

# Alcohol and other drug treatment services in Australia

## Treatment programs

- Nationally in 2002–03, counselling (42%), withdrawal management (detoxification) (19%) and assessment only (13%) were the most common forms of main treatment provided (Table 3).

**Table 3: Closed treatment episodes by main treatment type and sex of client, Australia, 2002–03 (per cent)**

Main treatment	Males	Females	Persons <sup>(a)</sup>
Withdrawal management (detoxification)	19.6	17.6	18.9
Counselling	38.6	47.1	41.5
Rehabilitation	7.7	7.2	7.5
Support and case management only	6.8	7.3	6.9
Information and education only	8.9	6.3	8.0
Assessment only	14.9	8.5	12.7
Other <sup>(b)</sup>	3.4	6.0	4.4
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total (number)</b>	<b>85,537</b>	<b>45,231</b>	<b>130,930</b>

(a) Includes not stated for Sex.

(b) 'Other' includes 2,064 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

Source: AIHW 2004: Table A4.15.

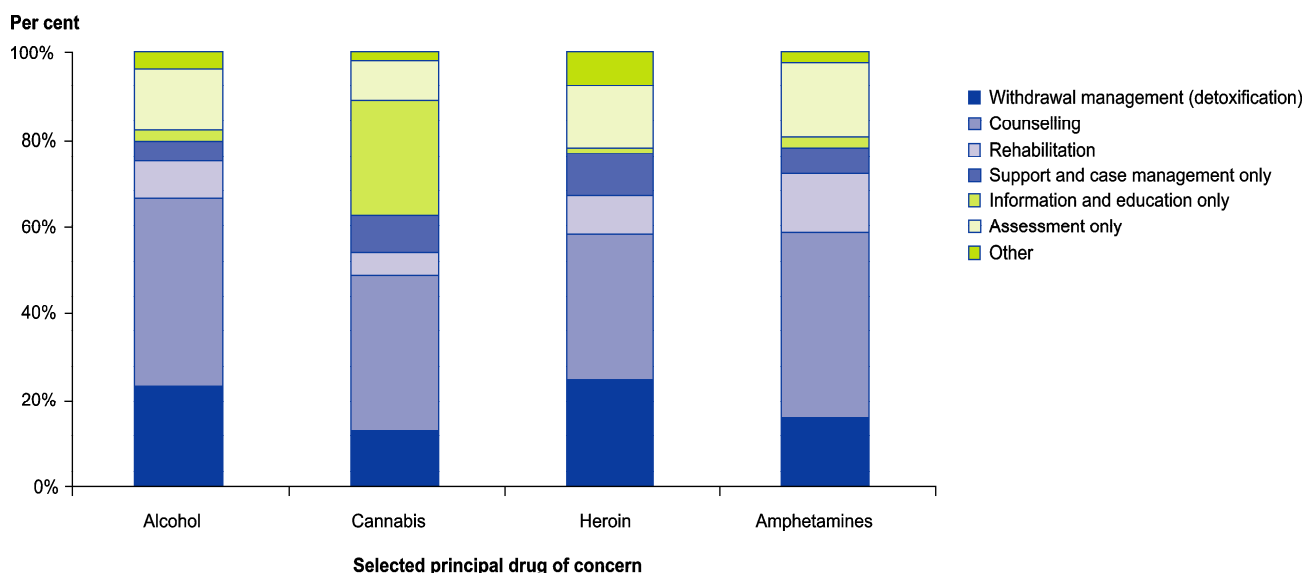
## Principal drug of concern and treatment programs

- Counselling accounted for the highest proportion of closed treatment episodes when alcohol (44%), cannabis (36%), heroin (33%) or amphetamines (43%) were the principal drug of concern (Figure 2).
- The median number of days for a treatment episode was 17 days when calculated by principal drug of concern. The highest median number of treatment days within a treatment episode occurred where the principal drug was heroin (22 days).
- As might be expected, the median number of days for a treatment episode was higher when the main treatment type was counselling (44 days), support and case management only (43 days) and rehabilitation (32 days), compared to withdrawal management (detoxification) (7 days), information and education only (1 day) or assessment only (1 day).

## Client profile and treatment programs

- Closed treatment episodes for female clients were more likely to involve counselling as the main treatment (47%) than treatment episodes for male clients (39%), and less likely to involve withdrawal management (detoxification) (18% and 20% respectively).

**Figure 2: Closed treatment episodes by main treatment type and selected principal drug of concern, Australia, 2002–03**



Source: AIHW 2004: Figure 5.1.

- The proportion of treatment episodes with counselling as the main treatment type increased with the age of the client, from 32% of episodes for clients aged 10–19 years to 50% of episodes for clients in the 50–59 years and 60 years or more age groups.
- Treatment episodes for clients identifying as Aboriginal or Torres Strait Islander people were more likely to involve information and education only (15%, compared to 8% for other Australians) and less likely to involve withdrawal management (detoxification) (13%, compared to 20% for other Australians).

### Geographic location and treatment programs

- In 2002–03, across all areas—except for very remote areas—counselling was the most commonly reported main treatment (accounting for 39% of treatment episodes in major cities, 50% in inner regional, 42% in outer regional and 45% in remote areas). In very remote areas, rehabilitation was the most common treatment type (35% of treatment episodes).

### Other treatments

- Nearly one-fifth (19%) of all closed treatment episodes (excluding Victoria, where this data item is not collected) involved at least one other treatment type in addition to the main treatment ('other' treatment type).
- From the 16,108 closed treatment episodes where another treatment was reported, there were on average 1.3 other treatment types.



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## Ceasing treatment and treatment programs

- Treatment was relatively more likely to cease because it was completed where the main treatment type was assessment only (73% of episodes with this treatment type) and less likely where the main treatment type was rehabilitation (35%) or information or education only (26%).
- In contrast, the majority (62%) of treatment episodes for information and education only ceased due to expiation. This is not surprising given that, in the context of the AODTS–NMDS, expiation means that a client has expiated their offence by completing a recognised education or information program.
- Counselling was the treatment type most likely to end because the client ceased to participate without notice (25% of all episodes for counselling ended for this reason), while rehabilitation and withdrawal management (detoxification) were the treatment types most likely to end with a client ceasing to participate against advice (16% and 11% of treatment episodes respectively ending for this reason).

## Treatment delivery setting and treatment programs

- Over two-thirds (67%) of treatment episodes occurred at a non-residential facility, 21% in a residential facility and 7% in an outreach setting such as a mobile van service.
- Treatment episodes conducted in residential facilities were most likely to involve withdrawal management (detoxification) (56%) or rehabilitation (27%) as the main treatment.
- Of treatment episodes that were conducted in a non-residential treatment facility, the majority of episodes had counselling as the main treatment (56%) followed by assessment only (16%).
- The highest median number of treatment days for a treatment episode occurred where the treatment delivery was either in a non-residential treatment facility or in an outreach setting (26 and 25 days respectively).

## Special theme—clients aged 10–29 years

- Compared to clients aged 30 years or more, clients aged under 30 years were:
  - marginally more likely to be male (68% of treatment episodes for clients aged 10–19 years and 67% for clients aged 20–29 years were for males, compared to 65% for clients aged 30 years or more);
  - more likely to seek treatment for cannabis (50% and 26%, compared to 13%) and amphetamines (11% and 15%, compared to 8%);
  - less likely to seek treatment for alcohol (17% and 22%, compared to 54%);
  - more likely to seek treatment for so-called ‘party drugs’ such as amphetamines, ecstasy and cocaine—‘party drugs’ were the principal drug of concern in 11% of treatment episodes for 10–19 year olds, 16% for 20–29 year olds and 8% for clients aged 30 years or more;