



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.



Tasmania

DEPARTMENT of
COMMUNITY and
HEALTH SERVICES

Tasmania's participation in the national collection

Tasmania's Department of Community and Health Services participated in this national collection and contributed data to the NMDS.

Drug Treatment
Data Briefing
October 2004

Alcohol and other drug treatment services in Tasmania

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

Highlights

- In Tasmania, 11 government-funded alcohol and other drug treatment agencies provided 2,568 '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 (51%), with over one-quarter of all treatment episodes (28%) provided for clients in the 20–29 year age group.
- Male clients in Tasmania accounted for two-thirds (66%) of all closed treatment episodes.
- In Tasmania, alcohol (41%) and cannabis (19%) were the most common principal drugs of concern in closed treatment episodes, followed by nicotine (18%).
- Of all closed treatment episodes in Tasmania, counselling was the most common form of main treatment provided (56%), followed by withdrawal management (detoxification) (16%) and assessment only (8%).
- In Tasmania, clients aged 10–19 and 20–29 years were more likely than clients aged 30 years or more to seek treatment for cannabis (46% and 28%, compared to 8% respectively) and less likely to seek treatment for alcohol (32% and 29%, compared to 49%).

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 Tasmania. Throughout this briefing, data from Tasmania 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, 11 were located in Tasmania, of which 73% were non-government agencies.
- Treatment agencies in Tasmania were located in either regional areas (64%) or outer regional areas (36%).

Client profile

- In Tasmania, there were 2,568 ‘closed treatment episodes’ in alcohol and other drug treatment services reported in the 2002–03 AODTS NMDS collection.
- Eighty-nine per cent of closed treatment episodes involved clients seeking treatment for their own drug use.
- Around half of closed treatment episodes were for clients aged between 20 and 39 years of age (51%), with over a quarter of all treatment episodes (28%) provided for clients in the 20–29 year age group (Table 1).
- The proportions of male and female clients in Tasmania (66% and 34% respectively) were very similar to the national proportions (65% and 35% respectively). Compared to the national age distribution, clients were more evenly distributed across all age groups in Tasmania. For example, 28% of treatment episodes in Tasmania were for clients aged 20–29 years (compared to 33% nationally) and 17% were for clients aged 50 years or more (compared to 9% nationally).

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

Age group (years)	Tasmania			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
10–19	6.8	4.6	11.4	8.3	3.9	12.2
20–29	17.8	10.2	28.0	22.4	10.8	33.2
30–39	13.4	9.7	23.1	17.8	9.4	27.2
40–49	10.5	10.3	20.8	10.5	6.2	16.7
50–59	6.2	5.8	11.9	4.0	2.6	6.6
60+	2.7	2.1	4.8	1.4	0.8	2.3
Total^(b) (per cent)	65.5	34.4	100.0	65.3	34.5	100.0
Total^(b) (number)	1,472	1,096	2,568	85,537	45,231	130,930

(a) Includes not stated for sex.

(b) Includes not stated for age.

Source: AIHW 2004.

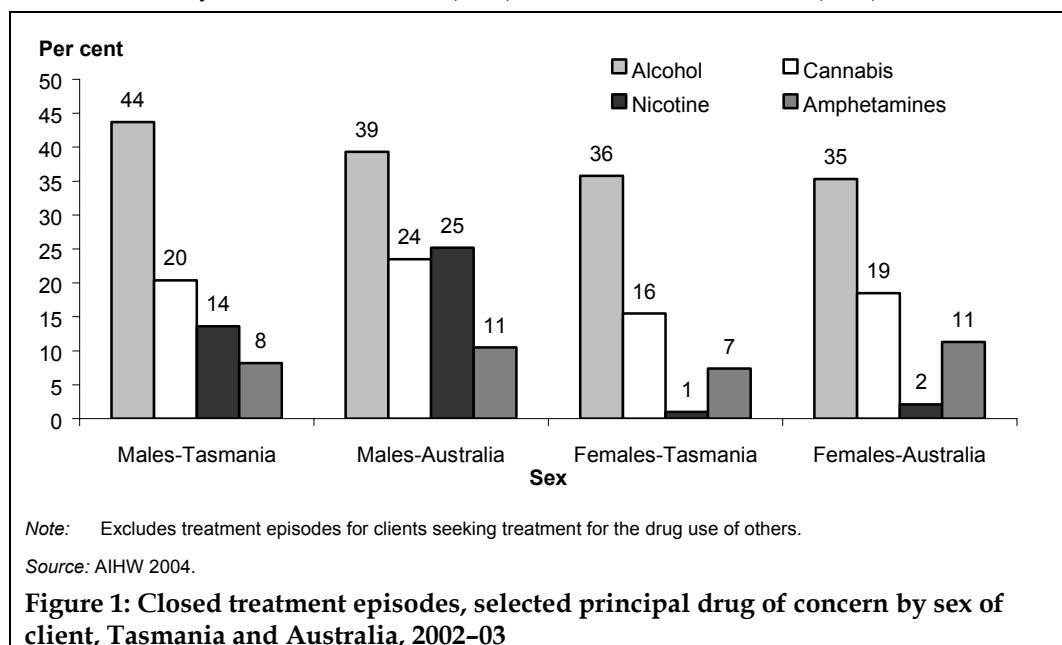
- The proportion of closed treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin was similar in Tasmania (8%) to nationally (9%). However, both of these proportions were higher than the proportion of the entire Australian population who identify 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 Tasmania were for clients born in Australia (95%) and all treatment episodes were for clients whose preferred language was English.
- Fifty-three per cent of closed treatment episodes in Tasmania involved clients who were self-referred; this compares to 37% of closed treatment episodes nationally. In Tasmania, psychiatric and other hospitals were the next most common source of referral (11%) followed by GPs and medical specialists (9%).

Principal drug of concern

- In Tasmania, alcohol (41%) was the most common principal drug of concern, followed by cannabis (19%) and nicotine (18%), in contrast with national figures where, 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 Tasmania (44% for males and 36% for females) (Figure 1). This was followed by cannabis for males (20%) and nicotine for females (25%).



- In Tasmania, the principal drug of concern varied by age. For clients aged 20–59 years, alcohol was the most common principal drug, while for clients aged 10–19 years, cannabis was the most common principal drug of concern (46%) (Table 2).

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

Principal drug	Tasmania							Total (Australia)	
	10–19	20–29	30–39	40–49	50–59	60+	Total ^(b)	Per cent	Number
Alcohol	31.5	28.5	49.3	52.3	53.8	20.6	40.7	38.0	46,747
Amphetamines	8.6	16.2	7.6	0.9	—	—	7.9	10.7	13,213
Benzodiazepines	0.7	1.2	0.9	0.2	—	—	0.7	2.1	2,609
Cannabis	46.2	28.4	13.3	6.5	1.6	—	18.6	22.0	27,106
Cocaine	—	0.3	—	—	—	—	0.1	0.3	323
Ecstasy	0.4	—	0.2	0.2	—	—	0.1	0.3	416
Heroin	—	0.7	0.9	0.5	—	—	0.5	18.4	22,642
Methadone	0.7	5.0	5.1	3.0	0.8	—	3.4	1.8	2,173
Nicotine	3.9	4.1	11.5	29.9	39.0	78.5	18.0	1.4	1,693
Other ^(c)	7.9	15.5	11.3	6.3	4.8	0.9	10.0	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)	279	677	550	428	251	107	2,292	—	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 20–29 years in Tasmania, the most common principal drugs were alcohol (29%) and cannabis (28%). Nationally, heroin was the most common principal drug recorded in treatment episodes involving clients aged 20–29 years (18% of treatment episodes).
- In Tasmania, cannabis was more likely to be the principal drug in closed treatment episodes involving Aboriginal and Torres Strait Islander clients (26%) than other Australian clients (17%). Nationally, the proportions of treatment episodes for Aboriginal and Torres Strait Islander and other Australian clients reporting cannabis as their principal drug were similar (23% and 22% respectively).

Geographic location and principal drug of concern

- Across all areas in Tasmania, alcohol was the most commonly reported principal drug of concern (39% of treatment episodes in inner regional and 46% in outer regional areas). Nicotine and cannabis were the next most common in inner regional areas (24% and 14% respectively). Cannabis and amphetamines were the next most common drugs in outer regional areas (31% and 12% respectively).

Injecting drug use

- Thirty-five per cent of treatment episodes in Tasmania involved clients who reported never having injected drugs. Of the 17% who reported they were 'current injectors', 55% 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 (38% 'not stated' response in Tasmania and 14% nationally).

Treatment programs

- Of all closed treatment episodes in Tasmania, counselling was the most common form of main treatment provided (56%), followed by withdrawal management (detoxification) (16%) and assessment only (8%) (Table 3). Similarly, at the national level, counselling was the most common form of main treatment provided (42%), followed by withdrawal management (19%), and assessment only (13%).

Client profile and treatment programs

- Treatment episodes for female clients in Tasmania were more likely to involve counselling as the main treatment (60%), compared to male clients (53%). This was also the case nationally (47% and 39% respectively) (Table 3).

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

Main treatment type	Tasmania			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
Withdrawal management (detoxification)	20.0	9.8	15.7	19.6	17.6	18.9
Counselling	52.7	59.8	55.7	38.6	47.1	41.5
Rehabilitation	6.9	3.1	5.3	7.7	7.2	7.5
Support & case management only	3.8	2.4	3.2	6.8	7.3	6.9
Information and education only	0.1	1.7	0.8	8.9	6.3	8.0
Assessment only	9.2	5.2	7.5	14.9	8.5	12.7
Other ^(b)	7.1	18.1	11.8	3.9	6.0	4.4
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	1,472	1,096	2,568	85,537	45,231	130,930

(a) Includes not stated for sex.

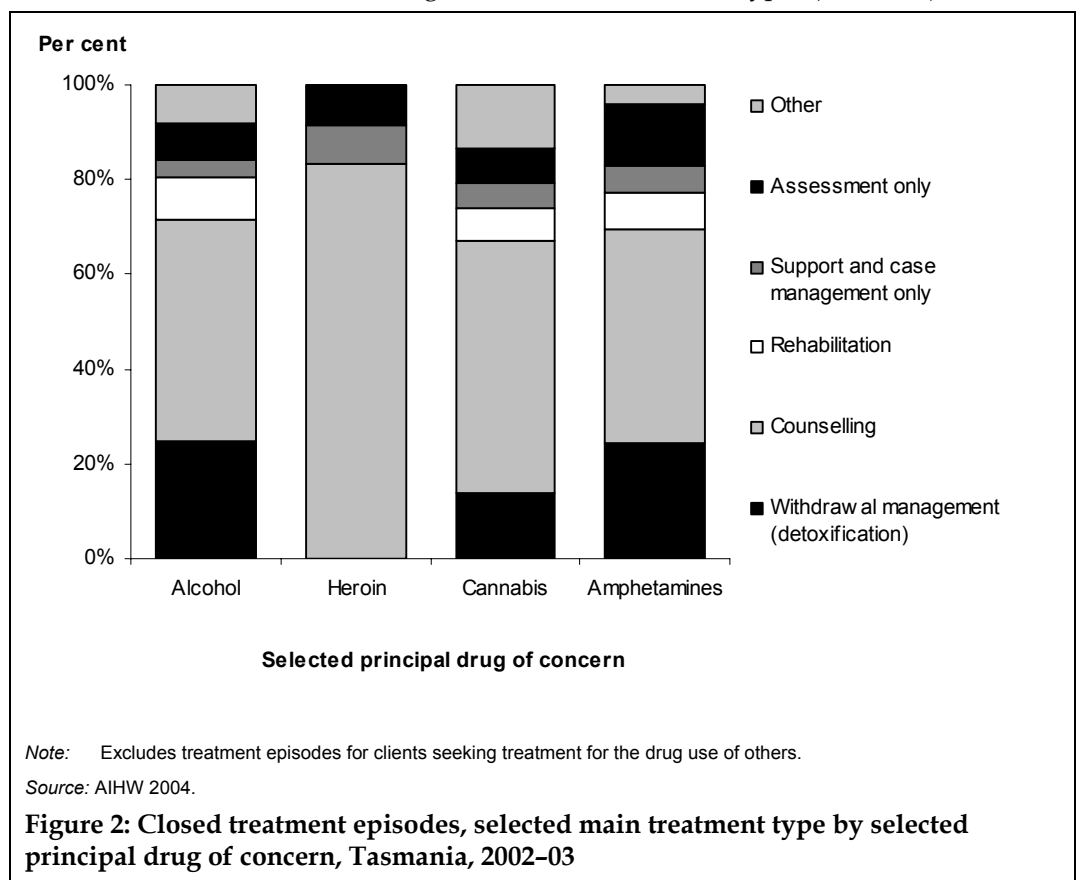
(b) 'Other' includes 0 treatment episodes in Tasmania and 2,064 treatment episodes nationally where the main treatment type was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AOTDS–NMDS.

Source: AIHW 2004.

- Male clients in Tasmania reported a higher proportion of treatment episodes where withdrawal management (detoxification) was the main treatment (20%) compared to female clients (10%). Nationally, similar proportions of male and female clients reported withdrawal management (detoxification) as the main treatment type (20% and 18% respectively).
- Counselling was the most common main treatment in all age groups.

Principal drug of concern and treatment programs

- In Tasmania, the main treatment type varied somewhat depending on the principal drug the client sought treatment for. Overall in Tasmania, counselling accounted for the highest proportion of closed treatment episodes when alcohol (47%), heroin (83%), cannabis (53%) and amphetamines (45%) were the principal drug of concern. The second most common treatment type was withdrawal management (detoxification) where the principal drug was alcohol (25%) or amphetamines (24%). Where cannabis was the principal drug the second most common treatments were either withdrawal management or other treatment types (14% each).



- In Tasmania, the median number of days for a closed treatment episode was 6 days. The highest median number of treatment days within an episode occurred when the principal drug was cocaine (20 days) and when the main treatment type was rehabilitation (18 days) or counselling (13 days).

Geographic location and treatment programs

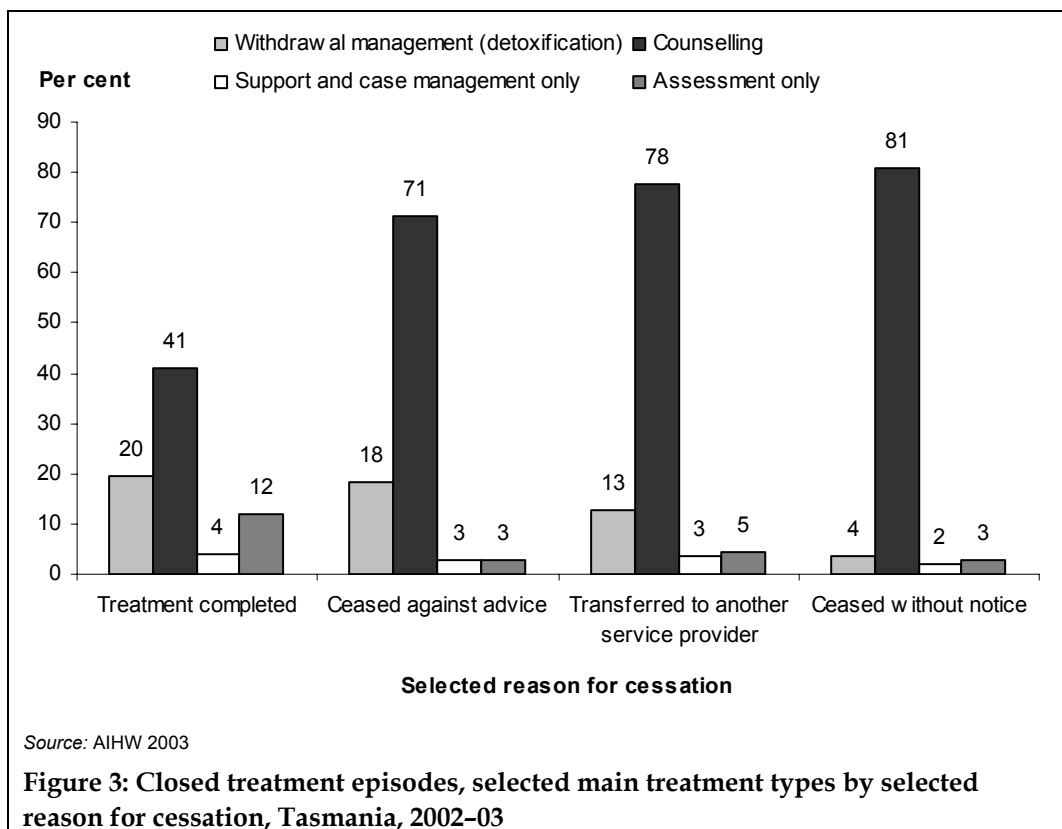
- Across all areas in Tasmania, counselling was the most commonly reported main treatment type (accounting for 60% of treatment episodes in inner regional areas and 45% in outer regional areas). The second most prominent treatment type in inner regional areas was 'other' treatment types (12%) followed by withdrawal management (detoxification) (10%), while for outer regional areas, withdrawal management (detoxification) (31%) was the second most common treatment type.

Treatment delivery setting and treatment programs

- Over half (52%) of all closed treatment episodes in Tasmania occurred at a non-residential treatment facility, 25% at an outreach setting and a further 22% in a residential facility.
- The highest number of treatment days for a treatment episode occurred where the treatment delivery was at a client's home (20 days) and at an outreach setting (9 days).

Ceasing treatment and treatment programs

- In Tasmania, the most common reason for the cessation of a client's treatment was that the treatment had been completed (42%). Other common reasons included the client ceased to participate without notice (24%) or ceased to participate against advice (9%). Nationally, the treatment being completed was the most common reason for a treatment episode ceasing (54%).
- In Tasmania, 41% of treatment episodes that were completed were for counselling and 4% were for support and case management only (Figure 3).
- In treatment episodes where the client ceased to participate against advice or ceased to participate without notice, the main treatment type was most likely to be counselling (71% and 81% of treatment episodes respectively).



Special theme—Clients aged 10–29 years

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

- Compared to clients aged 30 years or more, clients in Tasmania aged under 30 years were:
 - more likely to be male (60% of treatment episodes for clients aged 10–19 years and 64% for clients aged 20–29 years were for males, compared to 54% for clients aged 30 years or more);
 - more likely to seek treatment for cannabis (46% and 28%, compared to 8%);

- less likely to seek treatment for alcohol (32% and 29%, compared to 49%);
- more likely to receive treatment in non-residential treatment settings (67% and 60%, compared to 46%) and less likely to receive treatment in outreach settings (19% and 15%, compared to 31%);
- 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 14% of treatment episodes for clients aged under 30 years, compared to 4% for clients aged 30 years or more.
- Clients aged 20–29 years were more likely than the younger or older age groups to seek treatment for amphetamines (16% of all treatment episodes among 20–29 year olds were for this drug, compared to 9% among clients aged 10–19 years and 3% among clients aged 30 years or more).
- Clients aged 20–29 years were also more likely to be current injectors (32%, compared to 16% for 10–19 year olds and 10% for clients aged 30 years or more).
- Clients aged 10–19 years were less likely than clients in older age groups to receive withdrawal management (detoxification) as their mean treatment type (8%, compared to 17% of clients aged 20–29 and 16% 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 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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