

# 1 Introduction

## 1.1 Background

This report provides national- State- and Territory-level statistics on alcohol and other drug treatment services; the clients who use these services; and the type of drug problems for which treatment is being sought. It is the first report in what will be a series of annual publications on the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS). This first report predominantly provides information about the clients who access these treatment services – in future collection years there will be a greater emphasis on reporting information about the treatment services.

The AODTS–NMDS has been implemented to assist in monitoring and evaluating key objectives of the *National Drug Strategic Framework* and to assist in the planning, management and quality improvement of alcohol and other drug treatment services. In general, it aims to provide ongoing information on the demographics of clients who use these services, the treatment they receive and administrative information about the agencies that provide alcohol and other drug treatment. Although it aims to provide a measure of service utilisation, it was not designed to calculate trends in alcohol and other drug use or to monitor general patterns of drug problems in Australia. Nevertheless, the information collected by the AODTS–NMDS will play a role in monitoring patterns of drug problems in Australia.

It is important that alcohol and other drug problems in Australia are continually monitored so that existing harm-reduction strategies can be assessed and new strategies developed. While no one data collection can monitor the total amount and detail of alcohol and drug problems in Australia, there is a range of available information that collectively can be used to provide an overall picture (see Chapter 3).

There is an expectation in the community that an adequate range of treatment services will be accessible for all drug users and their families, regardless of age, ethnic origin, gender, sexual preference and location (MCDS 1998). In order for the Commonwealth and State and Territory governments to meet this expectation, it is important that any increase in the demand for services can be planned for and successfully met. It is assumed that in the long term, information collected by the AODTS–NMDS will be invaluable in monitoring changing patterns in the demand for treatment services. These patterns may be used to detect underlying changes in substance abuse in the population and will have important implications for government resource allocation and program planning. The data provided in this report will be used in conjunction with other information sources to inform debate, policy decisions and strategies that occur within the alcohol and other drug treatment sector.

## 1.2 Alcohol and other drug treatment activities

Alcohol and other drug treatment activities can range from an early, brief intervention to long-term residential treatment. Brief intervention refers to the intervention at an early stage of a person's alcohol or drug use to prevent the development of serious drug problems later on. It involves less face-to-face counselling than other more traditional methods, has a strongly educational focus and places more emphasis on self-management. In contrast, long-term

residential treatment often involves a highly structured program of counselling and support services, designed to make changes in the drug user's lifestyle and facilitate long-term recovery (Australian Drug Foundation 2002).

All new or returning clients will be assessed in some form prior to receiving treatment. This often involves investigation of motivation to change, levels of use and dependence, mental health status, health risk behaviours and ability to function socially (Gowing et al. 2001). The general aim of assessment is to match clients with an appropriate treatment intervention.

The AODTS-NMDS covers a wide variety of treatment interventions and, among others, includes detoxification and rehabilitation programs, pharmacological and psychological treatments.

## **Detoxification**

Detoxification refers to the elimination of toxic levels of a drug from the body. Detoxification usually involves counselling and is often a gradual process, taking a number of days or weeks and may occur in a variety of settings including general hospitals, specialist drug and alcohol units, outpatient clinics and homes (Gowing et al. 2001). Relapse following detoxification is common and some form of extended support/rehabilitation is usually required after detoxification to help maintain abstinence (Drugscope 2000a).

Detoxification may involve the use of other drugs such as methadone or buprenorphine to help the person cope with withdrawal symptoms. This is known as medical withdrawal. This form of detoxification may not be appropriate for all drug users, including the user experiencing a short period of dependency. Recently, there has been a trend toward non-medical withdrawal (Australian Drug Foundation 2002).

## **Pharmacological treatment**

Pharmacological treatments include maintenance therapy (also known as substitution treatment) which aims to stabilise the user by prescribing a less harmful drug rather than eliminate drug use in the short term. Maintenance therapy using drugs such as methadone or buprenorphine may be appropriate for those who are not yet willing to give up drug use but would like to improve their lifestyle or require strong supports to become abstinent. Another form of pharmacological treatment is reduction therapy, where the aim is to reduce the quantity of all drugs used. Pharmacological treatments are provided by clinics, pharmacies (not included in the AODTS-NMDS) and general practitioners amongst others (Drugscope 2000b).

The drugs prescribed for maintenance therapy usually have a similar action to the drug of dependence, but a lower risk of harm (e.g. methadone). The drugs prescribed for reduction therapy usually consist of blocking and aversive agents that either stop the drug of dependence having an effect or produce an undesirable effect when combined with the drug of dependence (e.g. naltrexone) (Gowing et al. 2001).

Note that methadone maintenance therapy and agencies whose sole activity is to prescribe and/or dose for methadone or other maintenance pharmacotherapies are currently excluded from the AODTS-NMDS.

## **Counselling**

There are many different types of alcohol and other drug counselling available, including individual and group counselling in both outpatient and residential settings. Some of the more popular models of counselling include: the Egan model, where the client decides what issues are to be dealt with and how; Rational Emotive Therapy, which seeks to change the way a person thinks about their own behaviour; and Motivational Interviewing, which aims to motivate a person to reduce their drug use through examination of the consequences of their actions (Australian Drug Foundation 2002).

The goal of counselling is to encourage and support emotional and behavioural change. Lifestyle adjustment is facilitated by the development of skills to cope with factors that trigger drug use or prevent full relapse to regular drug use (Gowing et al. 2001).

## **Rehabilitation**

Rehabilitation programs may include any combination of counselling (including psychological therapy), pharmacotherapies and social support (including assistance with finding employment, living arrangements, nutritional advice and therapy involving the drug user's family) and are provided in both inpatient and outpatient settings.

The goals of rehabilitation and treatment activities in general include reducing the use of illicit drugs, reducing the risk of infectious diseases, improving physical and psychological health, reducing criminal behaviour and improving social functioning (Gowing et al. 2001).

## **1.3 The national collection**

The AODTS-NMDS is a subset of alcohol and other drug treatment services information that is routinely collected by States and Territories to monitor treatment services within their jurisdiction. The information collected by the AODTS-NMDS is a nationally agreed set of common data items collected by service providers for clients registered for treatment. The AIHW has the role of data custodian for the national data set. The Intergovernmental Committee on Drugs (IGCD) NMDS Working Group is responsible for the development and implementation of the national collection. Members of the Working Group include representatives from the Commonwealth and each State and Territory as well as organisations such as the Australian Bureau of Statistics (ABS) and the National Drug and Alcohol Research Centre (NDARC).

The AODTS-NMDS for 2000-01 consists of de-identified unit record data for both clients and treatment agencies. The client-level records consist of 14 data items and the agency-level records consist of 3 data items. The client-level data items are intended to collect demographic information and information about the client's drug use behaviour.

The full list of data items included in the national collection for 2000-01 is detailed in Appendix 1.

There was agreement by the NMDS Working Group that the 2000-01 year of collection for the AODTS-NMDS should be considered a pilot year to test the procedures in place for the collection, transfer, collation, cleaning and reporting of national alcohol and other drug treatment services information. This decision was ratified by the IGCD. It should be noted therefore, that the identification of areas in need of improvement was seen as an important function of the first collection.

For future collections, there will be greater emphasis on capturing information directly related to the treatment received by clients. For example, the move towards counting 'treatment episodes' rather than client registrations will allow information to be reported about treatment activity (e.g. length of treatment episode and number of service contacts). Refer to Chapter 4 for more information on how the national collection has changed for the 2001–02 financial year.

Detailed information about the historical development of the AODTS–NMDS can be found in the following text: *Alcohol and Other Drug Treatment Services: Development of a National Minimum Data Set* (Grant & Petrie 2001).

## 1.4 Scope of the collection

This section describes which agencies, clients and treatment activities have been included or excluded from the AODTS–NMDS collection for 2000–01.

### Exclusion of methadone

It is important first to note that not all treatment activities are reported in the AODTS–NMDS. In particular, methadone maintenance therapy is currently excluded from the collection due to the complexity of the service delivery structure and the high level of involvement of agencies and practitioners in private and general practice settings. However, methadone maintenance data are featured in Chapter 4 and this additional information should be taken into account when any attempt is made to estimate the total number of clients receiving treatment from all publicly funded alcohol and other drug treatment services.

### Agencies and clients within scope

- All publicly funded (at State and/or Commonwealth level) government and non-government agencies that provide one or more specialist alcohol and/or other drug treatment services, including residential and non-residential agencies. Specialist alcohol and drug units based in acute care hospitals or psychiatric hospitals were included if they provided treatment to non-admitted patients (e.g. outpatient services).
- All clients assessed and accepted for one or more types of treatment from a within scope alcohol and other drug treatment service during the relevant reporting period (1 July 2000 to 30 June 2001).

### Agencies and clients excluded

- Agencies for which the primary function is to provide accommodation or overnight stays such as 'halfway houses' and 'sobering-up shelters'.
- Agencies for which the primary function is to provide services concerned with health promotion (e.g. needle and syringe exchange programs).
- Treatment services based in prison or other correctional institutions.
- Agencies whose sole activity is to prescribe and/or dose for methadone maintenance treatment.

- Alcohol and drug treatment units in acute care or psychiatric hospitals that only provide treatment to admitted patients.
- Clients who were on a methadone maintenance program and who were not receiving any other form of treatment.
- People who sought advice or information but were not formally assessed and accepted for treatment.
- Admitted patients in acute care or psychiatric hospitals.
- Clients receiving treatment from services based in prison or other correctional institutions.
- Private treatment agencies that do not receive public funding.

## 1.5 Diversity of data collection systems

Ideally, the information collected in this first year would be an accurate count of the number of clients who registered for treatment in Australia during the 12-month period. However, the implementation of the AODTS–NMDS within each State and Territory has been subject to varying conditions and circumstances, including resource availability. As a result, national implementation of the collection has been staggered, with Queensland Health unable to supply data for the 2000–01 collection period. The ‘national totals’ reported in the present report therefore do not include any data from Queensland.

There were difficulties in aggregating data from highly diverse State/Territory data collection systems. The national collection is a compilation of agency administrative data from State and Territory health authority systems. There is a large degree of diversity in the data collection systems and practices that are in place within the alcohol and other drug treatment sector across Australian jurisdictions. The following notes should be used to guide interpretation of the data:

- New South Wales, Victoria and the Australian Capital Territory had already implemented systems designed to collect treatment episode data (which is what will be reported in the AODTS–NMDS from 2001–02) before the first collection period had finished. Therefore, these jurisdictions provided AIHW with treatment episode rather than client registration data. Treatment episode data are based on completed episodes (i.e. a period of contact between a client and a treatment provider with a defined date of commencement and a date of cessation), therefore whilst AIHW was able to transform episode data into client registration data, clients with open records were not included. As a result, data from these jurisdictions are likely to be an under-count of the actual client numbers.
- There is a problem with the comparability of data across all jurisdictions given that some jurisdictions supplied client-registration data while others supplied treatment episode data. Where possible, AIHW has made changes to the data to improve comparability (see Appendix 2 for technical notes) but it is important to note that this is a pilot year of data and comparisons across jurisdictions should be made with caution.
- Although the *National Health Data Dictionary* definitions provide the basic standards of the data set, there is some variation in the actual data definitions used by data providers within a few jurisdictions. Where possible, the AIHW has performed data mapping to align information to the equivalent national standard.

This pilot-test year provides a firm basis and framework ensuring that the quality of the information contained in the national collection can be improved in future years.

## 1.6 Interpretation of the data

The following counting rule has been used for the data included in the report:

A 'Client registration' occurred when a person commenced treatment for an alcohol or other drug problem within the period of 1 July 2000 to 30 June 2001.

A person was identified as commencing treatment if:

- they were a new client (i.e. seeking treatment from the agency for the first time);
- they were a previous client who was re-registering for treatment because they had no contact with the service for a period of three months or more and no plan in place for further contact (i.e. there had been an extended break since the client had last sought treatment from the agency); or
- they were a current client whose principal drug of concern had changed (i.e. the main drug problem for which they were seeking treatment had changed).

Although there has been national agreement on the definitions and standards for the data items that comprise the AODTS-NMDS, this does not ensure that there is perfect comparability of the data across States and Territories, nor across agencies within States and Territories.

For the data in scope the following caveats must be observed:

- These figures do not include data from Queensland Health. It is expected that Queensland Health will provide some data for the 2001-02 collection.
- These figures do not include the majority of Commonwealth-funded Indigenous substance use services or a number of Aboriginal Health Services that also provide treatment for alcohol and other drug problems. These services are generally not under the jurisdiction of the State or Territory health authority and the Commonwealth currently only reports NMDS data from one specific program. In addition, both of these services have a different collection basis to the NMDS. As a result most of these data are not currently included in the AODTS-NMDS collection. Therefore the number of Indigenous clients in this report will under-represent the total number of Indigenous Australians that received treatment for alcohol and other drug problems during 2000-01. Published data on these services is available (see section 3.2).
- These figures do not include all of the services provided under the National Illicit Drug Strategy Non-Government Organisation Treatment Grants Program (NGOTGP). The respective State or Territory where the service is located reports many of those services, however some are reported by the Commonwealth. Not all of those agencies under the jurisdiction of the Commonwealth were able to supply data for this report (21 of the 33 services supplied data). It is anticipated that all services will be reported on in future collections. Those reported by the Commonwealth are listed under 'Other' in the jurisdiction-based tables.
- On their own, these figures do not provide measures of the incidence or prevalence of alcohol or other drug abuse or dependence in the community. This is because not all persons who abuse or become addicted to alcohol or other drugs seek treatment for their condition, or seek treatment from a publicly funded service. These data should be used in combination with other available data sources for a more comprehensive view of alcohol and other drug use in the community (see chapter 3 for further detail).

## 1.7 Profile of treatment services

This section depicts the main features of the alcohol and other drug treatment service providers that supplied data for the 2000–01 collection. Note that the number of treatment services does not necessarily equate to the number of service delivery outlets as some treatment services were only reported under the main administrative centre of the service.

A total of 393 alcohol and other drug treatment services contributed data, with 203 services (52%) identified as non-government providers (Table 1.1). New South Wales and South Australia provided the majority of government services in the alcohol and drug treatment area (88%), whereas in Victoria all services were provided by the non-government sector. As might be expected, the largest proportion of all services was located in New South Wales (46%).

**Table 1.1: Treatment services, sector of service by jurisdiction<sup>(a)</sup>, 2000–01**

Service type	NSW	Vic	WA	SA	Tas	ACT	NT	Other <sup>(b)</sup>	Total
	<b>(Number)</b>								
Government	133	—	4	35	13	1	4	—	190
Non-government	48	83	20	10	—	5	16	21	203
<b>Total</b>	<b>181</b>	<b>83</b>	<b>24</b>	<b>45</b>	<b>13</b>	<b>6</b>	<b>20</b>	<b>21</b>	<b>393</b>
	<b>(Per cent)</b>								
Government	70.0	—	2.1	18.4	6.8	0.5	2.1	—	100.0
Non-government	23.6	40.9	9.9	4.9	—	2.5	7.9	10.3	100.0
<b>Total</b>	<b>46.1</b>	<b>21.1</b>	<b>6.1</b>	<b>11.5</b>	<b>3.3</b>	<b>1.5</b>	<b>5.1</b>	<b>5.3</b>	<b>100.0</b>

(a) Excludes Queensland.

(b) Other NGOTGP services not currently reported through a State or Territory collection.

The majority of treatment services (61%) were located in a metropolitan area (Table 1.2). Just over a third of services (35%) were located in a rural area. Because some treatment services were only reported under the main administrative centre of the service, the number of services located in a metropolitan area may be over-represented. More than two-thirds of the treatment services located in a remote area (11 of 16, or 69%) were found in the Northern Territory.

**Table 1.2: Number of treatment services by geographical location<sup>(a)</sup> and jurisdiction<sup>(b)</sup>, 2000-01**

Location <sup>(c)</sup>	NSW	Vic	WA	SA	Tas	ACT	NT	Other <sup>(d)</sup>	Total	
									Number	Per cent
Metropolitan	110	49	16	28	6	6	9	15	239	60.8
Rural	70	34	5	17	7	—	—	5	138	35.1
Remote	1	—	3	—	—	—	11	1	16	4.1
<b>Total</b>	<b>181</b>	<b>83</b>	<b>24</b>	<b>45</b>	<b>13</b>	<b>6</b>	<b>20</b>	<b>21</b>	<b>393</b>	<b>100.0</b>

(a) Some treatment services are only reported under the main administrative centre of the service.

(b) Excludes Queensland.

(c) Rural, Remote and Metropolitan Areas (RRMA) classification used, see Appendix 3.

(d) Other NGOTGP services not currently reported through a State or Territory collection.