

# 9 Treatment services

## Introduction

The availability of treatment services for users of both licit and illicit drugs is an important component of the National Drug Strategic Framework. It has been demonstrated that drug treatment services are effective in reducing harmful drug use, hospital costs, drug-related crime, violence and welfare costs (DHAC 1998).

This chapter presents information on alcohol and drug treatment services, the characteristics of the clients that access them and the drug problems that clients present with. Information has been sourced from the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS), the census of clients of treatment service agencies, and the first annual collection of service data from Commonwealth-funded Aboriginal and Torres Strait Islander substance-use services.

## Alcohol and other drug treatment services

### National Minimum Data Set

The information contained in the AODTS-NMDS plays a role in monitoring patterns of drug problems in Australia and aims to provide a measure of service utilisation of alcohol and other drug treatment agencies. The AODTS-NMDS covers a wide variety of treatment interventions and, among others, includes detoxification and rehabilitation programs and pharmacological and psychological treatments. The 2000–01 collection was based on client registration data; however, future collections will use treatment episodes as the unit of measurement and therefore enhance the quality of data.

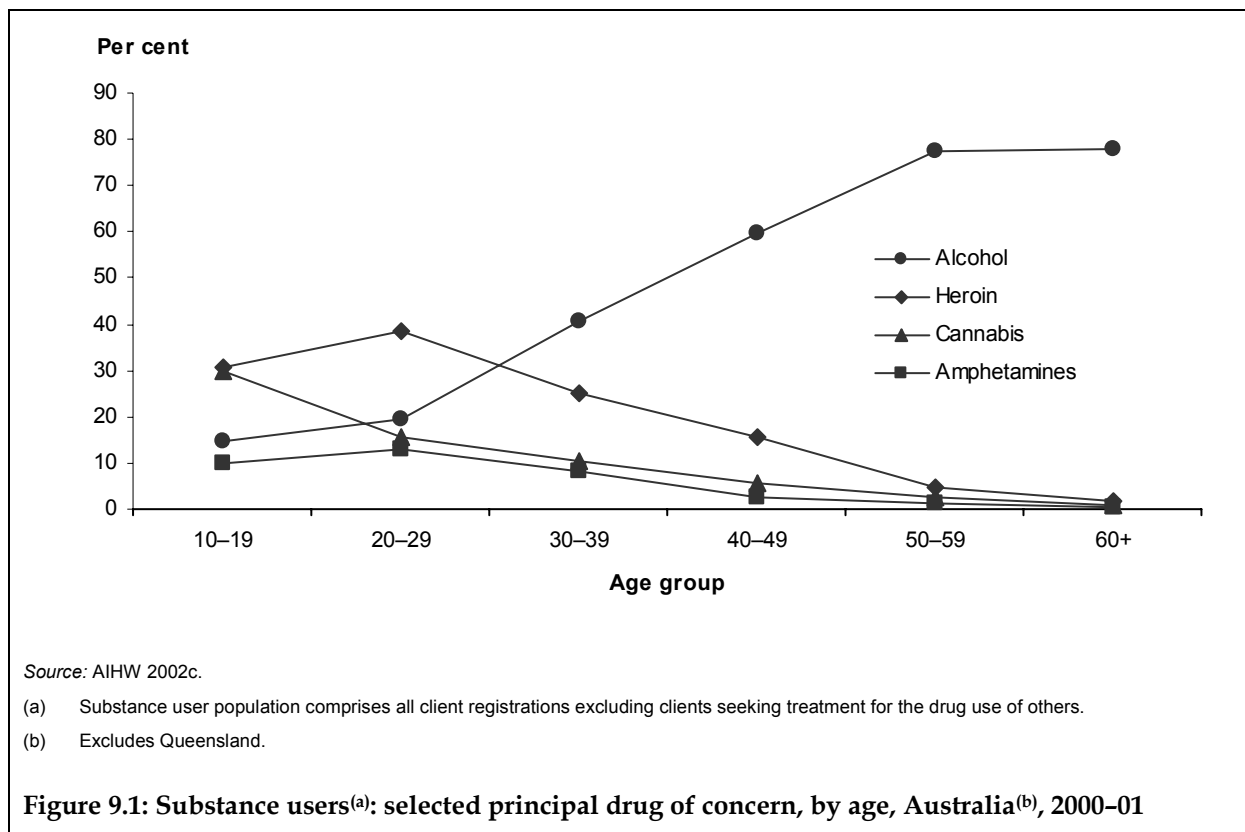
All publicly (at State and/or Commonwealth level) funded government and non-government agencies that provide one or more specialist alcohol and/or other drug treatment services are in scope for the AODTS-NMDS. It does not include all treatment services, such as those based in correctional institutions or those in acute or psychiatric hospitals that only provide treatment to admitted patients. Nor does it include private treatment agencies that do not receive public funding or agencies whose sole activity is to prescribe and/or dose for methadone maintenance treatment.

## Principal drug of concern

The principal drug of concern refers to the main substance that the client stated led him or her to seek treatment from the alcohol and other drug treatment agency. The information in this section relates only to clients who were seeking treatment for their own substance use.

In 2000–01, alcohol was the most common principal drug of concern (34%) for which clients sought treatment, followed by heroin (28%), marijuana/cannabis (14%) and amphetamines (9%) (AIHW 2002c).

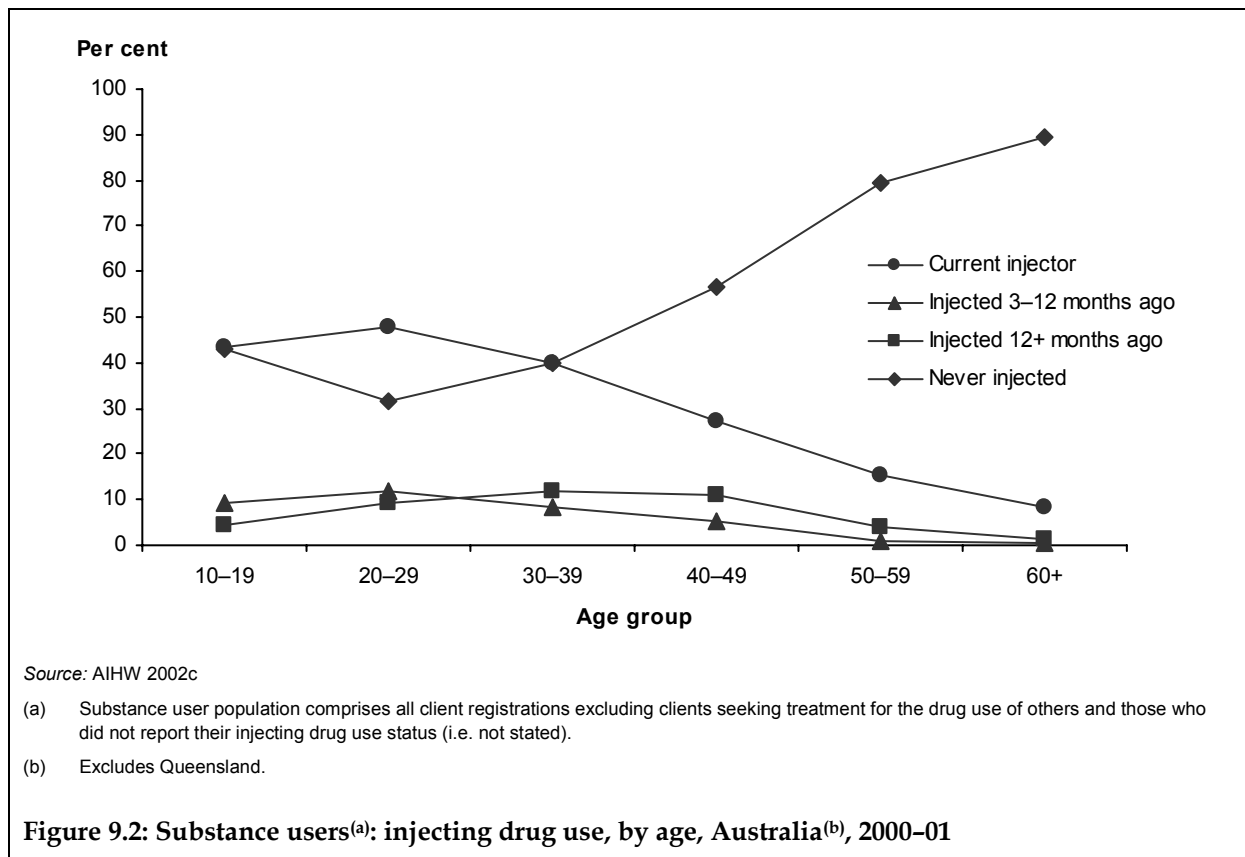
The proportion of clients seeking treatment for alcohol increased with age, whereas the proportion seeking treatment for heroin decreased with age (Figure 9.1). For example, 15% of all clients aged 10–19 years, 98% of whom were aged 15–19 years, were seeking treatment for alcohol and 31% for heroin, whereas 78% of all clients aged 60 years or more were seeking treatment for alcohol and only 2% for heroin. Heroin (31%) and marijuana/cannabis (30%) were the most common principal drugs of concern reported for clients aged 10–19 years.



## Injecting drug use

Of the 64,212 clients that reported their injecting drug use status in 2000–01, 42% reported that they had never injected drugs, 40% reported that they had injected within the previous 3 months and 18% reported that they had last injected more than 3 months ago (AIHW 2002c).

The proportion of clients that reported that they currently injected drugs generally decreased with age; however, those aged 20–29 years (48%) were more likely to inject than those aged 10–19 years (44%) (Figure 9.2). The proportion of clients that reported that they had ever injected drugs also decreased with age; however, those aged 20–29 years (69%) were more likely to have ever injected than those aged 10–19 years (57%).



## Clients of treatment service agencies

The periodical census of drug and alcohol treatment service agencies is a useful tool to monitor demographic characteristics of clients using these services as well as trends in substance use problems presenting to treatment.

The fourth national census of clients of treatment service agencies was conducted on Wednesday 2 May 2001 in all Australian jurisdictions, with 458 of the 507 agencies surveyed responding. These agencies reported a total of 5,304 clients, of which 93.8% were in treatment for their own substance use and 6.2% were relatives or friends of substance users.

The range of alcohol and drug treatment interventions covered by the census included outpatient treatment services, inpatient rehabilitation programs, detoxification, therapeutic communities, methadone maintenance plus an additional service, and smoking cessation programs.

Self-help groups, sobering-up centres and services that only provide information, education, accommodation, brief counselling and crisis interventions were not classified as specialist treatment agencies and therefore were not included in the census. Note that clients in methadone maintenance programs were excluded from the survey.

The census data presented here should be treated with caution. For example, while all clients being treated at residential services are likely to have been counted in a one-day census, a large number of clients using non-residential treatment services who were not seen on census day were not counted.

## Services provided

Agencies were asked to nominate the main service provided to each client on census day. Across all jurisdictions, outpatient or non-residential services (59%) were more prevalent than residential services (41%) (Table 9.1). The non-residential service more frequently offered was counselling (32%), while inpatient rehabilitation or therapeutic community (34%) was the residential service most frequently provided.

**Table 9.1: Services provided by alcohol and drug treatment service agencies: proportion of clients by service type<sup>(a)</sup>, by State and Territory, Australia, 2001**

Service type <sup>(a)</sup>	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
	(per cent)								
Non-residential									
Assessment and referral	7	11	14	13	16	12	13	10	10
Outpatient counselling	25	46	30	44	28	34	28	26	32
Methadone & counselling	11	4	4	3	10	10	7	—	7
Outpatient detoxification	3	4	2	2	1	—	2	—	2
Other non-residential services	8	8	6	8	15	1	—	6	8
Residential									
Rapid detoxification	—	—	—	—	—	—	—	—	—
Inpatient detoxification	7	9	3	2	7	5	9	4	6
Inpatient rehabilitation or therapeutic community	39	17	41	28	23	38	42	54	34
Other residential services	1	3	1	2	1	4	4	2	1

(a) Figures reflect more than one service reported for some clients.

Source: Shand & Mattick 2001.

## Methadone maintenance program

Only clients who received a service like urinalysis or counselling in addition to methadone syrup were included in the clients of treatment service agencies May 2001 census, adding 405 clients. However, the number of clients receiving methadone in Australia in 2001 was estimated at 31,995, up from 16,906 in 1995 (Table 9.2). The classification of methadone clients into public and private should be interpreted with caution as the criteria used vary between States and Territories.

**Table 9.2: Methadone clients by State and Territory, Australia, 2001**

<b>State/Territory<sup>(a)</sup></b>	<b>Public sector</b>	<b>Private sector</b>	<b>Prison program</b>	<b>Total</b>
	<b>(number)</b>			
New South Wales <sup>(b)</sup>	2,978	10,473	1,514	14,965
Victoria	117	7,694	215	8,026
Queensland	3,302	564	–	3,866
Western Australia	683	1,512	–	2,195
South Australia	838	1,418	178	2,434
Tasmania	66	375	4	445
Australian Capital Territory	265	383	–	648
<b>Australia</b>	<b>8,249</b>	<b>22,419</b>	<b>1,911</b>	<b>31,995</b>

(a) Methadone maintenance treatment for opioid dependence is currently unavailable in the Northern Territory.

(b) The figures for NSW are estimated to be up to 3% higher than actual number of persons on the methadone program.

Source: Shand & Mattick 2001.

## Main drug problem

In 2001, alcohol was the drug most frequently reported by clients as being the main drug problem, with one in three (35%) substance users receiving treatment for an alcohol problem on census day (Table 9.3). It was closely followed in frequency by opiates (32%), then marijuana/cannabis (9%), amphetamines (8%), and polydrug use including opiates (7%). If the 7% who presented with polydrug including opiates problems are included, opiates (at 39%) were the main drug problem being treated on census day. This number is further increased if people being treated for opiate addiction and participating in methadone maintenance programs are included.

**Table 9.3: Principal drug problems<sup>(a)</sup> of clients of treatment service agencies, by type of client, Australia, 2001**

Drug problem	Substance users	Relatives/friends (per cent)	All clients <sup>(b)</sup>
Alcohol	35	31	35
Opiates	32	14	31
Opiates/polydrug	7	5	7
Tobacco	2	3	2
Benzodiazepines	2	1	2
Marijuana/cannabis	9	19	10
Amphetamines	8	13	9
Amphetamine-related substances	1	1	1
Polydrug <sup>(c)</sup>	6	10	6
Other drugs <sup>(d)</sup>	1	1	1

(a) Figures reflect more than one drug problem nominated for some clients.

(b) Excludes clients whose status was not recorded.

(c) Excludes opiates.

(d) Includes barbiturates, cocaine, hallucinogens, volatile substances, over-the-counter medications and steroids.

Source: Shand & Mattick 2001.

## Sex differences

In 2001, males were slightly more likely than females to attend a drug and alcohol treatment service agency for alcohol-related problems (36% versus 33%), polydrug use (13% versus 11%) and marijuana/cannabis use (10% versus 9%) (Table 9.4). Females were slightly more likely than males to attend treatment for opiates (41% versus 38%), benzodiazepines (4% versus 1%) and tobacco (3% versus 2%).

**Table 9.4: Principal drug problems<sup>(a)</sup> of clients of treatment service agencies, by sex, Australia, 2001**

Drug problem	Males	Females (per cent)	Persons
Alcohol	36	33	35
Opiates <sup>(b)</sup>	38	41	39
Tobacco	2	3	2
Benzodiazepines	1	4	2
Marijuana/cannabis	10	9	9
Amphetamines <sup>(c)</sup>	9	9	9
Polydrug	13	11	13
Other drugs <sup>(d)</sup>	2	1	1
Injected drugs in past 12 months	48	46	47

(a) Figures reflect more than one drug problem nominated for some clients.

(b) Includes polydrug including opiates.

(c) Includes amphetamine-related substances (e.g. ecstasy).

(d) Includes barbiturates, cocaine, hallucinogens, volatile substances, over-the-counter medications and steroids.

Source: Shand & Mattick 2001.

## Age differences

In 2001, older clients (aged 25 years or more) were three times more likely to seek treatment for alcohol-related problems than younger clients (aged less than 25 years), with 42% of older clients seeking treatment compared with 14% of younger clients (Table 9.5). Younger clients were more likely than older clients to seek treatment for problems related to marijuana/cannabis use, amphetamines use, opiates use and polydrug use. Around six in 10 clients aged 25 years or less had injected drugs in the last 12 months, compared with four in 10 clients aged 25 years or more.

**Table 9.5: Principal drug problems<sup>(a)</sup> of clients of treatment service agencies, by age group, Australia, 2001**

Drug problem	Age group		Total
	Age less than 25	Age 25 and older (per cent)	
Alcohol	14	42	35
Opiates <sup>(b)</sup>	43	38	39
Tobacco	2	2	2
Benzodiazepines	2	3	2
Marijuana/cannabis	19	6	9
Amphetamines <sup>(c)</sup>	14	7	9
Polydrug	18	11	13
Other drugs <sup>(d)</sup>	3	1	1
Injected drugs in past 12 months	59	43	47

(a) Figures reflect more than one drug problem nominated for some clients.

(b) Includes polydrug including opiates.

(c) Includes amphetamine-related substances (e.g. ecstasy).

(d) Includes barbiturates, cocaine, hallucinogens, volatile substances, over-the-counter medications, and steroids.

Source: Shand & Mattick 2001.

## National trends

There has been a decline in the proportion of clients attending alcohol and drug treatment service agencies for alcohol-related problems from over one in two in 1990 (55%) to one in three in 2001 (35%). Over the same period, there has been an increase in the proportion of clients whose principal drug problem was marijuana/cannabis and amphetamines. The proportion of clients that had injected drugs in the last 12 months rose from 34% in 1990 to 47% in 2001.

**Table 9.6: Principal drug problems<sup>(a)</sup> of clients of treatment service agencies, Australia, 1990 to 2001**

Drug problem	1990	1992	1995	2001
		(per cent)		
Alcohol	55	52	49	35
Opiates <sup>(b)</sup>	34	33	34	39
Tobacco	8	9	5	2
Benzodiazepines	4	4	4	2
Marijuana/cannabis	4	6	7	9
Amphetamines <sup>(c)</sup>	4	4	7	9
Polydrug <sup>(d)</sup>	11	11	12	13
Injected drugs in past 12 months	34	32	38	47

(a) Figures reflect more than one drug problem nominated for some clients.

(b) Includes polydrug including opiates.

(c) Includes amphetamine-related substances (e.g. ecstasy).

(d) These figures reflect clients reported by agencies as polydrug (including opiates) users, polydrug (excluding opiates) users, plus those clients for whom more than three drugs (excluding tobacco) had been nominated.

Source: Shand & Mattick 2001.

## **Substance use services for Aboriginal and Torres Strait Islander peoples**

The information in this section was sourced from the first report on stand-alone Commonwealth-funded Aboriginal and Torres Strait Islander substance use services. Information was also provided from the Service Activity Report (SAR), a separate process undertaken to gather information from Commonwealth-funded Aboriginal primary health care services.

In 1999-00, stand-alone Aboriginal and Torres Strait Islander substance use services were asked to rank the main multiple combination of drugs that they dealt with. The most common form of multiple drug use by far was 'alcohol and cannabis', ranked first by 86% of substance use services. This was followed by the combinations of 'alcohol, amphetamines and cannabis' and 'alcohol, cannabis and petrol and other solvents' which were ranked first by 5% of substance use services respectively.

About 72% of stand-alone Aboriginal and Torres Strait Islander substance use services reported changes in the patterns of drug use in their service area. Of the services that identified a change in substance use, 36% reported an increase in cannabis use, while 29% reported an increase in heroin use. An increase in substance use by young people was noted by 14% of services.

The 1999-2000 Service Activity Reporting process found that 89% of Commonwealth-funded Aboriginal primary health care services provided substance use services to clients, with 86% providing services to clients for tobacco, 81% for cannabis, 62% for petrol/other inhalants, 56% for heroin and amphetamines, and 48% for benzodiazepines.