



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.



**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.

Alcohol and other drug treatment services in the Northern Territory

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

Highlights

- In the Northern Territory (NT), 19 government-funded alcohol and other drug treatment agencies provided 3,032 '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 (61%), with over a third of all treatment episodes (36%) provided for clients in the 30–39 year age group.
- Male clients in the NT accounted for just under two-thirds (64%) of all closed treatment episodes.
- In the NT, alcohol (72%) was the most common principal drug of concern in closed treatment episodes, followed by cannabis (9%) and amphetamines (6%).
- Of all closed treatment episodes in the NT, counselling was the most common form of main treatment provided (25%), followed by information and education only (21%) and assessment only (20%).
- Treatment episodes in the NT most commonly ceased because the treatment was completed (57%).
- In the NT, clients aged 10–19 and 20–29 years were more likely than clients aged 30 years or more to seek treatment for cannabis (34% and 16%, compared to 4% respectively) and less likely to seek treatment for alcohol (54% and 60%, compared to 78%).

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 the Northern Territory. Throughout this briefing, data from the NT 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 supplied data for 2002–03. Of these agencies, 19 were located in the NT, of which 79% were non-government agencies.
- Treatment agencies in the NT were most likely to be located in outer regional areas (including Darwin and surrounding areas) (47%) and remote areas (including Katherine, Alice Springs and Jabiru) (42%).

Client profile

- In the Northern Territory, there were 3,032 'closed treatment episodes' in alcohol and other drug treatment services reported in the 2002–03 AODTS-NMDS collection.
- Sixty-five per cent of closed treatment episodes involved clients seeking treatment for their own drug use.
- The majority of closed treatment episodes were for clients aged between 20 and 39 years of age (61%), with over one-third of all treatment episodes (36%) 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 (64% and 36% respectively) were similar to the national proportions (65% and 35% respectively).

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

Age group (years)	Northern Territory			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
10–19	3.8	2.6	6.4	8.3	3.9	12.2
20–29	15.9	9.0	25.0	22.4	10.8	33.2
30–39	24.1	12.1	36.3	17.8	9.4	27.2
40–49	13.1	8.7	21.8	10.5	6.2	16.7
50–59	5.4	2.8	8.2	4.0	2.6	6.6
60+	1.4	0.9	2.2	1.4	0.8	2.3
Total^(b) (per cent)	63.8	36.2	100.0	65.3	34.5	100.0
Total^(b) (number)	1,934	1,098	3,032	85,537	45,231	130,930

(a) Includes not stated for sex.

(b) Includes not stated for age.

Source: AIHW 2004.

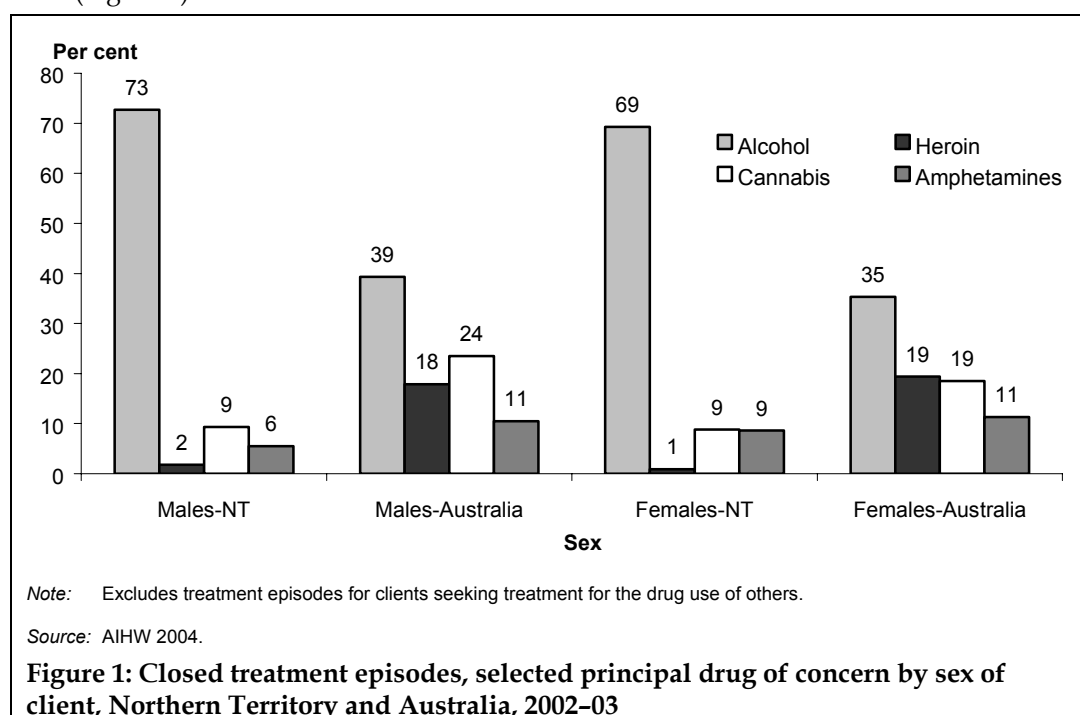
- The proportion of closed treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin was much higher in the NT (60%) than nationally (9%). Both these proportions were higher than the proportion of the Australian and the Northern Territory populations who identify as Indigenous (2.4% and 28.8% respectively: 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 closed treatment episodes in the NT were for clients born in Australia (95%) and 59% were for clients whose preferred language was English.
- Forty-nine per cent of treatment episodes in the NT involved clients who were self-referred, this is higher than the 37% reported for treatment episodes nationally. In the NT, community-based corrections (12%) and other community/health care services (8%) were the next most common sources of referral.

Principal drug of concern

- In the NT, alcohol (72%) and cannabis (9%) were the most common principal drugs of concern in closed treatment episodes, followed by amphetamines (6%). Nationally, alcohol and cannabis were also 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 the NT (73% for males and 69% for females). This was followed by cannabis for males (9%) and cannabis and amphetamines for females (9% each) (Figure 1).



- For closed treatment episodes in the NT, there was a lower proportion of male clients reporting cannabis as the principal drug (9%) than at the national level (24%). The proportion of treatment episodes involving female clients who reported cannabis as their principal drug was also lower in the NT (9%) than at the national level (19%).
- Similarly, there was a lower proportion of male and female clients reporting heroin as the principal drug (2% and 1% respectively) than at the national level (18% and 19%).

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

Principal drug	Northern Territory							Total (Australia)	
	10-19	20-29	30-39	40-49	50-59	60+	Total ^(b)	Per cent	Number
Alcohol	53.6	59.8	77.1	75.9	89.1	88.6	71.7	38.0	46,747
Amphetamines	2.7	10.3	6.8	3.5	0.7	—	6.4	10.7	13,213
Benzodiazepines	—	1.4	0.7	0.8	0.7	2.9	0.9	2.1	2,609
Cannabis	33.6	15.6	5.7	3.8	—	—	9.2	22.0	27,106
Cocaine	—	0.2	0.3	—	—	—	0.2	0.3	323
Ecstasy	—	—	—	—	—	—	—	0.3	416
Heroin	1.8	1.4	1.6	1.3	1.4	2.9	1.5	18.4	22,642
Methadone	—	1.1	0.3	0.8	0.7	—	0.6	1.8	2,173
Nicotine	1.8	0.9	0.8	1.9	2.2	2.9	1.2	1.4	1,693
Other ^(c)	6.4	9.2	6.8	12.1	5.1	2.9	8.3	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)	110	552	752	373	138	35	1,961	—	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 the NT, alcohol was the most common principal drug of concern for all age groups. Nationally, alcohol was the most common principal drug of concern for clients aged 30 years or more but not for younger clients.
- Alcohol was more likely to be the principal drug in closed treatment episodes involving Aboriginal and Torres Strait Islander clients (88%) than for other Australian clients (54%) in the NT.

Geographic location and principal drug of concern

- Across all areas in the NT, alcohol was the most commonly reported principal drug of concern (60% outer regional, 83% remote and 89% very remote areas). Cannabis was the second most prominent drug in remote and very remote areas (7% and 9% respectively), while other drug types were the next most common in outer regional areas (13%).

Injecting drug use

- Fifty-seven per cent of treatment episodes in the NT involved clients who reported never having injected drugs. Of the 14% who reported they were 'current injectors', 40% were aged between 30 and 39 years. Care should be taken when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (20% not stated response in the Northern Territory and 14% nationally).

Treatment programs

- Of all closed treatment episodes in the NT, counselling was the most common form of main treatment provided (25%), followed by information and education only (21%) and assessment only (20%). 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%).

Client profile and treatment programs

- Closed treatment episodes for female clients in the NT were more likely to involve counselling (36%) than those for male clients (18%), and less likely to be for withdrawal management (detoxification) (6% and 11% respectively) and rehabilitation (13% and 20% respectively) (Table 3).
- The most common main treatment for males was assessment only (23%) and for females it was counselling (36%).

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

Main treatment type	Northern Territory			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
Withdrawal management (detoxification)	10.8	5.5	8.9	19.6	17.6	18.9
Counselling	18.0	36.4	24.7	38.6	47.1	41.5
Rehabilitation	20.1	12.6	17.4	7.7	7.2	7.5
Support & case management only	3.3	4.5	3.7	6.8	7.3	6.9
Information and education only	20.6	22.9	21.4	8.9	6.3	8.0
Assessment only	23.2	14.0	19.9	14.9	8.5	12.7
Other	4.0	4.2	4.1	2.1	4.0	2.8
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	1,934	1,098	3,032	85,537	45,231	130,930

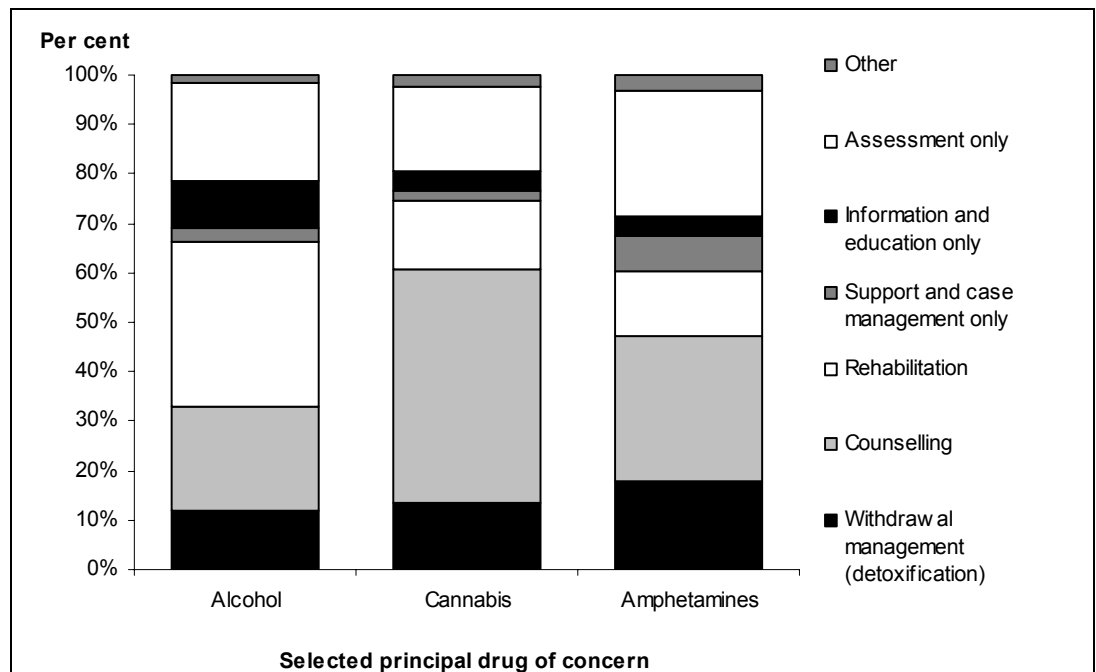
(a) Includes not stated for sex.

(b) 'Other' includes 38 treatment episodes in the NT 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.

Principal drug of concern and treatment programs

- In the NT, 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 cannabis and amphetamines were the principal drug of concern (47% and 29% respectively) (Figure 2). Where alcohol was the principal drug, rehabilitation was the most common treatment (33%).
- The second most prominent treatment type when cannabis and amphetamines were reported as the principal drug, was assessment only (17% and 25% respectively). Where alcohol was the principal drug the next most common treatment type was counselling (21%).



Note: Excludes treatment episodes for clients seeking treatment for the drug use of others.

Source: AIHW 2004.

Figure 2: Closed treatment episodes, selected main treatment type by selected principal drug of concern, Northern Territory, 2002-03

- In the NT, the median number of days for a closed treatment episode was 18. The highest median number of treatment days within a treatment episode occurred when the principal drug of concern was cannabis (29 days), followed by amphetamines (20 days). The main treatment type with the highest median number of treatment days was counselling (50 days), followed by support and case management only (34 days).

Geographic location and treatment programs

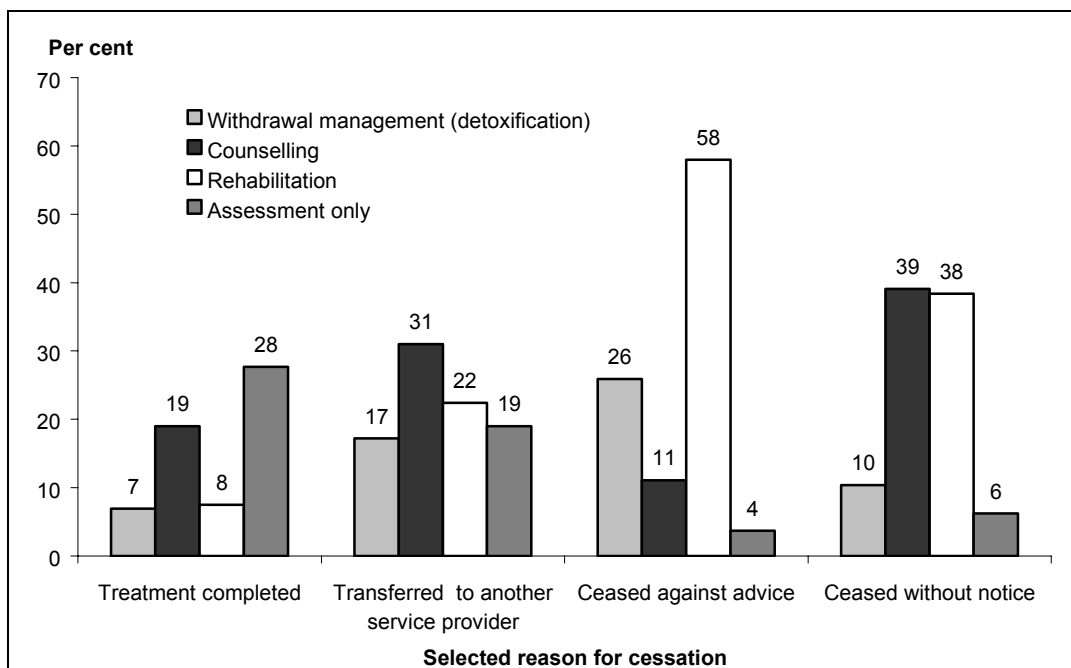
- In the NT, the main treatment type provided varied by location. For outer regional areas such as Darwin, the most common treatment types were information and education only (28%) and counselling (21%). In remote areas (including Katherine and Jabiru) the most prominent treatments were counselling (32%) and rehabilitation (23%). While in very remote areas, such as Tennant Creek and Nhulunbuy, the most common treatments were rehabilitation (47%) and withdrawal management (detoxification) (30%).

Treatment delivery setting and treatment programs

- One-third (33%) of all closed treatment episodes in the NT occurred at a non-residential treatment facility, 31% in a residential facility and a further 21% in an outreach setting such as a mobile van service.
- The highest median number of treatment days for a treatment episode occurred where the treatment delivery was at a non-residential treatment facility (37 days) and at a client's home (14 days).

Ceasing treatment and treatment programs

- In the NT, the most common reason for the cessation of a client's treatment was that the treatment had been completed (57%), followed by client ceasing to participate without notice (10%) or the client ceasing to participate against advice (3%).
- In the NT, for closed treatment episodes that ended because the treatment was completed, 28% were for assessment only and 19% for counselling (Figure 3).
- Fifty-eight per cent of closed treatment episodes that ended because the client ceased to participate against the advice of the clinician were for rehabilitation and 26% for withdrawal management (detoxification).
- Where the client ceased treatment without notice, 39% of these closed treatment episodes occurred during counselling and 38% during rehabilitation.



Source: AIHW 2004.

Figure 3: Closed treatment episodes, selected main treatment type by selected reason for cessation, Northern Territory, 2002-03

Special theme—Clients aged 10–29 years

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

- Compared to clients aged 30 years or more, clients in the Northern Territory aged under 30 years were:
 - more likely to seek treatment for cannabis (34% of treatment episodes for clients aged 10–19 years and 16% for clients aged 20–29 years olds, compared to 4% for clients aged 30 years or more);
 - less likely to seek treatment for alcohol (54% and 60%, compared to 78%);

- Clients aged 20–29 years were more likely than the younger or older age groups to identify as Aboriginal or Torres Strait Islander people (66% of all treatment episodes among 20–29 year olds, compared to 52% among clients aged 10–19 years and 59% among clients aged 30 years or more).
- Clients aged 20–29 years were also slightly more likely to be current injectors (18%, compared to 14% for 10–19 year olds and 13% for clients aged 30 years or more).
- Clients aged 10–19 years were less likely to refer themselves to the treatment service (18% of treatment episodes for clients aged 10–19 years, compared to 36% of treatment episodes for clients aged 20–29 years and 45% of treatment episodes for clients aged 30 years or more) and more likely to be referred via police/court diversion processes (25%, compared to 3% each for the older age groups).
- Clients aged 10–19 years were more likely to receive counselling as their main treatment type than older age groups (88%, compared to 21% and 23%).
- Clients aged 10–19 years were more likely than clients in the older age groups to receive treatment in non-residential treatment settings (63% of treatment episodes for 10–19 year olds were conducted in this setting, compared to 30% for 20–29 year olds and 31% for 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 was 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 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 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>.

Accessing data from 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>.

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