

9 Treatment services

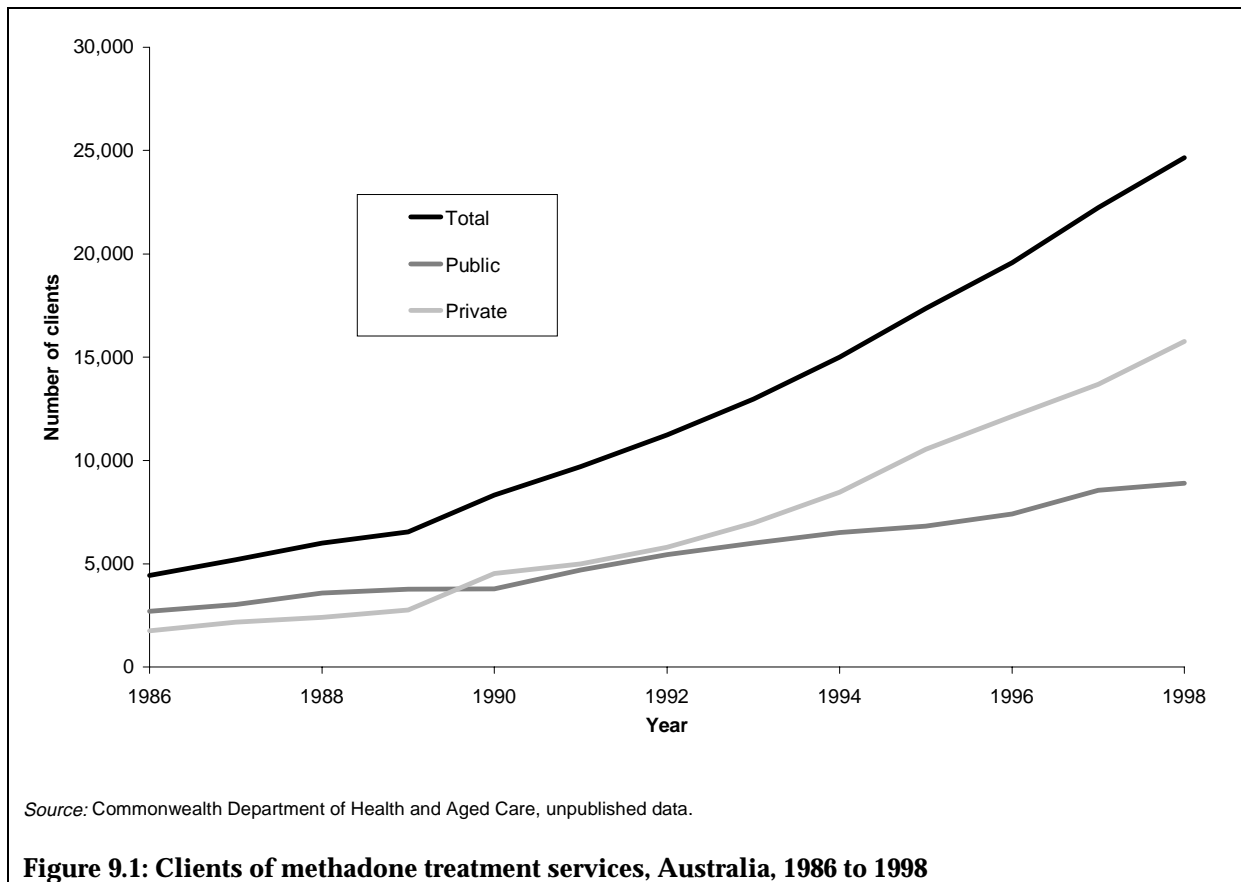
Background

As part of the new National Illicit Drug Strategy launched by the Prime Minister in November 1997, funding of \$27.7 million over four years has been allocated for the Non-Government Organisation Treatment Grants Program. The first instalment of the Program provides funding for non-government organisations to establish and operate new treatment services for treating illicit drug problems, with a particular emphasis on filling geographic and target group gaps in the coverage of existing treatment services. The Minister for Health and Aged Care has announced funding of approximately \$25 million over four years to 54 non-government organisations across Australia for this purpose, and a further \$19 million for the expansion and/or enhancement of existing treatment services. These services are in addition to the range of treatment services already being funded by State and Territory Health Departments (for which no aggregated expenditure estimates are available).

The data presented in this chapter relate to all existing treatment services.

Methadone treatment services

Methadone maintenance programs are recognised nationally as an effective method for treating opioid dependence and reducing individual and social harms associated with illegal opioid use. National guidelines for methadone treatment were first endorsed in 1985 and since then the numbers of people in methadone programs has steadily risen.



As at 30 June 1998 there were over 24,657 people in methadone treatment programs throughout Australia. This represents an increase of almost 470% since 1986. Since 1990, there has been a marked increase in the number of methadone clients attending private clinics versus those attending public clinics (Figure 9.1). As at 30 June 1986, 39% of clients attended private clinics; in 1990 this number had risen to 55% and in 1998 the figure was 67%.

Participation in a drug-related treatment program

Using data from the 1998 NDSHS, few people had participated in an alcohol- or other drug-related program (Table 9.1). Six per cent of those surveyed had participated in a smoking-related program at some stage with less than 1% of both male and female respondents participating in other drug-related treatment programs (with the exception of males participating in an alcohol-related program).

Table 9.1: Participation in an alcohol or other drug-related treatment program, Australia, 1998

Program type	Never	Last 12 months (per cent)	Yes, but not in last 12 months
Males			
Smoking program	94	2	4
Alcohol program	98	1	1
Detoxification centre	99	—	1
Methadone maintenance	100	—	—
Prescription drugs treatment	99	1	—
Other	99	—	1
Females			
Smoking program	94	2	4
Alcohol program	100	—	—
Detoxification centre	100	—	—
Methadone maintenance	100	—	—
Prescription drugs treatment	100	—	—
Other	100	—	—

Source: National Drug Strategy Household Survey 1998.

Clients of Treatment Service Agencies census

The most recent in the series of Clients of Treatment Services Agencies (COTSA) censuses was held in March 1995. The COTSA census is a one-day census (conducted by survey) which aims to identify the characteristics of clients attending drug and alcohol treatment services by conducting a complete census of all drug- and alcohol-related treatment services. To be classified as a drug and alcohol treatment service an agency must provide one or more face-to-face specialist treatment services to people with alcohol and/or other drug problems. The 1995 census was the third in the COTSA series, reporting on 92% of the 498 drug and alcohol treatment services in existence at that time, covering 5,212 clients (note: data exclude clients of methadone maintenance programs).

Overall trends

From 1990 to 1995 there has been a steady decline in the proportion of clients attending drug and alcohol treatment services for alcohol-related conditions (although this remains the largest category) (Table 9.2). This has corresponded with increases in the proportions of clients whose principal drug problem was cannabis use or amphetamine use. The proportion of clients whose principal drug problem was opiates has remained stable over this period.

Table 9.2: Principal drug problem^(a) of all clients of treatment service agencies, Australia, 1990, 1992, 1995

Drug problem	1990	1992	1995
	(n=5,583)	(n=5,259) (per cent)	(n=5,212)
Alcohol	55	52	49
Opiates	34	33	34
Tobacco	8	9	5
Benzodiazepines	4	4	4
Cannabis	4	6	7
Amphetamines	4	4	7
Polydrug ^(b)	11	11	12
Injected drugs in the past 12 months	34	32	38

(a) Figures reflect more than one drug problem for some clients.

(b) Represents those clients for whom more than three substances had been nominated as well as clients identified by agencies as being polydrug users.

Source: Torres et al. 1995.

Type of client

The majority of secondary clients (relatives/friends of substance users) seek assistance with alcohol-related problems, followed by opiates and cannabis (Table 9.3). Secondary clients are more likely to seek assistance for alcohol and marijuana issues than primary clients (substance users); however, primary clients seek assistance with opiate-related issues at a significantly higher proportion than secondary clients (26% versus 11%).

Table 9.3: Principal drug problem^(a) of clients of treatment service agencies, by type of client, Australia, 1995

Drug problem	Client type		
	Substance users	Relatives/friends (per cent)	Total clients
Alcohol	49	56	50
Opiates	26	11	25
Opiates/polydrug	7	4	7
Tobacco	5	3	5
Benzodiazepines ^(b)	5	2	4
Cannabis	7	11	7
Amphetamines	7	7	7
Polydrug ^(c)	4	2	3
Barbiturates	—	—	—
Other drugs ^(d)	2	2	2

(a) Figures reflect more than one drug problem for some clients.

(b) Includes other tranquillisers.

(c) Excludes opiates.

(d) Includes cocaine, hallucinogens, solvents, over-the-counter medications, methylated spirits, etc.

Source: Torres et al. 1995.

Sex differences

Significantly more males than females are likely to attend a drug and alcohol treatment service agency for alcohol-related problems (52% versus 42%) (Table 9.4). Females are more likely to have opiate- and benzodiazepine-related problems than males, with 39% of females being treated for opiate-related problems (versus 31% of males) and 8% being treated for

benzodiazepine-related problems (versus 3% of males). Female clients are also more likely to have injected illegal drugs than male clients (42% versus 37%).

Table 9.4: Principal drug problem^(a) of clients of treatment service agencies, substance users, Australia, 1995

Drug problem	Male	Female	Persons
		(per cent)	
Alcohol	52	42	49
Opiates	31	39	34
Tobacco	5	4	5
Benzodiazepines ^(b)	3	8	5
Cannabis	7	5	7
Amphetamines	7	6	7
Polydrug ^(c)	3	4	4
Other drugs ^(d)	2	2	2
Injected drugs in the past 12 months	37	42	39

(a) Figures reflect more than one drug problem for some clients.

(b) Includes other tranquillisers.

(c) Excludes opiates.

(d) Includes cocaine, hallucinogens, solvents, over-the-counter medications, methylated spirits, etc.

Source: Torres et al. 1995.

Age differences

Older clients (those aged 25 years and older) are more likely to have alcohol-related problems than young substance users (aged less than 25 years), 53% versus 35% (Table 9.5). Younger substance users are more likely to have cannabis-related problems (17% versus 4%) and amphetamine-related problems (13% versus 5%). Younger people were also more likely to have injected any illegal drug in the past 12 months (50% versus 35%).

Table 9.5: Principal drug problem^(a) of clients of treatment service agencies, substance users, by broad age group, Australia, 1995

Drug problem	Age group		Total
	Age less than 25	Age 25 and older	
	(per cent)		
Alcohol	35	53	49
Opiates	32	34	34
Tobacco	3	6	5
Benzodiazepines ^(b)	3	5	5
Cannabis	17	4	7
Amphetamines	13	5	7
Polydrug ^(c)	7	2	4
Other drugs ^(d)	4	2	2
Injected drugs in the past 12 months	50	35	38

(a) Figures reflect more than one drug problem for some clients.

(b) Includes other tranquillisers.

(c) Excludes opiates.

(d) Includes cocaine, hallucinogens, solvents, over-the-counter medications, methylated spirits, etc.

Source: Torres et al. 1995.