



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.



NSW participation in the national collection

The New South Wales Health Department participated in this national collection and contributed data to the NMDS.

Alcohol and other drug treatment services in New South Wales

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

Highlights

- In New South Wales (NSW) in 2002–03, 229 government-funded alcohol and other drug treatment agencies provided 41,166 ‘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 (63%), with one-third of all treatment episodes (33%) provided for clients in the 20–29 year age group.
- Male clients in NSW accounted for over two-thirds (68%) of all closed treatment episodes.
- In NSW, alcohol (42%) and heroin (21%) were the most common principal drugs of concern in closed treatment episodes, followed by cannabis (15%).
- Of all closed treatment episodes in NSW, counselling was the most common form of main treatment provided (38%), followed by withdrawal management (detoxification) (23%) and assessment only (17%).
- Treatment episodes in NSW most commonly ceased because the treatment was completed (51%).
- In NSW, clients aged 10–19 and 20–29 years were more likely than clients aged 30 years or more to seek treatment for cannabis (42% and 21% compared to 9%) and amphetamines (15% and 16% compared to 7%) and less likely to seek treatment for alcohol (19% and 23% compared to 57%).

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 New South Wales (NSW). Throughout this briefing, data from NSW 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, 229 were located in NSW and 29% of them were non-government agencies.
- Treatment agencies in NSW were most likely to be located in major cities (63%) and inner regional areas (29%).

Client profile

- In NSW, there were 41,166 ‘closed treatment episodes’ in alcohol and other drug treatment services reported in the 2002–03 AODTS-NMDS collection.
- Ninety-seven per cent of closed treatment episodes in NSW involved clients seeking treatment for their own drug use.
- In NSW, the majority of closed treatment episodes were for clients aged between 20 and 39 years of age (63%), with one-third of all treatment episodes (33%) provided for clients in the 20–29 year age group (Table 1).
- The proportions of male and female clients in NSW (68% and 32% respectively) were similar to the national proportions (65% and 35% respectively).

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

Age group (years)	New South Wales			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
10–19	5.4	2.8	8.2	8.3	3.9	12.2
20–29	22.9	10.5	33.4	22.4	10.8	33.2
30–39	20.0	9.5	29.5	17.8	9.4	27.2
40–49	12.6	6.0	18.6	10.5	6.2	16.7
50–59	5.0	2.5	7.6	4.0	2.6	6.6
60+	1.8	0.9	2.7	1.4	0.8	2.3
Total^(b) (per cent)	67.6	32.2	100.0	65.3	34.5	100.0
Total^(b) (number)	27,841	13,276	41,166	85,537	45,231	130,930

(a) Includes not stated for sex.

(b) Includes not stated for age.

Source: AIHW 2004.

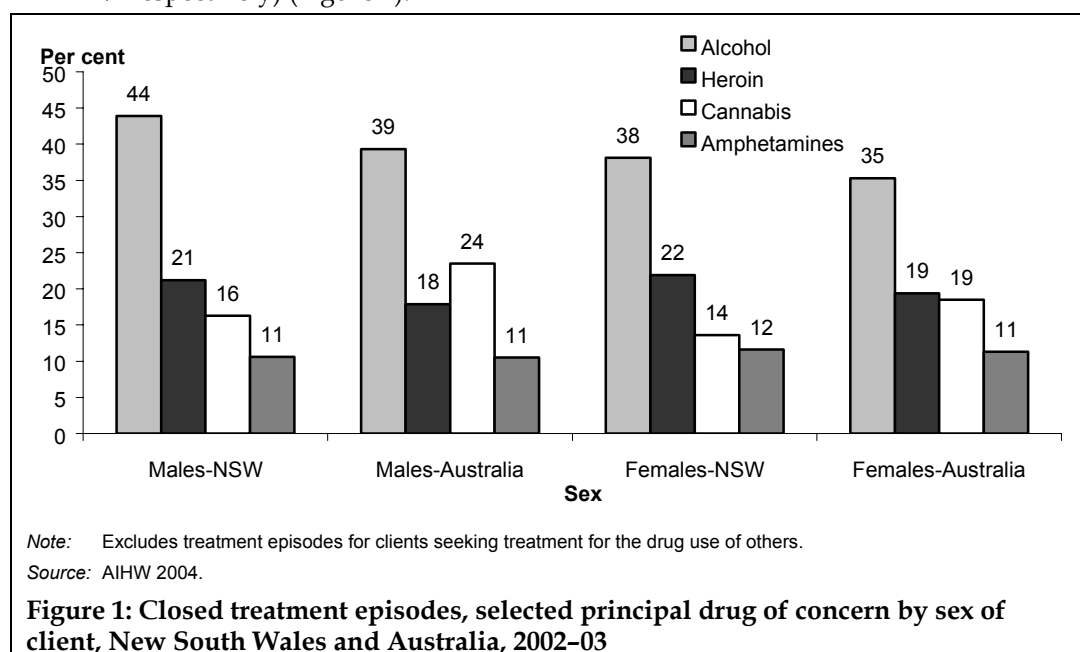
- The proportion of closed treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin was the same in NSW as found nationally (9% each). Both these populations were higher than the proportion of the Australian population who identify as Indigenous (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 closed treatment episodes in NSW were for clients born in Australia (86%) and 98% were for clients whose preferred language was English.
- Forty-three per cent of all treatment episodes in NSW involved clients who were self-referred, followed by referrals from alcohol and other drug treatment services (14%), GPs or other medical specialists (9%) and police or court diversions (8%).

Principal drug of concern

- In NSW, alcohol (42%) and heroin (21%) were the most common principal drugs of concern in closed treatment episodes, followed by cannabis (15%). 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 NSW (44% of males and 38% of females), followed by heroin (21% and 22% respectively) (Figure 1).



- For closed treatment episodes in NSW there was a lower proportion of male clients reporting cannabis as the principal drug of concern, than at the national level (16% males in NSW and 24% males nationally). This was similar for female clients (14% and 19% respectively).
- In NSW, 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 60 years and over (87%) (Table 2). Similarly, at the national level, alcohol was the most common principal drug for clients aged 60 years plus (82%).

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

Principal drug	New South Wales							Total (Australia)	
	10-19	20-29	30-39	40-49	50-59	60+	Total ^(b)	Per cent	Number
Alcohol	18.8	23.3	43.8	63.5	82.3	87.4	42.1	38.0	46,747
Amphetamines	15.1	16.0	11.2	4.4	0.7	0.0	10.9	10.7	13,213
Benzodiazepines	0.5	1.7	3.1	3.1	2.1	3.2	2.4	2.1	2,609
Cannabis	41.6	20.6	12.1	6.4	2.2	0.5	15.4	22.0	27,106
Cocaine	0.5	0.6	0.6	0.3	0.0	0.1	0.5	0.3	323
Ecstasy	1.1	0.6	0.1	0.0	0.0	0.0	0.3	0.3	416
Heroin	16.8	31.1	21.9	14.0	4.1	0.9	21.4	18.4	22,642
Methadone	0.5	2.8	3.1	2.8	1.1	0.5	2.5	1.8	2,173
Nicotine	1.1	0.5	0.9	1.5	4.2	5.2	1.2	1.4	1,693
Other ^(c)	2.0	1.5	2.0	3.0	2.4	1.8	2.0	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)	3,309	13,641	11,912	7,305	2,819	984	40,002	—	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 years in NSW, cannabis was the most common principal drug (42%), and for clients aged 20–29 years the most common was heroin (31%). This was also the case nationally.
- In NSW, the proportion of treatment episodes involving Aboriginal and Torres Strait Islander people reporting alcohol as their principal drug of concern were similar to other Australian clients (41% and 43% of treatment episodes respectively). Nationally, treatment episodes for Aboriginal and Torres Strait Islander clients were more likely to involve alcohol as the principal drug of concern (46%) than those for other Australian clients (37%).

Geographic location and principal drug of concern

- Across all areas in NSW, alcohol was the most commonly reported principal drug of concern (40% of treatment episodes in major cities, 46% in inner regional and 60% in outer regional areas). Heroin was the second most common drug in major cities (25%), while cannabis was the next most common in inner and outer regional areas (21% and 20% respectively).

Injecting drug use

- Forty one per cent of treatment episodes in NSW involved clients who reported never having injected drugs. Of the 32% who reported they were ‘current injectors’, 47% 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 (13% not stated response for New South Wales and 14% nationally).

Treatment programs

- Of all closed treatment episodes in NSW, counselling was the most common form of main treatment provided (38%), followed by withdrawal management (detoxification) (23%) and assessment only (17%) (Table 3). At the national level, counselling was also the most common form of main treatment provided (42%). This was then followed by withdrawal management (detoxification) (19%), and assessment only (13%).

Client profile and treatment programs

- Closed treatment episodes for female clients in NSW were more likely to involve counselling as the main treatment (43%), then treatment episodes for male clients (35%), as was the case nationally (47% and 39% respectively).

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

Main treatment type	New South Wales			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
Withdrawal management (detoxification)	23.9	19.9	22.6	19.6	17.6	18.9
Counselling	35.4	43.4	37.9	38.6	47.1	41.5
Rehabilitation	9.5	8.0	9.0	7.7	7.2	7.5
Support & case management only	5.7	6.4	6.0	6.8	7.3	6.9
Information and education only	2.7	2.9	2.8	8.9	6.3	8.0
Assessment only	18.8	14.2	17.3	14.9	8.5	12.7
Other ^(b)	3.9	5.3	4.4	3.5	6.0	4.4
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	27,841	13,276	41,166	85,537	45,231	130,930

(a) Includes not stated for sex.

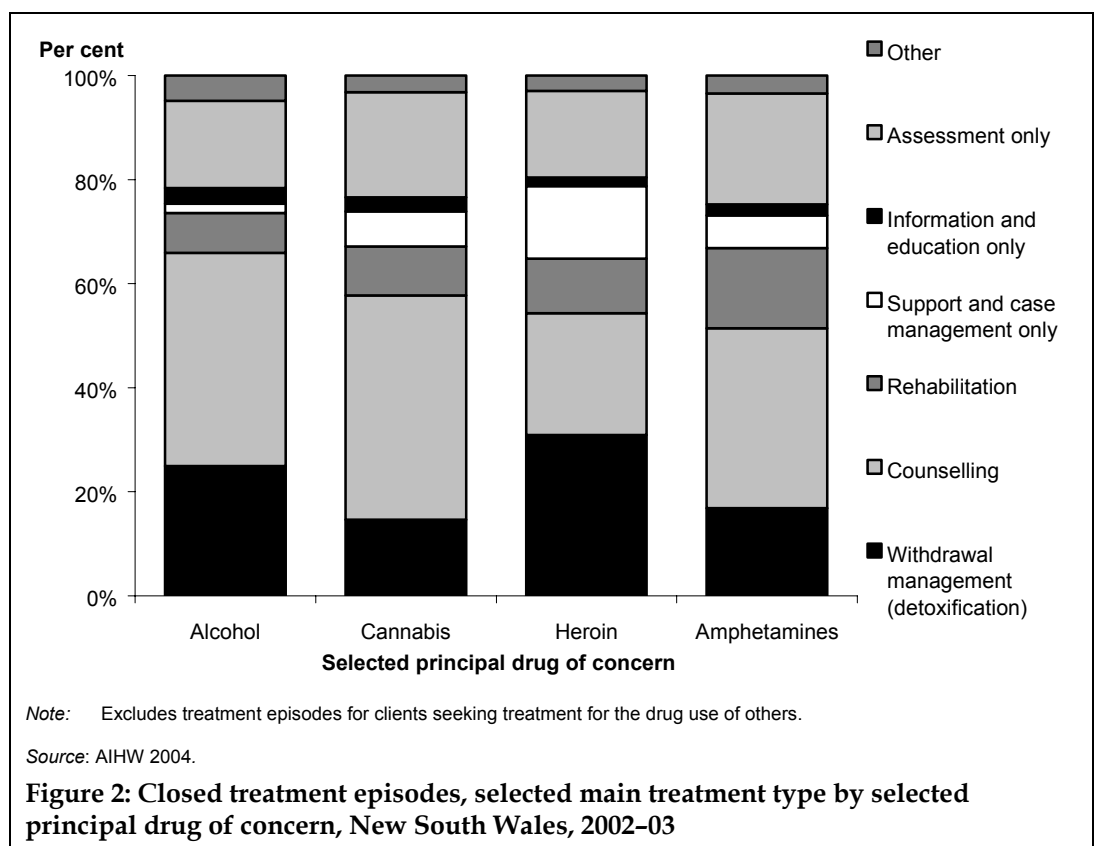
(b) ‘Other’ includes 210 treatment episodes in NSW and 2,062 treatment episodes nationally where the main treatment type was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

Source: AIHW 2004.

- In NSW, the main treatment type did not vary much with age. For all treatment episodes, counselling was the most common treatment type, ranging from 36% for clients aged 20–29 years to 43% for clients aged 40–49 years. Assessment only was the second most important treatment type for clients aged 10–19 years (24%) whereas withdrawal management (detoxification) was the second most common treatment type for all other age groups.

Principal drug of concern and treatment programs

- In NSW, 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 (41%), cannabis (43%) and amphetamines (35%) were the principal drug of concern (Figure 2).
- Where heroin was the principal drug of concern, the most common main treatment type was withdrawal management (detoxification) (31%), followed by counselling (23%) and assessment only (17%).



- In NSW, the median number of days for a treatment episode was 10. The highest median number of treatment days within a treatment episode occurred when the principal drug of concern was cannabis (16 days), followed by amphetamines (11 days) and alcohol (9 days). The main treatment type with the highest median number of treatment days per episode was support and case management (76 days), followed by counselling (49 days).

Geographic location and treatment programs

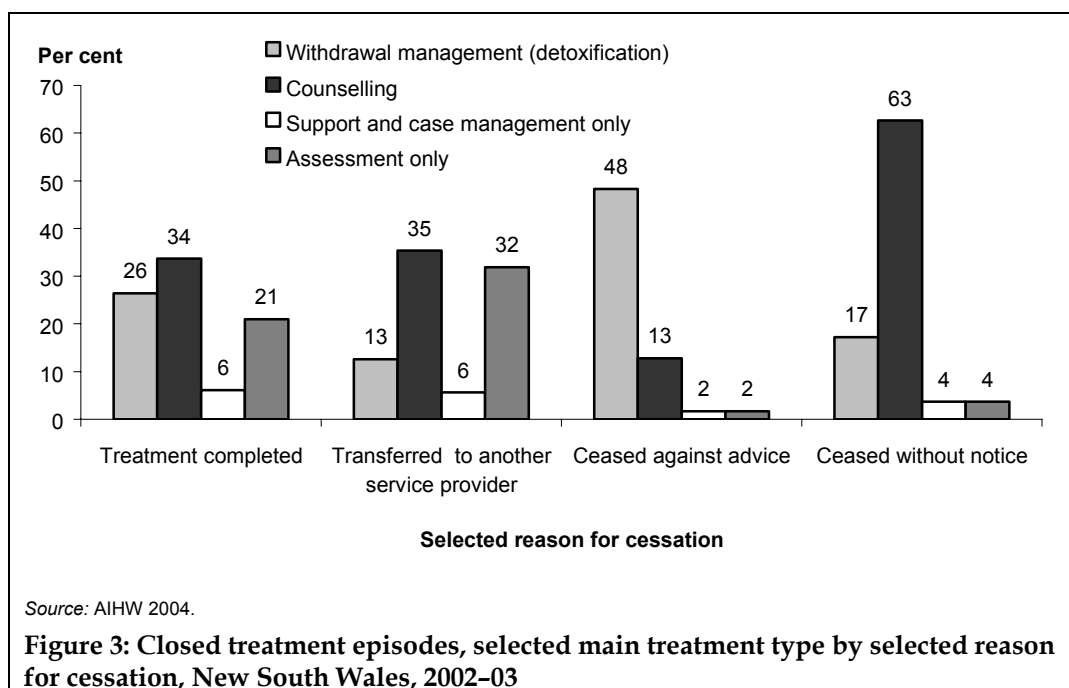
- Across all areas in NSW, counselling was the most commonly reported main treatment type (accounting for 34% of treatment episodes in major cities, 45% in inner regional areas and 79% in outer regional areas). The second most prominent treatment type in major cities was withdrawal management (detoxification) (26%), whereas in inner and outer regional areas, the second most common treatment type was assessment only (18% and 10% respectively).

Treatment delivery setting and treatment programs

- Two-thirds (66%) of all closed treatment episodes in NSW occurred at a non-residential treatment facility, and a further 31% in a residential facility.
- In NSW, the highest median number of treatment days for a treatment episode occurred where the treatment delivery was in an outreach setting (62 days).

Ceasing treatment and treatment programs

- In NSW, the most common reason for the cessation of a client's treatment was that the treatment had been completed (51%), followed by clients ceasing to participate without notice (17%) or clients transferring to another service provider (13%).



- In NSW, 34% of treatment episodes that were completed were for counselling (34%) and 6% were for support and case management only (Figure 3).
- For closed treatment episodes that ended because the client was transferred to a different service provider, 35% were for counselling and 32% for assessment only.
- Forty-eight per cent of closed treatment episodes that ended because the client ceased to participate against the advice of the clinician were for withdrawal management (detoxification) and 13% for counselling.
- Sixty three per cent of closed treatment episodes that ended because the client ceased to participate without notice were for counselling and 17% for withdrawal management (detoxification).

Special theme—Clients aged 10–29 years

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

- Compared to clients aged 30 years or more, clients aged under 30 years in NSW were:
 - more likely to seek treatment for cannabis (accounting for 42% of treatment episodes among the 10–19 years age group and 21% among the 20–29 year age group, compared to 9% among clients aged 30 years and over) and amphetamines (15% and 16%, compared to 7%);
 - less likely to seek treatment for alcohol (19% and 23% compared to 57%);

- 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 17% of treatment episodes for 10–19 and 20–29 years olds compared to 8% for clients aged 30 years or more;
- less likely to refer themselves to the treatment service (29% and 41% compared to 46%) and more likely to be referred via community-based corrections (11% and 8% compared to 4%) or police/court diversions (12% each compared to 6%); and
- less likely to cease treatment because it was completed (50% and 45% compared to 54%).
- 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 17% among clients aged 10–19 years and 16% of among clients aged 30 years or more);
- Clients aged 20–29 years were also more likely to be current injectors (44% compared to 30% for 10–19 year olds and 25% 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 main treatment type (11% compared to 21% of clients aged 20–29 and 25% 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 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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