

Alcohol and other drug treatment services in New South Wales

AODTS–NMDS collection

The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS) is a nationally agreed set of common data items collected by government funded service providers for clients who used alcohol and other drug treatment.



NSW participation in the national collection

The New South Wales Health Department participated in this national collection and contributed data to the NMDS.

Findings from the National Minimum Data Set (NMDS) 2001–02 for NSW

Highlights

- In New South Wales (NSW), 200 government-funded alcohol and other drug treatment agencies supplied data for 2001–02; of these 57 were non-government providers.
- These alcohol and other drug treatment agencies provided 39,348 ‘closed treatment episodes’ during 2001–02 (see below for the definition of ‘closed treatment episodes’).
- The majority of closed treatment episodes were for clients aged between 20 and 39 years of age (62%), with one-third of all treatment episodes (33%) provided for clients in the 20–29 year age group.
- Male clients in NSW accounted for over two-thirds (68%) of all closed treatment episodes.
- In NSW, alcohol (43%) and heroin (19%) were the most common principal drugs of concern in closed treatment episodes, followed by cannabis (14%).
- Of all closed treatment episodes in NSW, counselling was the most common form of main treatment provided (27%), followed by assessment only (23%) and withdrawal management (detoxification) (21%).
- In NSW, 30% of closed treatment episodes where alcohol was nominated as the principal drug were for clients aged between 30 and 39 years.

Contents of this data briefing

This data briefing summarises the main findings from the 2001–02 alcohol and other drug treatment services (AODTS) NMDS data for New South Wales (NSW). Throughout this briefing, data from NSW are presented along with national AODTS data.

National AODTS–NMDS data reports

More detailed information about the 2001–02 collection and its findings can be found in the publication ‘Alcohol and other drug treatment services in Australia 2001–02: report on the National Minimum Data Set’. This report, together with further publications and AODTS–NMDS interactive data can be accessed online at <www.aihw.gov.au/drugs>.

Data count in the collection: closed treatment episodes

The analysis in this briefing is based on ‘closed treatment episodes’. A closed treatment episode refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. For example, a closed treatment episode could be for one specific treatment, such as withdrawal management (detoxification), that is part of an overall long-term treatment plan.

Treatment agencies

- Throughout Australia, a total of 505 government-funded alcohol and other drug treatment agencies supplied data for 2001–02; of these, 200 were located in NSW. Of the agencies in NSW, 57 were non-government agencies.

Client profile

- In NSW, the majority of closed treatment episodes in NSW were for clients aged between 20 and 39 years of age (62%), with one-third of all treatment episodes (33%) provided for clients in the 20–29 year age group (Table 1).
- The proportions of male and female clients in NSW (68% and 32% respectively) were similar to the national proportions (65% and 35% respectively).

Table 1: Closed treatment episodes, sex by age group of client, New South Wales and Australia, 2001–02

Age group (years)	New South Wales			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
	(per cent)					
10–19	5.1	3.1	8.2	8.5	4.6	13.1
20–29	22.5	10.4	32.9	22.9	11.3	34.2
30–39	20.0	9.1	29.1	17.3	9.2	26.5
40–49	12.1	6.3	18.3	9.8	6.1	15.9
50–59	5.4	2.5	7.9	4.1	2.5	6.6
60+	2.4	1.1	3.4	1.5	0.8	2.3
Total^(b) (per cent)	67.5	32.4	100.0	64.8	35.1	100.0
Total^(b) (number)	26,573	12,755	39,348	78,323	42,415	120,869

(a) Includes not stated for Sex.

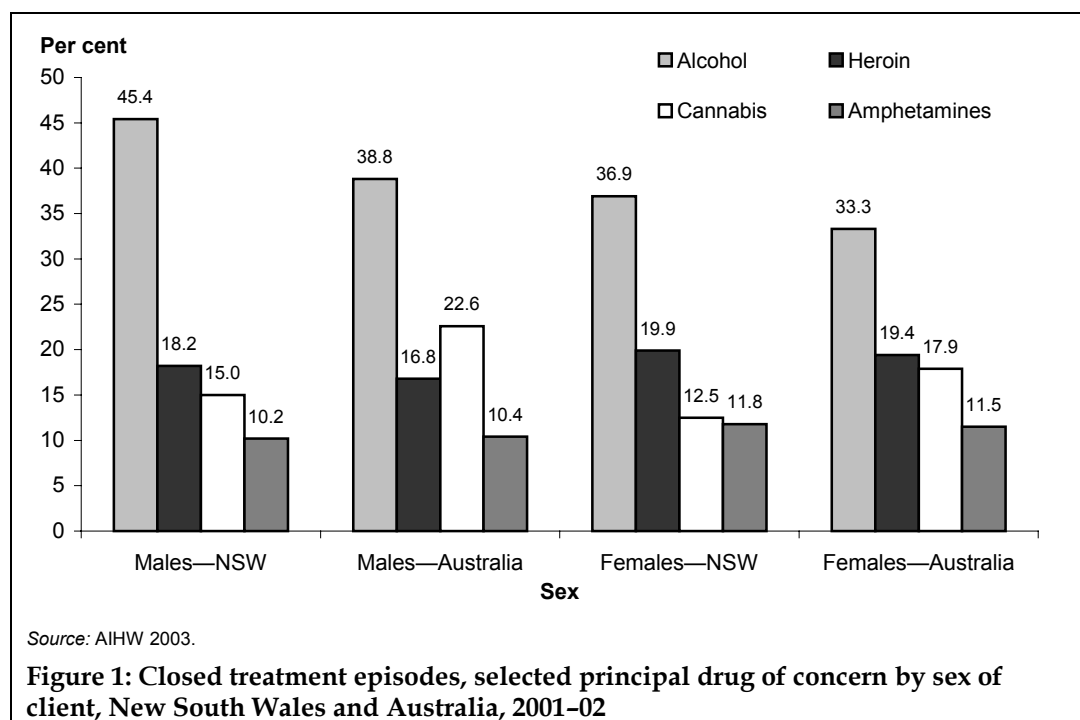
(b) Includes not stated for Age.

Source: AIHW 2003.

- Ninety-seven per cent of closed treatment episodes involved clients seeking treatment for their own drug use.
- The proportion of closed treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin was lower in NSW (7%) than nationally (8%). However, both of these populations were higher than the proportion of the Australian population who identify as Indigenous (2.4%: ABS unpublished 2001 Census data).
- The majority of closed treatment episodes were for clients born in Australia (87%) and 98% were for clients whose preferred language was English.
- Thirty-five per cent of closed treatment episodes in both NSW and Australia involved clients who were self-referred. In NSW, alcohol and other drug treatment services (17%) were the next most common source of referral.

Principal drug of concern

- In NSW, alcohol (43%) and heroin (19%) were the most common principal drugs of concern in closed treatment episodes, followed by cannabis (14%). Nationally, alcohol and cannabis were the most common principal drugs of concern (37% and 21% respectively), followed by heroin (18%) (see caveat on page 8).
- Alcohol was the drug most commonly recorded in closed treatment episodes for both sexes in NSW (45% males and 37% females). This was followed by heroin for both males and females (18% and 20% respectively) (Figure 1).



- For closed treatment episodes in NSW where cannabis was the principal drug, there was a lower proportion of male clients reporting cannabis than at the national level (15% males in NSW and 23% males nationally). This was similar for female clients (13% females in NSW and 18% females nationally).
- In NSW, the principal drug of concern varied by age. For clients in older age groups, alcohol was the most common principal drug in closed treatment episodes: highest for clients aged 50 years and over (81%) (Table 2). Similarly, at the national level, alcohol was the most common principal drug for clients aged 50 years and over (79%).

Table 2: Closed treatment episodes, principal drug of concern by age group of client, New South Wales and Australia, 2001-02^(a)

Principal drug	New South Wales (per cent)							Total (Australia)	
	10-19	20-29	30-39	40-49	50-59	60+	Total ^(b)	Per cent	Number
Alcohol	15.7	24.3	43.5	65.9	80.7	82.1	42.7	37.0	41,886
Amphetamines	17.7	15.8	11.0	3.3	0.8	0.2	10.7	10.8	12,211
Benzodiazepines	1.0	2.2	3.3	3.4	2.8	2.9	2.7	2.4	2,745
Cannabis	35.9	19.5	11.9	5.6	2.5	0.8	14.3	21.0	23,826
Cocaine	1.9	2.6	1.9	0.7	0.4	0.1	1.8	0.7	804
Ecstasy	0.1	0.1	—	—	—	—	—	0.2	253
Heroin	21.3	27.5	18.7	11.1	2.2	0.5	18.7	17.7	20,027
Methadone	0.9	3.6	4.6	3.8	0.7	0.3	3.4	2.3	2,570
Nicotine	1.1	0.7	1.6	2.3	5.7	9.1	1.9	1.4	1,602
Other ^(c)	4.4	3.6	3.5	4.0	4.1	3.9	3.8	5.7	6,482
Total^(d) (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	—
Total^(d) (number)	3,144	12,817	11,263	6,833	2,783	1,241	38,111	—	113,231

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

(b) Includes not stated for Age.

(c) Includes balance of Principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern.

(d) Includes not stated for Principal drug of concern.

Source: AIHW 2003.

- In treatment episodes involving clients aged between 10 and 19 years in NSW, cannabis was the most common principal drug (36%), and for clients aged 20–29 years the most common was heroin (28%). Nationally, cannabis was also the most common drug for clients aged 10–19 years, and heroin the most common for those aged 20–29 years.
- In NSW, the proportion of Indigenous and other clients reporting alcohol as their principal drug of concern were similar (45% of treatment episodes involving Indigenous clients and 43% for other clients). Nationally, treatment episodes for Indigenous clients were more likely to involve alcohol as the principal drug of concern (46%) than those for other clients (37%).
- Forty per cent of treatment episodes in NSW involved clients who reported never having injected drugs. Of the 32% who reported they were ‘current injectors’, 48% were aged between 20 and 29 years. Care should be taken when interpreting data for ‘injecting drug use’ due to the high ‘not stated’ response for this item (14% not stated response for New South Wales and 15% nationally).

Treatment programs

- Of all closed treatment episodes in NSW, counselling was the most common form of main treatment provided (27%), followed by assessment only (23%) and withdrawal management (detoxification) (21%) (Table 3). At the national level, counselling was also the most common form of main treatment provided (39%). This was then followed by withdrawal management (detoxification) (19%), and assessment only (15%).
- Female clients in NSW reported a higher proportion of treatment episodes where counselling was the main treatment (32%) compared to male clients (25%). This was also the case nationally (44% females and 36% males).
- In NSW, the main treatment type varied with age. For treatment episodes involving clients aged between 10 and 19 years and 20 to 29 years, assessment only was the most common treatment (31% and 26% respectively). For clients aged between 30 and 59 years counselling was the most common treatment (27% for clients aged 30–39, 29% for those aged between 40 and 49, and 31% for clients aged 50–59 years).

Table 3: Closed treatment episodes, main treatment type by sex of client, New South Wales and Australia^(a), 2001–02

Main treatment type	New South Wales			Australia		
	Males	Females	Persons ^(b)	Males	Females	Persons ^(b)
	(per cent)					
Withdrawal management (detoxification)	21.9	18.9	21.0	19.7	18.2	19.1
Counselling	25.0	31.5	27.1	36.0	44.1	38.9
Rehabilitation	9.2	8.3	8.9	6.4	6.1	6.3
Pharmacotherapy ^(c)	—	—	—	1.0	1.5	1.2
Support & case management only	1.9	2.0	1.9	5.7	6.9	6.1
Information and education only	13.8	11.4	13.0	11.1	7.6	9.8
Assessment only	23.6	21.7	23.0	16.9	10.5	14.6
Other	4.6	6.0	5.1	3.2	5.1	3.9
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	26,573	12,755	39,348	73,657	39,917	113,705

(a) Excludes South Australia.

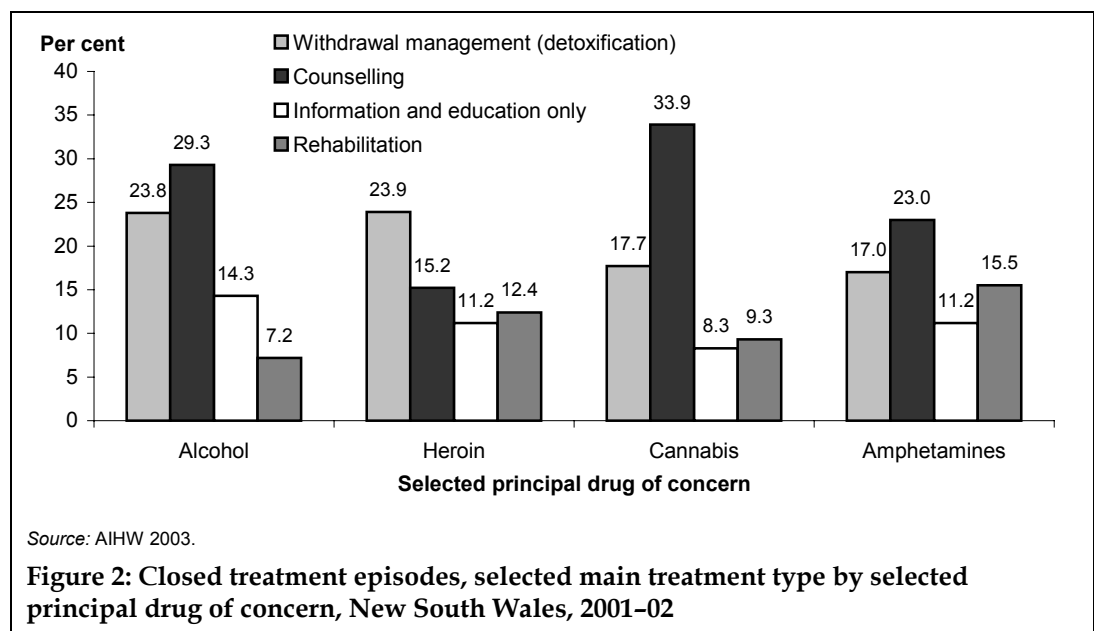
(b) Includes not stated for Sex.

(c) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS. New South Wales excluded the submission of any pharmacotherapy treatment to the AODTS–NMDS.

Source: AIHW 2003.

Main treatment and principal drug

- Closed treatment episodes in NSW where the principal drug was cannabis were more likely to involve counselling as the main treatment (34%) than treatment episodes for clients seeking treatment for heroin use (15%) (Figure 2).
- In NSW, where the principal drug was either heroin or alcohol, closed treatment episodes were more likely to involve withdrawal management (detoxification) as the main treatment (24% each) than episodes involving amphetamines (17%).
- Where alcohol was nominated as the principal drug of concern in NSW, 14% of closed treatment episodes involved information and education only programs, compared to 8% of treatment episodes where the principal drug was cannabis.
- Closed treatment episodes in NSW where the principal drug was amphetamines were more likely to involve rehabilitation (16%) than episodes involving alcohol (7%).

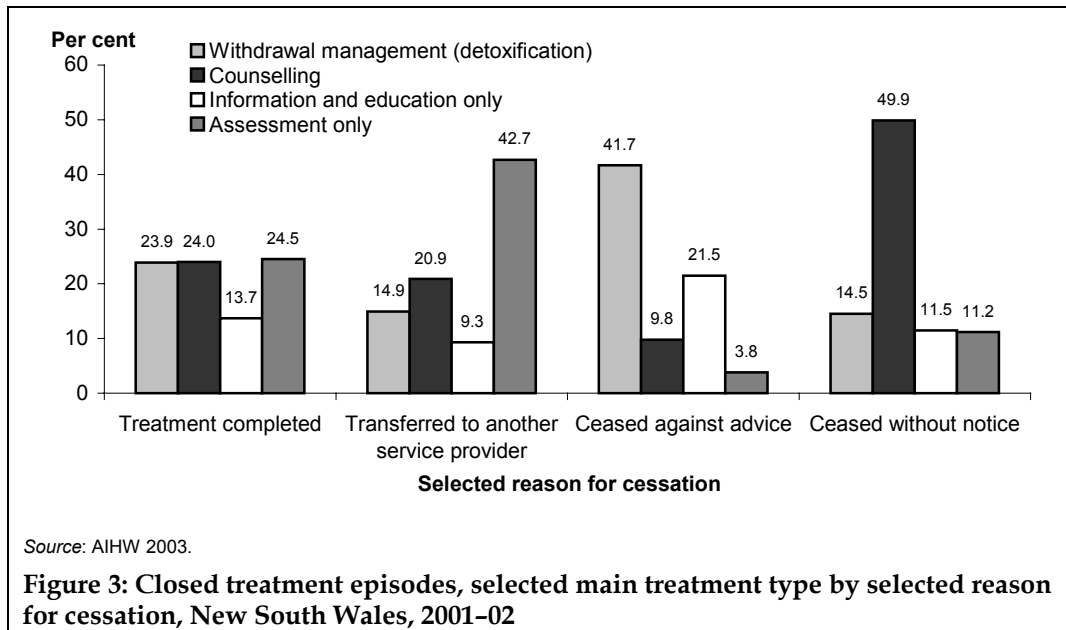


- Sixty-four per cent of all closed treatment episodes in NSW occurred at a non-residential treatment facility, 30% in a residential facility and a further 2% at the client's home.
- In NSW, the median number of days for a treatment episode was 8. The highest median number of treatment days occurred at an outreach setting (48 days) and at the client's home (30 days). Nationally, the median number of days for a closed treatment episode was much higher (20 days): the highest median number of treatment days occurred in outreach settings (36 days) and in non-residential treatment facilities (28 days).

Reason for cessation

- In NSW, the most common reason for the cessation of a client's treatment was that the treatment had been completed (50%). Other common reasons included the client ceased to participate without notice (16%) or the client transferred to another service provider (14%). Nationally, the treatment being completed was the most common reason for a treatment episode ceasing (54%).
- In NSW, for closed treatment episodes that ended because the treatment had been completed, 25% were for assessment only and 24% for either counselling or withdrawal management (detoxification) programs (Figure 3).
- For closed treatment episodes that ended because the client was transferred to a different service provider, 43% were for assessment only and 9% for information and education only.

- Forty-two per cent of closed treatment episodes that ended because the client ceased to participate against the advice of the clinician were for withdrawal management (detoxification) and 22% for information and education only.
- Fifty per cent of closed treatment episodes that ended because the client ceased to participate without notice were for counselling and 11% for assessment only.



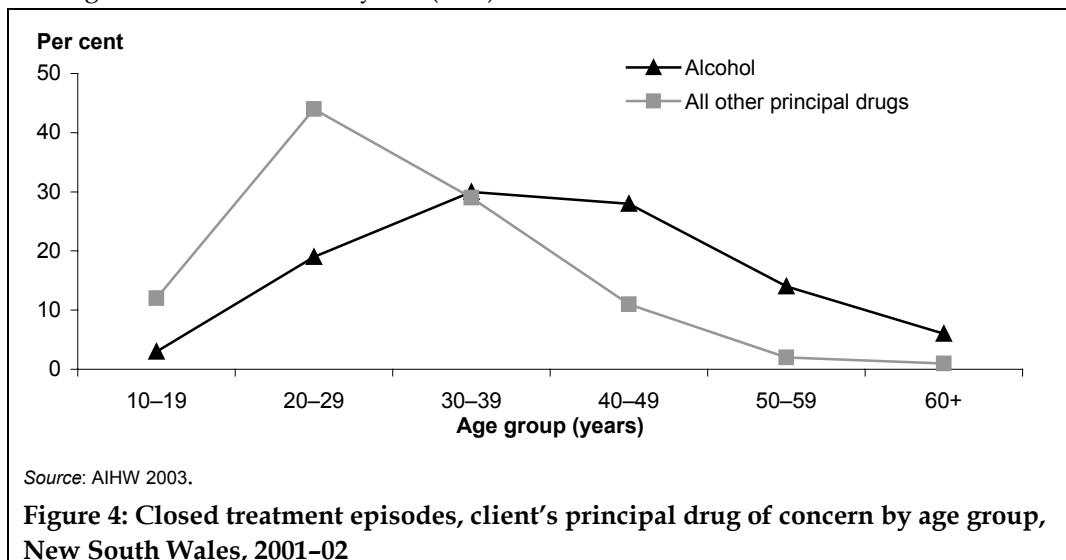
Special theme—Alcohol

This section 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*, in response to which agencies reported this area as being of high interest to the field.

Closed treatment episodes in NSW for clients who reported alcohol as their principal drug of concern numbered 16,291.

Client profile

- Clients who nominated alcohol as their principal drug of concern were somewhat older, on average, than clients seeking treatment for all other principal drugs (Figure 4). For example, in NSW 30% of closed treatment episodes with alcohol as the principal drug of concern were for clients aged between 30 and 39 years, whereas for treatment episodes involving all other principal drugs, clients were most likely to be aged between 20 and 29 years (44%).



- In NSW, there were lower proportions of treatment episodes involving alcohol as the principal drug for clients in the 20 to 29 year age group (19%), compared to treatment episodes for all other principal drugs (44%), and higher proportions for clients aged 40 years and over (48% and 14% respectively).
- Seventy-three per cent of treatment episodes in NSW where alcohol was the principal drug of concern involved male clients. Of these episodes, the highest proportions were in the 30 to 39 year age group (30%) and the 40 to 49 year age group (27%).

Treatment programs

- In NSW, for closed treatment episodes involving a principal drug of alcohol, withdrawal management (detoxification) and counselling were the most common treatments completed (28% and 24% respectively) (Table 4).
- Clients who transferred to another service provider were most likely to have received assessment only (35% of these closed treatment episodes) or counselling (26%) before they transferred.
- In NSW, the median number of days for a treatment episode where alcohol was the principal drug was 7 days. The average number of days was highest for treatment episodes where the client was receiving counselling (63 days), followed by support and case management only (36 days).
- The majority of closed treatment episodes, for those who nominated alcohol as their principal drug of concern, occurred in non-residential treatment facilities (62%) and 33% in residential facilities.

Table 4: Closed treatment episodes where alcohol is the principal drug of concern, main treatment type by selected reason for cessation, New South Wales and Australia^(a), 2001–02^(b)

Main treatment type	New South Wales						Australia	
	Treatment completed	Transferred to another service provider	Ceased without notice	Ceased against advice	Other ^(c)	Total ^(d)	Total ^(d)	Total ^(d)
	(per cent)						(per cent)	(number)
Withdrawal management (detoxification)	28.0	17.7	13.3	41.8	12.4	23.8	24.7	9,642
Counselling	23.5	25.8	55.5	13.4	34.8	29.3	39.7	15,525
Rehabilitation	6.5	4.9	5.2	15.2	15.0	7.2	6.3	2,456
Pharmacotherapy	—	—	—	—	—	—	0.6	254
Support and case management only	0.1	0.3	0.4	0.2	0.2	0.2	3.6	1,407
Information and education only	16.3	10.9	8.8	22.8	11.5	14.3	6.7	2,620
Assessment only	21.3	34.9	11.5	5.2	20.3	20.5	14.5	5,650
Other	4.3	5.5	5.3	1.4	5.9	4.8	3.9	1,523
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	—
Total (number)	8,982	2,130	2,514	1,079	1,219	16,291	—	39,077

(a) Excludes South Australia.

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

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

(d) Includes not stated for Reason for cessation.

Source: AIHW 2003.

Agencies and clients within scope

All publicly funded (State or Commonwealth) government and non-government agencies that provide one or more specialist alcohol and/or other drug treatment services, including residential and non-residential agencies, were in scope for the national data set. Specialist alcohol and drug units based in acute care hospitals or psychiatric hospitals were included if they provided treatment to non-admitted patients (e.g. outpatient services).

All clients who had completed one or more treatment episodes from an alcohol and other drug treatment service within scope during the reporting period (1 July 2001 to 30 June 2002) were included.

Exclusions to scope

- Agencies whose sole activity is to prescribe and/or dose for opioid pharmacotherapy maintenance treatment.
- Halfway houses and sobering-up shelters, correctional institutions, health promotion services (e.g. needle and syringe exchange programs).
- Alcohol and drug treatment units in acute care or psychiatric hospitals that only provide treatment to admitted patients.
- Private treatment agencies that do not receive public funding.

Caveats

Of data in scope, the following caveats must be observed:

- Queensland Health supplied police diversion data only, all with principal drug of cannabis. As a result, nationally, cannabis as a proportion of all principal drugs is over represented.
- South Australia supplied client registration data only with no data for main treatment type or other treatment related items.
- The number of Indigenous clients may be under-counted as most Commonwealth-funded Indigenous substance-use services and Aboriginal health services that provide treatment for alcohol and other drug problems did not supply data for 2001-02. In addition, at the national level 8% of clients did not state their Indigenous status.

Source

Australian Institute of Health and Welfare 2003. Alcohol and other drug treatment services in Australia 2001-02: Report on the national minimum data set. AIHW cat. no. HSE 28. Canberra: AIHW.

Interactive alcohol and other drug treatment data

The AIHW has an interactive alcohol and other drug treatment data site containing subsets of national information on alcohol and other drug treatment services from the 2001-02 collection. This site allows anyone who has access to the Internet to view AODTS-NMDS data via a web interface. The datacubes can be found at:

<www.aihw.gov.au/drugs/datacubes/index.html>. Users of the datacubes can look up data and present them in a way meaningful to their needs.

For further information visit our website where a number of the recent alcohol and other drug publications are available in full <www.aihw.gov.au/drugs>.

Queries or comments

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