



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.



ACT participation in the national collection

The Australian Capital Territory's Department of Health participated in this national collection and contributed data to the NMDS.

Alcohol and other drug treatment services in the Australian Capital Territory

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

Highlights

- In the Australian Capital Territory (ACT) 6 government-funded alcohol and other drug treatment agencies provided 3,001 '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 one-third of all treatment episodes (36%) provided for clients in the 20–29 year age group.
- Male clients in the ACT accounted for nearly two-thirds (64%) of all closed treatment episodes.
- In the ACT, alcohol (40%) and cannabis (15%) were the most common principal drugs of concern to clients in closed treatment episodes, followed by amphetamines (6%).
- Of all closed treatment episodes in the ACT, withdrawal management (detoxification) was the most common form of main treatment provided (51%), followed by support and case management only and counselling (16% each).
- In the ACT, 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 15%, compared to 9%) and less likely to seek treatment for alcohol (24% and 29%, 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 the Australian Capital Territory. Throughout this briefing, data from the ACT 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 2001–02. Of these agencies, 6 were located in the ACT, of which 83% were non-government agencies.
- All treatment agencies in the ACT were located in a major city (100%).

Client profile

- In the ACT, there were 3,001 ‘closed treatment episodes’ in alcohol and other drug treatment services reported in the 2002–03 AODTS-NMDS collection.
- Ninety-nine per cent of closed treatment episodes in the ACT 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 20–29 year age group (Table 1). Nationally, 33% of treatment episodes were for clients aged 20–29 years.
- The proportion of treatment episodes involving male and female clients in the ACT (64% and 35% respectively) were very similar to the national proportions (65% and 35% respectively).

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

Age group (years)	Australian Capital Territory			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
10–19	7.9	5.4	13.4	8.3	3.9	12.2
20–29	22.3	12.9	35.8	22.4	10.8	33.2
30–39	16.8	8.3	25.6	17.8	9.4	27.2
40–49	11.7	4.2	16.3	10.5	6.2	16.7
50–59	3.5	2.4	6.0	4.0	2.6	6.6
60+	1.2	0.8	2.1	1.4	0.8	2.3
Total^(b) (per cent)	63.6	34.6	100.0	65.3	34.5	100.0
Total^(b) (number)	1,910	1,037	3,001	85,537	45,231	130,930

(a) Includes not stated for sex.

(b) Includes not stated for age.

Source: AIHW 2004.

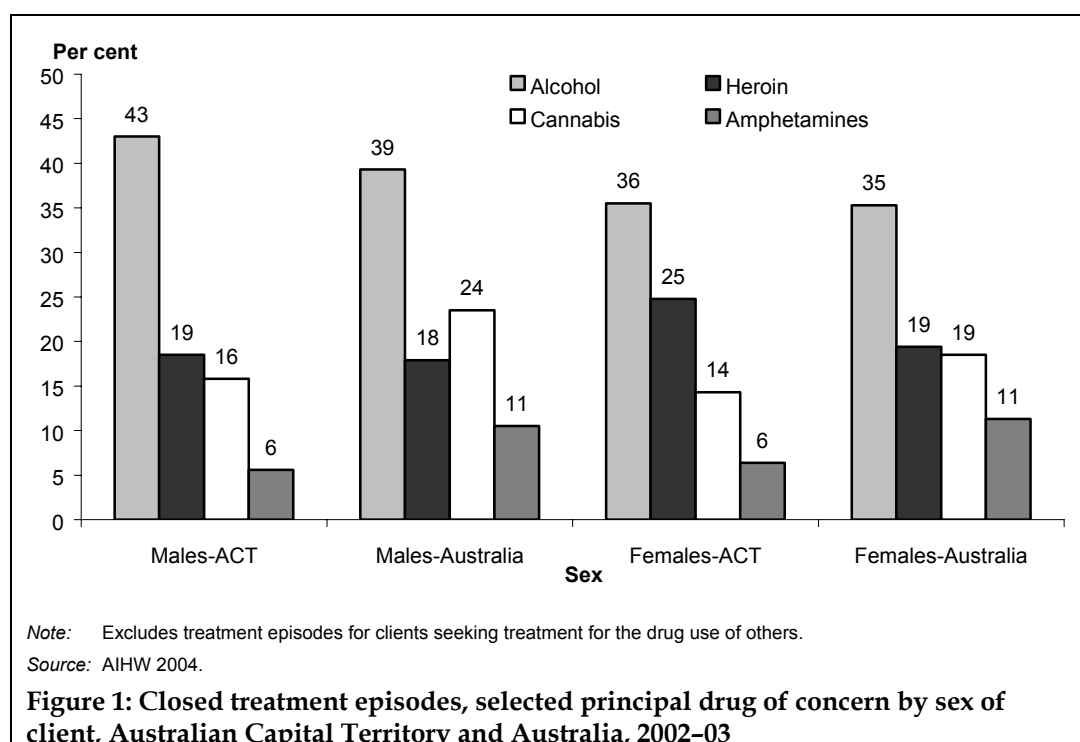
- The proportion of closed treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin was lower in the ACT (7%) than nationally (9%). However, both of these proportions were higher than the proportion of the entire Australian population who identify 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 closed treatment episodes in the ACT were for clients born in Australia (83%) and 92% were for clients whose preferred language was English.
- Two thirds (66%) of closed treatment episodes in the ACT involved clients who were self-referred; this compares to 37% of treatment episodes nationally. In the ACT, other community services and health care services (9%) were the next most common source of referral.

Principal drug of concern

- In the ACT, alcohol (40%) and heroin (21%) were the most common principal drugs of concern in closed treatment episodes, followed by cannabis (15%). 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 ACT (43% for males and 36% for females). This was followed by heroin for both males (19%) and females (25%) (Figure 1).



- In the ACT, 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 50-59 years (75%), followed by clients aged over 60 years (73%) and clients in the 40-49 year age group (59%).
- For clients aged between 10 and 19 years in the ACT, cannabis was the most common principal drug (40%) for closed treatment episodes. Nationally, cannabis was also the most common principal drug for this age group.

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

Principal drug	Australian Capital Territory							Total (Australia)	
	10-19	20-29	30-39	40-49	50-59	60+	Total ^(b)	Per cent	Number
Alcohol	24.1	29.0	42.9	59.0	75.3	73.3	40.3	38.0	46,747
Amphetamines	12.1	6.1	5.8	3.1	1.2	—	5.9	10.7	13,213
Benzodiazepines	1.3	2.1	3.2	1.5	1.2	—	2.1	2.1	2,609
Cannabis	39.7	14.6	10.1	7.7	6.6	8.3	15.2	22.0	27,106
Cocaine	—	0.3	0.1	—	—	—	0.1	0.3	323
Ecstasy	0.8	0.5	0.1	—	—	—	0.3	0.3	416
Heroin	15.6	30.7	21.3	11.4	1.2	—	20.7	18.4	22,642
Methadone	1.0	1.8	2.2	1.2	—	—	1.6	1.8	2,173
Nicotine	—	0.1	0.1	—	0.6	—	0.1	1.4	1,693
Other ^(c)	4.3	11.7	10.1	11.6	13.3	11.7	10.3	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)	398	1,066	760	481	166	60	2,958	—	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 20 and 29 years in the ACT, heroin was the most common principal drugs (31%). Nationally, heroin was also the most common drug for clients aged 20–29 years.
- In the ACT, alcohol was less likely to be the principal drug in closed treatment episodes involving Aboriginal and Torres Strait Islander clients (31%) than other Australian clients (41%). In contrast, at the national level, alcohol was more likely to be the principal drug in episodes involving Aboriginal and Torres Strait Islander clients (48%) than for other Australians (37%).

Injecting drug use

- Twenty-one per cent of treatment episodes in the ACT involved clients who reported never having injected drugs. Of the 27% who reported they were ‘current injectors’, 49% were aged between 20 and 29 years.

Treatment programs

- Of all closed treatment episodes in the ACT, withdrawal management (detoxification) was the most common form of main treatment provided (51%), followed by support and case management only and counselling (16% each) (Table 3). Nationally, 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 ACT were more likely to involve counselling (19%) as the main treatment type, than treatment episodes for male clients (14%), and less likely to be for support and case management only (13% and 17% respectively).
- Closed treatment episodes in the ACT for males and females were more likely to involve withdrawal management (detoxification) (52% and 50% respectively), compared to the national proportions (20% and 18% of treatment episodes respectively).

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

Main treatment type	Australian Capital Territory			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
Withdrawal management (detoxification)	51.7	49.5	50.7	19.6	17.6	18.9
Counselling	14.2	18.9	15.8	38.6	47.1	41.5
Rehabilitation	6.8	8.9	7.4	7.7	7.2	7.5
Support & case management only	16.6	13.2	15.8	6.8	7.3	6.9
Information and education only	0.1	0.1	0.1	8.9	6.3	8.0
Assessment only	5.2	2.7	4.4	14.9	8.5	12.7
Other ^(b)	5.3	6.8	5.8	3.5	6.0	4.4
Total (percent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	1,910	1,037	3,001	85,537	45,231	130,930

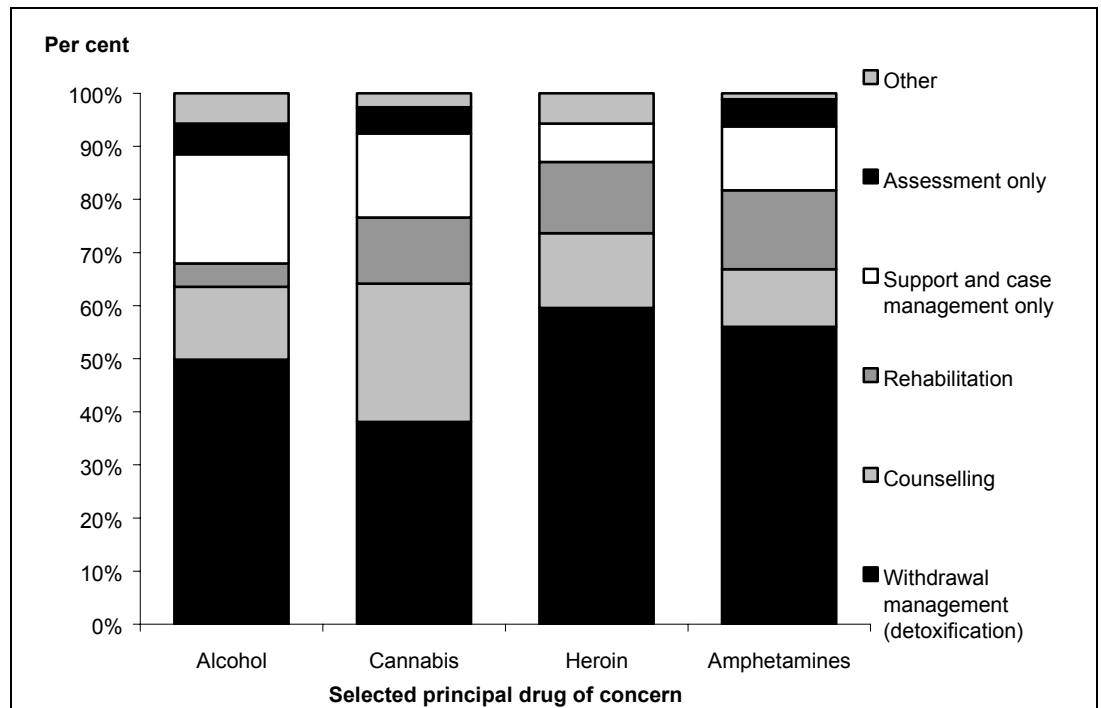
(a) Includes not stated for sex.

(b) ‘Other’ includes 61 treatment episodes in the ACT and 2,064 treatment episodes nationally where the main treatment type was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy in Australia as agencies whose sole activity is to prescribe and/or dose for methadone and other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

Source: AIHW 2004.

Principal drug of concern and treatment programs

- In the ACT, the main treatment type varied depending on the principal drug of concern the client sought treatment for. Overall, withdrawal management (detoxification) accounted for the highest proportion of closed treatment episodes when alcohol (50%), cannabis (38%), heroin (60%) and amphetamines (56%) were the principal drug of concern (Figure 2).
- The second most common treatment type when the principal drug was either cannabis or heroin was counselling (26% and 14% respectively). Where the principal drug was alcohol the next most common treatment was support and case management only, accounting for 21% of treatment episodes, and for amphetamines, rehabilitation was the next most common (15%).



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, Australian Capital Territory, 2002-03

- In the ACT, the median number of days for a closed treatment episode was 17 days. The highest median number of treatment days occurred when the principal drug of concern was benzodiazepines (31), followed by methadone (29) and cannabis (27). The main treatment type with the highest median number of treatment days per episode were for information and education only programs (99), followed by support and case management only programs (85).

Treatment delivery setting and treatment programs

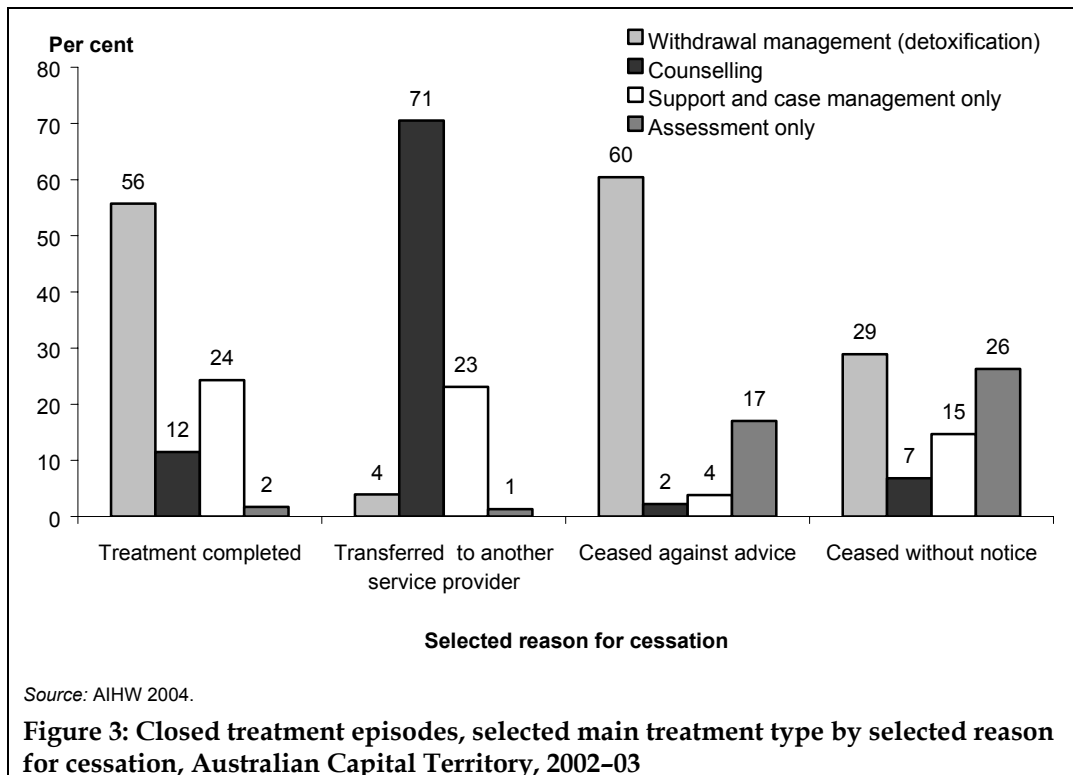
- Over half (53%) of all closed treatment episodes in the ACT occurred at a residential treatment facility, and another 44% occurred in a residential facility.
- The highest median number of treatment days for a treatment episode occurred where the treatment was delivered in an outreach setting (136 days).

Ceasing treatment and treatment programs

- In the ACT, the most common reason for the cessation of a client's treatment was that the treatment had been completed (42%), followed by clients transferring to another service provider (13%) and treatment ceasing without notice (9%).

Nationally, the treatment being completed was the most common reason for a treatment episode ceasing (52%).

- In the ACT, 56% of treatment episodes that were completed were for withdrawal management (detoxification) and 2% were for assessment only (Figure 3).
- Of closed treatment episodes where a client ceased to participate against advice of the agency, 60% was for withdrawal management (detoxification) and 17% for assessment only.
- Twenty-nine per cent of closed treatment episodes that ended because the client ceased to participate without notice were for withdrawal management (detoxification) and 26% for assessment only.



Special theme—Clients aged 10–29 years

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

- Compared to clients aged 30 years or more, clients in the ACT aged under 30 years were:
 - less likely to be male (59% of treatment episodes for clients aged 10–19 years and 62% for clients aged 20–29 years were for males, compared to 66% for clients aged 30 years or more);
 - more likely to seek treatment for cannabis (40% and 15%, compared to 9%);
 - less likely to seek treatment for alcohol (24% and 29%, compared to 53%);
 - less likely to refer themselves to the treatment service (53% and 65%, compared to 71%).
- Clients aged 10–19 were slightly more likely to identify as Aboriginal and Torres Strait Islander (13%), compared to older age groups (7% of clients aged 20–29 years and 5% of clients aged 30 years or more).
- Clients aged 10–19 years were also marginally more likely to seek treatment for so-called ‘party drugs’ such as amphetamines, ecstasy and cocaine than older age groups (13%, compared to 7% and 4%).

- Clients aged 20–29 years were more likely than the younger or older age groups to seek treatment for heroin (31% of all treatment episodes among 20–29 year olds were for this drug, compared to 16% among clients aged 10–19 years and 15% among clients aged 30 years or more).
- Clients aged 20–29 years were also more likely to be current injectors (36%, compared to 28% for 10–19 year olds and 20% for clients aged 30 years or more).
- Clients aged 10–19 years were more likely than clients in older age groups to receive rehabilitation as their mean treatment type (18%, compared to 8% of clients aged 20–29 and 4% of clients aged 30 years or more) and less likely to receive support and case management only (8%, compared to 15% and 19%).

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 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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