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Alcohol and other drug treatment services in Australia 2004–05

Report on the National Minimum Data Set

July 2006

Australian Institute of Health and Welfare
Canberra

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Intergovernmental Committee on Drugs, Alcohol and Other Drug Treatment Services National Minimum Data Set (IGCD AODTS–NMDS) Working Group

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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
DASR	Drug and Alcohol Service Report
DoHA	(Australian Government) Department of Health and Ageing
HIV	human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IGCD	Intergovernmental Committee on Drugs
n.e.c.	not elsewhere classified
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NHDD	National Health Data Dictionary
NMDS	National Minimum Data Set
NOPSAD	National Opioid Pharmacotherapy Statistics Annual Data
OATSIH	Office for Aboriginal and Torres Strait Islander Health
SAR	Service Activity Report
THC	delta-9-tetrahydrocannabinol

Highlights

Treatment agencies and episodes

- In 2004–05, 635 alcohol and other drug treatment agencies from across Australia reported data to the AODTS–NMDS collection. Broadly speaking, these are publicly funded agencies providing specialist alcohol or other drug treatment services.
- Just under half (49%) of all treatment agencies were non-government and most were located in major cities (57%) and inner regional areas (28%).
- These agencies delivered 142,144 closed treatment episodes, an increase from 136,869 episodes reported in 2003–04.

Client profile

Of the 142,144 closed treatment episodes reported in 2004–05...

- 95% (or 135,202 episodes) involved clients seeking treatment for their own alcohol or other drug use.
- One-third (33%) were for clients aged 20–29 years, and more than one-quarter (28%) were for clients aged 30–39 years.
- Male clients accounted for two-thirds (66%).
- 10% (or 13,666 episodes) involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin, which is higher than the overall proportion of Aboriginal and Torres Strait Islander peoples, aged 10 years and over, in the Australian population (2.1%).¹
- 86% were for clients born in Australia and 95% were for clients who nominated English as their preferred language.
- 37% involved clients who were self-referred, followed by referrals from alcohol and other drug treatment services (12%).

Drugs of concern

Of the 135,202 closed treatment episodes where clients were seeking treatment for their own alcohol or other drug use...

- Alcohol (37%) was the most common principal drug of concern, followed by cannabis (23%), opioids (21%, with heroin accounting for 17%) and amphetamines (11%).
- Over half (52%) 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.

1 This figure needs to be interpreted with caution due to a high number of 'not stated' responses for Indigenous status and the fact that the majority of Australian Government-funded Indigenous substance use services or Aboriginal primary health care services are not included in the AODTS–NMDS collection (see Section 7.5 for data on these services).

- Ingestion (45%), followed by injection (26%) and smoking (25%) 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 2004–05 alcohol was...

- The most common principal drug of concern to clients overall (37%) and for those identified as being of Aboriginal and/or Torres Strait Islander origin (43%).
- The most commonly nominated principal drug of concern 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 30 years and over (50%).
- Most commonly treated through counselling (44%), withdrawal management (detoxification) (21%), assessment only (15%) and rehabilitation (9%), when it was the principal drug of concern.

Where alcohol was the principal drug of concern, treatment most commonly ceased because it was completed (60%) or the client ceased to participate without notice (17%).

In 2004–05 cannabis was...

- The second most common principal drug of concern to clients overall (23%) and for those identified as being of Aboriginal and/or Torres Strait Islander origin (23%).
- The second most commonly nominated principal drug of concern for both sexes: 24% for males and 21% for females.
- The most commonly reported principal drug of concern for closed treatment episodes of clients aged 10–19 (50%) and 20–29 years (28%).
- The principal drug of concern most likely to be nominated where the client was referred to treatment through a police or court diversion process (80% and 27% respectively).
- Most commonly treated through counselling (36%), information and education only (24%), withdrawal management (detoxification) (14%) and assessment only (9%), when it was the principal drug of concern.

Where cannabis was nominated as the principal drug of concern:

- 71% of treatment episodes related to male clients and 29% to female clients.
- A higher proportion of episodes involved clients aged 10–19 and 20–29 years (26% and 41% respectively) compared with episodes for all other principal drugs of concern (8% and 31% respectively).
- Smoking was the most common method of use (91% of treatment episodes).
- Clients were less likely to be current injectors than those nominating all other principal drugs of concern (9%, compared with 29%).
- Of the other drugs of concern nominated, 36% of these were for alcohol, 21% nicotine, 20% amphetamines and 6% ecstasy.
- The most common source of referral was self-referring (28%), followed by referral from police diversion (21%).

- Treatment most commonly ceased because the treatment was completed (46%), followed by ceasing at expiation (22%) – that is, where the client had completed the required intervention.

In 2004–05 heroin was...

- The third most common principal drug of concern to clients overall (17%) and for those identified as being of Aboriginal and/or Torres Strait Islander origin (12%).
- The third most commonly nominated principal drug of concern for both sexes: 17% for males and 18% for females.
- Most commonly reported among clients aged 20–29 (24%) and 30–39 years (20%), when it was the principal drug of concern.
- Most commonly treated through counselling (29%), followed by withdrawal management (detoxification) (24%), ‘other’ treatment including pharmacotherapy (14%) and assessment only (13%), 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 (17%).

In 2004–05 amphetamines were...

- The fourth most common principal drug of concern to clients overall (11%) and for those identified as being of Aboriginal and/or Torres Strait Islander origin (11%).
- The fourth most commonly nominated principal drug of concern for both sexes: 11% for both males and females.
- Most commonly reported among clients aged 20–29 (15%) and 30–39 years (13%), when it was the principal drug of concern.
- Most commonly treated through counselling (42%), followed by assessment only (16%), rehabilitation (15%) and withdrawal management (detoxification) (13%), when it was the principal drug of concern.

Where amphetamines were the principal drug of concern, treatment most commonly ceased because the treatment was completed (46%) or clients ceased to participate without notice (22%).

Treatment programs

Of the 142,144 closed treatment episodes where clients were seeking treatment for their own or someone else’s alcohol or other drug use...

...what were the treatment types accessed by clients?

- Counselling was the most common treatment type provided (40%), followed by withdrawal management (detoxification) (18%) and assessment only (12%).
- The main treatment for female clients was more likely to be counselling (45%) than for male clients (38%), and less likely to be assessment only (9% and 14% respectively) and information and education only (7% and 10% respectively).
- Counselling as the main treatment type was more likely among older clients – from 31% of closed treatment episodes for clients aged 10–19 years to 49% of episodes for clients aged 50–59 years.

- The overall median number of treatment days for a treatment episode was 19.

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

- 70% of treatment episodes occurred at a non-residential treatment facility, 18% in a residential treatment facility and 7% in an outreach setting such as a mobile van service.
- Treatment episodes were most likely to occur at a non-residential treatment facility where the main treatment was counselling (93% of episodes with this treatment type), assessment only (80%) and information and education only (70%), and most likely to occur at a residential treatment facility where the main treatment was rehabilitation (68%) and withdrawal management (detoxification) (58%).
- The most common reason for ending a treatment episode was because the treatment was completed (53%), followed by the client ceasing to participate without notice to the treatment agency (17%).
- Treatment was more likely to cease because it was completed where the main treatment type was assessment only (74% of episodes with this treatment type) and less likely where the main treatment type was information and education only (23%).

Data quality

- Overall, the quality of the 2004–05 AODTS–NMDS data has continued the trend of improvements across collection periods.
- The data transmission process for the 2004–05 AODTS–NMDS collection represented an improvement on that of previous years. Data were received at the AIHW earlier than in previous years.