

Alcohol and other drug treatment services in the Northern Territory 2004–05

Findings from the National Minimum Data Set (NMDS)



Australian Government

Australian Institute of Health and Welfare



Northern Territory Government

Department of Health and Community Services

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 the Northern Territory (NT) in 2004–05:

- 18 government-funded alcohol and other drug treatment agencies provided 2,426 'closed treatment episodes' (see below for definition).
- One-third (33%) of closed treatment episodes were for clients aged 30–39 years, and one-quarter (25%) were for clients aged 40–49 years.
- Male clients accounted for two-thirds (66%) of all closed treatment episodes.
- Alcohol (64%) was the most common principal drug of concern, followed by cannabis (14%) and opioids (12%, with morphine accounting for 10% and heroin 1%).
- Of all closed treatment episodes, counselling was the most common main treatment provided (35%), followed by assessment only (24%) and rehabilitation (13%).
- Treatment episodes most commonly ceased because the treatment was completed (59%).

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 the NT. Throughout this briefing, data from the NT 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 or morphine use.

Treatment agencies

- Throughout Australia, a total of 635 government-funded alcohol and other drug treatment agencies supplied data for 2004–05. Of these agencies, 18 were located in the NT, of which 83% were non-government agencies.
- Treatment agencies in the NT were most likely to be located in outer regional areas (including Darwin and surrounding areas) (50%) and remote areas (including Katherine, Alice Springs and Jabiru) (44%), followed by very remote areas (6%).

Client profile

- In the NT, there were 2,426 ‘closed treatment episodes’ in alcohol and other drug treatment services reported in the 2004–05 AODTS–NMDS collection.
- Eighty-seven per cent of closed treatment episodes in the NT involved clients seeking treatment for their own drug use.
- In the NT, one-third (33%) of closed treatment episodes were for clients aged 30–39 years, and one-quarter (25%) were for clients aged 40–49 years (Table 1).
- The overall proportions of male and female clients in the NT (66% and 34% respectively) were identical to the national proportions, however they varied between age groups.

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

Age group (years)	Northern Territory			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
10–19	4.9	3.1	8.0	8.1	4.1	12.2
20–29	16.7	7.8	24.4	22.1	10.3	32.5
30–39	22.1	10.6	32.8	18.7	9.4	28.2
40–49	15.9	9.1	24.9	10.6	6.2	16.9
50–59	5.2	2.7	7.9	4.0	2.8	6.7
60+	0.9	0.8	1.7	1.4	0.9	2.3
Total^(b) (per cent)	65.7	34.3	100.0	65.5	34.2	100.0
Total^(b) (number)	1,593	833	2,426	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 much higher in the NT than nationally (47%, compared with 10%). These proportions are both higher than the overall proportion of Aboriginal and Torres Strait Islander peoples, aged 10 years and over, in Australia and the NT (2.1% and 27.6% respectively; 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 the NT were for clients born in Australia (93%) and 74% were for clients whose preferred language was English. Just under one-fifth (19%) of closed treatment episodes in the NT were for clients whose preferred language was an Australian Indigenous language.

- Forty-six per cent of all treatment episodes in the NT involved clients who were self-referred, followed by referrals from community based correctional services (12%) and other community/health care services (9%).

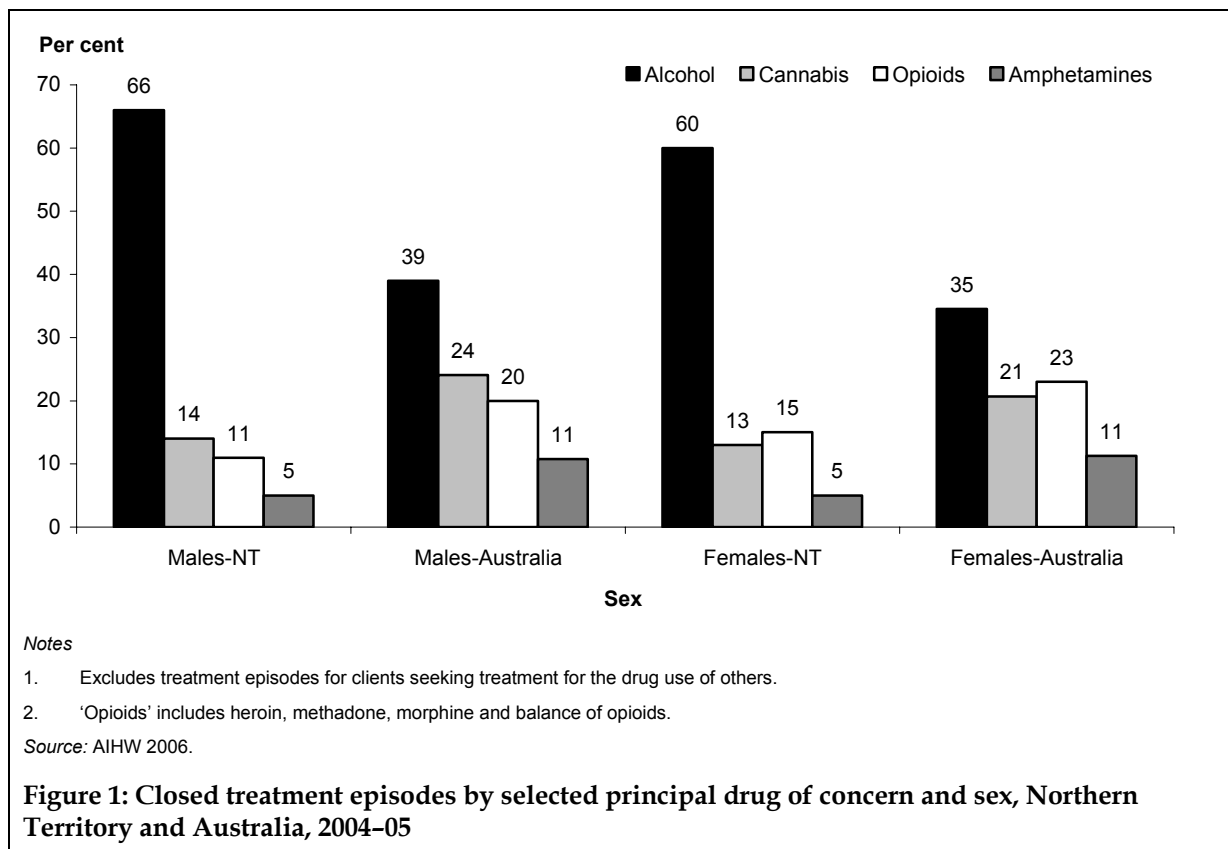
Principal drug of concern

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 2,116 episodes where clients were seeking treatment for their own substance use.

- In the NT, alcohol (64%) was the most common principal drug of concern, substantially higher than all closed treatment episodes nationally where alcohol was nominated as the principal drug of concern (37%).
- Cannabis was the second most common principal drug of concern in the NT and nationally (14% and 23% respectively), while opioids were the third most common principal drug in the NT (12%, with morphine accounting for 10% and heroin 1%)¹ and nationally (21%, with heroin accounting for 17% and morphine 1%).

Client profile and principal drug of concern

- Alcohol was the drug most commonly recorded in closed treatment episodes for both sexes in the NT (66% for males and 60% for females), followed by cannabis for males (14%) and opioids for females (15%) (Figure 1).



1 The NT illicit drug market is characterised by the comparatively poor availability of heroin and its substitution with diverted pharmaceutical morphine. The high proportion of treatment episodes where morphine is the principal drug of concern in the NT reflects this market.

- The proportion of treatment episodes for males nominating alcohol as the principal drug of concern was a lot higher in the NT than nationally (66%, compared with 39%). This was also the case for female clients (60% and 35% respectively).
- In the NT and nationally, the principal drug of concern varied by age. Alcohol was the most common principal drug of concern in closed treatment episodes for clients in all age groups in the NT, except for clients aged 10–19 years where cannabis was the principal drug (51%) (Table 2). At the national level, alcohol was the most common principal drug for clients aged 30 years and over, while 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, Northern Territory and Australia, 2004–05 (per cent)

Principal drug	Northern Territory							Total (Australia)	
	10–19	20–29	30–39	40–49	50–59	60+	Total ^(b)	Per cent	Number
Alcohol	33.1	50.8	69.3	78.3	67.8	96.0	64.4	37.2	50,324
Amphetamines	6.8	10.5	4.2	1.4	3.4	0.0	5.2	10.9	14,780
Benzodiazepines	0.0	0.2	0.0	1.4	1.3	4.0	0.5	1.9	2,538
Cannabis	51.4	18.0	10.6	4.7	6.0	0.0	13.5	23.0	31,044
Cocaine	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	400
Ecstasy	1.4	0.9	0.1	0.0	0.0	0.0	0.4	0.4	580
Nicotine	0.0	0.9	0.8	1.2	3.4	0.0	1.0	1.8	2,478
Opioids									
Heroin	0.0	2.0	1.7	0.8	0.7	0.0	1.3	17.2	23,193
Methadone	0.0	0.7	1.0	0.4	0.0	0.0	0.6	1.8	2,454
Morphine	4.1	12.3	9.6	9.5	14.1	0.0	10.1	1.0	1,389
<i>Total opioids^(c)</i>	<i>4.1</i>	<i>15.0</i>	<i>12.2</i>	<i>10.7</i>	<i>14.8</i>	<i>0.0</i>	<i>12.0</i>	<i>20.7</i>	<i>28,025</i>
All other drugs ^(d)	3.4	3.8	2.8	2.5	3.4	0.0	3.0	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)	148	555	720	515	149	25	2,116	—	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, morphine 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 the NT were most likely to involve alcohol (82%), cannabis (8%) and opioids (4%).
- In the NT, alcohol was more likely to be the principal drug of concern in closed treatment episodes involving Aboriginal and/or Torres Strait Islanders (82%) than for clients who did not identify as Aboriginal and/or Torres Strait Islander (46%). 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 clients who did not identify as Aboriginal and/or Torres Strait Islander (37%).

Injecting drug use and method of use

- Sixty-five per cent of treatment episodes in the NT involved clients who reported never having injected drugs. Of the 16% of treatment episodes where the client reported they were 'current

injectors', 40% were aged 20–29 years. Care should be taken when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (10% not stated response for the NT).

- Ingestion (69% of treatment episodes), followed by injection and smoking (14% each) were the most common methods of using the principal drug of concern in the NT.

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 the NT, counselling was the most common treatment provided (35%), followed by assessment only (24%), rehabilitation (13%) and withdrawal management (detoxification) (12%) (Table 3). Nationally, counselling was also the most common form of main treatment provided (40%), followed by withdrawal management (detoxification) (18%) and assessment only (12%).

Client profile and treatment programs

- Closed treatment episodes for female clients in the NT were more likely to involve counselling as the main treatment (44%) than treatment episodes for male clients (29%). This was also the case nationally (45% and 38% respectively).

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

Main treatment type	Northern Territory			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
Withdrawal management (detoxification)	11.7	12.1	11.8	17.9	18.1	17.9
Counselling	29.4	44.2	34.5	37.6	44.7	40.2
Rehabilitation	17.0	5.8	13.1	8.2	6.8	7.7
Support & case management only	1.4	1.4	1.4	7.5	8.7	7.9
Information and education only	8.3	10.3	9.0	9.9	7.0	8.9
Assessment only	26.4	18.5	23.7	14.4	8.7	12.4
Other ^(b)	5.8	7.7	6.4	4.6	6.0	5.0
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	1,593	833	2,426	93,088	48,579	142,144

(a) Includes not stated for sex.

(b) 'Other' includes 69 treatment episodes in the NT 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.

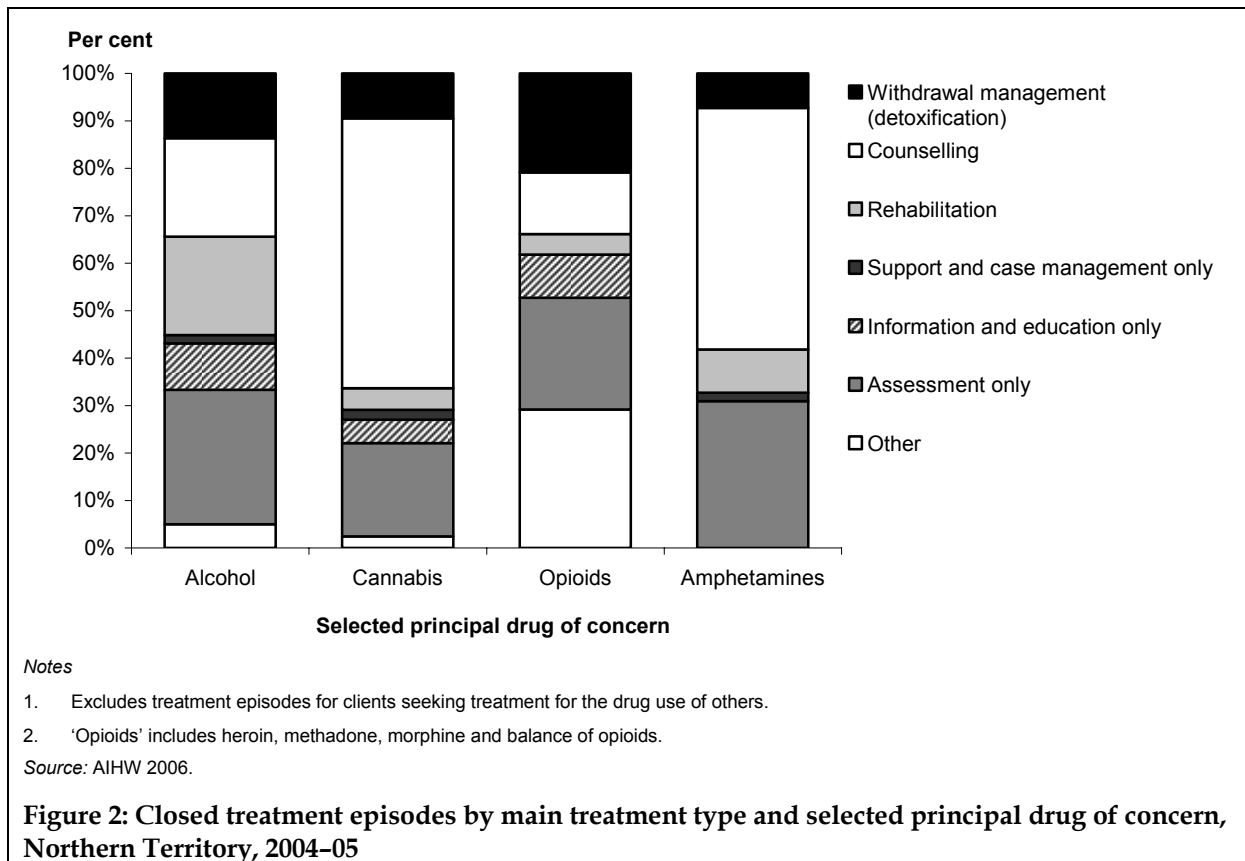
Source: AIHW 2006.

- In the NT, 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 10–19 years (64%) and lowest for those aged 30–39 years (28%). Assessment only was the second most common treatment type for all age groups, except for clients aged 60 years and over, where withdrawal management (detoxification) was the second most common treatment type (15%).

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 the NT, the main treatment type varied depending on the principal drug of concern the client sought treatment for. Where alcohol was the principal drug of concern, assessment only accounted for the highest proportion of main treatment types (28%), followed by counselling and rehabilitation (21% each) (Figure 2).
- Where cannabis and amphetamines were the principal drugs of concern, the most common main treatment types were counselling (57% and 51% respectively), followed by assessment only (20% and 31% respectively).



- In the NT, 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 methadone (73), followed by ecstasy (62), nicotine (48) and amphetamines (44). The main treatment type with the highest median number of treatment days per episode was counselling (69), followed by support and case management (57) and rehabilitation (27).

Treatment delivery setting and treatment programs

- Almost one-half (47%) of all closed treatment episodes in the NT occurred at a non-residential treatment facility, a further 32% in a residential facility and 10% in an outreach setting. Nationally, 70% of all treatment episodes occurred at a non-residential treatment facility, 18% at a residential facility and 7% at an outreach setting.
- In the NT, the highest median number of treatment days for a treatment episode occurred where the treatment delivery was in a non-residential treatment facility (48 days).

Ceasing treatment and treatment programs

- In the NT, the most common reason for the cessation of a client's treatment was that the treatment had been completed (59%), followed by clients ceasing to participate without notice to the treatment agency (12%).
- The reason for cessation of a treatment episode varied by main treatment type in the NT. Treatment was more likely to be completed where the main treatment was assessment only (78%) and information and education only (75%), and less likely where the main treatment was rehabilitation (30%).
- Where the main treatment type was support and case management only, more than one-quarter (27%) of treatment episodes ended because the client ceased to participate without notice to the treatment agency.

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 the NT, 21% 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 the NT, cannabis was the principal drug of concern in 14% of treatment episodes in 2004–05, compared with 23% nationally. Of the 285 closed treatment episodes in NT where cannabis was the principal drug of concern:

- 73% of treatment episodes related to male clients and 27% to female clients—similar to the pattern for all other principal drugs of concern (72% and 28% respectively).
- A higher proportion of episodes involved clients in the 10–19 and 20–29 year age groups (27% and 35% respectively), compared with episodes for all other principal drugs of concern (4% and 25% respectively).
- Smoking as a method of use accounted for 94% of closed treatment episodes within this group, while for all other principal drugs of concern the most common method of use was ingestion (79%), followed by injecting (16%).
- Self-referring to treatment was the most common source of referral (38%), at a proportion lower than for clients who nominated a principal drug other than cannabis (46%).
- Clients were more likely to have been referred from court diversion (14%) or police diversion (11%), compared with clients who nominated a principal drug other than cannabis (5% and 1% respectively), and less likely to be referred to treatment by a community-based correctional service (5%, compared with 15%).
- Clients were more likely to receive counselling (57%), compared with clients who nominated a principal drug other than cannabis (23%), and were less likely to receive assessment only (20%, compared with 28%) and rehabilitation (5%, compared with 17%).

In the NT 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, 52% of episodes ceased because the treatment was completed, compared with 56% 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 (18% and 12% 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.

National 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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