



Alcohol and other drug treatment services in the Northern Territory

*Findings from the National Minimum Data Set (NMDS)
2006–07*

Highlights

In the Northern Territory (NT) in 2006–07:

- 19 government-funded alcohol and other drug treatment agencies provided 2,470 closed treatment episodes.
- The median age of persons receiving treatment for their own drug use was 33 years. Of people seeking treatment in relation to someone else's drug use, the median age was 36 years.
- Alcohol was the most common principal drug of concern in closed treatment episodes (63%), followed by cannabis (13%) and opioids (9%, with morphine accounting for 8%).
- The most common form of main treatment provided was assessment only (30% of episodes), followed by counselling (29%), rehabilitation (12%) and withdrawal management (detoxification)(11%).

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About this bulletin

This bulletin summarises the main findings from the 2006–07 Alcohol and Other Drug Treatment Services (AODTS) NMDS data for the NT. More detailed information about the 2006–07 collection and its findings can be found in the publication *Alcohol and other drug treatment services in Australia 2006–07: report on the National Minimum Data Set* (AIHW 2008). This report, together with further publications and interactive data, can be accessed online at <www.aihw.gov.au/drugs>.

Scope of the AODTS–NMDS

The agencies and clients that were in scope for the 2006–07 AODTS–NMDS collection were:

- all publicly funded (at state, territory and/or Australian Government level) government and non-government agencies that provide one or more specialist alcohol and/or other drug treatment services
- all clients who had completed one or more treatment episodes at an alcohol and other drug treatment service that was in scope during the period 1 July 2006 to 30 June 2007.

It is important to note that the AODTS–NMDS collection only includes pharmacotherapy clients when they receive both pharmacotherapy and another type of treatment (from the same treatment agency). Pharmacotherapy-only clients are reported under the National Opioid Pharmacotherapy Statistics Annual Data collection (NOPSAD).

For a complete list of clients and agencies excluded from the AODTS–NMDS, see Section 1.3 of the AODTS–NMDS 2006–07 annual report (AIHW 2008).

Collection count: closed treatment episodes

The unit of measurement in this bulletin is the 'closed treatment episode'. A closed treatment episode refers to a period of contact, with defined start and end dates, between a client and a treatment agency. It is possible that more than one treatment episode may be in progress for a client at any one time, therefore the number of closed treatment episodes captured in the AODTS–NMDS does not equate to the total number of persons in Australia receiving treatment for alcohol and other drugs.

Treatment agencies

- Throughout Australia, a total of 633 government-funded alcohol and other drug treatment agencies supplied data for 2006–07. Of these agencies, 19 were located in the NT, of which 16 were non-government agencies.
- Treatment agencies in the NT were most likely to be located in Remote areas such as Alice Springs (53%), and Outer Regional areas (42%) including Darwin.

Client profile

- In the NT, there were 2,470 closed treatment episodes in alcohol and other drug treatment services reported in the 2006–07 AODTS–NMDS collection.
- The vast majority (97%) of closed treatment episodes in the NT involved clients seeking treatment for their own drug use. The remaining 10% involved clients seeking treatment in relation to another person's alcohol or other drug use.
- The overall proportions of male and female clients in the NT (64% and 36% respectively) were similar to the national proportions (66% and 34% respectively). However, of those treatment episodes reported in relation to someone else's drug use in the NT, females accounted for the majority (77% of treatment episodes).
- In the NT, the median age of persons receiving treatment for their own drug use was 33 years. Of people seeking treatment in relation to someone else's drug use, the median age was 36 years.
- Thirty per cent (30%) of closed treatment episodes in the NT were for clients aged 30–39 years; another 30% were for clients aged 20–29 years.
- The proportion of closed treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin was much higher in the NT than nationally (55% compared with 10%). These proportions are both higher than the overall proportion of Aboriginal and Torres Strait Islander peoples, aged 10 years and over, in the NT and Australia (31.6% and 2.5% respectively) (ABS & AIHW 2008). These figures need to be interpreted with caution due to the fact that the majority of Australian Government-funded Aboriginal and Torres Strait Islander substance use services or primary health care services are not included in the AODTS–NMDS collection.
- The majority (92%) of closed treatment episodes in the NT were for clients born in Australia and 73% of treatment episodes were for clients whose preferred language was English. One fifth (19%) of episodes in the NT were for clients whose preferred language was an Australian Indigenous language.
- Self-referral was the most common source of referral to treatment services in the NT (44% of episodes), followed by referrals from correctional services (16%).

Drugs of concern

This section reports only on the 2,217 closed treatment episodes where clients were seeking treatment for their own alcohol or other drug use in the NT.

Principal drug of concern

The 'principal drug of concern' refers to the main substance that the client states led them to seek treatment from the alcohol and other drug treatment agency.

- In the NT in 2006–07, alcohol was the most common principal drug of concern in closed treatment episodes (63%), followed by cannabis (13%) and opioids (9%, with morphine accounting for 8%). Compared with all treatment provided nationally, the NT provided proportionally more treatment episodes for alcohol and morphine, with fewer episodes focused on other drug types.
- Over time, the NT has consistently provided the majority (63% to 77%) of treatment episodes to people who identify alcohol as their principal drug of concern. Nationally the trend has been between 37% and 42%.

Table 1: Closed treatment episodes^(a) by principal drug of concern, Northern Territory and Australia, 2001–02 to 2006–07 (per cent)

| Principal drug of concern | Northern Territory | | | | | | Total (Australia) 2006–07 | |
|------------------------------------|--------------------|--------------|--------------|--------------|--------------|------------------------|---------------------------|----------------|
| | 2001–02 | 2002–03 | 2003–04 | 2004–05 | 2005–06 | 2006–07 ^(b) | Per cent | Number |
| Alcohol | 64.3 | 71.7 | 77.2 | 64.4 | 63.0 | 63.4 | 42.3 | 59,480 |
| Amphetamines | 8.6 | 6.4 | 4.5 | 5.2 | 3.8 | 4.8 | 12.3 | 17,292 |
| Benzodiazepines | 1.1 | 0.9 | 0.4 | 0.5 | 0.8 | 0.5 | 1.6 | 2,298 |
| Cannabis | 11.0 | 9.2 | 7.9 | 13.5 | 14.4 | 13.2 | 22.8 | 31,980 |
| Cocaine | — | 0.2 | 0.1 | — | — | — | 0.3 | 448 |
| Ecstasy | — | 0.0 | 0.2 | 0.4 | 0.4 | 0.3 | 0.7 | 1,010 |
| Nicotine | 1.7 | 1.2 | 1.3 | 1.0 | 1.4 | 3.8 | 1.7 | 2,450 |
| Opioids | | | | | | | | |
| Heroin | 2.1 | 1.5 | 0.9 | 1.3 | 0.8 | 0.6 | 10.6 | 14,870 |
| Methadone | 0.6 | 0.6 | 0.7 | 0.6 | 1.0 | 0.4 | 1.6 | 2,268 |
| Morphine | 8.4 | 6.0 | 5.3 | 10.1 | 10.0 | 7.8 | 0.9 | 1,299 |
| <i>Total opioids^(c)</i> | <i>11.2</i> | <i>8.1</i> | <i>6.8</i> | <i>12.0</i> | <i>11.8</i> | <i>8.8</i> | <i>14.4</i> | <i>20,196</i> |
| All other drugs ^(d) | 2.0 | 2.3 | 1.5 | 3.0 | 4.5 | 5.1 | 3.8 | 5,321 |
| Not stated | — | — | — | — | — | — | — | — |
| Total (per cent) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | .. |
| Total (number) | 2,007 | 1,961 | 2,337 | 2,116 | 2,217 | 2,283 | .. | 140,475 |

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

(b) The number of treatment episodes may be under-counted due to technical difficulties which led to the exclusion of data from one in-scope agency and under-reporting of episodes by government agencies for two quarters.

(c) Total opioids includes the balance of opioids.

(d) Includes balance of principal drugs of concern coded according to the Australian Standard Classification of Drugs of Concern.

- Alcohol was the most common principal drug of concern in treatment episodes for clients in all age groups in 2006–07, except for clients in the 10–19 years age group where cannabis was the most common principal drug nominated (36%).
- In 2006–07, treatment episodes involving clients of Aboriginal and/or Torres Strait Islander origin in the NT were most likely to involve alcohol as the principal drug of concern (76% compared with 47% for other Australians), followed by cannabis (8% compared with 20% for other Australians).

All drugs of concern

‘All drugs of concern’ refers to all drugs reported by clients including the principal drug of concern and all other drugs of concern (clients can report up to five other drugs of concern).

- 16% of treatment episodes in the NT involved at least one other drug of concern (in addition to the principal drug of concern). From these episodes, 688 instances of other drugs of concern were recorded.
- A breakdown of all drugs of concern by drug type is presented below (Figure 1). For example, nicotine was reported as the principal drug of concern in 4% of episodes, but was reported as a drug of concern (either ‘principal’ or ‘other’) in 10% of treatment episodes.

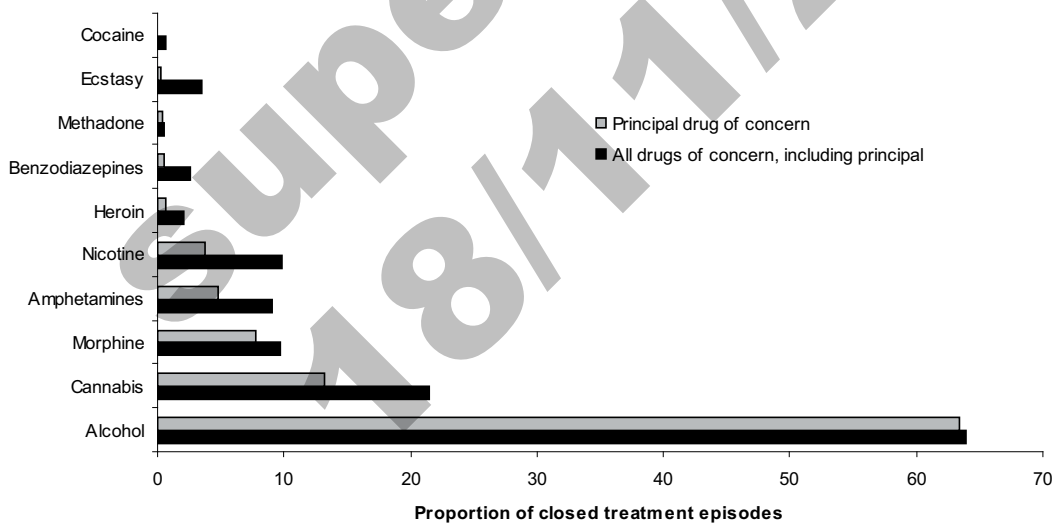


Figure 1: Closed treatment episodes by principal drug of concern and all drugs of concern, Northern Territory, 2006–07

Alcohol

In the NT, alcohol was the most common principal drug of concern for which treatment was sought, accounting for 63% of closed treatment episodes in 2006–07.

Of the 1,406 episodes where alcohol was nominated as the principal drug of concern in 2006–07:

Client profile

- The majority (72%) of episodes were for male clients.
- The median age of clients receiving treatment was 34 years (males 34 years; females 35 years).
- Around 69% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (for less than 1% of episodes, Indigenous status was not reported).
- Self-referral was the most common source of referral (41% of episodes), followed by referrals from correctional services (22%) and court diversion programs designed to direct people charged with drug-related offences to treatment (9%).

Drug profile

- 8% included at least one other drug of concern. From these episodes, 190 instances of other drugs of concern were recorded—25% were for cannabis and 24% nicotine.
- The majority (82%) of episodes involved clients who reported never having injected drugs. About 2% of episodes involved clients who reported being current injectors, while 7% involved clients who reported they had injected drugs in the past. Caution should be taken, however, when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (9% of episodes).

Treatment profile

- The most common main treatment type received was assessment only (38% of episodes), followed by counselling (21%) and rehabilitation (14%).
- Treatment was most likely to occur in a non-residential treatment facility (32% of episodes), followed by a residential treatment facility (31%).
- The median number of days for a treatment episode was 12.

Cannabis

In the NT, cannabis was the second most common principal drug of concern for which treatment was sought, accounting for 13% of closed treatment episodes in 2006–07.

When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 16% of episodes included cannabis.

Of the 292 episodes where cannabis was nominated as the principal drug of concern in 2006–07:

Client profile

- The majority (76%) of episodes were for male clients.
- The median age of clients receiving treatment was 26 years (males 27 years; females 23 years).
- Around 35% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (for 1% of episodes, Indigenous status was not reported).
- Self-referral was the most common source of referral (28% of episodes), followed by referrals from court diversion (20%) and police diversion (10%).

Drug profile

- Smoking was the most common usual method of use (96%).
- 61 episodes (21%) included at least one other drug of concern. From these episodes, 124 other drugs of concern were recorded—30% of these were for amphetamines, followed by ecstasy (22%).
- The majority (60%) of episodes involved clients who reported never having injected drugs. Another 11% of episodes involved clients who reported being current injectors, while 15% involved clients who reported they had injected drugs in the past. Caution should be used, however, when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (14% of episodes).

Treatment profile

- Counselling was the most common main treatment type received (42% of episodes), followed by assessment only (25%).
- Treatment was most likely to occur in a non-residential treatment facility (53% of episodes), followed by a residential treatment facility (31%).
- The median number of days for a treatment episode was 14.

Morphine

In the NT, morphine was the third most common principal drug of concern for which treatment was sought, accounting for 10% of closed treatment episodes in 2006–07. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 8% of episodes included morphine.

Of the 173 episodes where morphine was nominated as the principal drug of concern in 2006–07:

Client profile

- The majority (72%) of episodes were for male clients.
- The median age of clients receiving treatment was 33 years (males 34 years; females 32 years).

- Around 18% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (for 5% of episodes, Indigenous status was not reported).
- Self-referral was the most common source of referral (59% of episodes).

Drug profile

- Injection was the most common method of use (88% of episodes), followed by ingestion (8%).
- 68 episodes (39%) included at least one other drug of concern. From these episodes, 175 other drugs of concern were recorded—33% were for cannabis, 19% amphetamines and 18% benzodiazepines.
- The majority (86%) of episodes involved clients who reported being current injectors, while 9% involved clients who had injected drugs in the past (7% between 3 and 12 months ago and 2% 12 or more months ago).

Treatment profile

- Withdrawal management (detoxification) and assessment only were the most common main treatment types received (both accounting for 35% of episodes).
- Treatment was most likely to occur in a non-residential treatment facility (57% of episodes), followed by a residential treatment facility (32%).
- The median number of days for a treatment episode was 9.

Treatment programs

'Main treatment type' is the principal activity that the treatment provider considers necessary for the client to complete their treatment plan for the principal drug of concern. Data presented in this section relate to clients seeking treatment for their own or someone else's alcohol or other drug use, except for the sub-sections relating to principal drug of concern and treatment programs (which only include episodes for people seeking treatment for themselves).

- Of all closed treatment episodes in the NT in 2006–07, the most common form of main treatment provided was assessment only (30% of episodes), followed by counselling (29%). Nationally, 15% of episodes were assessment only and counselling accounted for 38%. It is important to note that the method of counting assessment only treatment episodes may vary between states and territories so comparisons of data nationally and across jurisdictions should be made with caution.
- Over the period since 2001–02, the NT has consistently provided more rehabilitation as a proportion of treatment episodes (12–17%) than has been provided nationally (6–9%). The NT has also consistently provided proportionally less counselling.

Table 2: Closed treatment episodes by main treatment type, Northern Territory and Australia, 2001–02 to 2006–07 (per cent)

| Main treatment type | Northern Territory | | | | | | Total (Australia) 2006–07 | |
|--|--------------------|--------------|--------------|--------------|--------------|------------------------|---------------------------|----------------|
| | 2001–02 | 2002–03 | 2003–04 | 2004–05 | 2005–06 | 2006–07 ^(a) | Per cent | Number |
| Withdrawal management (detoxification) | 21.8 | 8.9 | 8.4 | 11.8 | 14.3 | 11.1 | 16.6 | 24,467 |
| Counselling | 28.5 | 24.7 | 24.6 | 34.5 | 28.3 | 28.5 | 38.7 | 57,017 |
| Rehabilitation | 14.8 | 17.4 | 14.9 | 13.1 | 12.0 | 12.1 | 7.4 | 10,950 |
| Support & case management only | 2.2 | 3.7 | 0.9 | 1.4 | 1.2 | 4.3 | 8.3 | 12,290 |
| Information and education only | 6.9 | 21.4 | 23.9 | 9.0 | 6.9 | 5.3 | 9.3 | 13,723 |
| Assessment only ^(b) | 11.7 | 19.9 | 24.3 | 23.7 | 31.5 | 30.4 | 15.1 | 22,295 |
| Other ^(c) | 14.1 | 4.1 | 3.0 | 6.4 | 5.6 | 8.4 | 4.5 | 6,583 |
| Total (per cent) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.00 | 100.0 | .. |
| Total (number) | 2,405 | 3,032 | 2,692 | 2,426 | 2,453 | 2,470 | .. | 147,325 |

(a) The number of treatment episodes may be under-counted due to technical difficulties which led to the exclusion of data from one in-scope agency and under-reporting of episodes by government agencies for two quarters.

(b) The method of counting 'assessment only' may vary between states/territories and comparison of data nationally and across jurisdictions should be made with caution.

(c) 'Other' includes treatment episodes where the main treatment type was reported as pharmacotherapy.

Assessment only

The most common main treatment type reported in the NT in 2006–07 was assessment only, accounting for 30% of closed treatment episodes. Of the 751 episodes where assessment only was nominated as the main treatment type received in 2006–07:

Client profile

- The vast majority (99%) of episodes were for clients seeking treatment for their own drug use.
- The majority (79%) of episodes were for male clients.
- The median age of persons receiving treatment was 32 years (males 32 years; females 34 years).
- Around 68% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (for 1% of episodes, Indigenous status was not reported).
- Self-referral was the most common source of referral (31% of episodes), followed by referrals from correctional services (29%).

Treatment profile

- Treatment was most likely to occur in an 'other' delivery settings (37% of episodes), followed by non-residential delivery settings (35%).
- The majority (80%) of episodes ended because the treatment was completed. The next most common reason for treatment to end was because there was a change in the main treatment type (11% of episodes ended this way).
- The median number of days for a treatment episode was 1.

Principal drug profile

- ♦ Alcohol was the most common principal drug of concern reported (73% of episodes) reported by people who received assessment for their own drug use, followed by cannabis (10%) and morphine (8%).

Counselling

Counselling was the second most common main treatment type reported in the NT in 2006–07, accounting for 29% of closed treatment episodes. Of the 703 episodes where counselling was nominated as the main treatment type received:

Client profile

- ♦ 77% of episodes were for clients seeking treatment for their own drug use.
- ♦ Just over half (52%) of episodes were for male clients.
- ♦ The median age of persons receiving treatment was 35 years (males 34 years; females 36 years).
- ♦ 25% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (for 1% of episodes Indigenous status was not reported).
- ♦ Self-referral was the most common source of referral (45% of episodes), followed by referrals from family members or friends (13%).

Treatment profile

- ♦ Treatment was most likely to occur in a non-residential treatment facility (85% of episodes).
- ♦ The majority (51%) of episodes ended because the treatment was completed. The next most common reason for episodes to end was that the client ceased to participate without providing notice to the service provider (25% of episodes ended this way).
- ♦ The median number of days for a treatment episode was 85.

Principal drug profile

- ♦ Alcohol was the most common principal drug of concern reported (55% of episodes) by people who received counselling for their own drug use, followed by cannabis (23%).

Rehabilitation

Rehabilitation was the third most common main treatment type reported in the NT in 2006–07, accounting for 12% of closed treatment episodes. Of the 298 episodes where rehabilitation was nominated as the main treatment received in 2006–07:

Client profile

- ♦ All episodes were for clients seeking treatment for their own drug use.
- ♦ The majority (73%) of episodes were for male clients.

- The median age of persons receiving treatment was 30 years (males 31 years; females 27 years).
- Around 77% of episodes involved clients who identified as being of Aboriginal and Torres Strait Islander origin (for 3% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (44% of episodes), followed by referrals from correctional services (22%) and court diversion (18%).

Treatment profile

- Treatment was most likely to occur in a residential treatment facility (73% of episodes).
- Treatment completion was the most common reason for episodes ending (43%). The next most common reason for treatment to end was because the client ceased to participate without notifying the service provider (15% of episodes ended this way).
- The median number of days for a treatment episode was 33.

Principal drug profile

- Alcohol was the most common principal drug of concern reported (66% of episodes), followed by cannabis (11%) and amphetamines (5%).

How to find out more

If you would like more detailed data about the NT's alcohol and other treatment services please contact the AIHW to discuss your needs. The document *Alcohol and other drug treatment services NMDS Specifications 2008–09* outlines the process to be followed for unpublished data requests. This document is available from the AIHW website at <www.aihw.gov.au/publications/index.cfm/title/10575>.

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