

5 Special theme—alcohol

Chapters 3 and 4 provide a profile of clients and treatment programs, frequently with a focus on the main drugs of concern to clients, including alcohol. This chapter examines more closely the clients who reported 'Alcohol' as their principal drug of concern and the treatment programs used by them. This theme was selected following the *Survey of Treatment Agencies 2002* where agencies reported this area as being of high interest to the field. Alcohol misuse is also recognised as a major health issue by government and the community because of the costs to individuals and society resulting from alcohol-related illness, injuries and deaths.

Box 5.1: Key definitions and counts for closed treatment episodes, 2001–02

Closed treatment episode where alcohol is the principal drug of concern refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency, where the client has nominated alcohol as their principal drug of concern. Within this section, only clients seeking treatment for their own substance use are included in the analysis. In 2001–02, there were 41,886 closed treatment episodes where clients reported alcohol as their principal drug of concern.

Main treatment type with principal drug of concern reported as alcohol In 2001–02, there were 39,077 closed treatment episodes with alcohol as the nominated principal drug and a nominated main treatment type. Records from South Australia are excluded from tables using these data items. In addition, closed treatment episode records for clients seeking treatment for the drug use of others were also excluded.

See Section 1.3 and Boxes 3.1 and 4.1 for other definitions.

5.1 Client profile

This section provides a profile of the clients who reported alcohol as their principal drug of concern in closed treatment episodes in 2001–02. Treatment episodes for this group numbered 41,886 (Tables 5.1 and 5.2). Tables 5.3 and 5.4 exclude South Australia which did not provide treatment program data and these tables have a population of 39,077 closed episodes.

Age and sex

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 (Table 5.1 and Table A3.9 for total numbers in each age group). For example, 31% of treatment episodes with alcohol as the principal drug were for clients aged between 30 and 39 years, whereas for treatment episodes involving all principal drugs clients were most likely to be aged between 20 and 29 years (36%). There were lower proportions of clients in the 10–19 year age group with alcohol as their principal drug (6% of these treatment episodes) compared to clients for all principal drugs (13%) and higher proportions aged 50 years and over (16% and 8% respectively).

There were some differences between male and female clients in relation to treatment for alcohol. For treatment episodes involving males, higher proportions were in the 20–29 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 30–49 years (55%) compared to females (61%).

Table 5.1: Closed treatment episodes where alcohol is the principal drug of concern by age group and sex, Australia, 2001–02^(a)

Age group (years)	Males	Females	Persons ^(b)
	(per cent)		
10–19	5.6	5.7	5.6
20–29	21.7	18.1	20.6
30–39	30.1	32.7	30.8
40–49	24.8	27.9	25.7
50–59	12.3	10.6	11.8
60+	4.7	3.5	4.4
Not stated	0.9	1.5	1.1
Total (per cent)	100.0	100.0	100.0
Total (number)	29,458	12,398	41,886

(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

(b) Includes not stated for Sex.

Indigenous status

Indigenous clients whose principal drug of concern was alcohol had a somewhat younger age distribution than the overall client population. This was not entirely accounted for by the differences in underlying age structure. Of closed treatment episodes where clients' principal drug of concern was alcohol 31% involved people aged 30–39 years. This age group was the most frequent one for both males and females and for Indigenous and non-Indigenous clients (Table 5.2). 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).

Table 5.2: Closed treatment episodes where alcohol is the principal drug of concern by age group, Indigenous status and sex, Australia, 2001–02^(a)

Age group (years)	Indigenous		Non-Indigenous		Not stated		Total		Persons ^(b)
	Males	Females	Males	Females	Males	Females	Males	Females	
	(per cent)								
10–19	9.2	8.9	5.0	5.2	6.5	6.6	5.6	5.7	5.6
20–29	28.7	27.1	20.8	17.2	22.0	16.4	21.7	18.1	20.6
30–39	34.2	38.8	29.6	32.2	29.5	29.6	30.1	32.7	30.8
40–49	19.9	15.9	25.4	29.3	23.9	27.6	24.8	27.9	25.7
50–59	5.5	4.7	13.2	11.2	11.4	12.2	12.3	10.6	11.8
60+	1.1	0.7	5.1	3.7	5.3	4.7	4.7	3.5	4.4
Total^(c) (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total^(c) (number)	2,975	1,213	24,589	10,307	1,894	878	29,458	12,398	41,886

(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

(b) Includes not stated for Sex.

(c) Includes not stated for Age.

5.2 Treatment programs

This section provides a profile of treatment programs for clients who reported alcohol as their principal drug of concern.

Reason for cessation

There are a number of reasons why a treatment episode closes: the treatment was completed, the client may have needed or wanted to transfer to another service provider, or a client may simply cease to attend treatment. The likelihood of any specific reason for ceasing treatment can vary depending on the main treatment being provided. For clients whose principal drug of concern was alcohol, counselling treatment and withdrawal management were the most likely treatments to be completed (36% and 28% of these treatment episodes respectively) (Table 5.3). 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%). Clients who transferred to another service provider were most likely to have received counselling (30% of these treatment episodes) or assessment only (27%) before they transferred. (Sections 3.6 and 4.7 provide other information on reason for cessation.)

Table 5.3: Closed treatment episodes where alcohol is the principal drug of concern by main treatment type and selected reason for cessation, Australia, 2001–02^{(a)(b)}

Main treatment type	Treatment completed	Transferred to another service provider	Ceased to participate without notice	Ceased to participate at expiation	Other ^(c)	Total ^(d)
	(per cent)					
Withdrawal management (detoxification)	28.3	20.5	14.0	15.8	25.8	24.7
Counselling	35.7	30.1	61.0	55.0	36.0	39.7
Rehabilitation	4.7	5.8	5.2	14.4	13.5	6.3
Pharmacotherapy ^(e)	0.3	—	2.1	—	0.7	0.6
Support and case management only	3.7	4.1	4.0	2.5	3.1	3.6
Information and education only	6.9	8.3	4.2	3.0	8.2	6.7
Assessment only	16.8	26.9	6.3	6.4	8.3	14.5
Other	3.7	4.3	3.3	3.0	4.4	3.9
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	23,183	2,893	6,072	202	5,865	39,077

(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

(b) Excludes South Australia.

(c) Includes Change in main treatment type, Change in delivery setting, Change in the principal drug of concern, all other Ceased to participate categories, Drug court and/ or sanctioned by court diversion service, Imprisoned other than drug court sanctioned and Died.

(d) Includes not stated for Reason for cessation.

(e) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

Treatment delivery setting

The type of setting where main treatments occur has been discussed in relation to all principal drugs of concern (see Section 4.8). Of the closed treatment episodes where alcohol was reported as the principal drug of concern, the majority of treatments occurred in non-residential treatment facilities (65% or 25,587 treatment episodes), although more than one in four episodes where alcohol was the principal drug of concern (28%) occurred in residential facilities (Table 5.4). Within non-residential treatment facilities, counselling was the most common type of main treatment (57%) and then assessment only (19%).

Although there were far more treatment episodes occurring in residential treatment facilities than in home settings the patterns were similar. Withdrawal management was the most common main treatment in both these settings (64% and 67% respectively) and then rehabilitation programs (18% and 17% respectively). In contrast, support and case management as the sole treatment was the most common main treatment in outreach settings (49%), then counselling (31%).

Table 5.4: Closed treatment episodes where alcohol is the principal drug of concern by main treatment type and treatment delivery setting, Australia, 2001–02^{(a)(b)}

Main treatment type	Non-residential treatment facility	Residential treatment facility	Home	Outreach setting	Other	Total
			(per cent)			
Withdrawal management (detoxification)	8.0	64.3	67.0	0.6	4.0	24.7
Counselling	57.2	3.8	5.4	31.3	6.7	39.7
Rehabilitation	1.1	17.8	17.1	1.0	15.8	6.3
Pharmacotherapy	0.9	0.2	0.1	—	—	0.6
Support and case management only	2.9	0.4	0.3	49.2	1.0	3.6
Information and education only	6.3	6.3	2.1	9.1	37.6	6.7
Assessment only	18.6	6.5	5.1	7.1	9.7	14.5
Other	5.0	0.7	2.9	1.7	25.3	3.9
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	25,587	10,828	902	1,234	526	39,077

(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

(b) Excludes South Australia.