

## 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.



**Northern  
Territory  
Government**

Department of Health  
and Community Services

## NT participation in the national collection

The Northern Territory Department of Health and Community Services participated in this national collection and contributed data to the NMDS.

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

### Highlights

- In the Northern Territory (NT), 21 government-funded alcohol and other drug treatment agencies supplied data for 2001–02; of these 17 were non-government agencies.
- These alcohol and other drug treatment agencies provided 2,405 ‘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 (58%), with nearly one-third of all treatment episodes (32%) provided for clients in the 30–39 year age group.
- Male clients in the NT accounted for two-thirds (66%) of all closed treatment episodes.
- In the NT, alcohol (64%) and cannabis (11%) were the most common principal drugs of concern in closed treatment episodes, followed by amphetamines (9%).
- Of all closed treatment episodes in the NT, counselling was the most common form of main treatment provided (29%), followed by withdrawal management (detoxification) (22%) and rehabilitation (15%).
- In NT, 37% 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 the Northern Territory (NT). Throughout this briefing, data from the NT 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](http://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, 21 were located in the NT. Of the agencies in NT, 17 were non-government agencies.

## Client profile

- The majority of closed treatment episodes were for clients aged between 20 and 39 years of age (58%), with nearly one-third of all treatment episodes (32%) provided for clients in the 30–39 year age group (Table 1).
- The proportions of treatment episodes involving male and female clients in the NT (66% and 34% respectively) were very similar to the national proportions (65% and 35% respectively).

**Table 1: Closed treatment episodes, sex by age group of client, Northern Territory and Australia, 2001–02.**

Age group (years)	Northern Territory			Australia		
	Males	Females	Persons <sup>(a)</sup>	Males	Females	Persons <sup>(a)</sup>
	(per cent)					
10–19	3.9	2.9	6.8	8.5	4.6	13.1
20–29	17.4	8.1	25.5	22.9	11.3	34.2
30–39	21.6	10.9	32.4	17.3	9.2	26.5
40–49	15.8	8.8	24.6	9.8	6.1	15.9
50–59	5.7	2.6	8.3	4.1	2.5	6.6
60+	1.5	0.8	2.4	1.5	0.8	2.3
<b>Total<sup>(b)</sup> (per cent)</b>	<b>65.9</b>	<b>34.1</b>	<b>100.0</b>	<b>64.8</b>	<b>35.1</b>	<b>100.0</b>
<b>Total<sup>(b)</sup> (number)</b>	<b>1,584</b>	<b>821</b>	<b>2,405</b>	<b>78,323</b>	<b>42,415</b>	<b>120,869</b>

(a) Includes not stated for Sex.

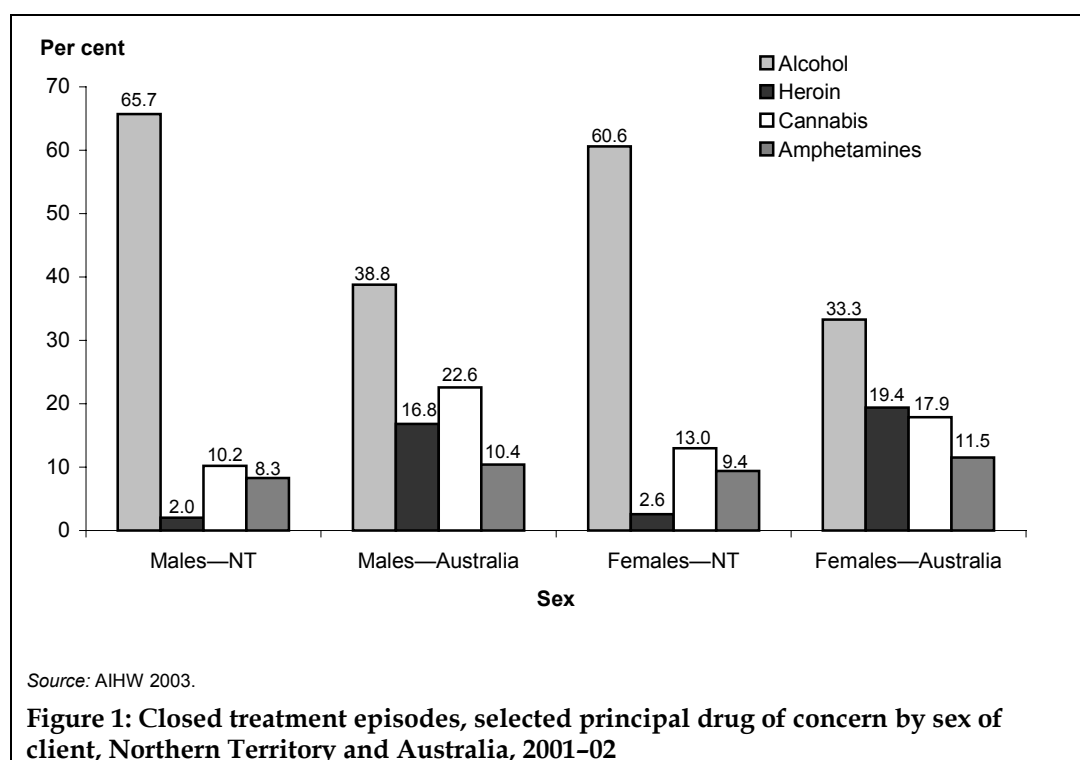
(b) Includes not stated for Age.

Source: AIHW 2003.

- Eighty-three 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 higher in the NT (38%) than nationally (8%). Both of these proportions were higher than the proportion of the NT population and the Australian population who identify as Indigenous (28.0% and 2.4% respectively: ABS unpublished 2001 Census data).
- Most of the closed treatment episodes were for clients born in Australia (90%) and 73% were for clients whose preferred language was English.
- Forty-six per cent of closed treatment episodes in the NT involved clients who were self-referred, this compares to 35% of closed treatment episodes nationally. In the NT, family members and/or friends (11%) and community-based corrections (9%) were the next most common sources of referral.

## Principal drug of concern

- In the NT, alcohol (64%) and cannabis (11%) were the most common principal drugs of concern in closed treatment episodes, followed by amphetamines (9%). Nationally, alcohol and cannabis were also 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 the NT (66% for males and 61% for females). This was followed by cannabis for both sexes (10% for males and 13% for females) (Figure 1).



- For closed treatment episodes in the NT, there was a slightly lower proportion of female clients reporting cannabis as the principal drug (13%) than at the national level (18%). The proportion of treatment episodes involving male clients who reported cannabis as their principal drug was also lower in the NT (10%) than at the national level (23%).
- In the NT, the principal drug varied by age. In treatment episodes involving clients aged 50 to 59 years and 60 years and over, alcohol was the most common principal drug (87% for each age group) (Table 2). Nationally, alcohol was also the most common principal drug of concern for clients in these age groups (79% and 80% respectively).

**Table 2: Closed treatment episodes, principal drug of concern by age group of client, Northern Territory and Australia, 2001-02<sup>(a)</sup>**

Principal drug	Northern Territory (per cent)							Total (Australia)	
	10-19	20-29	30-39	40-49	50-59	60+	Total <sup>(b)</sup>	Per cent	Number
Alcohol	37.5	49.2	69.4	73.4	87.3	86.8	64.3	37.0	41,886
Amphetamines	8.9	16.2	7.8	3.6	—	—	8.6	10.8	12,211
Benzodiazepines	—	0.9	2.0	0.6	0.7	—	1.1	2.4	2,745
Cannabis	37.5	17.9	7.6	4.5	0.7	2.6	11.0	21.0	23,826
Cocaine	—	—	—	—	—	—	—	0.7	804
Ecstasy	—	0.2	—	—	—	—	—	0.2	253
Heroin	0.9	3.3	2.2	1.5	0.7	—	2.1	17.7	20,027
Methadone	1.8	0.2	1.0	0.6	—	—	0.6	2.3	2,570
Nicotine	0.9	0.7	1.9	2.1	2.2	10.5	1.7	1.4	1,602
Other <sup>(c)</sup>	12.5	11.4	8.1	13.6	8.2	—	10.4	5.7	6,482
<b>Total<sup>(d)</sup> (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>—</b>
<b>Total<sup>(d)</sup> (number)</b>	<b>112</b>	<b>569</b>	<b>683</b>	<b>470</b>	<b>134</b>	<b>38</b>	<b>2,007</b>	<b>—</b>	<b>113,231</b>

(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 the NT, alcohol was more likely to be the principal drug in closed treatment episodes involving Indigenous clients (84%) than for other clients (50%). This pattern was repeated at the national level (46% and 37% respectively).
- In the NT, cannabis was less likely to be the principal drug in closed treatment episodes involving Indigenous clients (7%) than for other clients (14%). At the national level, the proportions of Indigenous and other clients reporting cannabis as their principal drug were similar (22% for Indigenous clients and 21% for other clients).
- Fifty-one per cent of treatment episodes in the NT involved clients who reported never having injected drugs. Of the 21% who reported they were 'current injectors', 41% 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 (18% not stated response in the Northern Territory and 15% nationally).

## Treatment programs

- Of all closed treatment episodes in the NT, counselling was the most common form of main treatment provided (29%), followed by withdrawal management (detoxification) (22%) and rehabilitation (15%). Similarly, at the national level, counselling was the most common form of main treatment provided (39%), followed by withdrawal management (detoxification) (19%), and assessment only (15%).
- In the NT, closed treatment episodes for female clients were more likely to be for counselling (43%) than those for male clients (21%), and less likely to be for withdrawal management (detoxification) (14% females and 26% males) (Table 3).
- The most common main treatment was counselling in all age groups.

**Table 3: Closed treatment episodes, main treatment type by sex of client, Northern Territory and Australia<sup>(a)</sup>, 2001–02**

Main treatment type	Northern Territory			Australia		
	Males	Females	Persons <sup>(b)</sup>	Males	Females	Persons <sup>(b)</sup>
	(per cent)					
Withdrawal management (detoxification)	25.6	14.4	21.8	19.7	18.2	19.1
Counselling	21.1	42.9	28.5	36.0	44.1	38.9
Rehabilitation	17.6	9.4	14.8	6.4	6.1	6.3
Pharmacotherapy <sup>(c)</sup>	0.3	0.4	0.3	1.0	1.5	1.2
Support & case management only	2.5	1.7	2.2	5.7	6.9	6.1
Information and education only	8.0	4.8	6.9	11.1	7.6	9.8
Assessment only	14.0	7.4	11.7	16.9	10.5	14.6
Other	11.0	19.1	13.8	3.2	5.1	3.9
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total (number)</b>	<b>1,584</b>	<b>821</b>	<b>2,405</b>	<b>73,657</b>	<b>39,917</b>	<b>113,705</b>

(a) Excludes South Australia.

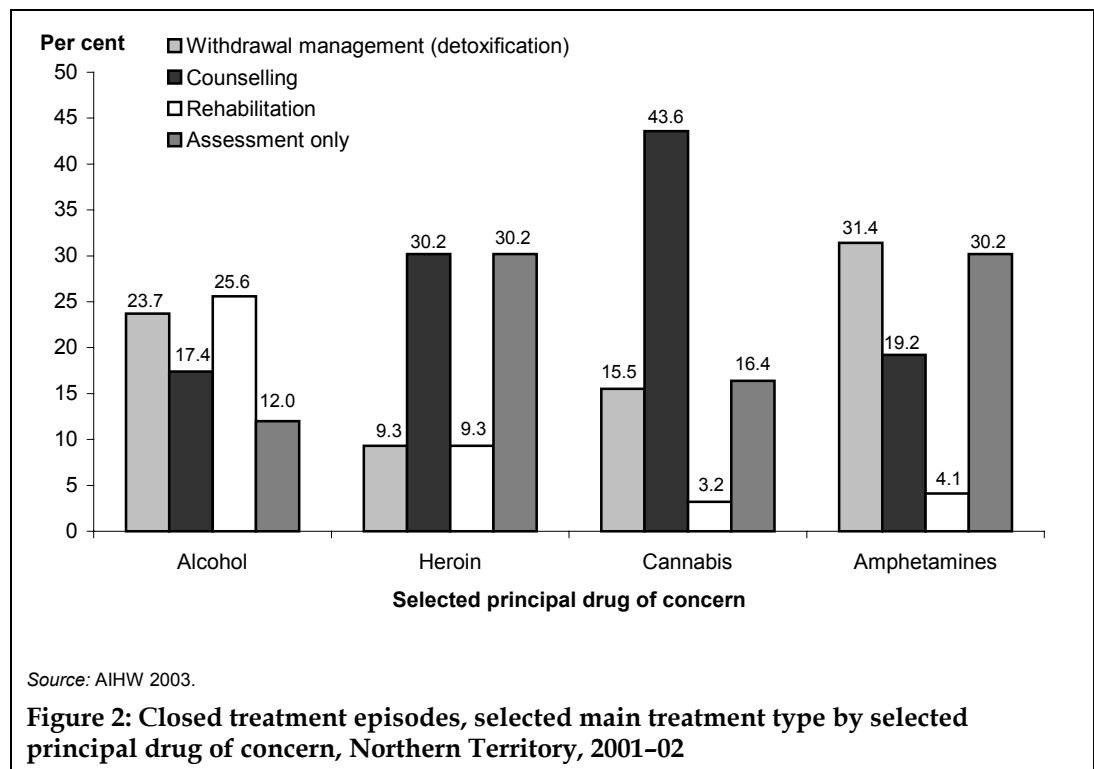
(b) Includes not stated for Sex.

(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.

Source: AIHW 2003.

### Main treatment and principal drug

- In the NT, where alcohol was nominated as the principal drug of concern, 26% of closed treatment episodes involved rehabilitation, compared to 3% of treatment episodes where the principal drug was cannabis (Figure 2).
- Closed treatment episodes where the principal drug was either heroin or amphetamines were more likely to involve assessment only as the main treatment (30% each) than treatment episodes for clients seeking treatment for alcohol use (12%).
- Closed treatment episodes where the principal drug was cannabis were more likely to involve counselling as the main treatment (44%) than treatment episodes for clients seeking treatment for alcohol use (17%).
- Where the principal drug was amphetamines, closed treatment episodes were more likely to involve withdrawal management (detoxification) as the main treatment (31%) than treatment episodes for clients seeking treatment for heroin use (9%).

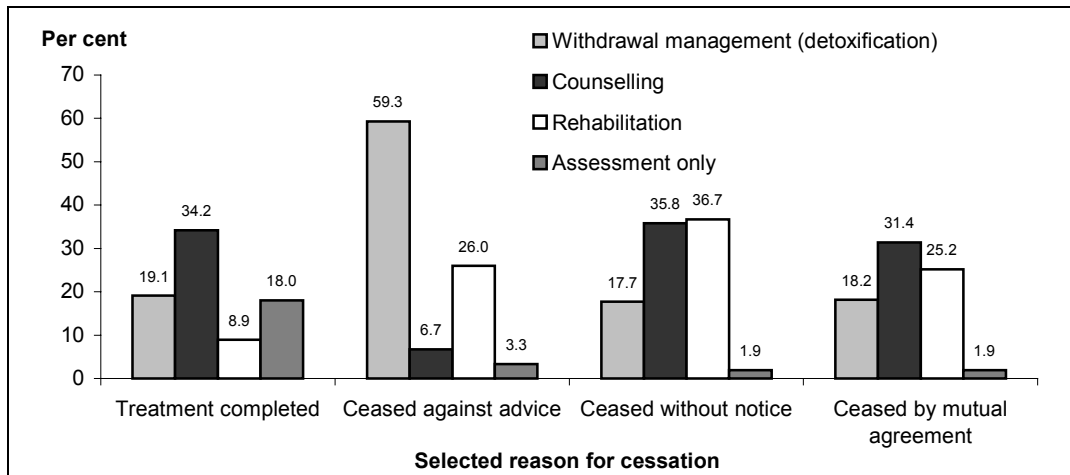


- Forty per cent of all closed treatment episodes in the NT occurred at a residential treatment facility, 35% in a non-residential facility and a further 6% at an outreach setting such as a mobile van service.
- In the NT, the median number of days for a closed treatment episode was 17. The highest median number of treatment days occurred at the client's home (54 days) and in a non-residential treatment facility (35 days). Nationally, the median number of days for a closed treatment episode was slightly higher (20 days): the highest median number of treatment days occurred in outreach settings (36 days) and in non-residential treatment facilities (28 days).

### When treatment ceases

- In the NT, 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 (9%) or the client ceased to participate by mutual agreement with the clinician (7%). Nationally, the treatment being completed was the most common reason for a treatment episode ceasing (54%).

- In the NT, for closed treatment episodes that ended because the treatment was completed, 34% were for counselling, 19% for withdrawal management (detoxification) and 18% for assessment only (Figure 3).
- Fifty-nine 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 3% for assessment only.
- Where the client ceased by mutual agreement with the clinician, 31% of these closed treatment episodes occurred during counselling, 25% while undertaking rehabilitation and 18% for withdrawal management (detoxification).



Source: AIHW 2003.

**Figure 3: Closed treatment episodes, selected main treatment type by selected reason for cessation, Northern Territory, 2001-02**

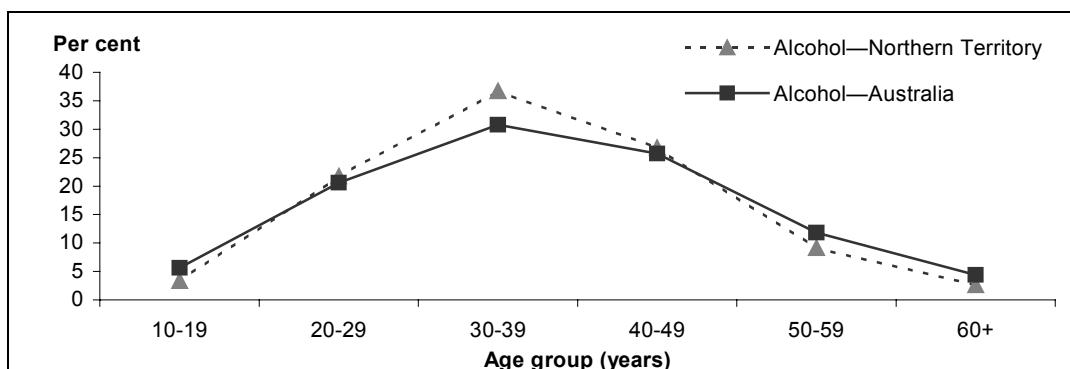
### Special theme—Alcohol

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 the NT for clients who reported alcohol as their principal drug of concern numbered 1,291.

#### Client profile

- In NT, for closed treatment episodes involving a principal drug of alcohol, clients tended to be younger than those at the national level—12% were aged 50 years and over compared to 16% in this age group nationally (Figure 4).



Source: AIHW 2003.

**Figure 4: Closed treatment episodes, clients whose principal drug of concern is alcohol by age group, Northern Territory and Australia, 2001-02**

- Of closed treatment episodes in the NT where clients nominated alcohol as their principal drug of concern, 37% involved clients aged between 30 and 39 years, higher than the national peak (31% for clients aged 30–39 years) (Figure 4).
- For closed treatment episodes in the NT involving females with a principal drug of alcohol, the highest proportions were in the 30–49 year age group (69%): higher than males in the same age group (62%).

### Treatment programs

- In the NT, for closed treatment episodes involving a principal drug of alcohol, withdrawal management (detoxification) and counselling were the most common treatments completed (27% and 21% respectively) (Table 4).
- Clients who transferred to another service provider were most likely to have received withdrawal management (detoxification) (42% of these closed treatment episodes) or rehabilitation (26%) before they transferred.
- The majority of closed treatment episodes, for those who nominated alcohol as their principal drug of concern, occurred in residential treatment facilities (52%) and in non-residential facilities (24%).

**Table 4: Closed treatment episodes where alcohol is the principal drug of concern by main treatment type and selected reason for cessation, Northern Territory and Australia<sup>(a)</sup>, 2001–02<sup>(b)</sup>**

Main treatment type	Northern Territory						Australia	
	Treatment completed	Transferred to another service provider	Ceased without notice	Ceased at expiation	Other <sup>(c)</sup>	Total <sup>(d)</sup>	Total <sup>(d)</sup>	Total <sup>(d)</sup>
	(per cent)						(per cent)	(number)
Withdrawal management (detoxification)	27.1	41.9	12.9	15.4	21.2	23.7	24.7	9,642
Counselling	21.3	9.3	18.5	—	12.2	17.4	39.7	15,525
Rehabilitation	17.1	25.6	60.5	69.2	28.4	25.6	6.3	2,456
Pharmacotherapy	0.2	—	—	—	—	0.1	0.6	254
Support and case management only	1.8	7.0	4.0	—	3.9	2.9	3.6	1,407
Information and education only	5.4	4.7	2.4	7.7	15.2	8.7	6.7	2,620
Assessment only	17.5	11.6	0.8	7.7	9.0	12.0	14.5	5,650
Other	9.6	—	0.8	—	9.9	9.6	3.9	1,523
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>—</b>
<b>Total (number)</b>	<b>595</b>	<b>43</b>	<b>124</b>	<b>13</b>	<b>433</b>	<b>1,291</b>	<b>—</b>	<b>39,077</b>

(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 & 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](http://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](http://www.aihw.gov.au/drugs)>.

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