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Alcohol and other drug treatment services in Australia 2003–04

Report on the National Minimum Data Set

August 2005

Australian Institute of Health and Welfare
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Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
AODTS	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
DoHA	(Australian Government) Department of Health and Ageing
IDRS	Illicit Drug Reporting System
IGCD	Intergovernmental Committee on Drugs
n.e.c.	not elsewhere classified
NHDD	National Health Data Dictionary
NMDS	National Minimum Data Set

Highlights

The 2003–04 AODTS–NMDS data

- The 2003–04 AODTS–NMDS included data from 622 government-funded alcohol and other drug treatment agencies from across Australia. Over half (52%) of all treatment agencies were identified as non-government. Most agencies were located in major cities (57%) and inner regional areas (26%).
- There were 136,869 closed treatment episodes, an increase from 130,930 episodes reported in 2002–03.

Of the 136,869 closed treatment episodes reported in 2003–04...

- 95% involved clients seeking treatment for their own alcohol or other drug use.
- 33% were for clients aged between 20 and 29 years, with over one-quarter of all treatment episodes (28%) provided for clients in the 30–39 years age group.
- Male clients accounted for close to two-thirds (65%).
- 10% (13,238 episodes) involved clients who identified as Aboriginal and Torres Strait Islander people, which is higher than the overall proportion of Aboriginal and Torres Strait Islander peoples in the Australian population (2.4%).¹
- 86% were for clients born in Australia and 95% were for clients who nominated English as their preferred language.
- Two-fifths (40%) involved clients who were self-referred, followed by referrals from alcohol and other drug treatment services (11%).

What were the treatment types accessed by clients?

- Counselling was the most common treatment type provided (38%), followed by withdrawal management (detoxification) (18%) and assessment only (15%).
- Main treatment for female clients was more likely to involve counselling (43%) than for male clients (35%), and less likely to involve assessment only (11% and 17% respectively).
- Counselling as the main treatment type increased with the age of the client, from 28% of closed treatment episodes for clients aged 10–19 years to 47% of episodes for clients aged 50–59 years.
- Closed treatment episodes for clients identifying as Aboriginal or Torres Strait Islander peoples were more likely to involve assessment only and information and education only (20% and 15% respectively), compared with other Australians (14% and 7% respectively), and less likely to involve withdrawal management (detoxification) (11%, compared with 20% for other Australians) or counselling as the main treatment (33% compared with 38%).

1. This figure needs to be interpreted with caution due to a high number of 'not stated' responses and the fact that the majority of dedicated Indigenous substance use services are not included in the AODTS–NMDS collection.

- Across all geographical areas – except for very remote areas – counselling was the most commonly reported main treatment (accounting for 36% of treatment episodes in major cities, 44% in inner regional, 38% in outer regional and 47% in remote areas). In very remote areas, rehabilitation was the most common treatment type (49% of treatment episodes).

Where did treatment take place and what were the reasons for ending treatment?

- Over two-thirds (68%) of treatment episodes occurred at a non-residential treatment facility, 20% in a residential treatment facility and 7% in an outreach setting such as a mobile van service.
- Treatment episodes conducted in residential treatment facilities were most likely to involve withdrawal management (detoxification) (53%) or rehabilitation (29%).
- Of treatment episodes that were conducted in non-residential treatment facilities, the majority had counselling as the main treatment (52%), followed by assessment only (17%).
- Treatment was more likely to cease because it was completed where the main treatment type was assessment only (64% of episodes with this treatment type) and less likely where the main treatment type was information or education only (36%).
- The majority (54%) of treatment episodes for information and education only ceased due to expiation, that is, where a client has atoned for the 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), and rehabilitation and withdrawal management (detoxification) were the treatment types most likely to end with a client ceasing to participate against advice (15% and 11% of treatment episodes respectively ending for this reason).

Of the 129,331 closed treatment episodes where clients were seeking treatment for their own drug use...

- Alcohol (38%) was the most common principal drug of concern, followed by cannabis (22%), heroin (18%) and amphetamines (11%).
- Over half (53%) involved at least one other drug of concern in addition to the principal drug of concern, with an average of 1.6 other drugs of concern.
- Ingestion (45%), followed by injection (28%) and smoking (23%) were the most likely methods of using the principal drug of concern.
- Counselling accounted for the highest proportion of closed treatment episodes for all principal drugs of concern – except benzodiazepines, where the main treatment type was withdrawal management (detoxification).

In 2003–04, alcohol was...

- the most common principal drug of concern to clients overall (38%) and for those identified as Aboriginal and Torres Strait Islander peoples (46%)
- the drug most commonly involved for both sexes: 39% of males and 35% of females
- the drug most likely to be reported as the principal drug of concern for clients aged over 30 years (52%)
- the most prominent principal drug of concern to clients across all geographic areas, accounting for 36% of treatment episodes in major cities, 41% in inner regional, 40% in outer regional, 71% in remote and 67% in very remote areas
- the principal drug of concern most likely to be recorded (39%) where the client was self-referred
- most commonly treated through counselling (41%), withdrawal management (detoxification) (21%), assessment only (17%) and rehabilitation (10%) when it was the principal drug of concern.

Where alcohol was the principal drug of concern, treatment most commonly ceased because it was completed (59%) or the client ceased to participate without notice (17%).

In 2003–04, cannabis was...

- identified as the principal drug of concern for 22% of clients overall, and for 22% of those identified as Aboriginal and Torres Strait Islander peoples
- the second most common principal drug involved in treatment episodes for both sexes: 23% for males and 20% for females
- the most commonly reported principal drug of concern for closed treatment episodes of clients aged 10–19 (49%) and 20–29 years (27%); the most common method of use for clients aged 10–19 years was smoking, the same age group where cannabis was the most common principal drug
- the second most prominent principal drug of concern for clients across most geographic areas, accounting for 28% of treatment episodes in inner regional areas, 32% in outer regional, 13% in remote and 31% in very remote areas
- most commonly treated through counselling (33%), information and education only (24%), withdrawal management (detoxification) (14%) and assessment only (11%) when it was the principal drug of concern
- the principal drug of concern most likely to be nominated where the client was referred to treatment through a police or court diversion process (72%).

Where cannabis was the principal drug of concern, treatment most commonly ceased because the treatment was completed (47%) or clients ceased to participate owing to expiation (22%).

In 2003–04, heroin was...

- identified as the principal drug of concern for 18% of clients overall, and for 11% of those identified as Aboriginal and Torres Strait Islander peoples
- the second most commonly reported principal drug of concern for closed treatment episodes of clients aged 20–29 years (26%); the most common method of use for those aged 20–29 years was injecting, the same age group where heroin was the most common principal drug
- the second most prominent drug of concern for clients in major cities, accounting for 23% of treatment episodes in major cities
- the second principal drug of concern most likely to be recorded in treatment episodes where the client was self-referred (22%)
- most commonly treated through counselling (27%), followed by withdrawal management (detoxification) (25%), assessment only (17%) and support and case management only (12%) when it was the principal drug of concern.

Where heroin was the principal drug of concern, treatment most commonly ceased because the treatment was completed (51%) or clients ceased to participate without notice (15%).

In 2003–04, amphetamines were...

- identified as the principal drug of concern for 11% of clients overall, and for 9% of those identified as Aboriginal and Torres Strait Islander peoples
- most commonly treated through counselling (38%), followed by assessment only (19%), rehabilitation (16%) and withdrawal management (detoxification) (14%).

Where amphetamines were nominated as the principal drug of concern:

- a higher proportion of episodes involved those aged 20–29 years and 30–39 years (48% and 33% respectively) compared with episodes for all other principal drugs of concern (32% and 28% respectively)
- males were more likely clients than females (68% and 32% respectively)
- injecting accounted for 79% of closed treatment episodes, followed by ingesting (11%), sniffing (4%) and smoking (3%)
- clients were more likely to be current injectors than those nominating all other principal drugs of concern (63% and 22% of treatment episodes respectively)
- the most common source of referral was self-referring (42%), followed by referral from a correctional service (12%). Treatment most commonly ceased because the treatment was completed (46%) followed by those who ceased to participate without notice (22%).

Data quality

- The data transmission process for the 2003–04 AODTS–NMDS collection represented an improvement on that of previous years. Data were received at the AIHW earlier, and cleaned faster.