



Australian Government

Australian Institute of
Health and Welfare

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 of clients of alcohol and other drug treatment services.

Victoria's participation in the national collection

The Victorian Department of Human Services participated in this national collection and contributed data to the NMDS.

Alcohol and other drug treatment services in Victoria

Findings from the National Minimum Data Set (NMDS) 2002–03 for Victoria

Highlights

- In Victoria in 2002–03, 148 government-funded alcohol and other drug treatment agencies and outlets provided 45,306 'closed treatment episodes' (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 over one-third of all treatment episodes (35%) provided for clients in the 20–29 year age group
- Male clients in Victoria accounted for nearly two-thirds (63%) of all closed treatment episodes.
- In Victoria, alcohol (37%) and heroin (25%) were the most common principal drugs of concern in closed treatment episodes, followed by cannabis (22%).
- Of all treatment episodes in Victoria, counselling was the most common form of main treatment provided (49%), followed by withdrawal management (detoxification) (21%).
- In Victoria, clients aged 10–19 and 20–29 years were more likely than clients aged 30 years or more to seek treatment for cannabis (40% and 26%, compared to 13%) and less likely to seek treatment for alcohol (19% and 21%, compared to 53%).

Contents of this data briefing

This data briefing summarises the main findings from the 2002–03 Alcohol and Other Drug Treatment Services (AODTS) NMDS data for Victoria. Throughout this briefing, data from Victoria are presented along with national AODTS–NMDS data.

National AODTS–NMDS data reports

More detailed information about the 2002–03 collection and its findings can be found in the publication *Alcohol and Other Drug Treatment Services in Australia 2002–03: 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.

Scope: exclusion of opioid maintenance pharmacotherapy

The AODTS–NMDS collection excludes agencies whose sole purpose is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies. Therefore, the collection excludes many clients receiving treatment for heroin.

Treatment agencies

- Throughout Australia, a total of 587 government-funded alcohol and other drug treatment agencies and outlets supplied data for 2002–03. Of these agencies, 148 were located in Victoria, all of which were in the non-government sector.
- Treatment agencies and outlets in Victoria were most likely to be located in major cities (64%) and inner regional areas (29%).

Client profile

- In Victoria, there were 45,306 ‘closed treatment episodes’ in alcohol and other drug treatment services reported in the 2002–03 AODTS-NMDS collection.
- Ninety-five per cent of closed treatment episodes in Victoria involved clients seeking treatment for their own drug use.
- In Victoria, the majority of closed treatment episodes were for clients aged between 20 and 39 years of age (62%), with over one-third of all treatment episodes (35%) provided for clients in the 20–29 year age group (Table 1). Nationally, 33% of treatment episodes were for clients aged 20 to 29 years.
- The proportions of closed treatment episodes for male and female clients in Victoria (63% and 37% respectively) were similar to the national proportions (65% and 35% respectively).

Table 1: Closed treatment episodes, sex by age group of client, Victoria and Australia, 2002–03 (per cent)

Age group (years)	Victoria			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
10–19	8.6	5.0	13.6	8.3	3.9	12.2
20–29	23.4	11.9	35.3	22.4	10.8	33.2
30–39	16.6	9.6	26.2	17.8	9.4	27.2
40–49	9.1	6.0	15.1	10.5	6.2	16.7
50–59	3.2	2.3	5.5	4.0	2.6	6.6
60+	0.9	0.7	1.6	1.4	0.8	2.3
Total^(b) (per cent)	63.1	36.7	100.0	65.3	34.5	100.0
Total^(b) (number)	28,602	16,647	45,306	85,537	45,231	130,930

(a) Includes not stated for sex.

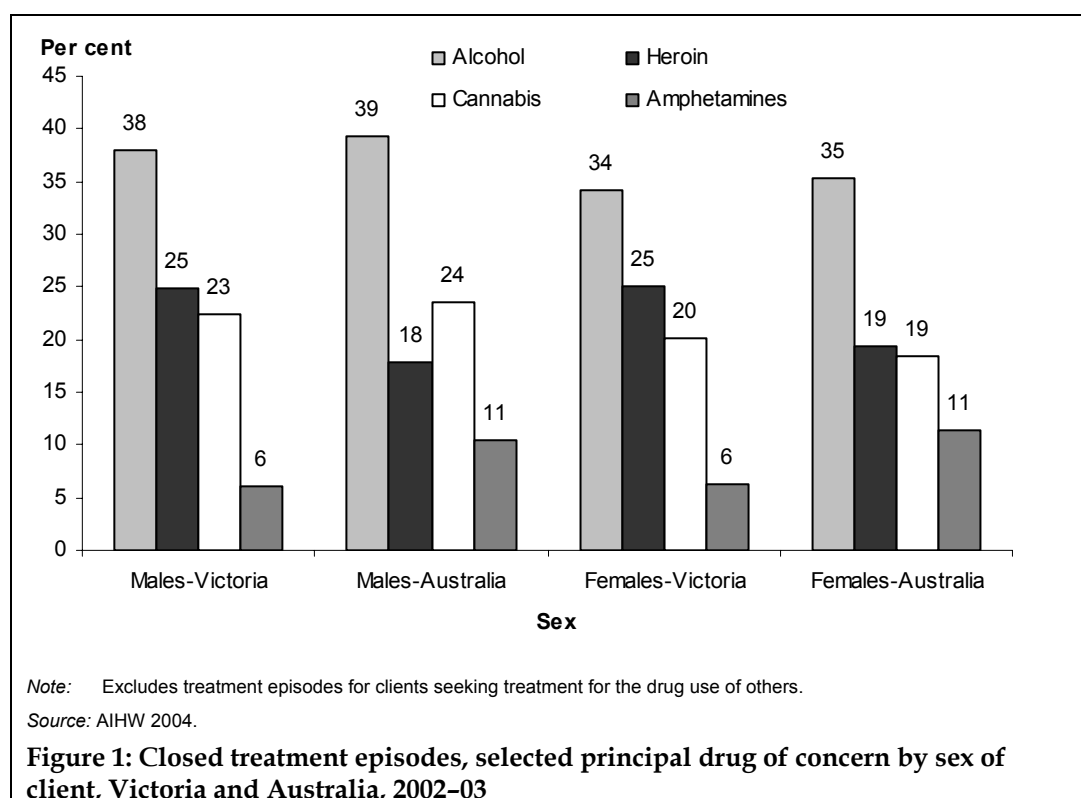
(b) Includes not stated for age.

Source: AIHW 2004.

- The proportion of closed treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin was lower in Victoria (6%) than nationally (9%). However, both of these proportions were higher than the proportion of the Australian population who identify as Indigenous (2.4%: ABS 2004). These figures need to be interpreted with caution due to the high number of ‘not stated’ responses to this data item and the fact that the majority of dedicated Indigenous substance use services are not included in the AODTS-NMDS.
- The majority of treatment episodes in Victoria were for clients born in Australia (84%) and 93% were for clients whose preferred language was English.
- Thirty-five per cent of closed treatment episodes in Victoria involved clients who were self-referred, compared with 37% nationally. Alcohol and other drug treatment services (17%) and community-based corrections (14%) were the next most common sources of referral.

Principal drug of concern

- In Victoria, alcohol (37%) and heroin (25%) were the most common principal drugs of concern in treatment episodes, followed by cannabis (22%). Nationally, alcohol and cannabis were the most common principal drugs of concern (38% and 22% respectively), followed by heroin (18%).



Client profile and principal drug of concern

- Alcohol was the drug most commonly recorded in closed treatment episodes for both sexes in Victoria (38% for males and 34% for females), followed by heroin for both sexes (25% each) (Figure 1).
- In Victoria, alcohol was the most common principal drug of concern for treatment episodes where clients were aged 30 years or more (Table 2). The proportion of treatment episodes where the principal drug was alcohol was highest for clients aged 60 years and over (86%), followed by clients aged between 50 and 59 years (81%).

Table 2: Closed treatment episodes, principal drug of concern by age group of client, Victoria and Australia, 2002-03^(a) (per cent)

Principal drug	Victoria							Total (Australia)	
	10-19	20-29	30-39	40-49	50-59	60+	Total ^(b)	Per cent	Number
Alcohol	19.1	21.0	41.4	63.6	80.5	86.2	36.6	38.0	46,747
Amphetamines	6.5	7.7	6.5	2.7	1.0	0.4	6.1	10.7	13,213
Benzodiazepines	1.1	2.2	3.0	2.7	4.3	6.8	2.5	2.1	2,609
Cannabis	40.1	26.2	17.1	9.1	4.4	1.1	21.6	22.0	27,106
Cocaine	0.1	0.1	0.2	—	—	—	0.1	0.3	323
Ecstasy	0.6	0.6	0.4	0.1	—	—	0.4	0.3	416
Heroin	18.6	35.4	24.4	15.1	4.4	1.8	24.9	18.4	22,642
Methadone	0.9	1.9	1.4	1.1	0.4	0.2	1.4	1.8	2,173
Nicotine	2.2	0.2	0.4	0.5	0.8	0.9	0.7	1.4	1,693
Other ^(c)	10.8	4.6	5.3	4.9	4.0	2.8	5.7	4.4	5,434
Total^(d) (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	—
Total^(d) (number)	5,866	15,763	11,572	6,373	2,026	571	43,048	—	123,032

(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 2004.

- In treatment episodes involving clients aged between 10 and 19 in Victoria, cannabis was the most common principal drug (40%), and for clients aged 20–29 years the most common was heroin (35%). This was also the case nationally.
- In Victoria, treatment episodes involving Aboriginal and Torres Strait Islander people were more likely to report alcohol as their principal drug (44%) compared to other Australian clients (36%). Nationally, the proportions were slightly higher but the pattern was the same (46% treatment episodes involving Aboriginal and Torres Strait Islander clients and 37% involving others Australians).

Geographic location and principal drug of concern

- Across all areas in Victoria, alcohol was the most commonly reported principal drug of concern (34% of treatment episodes in major cities, 40% in inner regional and 42% in outer regional areas). Heroin was the second most prominent drug in major cities (30%), while cannabis was the next most common in inner and outer regional areas (26% and 25% respectively).

Injecting drug use

- Thirty-eight per cent of treatment episodes in Victoria involved clients who reported never having injected drugs. Of the 22% who reported they were ‘current injectors’, 49% 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 (15% ‘not stated’ response in Victoria and 14% nationally).

Treatment programs

- Of all closed treatment episodes in Victoria, counselling was the most common form of main treatment provided (49%), followed by withdrawal management (detoxification) (21%), case management only (i.e. Outreach) and assessment only (11% each) (Table 3). At the national level, counselling was the most common form of main treatment provided (42%), followed by withdrawal management (detoxification) (19%), and assessment only (13%).

Table 3: Closed treatment episodes, main treatment type by sex of client, Victoria and Australia, 2002–03 (per cent)

Main treatment type	Victoria			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
Withdrawal management (detoxification)	21.5	20.2	21.0	19.6	17.6	18.9
Counselling	46.5	52.1	48.6	38.6	47.1	41.5
Rehabilitation	3.2	4.6	3.7	7.7	7.2	7.5
Support & case management only	11.0	11.6	11.2	6.8	7.3	6.9
Information and education only	0.3	0.3	0.3	8.9	6.3	8.0
Assessment only	14.6	3.9	10.6	14.9	8.5	12.7
Other ^(b)	3.0	2.8	2.0	3.9	6.0	4.4
Total (percent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	28,602	16,647	45,306	85,537	45,231	130,930

(a) Includes not stated for sex.

(b) Other includes 898 treatment episodes in Victoria and 2,064 treatment episodes nationally where the main treatment type was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

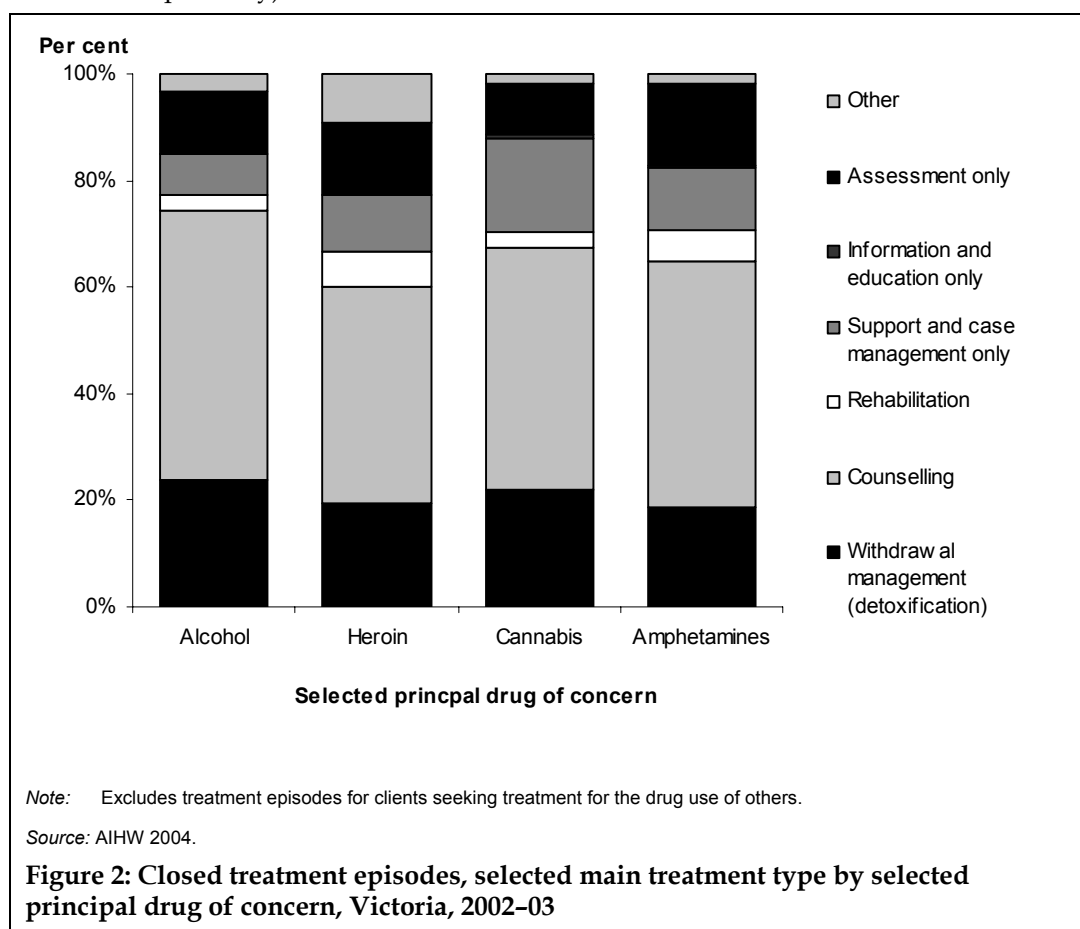
Source: AIHW 2004.

Client profile and treatment programs

- In Victoria, the main treatment type varied with age. For treatment episodes involving clients aged 10–19 years, support and case management only (i.e. Outreach) was the most common main treatment (38%). Counselling was the most common treatment for the remaining age groups.

Principal drug of concern and treatment programs

- In Victoria, the main treatment type varied depending on the principal drug of concern the client sought treatment for. Overall, counselling accounted for the highest proportion of closed treatment episodes when alcohol (51%), heroin (40%), cannabis (46%) and amphetamines (46%) were the principal drug of concern (Figure 2).
- Withdrawal management (detoxification) was the second most common form of treatment for each of the selected principal drugs of concern (24%, 20%, 22% and 19% respectively).



- In Victoria, the median number of days for a closed treatment episode was 31. The highest median number of treatment days within a treatment episode occurred when the principal drug of concern was heroin (35), followed by amphetamines (32) and cannabis (31). The main treatment type with the highest median number of treatment days per episode was rehabilitation (62), followed by counselling (50).

Geographic location and treatment programs

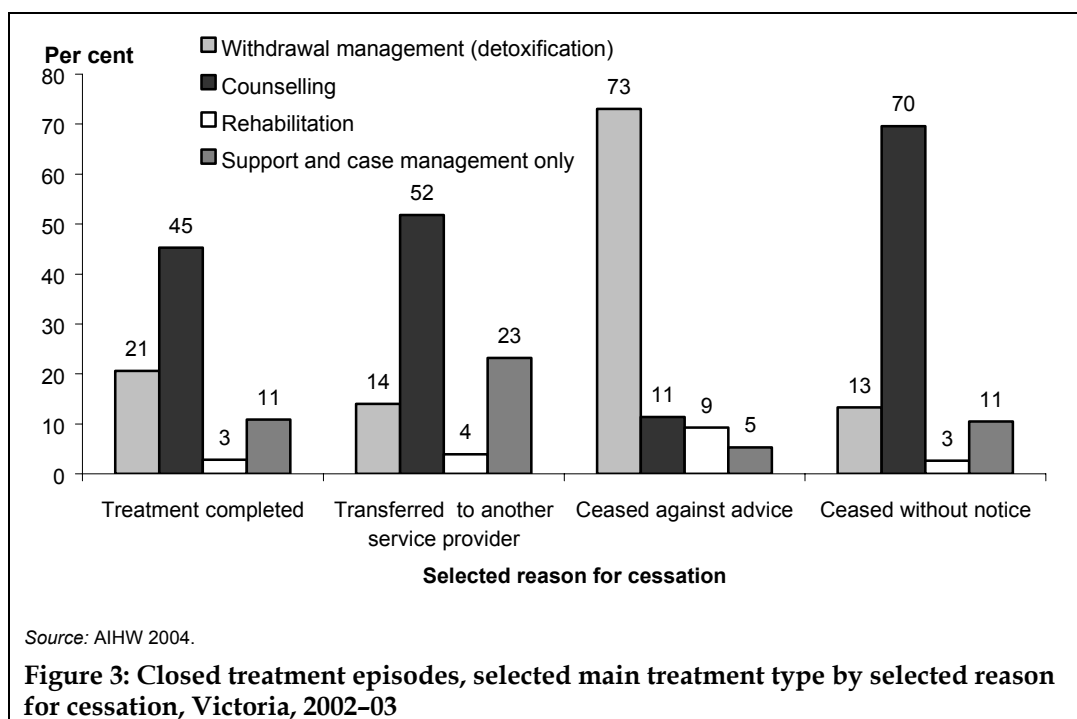
- Across all areas in Victoria, counselling was the most commonly reported main treatment type (accounting for 35% of treatment episodes in major cities, 60% in inner regional areas and 65% in outer regional areas). The second most prominent treatment type in all locations was withdrawal management (detoxification) (22%, 18% and 15% respectively).

Treatment delivery setting and treatment programs

- Seventy per cent of all treatment episodes in Victoria occurred at a non-residential treatment setting, 17% in a residential setting and a further 9% at an outreach setting.
- The highest median number of treatment days for a treatment episode occurred where the treatment delivery was in an outreach setting (50 days).

Ceasing treatment and treatment programs

- In Victoria, the most common reason for the cessation of a client's treatment was that the treatment had been completed (67%), followed by clients ceasing to participate without notice (11%) or clients transferring to another service provider (4%). Nationally, the treatment being completed was the most common reason for a treatment episode ceasing (52%).
- In Victoria, 45% of treatment episodes that were completed were for counselling and 21% were for withdrawal management (detoxification) (Figure 3).
- Where clients ceased to participate because they transferred to another service provider, 52% of these episodes occurred during counselling and 23% when in support and case management programs only.



Special theme—Clients aged 10–29 years

This section examines more closely clients aged 10–29 years in Victoria, their principal drugs of concern and the treatment programs they used.

- Compared to clients aged 30 years or more, clients in Victoria aged under 30 years were:
 - more likely to seek treatment for cannabis (accounting for 40% of treatment episodes among clients aged 10–19 years and 26% among clients aged 20–29 years, compared to 13% among clients aged 30 years or more);
 - less likely to seek treatment for alcohol (19% and 21%, compared to 53%);
 - marginally more likely to seek treatment for so-called 'party drugs' such as amphetamines, ecstasy and cocaine—'party drugs' were the principal drug of concern in 7% of treatment episodes for 10–19 and 8% of treatment episodes for 20–29 years olds, compared to 5% for clients aged 30 years or more;

- less likely to refer themselves to the treatment service (24% and 33%, compared to 39%) and more likely to be referred via community-based corrections (20% and 15%, compared to 11%).
- Clients aged 20–29 years were more likely than the younger or older age groups to seek treatment for heroin (35% of all treatment episodes among 20–29 year olds were for this drug, compared to 19% of treatment episodes each for both clients aged 10–19 and 30 years or more).
- Clients aged 20–29 years were also more likely to be current injectors (30%, compared to 20% for 10–19 year olds and 17% for clients aged 30 years or more).
- Clients aged 10–19 years were less likely than clients in older age groups to receive counselling as their main treatment type (26%, compared to 46% of clients aged 20–29 and 55% of clients aged 30 years or more) and more likely to receive support and case management (i.e. outreach) as their main treatment type (38%, compared to 11% of clients aged 20–29 and 4% of clients aged 30 years or more).

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 2002 to 30 June 2003) were included.

Exclusions to scope

- Agencies whose sole activity is to prescribe and/or dose for opioid maintenance pharmacotherapy treatment.
- Clients who were on an opioid maintenance pharmacotherapy program and who were not receiving any other form of treatment that fell within the scope of the AODTS-NMDS.
- Halfway houses and sobering-up shelters, correctional institutions, health promotion services (e.g. needle and syringe exchange programs).
- Treatment services based in prison or other correctional institutions.
- Clients receiving support from the majority of Australian Government-funded Indigenous substance use services or Aboriginal primary health care services that also provide treatment for alcohol and other drug problems.
- Clients receiving treatment from services based in prison or other correctional institutions.
- Alcohol and drug treatment units in acute care or psychiatric hospitals that only provided treatment to admitted patients.
- Admitted patients in acute care or psychiatric hospitals.
- People who sought advice or information but were not formally assessed and accepted for treatment.
- Private treatment agencies that did not receive public funding.

Caveats

Of data in scope, the following caveats must be observed as they may influence the distribution of some variables at a national level:

- Reported numbers for each state/territory include services provided under the National Illicit Drug Strategy Non-Government Organisation Treatment Grants Programme (funded by the Australian Government).
- Queensland Health supplied Queensland Government AODTS agencies and police diversion data only, but not data for other non-government funded agencies. Further to this, in Queensland clients referred for treatment as part of a police diversion process automatically have the principal drug recorded as 'cannabis', the main treatment type as 'information and education only' and reason for cessation as 'ceased at expiation'. It is possible that the principal drug of concern is not actually cannabis. In 2002-03, these data comprised 5.6% of total closed treatment episodes.
- Data relating to police and court diversion programs have been included for all jurisdictions except Tasmania.
- The number of Aboriginal and Torres Strait Islander clients may be under-counted as the majority of Australian Government-funded Indigenous substance-use services and Aboriginal health services that provide treatment for alcohol and other drug problems did not supply data for 2002-03. In addition, at the national level 6% of clients did not state their Indigenous status.

References

Australian Bureau of Statistics (ABS) 2004. Experimental estimates and projections, Aboriginal and Torres Strait Islanders. ABS cat. no. 3238.0. Canberra: ABS.

Australian Institute of Health and Welfare (AIHW) 2004. Alcohol and other drug treatment services in Australia 2002-03: Report on the national minimum data set (Drug Treatment Series 3). AIHW cat. no. HSE 33. 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 2002-03 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>.

Accessing the AODTS-NMDS

The document *Access to Alcohol and Other Drug Treatment Services National Minimum Data Set* outlines the process to be followed for data requests from the AODTS-NMDS. This document is available from the AIHW website at:

<www.aihw.gov.au/drugs/treatment/aodts_access_2004.doc>.

Queries or comments

should be directed to the Australian Institute of Health and Welfare:

Ms Louise York

p: 02 6244 1271

e: louise.york@aihw.gov.au

Ms Chrysanthe Psychogios

p: 02 6244 1068

e: chrysanthe.psychogios@aihw.gov.au