

Alcohol and other drug treatment services in Western Australia 2004–05

Findings from the National Minimum Data Set (NMDS)



Australian Government

Australian Institute of Health and Welfare



Drug and Alcohol Office

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

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Highlights

In Western Australia (WA) in 2004–05:

- 40 government-funded alcohol and other drug treatment agencies provided 16,092 'closed treatment episodes' (see below for definition).
- One-third (33%) of closed treatment episodes were for clients aged 20–29 years, and more than one-quarter (27%) were for clients aged 30–39 years.
- Male clients accounted for 62% of all closed treatment episodes.
- Alcohol (33%) and amphetamines (26%) were the most common principal drugs of concern in closed treatment episodes, followed by cannabis (19%) and opioids (15%, with heroin accounting for 12%).
- Of all closed treatment episodes, counselling was the most common main treatment provided (55%), followed by rehabilitation (12%) and withdrawal management (detoxification) (9%).
- Treatment episodes most commonly ceased because the treatment was completed (43%).

Contents of this data briefing

This data briefing summarises the main findings from the 2004–05 Alcohol and Other Drug Treatment Services (AODTS) NMDS data for WA. Throughout this briefing, data from WA are presented along with 2004–05 national AODTS–NMDS data.

National AODTS-NMDS data reports

More detailed information about the 2004–05 collection and its findings can be found in the publication *Alcohol and other drug treatment services in Australia 2004–05: report on the National Minimum Data Set* (AIHW 2006). 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'. These refer to a period of contact, with defined start and end dates, between a client and a treatment agency. A closed treatment episode may be for a specific treatment, such as information and education only, that is not part of a larger treatment plan; or it may be for a specific treatment, such as withdrawal management (detoxification), that is part of a long-term treatment plan.

Scope: exclusion of opioid pharmacotherapy

The AODTS–NMDS collection excludes agencies whose sole purpose is to prescribe and/or dose for methadone or other opioid pharmacotherapies. Therefore, the collection excludes many clients receiving treatment for heroin use.

Treatment agencies

- Throughout Australia, a total of 635 government-funded alcohol and other drug treatment agencies supplied data for 2004–05. Of these, 40 were located in WA, of which 70% were non-government agencies.
- Treatment agencies in WA were most likely to be located in major cities (75%), followed by inner and outer regional areas (10% each) and remote areas (5%).

Client profile

- In WA, there were 16,092 ‘closed treatment episodes’ in alcohol and other drug treatment services reported in the 2004–05 AODTS–NMDS collection, an increase from 14,256 episodes reported in 2003–04.
- Eighty-nine per cent of closed treatment episodes in WA involved clients seeking treatment for their own drug use.
- In WA, one-third (33%) of closed treatment episodes were for clients aged 20–29 years, and more than one-quarter (27%) were for clients aged 30–39 years (Table 1). This age distribution is almost identical to that in previous collection periods in WA.
- The overall proportions of male and female clients in WA (62% and 38% respectively) differed from the national proportions (66% and 34% respectively).

Table 1: Closed treatment episodes by sex and age group, Western Australia and Australia, 2004–05 (per cent)

| Age group (years) | Western Australia | | | Australia | | |
|---------------------------------------|-------------------|--------------|------------------------|---------------|---------------|------------------------|
| | Males | Females | Persons ^(a) | Males | Females | Persons ^(a) |
| 10–19 | 10.9 | 4.1 | 15.0 | 8.1 | 4.1 | 12.2 |
| 20–29 | 21.6 | 11.0 | 32.6 | 22.1 | 10.3 | 32.5 |
| 30–39 | 16.6 | 10.2 | 26.9 | 18.7 | 9.4 | 28.2 |
| 40–49 | 7.9 | 7.0 | 14.9 | 10.6 | 6.2 | 16.9 |
| 50–59 | 3.3 | 3.7 | 7.0 | 4.0 | 2.8 | 6.7 |
| 60+ | 1.1 | 1.0 | 2.1 | 1.4 | 0.9 | 2.3 |
| Total^(b) (per cent) | 62.2 | 37.7 | 100.0 | 65.5 | 34.2 | 100.0 |
| Total^(b) (number) | 10,017 | 6,072 | 16,092 | 93,088 | 48,579 | 142,144 |

(a) Includes not stated for sex.

(b) Includes not stated for age.

Source: AIHW 2006.

- The proportion of closed treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin was higher in WA than nationally (15%, compared with 10%), and higher than the overall proportion of Aboriginal and Torres Strait Islander peoples, aged 10 years and over, in the Australian population (2.1%; ABS 2004). These figures need to be interpreted with caution due to the high number of ‘not stated’ responses for Indigenous status nationally and the fact that the majority of Australian Government-funded Indigenous substance use services or Aboriginal primary health care 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-six per cent of all treatment episodes in WA involved clients who were self-referred, followed by referrals from community-based correctional services (19%) and family members or friends (13%).

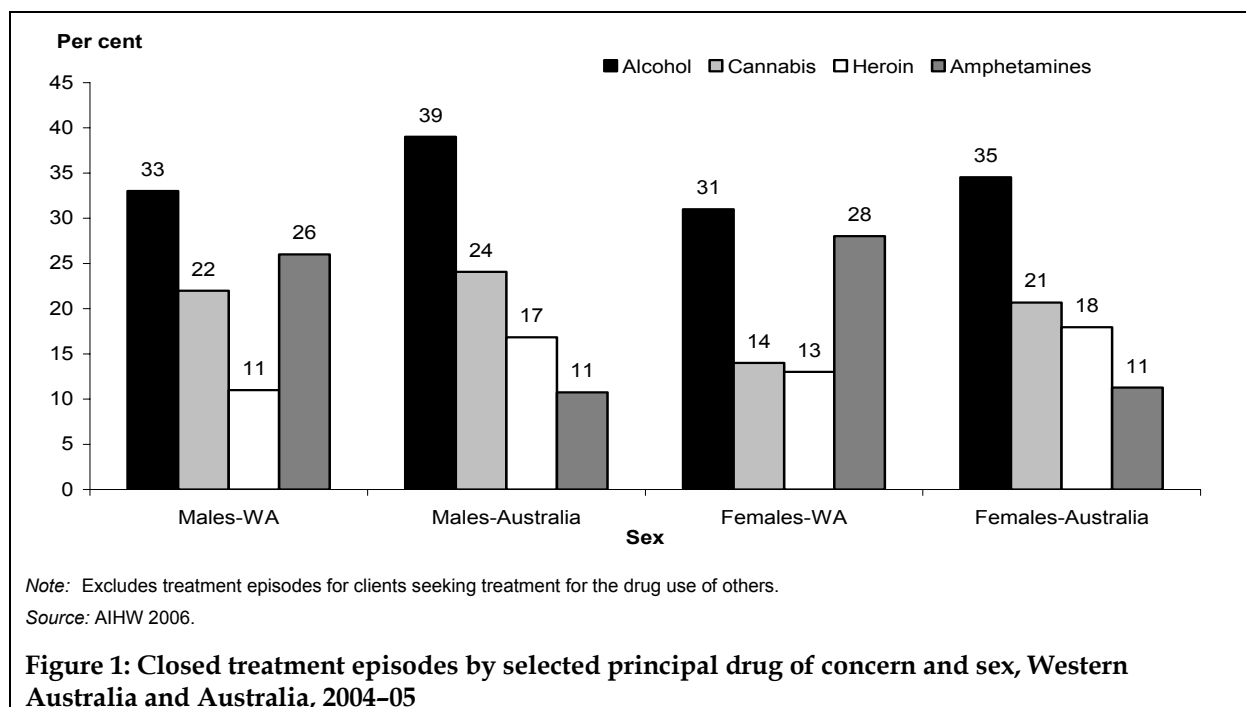
Principal drug of concern

The principal drug of concern refers to the main substance that the client states led them to seek treatment from the alcohol and other drug treatment agency. This section of the briefing reports only on the 14,235 episodes where clients were seeking treatment for their own alcohol or other drug use.

- In WA, alcohol (33%) and amphetamines (26%) were the most common principal drugs of concern in closed treatment episodes, followed by cannabis (19%) and opioids (15%, with heroin accounting for 12%). Nationally, alcohol and cannabis were the most common principal drugs of concern (37% and 23% respectively), followed by opioids (21%, with heroin accounting for 17%) and amphetamines (11%).
- Alcohol has been the most common principal drug of concern in WA since 2001–02, accounting for 34% of treatment episodes in 2001–02 and 33% of treatment episodes in 2002–03, 2003–04 and 2004–05. Amphetamines have been the second most common principal drug of concern over the same period, and have accounted for 26% of treatment episodes for each of the four reporting periods.

Client profile and principal drug of concern

- Alcohol was the drug most commonly recorded in closed treatment episodes for both sexes in WA (33% of males and 31% of females), followed by amphetamines (26% and 28% respectively) (Figure 1).
- For closed treatment episodes in WA, there was a higher proportion of male clients reporting amphetamines as the principal drug of concern than at the national level (26% males in WA and 11% males nationally). This was also the case for female clients (28% and 11% respectively).



- In WA and nationally, the principal drug of concern varied by age. For closed treatment episodes involving clients aged 30 years and over in WA, alcohol was the most common principal drug of

concern – highest for clients aged 60 years and over (89%) (Table 2). Similarly, at the national level, alcohol was the most common principal drug of concern in treatment episodes for clients aged 30 years and over, with the highest proportion among those aged 60 years and over (81%).

- In treatment episodes involving clients aged 10–19 years in WA, cannabis was the most common principal drug of concern (45%), while for clients aged 20–29 years in WA the most common principal drugs were amphetamines (35%) and alcohol (21%). Nationally, cannabis was the most common principal drug in treatment episodes involving clients aged 10–19 years (50%) and 20–29 years (28%).

Table 2: Closed treatment episodes^(a) by principal drug of concern and age group, Western Australia and Australia, 2004–05 (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 | 21.1 | 21.0 | 34.2 | 58.3 | 74.3 | 88.6 | 32.5 | 37.2 | 50,324 |
| Amphetamines | 24.2 | 35.4 | 28.6 | 9.0 | 3.8 | 0.0 | 26.3 | 10.9 | 14,780 |
| Benzodiazepines | 0.6 | 1.3 | 1.4 | 2.0 | 1.6 | 4.9 | 1.3 | 1.9 | 2,538 |
| Cannabis | 45.3 | 18.4 | 12.9 | 9.8 | 5.4 | 2.2 | 19.1 | 23.0 | 31,044 |
| Cocaine | 0.1 | 0.2 | 0.1 | 0.1 | 0.0 | 0.0 | 0.1 | 0.3 | 400 |
| Ecstasy | 0.5 | 0.5 | 0.1 | 0.1 | 0.0 | 0.0 | 0.3 | 0.4 | 580 |
| Nicotine | 0.8 | 0.3 | 0.4 | 0.5 | 1.6 | 1.1 | 0.5 | 1.8 | 2,478 |
| Opioids | | | | | | | | | |
| Heroin | 2.6 | 15.3 | 13.5 | 10.9 | 6.9 | 0.0 | 12.0 | 17.2 | 23,193 |
| Methadone | 0.0 | 2.7 | 2.9 | 3.6 | 1.6 | 0.0 | 2.3 | 1.8 | 2,454 |
| <i>Total opioids^(c)</i> | 2.6 | 18.5 | 16.7 | 14.6 | 8.7 | 0.0 | 14.7 | 20.7 | 28,025 |
| All other drugs ^(d) | 4.8 | 4.5 | 5.6 | 5.7 | 4.6 | 3.3 | 5.1 | 3.7 | 5,033 |
| Total (per cent) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | — |
| Total (number) | 2,285 | 5,043 | 4,030 | 1,861 | 610 | 184 | 14,235 | — | 135,202 |

(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

(b) Includes not stated for age.

(c) Includes heroin, methadone and balance of opioids.

(d) Includes balance of principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern.

Source: AIHW 2006.

- Treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin in WA were most likely to involve alcohol (43%), cannabis (24%), amphetamines (22%) and opioids (5%, with heroin accounting for 4%).
- In WA, the proportion of treatment episodes involving Aboriginal and/or Torres Strait Islander people reporting alcohol as their principal drug of concern was higher than for other Australian clients (43% and 31% of treatment episodes respectively). Nationally, treatment episodes for clients identifying as being of Aboriginal and/or Torres Strait Islander origin were also more likely to involve alcohol as the principal drug of concern (43%) than those for other Australian clients (37%).

Injecting drug use and method of use

- Forty-six per cent of treatment episodes in WA involved clients who reported never having injected drugs. Of the 29% of treatment episodes where the client reported they were 'current injectors', 44% were aged 20–29 years.

- Ingestion (40% of closed treatment episodes), followed by injection (36%) and smoking (22%) were the most common methods of using the principal drug of concern in WA.

Treatment programs

‘Main treatment type’ is the principal activity, as judged by the treatment provider, that is necessary for completing the treatment plan for the principal drug of concern. This section outlines information collected about these treatment types and programs. Data presented in this section relate to clients seeking treatment for their own or someone else’s alcohol or other drug use, except the section relating to ‘Principal drug of concern and treatment programs’.

- Of all closed treatment episodes in WA, counselling was the most common treatment provided (55%), followed by rehabilitation (12%) and withdrawal management (detoxification) (9%) (Table 3). Nationally, counselling was also the most common main treatment provided (40%), followed by withdrawal management (detoxification) (18%) and assessment only (12%).
- The pattern of main treatment type varied somewhat from 2003–04 in WA, where counselling was the most common treatment provided (50%), followed by rehabilitation (16%) and assessment only and information and education only (10% each).

Client profile and treatment programs

- Closed treatment episodes for female clients in WA were more likely to involve counselling as the main treatment (60%) than treatment episodes for male clients (52%). This was also the case nationally (45% and 38% respectively). In contrast, male clients in WA were more likely than female clients to receive rehabilitation services as the main treatment (14% and 9% respectively).
- In WA, the main treatment type did not vary much with age. Counselling was the most common treatment type for all age groups – highest for clients aged 50–59 years (66%) and lowest for those aged 30–39 years (53%).

Table 3: Closed treatment episodes by main treatment type and sex, Western Australia and Australia, 2004–05 (per cent)

| Main treatment type | Western Australia | | | Australia | | |
|--|-------------------|--------------|------------------------|---------------|---------------|------------------------|
| | Males | Females | Persons ^(a) | Males | Females | Persons ^(a) |
| Withdrawal management (detoxification) | 8.5 | 10.0 | 9.1 | 17.9 | 18.1 | 17.9 |
| Counselling | 52.0 | 59.5 | 54.8 | 37.6 | 44.7 | 40.2 |
| Rehabilitation | 14.0 | 9.3 | 12.2 | 8.2 | 6.8 | 7.7 |
| Support & case management only | 2.5 | 3.4 | 2.8 | 7.5 | 8.7 | 7.9 |
| Information and education only | 8.0 | 4.8 | 6.8 | 9.9 | 7.0 | 8.9 |
| Assessment only | 8.4 | 5.7 | 7.4 | 14.4 | 8.7 | 12.4 |
| Other ^(b) | 6.5 | 7.3 | 6.8 | 4.6 | 6.0 | 5.0 |
| Total (per cent) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Total (number) | 10,017 | 6,072 | 16,092 | 93,088 | 48,579 | 142,144 |

(a) Includes not stated for sex.

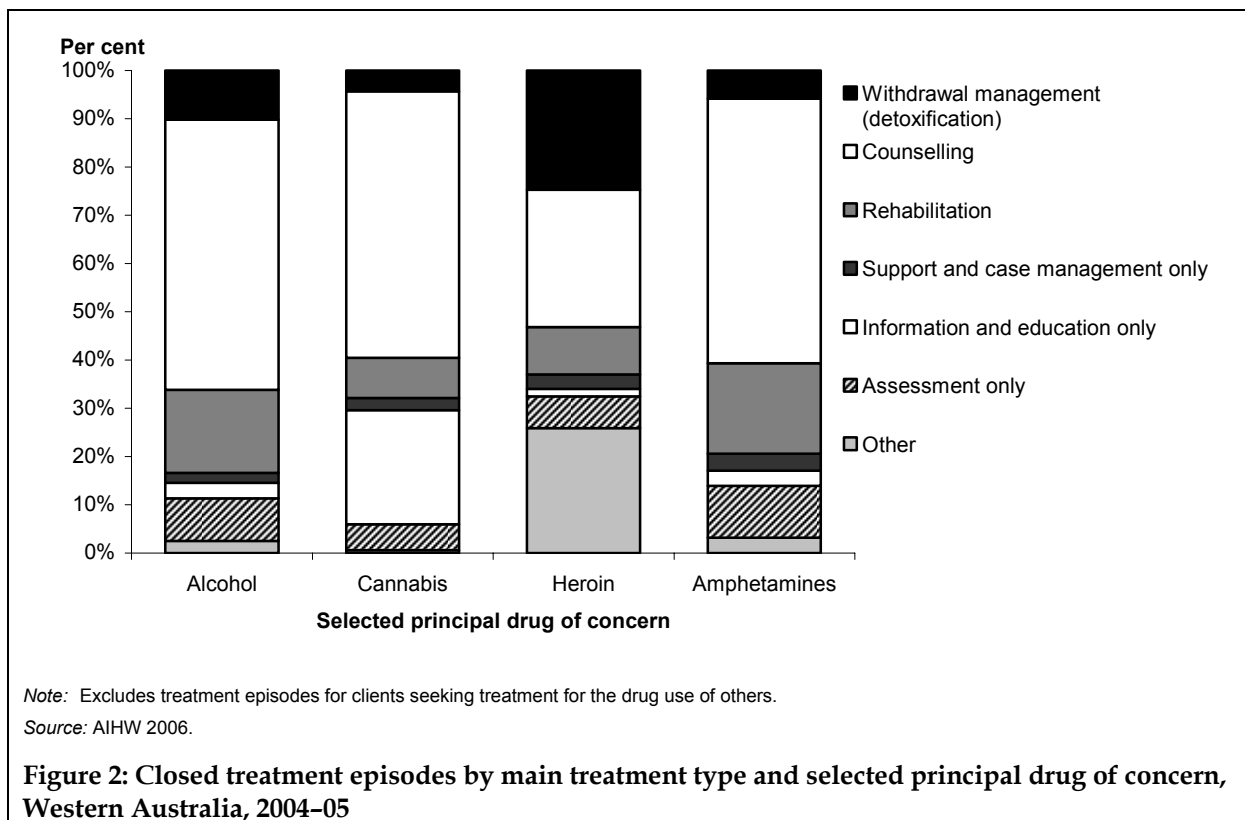
(b) ‘Other’ includes 766 treatment episodes in WA and 4,299 treatment episodes nationally where the main treatment type was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are excluded from the AODTS–NMDS.

Source: AIHW 2006.

Principal drug of concern and treatment programs

The following points relate only to closed treatment episodes where the client was seeking treatment for their own drug use.

- In WA, the main treatment type varied depending on the principal drug of concern the client sought treatment for. Counselling accounted for the highest proportion of closed treatment episodes where alcohol (56%), cannabis (55%), heroin (28%) and amphetamines (55%) were the principal drug of concern (Figure 2).
- Rehabilitation was the second most common main treatment type where alcohol and amphetamines were the principal drugs of concern (17% and 19% respectively).
- Where cannabis was the principal drug of concern, the second most common main treatment type was information and education only (24%).



- In WA, the median number of days for a treatment episode was 16. The highest median number of treatment days within a treatment episode occurred when the principal drug of concern was morphine (84), followed by methadone (37), nicotine (36) and heroin (33). The main treatment type with the highest median number of treatment days per episode was 'other' treatment which includes pharmacotherapy (81), followed by support and case management (43) and rehabilitation (29).

Treatment delivery setting and treatment programs

- Seventy-three per cent of all closed treatment episodes in WA occurred at a non-residential treatment facility, and a further 13% in a residential facility. Nationally, 70% of all treatment episodes occurred at a non-residential treatment facility and 18% at a residential facility.
- In WA, the highest median number of treatment days for a treatment episode occurred where the treatment delivery was in a non-residential facility (22 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 (43%), followed by clients ceasing to participate without notice to the treatment agency (32%).
- The reason for cessation of a treatment episode varied by main treatment type in WA. Treatment was more likely to be completed where the main treatment type was assessment only (74%), and less likely where the main treatment type was rehabilitation (33%).
- Counselling, withdrawal management (detoxification) and support and case management only were the treatment types most likely to end because the client ceased to participate without notice (37% of treatment episodes each).
- Where the main treatment type was information and education only, more than one-third (34%) of treatment episodes ceased at expiation—that is, where the client had completed the required intervention.

Special theme—cannabis

This special theme section focuses on treatment episodes where cannabis was the principal drug of concern for a client in 2004–05. This theme was selected on the basis of feedback received from treatment agencies via the 2005 Survey of Treatment Agencies. Themes from previous years have focused on amphetamines, on clients aged 10–19 years and on alcohol.

Cannabis use

Cannabis is the most widely used illicit drug in Australia. It is estimated that of Australians aged 14 years and over in 2004, about one in three (34%) had used cannabis at some stage in their lifetime and one in nine (11%) had used it at least once in the previous 12 months (AIHW 2005a). In WA, 14% of people aged 14 years and over reported using cannabis in the 12 months preceding the survey (AIHW 2005b).

Treatment services relating to cannabis

In WA, cannabis was the principal drug of concern in 19% of treatment episodes in 2004–05, compared with 23% nationally. Since 2002–03, the proportion of closed treatment episodes where cannabis was reported as the principal drug of concern in WA has decreased from 25%.

Of the 2,713 closed treatment episodes in WA where cannabis was the principal drug of concern in 2004–05:

- 76% of treatment episodes related to male clients and 24% to female clients—a higher proportion of males and a lower proportion of females compared with all other principal drugs of concern (65% males and 35% females).
- A higher proportion of episodes involved clients in the 10–19 year age group (38%), compared with episodes for all other principal drugs of concern (11%).
- Smoking as a method of use accounted for 99% of closed treatment episodes within this group, while for all other principal drugs of concern the most common method of use was ingestion (50%), followed by injecting (44%) and smoking (4%).
- 22% involved clients who self-referred. This is lower than the proportion of clients who self-referred to treatment for a principal drug other than cannabis (38%).
- Clients were more likely to have been referred to treatment through a correctional service (27%) or through police diversion (14%), compared with clients who nominated a principal drug other than cannabis (19% and 1% respectively).

- Clients were more likely to receive counselling (55%) and information and education only (24%), compared with clients who nominated a principal drug other than cannabis (49% and 3% respectively).

In WA in 2004–05, among closed treatment episodes where a client was seeking treatment for their own drug use, and where cannabis was the principal drug of concern, 42% of episodes ceased because the treatment was completed, compared with 40% for all other principal drugs of concern. The next most common reason for ceasing treatment for both groups was where the client ceased to participate without notice to the treatment agency (28% and 34% respectively).

Agencies and clients within scope

All publicly funded (at state, territory 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). For a list of exclusions to the scope see Section 1.3 of the report *Alcohol and other drug treatment services in Australia 2004–05: report on the National Minimum Data Set* (AIHW 2006).

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 2004 to 30 June 2005) were included.

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 data from Queensland government alcohol and other drug services agencies and from police diversion processes (all with cannabis as the principal drug of concern) but not for other non-government agencies.
- The number of Aboriginal and Torres Strait Islander clients may be undercounted as the majority of Australian Government-funded Indigenous substance use services or Aboriginal primary health care services that provide treatment for alcohol and other drug problems do not supply data to the AODTS–NMDS. Furthermore, at the national level Indigenous status was ‘not stated’ for 5% of all treatment episodes.

For more details on data completeness issues in 2004–05, see Section 1.5 of the AODTS–NMDS 2004–05 annual report (AIHW 2006).

References

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