



Alcohol and other drug treatment services in Australia: state and territory summaries

Web report | Last updated: 25 Jul 2019 | Topic: [Alcohol & other drug treatment services](#)

About

This web report supplements the [Alcohol and other drug treatment services in Australia 2017-18](#) report. It presents key state and territory findings on specialist alcohol and other drug treatment service agencies, the people they treat, and the treatment provided.

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Summary

Publicly funded alcohol and other drug (AOD) treatment services in Australia provide services to assist people to address their problematic drug use through a range of treatments. Assistance may also be provided to support the family and friends of people using drugs.

The main findings about AOD treatment services in 2017-18—including information on clients, drugs of concern, and treatment provided—are available in the [Alcohol and other drug treatment services in Australia 2017-18](#) detailed findings report.

This supplementary report presents key state and territory findings on specialist alcohol and other drug treatment service agencies, the people they treat, and the treatment provided in 2017-18. Client counts refer to those closed treatment episodes for which a valid statistical linkage key (SLK) has been supplied. No imputation has been applied to client counts in this section of the report.

The [technical notes](#) page provides details on the data, with further information available in the [Alcohol and other drug treatment services NMDS 2017-18 Quality Statement](#). In addition, a series of [supplementary tables](#) accompanying the detailed findings report are also available.

Box 1.1: Key facts

In 2017-18:

- a total of 952 publicly funded agencies provided data about services for clients seeking treatment and support in Australia, ranging from 16 in the Australian Capital Territory to 390 in New South Wales
- nationally, alcohol was the most common principal drug of concern that led clients to seek treatment (35% of treatment episodes), and amphetamines was the second most common (27% of episodes)
- cannabis was the most common drug of concern in Queensland (32%), and amphetamines the most common in South Australia (35%) and Western Australia (34%)
- nationally, counselling was the most common main treatment type (39%), and was the most common in 5 of the 8 states and territories.

Over the period 2013-14 to 2017-18:

- the number of publicly funded agencies providing data about services for clients seeking treatment and support rose from 796 to 952 agencies, an increase that was largely driven by increases in the number of reporting agencies in New South Wales (from 292 to 390) and Queensland (from 141 to 176)
- nationally, the 4 most common principal drugs of concern remained consistent, with amphetamines increasing as a proportion of closed treatment episodes, from 17% to 27%
- nationally, counselling remained the most common main treatment type, with assessment only and withdrawal management remaining second and third most common, respectively.



New South Wales

In 2017-18, 390 publicly funded alcohol and other drug treatment agencies in New South Wales provided 45,824 closed treatment episodes to 27,407 clients (Tables SA.1 and SC.21). NSW reported an increase of 7,827 closed treatment episodes compared with 2016-17 (37,997 closed episodes) (Table SE NSW.3).

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In 2017-18, most (78%) clients in New South Wales attended 1 agency, and received an average of 1.7 closed treatment episodes, which is similar to the national average of 1.6 episodes (Tables SC.21 and SC.23).

New South Wales

In 2017-18:

- nearly all (97%) clients in New South Wales received treatment for their own drug use, of which, most were male (66%) (Figure 1; Table SC NSW.1)
- clients who received treatment or support for someone else's drug use were more likely to be female (60%)
- over half (53%) of all clients were aged 20-39 years (Table SC NSW.2)
- almost 1 in 6 (16%) clients identified as Indigenous Australians (Table SC NSW.3). This is consistent with the national rate (16%) (Table SC.4)
- the majority (87%) of clients were born in Australia and nearly all (98%) reported English as their preferred language (Tables SC NSW.21 and SC NSW.22).

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Patterns of service use:

In New South Wales, of the 27,407 total clients who received treatment in 2017-18:

- 59% (16,093) received treatment in 2017-18 only
- 12% (3,346) received treatment in both 2016-17 and 2017-18
- 4.1% (1,125) received treatment in each year from 2015-16 to 2017-18
- 1.8% (480) received treatment in each year from 2014-15 to 2017-18
- 1.7% (466) received treatment in all years, from 2013-14 to 2017-18.

Over the period 2013-14 to 2017-18, a total of 92,712 clients received treatment in New South Wales. Of those:

- 73% (68,134) received treatment in only a single year
- 18% (17,032) received treatment in any 2 of the 5 years
- 6% (5,379) received treatment in any 3 of the 5 years
- 1.8% (1,701) received treatment in any 4 of the 5 years
- 0.5% (466) received treatment in all 5 collection years.

New South Wales

In 2017-18, for clients receiving treatment episodes for their own drug use:

- alcohol was the most common principal drug of concern (38% of episodes) for clients in New South Wales (Figure 2; SE NSW.10)
- amphetamines as a principal drug of concern accounted for over one-quarter of episodes (27%), followed by cannabis (16%), and heroin (8%). This is consistent with the national picture (Table SD.1).

Clients can nominate up to 5 additional drugs of concern, these drugs are not necessarily the subject of any treatment within the episode (see [Technical notes](#)).

In 2017-18, when the client reported additional drugs of concern:

- nicotine was the most common additional drug of concern (10% of episodes), followed by cannabis (9%), amphetamines (6%), and alcohol (5%) (Table SE NSW.11).

Over the period 2013-14 to 2017-18:

- alcohol remained the most common principal drug of concern in treatment episodes provided to clients, even though the proportion of these episodes declined (from 44% to 38%)
- amphetamines replaced cannabis in 2014-15 as the second most common principal drug of concern in New South Wales, and has increased since 2013-14 (from 17% to 27%)
- cannabis is now the third most common principal drug of concern, decreasing from 21% to 16% in 2017-18.
- These trends are consistent with the national picture (Table SD.2).

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New South Wales

In 2017-18, the majority of closed treatment episodes for all clients, included:

- counselling as the most common main treatment provided in New South Wales (37% of episodes), followed by withdrawal management (18%), assessment only (16%), and support and case management only (13%) (Figure 3; Table SE NSW.20)
- where an additional treatment was provided as a supplementary to the main treatment, other treatment (12%) was the most common followed by counselling (9%).

Over the period 2013-14 to 2017-18:

- counselling remained the most common main treatment type for all episodes in New South Wales, significantly increasing from 31% in 2015-16 to 42% in 2016-17, then falling to 37% in 2017-18 (Table SE NSW.20)
- withdrawal management fell from 18% in 2013-14 to 14% in 2015-16, before rising (18%) in 2017-18; overtaking assessment only as the second most common treatment type.

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New South Wales

In 2017-18:

- almost two-thirds (66%) of AOD agencies in New South Wales are government treatment agencies
- the majority (63%) of the 390 publicly funded treatment agencies in New South Wales were located in *Major cities*, followed by *Inner regional* areas (30%) (Figure 4; Table SA.3)
- agencies located in *Major cities* provided 70% of all closed treatment episodes in New South Wales (Table SA.4).
- only 1% of treatment agencies were located in *Remote* areas
- across all remoteness areas, the majority of agencies were government agencies, ranging from 64% in *Major cities* to 75% in *Remote* areas.

In the period 2013-14 to 2017-18, the number of publicly funded treatment agencies in New South Wales rose from 292 to 390 (Table SA.1).

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Victoria

In 2017-18, 149 publicly funded alcohol and other drug treatment agencies in Victoria provided 67,944 closed treatment episodes to 33,006 clients (Tables SA.1 and SC.21).

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In 2017-18, 3 in 4 (75%) clients in Victoria attended 1 agency, and received an average of 2.1 closed treatment episodes, which is higher than the national average of 1.6 episodes (Tables SC.21 and SC.23). This is due to the nuances of Victoria's data collection system, where each type of treatment results in a separate treatment episode.

Victoria

In 2017-18:

- nearly all (93%) clients in Victoria received treatment for their own drug use, of which, most (68%) were male (Figure 5; Table SC VIC.1)
- clients who received treatment or support for someone else's drug use were more likely to be female (59%)
- the majority (56%) of clients were aged 20-39 years (Table SC VIC.2)
- around 1 in 13 (8%) clients identified as Indigenous Australians, which is lower than the national rate (16%) (Tables SC VIC.3 and SC.4)
- the majority (84%) of clients were born in Australia and nearly all (95%) reported English as their preferred language (Tables SC VIC.21 and SC VIC.22).

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Patterns of service use:

In Victoria, of the 33,006 total clients who received treatment in 2017-18:

- 51% (16,928) received treatment in 2017-18 only
- 16% (5,148) received treatment in both 2016-17 and 2017-18
- 7% (2,381) received treatment in each year from 2015-16 to 2017-18
- 2.6% (863) received treatment in each year from 2014-15 to 2017-18
- 3.3% (1,077) received treatment in all years, from 2013-14 to 2017-18.

Over the period 2013-14 to 2017-18, a total of 103,559 clients received treatment in Victoria. Of those clients:

- 67% (69,784) received treatment in only a single year
- 21% (21,551) received treatment in any 2 of the 5 years
- 8% (8,088) received treatment in any 3 of the 5 years
- 3.0% (3,059) received treatment in any 4 of the 5 years
- 1.0% (1,077) received treatment in all 5 collection years.

Victoria

In 2017-18, for clients receiving treatment episodes for their own drug use:

- alcohol was the most common principal drug of concern for clients in Victoria (35% of episodes) (Figure 6; Table SE VIC.10)
- amphetamines were also a common principal drug of concern, accounting for more than one-fifth of episodes (28%), followed by cannabis (20%), and heroin (7%).

Clients can nominate up to 5 additional drugs of concern, these drugs are not necessarily the subject of any treatment within the episode (see [Technical notes](#)).

In 2017-18, when the client reported additional drugs of concern:

- nicotine was the most common (15% of episodes), followed by cannabis (14%), alcohol (11%), and amphetamines (8%) (Table SE VIC.11).

Over the period 2013-14 to 2017-18:

- alcohol has remained the most common principal drug of concern for clients in Victoria (Table SE VIC.10), rising in 2017-18 (35%), after a decrease from 2013-14 (41%) to 2016-17 (30%)
- amphetamines has remained the second most common principal drug of concern for the third year in a row, having replaced cannabis in 2015-16. The proportion of episodes with a principal drug of concern for amphetamines rose from 16% to 28%
- the proportion of closed treatment episodes for cannabis has fluctuated; rising from 21% in 2013-14 to 22% in 2014-15, decreasing in 2016-17 (17%), then increasing again in 2017-18 (20%).

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Victoria

In 2017-18, the majority of closed treatment episodes for all clients, included:

- counselling as the most common main treatment in Victoria (37% of episodes)
- followed by support and case management only (28%), withdrawal management (15%), and assessment only (12%) (Figure 7; Table SE VIC.20).

Due to nuances in Victoria's data collection system, each type of treatment results in a separate episode, Victoria cannot supply data on additional treatment types. However from 2016-17 onward, some Victorian agencies that are solely funded by the Australian Government Department of Health reported a small number of closed episodes with an additional treatment type.

Over the period from 2013-14 to 2017-18:

- counselling remained the most common main treatment type for all closed episodes in Victoria, albeit substantially decreasing from 56% to 37% (Table SE VIC.20)
- support and case management replaced withdrawal management as the second most common main treatment type in 2015-16
- withdrawal management has decreased from 19% to 14% in 2016-17, then rose to 15% in 2017-18.

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Victoria

In 2017-18:

- all 149 Victorian AOD agencies are non-government treatment agencies that receive public funding
- 3 in 4 (74%) treatment agencies in Victoria were located in *Major cities*, followed by *Inner regional* areas (18%) (Figure 8; Table SA.3)
- Victoria does not have any areas classified as *Remote* or *Very remote*.

In the period from 2013-14 to 2017-18:

- the number of publicly funded treatment agencies in Victoria rose from 130 in 2013-14 to 140 in 2014-15, falling to 129 in 2015-16, and increased to 149 in 2017-18 (Table SA.1).

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Queensland

In 2017-18, 176 publicly funded alcohol and other drug treatment agencies in Queensland provided 43,470 closed treatment episodes to 33,762 clients (Tables SA.1 and SC.21).

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In 2017-18, most (90%) clients in Queensland attended 1 agency, and received an average of 1.3 closed treatment episodes, which is lower than the national average of 1.6 episodes (Tables SC.21 and SC.23).



Queensland

In 2017-18:

- nearly all (98%) clients in Queensland received treatment for their own drug use, of which most (68%) were male (Figure 9; Table SC QLD.1)
- clients receiving treatment for someone else's drug use were more likely to be female (68%)
- just over half (52%) of clients were aged 20-39 years, and 18% were aged 10-19 years which is higher than the national rate (13%) (Table SC QLD.2)
- about 1 in 6 (16%) clients identified as Indigenous Australians, which is consistent with the national rate (16%) (Tables SC QLD.3 and SC.4)
- the majority (87%) of clients were born in Australia and nearly all (99%) reported English as their preferred language (Tables SC QLD.21 and SC QLD.22).

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Patterns of service use:

In Queensland, of the 33,762 total clients who received treatment in 2017-18:

- 65% (21,874) received treatment in 2017-18 only
- 10% (3,240) received treatment in both 2016-17 and 2017-18
- 3.2% (1,088) received treatment in each year from 2015-16 to 2017-18
- 1.4% (480) received treatment in each year from 2014-15 to 2017-18
- 1.1% (386) received treatment in all years, from 2013-14 to 2017-18.

Over the period 2013-14 to 2017-18, a total of 128,155 clients received treatment in Queensland. Of those:

- 80% (102,224) received treatment in only a single year
- 15% (18,608) received treatment in any 2 of the 5 years
- 4.2% (5,336) received treatment in any 3 of the 5 years
- 1.3% (1,601) received treatment in any 4 of the 5 years
- 0.3% (386) received treatment in all 5 collection years.

Queensland

In 2017-18, for clients receiving treatment episodes for their own drug use:

- cannabis was the most common principal drug of concern for clients in Queensland (32.3% of episodes) (Figure 10; Tables SE QLD.10)
- alcohol was the second most common principal drug of concern, accounting for marginally less treatment episodes (31.9%), followed by amphetamines (22%).

In Queensland, the level of cannabis reported as the principal drug of concern is a result of the police and illicit drug court diversion programs operating in the state (Table SE QLD.12).

Clients can nominate up to 5 additional drugs of concern, these drugs are not necessarily the subject of any treatment within the episode (see [Technical notes](#)).

When the client reported additional drugs of concern:

- nicotine was the most common additional drug (20% of episodes), followed by cannabis (19%), alcohol (17%) and amphetamines (12%) (Table SE QLD.11).

Over the period 2013-14 to 2017-18:

- cannabis has remained the most common principal drug of concern since replacing alcohol with a higher proportion of treatment episodes from 2014-15 (Table SE QLD.10)
- amphetamines remain the third most common principal drug of concern, with treatment episodes increasing since 2013-14 (12% to 22%)
- the proportion of treatment episodes where cannabis was the principal drug remained consistently higher than the national rate, peaking at 39% in 2015-16 in Queensland, compared to a national peak (24%) in 2013-14 (Table SD.2).

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Queensland

In 2017-18, the majority of closed treatment episodes for all clients, included:

- counselling as the most common main treatment in Queensland (37% of episodes), followed by information and education only (25%) and assessment only (16%) (Figure 11; Table SE QLD.20)
- where an additional treatment was provided as supplementary to the main treatment, counselling (5%) was also the most common type of additional treatment, followed by other (2%), and pharmacotherapy (2%).

Over the period 2013-14 to 2017-18:

- the proportion of all closed treatment episodes where counselling was the main treatment type fluctuated between 30% of closed treatment episodes in 2013-14 and 37% in 2017-18. Counselling replaced information and education only as the most common main treatment type in 2016-17
- information and education only as a main treatment type substantially decreased in 2017-18, dropping from 33% in 2015-16 to 25% in 2017-18 (Table SE QLD.20)
- the proportion of episodes for information and education only as a main treatment in Queensland was over 3 times the national rate in 2017-18 (25% compared with 8%) (Tables SE QLD.20 and ST.5).

In Queensland, treatment episodes provided to people diverted into AOD services by police and court diversion programs are recorded as information and education only. The diversion programs have contributed to the high rates of information and education only treatment episodes in Queensland due to the state initiatives. Treatment involves a 60-90 minute session, including comprehensive alcohol/other drug assessment, assessment of risk-taking behaviours, physical/ mental health and provision of information to assist in reducing/ceasing drug use and referral to further treatment if required.

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Queensland

In 2017-18:

- almost two-thirds (64%) of AOD agencies in Queensland are non-government treatment agencies that receive public funding
- over half (51%) of the 176 treatment agencies in Queensland were located in *Major cities*, followed by *Outer regional* (20%) and *Inner regional* (19%) areas
- around 22% of all government organisations in Queensland are located in *Remote* and *Very remote* areas (Figure 12; Table SA.3).

In the 5 years to 2017-18, the number of publicly funded treatment agencies in Queensland rose from 141 in 2013-14 to 181 in 2014-15, dropping to 168 in 2016-17, and rising again to 176 in 2017-18 (Table SA.1).

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Western Australia

In 2017-18, 96 publicly funded alcohol and other drug treatment agencies in Western Australia provided 24,648 closed treatment episodes to 18,589 clients (Tables SA.1 and SC.21).

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In 2017-18, most (87%) clients in Western Australia attended 1 agency, and received an average of 1.3 closed treatment episodes, which is slightly lower than the national average of 1.6 episodes (Tables SC.21 and SC.23).



Western Australia

In 2017-18:

- nearly all (91%) clients in Western Australia in 2017-18 received treatment for their own drug use, of which, most (67%) were male (Figure 13; Table SC WA.1)
- clients receiving treatment for someone else's drug use were more likely to be female (69%)
- over half (54%) of clients were aged 20-39 years (Table SC WA.2)
- over 1 in 5 (22%) clients identified as Indigenous Australians, which is higher than the national rate (16%) (Tables SC WA.3 and SC.4)
- the majority (82%) of clients were born in Australia and nearly all reported English as their preferred language (98%) (Tables SC WA.21 and SC WA.22).

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Patterns of service use

In Western Australia, of the 18,589 total clients who received treatment in 2017-18:

- 61% (11,339) received treatment in 2017-18 only
- 11% (2,005) received treatment in both 2016-17 and 2017-18
- 3.9% (725) received treatment in each year from 2015-16 to 2017-18
- 1.9% (346) received treatment in each year from 2014-15 to 2017-18
- 1.7% (307) received treatment in all years, from 2013-14 to 2017-18.

Over the period 2013-14 to 2017-18, a total of 64,209 clients received treatment in Western Australia. Of those:

- 75% (48,315) received treatment in only a single year
- 17% (10,878) received treatment in any 2 of the 5 years
- 6% (3,576) received treatment in any 3 of the 5 years
- 1.8% (1,133) received treatment in any 4 of the 5 years
- 0.5% (307) received treatment in all 5 collection years.

Western Australia

In 2017-18, for clients receiving treatment episodes for their own drug use:

- amphetamines were the most common principal drug of concern for clients in Western Australia (34% of episodes) (Figure 14; Tables SE WA.10)
- almost 9 in 10 (88%) treatment episodes within the amphetamines code group reported methamphetamines as a principal drug of concern
- alcohol accounted for the second highest proportion of episodes (32%), followed by cannabis (23%), and heroin (6%).

Clients can nominate up to 5 additional drugs of concern, these drugs are not necessarily the subject of any treatment within the episode (see [Technical notes](#)).

When the client reported additional drugs of concern:

- cannabis was the most common additional drug (25% of episodes), followed by alcohol (18%), nicotine (17%), and amphetamines (13%) (Table SE WA.11).

Over the period 2013-14 to 2017-18:

- alcohol was the most common principal drug of concern for clients up until 2015-16, where it was replaced by amphetamines, decreasing from 36% of episodes to 29% in 2016-17, and rising to 32% in 2017-18 (Table SE WA.10)
- conversely, the trend for amphetamines as a principal drug of concern in Western Australia is higher than the national rate, increasing from 23% in 2013-14 to 36% in 2016-17, then falling to 34% in 2017-18; compared to national results, 17% in 2013-14 increasing to 26% in 2016-17, then dropping to 25% in 2017-18 (Table SD.2)
- one-third of episodes (33%) reported methamphetamine as a principal drug of concern within the amphetamines code group in 2013-14, rising to 64% in 2014-15, 76% in the following year and 88% in 2017-18; the rise in episodes could be related to a mixture of increases in treatment services or improvement in agency coding practices for methamphetamines
- cannabis was the third principal drug of concern for clients and remained consistently higher than the national rate, ranging from 25% to 23% over this period in Western Australia.

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Western Australia

In 2017-18, the majority of closed treatment episodes for all clients, included:

- counselling as the most common main treatment in Western Australia (67% of episodes), followed by pharmacotherapy (7%), withdrawal management and support and case management only (both 6%) (Figure 15; Table SE WA.20)
- Due to nuances in Western Australia's data collection system, each type of treatment results in a separate episode, Western Australia do not supply data on additional treatment types.

Over the period 2013-14 to 2017-18:

- counselling remained the most common main treatment for all closed episodes in Western Australia (ranging from 62% to 67%)
- withdrawal management was the second most common main treatment type to 2016-17, however this was replaced by pharmacotherapy in 2017-18 (7%)
- the proportion of episodes where counselling was a main treatment type remained substantially higher in Western Australia ranging from 62% to 67%, than the national rate (43% to 36%) (Tables SE WA.20 and ST.2).

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Western Australia

In 2017-18:

- around 9 in 10 (90%) AOD agencies in Western Australia are non-government treatment agencies that receive public funding
- more than half (58%) of the 96 treatment agencies in Western Australia were located in *Major cities* (Figure 16; Table SA.3)
- *Very remote* areas were the only areas where there were more government than non-government agencies.

In the 5 years to 2017-18, the number of publicly funded treatment agencies in Western Australia rose from 80 to 96 (Table SA.1).

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South Australia

In 2017-18, 72 publicly funded alcohol and other drug treatment agencies in South Australia provided 10,541 closed treatment episodes to 7,544 clients (Tables SA.1 and SC.21).

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In 2017-18, most (89%) clients in South Australia attended 1 agency, and received an average of 1.4 closed treatment episodes, which is slightly lower than the national average of 1.6 episodes (Tables SC.21 and SC.23).



South Australia

In 2017-18:

- nearly all (98%) clients in South Australia received treatment for their own drug use, of which, most (67%) were male (Figure 17; Table SC SA.1)
- clients receiving treatment for someone else's drug use were more likely to be female (55%), although less than the national proportion (64%)
- over half (52%) of clients were aged 20-39 years (Table SC SA.2)
- one in 7 (14%) clients identified as Indigenous Australians, which is slightly lower than the national rate (16%) (Tables SC SA.3 and SC.4)
- the majority (91%) of clients were born in Australia and nearly all (98%) reported English as their preferred language (Tables SC SA.21 and SC SA.22).

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Patterns of service use:

Of the 7,544 total clients who received treatment in 2017-18:

- 61% (4,571) received treatment in 2017-18 only
- 11% (793) received treatment in both 2016-17 and 2017-18
- 3.4% (258) received treatment in each year from 2015-16 to 2017-18
- 1.8% (137) received treatment in each year from 2014-15 to 2017-18
- 1.6% (123) received treatment in all years, from 2013-14 to 2017-18.

Over the period 2013-14 to 2017-18, a total of 31,924 clients received treatment in South Australia. Of those:

- 77% (24,584) received treatment in only a single year
- 16% (5,102) received treatment in any 2 of the 5 years
- 5% (1,613) received treatment in any 3 of the 5 years
- 5% (502) received treatment in any 4 of the 5 years
- 0.4% (123) received treatment in all 5 collection years.

South Australia

In 2017-18, for clients receiving treatment episodes for their own drug use:

- amphetamines were the most common principal drug of concern for clients in South Australia (35% of episodes) (Figure 18; Tables SE SA.10)
- alcohol accounted for over one-quarter of treatment episodes (28%), followed by cannabis (18%), and nicotine (6%).

Clients can nominate up to 5 additional drugs of concern, these drugs are not necessarily the subject of any treatment within the episode (see [Technical notes](#)).

When the client reported additional drugs of concern:

- nicotine was the most common (32% of episodes), followed by cannabis (25%), alcohol (14%), and amphetamines (12%) (Table SE SA.11).

Over the period 2013-14 to 2017-18:

- alcohol was the most common principal drug of concern for clients up until 2015-16, then replaced by amphetamines. Alcohol decreased from 36% of episodes in 2013-14 to 28% in 2017-18 (Table SE SA.10)
- conversely, amphetamines rose from 27% to 37% in 2016-17, then decreased to 35% in 2017-18.

The proportion of treatment episodes for amphetamines as a principal drug of concern has been consistently higher in South Australia than the national rate. This is related to a state Government legislated program regarding assessments provided under a Police Drug Diversion initiative. The program results in comparatively high rates of engagement with methamphetamine users. In addition, due to the Cannabis Expiation Notice legislation in South Australia, adult simple cannabis offences are not diverted to treatment and so are not included in the data (see the [Data Quality Statement](#)).

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South Australia

In 2017-18, the majority of closed episodes for all clients, included:

- assessment only as the most common main treatment in South Australia (42% of episodes), followed by counselling (21%), and withdrawal management (18%) (Figure 19; Table SE SA.20)
- where an additional treatment was provided as a supplementary to the main treatment, other treatment (12%) was the most common additional treatment, followed by counselling (8%).

Over the period 2013-14 to 2017-18:

- the proportion of closed treatment episodes where assessment only was a main treatment fluctuated, peaking at 44% of episodes in 2013-14 and falling to 39% in 2014-15
- counselling as a main treatment type also fluctuated, from 22% in 2013-14, to 25% in 2016-17 and to 21% in 2017-18
- the proportion of closed episodes where assessment only was the main treatment remained considerably higher in South Australia than the national rate (ranging from 15% to 16%) (Tables SE SA.20 and ST.2).

The high proportion of treatment episodes for assessment only is related to assessments provided under the Police Drug Diversion Initiative (as described in the previous section).

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South Australia

In 2017-18:

- around 3 in 5 (58%) AOD agencies in South Australia are non-government treatment agencies that receive public funding
- half (53%) of all 72 treatment agencies in South Australia were located in *Major cities*, followed by *Outer regional* areas (22%) (Figure 20; Table SA.3)
- *Very remote* areas had the lowest number of treatment agencies (4%)
- in all remoteness areas, at least half (50%) of treatment agencies were non-government organisations, with the exception of *Very remote* areas 33%.

Over the 5 years to 2017-18, the number of publicly funded treatment agencies in South Australia decreased from 94 to 72 (Table SA.1).

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Tasmania

In 2017-18, 27 publicly funded alcohol and other drug treatment agencies in Tasmania provided 3,736 closed treatment episodes to 2,725 clients (Tables SA.1 and SC.21).

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In 2017-18, most (84%) clients in Tasmania attended 1 agency, and received an average of 1.4 closed treatment episodes, which is slightly lower than national average of 1.6 episodes (Tables SC.21 and SC.23).



Tasmania

In 2017-18:

- nearly all (95%) clients in Tasmania received treatment for their own drug use, of which, most (67%) were male (Figure 21; Table SC Tas.1)
- clients receiving treatment for someone else's drug use were more likely to be female (65%)
- over half (53%) of clients were aged 20-39 years (Table SC TAS.2)
- over 1 in 10 (12%) clients identified as Indigenous Australians, which is lower than the national rate (16%) (Tables SC TAS.3 and SC.4)
- the majority (94%) of clients were born in Australia and nearly all (97%) reported English as their preferred language (Tables SC TAS.21 and SC TAS.22).

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Of the 2,725 total clients who received treatment in 2017-18:

- 62% (1,699) received treatment in 2017-18 only
- 9% (250) received treatment in both 2016-17 and 2017-18
- 4.1% (111) received treatment in each year from 2015-16 to 2017-18
- 2.3% (63) received treatment in each year from 2014-15 to 2017-18
- 1.2% (32) received treatment in all years, from 2013-14 to 2017-18.

Over the period 2013-14 to 2017-18, a total of 9,899 clients received treatment in Tasmania. Of those:

- 77% (7,659) received treatment in only a single year
- 16% (1,535) received treatment in any 2 of the 5 years
- 5% (492) received treatment in any 3 of the 5 years
- 1.8% (181) received treatment in any 4 of the 5 years
- 0.3% (32) received treatment in all 5 collection years.

Tasmania

In 2017-18, for clients receiving treatment episodes for their own drug use:

- alcohol was the most common principal drug of concern for clients in Tasmania (41% of episodes) (Figure 22; Table SE TAS.10).
- amphetamines as a principal drug of concern accounted for just under one-quarter of episodes (24%), followed by cannabis (20%), and morphine (3.8%).

Clients can nominate up to 5 additional drugs of concern, these drugs are not necessarily the subject of any treatment within the episode (see [Technical notes](#)).

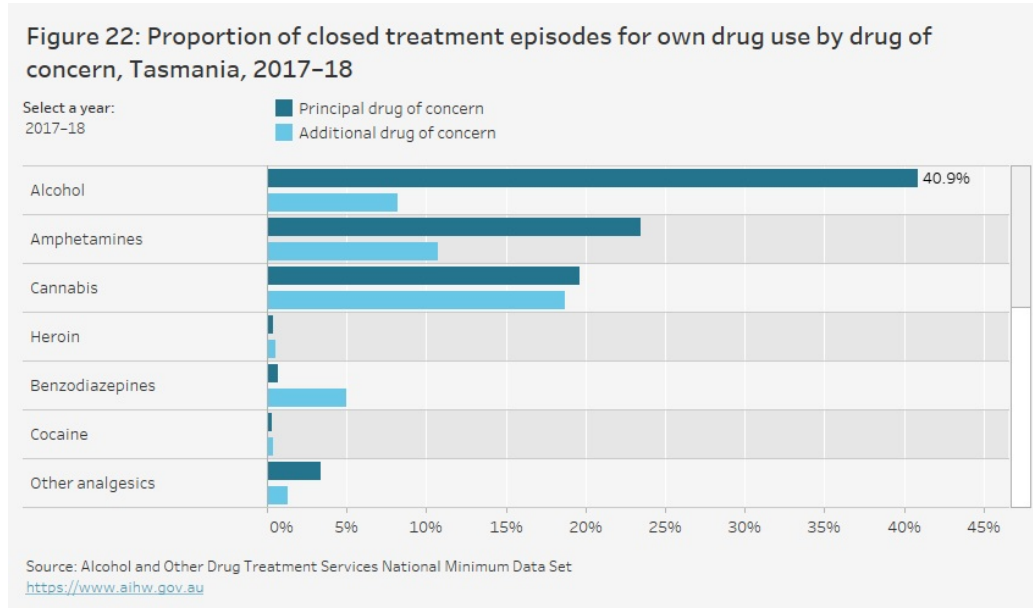
When the client reported additional drugs of concern:

- cannabis was the most common additional drug of concern (19% of episodes), followed by amphetamines (11%), alcohol (8%), and nicotine (8%) (Table SE TAS.11).

Over the period 2013-14 to 2017-18:

- alcohol was the most common principal drug of concern for clients in Tasmania, falling from 41% to 37% in 2016-17, then increasing to 41% in 2017-18 (Table SE TAS.10)
- amphetamines replaced cannabis as the second most common principal drug of concern in 2016-17, increasing from 11% to 24% over the period
- conversely, cannabis decreased from 30% to 20%
- the proportion of closed treatment episodes with morphine as a principal drug of concern has consistently been higher than the national rate, ranging from 3 times higher in 2014-15 to 9 times as higher in 2016-17 (Table SD.2).

Data visualisation - Figure 22: Proportion of closed treatment episodes for own drug use by drug of concern, Tasmania, 2017-18



Tasmania

In 2017-18, the majority of closed episodes for all clients, included:

- counselling as the most common main treatment in Tasmania (44% of episodes), followed by assessment only (23%), and rehabilitation (21%) (Figure 23; Table SE TAS. 20)
- where an additional treatment was provided as a supplementary to the main treatment, counselling (7%) was the most common type of additional treatment, followed by other (2%).

Over the period 2013-14 to 2017-18:

- counselling remained the most common main treatment, despite the proportion of closed episodes dropping from 62% in 2013-14 to 44% in 2017-18
- assessment only increased from 18% in 2013-14 to 32% in 2014-15, but has decreased over the past three years to 23% in 2017-18
- rehabilitation increased, climbing from 5% in 2013-14 to 21% in 2017-18, the proportion of episodes for rehabilitation is higher in Tasmania than the national rate (Table SE TAS.20)
- the proportion of closed treatment episodes for counselling was lowest in Tasmania in 2016-17 compared to the national rate (37% in Tasmania compared with 40% nationally) (Tables SE TAS.20 and ST.2).

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Tasmania

Tasmania only has the geographical classifications of *Inner regional*, *Outer regional* and *Remote* areas.

In 2017-18:

- around 7 in 10 (70%) AOD agencies in Tasmania are non-government treatment agencies that receive public funding
- 67% of agencies were located in *Inner regional* areas, followed by *Outer regional* (33%) (Figure 24; Table SA.3)
- agencies located in *Inner regional* and *Outer regional* areas, were more likely to be non-government organisations.

In the 5 years to 2017-18, the number of publicly funded treatment agencies in Tasmania rose from 22 to 27 (Table SA.1).

Note that remoteness categories are derived by applying a correspondence based on the agency's Statistical Area level 2 code (SA2). Not all SA2 codes fit neatly within a single remoteness category, and a ratio is applied to reapportion each SA2 to the applicable remoteness categories. As a result, it is possible that the number of agencies in a particular remoteness category is not a whole number. After rounding, this can result in there being '<0.5%' agencies in a remoteness area, due to the agency's SA2 partially crossing into the remoteness area. See [technical notes](#) for further details.

Visualisation not available for printing



Australian Capital Territory

In 2017-18, 16 publicly funded alcohol and other drug treatment agencies in the Australian Capital Territory provided 6,931 closed treatment episodes to 4,109 clients (Tables SA.1 and SC.21).

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In 2017-18, most (79%) clients in the Australian Capital Territory attended 1 agency, and received an average of 1.7 closed treatment episodes, which is slightly higher than the national average of 1.6 episodes (Tables SC.21 and SC.23).



Australian Capital Territory

In 2017-18:

- nearly all (98%) clients in the Australian Capital Territory received treatment for their own drug use, of which, most (68%) were male (Figure 25; Table SC ACT.1)
- clients receiving treatment for someone else's drug use were more likely to be female (70%)
- over half (54%) of clients were aged 20-39 years (Table SC ACT.2)
- over 1 in 10 (12%) clients identified as Indigenous Australians, which is lower than the national rate (16%) (Tables SC ACT.3 and SC.4)
- the majority (85%) of clients were born in Australia and nearly all (96%) reported English as their preferred language (Tables SC ACT.21 and SC ACT.22).

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Patterns of service use

Of the 4,109 total clients who received treatment in 2017-18:

- 57% (2,333) received treatment in 2017-18 only
- 12% (504) received treatment in both 2016-17 and 2017-18
- 6% (227) received treatment in each year from 2015-16 to 2017-18
- 3.1% (129) received treatment in each year from 2014-15 to 2017-18
- 3.5% (145) received treatment in all years, from 2013-14 to 2017-18.

Over the period 2013-14 to 2017-18, a total of 12,400 clients received treatment in the Australian Capital Territory. Of those:

- 72% (8,932) received treatment in only a single year
- 17% (2,144) received treatment in any 2 of the 5 years
- 7% (826) received treatment in any 3 of the 5 years
- 2.9% (353) received treatment in any 4 of the 5 years
- 1.2% (145) received treatment in all 5 collection years.

Australian Capital Territory

In 2017-18, for clients receiving treatment episodes for their own drug use:

- alcohol was the most common principal drug of concern for clients in the Australian Capital Territory (43% of episodes) (Figure 26; Tables SE ACT.10)
- amphetamines were also common as a principal drug, accounting for just under one-quarter (24%), followed by cannabis (13%), and heroin (8%).

Clients can nominate up to 5 additional drugs of concern, these drugs are not necessarily the subject of any treatment within the episode (see [Technical notes](#)).

When the client reported additional drugs of concern:

- nicotine and cannabis were the most common additional drug (both 17% of episodes), followed alcohol (10%), and amphetamines (9%) (Table SE ACT.11).

Over the period 2013-14 to 2017-18:

- alcohol remained the most common principal drug of concern in episodes provided to clients, falling to 42% in 2015-16, then rising to 43% in 2017-18 (Table SE ACT.10)
- amphetamines became the second most common principal drug of concern in Australian Capital Territory in 2014-15; increasing from 15% in 2013-14 to 25% in 2016-17, then falling to 24% in 2017-18
- the proportion of closed episodes for cannabis as the principal drug of concern has steadily declined from 2013-14 (18% to 13%)
- the proportion of closed episodes for heroin as a principal drug of concern over the period, was higher than the national rate (ranging from 11% to 8% in ACT; compared with 7% to 5% nationally) (Table SD.2).

Visualisation not available for printing

Australian Capital Territory

In 2017-18, the majority of closed episodes for all clients, included:

- information and education only as the most common main treatment in the Australian Capital Territory (32% of episodes) (Figure 27; Table SE ACT.20)
- counselling was the second most common main treatment (23%), followed by support and case management only (15%), and assessment (14%)
- where an additional treatment was provided as a supplementary to the main treatment, other (3%), was the most common additional treatment, followed by counselling (2%).

Over the period 2013-14 to 2017-18:

- the most common main treatment for clients in the Australian Capital Territory has been information and education only, with the exception of 2014-15 where it was replaced by assessment only
- information and education only increased to 32% in 2017-18, from 16% of episodes in 2014-15. This increase is attributed to an expanded scope of some residential and non-residential treatment services since the 2015-16 collection, impacting on the main treatment types reported in the Australian Capital Territory. Services have expanded to provide pre and post treatment support; new programs; or extended services hours enabling clients to access more services
- treatment agencies in the Australian Capital Territory provided proportionally less counselling (ranging from 19% to 23%) and proportionally more information and education only than the national rate (ranging from 39% to 43% and 8% to 10%, respectively) (Tables SE ACT.20 and ST.2).

Visualisation not available for printing



Australian Capital Territory

The Australian Capital Territory only has the one geographical classification of *Major city* (no areas are classified as *Inner regional*, *Outer regional*, *Remote* or *Very remote*), and the majority of treatment agencies are non-government organisations (88%) (Figure 28; Table SA.3).

Over the period 2013-14 to 2017-18, the number of publicly funded treatment agencies in the Australian Capital Territory rose from 15 to 16 agencies in 2017-18 (Table SA.1).

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Northern Territory

In 2017-18, 26 publicly funded alcohol and other drug treatment agencies in the Northern Territory provided 5,841 closed treatment episodes to 3,628 clients (Tables SA.1-2).

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In 2017-18, most (83%) clients in the Northern Territory attended 1 agency, and received an average of 1.6 closed treatment episodes, which is consistent with the national average of 1.6 episodes (Tables SC.21 and SC.23).



Northern Territory

In 2017-18:

- most (95%) clients in the Northern Territory received treatment for their own drug use, of which, most were male (74%) (Figure 29; Table SC NT.1)
- clients receiving treatment for someone else's drug use were more likely to be female (73%)
- over half (54%) of clients were aged 20-39 years, and 17% of clients were aged 10-19 years which is higher the national rate (13%) (Tables SC.3 and SC NT.2)
- almost three-quarters (72%) of clients identified as Indigenous Australians (Tables SC NT.3 and SC.4)
- nearly all (94%) clients were born in Australia and over half (58%) reported English as their preferred language, with almost a third (29%) reported Indigenous languages as their preferred language (Tables SC NT.21 and SC NT.22).

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Patterns of service use:

Of the 7,544 total clients who received treatment in 2017-18:

- 60% (2,191) received treatment in 2017-18 only
- 14% (505) received treatment in both 2016-17 and 2017-18
- 4.1% (150) received treatment in each year from 2015-16 to 2017-18
- 2.0% (74) received treatment in each year from 2014-15 to 2017-18
- 1.2% (45) received treatment in all years, from 2013-14 to 2017-18.

Over the period 2013-14 to 2017-18, a total of 11,689 clients received treatment in the Northern Territory. Of those:

- 74% (8,629) received treatment in only a single year
- 19% (2,195) received treatment in any 2 of the 5 years
- 5% (619) received treatment in any 3 of the 5 years
- 1.7% (201) received treatment in any 4 of the 5 years
- 0.4% (45) received treatment in all 5 collection years.

Northern Territory

In 2017-18, for clients receiving treatment episodes for their own drug use:

- alcohol was the most common principal drug of concern for clients in the Northern Territory (58% of episodes) (Figure 30; Tables SE NT.10)
- cannabis was the second most common principal drug (15%), followed by amphetamines (13%), and volatile solvents (8%), which is much higher than the national rate (less than 1%) (Table SD.2).

Clients can nominate up to 5 additional drugs of concern, these drugs are not necessarily the subject of any treatment within the episode (see [Technical notes](#)).

When the client reported additional drugs of concern:

- cannabis was the most common additional drug (24% of episodes), followed by nicotine (15%) and alcohol (15%) (Table SE NT.11).

Over the period 2013-14 to 2017-18:

- alcohol remained the most common principal drug of concern in the Northern Territory ranging from 61% to 58% over the period. The proportion of episodes for alcohol remain higher than the national rate in 2017-18 (58% compared with 35% nationally) (Table SD.2)
- similar patterns were seen for amphetamines and cannabis; both increased in 2015-16 (7% to 14% and 15% to 19%, respectively), then decreased in 2017-18 (13% and 15%, respectively)
- the proportion of closed episodes for volatile solvents as a principal drug of concern decreased from 12% in 2015-16 to 8% in 2017-18.

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Northern Territory

In 2017-18, the majority of closed episodes for all clients, included:

- assessment only as the most common main treatment in the Northern Territory (47% of episodes), followed by counselling and rehabilitation (both 18%) (Figure 31; Table ST.5)
- where an additional treatment was provided as a supplementary to the main treatment, counselling (20%) was the most common additional treatment, followed by other (4%) and rehabilitation (2%).

Over the period 2013-14 to 2017-18:

- assessment only remained the most common main treatment in the Northern Territory, although the proportion of episodes fluctuated (from 39% in 2013-14 to 32% in 2016-17, rising to 47% in 2017-18)
- the proportion of episodes where counselling was the main treatment peaked in 2013-14 and 2016-17 (both 25%), falling to 18% of episodes in 2017-18
- the proportion of closed treatment episodes where rehabilitation was the main treatment fluctuated since 2013-14, rising from 16% to 25% in 2016-17, then falling to 18% in 2017-18 (Table SE NT.20).

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Northern Territory

The Northern Territory does not have any areas classified as *Major city* or *Inner regional*. It only has locations classified as *Outer regional*, *Remote* or *Very remote*.

In 2017-18:

- the majority of treatment agencies were in the non-government sector (81%)
- *Outer regional* areas contained the most treatment agencies (50%), followed by *Remote* areas (31%) (Figure 32; Table SA.3).

In the 5 years to 2017-18, the number of publicly funded treatment agencies in the Northern Territory rose from 22 to 26 (Table SA.1).

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Technical notes

General notes:

1. Data are subject to minor revisions over time.
2. Components of figures may not sum to totals due to rounding.

Client demographics:

1. Client numbers and proportions are calculated based on closed treatment episodes with a valid statistical linkage key (SLK) 581.
2. No imputation was applied to client data in 2017-18.
3. Rates are crude rates based on the Australian estimated resident population as at 31 December of the reference year.

Drugs of concern:

1. Unlike the principal drug of concern, additional/other drug/s of concern is not necessarily the subject of any treatment within the episode.
2. The proportion of episodes for an additional drug of concern is calculated by the number of closed treatment episodes for that particular additional drug (up to 5 drug types can be reported) divided by the total number of closed treatment episodes for clients receiving treatment for their own drug use in the collection year.

Treatment:

1. The proportion of episodes for an additional treatment type are calculated by the number of closed treatment episodes for that particular additional treatment type (up to 4 treatment additional types can be reported) divided by the total number of closed treatment episodes in the collection year.
2. Rehabilitation, withdrawal management (detoxification), and pharmacotherapy are not available for clients who received treatment for another's alcohol or other drug use.

Agencies:

1. An agency's remoteness area is derived by applying an ABS Australian Statistical Geography Standard (ASGS) Remoteness Structure 2011 to Statistical Area Level 2 code (SA2) correspondence. Some SA2s are split between multiple remoteness areas. Where this is the case, the data are weighted according to the proportion of the population of the SA2 in each remoteness area. As a result, it is possible that the number of agencies in a particular remoteness area is not a whole number. After rounding, this can result in there being '<0.5' or '<0.5%' of agencies in a remoteness area due to the agency's SA2 partially crossing into the remoteness area.
2. The number of agencies by remoteness or sector may not sum to the total number of agencies due to rounding.
3. The number of agencies is not an accurate reflection of all in-scope AOD specialist treatment services in Australia, as some agencies can fail to report data during a collection for various reasons. See the [Alcohol and other drug treatment services NMDS 2017-18 data quality statement](#) for further details.



Notes

Amendments

Jul 25 - This page has been updated as a part of the annual *Alcohol and other drug treatment services in Australia 2017-18* report.

Aug 9& - Client demographic data and figures were updated to reflect 2017-18 data. This affected some data reported in each state and territory client demographics chapter. Data referring to the reported proportion of government agencies in major cities of New South Wales and the reported proportion of closed episodes where the client reported nicotine as an additional drug of concern in South Australia were also updated to reflect 2017-18 data.

Data quality statement

[Alcohol and other drug treatment services NMDS, 2017-18](#)



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Data

