



Australian Government

Australian Institute of  
Health and Welfare

# Alcohol and other drug treatment services in South Australia

## 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.



Department  
of Health

## SA participation in the national collection

The South Australian Drug and Alcohol Services Council (DASC) participated in this national collection providing data from government funded non-government organisations as well as DASC services.

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

### Highlights

- In South Australia (SA) in 2002–03, 50 government-funded alcohol and other drug treatment agencies provided 7,440 ‘closed treatment episodes’ (see below for definition of ‘closed treatment episodes’).
- The majority of treatment episodes were for clients aged between 20 and 39 years of age (60%), with just under one-third of all treatment episodes (31%) provided for clients in the 30–39 year age group.
- Male clients in SA accounted for just over two-thirds (67%) of all treatment episodes.
- In SA, alcohol (47%) and amphetamines (20%) were the most common principal drugs of concern to clients in treatment episodes, followed by heroin (13%).
- Of all closed treatment episodes in SA, counselling and rehabilitation were the most common form of main treatment provided (23% each), followed closely by assessment only and withdrawal management (detoxification) (22% each).
- Over half of all treatment episodes in SA ceased because the treatment was completed (53%).
- In SA, clients aged 10–19 years were more likely than clients aged 20–29 years and 30 years or more to seek treatment for cannabis (47%, compared to 11% and 5%).

### 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 South Australia. Throughout this briefing, data from South Australia 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](http://www.aihw.gov.au/drugs)>.

### Data count in the national AODTS–NMDS collection: closed treatment episodes

The data count in the national collection 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, 50 were located in South Australia, of which 22% were non-government providers.
- The majority of treatment agencies in South Australia were located in major cities (70%) and outer regional areas (16%). [For more information on how these areas are derived, please see AIHW 2004b]

## Client profile

- In SA, there were 7,440 ‘closed treatment episodes’ in alcohol and other drug treatment services reported in the 2002–03 AODTS-NMDS collection.
- Ninety-three per cent of treatment episodes in South Australia involved clients seeking treatment for their own drug use.
- The majority of treatment episodes in South Australia were for clients aged between 20 and 39 years of age (60%), with just under one-third of all treatment episodes (31%) provided for clients in the 30–39 year age group (Table 1).
- The proportions of treatment episodes involving male and female clients in SA (67% and 33% respectively) were similar to the national proportions (65% and 35% respectively).

**Table 1: Treatment episodes, age group by sex of client, South Australia and Australia, 2002–03 (per cent)**

Age group (years)	South Australia			Australia		
	Males	Females	Persons <sup>(a)</sup>	Males	Females	Persons <sup>(a)</sup>
10–19	5.0	2.5	7.5	8.3	3.9	12.2
20–29	19.5	9.6	29.1	22.4	10.8	33.2
30–39	21.3	9.9	31.2	17.8	9.4	27.2
40–49	13.2	6.7	19.8	10.5	6.2	16.7
50–59	5.2	2.5	7.6	4.0	2.6	6.6
60+	3.1	1.1	4.2	1.4	0.8	2.3
<b>Total<sup>(b)</sup> (per cent)</b>	<b>67.4</b>	<b>32.6</b>	<b>100.0</b>	<b>65.3</b>	<b>34.5</b>	<b>100.0</b>
<b>Total<sup>(b)</sup> (number)</b>	<b>5,011</b>	<b>2,429</b>	<b>7,440</b>	<b>85,537</b>	<b>45,231</b>	<b>130,930</b>

(a) Includes not stated for sex.

(b) Includes not stated for age.

Source: AIHW 2004a.

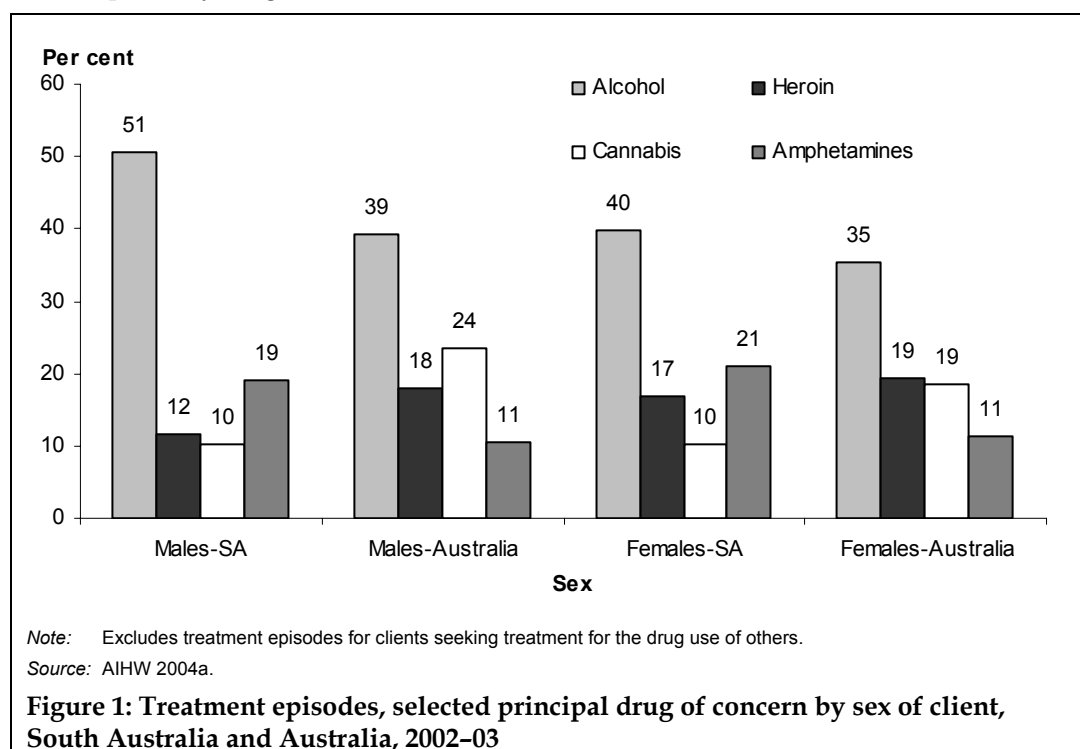
- The proportion of treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin was the same in South Australia as it was nationally (9% each). However, both of these proportions were higher than the proportion of the entire Australian population who 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 user services are not included in the AODTS–NMDS.
- The majority of treatment episodes in SA were for clients born in Australia (85%) and 96% were for clients whose preferred language was English.
- Thirty-eight per cent of closed treatment episodes in SA involved clients who were self-referred; this compared to 37% of closed treatment episodes nationally. In SA, referrals from psychiatric and other hospitals (10%) were the next most common source of referral.

## Principal drug of concern

- In SA, alcohol (47%) was the most common principal drug of concern in treatment episodes, followed by amphetamines (20%) and heroin (13%). Nationally, alcohol and cannabis were the most common principal drugs (38% and 22% respectively), followed by heroin (18%).

## Client profile and principal drug of concern

- Alcohol was the drug most commonly recorded in treatment episodes for both sexes in SA (51% males and 40% females), followed by amphetamines (19% and 21% respectively) (Figure 1).



- In SA, a lower proportion of treatment episodes involving males had cannabis as the principal drug (10%) compared to males nationally (24%). A similar pattern was observed for females (10% in SA and 19% nationally).
- Higher proportions of treatment episodes for both males and females in SA had amphetamines recorded as the principal drug (19% males and 21% females) compared to nationally (11% each).

**Table 2: Treatment episodes, principal drug of concern by age of client, South Australia and Australia, 2002-03<sup>(a)</sup> (per cent)**

Principal drug	South Australia							Total (Australia)	
	10-19	20-29	30-39	40-49	50-59	60+	Total <sup>(b)</sup>	Per cent	Number
Alcohol	23.2	31.1	44.1	68.9	84.9	92.7	47.4	38.0	46,747
Amphetamines	18.0	30.2	22.5	6.9	2.9	1.3	19.6	10.7	13,213
Benzodiazepines	1.1	2.5	1.7	2.7	4.7	2.6	2.3	2.1	2,609
Cannabis	47.0	11.1	7.4	2.7	0.9	0.4	10.1	22.0	27,106
Cocaine	0.5	0.3	0.3	0.3	—	—	0.3	0.3	323
Ecstasy	0.4	0.6	0.1	0.4	—	—	0.3	0.2	416
Heroin	7.1	18.0	15.7	9.9	1.1	1.3	13.2	18.4	22,642
Methadone	0.2	1.3	2.0	2.4	1.6	—	1.6	1.8	2,173
Nicotine	—	—	0.1	0.1	0.4	0.9	0.1	1.4	1,693
Other <sup>(c)</sup>	2.5	4.9	6.1	5.7	3.6	0.9	5.0	4.4	5,434
<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>Total<sup>(d)</sup> (number)</b>	<b>551</b>	<b>2,124</b>	<b>2,254</b>	<b>1,327</b>	<b>449</b>	<b>232</b>	<b>6,946</b>	—	<b>123,032</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 2004a.

- In SA, the principal drug of concern varied by age. The proportion of treatment episodes where the principal drug was alcohol peaked for clients aged 60 years and over (93%), followed by clients in the 50–59 year age group (85%). Nationally, clients in these age groups also recorded the highest proportion of treatment episodes where alcohol was the principal drug (82% and 79% respectively) (Table 2).
- In SA, the proportion of treatment episodes involving Aboriginal and Torres Strait Islander people reporting alcohol as their principal drug was higher (58%), compared to other Australian clients (47%). Nationally, alcohol was also the most common principal drug for Aboriginal and Torres Strait Islander clients (46%), and more commonly reported than for other Australian clients (37%).

### *Geographic location and principal drug of concern*

- Across all areas in SA, alcohol was the most commonly reported principal drug of concern (48% in major cities, 49% in inner regional, 45% in outer regional and 41% in remote areas). Amphetamines were the second most prominent drug in major cities (19%), inner regional and outer regional areas (26% and 24% respectively), while cannabis was the next most common in remote areas (24%).

### *Injecting drug use*

- Over one-third (37%) of treatment episodes in SA involved clients who reported never having injected drugs. Of the 29% who reported they were ‘current injectors’, 43% 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 (17% ‘not stated’ response in SA and 14% nationally).

### **Treatment programs**

- Of all closed treatment episodes in SA, counselling and rehabilitation were the most common form of main treatment provided (23% each), followed closely by assessment only and withdrawal management (detoxification) (22% each).

### *Client profile and treatment programs*

- In SA, a higher proportion of treatment episodes for females had counselling as the main treatment (34%) compared to male clients (18%). In contrast a higher proportion of treatment episodes for males had assessment only as the main treatment (26%) compared to female clients (13%).

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

Main treatment type	South Australia			Australia		
	Males	Females	Persons <sup>(a)</sup>	Males	Females	Persons <sup>(a)</sup>
Withdrawal management (detoxification)	21.1	22.6	21.6	19.6	17.6	18.9
Counselling	18.4	33.5	23.3	38.6	47.1	41.5
Rehabilitation	24.0	19.6	22.6	7.7	7.2	7.5
Support & case management only	2.7	2.3	2.5	6.8	7.3	6.9
Information and education only	2.0	1.6	1.9	8.9	6.3	8.0
Assessment only	26.0	13.1	21.8	14.9	8.5	12.7
Other <sup>(b)</sup>	5.8	6.4	5.5	3.9	6.0	4.4
<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>5,011</b>	<b>2,429</b>	<b>7,440</b>	<b>85,537</b>	<b>45,231</b>	<b>130,930</b>

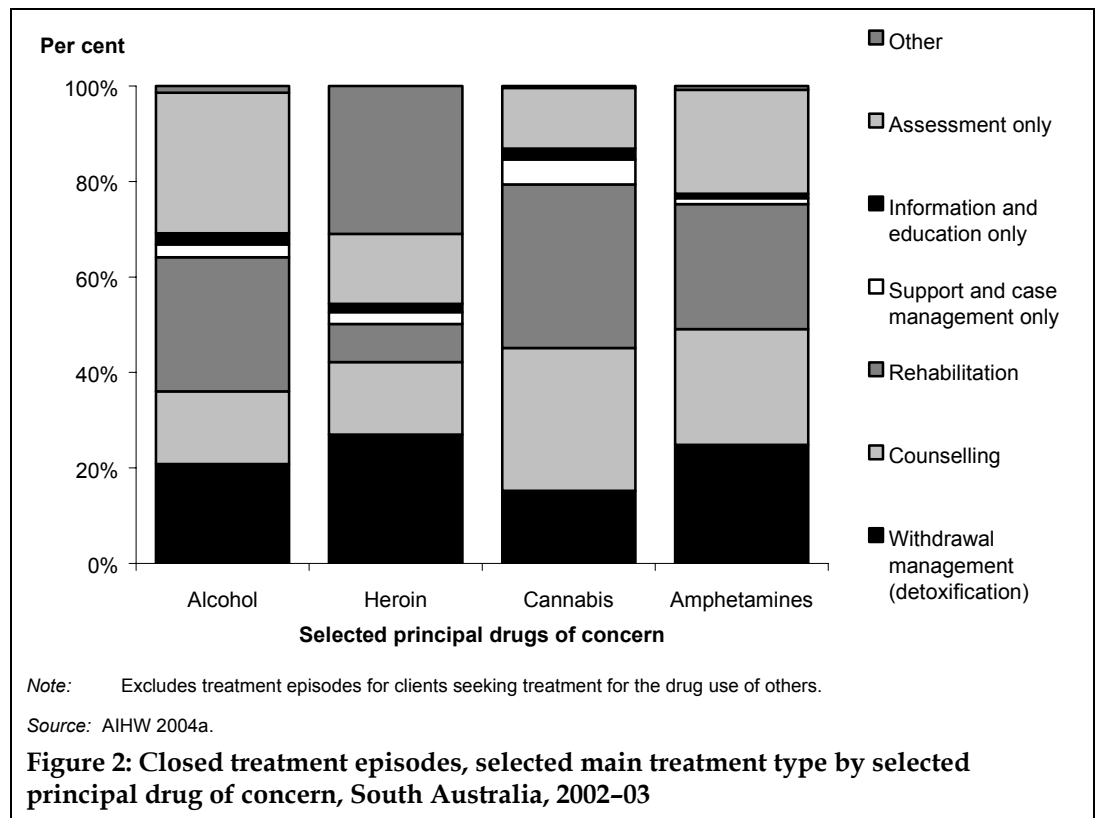
(a) Includes not stated for sex.

(b) ‘Other’ includes 469 treatment episodes in SA 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 2004a.

### Principal drug of concern and treatment programs

- As with Australia as a whole, in SA the main treatment type varied depending on the principal drug of concern the client sought treatment for. Overall, rehabilitation accounted for the highest proportion of closed treatment episodes when cannabis (34%) and amphetamines (26%) were the principal drug of concern (Figure 2). Assessment only accounted for most treatment episodes where alcohol was the principal drug (29%), and 'other' treatment types – which includes pharmacotherapy – accounted for highest proportion of episodes where heroin was the principal drug.
- The second most prominent treatment type when alcohol was the principal drug of concern was rehabilitation (28%). Where heroin was the principal drug, the next most prominent treatment type was withdrawal management (detoxification) (27%) and for cannabis, counselling (30%) and for amphetamines, counselling (30%).



- In SA, the median number of days for a closed treatment episode was 10. The main treatment types with the highest median number of days were counselling (73 days), followed by support and case management (64 days). The highest median number of treatment days within a treatment episode occurred when the principal drug of concern was heroin (21 days), followed by cannabis (16 days).

### Geographic location and treatment programs

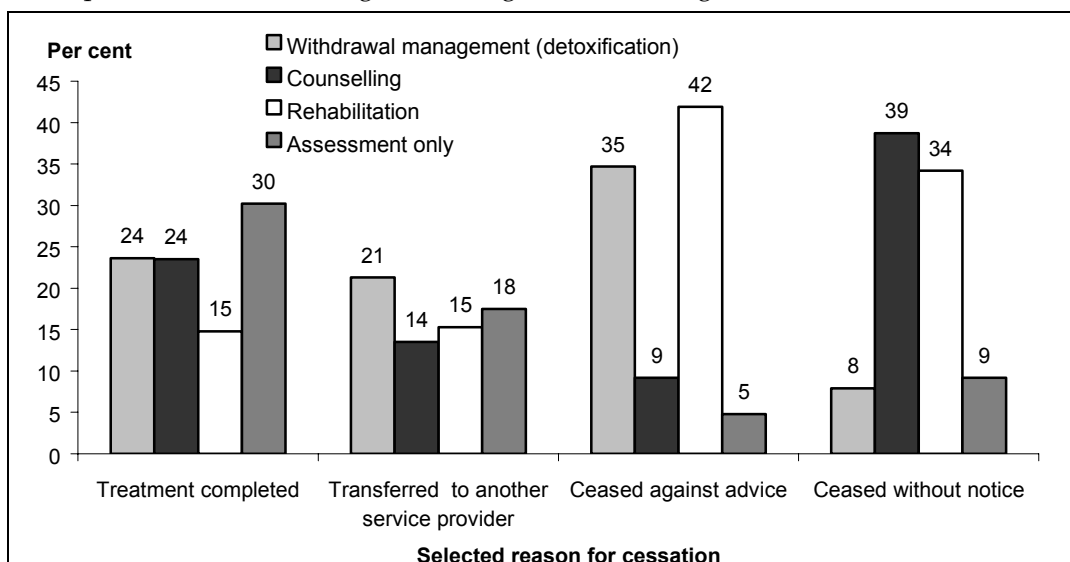
- Across all areas in SA, rehabilitation was the most commonly reported main treatment type in most locations (43% of treatment episode in inner regional, 52% in outer regional and 52% in remote areas). For major cities, the most common treatment type was counselling and withdrawal management (detoxification) (23% of episodes each).
- The second most prominent treatment type in major cities and outer regional areas was assessment only (22% and 18% respectively), whereas in inner regional areas the next most prominent treatment type was counselling (37%), and in remote areas, withdrawal management (detoxification) was the second most prominent treatment type (21%).

### Treatment delivery setting and treatment programs

- Seventy-eight per cent of all closed treatment episodes in SA occurred at a non-residential treatment facility, 20% in a residential facility and 12% at an outreach setting (i.e. a setting away from the usual place of service delivery).
- The highest median number of treatment days for a treatment episode occurred where the treatment delivery was at a client's home (36 days) and at an outreach setting (34 days).

### Ceasing treatment and treatment programs

- In SA, the most common reason for the cessation of a client's treatment was that the treatment had been completed (53%), followed by the client ceasing to participate without notice (17%) or the client ceased to participate against advice (10%). Nationally, the treatment being completed was the most common reason for a treatment episode ceasing (52%).
- In SA, 30% of treatment episodes where the treatment was completed were for assessment only (Figure 3).
- Forty-two per cent of closed treatment episodes that ended because the client ceased to participate against the advice of the clinician were for rehabilitation and 35% for withdrawal management (detoxification).
- Where the client ceased treatment without notice, 39% of these closed treatment episodes occurred during counselling and 34% during rehabilitation.



Source: AIHW 2004a.

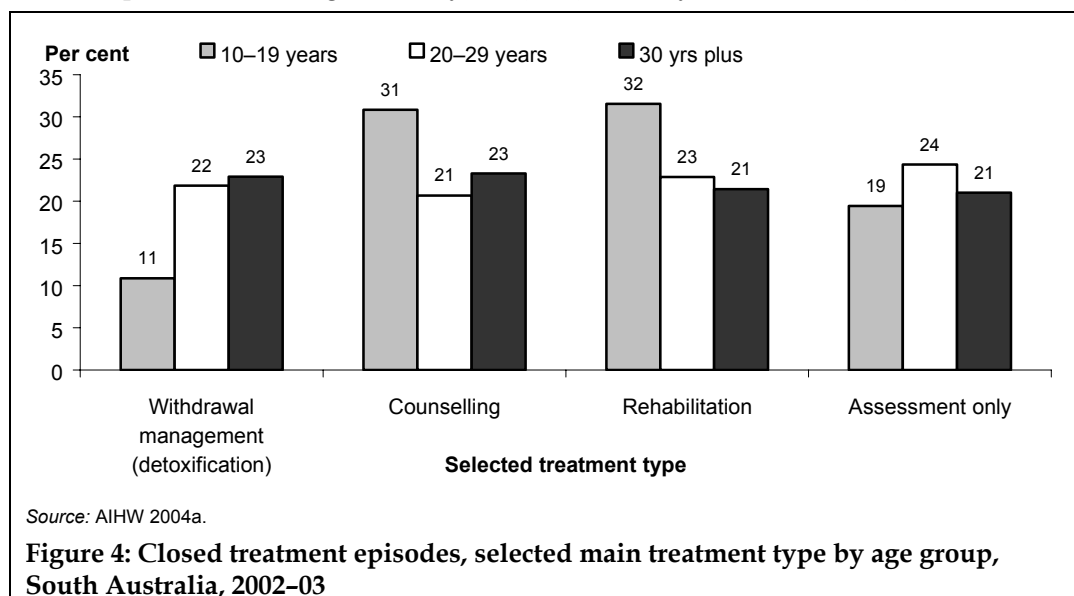
**Figure 3: Closed treatment episodes, selected main treatment type by selected reason for cessation, South Australia, 2002-03**

### Special theme – Clients aged 10–29 years

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

- In SA, 8% of close treatment episodes were for clients aged 10–19 years and 29% for clients aged 20–29 years.
- Compared to clients aged 30 years or more, clients in South Australia aged under 30 years were less likely to seek treatment for alcohol (23% of treatment episodes for clients aged 10–19 years and 19% for clients aged 20–29 years, compared to 59% 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 (30% of all treatment episodes among 20–29 year olds were for this drug type, compared to 18% among clients aged 10–19 years and 14% among clients aged 30 years or more).
- Clients aged 10–19 years were more likely to seek treatment for cannabis (47%) compared to clients aged 20–29 years (11%) and 30 years and over (5%).



- Clients aged 10–19 years were more likely than clients in older age groups to receive counselling as their mean treatment type (31%, compared to 21% of clients aged 20–29 and 23% of clients aged over 30 years) or rehabilitation (32%, compares to 23% and 21% respectively) and less likely to receive withdrawal management (detoxification) (11%, compared to 22% and 23% respectively) (Figure 4).
- Clients aged 10–19 years were less likely than clients in the older age groups to receive treatment in residential treatment settings (7% of treatment episodes for 10–19 year olds were conducted in this setting, compared to 19% for 20–29 year olds and 22% 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 is to prescribe and/or dose for opioid maintenance pharmacotherapy treatment, as well as 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, prisons, health promotion services (e.g. needle and syringe exchange programs).
- Treatment services based in and clients receiving treatment from services 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.
- 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) 2004a. 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.

Australian Institute of Health and Welfare (AIHW) 2004b. Rural, regional and remote health: a guide to remoteness classifications. AIHW cat. no. PHE 53. 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.

## 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](http://www.aihw.gov.au/drugs/treatment/aodts_access_2004.doc)>.

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