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Number 2

Alcohol and other drug treatment services in Australia 2001–02

Report on the National Minimum Data Set

November 2003

Australian Institute of Health and Welfare
Canberra

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Australian Institute of Health and Welfare

Board Chair
Dr Sandra Hacker

Director
Dr Richard Madden

Any enquiries about or comments on this publication should be directed to:

Ms Gail Weaving or Chrysanthe Psychogios
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Phone: (02) 6244 1050 or 6244 1068

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Ros Madden and Gail Weaving managed the project.

Abbreviations

ABS	Australian Bureau of Statistics
AIC	Australian Institute of Criminology
AIHW	Australian Institute of Health and Welfare
AODT(S)	alcohol and other drug treatment (services)
AODTS-NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
ASCDC	Australian Standard Classification of Drugs of Concern
ASGC	Australian Standard Geographical Classification
BEACH	Bettering the Evaluation and Care of Health survey
COPD	chronic obstructive pulmonary disease
DoHA	Australian Government Department of Health and Ageing
EP	English proficiency
ICD-10-AM	International Classification of Diseases, 10th revision, Australian modification
IGCD	Intergovernmental Committee on Drugs
NGOTGP	Non-Government Organisation Treatment Grants Programme
NHDD	<i>National Health Data Dictionary</i>
NMDS	National Minimum Data Set

Symbols

n.a.	not available
–	nil or rounded to zero (including null cells)
..	not applicable
n.e.c	not elsewhere classified
n.p.	not published for confidentiality reasons

Highlights

Treatment agencies

(Sections 2.1 & 2.2)

- A total of 505 alcohol and other drug treatment agencies supplied data for 2001–02, with 51% identified as non-government agencies.
- The majority of treatment agencies were located in major cities (53%) and inner regional areas (23%).

Clients

Client profile

(Sections 3.1, 3.2, 3.3 & A3)

- During 2001–02, there were 120,869 closed treatment episodes in alcohol and other drug services reporting in the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS) collection. These episodes related to an estimated 99,537 client registrations. On average, each of these registrations accounted for 1.2 treatment episodes during the year.
- The majority of closed treatment episodes were for clients aged between 20 and 49 years who were accessing treatment services (77%), with just over one-third of all treatment episodes (34%) provided for clients in the 20–29 year age group.
- Male clients accounted for close to two-thirds (65%) of all closed treatment episodes.
- Ninety-two per cent of closed treatment episodes involved clients seeking treatment for their own drug use. Two-thirds (67%) of treatment episodes involving someone else's drug use were for female clients.
- Eight per cent (9,615) of closed treatment episodes involved clients who identified as being from an Aboriginal and/or Torres Strait Islander background, in comparison to 2.4% of the Australian population identified as Indigenous.
- The majority of closed treatment episodes were for clients born in Australia (85%) and 94% were for clients whose preferred language was English.

Principal drug of concern

(Section 3.4)

- Nationally, alcohol (37%) and cannabis (21%) were the most common principal drugs of concern to clients in closed treatment episodes, followed by heroin (18%) and amphetamines (11%).
- Alcohol was the drug most commonly involved in closed treatment episodes for both sexes; 39% for males and 33% for females. This was followed by cannabis for males (23%) and heroin for females (19%).

- For closed treatment episodes where clients were in the 10–19 year age group cannabis was the principal drug most commonly involved (46%). This varied between sexes: 51% for males and 34% for females.
- The proportion of closed treatment episodes for clients with heroin as their principal drug of concern varied greatly across states and territories, ranging from 1% in Tasmania to 25% in Victoria.

Drugs of concern to Indigenous clients

(Section 3.4)

- Closed treatment episodes where male clients identified as Indigenous were more likely than others to involve alcohol as the principal drug of concern (50% compared to 38%); the pattern was less pronounced for episodes involving female Indigenous clients and other female clients (39% and 33% respectively).
- Heroin was reported as the principal drug of concern to clients for 11% of closed treatment episodes where the client was identified as Indigenous, compared with 19% of other treatment episodes.

Geographic variation

(Section 3.4)

- Across all geographic areas, except for very remote areas, alcohol was reported as the most prominent drug of concern to clients for all closed treatment episodes (41% inner regional, 35% outer regional and 62% remote areas) followed by cannabis (27% inner regional, 35% outer regional and 21% remote).

Referral source

(Section 3.4)

- Over one-third (35%) of all closed treatment episodes involved clients who were self-referred. Referrals from alcohol and other drug treatment services (13%) and community-based corrections (10%) were also common.

Other drugs of concern

(Section 3.4)

- Fifty per cent of closed treatment episodes involved at least one other drug of concern. For closed treatment episodes where amphetamines are recorded as the principal drug of concern, clients were more likely to report at least one other drug of concern (68%).
- From the 56,327 closed treatment episodes that did report at least one other drug of concern, a total of 161,173 other drugs of concern were reported. This equates to on average 2.9 other drugs for clients of these treatment episodes.
- The drug that was most commonly reported as an 'other' drug of concern was cannabis (15%) followed by nicotine (11%) and alcohol (9%).

Ceasing treatment

(Section 3.6)

- Treatment episodes most commonly ceased (53%) because the treatment was completed. This was higher where the principal drug of concern was recorded as ecstasy (65%), alcohol (59%) and nicotine (57%).

Treatment programs

(Section 4.1)

- Of all closed treatment episodes counselling was the most common form of main treatment provided (39%), then withdrawal management (detoxification) (19%), assessment only (15%) and information and education only (10%).
- Closed treatment episodes where clients were seeking treatment for alcohol use were more likely to have withdrawal management (detoxification) as the main treatment (25%) than closed treatment episodes for clients seeking treatment for cannabis use (15%).

Sex and age

(Section 4.4)

- Closed treatment episodes for female clients were more likely to involve counselling as the main treatment (44%) than treatment episodes for male clients (36%), but less likely to have information and education only (8% and 11% respectively).
- Withdrawal management was a less common treatment type for younger age groups, and counselling was more common in the older age groups.

Duration of treatment program

(Section 4.2)

- The median number of days for a treatment episode was 19 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 either heroin or amphetamines (21 days each).

Other treatments

(Section 4.6)

- Less than one in five closed treatment episodes reported at least one other treatment type. This equates to, on average, just over one other treatment (1.1) for those clients who received additional treatment to their main treatment.
- Rehabilitation and withdrawal management were the two main treatments most likely to have another treatment provided with them (45% and 47% respectively).

Ceasing treatment

(Section 4.7)

- The most common reason for the cessation of the client's treatment was that the treatment had been completed (54%). Other common reasons were the client ceased to participate without notice (16%) or the client was transferred to another service provider (7%).
- More than one-third of treatment episodes that ended because the treatment was completed were for counselling (38%), 22% for withdrawal management and 18% for assessment only.

Treatment delivery setting

(Section 4.8)

- Sixty-seven per cent of all closed treatment episodes occurred at a non-residential facility, 22% in a residential facility and a further 6% in an outreach setting such as a mobile van service.
- The median number of days for a treatment episode was 20 days when calculated by treatment delivery setting. The highest median number of treatment days within a treatment episode occurred in outreach settings (36 days) and in non-residential treatment facilities (28 days).

Special theme—alcohol

Clients

(Section 5.1)

- In 2001–02, there were 41,886 closed treatment episodes where alcohol was the principal drug of concern for clients seeking treatment for their own substance use.

Age and sex

(Section 5.1)

- Clients who nominated alcohol as their principal drug of concern were somewhat older, on average, than all clients seeking treatment for their own drug use. In 31% of closed treatment episodes with alcohol as the principal drug the clients were aged between 30 and 39 years, whereas for all closed treatment episodes clients were most likely to be aged between 20 and 29 years (36%). There were higher proportions aged 50 years and over (16% compared to 8%).
- For closed treatment episodes involving males, higher proportions of clients were in the 20 to 29 year age group (22%) or aged 50 years or more (17%) compared to females (18% and 14% respectively), but lower proportions of males were aged between 30 and 49 years (55%) compared to females (61%).

Indigenous status

(Section 5.1)

- Indigenous clients whose principal drug of concern was alcohol had a somewhat younger age distribution than the overall client population. Clients whose principal drug of concern was alcohol were most likely to be aged 30–39 years (31% of closed treatment episodes for this group) and this was the case for both males and females and for Indigenous and other clients. The 40–49 year age group was the next most likely overall to have reported alcohol as their principal drug (26%), but this did not apply to Indigenous clients for whom the next most likely age group was 20–29 years (29% for males and 27% for females).

Treatment programs

(Section 5.2)

- For clients whose principal drug of concern was alcohol, counselling treatment and withdrawal management were the most common treatments completed (36% and 28% of these treatment episodes respectively).
- Clients who ceased to participate without notice were most likely to be receiving counselling treatment (61% of these treatment episodes), as were those who ceased to participate at expiation (55%).

Treatment settings

(Section 5.2)

- The majority of closed treatment episodes, for those who nominated alcohol as their principal drug of concern, occurred in non-residential treatment facilities (65% or 25,587 closed treatment episodes), and 28% in residential facilities.
- Within non-residential treatment facilities, counselling was the most common type of main treatment (57% of closed treatment episodes) and then assessment only (19%).
- Withdrawal management was the most common main treatment in residential treatment facilities (64% of these closed treatment episodes).