

3 Other data collections

The aim of this chapter is to outline the contents of other Australian data collections and report on the ways in which they inform alcohol and other drug use and treatment.

3.1 Background

Harmful drug use has many social, health and economic impacts on Australian society. It is estimated that in 1998, 17,671 deaths and 185,558 hospital separations were related to drug use (Ridolfo & Stephenson 2001). The economic costs associated with harmful drug use, including prevention, treatment, loss of productivity in the workplace, property crime, theft, accidents and law-enforcement activities, amount to over \$18 billion annually (Collins & Lapsley 1996).

Therefore it is vital that alcohol and other drug usage and the resulting problems are continually monitored in Australia.

3.2 Monitoring alcohol and other drug problems in Australia

National sources of information on alcohol and other drug use and treatment services include:

- National Drug Strategy Household Survey (see below);
- National Census of Clients of Treatment Service Agencies (see below);
- Drug Use Monitoring in Australia: a survey that measures recent drug use among persons detained by police;
- Drug Use Careers of Offenders: a random sample from prisons in all States and Territories which provides information on self-reported illicit drug use and offending patterns, information on illicit drug markets and costs associated with drug-related criminal behaviour;
- Illicit Drug Reporting System: a survey that monitors emerging drug trends in Australia and collects data annually on heroin, cocaine, cannabis and amphetamine use (see below);
- methadone client statistics: provides data on the number of methadone clients and the type and location of their prescribers (see below);
- Indigenous substance use services data: from the Commonwealth Department of Health and Ageing, *Substance Misuse Service Report: 1999–2000 Key Results (2002)*;
- Indigenous primary health care services (includes substance use services) data: from the Office for Aboriginal and Torres Strait Islander Health and the National Aboriginal Community Controlled Health Organisations, *Service Activity Reporting 1998–1999 Key Results (2001)*; and
- National Survey of Mental Health and Wellbeing of Adults: (ABS 1998) provided information on estimates of the population prevalence of the more common forms of illicit drug abuse and on alcohol use and abuse and co-morbid disorders.

In addition, there is information available from the National Morbidity and National Mortality databases (held by AIHW) on the estimated numbers of deaths, person years of life lost, hospital episodes and bed days caused by alcohol, cigarettes and illicit drug use in Australia.

Information on all national sources of data listed above is available from the ABS publication *Sources of Data on Illicit Drug Use* (2001).

The following section outlines more detailed information on some of these national data collections.

National Drug Strategy Household Survey

The National Drug Strategy Household Survey (NDSHS) is conducted every two to three years. The first was conducted in 1985 and the most recent in 2001. The 2001 survey was managed by the AIHW on behalf of the Commonwealth Department of Health and Ageing (see AIHW 2002).

In 2001, the survey used personal interview, self completed questionnaire and computer assisted telephone interview methods to survey almost 27,000 participants aged 14 years or older taken from a stratified random sample of households across Australia. As the sample is based on households it excludes homeless and institutionalised persons.

The purpose of the survey is to monitor the public's experience of, and attitude towards, drug use. Participants were asked about their knowledge and attitudes towards drugs, their drug consumption histories and related behaviours.

The NDSHS collects demographic information about the respondent including sex, age, marital status, education, country of birth, languages spoken at home, income, and employment status. Information is also collected on drug-related attitudes and behaviours. For each drug of interest, respondents are asked about their age at first use, place of use, where the drug was obtained, prevalence of use amongst friends, days lost from work or education because of drug use and health problems experienced (AIHW 2002).

The survey also requests respondents to indicate if they have ever participated in an alcohol or other drug treatment program to help reduce or quit consumption. Possible responses comprise: yes, in the last 12 months; yes but not in the last 12 months; no; and a list of treatment options to choose from including quit smoking programs, alcohol treatment, detoxification, methadone maintenance, prescription drugs, counselling and naltrexone.

The NDSHS provides useful information on trends in drug and alcohol use. For example, the proportion of persons aged 14 years or more that reported recently using alcohol increased from 73% in 1993 to 82% in 2001. Ecstasy use has increased from 1.2% in 1993 to 2.9% in 2001. In contrast, heroin use decreased to 0.2% in 2001 (Table 3.1).

Table 3.1: Summary of drugs recently^(a) used, proportion of the population aged 14 years and over, Australia 1993–2001

Drug/behaviour	1993	1995	1998	2001
				(Per cent)
Tobacco	n.a.	n.a.	24.9	23.2
Alcohol	73.0	78.3	80.7	82.4
Illicits				
Marijuana/Cannabis	12.7	13.1	17.9	12.9#
Pain-killers/analgesics ^(b)	1.7	3.5	5.2	3.1#
Tranquillisers/sleeping pills ^(b)	0.9	0.6	3.0	1.1#
Steroids ^(b)	0.3	0.2	0.2	0.2
Barbiturates ^(b)	0.4	0.2	0.3	0.2
Inhalants	0.6	0.6	0.9	0.4#
Heroin	0.2	0.4	0.8	0.2#
Methadone ^(c)	n.a.	n.a.	0.2	0.1
Other opiates ^(b)	n.a.	n.a.	n.a.	0.3
Amphetamines ^(b)	2.0	2.1	3.7	3.4
Cocaine	0.5	1.0	1.4	1.3
Hallucinogens	1.3	1.8	3.0	1.1#
Ecstasy/designer drugs	1.2	0.9	2.4	2.9
Injected drugs	0.5	0.6	0.8	0.6
Any illicit	14.0	17.0	22.0	16.9#
None of the above	21.0	17.8	14.2	14.7

(a) Used in the last 12 months. For tobacco 'recent use' means daily, weekly and less than weekly smokers.

(b) For non-medical purposes.

(c) Non-maintenance.

n.a. not available

2001 result significantly different from 1998 result (2-tailed = 0.05).

Source: AIHW 2002.

Clients of Treatment Service Agencies

The Clients of Treatment Service Agencies (COTSA) census is managed by the National Drug and Alcohol Research Centre (NDARC) on behalf of the Commonwealth Department of Health and Ageing. It is a one-day census of clients of all drug and alcohol treatment agencies in Australia. A client may be a user or a friend or relative of a user. This includes all clients receiving face-to-face treatment on the census day (24-hour period) at specialist AODTS agencies.

The census is undertaken with irregular frequency. The first COTSA census took place in 1990 and thereafter in 1992, 1995, and 2001. COTSA enables comparison of drug and alcohol problems being treated over the 11 years since the start of the collection and identification of client characteristics.

Information was collected from each client who received a service from the agency on the day of the census and included the client's status, age, gender, country of birth, language spoken

at home, employment status, usual residential postcode, type of service provided, principal drug problem and recent injecting drug use.

COTSA does not include data on methadone treatment, which affects the figures for treatment for opiates. For example, only those methadone maintenance clients who had received an additional service to methadone syrup were included in the census. Data on clients participating in the methadone maintenance programs in Australia are routinely collected by the State and Territory Health Departments (see section titled National methadone/buprenorphine statistics).

COTSA also does not capture treatment by GPs. Being a one day sample it may not be representative of all treatment activities or clients seeking treatment. However COTSA does provide an additional source of data on treatment services and data from each collection year can be compared (Table 3.2).

Table 3.2: Principal drug problems of substance users in treatment, Australia 1990–1992–1995–2001^(a)

Drug problem	1990 percentage of substance users (n = 5,583)	1992 percentage of substance users (n = 5,259)	1995 percentage of substance users (n = 4,775)	2001 percentage of substance users (n = 4,973)
	(Per cent)			
Alcohol	55.2	51.7	49.3	35.1
Opiates	33.7	33.2	33.6	39.1
Tobacco	7.9	8.5	4.8	2.2
Benzodiazepines	3.7	4.1	4.0	2.4
Cannabis	4.1	6.0	6.7	9.3
Amphetamines	3.9	4.3	6.5	^(b) 8.8
Polydrug ^(c)	10.9	11.2	12.2	12.6
Injected drugs in last 12 months	34.4	32.1	38.2	47.0

(a) Figures reflect more than one drug problem nominated for some participants.

(b) The 2001 figure includes amphetamine-related substances (e.g. Ecstasy).

(c) These figures reflect clients reported by agencies as polydrug users (including opiates), polydrug users (excluding opiates), plus those clients for whom more than three drugs (excluding tobacco) had been nominated.

Source: Shand & Mattick 2002.

Illicit Drug Reporting System

The Illicit Drug Reporting System (IDRS) is an ongoing data collection funded by the Commonwealth Department of Health and Ageing and coordinated by National Drug and Alcohol Research Centre. The purpose of the IDRS is to monitor trends in illicit drug use and drug markets including price, purity and availability. The collection particularly focuses on heroin, amphetamine, cocaine and cannabis. The IDRS has been conducted on an annual basis in New South Wales since 1996 and in all States and Territories since 1999.

In 2001, in all Australian jurisdictions except the Northern Territory, data were collected from 961 injecting drug users using a quantitative survey (a minimum of 100 in each jurisdiction), 309 key informants using a qualitative survey and analyses of other indicator data sources on illicit drug use.

Data items collected included age, sex, Aboriginal and Torres Strait Islander status, employment status, education, drug use patterns, price, purity and availability of drugs,

criminal activity, risk-taking behaviour, general health status, drug availability, criminal behaviour, and health issues (Topp et al. 2002).

Data from this collection can provide early warning of changes in drug use trends, which may in turn require provision of treatment services. For example, between 2000 and 2001 there was a marked and sustained reduction in the availability of heroin, which was manifest in decreased prevalence and frequency of use in all jurisdictions (Table 3.3). The collection also provides some data on the number of clients seeking treatment.

Table 3.3: Heroin use patterns of injecting drug users by jurisdiction, 2000–01

	NSW	Vic	SA	Qld	WA	ACT	Tas	NT	All
	(Per cent)								
Drug of choice^(a)									
2000	81	78	56	62	57	78	36	44	63
2001	62	61	43	42	34	61	33	39	48
Last injection^(a)									
2000	78	92	56	62	54	81	4	9	58
2001	57	62	34	34	20	49	—	7	35
Used last 6 months^(a)									
2000	96	97	75	85	80	92	43	56	78
2001	95	90	65	62	55	83	24	36	66
Daily users									
2000	49	49	14	27	22	46	—	10	29
2001	41	13	10	10	2	15	—	3	13

(a) Heroin.

Source: Topp et al. 2002.

National methadone/buprenorphine statistics

Methadone maintenance was endorsed as an effective treatment for opioid dependence in 1985. The *1993 National Methadone Policy* outlined the importance of methadone treatment to the reduction of health, social and economic costs associated with illegal opioid use (DHS 1995).

Methadone treatment programs facilitate access to treatment and promote the principle of harm reduction and education of users. Data on the clients participating in methadone maintenance and buprenorphine programs are routinely collected by the State and Territory Health Departments and provided each year to the Commonwealth Department of Health and Ageing.

Data items held include number of clients registered with public and private prescribers and correctional institutions in each State and Territory, number of clients collecting doses at pharmacies, public clinics, private clinics, correctional facilities and other outlets in each State and Territory.

Numbers of methadone clients have been collected since 1986 with the most recent data from 2000–2001. The type of data collected has varied in detail over this period of time.

The number of clients registered for methadone and buprenorphine maintenance programs has increased from 22,196 in 1997 to 32,516 in 2001 (Table 3.4). Prescriptions are predominantly provided by private prescribers (Table 3.5) and the majority of dosing is conducted at pharmacies (Table 3.6).

Table 3.4: Number of methadone/buprenorphine clients^(a), States and Territories, Australia, 1997–2001

State/Territory	1997	1998	1999	2000	2001
ACT	387	406	559	615	641
WA	1,242	1,654	2,449	2,140	2,307
SA	1,717	1,810	1,985	2,198	2,522
Tas	267	306	370	423	464
Qld	2,754	3,011	3,341	3,588	3,745
NSW	11,365	12,107	12,500	13,594	15,069
Vic	4,464	5,334	6,700	7,647	7,743
NT	—	—	2	32	25
Total	22,196	24,628	27,906	30,237	32,516

(a) Number of clients on program at 30 June each year.

Source: Commonwealth Department of Health and Ageing.

Table 3.5: Number of methadone/buprenorphine clients by prescriber, States and Territories, Australia, 2001

Prescriber	State/Territory								Total
	ACT	WA	SA	Tas	Qld	NSW	Vic	NT	
Public Prescriber	449	812	856	57	3,165	3,106	172	25	8,642
Private Prescriber	170	1,495	1,478	404	550	10,301	7,354	—	21,752
Public/Private prescriber ^(a)	—	—	—	—	—	126	—	—	126
Correctional facilities	22	—	188	3	30	1,494	217	—	1,954
Unclassifiable	—	—	—	—	—	42	—	—	42
Total	641	2,307	2,522	464	3,745	15,069	7,743	25	32,516

(a) Public/Private Prescriber includes hospitals.

Source: Commonwealth Department of Health and Ageing.

Table 3.6: Number of methadone/buprenorphine clients by dosing sites, States and Territories, Australia, 2001

Dosing site	State/Territory								Total
	ACT	WA	SA ^(a)	Tas	Qld ^(b)	NSW ^(c)	Vic ^(d)	NT	
Pharmacies	380	2,041	2,272	448	2,853	5,379	7,371	25	20,769
Public clinics	239	266	59	13	624	4,112	155	—	5,468
Private clinics	—	—	—	—	19	2,929	—	—	2,948
Public/Private	—	—	—	—	—	435	—	—	435
Correctional	22	—	188	—	22	1,631	217	—	2,080
Other	—	—	3	3	227	583	—	—	816
Total	641	2,307	2,522	464	3,745	15,069	7,743	25	32,516

- (a) Figures are for methadone and other opioid drugs of dependence used for the treatment or maintenance of drug dependence, i.e. buprenorphine and controlled release oral morphine as part of a clinical trial. 'Other' is a public hospital that dispenses for patients of private prescribers not connected with the hospital.
- (b) 'Other' comprises 81 persons who did not pick up on 30 June 2001, 31 persons who did not have dispensing information forwarded from the pharmacy and 115 persons who did not have dispensing information forwarded for several months and may no longer be in treatment.
- (c) Due to a lag in the recording of program end date for some persons, numbers may be higher than the actual number of people in the program as at 30 June 2001. 'Public Clinics' include patients dosed in a public hospital in-patient and public hospital outpatient setting. 'Private Clinics' includes surgeries and private hospital in-patients and outpatients. 'Public/Private' comprises one private clinic, South Eastern Sydney Area Health Service, which purchases public places from a private clinic. 'Other' includes dosing points not classifiable by type.
- (d) For only the second time since the Methadone Program began in Victoria, there has been a drop in the number of clients being dosed on the program. In the last quarter, the numbers being dosed dropped from 8,026 to 7,743, a drop of 4%. The drop is consistent with trends in other drug treatment services. The *Drug Availability Monitoring Project Report* indicates that the heroin 'drought' has caused almost 46% of heroin users to use heroin less frequently. Anecdotally, it has been reported that as a result of the 'drought' many users have ceased using without seeking treatment.

Source: Commonwealth Department of Health and Ageing.