



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.



DRUG AND ALCOHOL
OFFICE

WA participation in the national collection

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

Alcohol and other drug treatment services in Western Australia

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

Highlights

- In Western Australia (WA), 28 government-funded alcohol and other drug treatment agencies provided 14,222 '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 (57%), with just under one-third of all treatment episodes (32%) provided for clients in the 20–29 year age group.
- Male clients in WA accounted for nearly two-thirds (63%) of all closed treatment episodes.
- In WA, alcohol (33%) was the most common principal drug of concern in closed treatment episodes, followed by amphetamines (26%) and cannabis (25%).
- Of all closed treatment episodes in WA, counselling was the most common form of main treatment provided (58%), followed by information and education only (14%), withdrawal management (detoxification) and assessment only (10% each).
- In WA, clients aged 10–19 and 20–29 years were more likely than clients aged 30 years or more to seek treatment for cannabis (56% and 22%, compared to 13%) and less likely to seek treatment for alcohol (15% and 19%, compared to 51%).

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 Western Australia (WA). Throughout this briefing, data from WA 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 agencies, 28 were located in WA, of which 79% were non-government agencies.
- Treatment agencies in WA were most likely to be located in major cities (64%) and inner or outer regional areas (14% each).

Client profile

- In WA, there were 14,222 'closed treatment episodes' in alcohol and other drug treatment services reported in the 2002–03 AODTS-NMDS collection.
- Eighty-five per cent of closed treatment episodes in WA involved clients seeking treatment for their own drug use.
- In WA, the majority of closed treatment episodes were for clients aged between 20 and 39 years of age (57%), with just under a third of all treatment episodes (32%) provided for clients in the 20–29 year age group (Table 1). Nationally, 33% of treatment episodes were for clients aged 20–29 years.
- The proportions of treatment episodes involving male and female clients in WA (63% and 37% respectively) were similar to the national proportions (65% and 35% respectively).

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

Age group (years)	Western Australia			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
10–19	14.4	4.6	19.0	8.3	3.9	12.2
20–29	21.3	10.4	31.7	22.4	10.8	33.2
30–39	15.1	9.7	24.8	17.8	9.4	27.2
40–49	8.0	7.1	15.0	10.5	6.2	16.7
50–59	3.5	3.8	7.3	4.0	2.6	6.6
60+	1.1	0.9	1.9	1.4	0.8	2.3
Total^(b) (per cent)	63.4	36.6	100.0	65.3	34.5	100.0
Total^(b) (number)	9,021	5,200	14,222	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 higher in WA (13%) than nationally (9%). However, both of these proportions were higher than the proportion of the entire 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 collection.
- The majority of closed treatment episodes in WA were for clients born in Australia (83%) and 99% were for clients whose preferred language was English.
- Thirty per cent of closed treatment episodes in WA involved clients who were self-referred; this compares to 37% of closed treatment episodes nationally. In WA, community-based corrections (21%) were the next most common source of referral.

Principal drug of concern

- In WA, alcohol (33%) was the most common principal drug of concern, followed by amphetamines (26%) and cannabis (25%). 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 WA (33% each). This was followed by cannabis for males (28%) and amphetamines for females (28%) (Figure 1).

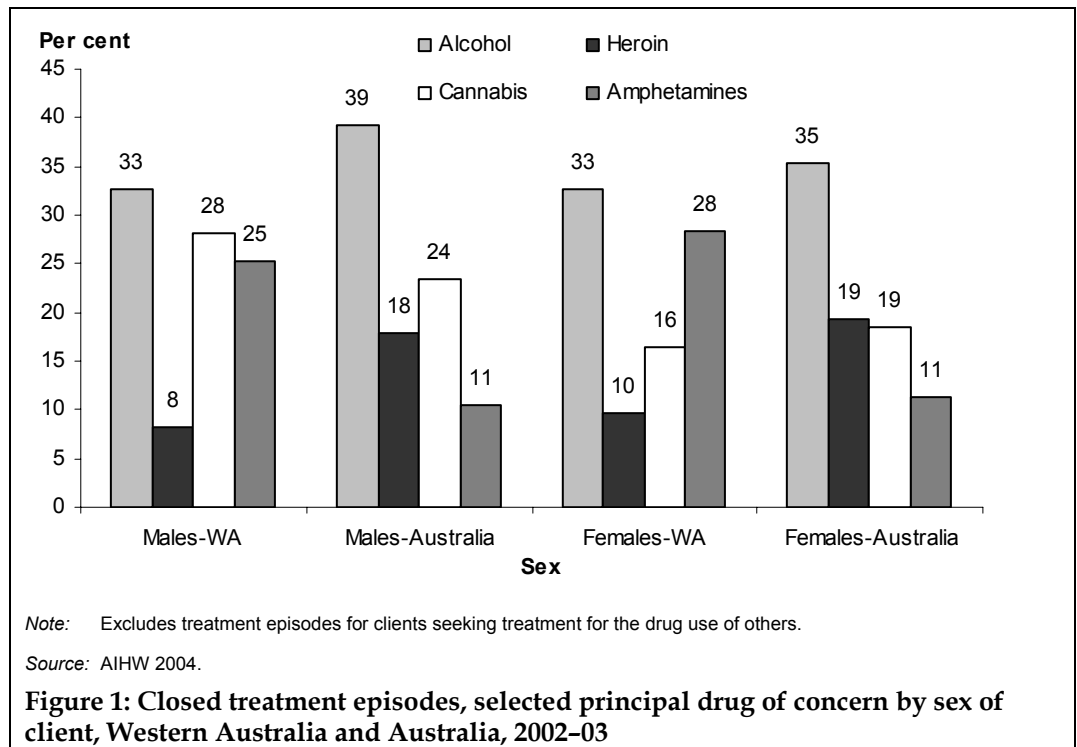


Figure 1: Closed treatment episodes, selected principal drug of concern by sex of client, Western Australia and Australia, 2002-03

- In WA, 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 over 60 years (85%) and those aged between 50 and 59 years (82%) (Table 2). Similarly, at the national level, alcohol was the most common principal drug in older age groups.
- For clients aged between 10 and 19 years in WA, cannabis was the most common principal drug (56%) for closed treatment episodes. Nationally, cannabis was also the most common principal drug for this age group (50%).

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

Principal drug	Western Australia							Total (Australia)	
	10-19	20-29	30-39	40-49	50-59	60+	Total ^(b)	Per cent	Number
Alcohol	14.7	18.9	38.9	63.8	81.9	85.1	32.7	38.0	46,747
Amphetamines	19.5	38.4	28.0	9.1	2.4	0.7	26.2	10.7	13,213
Benzodiazepines	0.5	1.4	2.1	1.8	2.6	2.0	1.5	2.1	2,609
Cannabis	56.1	22.5	15.4	10.4	4.6	2.0	24.5	22.0	27,106
Cocaine	0.1	0.1	0.2	0.1	—	—	0.1	0.3	323
Ecstasy	0.2	0.3	0.1	0.1	0.2	—	0.2	0.3	416
Heroin	3.4	13.6	8.5	6.1	2.4	0.7	8.6	18.4	22,642
Methadone	—	0.6	1.1	0.7	0.4	—	0.6	1.8	2,173
Nicotine	0.4	0.3	0.7	1.7	3.0	6.8	0.8	1.4	1,693
Other ^(c)	3.7	3.7	4.7	5.6	2.6	1.4	4.1	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)	2,328	4,339	3,224	1,534	542	148	12,142	—	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.

- For closed treatment episodes involving clients aged 20–29 years in WA, amphetamines were reported as the most common principal drug of concern (38%). Nationally, heroin was the most common principal drug in this age group (27%).
- In WA, alcohol was more likely to be the principal drug in closed treatment episodes involving Aboriginal and Torres Strait Islander clients (41%) than for other Australian clients (31%).

Geographic location and principal drug of concern

- Across all areas in WA, alcohol was the most commonly reported principal drug of concern (31% of treatment episodes in major cities, 32% in inner regional, 42% in outer regional and 52% in remote areas). Cannabis was the second most prominent drug in inner, outer and remote areas (31%, 33% and 29% respectively), while amphetamines were the second most common drug in major cities (29%),

Injecting drug use

- Forty-five per cent of treatment episodes in WA involved clients who reported never having injected drugs. Of the 32% who reported they were 'current injectors', 50% 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 (9% not stated response for WA and 14% nationally).

Treatment programs

- Of all closed treatment episodes in WA, counselling was the most common form of main treatment provided (58%), followed by information and education only (14%), withdrawal management (detoxification) and assessment only (10% each). At the national level, counselling was the most common form of main treatment provided (42%) followed by withdrawal management (detoxification) (19%) and assessment only (13%) (Table 3).

Client profile and treatment programs

- Closed treatment episodes for female clients in WA were more likely to involve counselling as the main treatment (63%), compared to male clients (55%). This was also the case nationally (47% females and 39% males).
- Counselling was the most common main treatment in all age groups, highest for clients aged 20–29 years (32%) and lowest for those aged over 60 years (2%).

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

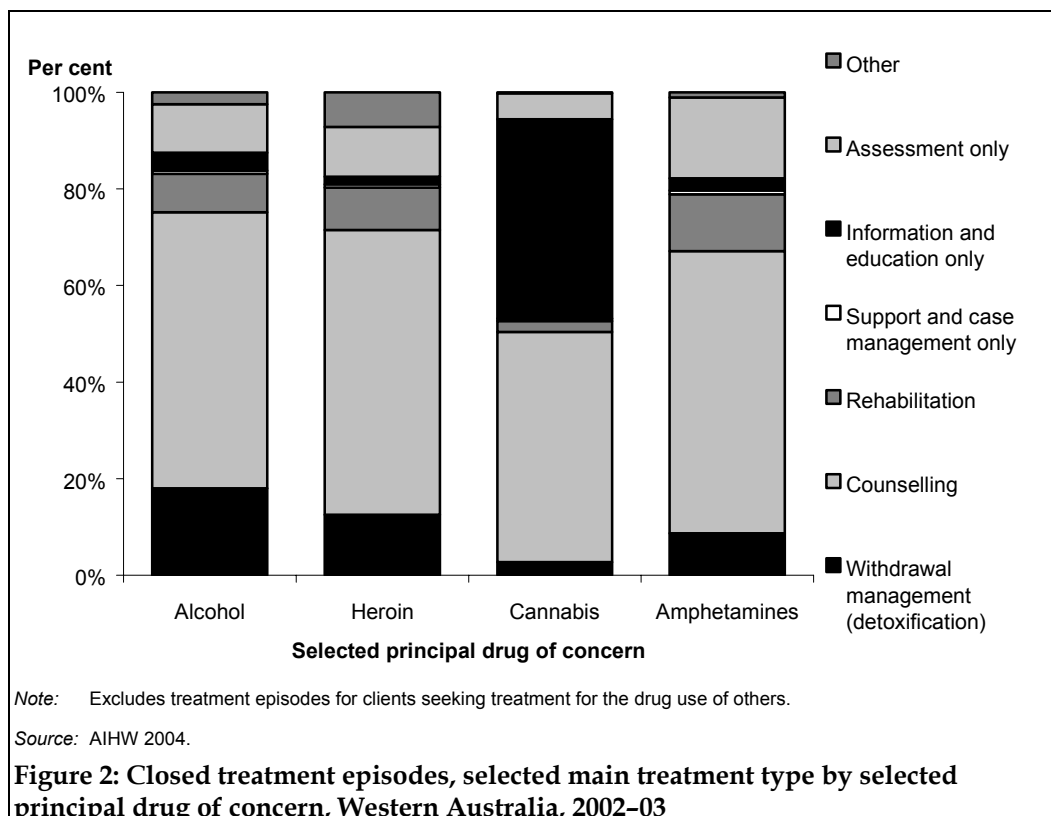
Main treatment type	Western Australia			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
Withdrawal management (detoxification)	10.0	9.0	9.7	19.6	17.6	18.9
Counselling	55.2	62.8	58.0	38.6	47.1	41.5
Rehabilitation	6.5	5.6	6.1	7.7	7.2	7.5
Support & case management only	0.7	0.9	0.7	6.8	7.3	6.9
Information and education only	16.4	9.3	13.8	8.9	6.3	8.0
Assessment only	9.3	9.9	9.5	14.9	8.5	12.7
Other	1.9	2.6	2.1	3.9	6.0	4.4
Total (percent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	9,021	5,200	14,122	85,537	45,231	130,930

(a) Includes not stated for sex.

(b) 'Other' includes 304 treatment episodes in WA 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.

Principal drug of concern and treatment programs

- In WA, 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 (57%), heroin (59%), cannabis (48%) and amphetamines (58%) were the principal drug of concern (Figure 2).
- Where cannabis was the principal drug, the next most common treatment type was information and education only (41%), and for amphetamines the next most common was assessment only (17%). Withdrawal management (detoxification) was the next most prominent treatment type when the principal drug was either alcohol (18%) or heroin (13%).



- In WA, the median number of days for a closed treatment episode was 20. The highest median number of treatment days within a treatment episode occurred when the principal drug of concern was heroin (35 days), followed by amphetamines (23 days) and alcohol (22 days). The main treatment type with the highest median number of treatment days per episode was counselling (51 days), followed by support and case management only (39 days).

Geographic location and treatment programs

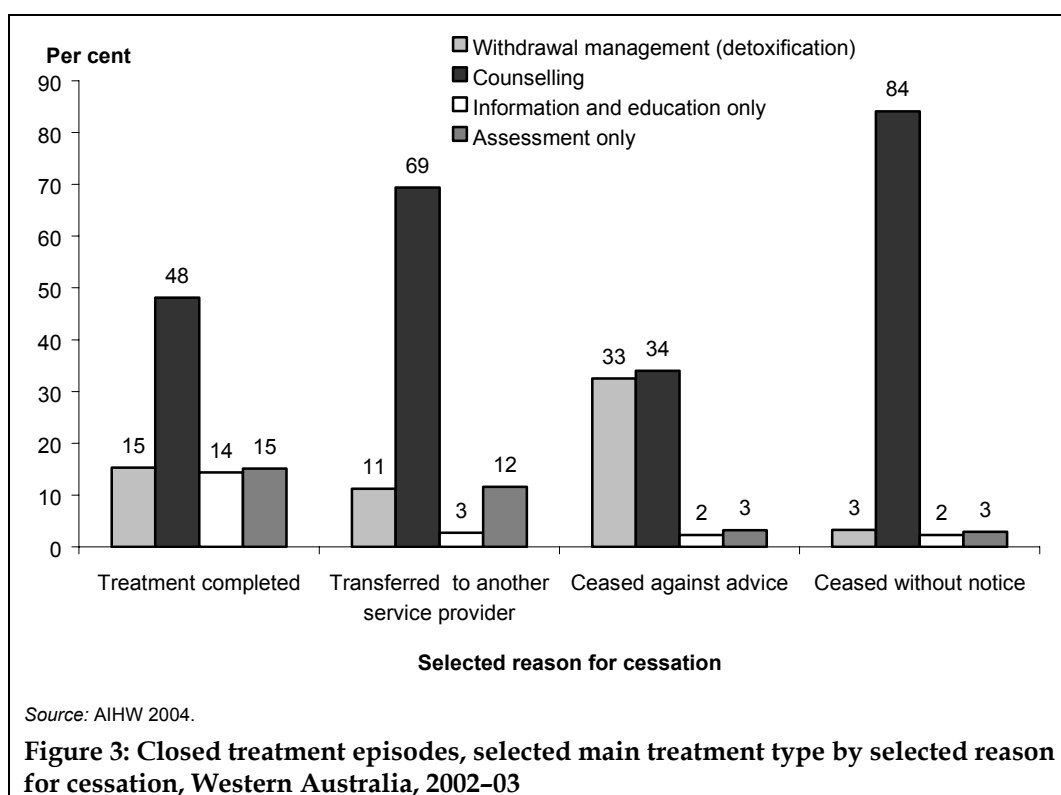
- Across all areas in WA, counselling was the most commonly reported main treatment type (accounting for 55% in major cities, 64% inner regional areas, 71% outer regional areas and 72% remote areas). The second most prominent treatment type in inner, outer and remote areas was information and education only (26%, 20% and 19% respectively), whereas in major cities the next most prominent treatment types were withdrawal management (detoxification) and assessment only (12% each).

Treatment delivery setting and treatment programs

- Over two-thirds (68%) of all closed treatment episodes in WA occurred at a non-residential treatment facility, 16% in a residential facility and a further 10% in an outreach setting.
- The highest median number of treatment days for a treatment episode occurred where the treatment delivery was at a non-residential treatment facility (35 days) or an outreach setting (31 days).

Ceasing treatment and treatment programs

- In WA, the most common reason for the cessation of a client’s treatment was that the treatment had been completed (44%), followed by clients ceasing to participate without notice (26%) or clients ceasing to participate at expiration (7%).
- In WA, 48% of treatment episodes where treatment was completed were for counselling and 14% for information and education only (Figure 3).
- Eighty-four per cent of closed treatment episodes that ended because the client ceased to participate without notice were for counselling.



Special theme—Clients aged 10–29 years

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

- Compared to clients aged 30 years or more, clients in Western Australia aged under 30 years were:
 - more likely to be male (76% of treatment episodes for clients aged 10–19 years and 67% for clients aged 20–29 years were for males, compared to 56% for clients aged 30 years or more);
 - more likely to seek treatment for cannabis (56% and 22%, compared to 13%);
 - less likely to seek treatment for alcohol (15% and 19%, compared to 51%);
 - marginally 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 7% of treatment episodes for 10–19 year olds and 8% of treatment episodes for 20–29 years olds, compared to 5% for clients aged 30 years or more;

- less likely to refer themselves to the treatment service (10% and 28%, compared to 37%) and more likely to be referred via community-based corrections (43% and 26%, compared to 14%) or police/court diversion processes (16% and 11%, compared to 5%).
- Clients aged 20–29 years were more likely than the younger or older age groups to seek treatment for heroin (14% of all treatment episodes among 20–29 year olds were for this drug, compared to 3% among clients aged 10–19 years and 7% among clients aged 30 years or more).
- Clients aged 20–29 years were also more likely to be current injectors (44%, compared to 22% for 10–19 year olds and 26% for clients aged 30 years or more).
- Clients aged 10–19 years were more likely than clients in older age groups to receive information and education only programs as their main treatment type (36%, compared to 11% of clients aged 20–29 years and 7% of clients aged 30 years or more).
- Clients aged 10–19 years were more likely than clients in the older age groups to receive treatment in outreach settings (23% of treatment episodes for 10–19 year olds were conducted in this setting, compared to 9% for 20–29 year olds and 5% for 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 2001–02 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>.

Queries or comments

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