

6 Other data collections

This chapter outlines the contents of other Australian data collections and reports on the ways in which they inform alcohol and other drug use and treatment.

6.1 Background

Harmful drug use has many social, health and economic impacts on Australian society. It is estimated that in 1998, 17,671 deaths and 185,558 hospital separations were related to drug use (Ridolfo & Stevenson 2001). The economic costs associated with harmful drug use, including prevention, treatment, loss of productivity in the workplace, property crime, theft, accidents and law-enforcement activities, amount to over \$18 billion annually (Collins & Lapsley 1996).

6.2 Monitoring alcohol and other drug problems

Key data collections on alcohol and other drug treatment services

- Alcohol and Other Drug Treatment Services National Minimum Data Set;
- Aboriginal and Torres Strait Islander substance use specific services data from the Australian Government Department of Health and Ageing, *Drug and Alcohol Service Report (DASR): 2000–2001 Key Results* (DoHA 2003b);
- Pharmacotherapy client statistics provide data on the number of pharmacotherapy clients and the type and location of their prescribers (see Section 6.4); and
- Council of Australian Governments Illicit Drug Diversion Initiative is an integrated approach to combating illicit drug use based on prevention, treatment and reducing the supply of illicit drugs in Australia. It provides drug users with the opportunity to be diverted from the criminal justice system to receive education, treatment and support to address their drug problem (DoHA 2001).

Key collections supplementary to the AODTS–NMDS

- National Hospital Morbidity database (held by AIHW) on the estimated numbers of hospital episodes and bed days caused by alcohol, cigarettes and illicit drug use in Australia (see Section 6.4);
- National Mortality database (held by AIHW) for deaths related to alcohol, tobacco and illicit drugs use for 1996 and 2001 (see Section 6.4); and
- National Drug Strategy Household Survey (see Section 6.4).

Other data collections on drug use and treatment

Many of these collections include some information on treatment activities:

- Drug Use Monitoring in Australia: a survey that measures recent drug use among persons detained by police and includes information on demographic characteristics and

financial, criminal, drug use, drug market and treatment activities. Treatment information includes current and previous treatment history, types of treatment utilised, substance being treated for and reasons for entering treatment (AIC 2002).

- Drug Use Careers of Offenders: a random sample from prisons in all states and territories which provides information on self-reported illicit drug use and offending patterns, illicit drug market activity, estimated costs associated with drug-related criminal behaviour and use of alcohol and other drug treatment, including perceptions of effectiveness of treatment currently received (AIC 2003).
- Illicit Drug Reporting System: a survey that monitors emerging drug trends in Australia and collects data annually on heroin, cocaine, cannabis and amphetamine use (Topp et al. 2002).
- Indigenous primary health care services (includes substance use services) data: from the Office for Aboriginal and Torres Strait Islander Health and the National Aboriginal Community Controlled Health Organisations, *A National Profile of Commonwealth Funded Aboriginal Primary Health Care Services, Service Activity Reporting: 1999–2000 Key Results* (DoHA 2003a).
- Bettering the Evaluation and Care of Health survey data (BEACH): a continuous survey of general practice activity covering about 100,000 general practitioner–patient encounters each year. Information is available on the number of encounters that provide advice, education, counselling or rehabilitation for alcohol, tobacco and illicit drug use and alcohol and tobacco risk factors. Additional information on this survey is available from the AIHW/University of Sydney report, *General Practice Activity in Australia 2001–02* (Britt et al. 2002).
- Medicare data: these data provide information on the type of service provided and the benefit paid by Medicare for the service. The Health Insurance Commission collects these data and provides them to the Department of Health and Ageing.
- Pharmaceuticals Benefits Scheme (PBS) data: these data provide information on the type and cost of medication prescribed, the speciality of the prescribing practitioner and the location of the supplying pharmacy. The Health Insurance Commission collects these data and provides them to the Department of Health and Ageing.
- National Survey of Mental Health and Wellbeing of Adults (ABS 1998): provided information on estimates of the population prevalence of the more common forms of illicit drug use and on alcohol use and misuse and comorbid disorders.
- National Coroners Information System: this system focuses on enhancing the quality of coronial data available on drug and alcohol related deaths around Australia. (NCIS 1999).
- National Community Mental Health Care Database (held by AIHW): contains information on non-admitted patient service contacts provided by public community mental health establishments. Data include basic demographic details of patients such as date of birth and sex, clinically relevant information such as principal diagnosis and mental health legal status, and the date of service contact.

Information on all national sources of data for illicit drug use is available from the ABS publication *Illicit Drug Use, Sources of Australian Data* (2001).

The following sections outline more detailed information from the National Drug Strategy Household Survey; National Hospital Morbidity database; National Mortality database; and pharmacotherapy client statistics.

6.3 Use, mortality and morbidity data

This section provides an overview of trends in alcohol and other drug use, with a special focus on use of alcohol, as well as trends in mortality and morbidity that can be attributed to the use of alcohol and other drugs.

National Drug Strategy Household Survey

The National Drug Strategy Household Survey is conducted every two to three years and provides information on patterns and trends in alcohol and other drug use in the population. The first was conducted in 1985, the most recent in 2001 and the next survey will be conducted in 2004. The 2001 survey was managed by the AIHW on behalf of the Department of Health and Ageing (AIHW 2002a).

In 2001, almost 27,000 participants aged 14 years and over were surveyed from a stratified random sample of households across Australia. As the sample is based on households it excludes homeless and institutionalised persons.

The purpose of the survey is to monitor the public's experience of, and attitude towards, drug use. Participants were asked about their knowledge and attitudes towards drugs, their drug consumption histories and related behaviours (AIHW 2002a).

A summary of recent drug use in the population aged 14 years and over is provided in Table 6.1. The most commonly used drugs in 2001 were alcohol (82%), tobacco (23%) and cannabis (13%). Between 1993 and 2001, the proportion of the population recently consuming alcohol increased from 73% to 82%. During the same period there were fluctuations in the proportion of the population recently using cannabis, with a peak in 1998 of 18%, before a return to 13% in 2001.

Table 6.1: Summary of drugs recently^(a) used, proportion of the population aged 14 years and over, Australia, 1993–2001

Drug/behaviour	1993	1995	1998	2001
	(per cent)			
Tobacco	n.a.	n.a.	24.9	23.2
Alcohol	73.0	78.3	80.7	82.4
Illicits				
Marijuana/cannabis	12.7	13.1	17.9	12.9
Painkillers/analgesics ^(b)	1.7	3.5	5.2	3.1
Tranquillisers/sleeping pills ^(b)	0.9	0.6	3.0	1.1
Steroids ^(b)	0.3	0.2	0.2	0.2
Barbiturates ^(b)	0.4	0.2	0.3	0.2
Inhalants	0.6	0.6	0.9	0.4
Heroin	0.2	0.4	0.8	0.2
Methadone ^(c)	n.a.	n.a.	0.2	0.1
Other opiates ^(b)	n.a.	n.a.	n.a.	0.3
Amphetamines ^(b)	2.0	2.1	3.7	3.4

(continued)

Table 6.1 (continued): Summary of drugs recently^(a) used, proportion of the population aged 14 years and over, Australia, 1993–2001

Drug/behaviour	1993	1995	1998	2001
	(per cent)			
Cocaine	0.5	1.0	1.4	1.3
Hallucinogens	1.3	1.8	3.0	1.1
Ecstasy/designer drugs	1.2	0.9	2.4	2.9
Injected drugs	0.5	0.6	0.8	0.6
<i>Any illicit</i>	<i>14.0</i>	<i>17.0</i>	<i>22.0</i>	<i>16.9</i>
None of the above	21.0	17.8	14.2	14.7

(a) Used in the last 12 months. For tobacco 'recent use' means daily, weekly and less than weekly smokers.

(b) For non-medical purposes.

(c) Non-maintenance.

n.a. not available

Source: AIHW 2002a.

Alcohol use

Further information on alcohol is presented in order to complement the information provided in Chapter 5. Unlike the use of illicit drugs or tobacco, the moderate consumption of alcohol may provide health benefits for some of the population. It is the harm associated with risky levels of alcohol consumption that causes concern in the general community and among health professionals. Risky levels of alcohol consumption are associated with ill health, injury and death, and increases in the potential for violent behaviour.

Health outcomes

- Alcohol is the second greatest cause, after tobacco, of drug-related deaths and hospitalisations in Australia. In 2001, 4,279 deaths were attributable to alcohol (AIHW 2004). In 2001–02, there were around 29,900 hospital separations attributable to alcohol consumption.

Attitudes

- More than one in five (22%) persons aged 14 years and over thought that alcohol caused the most drug-related deaths in Australia.
- Excessive drinking of alcohol was the second most likely form of drug use (after heroin) to be nominated as the most serious concern to the general community.
- Less than 8% of persons aged 14 years and over nominated alcohol as the first drug associated with a 'drug problem'.
- Alcohol was approved for regular consumption by an adult by 81% of males and 68% of females.
- More than half (56%) of males who had drunk at risky/high risk levels⁶ in the past 12 months thought that drinking greater than the advised number of drinks (seven 'standard drinks') in a six-hour period would not put a male's health at risk in the short term.

⁶ Risky or high risk for short-term harm for males occurs when seven or more standard drinks are consumed on any one day (five or more for females) (NHMRC 2001).

- Two-thirds (69%) of females who were risky/high risk drinkers thought that drinking greater than the advised number of drinks (five 'standard drinks') in a six hour period would not put a female's health at risk in the short term.

Behaviour

- The proportion of persons aged 14 years and over who reported recently consuming alcohol increased from 73% in 1993 to 82% in 2001.
- In 2001, almost one in five (17.5%) persons aged 14 years and over had not consumed alcohol in the previous 12 months. Almost three-quarters (73%) were low risk drinkers and 10% were risky or high risk drinkers⁷.
- Nine in ten (90%) persons aged 14 years and over had alcohol available for consumption in the past 12 months.
- More than nine in ten (92%) of persons aged 14 years and over who had the opportunity to consume alcohol in the last 12 months did so.
- About one in five (18%) persons aged 14 to 17 years drank alcohol weekly. In this age group, 7% consumed alcohol at levels that were risky or high risk for long-term harm and more than one-third (34%) were abstainers.
- The most commonly nominated means of obtaining alcohol for under-age drinkers was through a friend or relative (69%) or purchasing from a shop or retail outlet (47%).

More information on this topic is available from *2001 National Drug Strategy Household Survey: detailed findings*. (AIHW cat. no. PHE 41 (Drug Statistics Series no. 11)).

Mortality and morbidity attributable to tobacco, alcohol and illicit drug use

Mortality

The misuse of alcohol and the use of tobacco and illicit drugs are responsible, directly and indirectly, for a considerable number of accidents, injuries, illnesses and deaths. In 2001, there were 20,624 deaths attributed to the smoking of tobacco, the use of illicit drugs and to alcohol-related diseases (AIHW 2004 preliminary estimates).

An estimated 15,524 deaths in 2001 were attributable to the smoking of tobacco – 10,185 for males and 5,339 for females. The standardised death rate for males (1,229 deaths per million population) was higher than that for females (479 deaths per million population). There is a total of 36 diseases attributed to the smoking of tobacco, however, the majority of smoking-related deaths are due to lung cancer, ischaemic heart disease and chronic obstructive pulmonary disease (COPD) (Table 6.2; AIHW 2004 preliminary estimates).

An estimated 4,279 deaths in 2001 (3,058 for males and 1,221 for females) were attributable to alcohol. The standardised death rate for males (348 deaths per million population) was three times that for females (115 deaths per million population). Alcohol intake also had some benefits through the reduction of heart disease deaths which are not included below. There are 35 diseases, accidents or injuries such as stroke, liver cancer, alcoholic liver cirrhosis, road and fall injuries, drowning and assault that can be partially attributed to the consumption of alcohol.

⁷ Risky or high risk for long-term harm for males occurs when five or more standard drinks are consumed on an average day (three or more for females) or 29 or more standard drinks are consumed weekly (15 or more for females) (NHMRC 2001).

An estimated 821 deaths in 2001 (573 for males and 249 for females) were attributed to illicit drugs. The standardised death rate for males (60 deaths per million population) was higher than that for females (25 deaths per million population) (AIHW 2004 preliminary estimates).

Table 6.2: Death rates attributable to tobacco, alcohol and illicit drugs related diseases, age-standardised death rate per million population, Australia, 2001

	2001		
	Males	Females	Persons
Tobacco	1,229	479	854
Lung cancer	524	190	357
Ischaemic heart disease	111	39	75
COPD	345	139	242
Other	248	111	180
Alcohol harm	348	115	232
Alcohol dependence	25	5	15
Road traffic accidents	39	6	23
Stroke	57	13	35
Liver cirrhosis	52	19	36
Other	176	72	124
Illicit drugs	60	25	42
Heroin and poly drug	37	14	25
Poisoning	7	5	6
Suicide	2	1	1
Other	14	5	9

Notes

1. Age-standardised to the June 2001 Australian population.
2. Attribution of deaths to different drugs estimated using risk ratios and methods from AIHW: Mathers et al. The burden of disease and injury in Australia 1999; and AIHW Statistics on drug use in Australia 2002 which contains estimates of drug use prevalence in 2001.

Source: AIHW 2004 preliminary estimates.

Morbidity

There were 68,086 hospital separations reported in 2001–02 with a substance use disorder as the principal diagnosis (Tables 6.3 and A6.1). This represents 1.1% of all separations in Australia for this year. Separations are reported separately by same day (where the patient was admitted and separated on the same day) and overnight (where the patient spends at least one night in hospital) as well as by drugs of concern. The following sections refer only to those separations that had a substance use disorder as the principal diagnosis.

Separations by drugs of concern

Sedatives and hypnotics accounted for 39,803 or 58% of separations, with alcohol the main contributor in this category (29,891 or 44% of all separations). Almost 16% (or 10,596) of all separations reported were for analgesics, with opioids (heroin, opium and methadone) accounting for more than half of this group (5,477 or 8% of separations). Antidepressants and antipsychotics accounted for approximately 6,637 or 10% of separations (Table 6.3).

Cannabinoids (including cannabis) accounted for only 2,746 or 4% of separations.

Hallucinogens and cocaine were also related to very few separations, with both types of drug accounting for less than 1% of all separations reported for substance use disorders.

Same-day versus overnight separations

Overnight separations were more common than same-day separations, accounting for 64% of all separations (Table 6.3). Principal diagnoses with high proportions of overnight separations often identified opioids (3,969 or 72%), antidepressants and antipsychotics (4,779 or 72%) and cannabis (1,971 or 71%).

Overall, sedatives and hypnotics comprised 16,368 or 67% of same-day separations for substance use disorders, compared with 23,435 or 54% of overnight separations. Most of the separations for sedatives and hypnotics were for alcohol, comprising 12,927 or 53% of same-day separations.

Table 6.3: Same-day and overnight separations with a principal diagnosis related to substance use disorders, by drug of concern, Australia, 2001–02

Drug of concern identified in principal diagnosis ^(a)	Same-day separations	Overnight separations	Total separations ^(b)
Analgesics			
Opioids (includes heroin, opium & methadone)	1,508	3,969	5,477
Non-opioid analgesics (includes paracetamol)	1,652	3,467	5,119
<i>Total</i>	<i>3,160</i>	<i>7,436</i>	<i>10,596</i>
Sedatives & hypnotics			
Alcohol	12,927	16,964	29,891
Other sedatives & hypnotics (includes barbiturates & benzodiazepines; excludes alcohol)	3,441	6,471	9,912
<i>Total</i>	<i>16,368</i>	<i>23,435</i>	<i>39,803</i>
Stimulants & hallucinogens			
Cannabinoids (includes cannabis)	775	1,971	2,746
Hallucinogens (includes LSD & ecstasy)	91	88	179
Cocaine	75	200	275
Other stimulants (includes amphetamines, volatile nitrates, caffeine, tobacco & nicotine)	1031	2723	3754
<i>Total</i>	<i>1,972</i>	<i>4,982</i>	<i>6,954</i>
Antidepressants & antipsychotics	1,858	4,779	6,637
Volatile solvents	384	487	871
Other & unspecified drugs of concern			
Multiple drug use	616	2,363	2,979
Unspecified drug use & other drugs not elsewhere classified	57	189	246
<i>Total</i>	<i>673</i>	<i>2,552</i>	<i>3,225</i>
Total (number)	24,415	43,671	68,086

(a) Drug of concern codes based on Australian Standard Classification of Drugs of Concern which are mapped to ICD-10-AM 2nd edition codes. See Appendix 6.

(b) Refers to total separations for substance use disorders.

Source: AIHW National Hospital Morbidity Database 2001–02.

6.4 National pharmacotherapy statistics

Methadone maintenance was endorsed as an effective treatment for opioid dependence in 1985. The *1993 National Methadone Policy* outlined the importance of methadone treatment to the reduction of health, social and economic costs associated with illegal opioid use (DHS 1995). Buprenorphine is also now used as a maintenance treatment for opioid dependence. These opioid pharmacotherapy treatment programs facilitate access to treatment and promote the principle of harm reduction and education of users.

Data on the clients participating in opioid pharmacotherapy maintenance programs are routinely collected by the state and territory health departments and provided each year to the Department of Health and Ageing. Data items held include number of clients registered with public and private prescribers and correctional institutions in each state and territory, and number of clients collecting doses at pharmacies, public clinics, private clinics, correctional facilities and other outlets in each state and territory.

Numbers of pharmacotherapy clients have been collected since 1986 with the most recent data from 2002. The type of data collected has varied in detail over this period of time.

Table 6.4: Number of pharmacotherapy clients, states and territories, Australia, 1998–2002^(a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
1998	12,107	5,334	3,011	1,654	1,810	306	406	—	24,628
1999	12,500	6,700	3,341	2,449	1,985	370	559	2	27,906
2000	13,594	7,647	3,588	2,140	2,198	423	615	32	30,237
2001	15,069	7,743	3,745	2,307	2,522	464	641	25	32,516
2002	15,471	7,700	3,896	3,602	2,417	513	590	21	34,210

(a) Number of clients on program at 30 June each year.

Source: Unpublished Department of Health and Ageing data.

Table 6.5: Proportion of pharmacotherapy clients by prescriber, states and territories, Australia, 2002

Prescriber	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
	(per cent)								
Public prescriber	18.0	3.1	80.1	28.2	32.4	15.8	73.4	9.5	24.7
Private prescriber	69.7	94.4	18.3	67.4	60.3	65.5	24.9	90.5	67.7
Public/private prescriber ^(a)	1.4	—	—	—	—	17.7	—	—	0.9
Correctional facilities	10.4	2.5	1.6	4.4	7.3	1.0	1.7	—	6.5
Total (per cent)^(b)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	15,471	7,700	3,896	3,602	2,417	513	590	21	34,210

(a) Public/private prescriber includes hospitals.

(b) Includes 0.5% of pharmacotherapy clients in New South Wales who are unclassifiable.

Source: Unpublished Department of Health and Ageing data.

Table 6.6: Proportion of pharmacotherapy clients by dosing sites, states and territories, Australia, 2002

Dosing site	NSW ^(a)	Vic ^(b)	Qld ^(c)	WA	SA	Tas	ACT	NT	Australia
	(per cent)								
Pharmacies	36.0	96.3	64.1	80.8	89.7	99.0	69.3	100.0	62.5
Public clinics	26.7	—	4.9	14.8	3.0	—	29.0	—	15.2
Private clinics	18.8	—	7.9	—	—	—	—	—	9.4
Correctional facilities	10.8	2.5	1.1	4.4	7.3	1.0	1.7	—	6.6
Other	7.8	1.2	22.1	—	—	—	—	—	6.3
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	15,471	7,700	3,915	3,602	2,417	513	590	21	34,229

- (a) Due to a lag in the recording of program end date for some persons, numbers may be higher than the actual number of people in the program as at 30 June 2002. 'Public clinics' include patients dosed in a public hospital in-patient and public hospital outpatient setting. 'Private clinics' include surgeries and private hospital in-patients and outpatients. 'Other' includes 479 people attending 'dual' clinics, 723 people who are missing information about their current dosing point. A dosing point may be listed as missing where the payment type has not been identified (public or private), the dosing point type has not been identified (pharmacy or a clinic) or the drug type has not been identified (for pharmacotherapy statistics).
- (b) 'Other' comprises clients in hospitals, who are considered to be under private providers, but dosed at 'other' (hospitals).
- (c) Figures vary by 19 for Queensland because: (i) If a client changed between pharmacy type then they are counted once for each change. (ii) There are a number of dispensings entered which are currently being checked for data entry errors. 'Other' includes dosing by doctors, at hospitals or correctional facilities.

Source: Unpublished Department of Health and Ageing data.