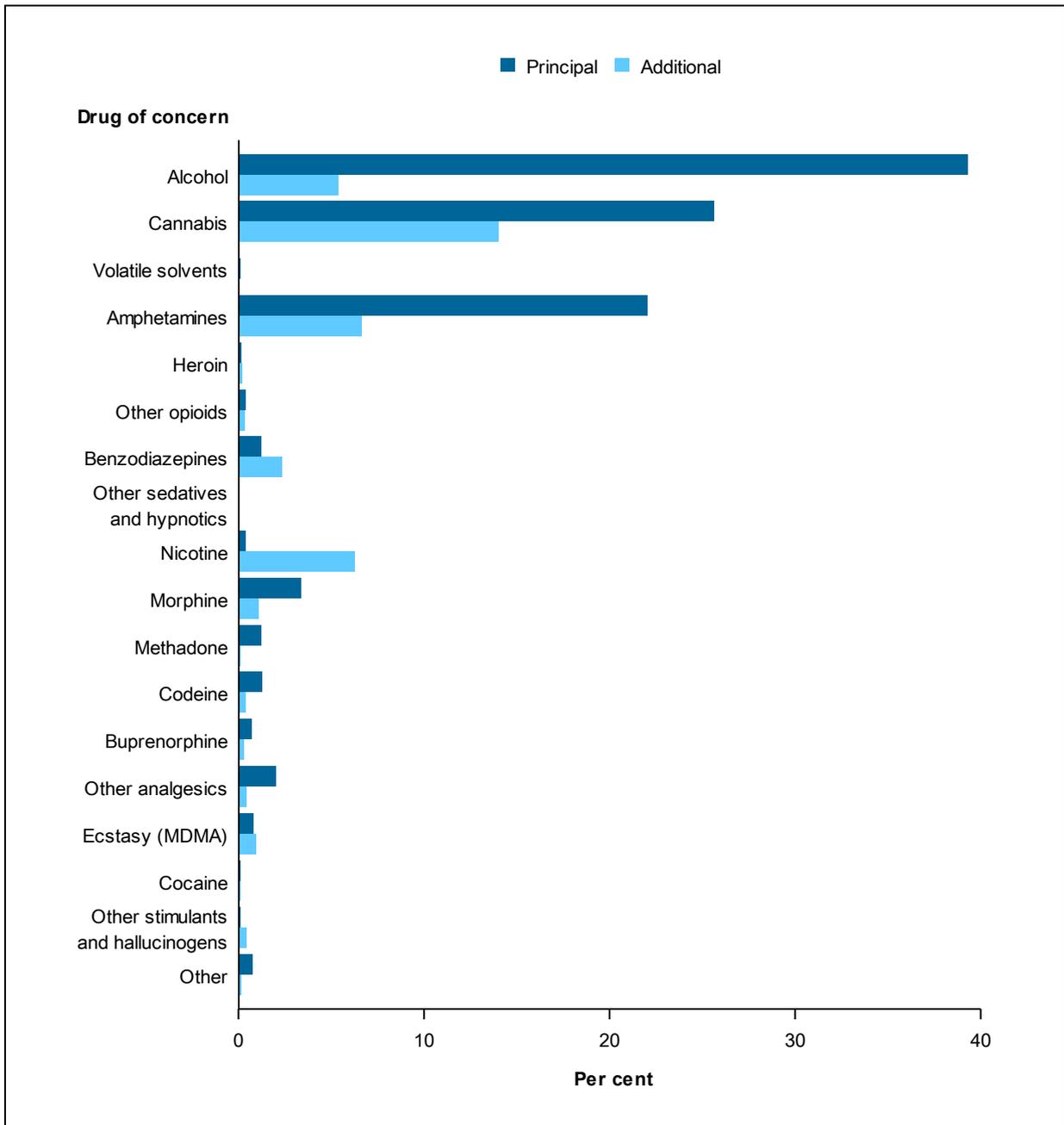
## 8.2 Drugs of concern

In Tasmania, in 2015–16, alcohol was the most common principal drug of concern in episodes provided to clients for their own drug use (40% of clients, and 39% of episodes) (Figure 30; Table SC TAS.4). Cannabis was also common as a principal drug of concern, accounting for one-quarter of treatment episodes (26%), followed by amphetamines (22%), and morphine (3%) (Figure 30).

When closed episodes for additional drugs of concern are considered, cannabis was the most common additional drug of concern, accounting for 14% of closed episodes, followed by amphetamines (7%), nicotine (6%), and alcohol (5%) (clients can nominate up to 5 additional drugs of concern for their treatment episode).

Over the 5 years to 2015–16, alcohol was the most common principal drug of concern in episodes provided to clients for their own drug use.

The proportion of closed episodes for clients’ own drug use where cannabis was the principal drug of concern declined from 35% to 26%. For all years across this period, the proportion of episodes involving cannabis as the principal drug of concern in Tasmania was higher than the national average, which has ranged from 22% to 23%. Amphetamines as a principal drug of concern increased from 10% to 22% of treatment episodes (Table SD.2).

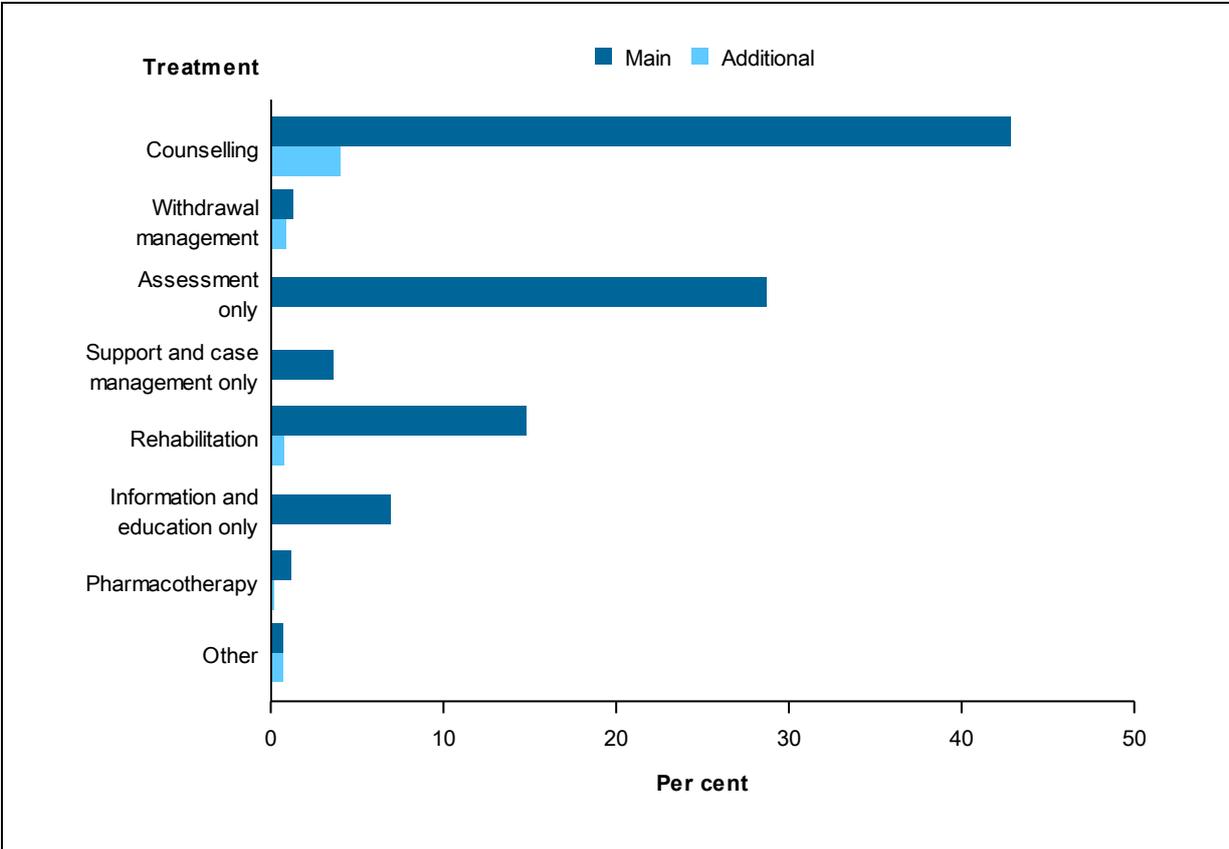


Source: Table SD.8.

**Figure 30: Closed treatment episodes for own drug use, by drug of concern, Tasmania, 2015–16**

### 8.3 Treatment

In Tasmania, in 2015–16, counselling was the most common type of main treatment (43% of closed treatment episodes), followed by assessment only (29%), and rehabilitation (15%) (Figure 31). Counselling (4%) was the most common type of additional treatment, followed by withdrawal management (0.9%), and rehabilitation (0.8%).



Source: Table ST.5.

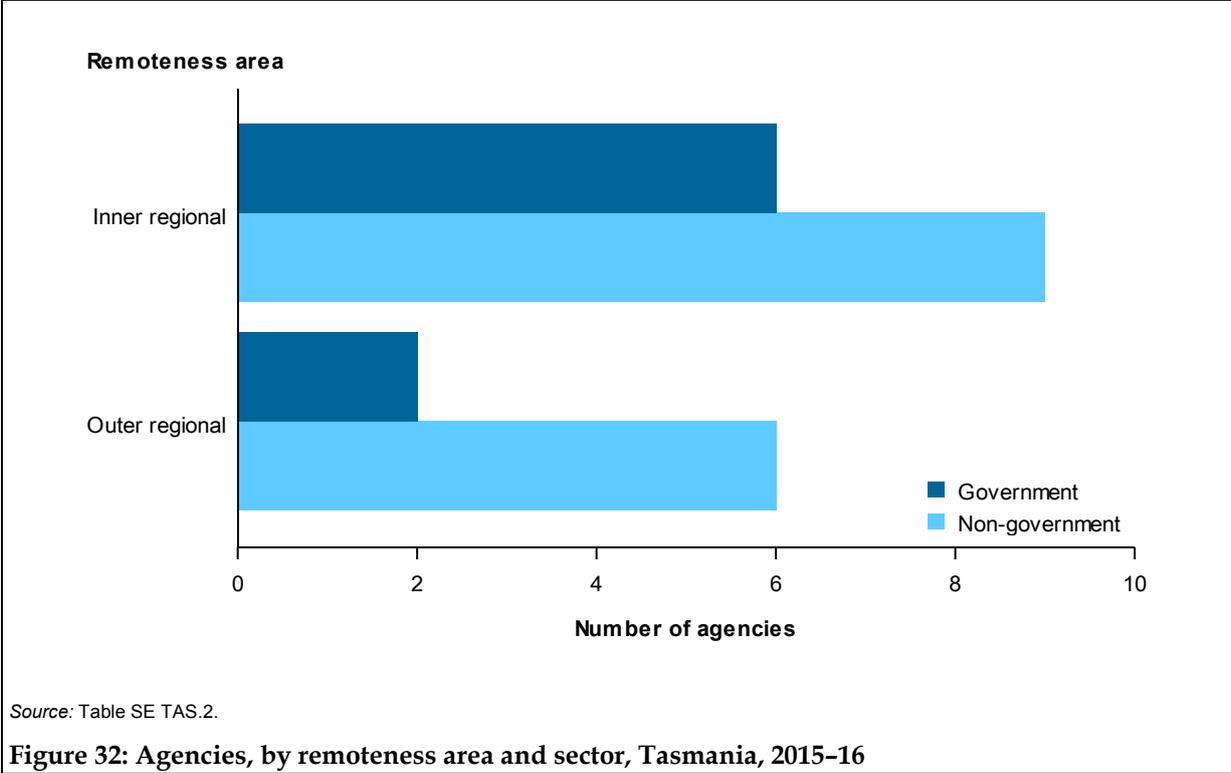
**Figure 31: Closed treatment episodes, by main treatment type, Tasmania, 2015–16**

Over the 5 years to 2015–16, counselling remained the most common main treatment type, but the proportion of episodes dropped from a high of 62% in 2011–12 to 43% in 2015–16. Assessment only increased from 10% in 2011–12 to 32% in 2014–15, but decreased to 29% in 2015–16, 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 (ranging from 43% to 62%) than the national average (ranging from 36% to 43%) (tables SE TAS.20 and ST.2).

# 8.4 Remoteness area

Tasmania only has the geographical classifications of *Inner regional*(65%), *Outer regional* (35%) and *Remote* areas. In these *Inner regional* and *Outer regional* areas, agencies were more likely to be non-government organisations (65%) than government organisations (35%), and located in *Remote* areas, all agencies were non-government organisations (Figure 32).



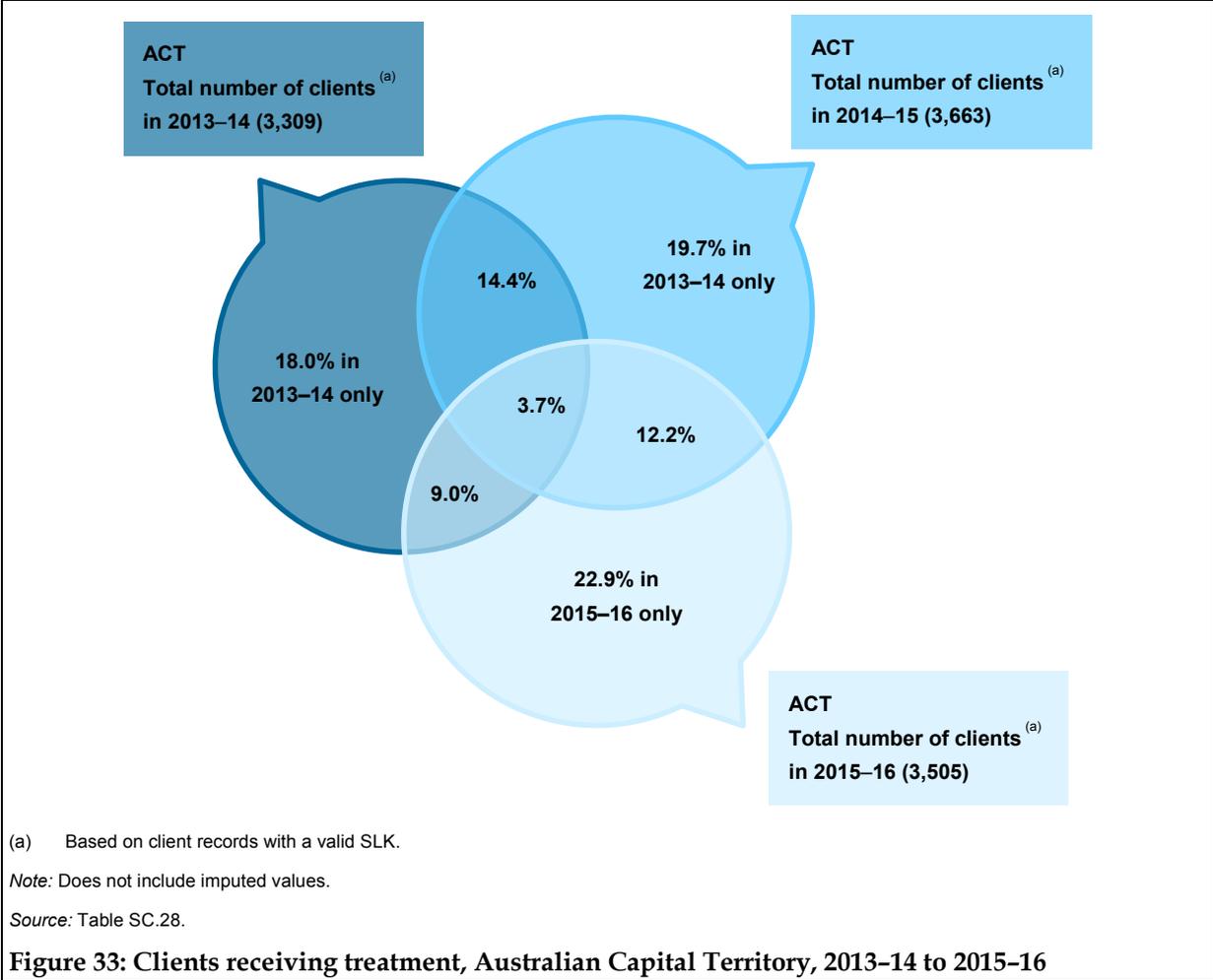
# 9 Australian Capital Territory

In the Australian Capital Territory, in 2015–16, 15 publicly funded alcohol and other drug treatment agencies provided 5,914 completed treatment episodes to 3,505 estimated clients (Figure 34; tables SA.1–2).

In 2015–16, most (79%) clients in the Australian Capital Territory received treatment from 1 agency, and received 1.7 treatment episodes, which is consistent with the national average of 1.5 episodes (tables 1, SC.21 and SC.23).

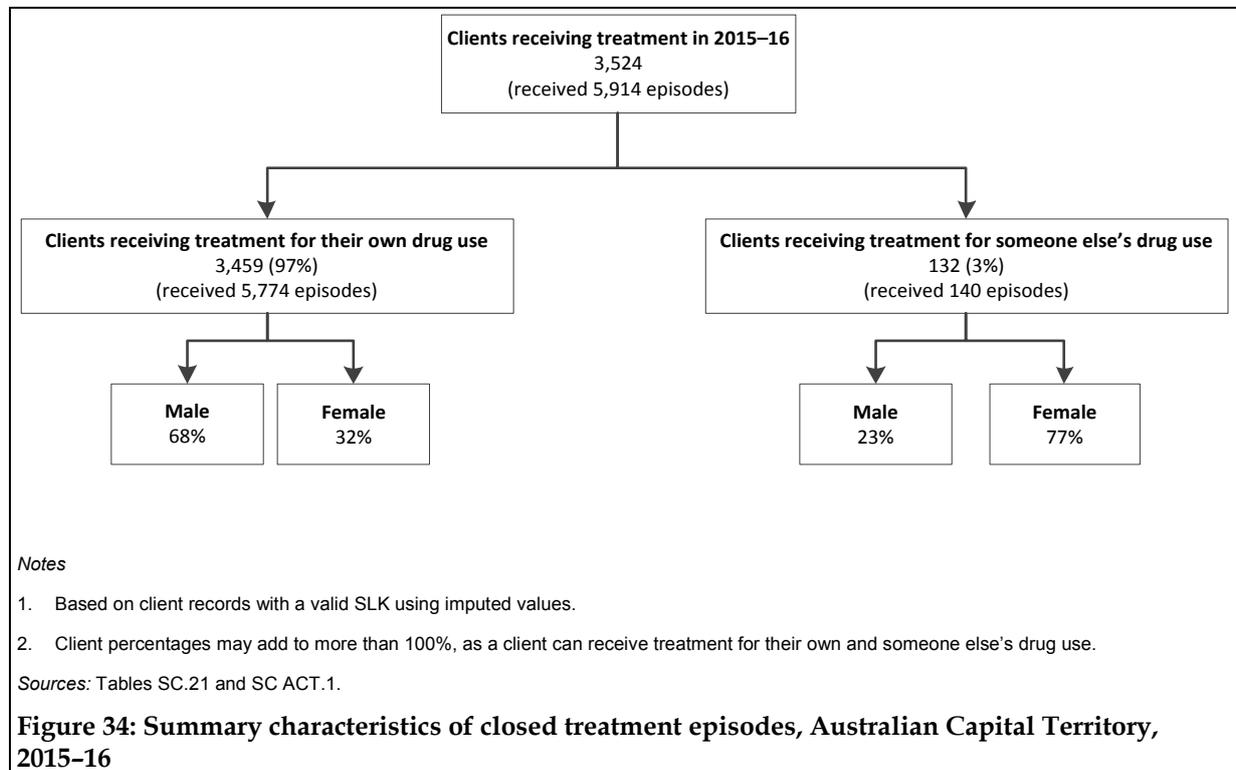
A total of 10,477 clients received treatment from 2013–14 to 2015–16, with one-fifth of clients (23% or 1,676 clients) receiving treatment in 2015–16 only, and 894 clients receiving treatment in both 2014–15 and 2015–16 (Figure 33).

Only 4% (274 clients) of the total 10,477 clients received treatment in all 3 collection years.



## 9.1 Client demographics

Nearly all (97%) clients in the Australian Capital Territory in 2015–16 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 (77% were female) (Figure 34). A total of 1 in 10 clients were Indigenous Australians (10%), which is lower than the national average (14%) (Table SC ACT.3).



## 9.2 Drugs of concern

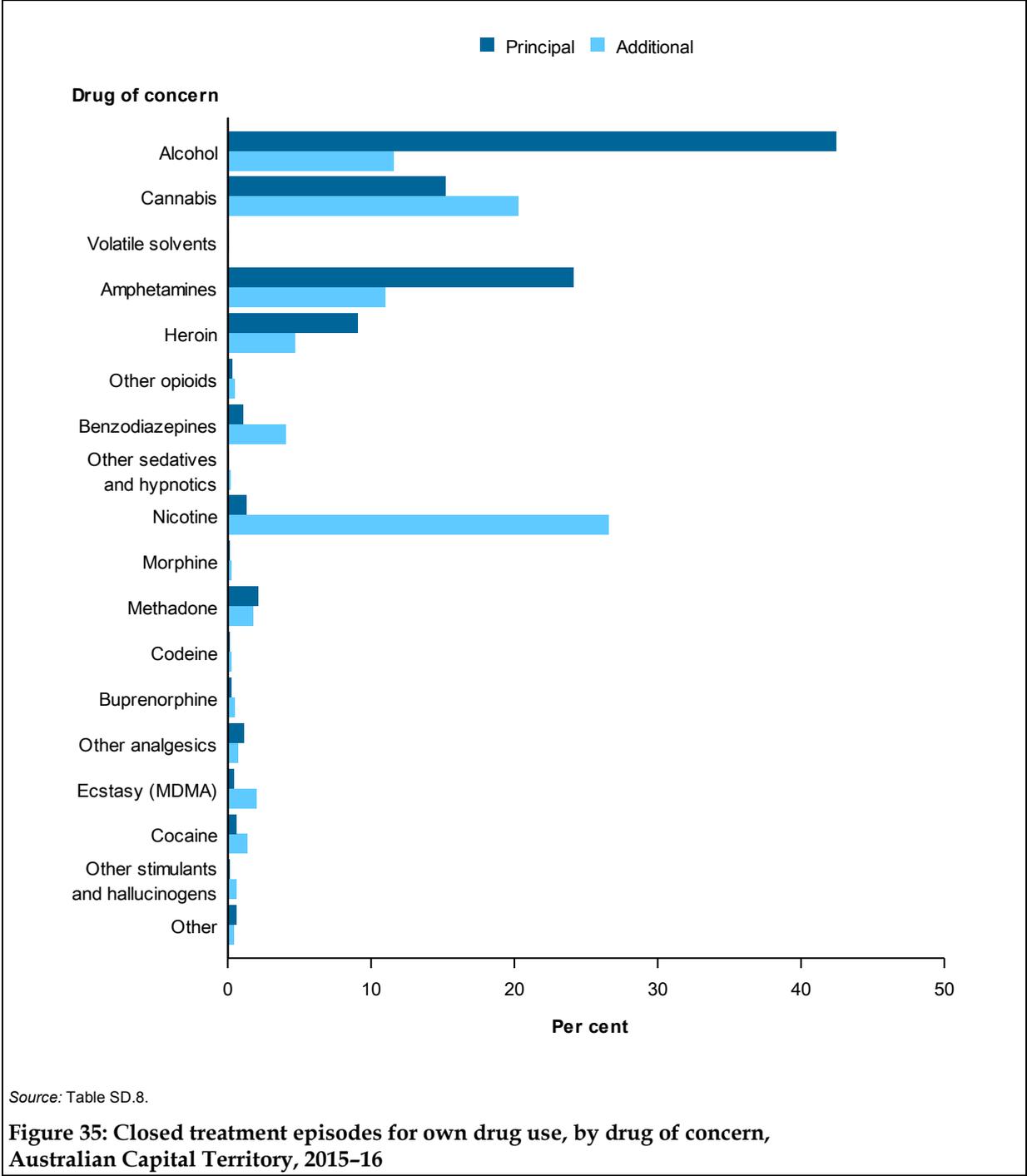
In the Australian Capital Territory, in 2015–16, alcohol was the most common principal drug of concern in episodes provided to clients for their own drug use (44% of clients, and 42% of episodes) (Figure 35; Table SC ACT.4). Amphetamines were also common as a principal drug, accounting for almost one-quarter (24%) of treatment episodes, followed by cannabis (15%), and heroin (9%) (Figure 35).

When additional drugs of concern are considered, nicotine (27% of episodes) was the most common additional drug, followed by cannabis (20%), alcohol (12%), and amphetamines (11%) (clients can nominate up to 5 additional drugs of concern for their treatment episode).

Over the 5 years to 2015–16, alcohol remained the most common principal drug of concern in episodes provided to clients for their own drug use. This was followed by cannabis until 2014–15, when amphetamines became the second most common principal drug of concern. Heroin was the third most common drug for clients seeking treatment for their own drug use, until it was replaced by amphetamines in 2013–14, then cannabis in 2014–15.

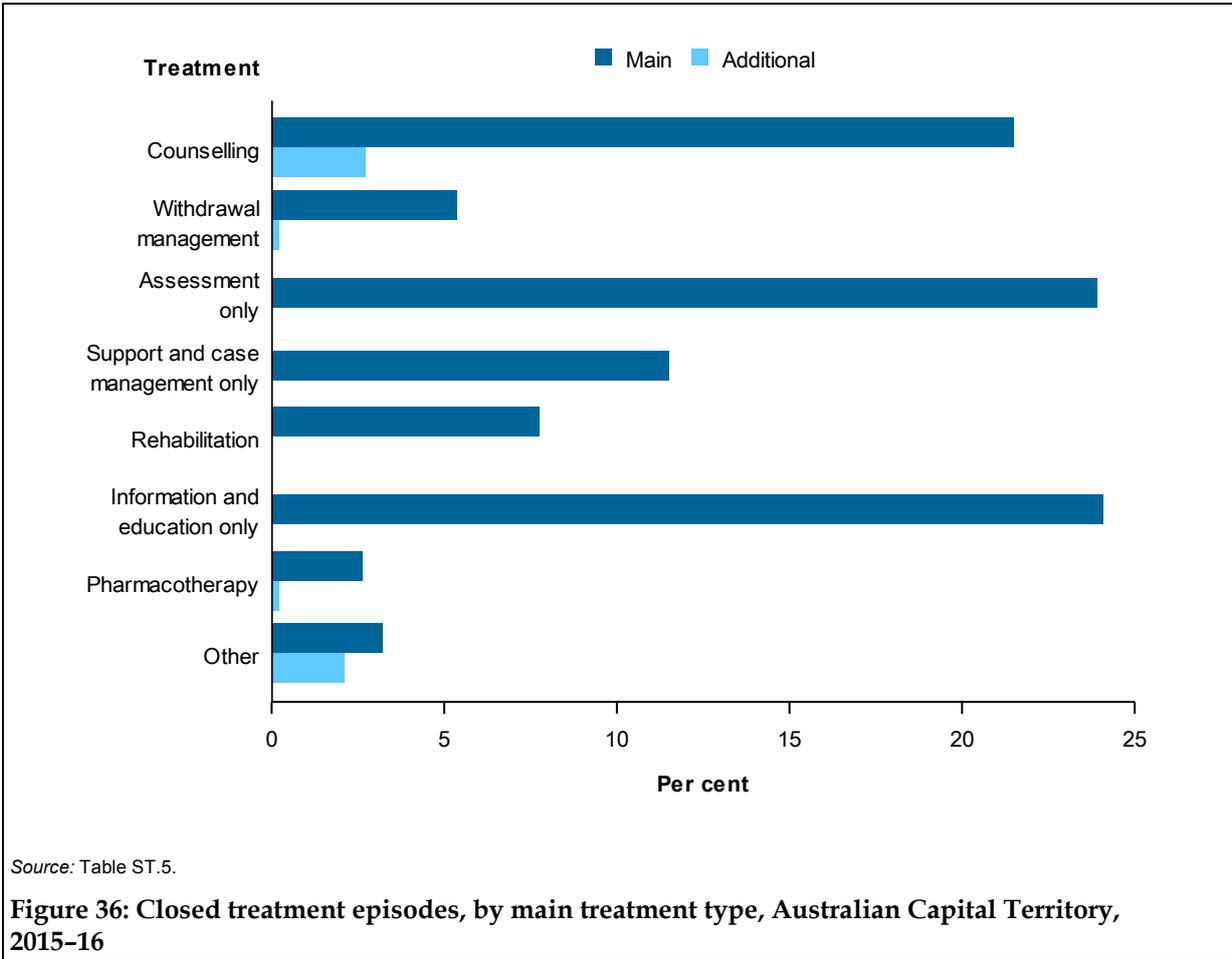
The proportion of episodes involving heroin was higher than the national average (ranging from 15% to 9% in the Australian Capital Territory compared with 9% to 6% nationally).

Amphetamines as a principal drug of concern increased from 10% to 24% of treatment episodes over the 5 years from 2011-12 (Table SD.2).



### 9.3 Treatment

In the Australian Capital Territory, in 2015–16, information and education overtook assessment only as the most common type of main treatment (24% of closed treatment episodes). Assessment only became the second most common type of main treatment (24%), followed by counselling (22%), and support and case management (12%) (Figure 36). Counselling (3%), was the most common type of additional treatment, followed by other (2%), pharmacotherapy and withdrawal management (both less than 1%) .

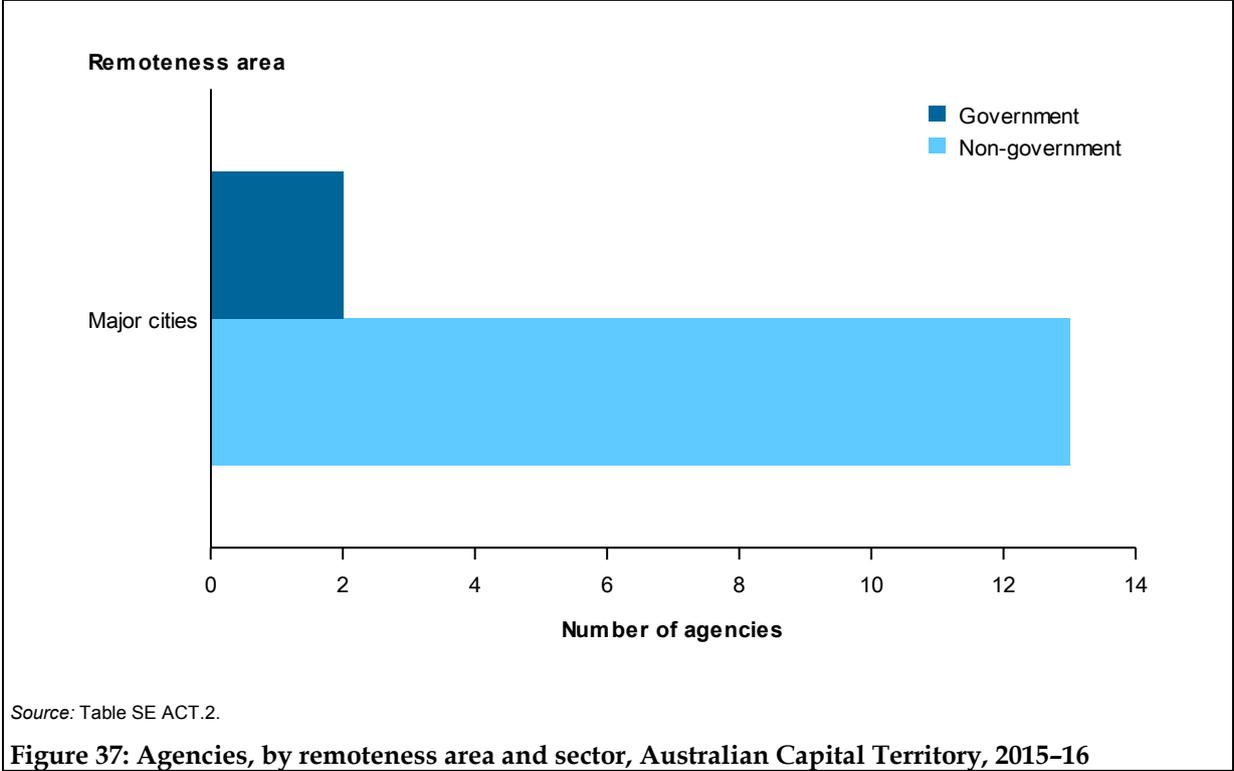


Over the 5 years to 2015–16, the most common main treatment type has varied, with withdrawal management (2011–12), information and education only (2012–13 and 2013–14), assessment only (2014–15), and information and education (2015–16) each being the most common during that period. The proportion of episodes where counselling was a main treatment type increased from 20% to 22% in 2015–16 (Table SE ACT.20). Data quality of main treatment varied over time for the Australian Capital Territory due to coding issues.

Over the same period, the Australian Capital Territory provided proportionally less counselling (ranging from 20% to 22%) than the national average (ranging with 36% to 43%). Withdrawal as a main treatment type fell from 24% in 2011–12 to 5% in 2015–16 (tables SE ACT.20 and ST.2).

# 9.4 Remoteness area

The ACT only has 1 area classified as a *Major city* and none classified as *Inner regional*, *Outer regional*, *Remote* or *Very remote*. The majority of treatment agencies are in non-government organisations (87%) (Figure 37).



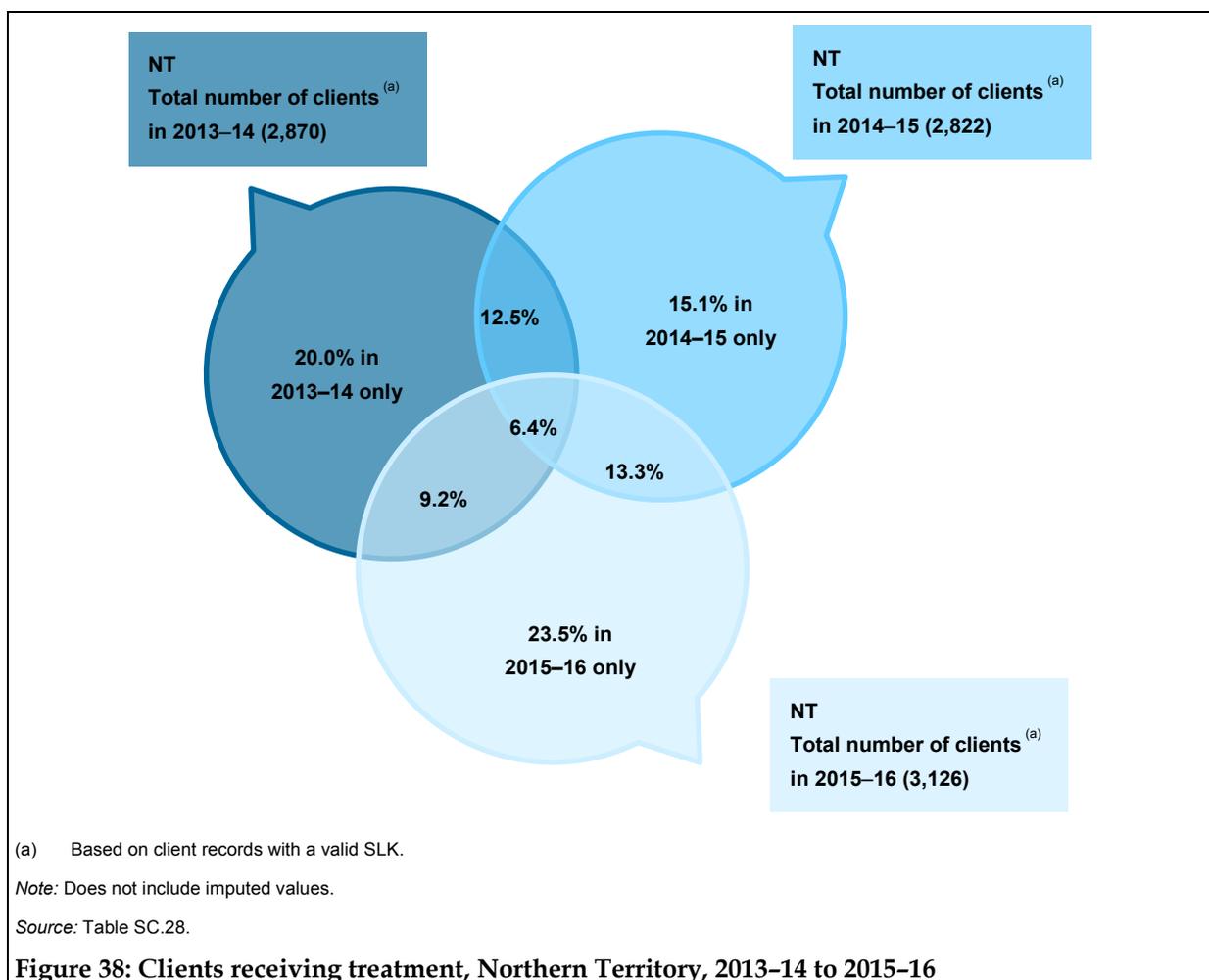
# 10 Northern Territory

In the Northern Territory, in 2015–16, 23 publicly funded alcohol and other drug treatment agencies provided 5,222 completed treatment episodes to 3,126 estimated clients (Figure 39; tables SA.1–2).

In 2015–16 most (87%) clients in the Northern Territory received treatment from 1 agency, and received 1.6 treatment episodes, which is consistent with the national average of 1.5 episodes (tables 1, SC.21 and SC.23).

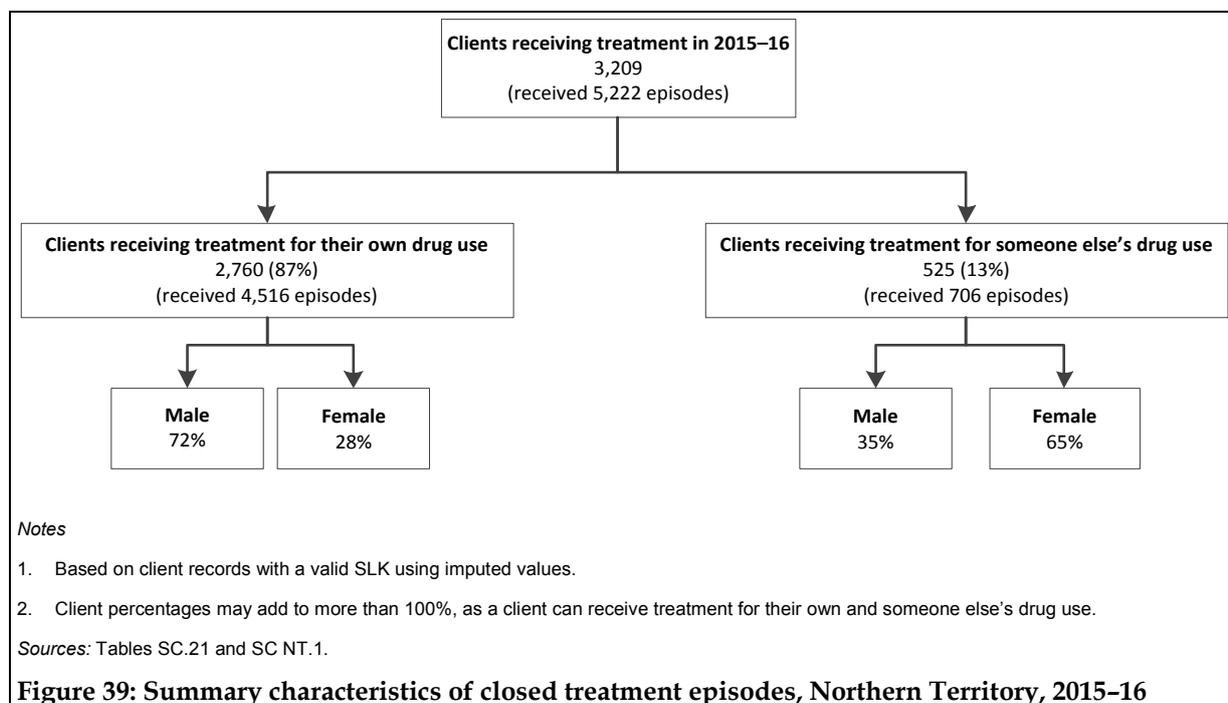
A total of 8,818 clients received treatment from 2013–14 to 2015–16, with 23% or 1,403 clients receiving treatment in 2015–16 only, and 13% (791) clients receiving treatment in both 2014–15 and 2015–16 (Figure 38).

Only 6% (383 clients) of the total 8,818 clients received treatment in all 3 collection years.



## 10.1 Client demographics

Most (87%) clients in the Northern Territory in 2015–16 were receiving treatment for their own drug use, and most were male (72%). The reverse was true for clients receiving treatment for someone else’s drug use (65% were female) (Figure 39). Nearly two-thirds of clients were Indigenous Australians (66%), which is substantially higher than the national average (14%) (Table SC NT.3).



## 10.2 Drugs of concern

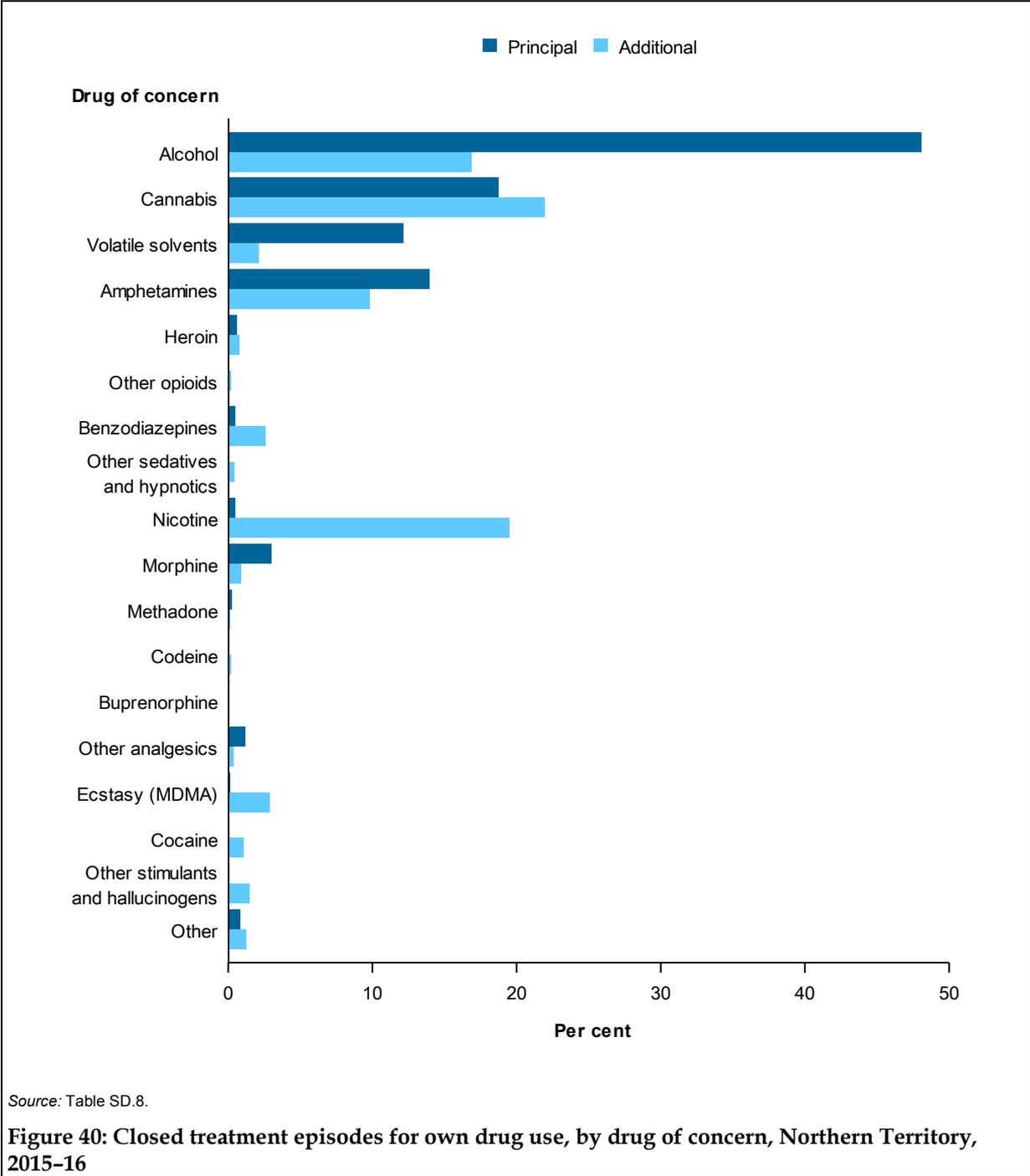
In the Northern Territory, in 2015–16, alcohol was the most common principal drug of concern in episodes provided to clients for their own drug use in 2015–16 (50% of clients, and 48% of episodes) (Figure 40; Table SC NT.4). Cannabis was also common as a principal drug, accounting for nearly one-fifth of episodes (19%), followed by amphetamines (14%), and volatile solvents (12%), which is much higher than the national average (less than 1%) (Figure 40).

When additional drugs of concern are considered, cannabis (22% of episodes) was the most common additional drug, followed by nicotine (20%), and alcohol (17%) (clients can nominate up to 5 additional drugs of concern for their treatment episode).

Over the 5 years to 2015–16, alcohol remained the most common principal drug of concern in episodes for clients receiving treatment for their own drug use. Even though the proportion of episodes where alcohol was the principal drug of concern declined (from 64% to 48%, it remained the highest (proportionally) across all states and territories, and has been considerably higher than the national average (48% compared with 32% nationally) (Table SD.2).

The proportion of closed episodes for clients’ own drug use where volatile solvents were a drug of concern has increased in the 5 years since 2011–12, fluctuating from 7% in 2011–12 to

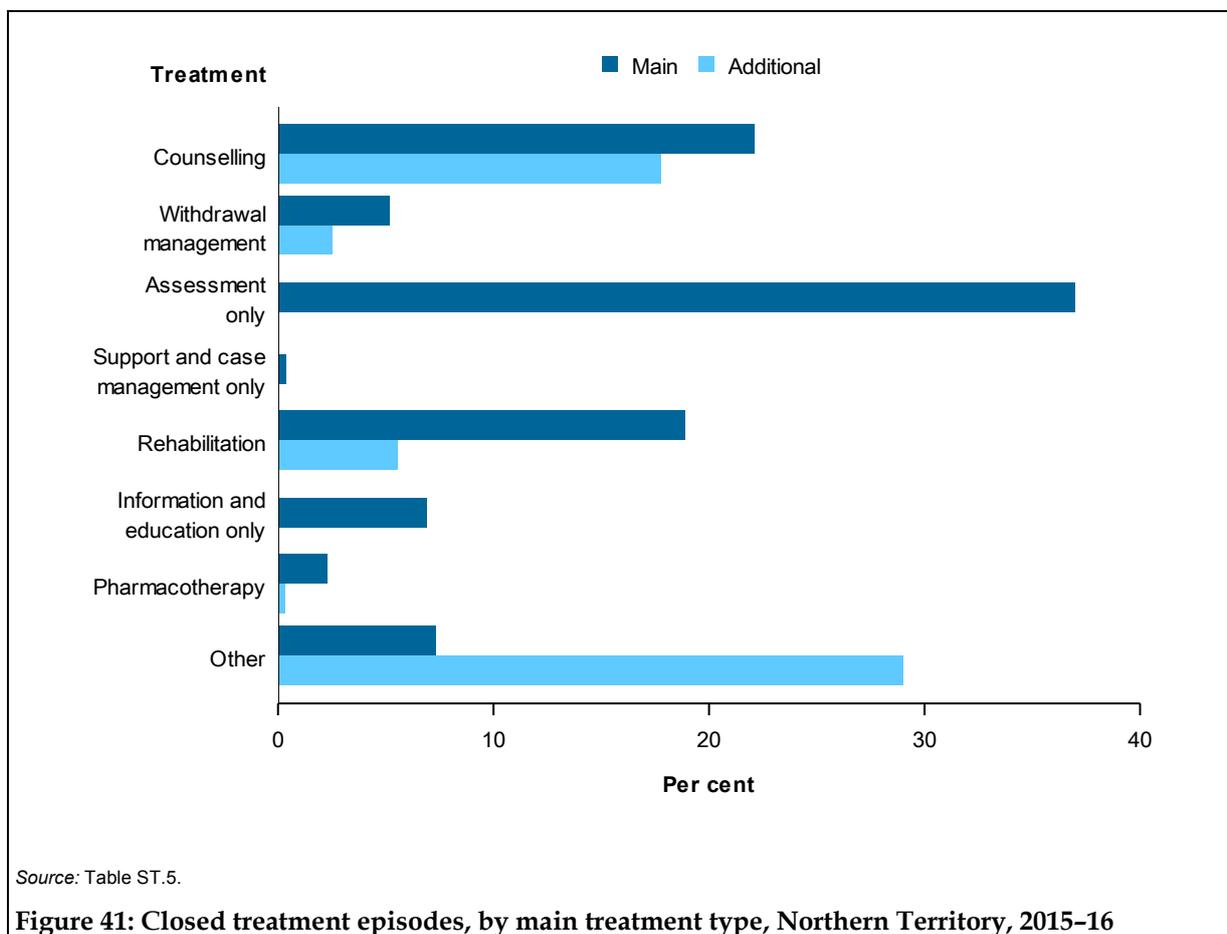
12% in 2015–16. Amphetamines as a principal drug of concern increased from 5% to 14%, and cannabis rose from 12% to 19% over the 5-year period (Table SD.2).



## 10.3 Treatment

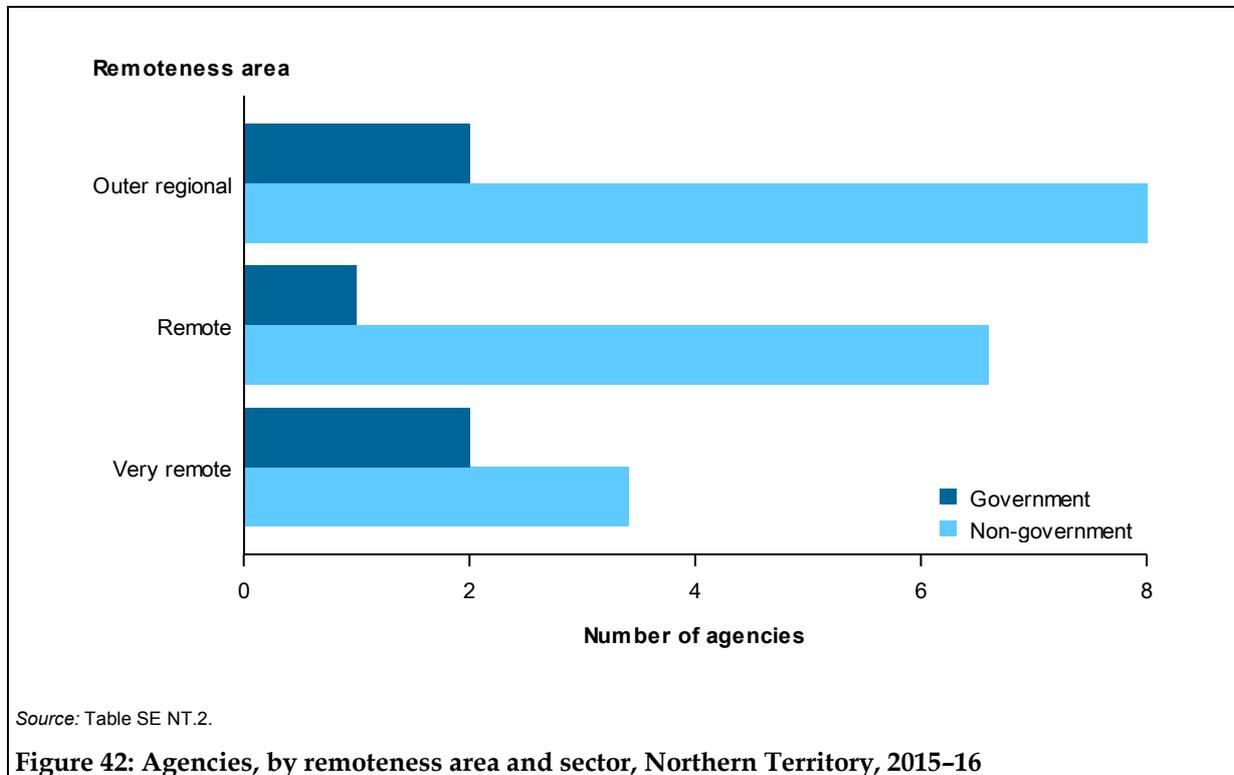
In the Northern Territory, in 2015–16, assessment only was the most common type of main treatment (37% of closed treatment episodes), followed by counselling (22%), and rehabilitation (19%) (Figure 41). Other treatment (29%) overtook counselling (18%) as the most common type of additional treatment, followed by rehabilitation (6%).

Over the 5 years to 2015–16, assessment only remained the most common main treatment type in the Northern Territory, with a consistently higher proportion than the national average (about 37%, compared with 14% to 16% nationally) (Tables SE NT.20 and ST.2). The proportion of closed episodes where counselling or rehabilitation were the main treatment types changed little, with counselling remaining the second most common main treatment type, and rehabilitation the third (Table SE NT.20).



## 10.4 Remoteness area

The Northern Territory does not have any areas classified as *Major city* or *Inner regional*. It only has locations classified as *Outer regional*, *Remote* or *Very remote*. *Outer regional* areas had the most treatment agencies (44%), followed by *Remote* areas (35%). The majority of treatment agencies were in the non-government sector (78%) (Figure 42).



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