



Alcohol and other drug treatment services in the Northern Territory 2007–08

Findings from the National Minimum Data Set (NMDS)

Highlights

In the Northern Territory (NT) in 2007–08, 20 government-funded alcohol and other drug treatment agencies provided 3,712 treatment episodes. This represented 1 extra treatment agency and around 1,200 additional treatment episodes compared to 2006–07.

The median age of persons receiving treatment for their own drug use was the same as 2006–07 (32 years). The median age of people seeking treatment in relation to someone else’s drug use decreased from 36 years in 2006–07 to 32 years in 2007–08.

Alcohol accounted for an even larger majority of treatment episodes this year (73% compared to 63% in 2006–07). Cannabis was again the second most common principal drug of concern (10%), followed by opioids (9%, with morphine accounting for 7% of all principal drugs of concern).

The most common form of main treatment provided was assessment only (33% of episodes), followed by counselling (21%), withdrawal management (detoxification) (15%) and rehabilitation (12%). Counselling decreased from 29% of episodes in 2006–07; withdrawal management increased as a proportion of treatment episodes.

Contents

Highlights	1
Treatment agencies	3
Client profile	3
Drugs of concern	4
Treatment programs	9
How to find out more	13

About this bulletin

This bulletin summarises the main findings from the 2007–08 Alcohol and Other Drug Treatment Services (AODTS) NMDS data for the NT. More detailed information about the 2007–08 collection and its findings can be found in the publication *Alcohol and other drug treatment services in Australia 2007–08: report on the National Minimum Data Set* (AIHW 2008). This report, together with further publications and interactive data, can be accessed online at <www.aihw.gov.au/drugs>.

Scope of the AODTS–NMDS

The agencies and clients that were in scope for the 2007–08 AODTS–NMDS collection were:

- 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
- all clients who had completed one or more treatment episodes at an alcohol and other drug treatment service that was in scope during the period 1 July 2007 to 30 June 2008.

It is important to note that the AODTS–NMDS collection only includes pharmacotherapy clients when they receive both pharmacotherapy and another type of treatment (from the same treatment agency). Pharmacotherapy-only clients are reported under the National Opioid Pharmacotherapy Statistics Annual Data collection (NOPSAD).

For a complete list of clients and agencies excluded from the AODTS–NMDS, see Section 1.3 of the AODTS–NMDS 2007–08 annual report (AIHW 2009).

Collection count: closed treatment episodes

The unit of measurement in this bulletin is the ‘closed treatment episode’. A closed treatment episode refers to a period of contact, with defined start and end dates, between a client and a treatment agency. It is possible that more than one treatment episode may be in progress for a client at any one time, or that a client can have more than one treatment episode, therefore the number of closed treatment episodes captured in the AODTS–NMDS does not equate to the total number of persons in Australia receiving treatment for alcohol and other drugs.

Treatment agencies

Throughout Australia, a total of 658 government-funded alcohol and other drug treatment agencies supplied data for 2007–08. Of these agencies, 20 were located in the NT, of which 17 were non-government agencies.

Treatment agencies in the NT were most likely to be located in either *Remote* areas such as Alice Springs (45%), or *Outer regional* areas (45%) including Darwin.

Client profile

In the NT, there were 3,712 closed treatment episodes in alcohol and other drug treatment services reported in the 2007–08 AODTS–NMDS collection. This represents a 50% increase on the number of treatment episodes in 2006–07. This increase is partially due to the inclusion of a large treatment agency that did not report in previous years and to improvements in data completeness.

The vast majority (94%) of closed treatment episodes in the NT involved clients seeking treatment for their own drug use. The remaining 6% involved clients seeking treatment for another person's alcohol or other drug use.

Age and sex

The overall proportions of male and female clients in the NT (62% and 37% respectively) were similar to the national proportions (66% and 34% respectively). However, of those treatment episodes reported for someone else's drug use in the NT, females accounted for the majority (70% of treatment episodes).

In the NT, the median age of persons receiving treatment for their own drug use was 32 years. Of people seeking treatment in relation to someone else's drug use, the median age was also 32 years.

Around thirty per cent (32%) of closed treatment episodes in the NT were for clients aged 20–29 years; another 31% were for clients aged 30–39 years.

Special population groups

The proportion of closed treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin was much higher in the NT than nationally (63% compared with 11%) and has also increased since 2006–07 (55%). These figures need to be interpreted with caution because some Australian Government-funded Aboriginal and Torres Strait Islander substance use services may not be included in the Northern Territory's data. Primary health care services are also not included.

The majority (90%) of closed treatment episodes in the NT were for clients born in Australia and 63% of treatment episodes were for clients whose preferred language was English. One quarter (27%) of episodes in the NT were for clients whose preferred language was an Australian Indigenous language.

Drugs of concern

This section reports only on the 3,496 closed treatment episodes where clients were seeking treatment for their own alcohol or other drug use in the NT.

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. In the NT in 2007–08, alcohol was the most common principal drug of concern in closed treatment episodes (73%), followed by cannabis (10%) and opioids (9%, with morphine accounting for 7%) (Table 1). Compared with all treatment provided nationally, the NT provided proportionally more treatment episodes for alcohol and morphine, with fewer episodes focused on heroin and cannabis.

Over time, the NT has consistently provided the majority (63% to 77%) of treatment episodes to people who identify alcohol as their principal drug of concern. Nationally the trend has been between 37% and 44%.

Table 1: Closed treatment episodes^(a) by principal drug of concern, Northern Territory and Australia, 2001–02 to 2007–08 (per cent)

Principal drug of concern	Northern Territory							Total (Australia) 2007–08	
	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07 ^(b)	2007–08	Per cent	Number
Alcohol	64.3	71.7	77.2	64.4	63.0	63.4	73.1	44.5	65,702
Amphetamines	8.6	6.4	4.5	5.2	3.8	4.8	2.4	11.2	16,588
Benzodiazepines	1.1	0.9	0.4	0.5	0.8	0.5	0.6	1.7	2,487
Cannabis	11.0	9.2	7.9	13.5	14.4	13.2	9.7	21.6	31,864
Cocaine	—	0.2	0.1	—	—	—	0	0.3	457
Ecstasy	—	0.0	0.2	0.4	0.4	0.3	0.3	0.9	1,321
Nicotine	1.7	1.2	1.3	1.0	1.4	3.8	0.4	1.7	2,548
Opioids									
Heroin	2.1	1.5	0.9	1.3	0.8	0.6	1.2	10.5	15,571
Methadone	0.6	0.6	0.7	0.6	1.0	0.4	0.4	1.6	2,296
Morphine	8.4	6.0	5.3	10.1	10.0	7.8	7.1	0.9	1,390
Total opioids ^(c)	11.2	8.1	6.8	12.0	11.8	8.8	8.7	14.5	21,380
All other drugs ^(d)	2.0	2.3	1.5	3.0	4.5	5.1	4.8	3.6	5,374
Not stated	—	—	—	—	—	—	—	—	—
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	..
Total (number)	2,007	1,961	2,337	2,116	2,283	2,217	3,496	..	147,721

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

(b) The number of treatment episodes may be under-counted due to technical difficulties which led to the exclusion of data from one in-scope agency and under-reporting of episodes by government agencies for two quarters.

(c) Total opioids includes the balance of opioids apart from heroin, methadone and morphine.

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

Between 2006–07 and 2007–08, the proportion of treatment episodes for alcohol increased almost 10 per cent; treatments for amphetamines and cannabis decreased proportionately.

Age and sex

Alcohol was the most common principal drug of concern in treatment episodes for clients in all age groups in 2007–08 (in 2006–07, the 10–19 year age group reported cannabis as the most common principal drug of concern).

Special population groups

In 2007–08, treatment episodes involving clients of Aboriginal and/or Torres Strait Islander origin in the NT were most likely to involve alcohol as the principal drug of concern (85% compared with 53% for other Australians), followed by cannabis (5% compared with 17% for other Australians).

All drugs of concern

'All drugs of concern' refers to all drugs reported by clients including the principal drug of concern and all other drugs of concern (clients can report up to five other drugs of concern).

Around 13% of treatment episodes in the NT involved at least one other drug of concern (in addition to the principal drug of concern). From these episodes, 856 instances of other drugs of concern were recorded.

A breakdown of all drugs of concern by drug type is presented below (Figure 1). For example, nicotine was reported as the principal drug of concern in less than 1% of episodes, but was reported as a drug of concern (either 'principal' or 'other') in 9% of treatment episodes.

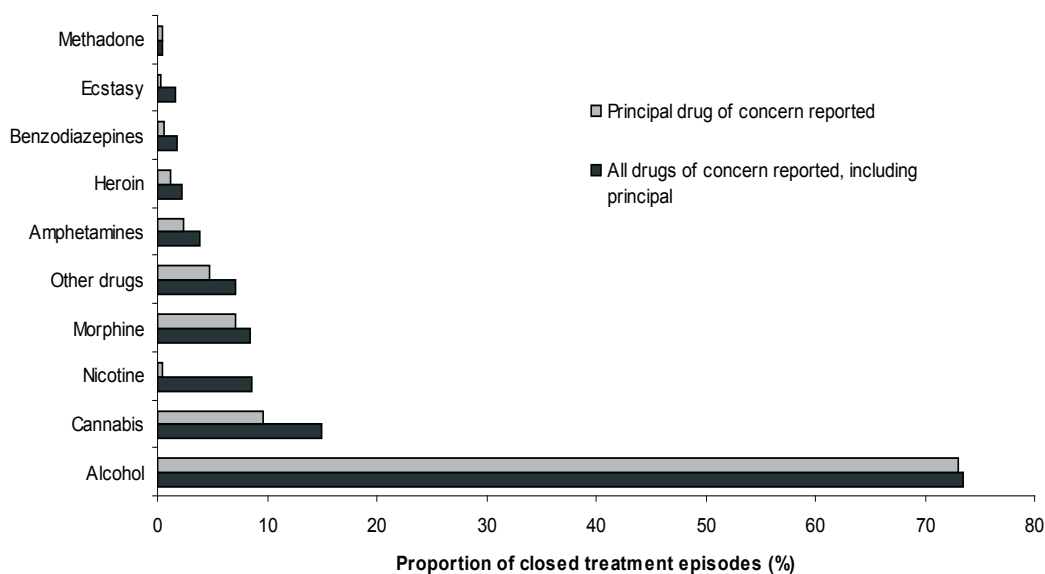


Figure 1: Closed treatment episodes by principal drug of concern and all drugs of concern, Northern Territory, 2007–08

Alcohol

In the NT, alcohol was the most common principal drug of concern for which treatment was sought, accounting for 73% of closed treatment episodes in 2007–08. Where alcohol was reported as a drug of concern, it was generally nominated as the principal drug of concern. There were only 12 episodes in which alcohol was nominated as an additional drug of concern to the principal drug.

Of the 2,556 episodes where alcohol was nominated as the principal drug of concern in 2007–08:

Client profile

- The majority (65%) of episodes were for male clients.
- The median age of clients receiving treatment was 33 years (for both males and females).
- Around 75% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- Self-referral was the most common source of referral (42% of episodes), followed by referrals from correctional services (15%) and alcohol and other drug treatment services (10%).

Drug profile

- At least one other drug of concern was reported in 8% of alcohol-related episodes. From these episodes, 354 instances of other drugs of concern were recorded—36% were for nicotine and 18% were for cannabis.
- The majority (80%) of episodes involved clients who reported never having injected drugs. This data item had a high non-response rate (13%).

Treatment profile

- The most common main treatment type received was assessment only (35% of episodes), followed by counselling (16%) and rehabilitation (14%).
- Treatment was most likely to occur in a residential treatment facility (32% of episodes), followed by an outreach setting (30%).
- The median number of days for a treatment episode was 10.

Cannabis

In the NT, cannabis was the second most common principal drug of concern for which treatment was sought, accounting for 10% of closed treatment episodes in 2007–08. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 15% of episodes included cannabis.

Of the 339 episodes where cannabis was nominated as the principal drug of concern in 2007–08:

Client profile

- The majority (64%) of episodes were for male clients.
- The median age of clients receiving treatment was 27 years (males 28 years; females 23 years).

- Around 36% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- Self-referral was the most common source of referral (40% of episodes), followed by referrals from the criminal justice system, including correctional services, police and court diversion schemes (29%).

Drug profile

- Smoking was the most common usual method of use (96%).
- At least one other drug of concern was reported in 19% of cannabis-related episodes. From these episodes, 113 other drugs of concern were recorded—39% for nicotine, 20% for amphetamines and 13% for ecstasy.
- The majority (73%) of episodes involved clients who reported never having injected drugs. This data item had a high non-response rate (11%).

Treatment profile

- Counselling was the most common main treatment type received (40% of episodes), followed by assessment only (28%).
- Treatment was most likely to occur in a non-residential treatment facility (58% of episodes), followed by a residential treatment facility (31%).
- The median number of days for a treatment episode was 15.

Morphine

In the NT, morphine was the third most common principal drug of concern for which treatment was sought, accounting for 7% of closed treatment episodes in 2007–08. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 9% of episodes included morphine.

Of the 249 episodes where morphine was nominated as the principal drug of concern in 2007–08:

Client profile

- The majority (64%) of episodes were for male clients.
- The median age of clients receiving treatment was 32 years (males 33 years; females 32 years).
- Around 24% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- Self-referral was the most common source of referral (61% of episodes).

Drug profile

- Injection was the most common method of use (89% of episodes), followed by ingestion (7%).

- At least one other drug of concern was recorded in 31% of morphine-related episodes. From these episodes, 171 other drugs of concern were recorded—33% were cannabis, 27% nicotine and 18% amphetamines.
- The majority (86%) of episodes involved clients who reported being current injectors.

Treatment profile

- Assessment only was the most common main treatment type received (31%), followed by withdrawal management (29%).
- Treatment was most likely to occur in a non-residential treatment facility (62% of episodes), followed by a residential treatment facility (34%).
- The median number of days for a treatment episode was 13.

Treatment programs

'Main treatment type' is the principal activity that the treatment provider considers necessary for the client to complete their treatment plan for the principal drug of concern. Data presented in this section relate to clients seeking treatment for their own or someone else's alcohol or other drug use, except for the sub-sections relating to principal drug of concern and treatment programs.

Of all closed treatment episodes in the NT in 2007–08, the most common form of main treatment provided was assessment only (33% of episodes), followed by counselling (21%).

Nationally, 14% of episodes were assessment only and counselling accounted for 37%. It is important to note that the method of counting assessment only treatment episodes may vary between states and territories so comparisons of data nationally and across jurisdictions should be made with caution.

Table 2: Closed treatment episodes by main treatment type, Northern Territory and Australia, 2001–02 to 2007–08 (per cent)

Main treatment type	Northern Territory							Total (Australia) 2007–08	
	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07 ^(a)	2007–08	Per cent	Number
Withdrawal management (detoxification)	21.8	8.9	8.4	11.8	14.3	11.1	14.7	16.2	24,999
Counselling	28.5	24.7	24.6	34.5	28.3	28.5	20.7	37.3	57,470
Rehabilitation	14.8	17.4	14.9	13.1	12.0	12.1	11.5	7.2	11,099
Support & case management only	2.2	3.7	0.9	1.4	1.2	4.3	6.6	8.0	12,279
Information and education only	6.9	21.4	23.9	9.0	6.9	5.3	3.3	9.8	15,086
Assessment only ^(b)	11.7	19.9	24.3	23.7	31.5	30.4	32.9	14.3	21,976
Other ^(c)	14.1	4.1	3.0	6.4	5.6	8.4	10.3	7.2	11,089
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.00	100.0	100.0	..
Total (number)	2,405	3,032	2,692	2,426	2,453	2,470	3,712	..	153,998

(a) The number of treatment episodes may be under-counted due to technical difficulties which led to the exclusion of data from one in-scope agency and under-reporting of episodes by government agencies for two quarters.

(b) The method of counting 'assessment only' may vary between states/territories and comparison of data nationally and across jurisdictions should be made with caution.

(c) 'Other' includes treatment episodes where the main treatment type was reported as pharmacotherapy.

Over the period since 2001–02, the NT has consistently provided more rehabilitation as a proportion of treatment episodes (12–17%) than has been provided nationally (6–9%). The NT has also consistently provided proportionally less counselling.

Between 2006–07 and 2007–08, the proportion of treatment episodes with counselling as the principal treatment fell from 29% to 21%; there were small increases in the proportion of withdrawal management, support and case management only, assessment only and other treatments.

Assessment only

The most common main treatment type reported in the NT in 2007–08 was assessment only, accounting for 33% of closed treatment episodes. Of the 1,222 episodes where assessment only was nominated as the main treatment type received in 2007–08:

Client profile

- The vast majority (95%) of episodes were for clients seeking treatment for their own drug use.

- The majority (70%) of episodes were for male clients.
- The median age of persons receiving treatment was 32 years (males 32 years; females 33 years).
- Around 67% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- Self-referral was the most common source of referral (29% of episodes), followed by referrals from correctional services (22%).

Treatment profile

- Treatment was most likely to occur in a non-residential setting (35% of episodes). Treatment was also provided in outreach settings (21%), residential settings (19%) and 'other' settings (26%).
- The majority (69%) of episodes ended because the treatment was completed. The next most common reason for treatment to end was because there was a change in the main treatment type (10% of episodes ended this way) or the reason was not stated (another 10%).
- The median number of days for a treatment episode was 1.

Principal drug profile

- Alcohol was the most common principal drug of concern reported (76% of episodes) by people who received assessment for their own drug use, followed by cannabis (8%) and morphine (7%).

Counselling

Counselling was the second most common main treatment type reported in the NT in 2007–08, accounting for 21% of closed treatment episodes. Of the 768 episodes where counselling was nominated as the main treatment type received:

Client profile

- Most (83%) of episodes were for clients seeking treatment for their own drug use. The remaining episodes were provided to people seeking counselling related to someone else's drug use.
- Just over half (56%) of episodes were for male clients.
- The median age of persons receiving treatment was 32 years (31 years for males and 33 years for females).
- 35% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- Self-referral was the most common source of referral (52% of episodes), followed by referrals from family members or friends (10%).

Treatment profile

- Treatment was most likely to occur in a non-residential treatment facility (80% of episodes).
- The majority (42%) of episodes ended because the treatment was completed. The next most common reason for episodes to end was that the client ceased to participate without providing notice to the service provider (35% of episodes ended this way).
- The median number of days for a treatment episode was 73.

Principal drug profile

- Alcohol was the most common principal drug of concern reported (65% of episodes) by people who received counselling for their own drug use, followed by cannabis (21%).

Withdrawal management (detoxification)

Withdrawal management (detoxification) replaced rehabilitation as the third most common main treatment type reported in the NT this year. In 2007–08, withdrawal management accounted for 15% of closed treatment episodes. Of the 545 episodes where withdrawal management (detoxification) was nominated as the main treatment received in 2007–08:

Client profile

- By definition, all episodes were for clients seeking treatment for their own drug use.
- The majority (63%) of episodes were for male clients.
- The median age of persons receiving treatment was 34 years (males 35 years; females 32 years).
- Around 51% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- Self-referral was the most common source of referral 54% of episodes.

Treatment profile

- Treatment was most likely to occur in a residential treatment facility (73% of episodes), followed by non-residential settings (21%).
- Treatment completion was the most common reason for episodes ending (38%). The next most common reason for treatment to end was because the client ceased to participate without notifying the service provider (18% of episodes ended this way).
- The median number of days for a treatment episode was 10.

Principal drug profile

- Alcohol was the most common principal drug of concern reported (63% of episodes), followed by cannabis (14%) and morphine (13%).

How to find out more

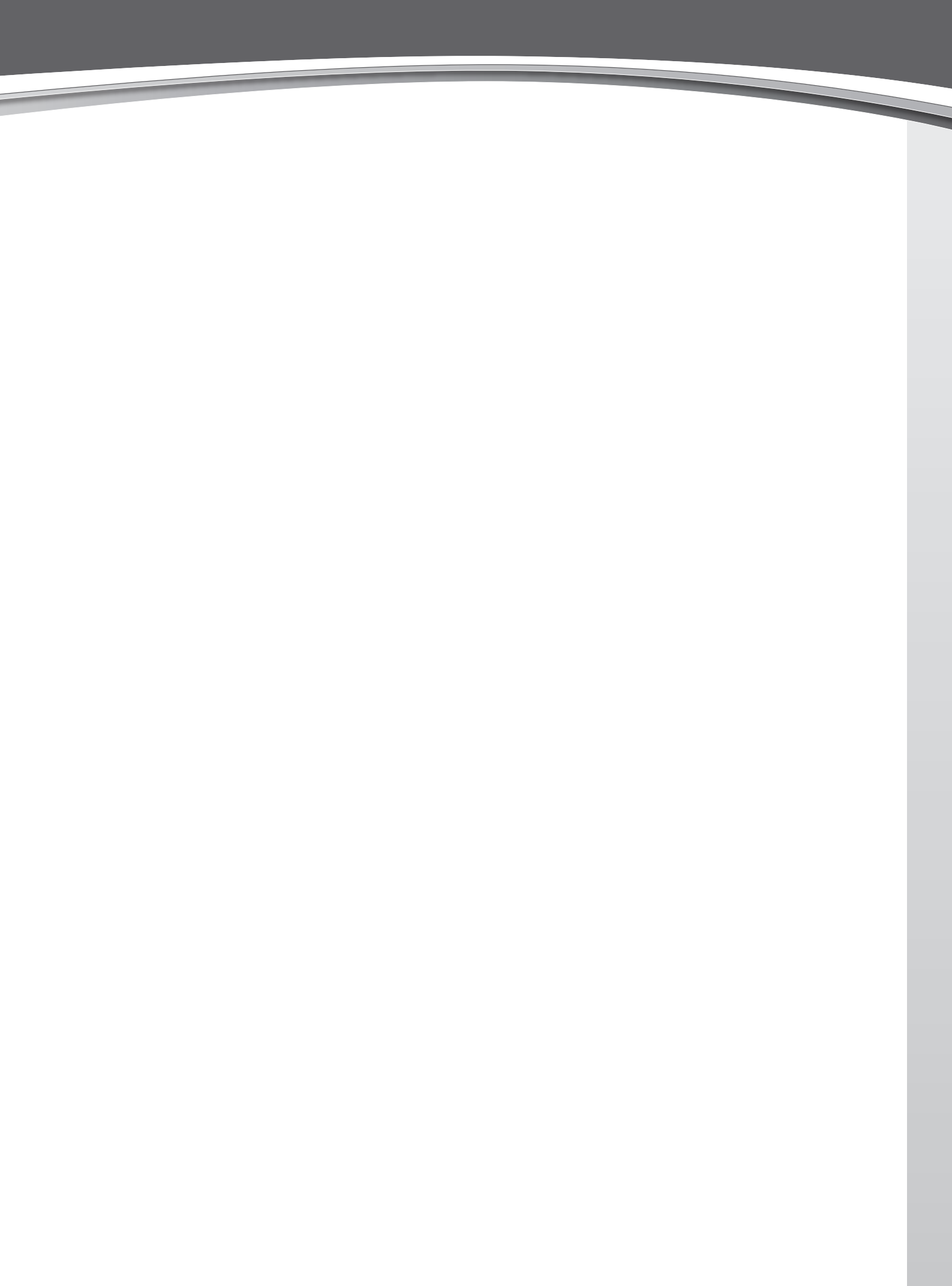
If you would like more detailed data about the NT's alcohol and other treatment services please contact the AIHW to discuss your needs. The document *Alcohol and other drug treatment services NMDS Specifications 2009–10* outlines the process to be followed for unpublished data requests. This document is available from the AIHW website at <www.aihw.gov.au/publications/index.cfm/title/10726>.

Acknowledgment

The AIHW would like to acknowledge the input of data providers and the IGCD AODTS–NMDS Working Group, as well as the funding provided by the Australian Government Department of Health and Ageing for this project.

Reference

AIHW 2009. Alcohol and other drug treatment services in Australia 2007–08: report on the national minimum data set. Drug treatment series no.9. Cat. no. HSE 73. Canberra: AIHW.



© Australian Institute of Health and Welfare 2009

This work is copyright. Apart from any use as permitted under the Copyright Act 1968, no part may be reproduced without prior written permission from the Australian Institute of Health and Welfare. Requests and enquiries concerning reproduction and rights should be directed to the Head, Media and Publishing Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

A complete list of the Institute's publications is available from the Institute's website <www.aihw.gov.au>.

Cat. no. HSE 79

ISBN 978 1 74024 979 9

Suggested citation

AIHW (Australian Institute of Health and Welfare) 2009. Alcohol and other drug treatment services in the Northern Territory 2007–08: findings from the National Minimum Data Set. Cat. no. HSE 79. Canberra: AIHW.

Australian Institute of Health and Welfare

Board Chair
Hon. Peter Collins, AM, QC

Director
Penny Allbon

Any enquiries or comments on this publication should be directed to:

Ms Amber Jefferson
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Phone: (02) 6244 1000
Email: amber.jefferson@aihw.gov.au

Published by the Australian Institute of Health and Welfare

Printed by Union Offset Printers