



Alcohol and other drug treatment services in Australia

Ceasing treatment and treatment programs

- Treatment was relatively more likely to cease because it was completed where the main treatment type was assessment only (73% of episodes with this treatment type) and less likely where the main treatment type was rehabilitation (35%) or information or education only (26%).
- In contrast, the majority (62%) of treatment episodes for information and education only ceased due to expiation. This is not surprising given that, in the context of the AODTS–NMDS, expiation means that a client has expiated their offence by completing a recognised education or information program.
- Counselling was the treatment type most likely to end because the client ceased to participate without notice (25% of all episodes for counselling ended for this reason), while rehabilitation and withdrawal management (detoxification) were the treatment types most likely to end with a client ceasing to participate against advice (16% and 11% of treatment episodes respectively ending for this reason).

Treatment delivery setting and treatment programs

- Over two-thirds (67%) of treatment episodes occurred at a non-residential facility, 21% in a residential facility and 7% in an outreach setting such as a mobile van service.
- Treatment episodes conducted in residential facilities were most likely to involve withdrawal management (detoxification) (56%) or rehabilitation (27%) as the main treatment.
- Of treatment episodes that were conducted in a non-residential treatment facility, the majority of episodes had counselling as the main treatment (56%) followed by assessment only (16%).
- The highest median number of treatment days for a treatment episode occurred where the treatment delivery was either in a non-residential treatment facility or in an outreach setting (26 and 25 days respectively).

Special theme—clients aged 10–29 years

- Compared to clients aged 30 years or more, clients aged under 30 years were:
 - marginally more likely to be male (68% of treatment episodes for clients aged 10–19 years and 67% for clients aged 20–29 years were for males, compared to 65% for clients aged 30 years or more);
 - more likely to seek treatment for cannabis (50% and 26%, compared to 13%) and amphetamines (11% and 15%, compared to 8%);
 - less likely to seek treatment for alcohol (17% and 22%, compared to 54%);
 - 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 11% of treatment episodes for 10–19 year olds, 16% for 20–29 year olds and 8% for clients aged 30 years or more;

- less likely to refer themselves to the treatment service (21% and 35%, compared to 41%) and more likely to be referred via community-based corrections (18% and 12%, compared to 7%) or police/court diversion processes (17% and 12%, compared to 6%).
- Clients aged 20–29 years were more likely than the younger or older age groups to seek treatment for heroin (27% of all treatment episodes among 20–29 year olds were for this drug, compared to 12% among clients aged 10–19 years and 14% among clients aged 30 years or more).
- Clients aged 20–29 years were also more likely to be current injectors (36% of all treatment episodes among this age group were for current injectors, compared to 21% among both the 10–19 and 30 years or more age groups).
- Clients aged 10–19 years were more likely than clients in the older age groups to receive treatment in outreach settings (21% of treatment episodes for 10–19 year olds were conducted in this setting, compared to 6% for 20–29 year olds and 4% for clients aged 30 years or more).

Data quality

- The data transmission and cleaning processes for the 2002–03 AODTS–NMDS collection represented an improvement on those of previous years.
- Overall, the quality of the 2002–03 AODTS–NMDS data has continued to improve from previous years.

The 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 for clients registered for alcohol and other drug treatment. The AODTS–NMDS Working Group is responsible for developing and implementing the national collection. The Australian Institute of Health and Welfare is the secretariat for the Working Group and data custodian for the national data set. The NMDS enables the compilation of data from a wide range of agencies and the nine Australian jurisdictions into a single framework, and a conceptually consistent national collection. The report *Alcohol and Other Drug Treatment Services in Australia 2002–03: Report on the National Minimum Data Set* (AIHW 2004) is the source for this bulletin and contains more information on the AODTS–NMDS collection.

Agencies and clients within scope

All publicly funded (at state and/or Australian Government level) 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 that was in scope during the relevant reporting period (1 July 2002 to 30 June 2003) were included.



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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.
- 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.
- Halfway houses and sobering-up shelters, correctional institutions, health promotion services (e.g. needle and syringe exchange programs).
- Alcohol and drug treatment units in acute care or psychiatric hospitals that only provide treatment to admitted patients, and admitted patients in acute care or psychiatric hospitals.
- Private treatment agencies that do not receive public funding.
- People who sought advice or information but were not formally assessed and accepted for treatment.

Caveats

Of data in scope, the following caveats must be observed:

- Queensland Health supplied data from Queensland government AODTS agencies and from police diversion processes (all with principal drug of cannabis) but not from other non-government-funded agencies.
- 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 primary health care services that provide treatment for alcohol and other drug problems did not supply data for 2002–03. In addition, at the national level for 6% of clients, Indigenous status was not specified.

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 can be found at:

www.aihw.gov.au/drugs/datacubes/index.html and allows anyone who has access to the Internet to view AODTS–NMDS data via the web interface. The user can look up figures 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.