

Alcohol and other drug treatment services in Tasmania

Findings from the National Minimum Data Set (NMDS) 2000–01

This data briefing covers alcohol and other drug treatment services in Tasmania, with some data at the national level also included. Five other State/Territory-level data briefings and two national reports are also available.

What is the AODTS–NMDS?

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. This national collection is a subset of alcohol and other drug treatment services information that is routinely collected by States and Territories to monitor treatment services within their jurisdictions. The NMDS currently excludes maintenance pharmacotherapy treatments such as methadone and buprenorphine. Therefore the following data on client registrations do not include participants in these programs unless they receive additional treatment.

The Tasmanian Health Department participated in this national collection and contributed data to the NMDS.

Why have an NMDS?

The NMDS has been implemented to assist in monitoring and evaluating key objectives of the National Drug Strategy and to assist in the planning, management and quality improvement of alcohol and other drug treatment services. In general, it aims to provide ongoing information on the social demographics of clients who use these services, the treatment they receive, administrative information about the agencies that provide treatment and measures of service utilisation.

It does not aim to provide population estimates or trends in alcohol and other drug use, or monitor general patterns of drug problems in Australia. Nevertheless, the information collected by the NMDS will be used with other sources of information (e.g. the National Drug Strategy Household Survey and the Illicit Drug Reporting System) to monitor patterns of drug problems in Australia.

Treatment services supplying data

- In Tasmania, 13 government-funded alcohol and other drug treatment services supplied data for 2000–01, all of whom were government providers.

Clients

- During 2000–01, reporting services registered a total of 1,400 clients for treatment. Of those clients, 65% were males, 35% were females and 61% were aged between 20 and 39 years (Table 1). Of all clients, 96% were born in Australia and 99.9% stated that their preferred language was English.
- Of all clients receiving services for the drug use of others (e.g. a person such as a spouse seeking treatment for their partner or a parent seeking treatment for their child) just over three-quarters were female (77%).

- Approximately 8% of all clients identified themselves as being of Aboriginal and/or Torres Strait Islander origin.
- The proportions of male and female clients in Tasmania (65% and 35%) were very similar to the national average (64% and 35% respectively). Age distributions were also similar, although there were higher proportions of female clients aged 20–29 in Tasmania (38%) and lower proportions aged 30–39 (22%) compared to the national average (33% and 25% respectively).

Table 1: Client registrations by age group and sex, Tasmania and Australia^(a), 2000–01

Age group (years)	Tasmania			Australia		
	Males	Females	Persons ^(b)	Males	Females	Persons ^(b)
	(per cent)					
10–19	15.1	15.5	15.4	14.1	14.5	14.2
20–29	36.8	38.3	37.3	37.1	33.5	36.1
30–39	25.3	21.8	24.0	26.1	25.2	25.7
40–49	15.7	14.7	15.3	14.0	16.0	14.6
50–59	6.0	6.5	6.1	5.7	6.8	6.0
60+	1.0	2.9	1.6	1.8	2.0	1.9
Not stated	0.2	0.4	0.3	1.3	1.9	1.5
Total (%)	64.7	35.1	100.0	63.5	35.3	100.0
Total (no.)	906	491	1,400	53,057	29,445	83,529

(a) Excludes Queensland.

(b) Includes instances where sex was not stated.

Source: AIHW 2002.

Principal drug of concern

- In Tasmania, alcohol was the most common drug (39%) for which clients sought treatment (Table 2). Cannabis (23%) and amphetamines (12%) were the next most common drugs reported as the principal drugs of concern. In contrast, the number of clients reporting heroin as their principal drug of concern was very low (2% compared to 28% nationally).
- The principal drug of concern varied with the client's age. The proportion of clients seeking treatment for alcohol use increased with age, whereas those seeking treatment for cannabis use decreased with age. For example, in Tasmania 22% of clients in the 10–19 age group were seeking treatment for alcohol and 38% for cannabis, but 82% of clients in the 50–59 age group were seeking treatment for alcohol and 3% for cannabis. This pattern is consistent with that reported nationally.
- The low proportion of Tasmanian clients who reported heroin as their principal drug of concern was reflected across all age groups and for both sexes (2% of male clients and 2% of female clients in Tasmania compared to 28% of male clients and 29% of female clients nationally).
- There were some differences between the sexes for principal drug of concern (Figure 1). In Tasmania a higher proportion of male clients reported alcohol (42%) and cannabis (24%) as their principal drug of concern compared to female clients (32% and 20% respectively).

Table 2: Proportion of clients seeking treatment for selected principal drugs of concern by age group, Tasmania and Australia^(a), 2000–01

Principal drug of concern	Age group (years)						Total ^(b)
	10–19	20–29	30–39	40–49	50–59	60+	
Tasmania (per cent)							
Alcohol	22.3	22.9	46.1	69.2	81.9	47.6	38.8
Heroin	1.9	2.9	2.7	1.5	0.0	0.0	2.3
Cannabis	38.4	27.6	19.4	8.7	2.8	4.8	22.9
Amphetamines	13.7	20.0	5.8	3.1	4.2	0.0	11.8
Benzodiazepines	0.5	2.2	3.0	1.5	2.8	19.0	2.3
Total (no.) ^(c)	211	510	330	195	72	21	1,343
Australia (per cent)							
Alcohol	14.7	19.3	40.6	59.7	77.5	77.8	33.6
Heroin	30.8	38.6	25.0	15.4	4.7	1.8	28.4
Cannabis	29.8	15.5	10.4	5.6	2.5	0.9	14.0
Amphetamines	10.0	13.0	8.2	2.7	1.5	0.6	9.1
Benzodiazepines	1.0	1.6	2.8	3.1	2.4	4.0	2.1
Total (no.) ^(c)	11,119	29,154	20,382	10,449	3,717	1,197	76,994

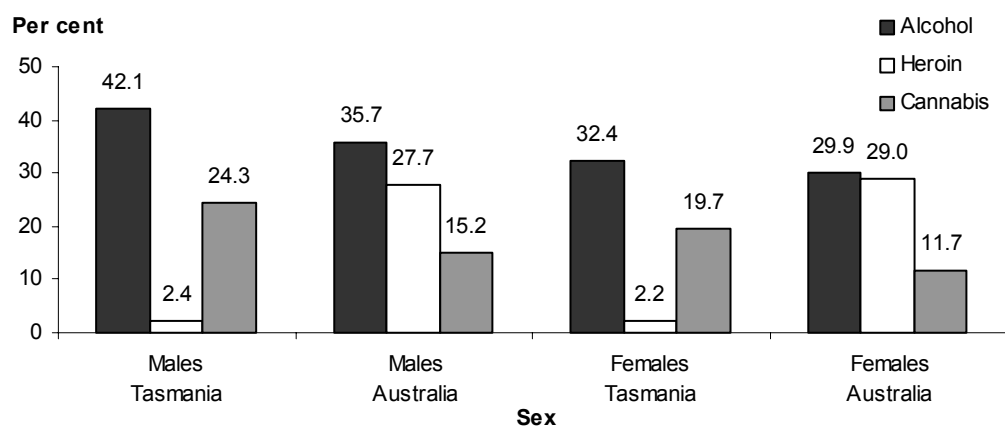
(a) Excludes Queensland.

(b) Includes instances where age was not stated.

(c) Includes all principal drugs of concern.

Source: AIHW 2002.

Figure 1: Proportion of clients seeking treatment for selected principal drugs of concern by sex, Tasmania and Australia^(a), 2000–01.



(a) Excludes Queensland.

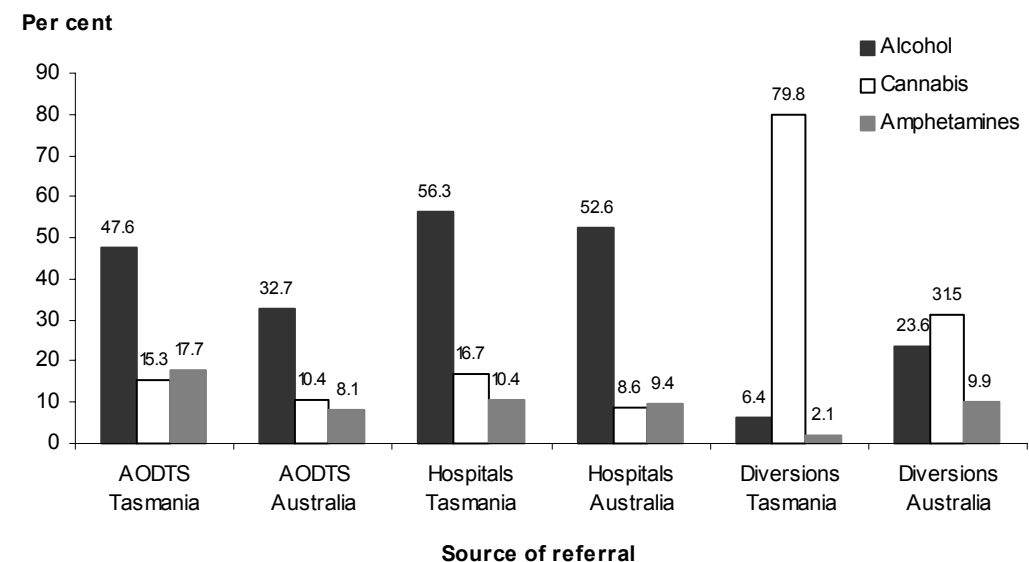
Source: AIHW 2002.

Source of referral

- The source of referral is the person or service from which the client was transferred or referred to the alcohol and other drug treatment service he or she is attending. The number of clients referred from a specific source can vary according to their principal drug of concern. For example, of Tasmanian clients referred from hospital, more than half (56%) reported alcohol as their principal drug of concern (Figure 2). This was similar to the national average of 53%.
- Of clients referred from police or court diversions, 80% reported cannabis as their principal drug of concern. This was much higher than the national average of 31% and reflects the different drugs targeted for diversion activity across jurisdictions.

- Note that for some diversion clients, the nominated principal drug of concern may only indicate the drug involved in the offence. Of clients referred from alcohol and other drug treatment services, 18% reported amphetamines as their principal drug of concern. This was more than double the national average (8%).

Figure 2: Proportion of clients seeking treatment for selected principal drugs of concern by selected source of referral, Tasmania and Australia^(a), 2000–01



(a) Excludes Queensland.

Source: AIHW 2002.

Agencies and clients included nationally

All publicly funded (at State and/or Commonwealth level) government and non-government agencies that provide one or more specialist alcohol and/or other drug treatment services were included, also those based in acute care or psychiatric hospitals if they provided treatment to non-admitted patients (e.g. outpatient services).

All clients accepted for treatment from one of the above services during the reporting period (1 July 2000 to 30 June 2001) were included.

The following agency types were excluded from the AODTS–NMDS

- Correctional institutions, halfway houses and sobering-up shelters.
- Health promotion services (e.g. needle and syringe programs) and methadone maintenance treatments.

The following caveats apply to the data collected:

- Data from Queensland were not included in the national data for 2000–01.
- The number of Indigenous clients may be under-counted because most Commonwealth-funded Indigenous substance-use services and Aboriginal health services that provide treatment for alcohol and other drug problems did not supply data for 2000–01. In addition, at the national level 8% of clients did not report their Indigenous status.

References

AIHW 2002. Alcohol and other drug treatment services in Australia 2000–01. AIHW cat. no. HSE 22 Canberra: AIHW.

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For further information visit our web site (www.aihw.gov.au) where a number of recent alcohol and other drug publications are available in full text.

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