

Alcohol and other drug treatment services in New South Wales

Findings from the National Minimum Data Set (NMDS) 2003–04



Australian Government

Australian Institute of
Health and Welfare

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

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

Chrysanthe Psychogios
Australian Institute of
Health and Welfare
GPO Box 570
Canberra ACT 2601
Phone: (02) 6244 1068

Highlights

- In New South Wales (NSW) in 2003–04, 259 government-funded alcohol and other drug treatment agencies provided 42,529 ‘closed treatment episodes’ (see below for the definition of ‘closed treatment episodes’).
- One-third of closed treatment episodes were for clients aged between 20 and 29 years of age (33%), followed by almost another one-third of treatment episodes (31%) provided for clients in the 30–39 year age group.
- Male clients accounted for over two-thirds (68%) of all closed treatment episodes in NSW.
- In NSW, alcohol (41%) and heroin (21%) were the most common principal drugs of concern in closed treatment episodes, followed by cannabis (16%).
- Of all closed treatment episodes in NSW, counselling was the most common form of main treatment provided (29%), followed by withdrawal management (detoxification) (23%) and assessment only (22%).
- Treatment episodes in NSW most commonly ceased because the treatment was completed (51%).

Contents of this data briefing

This data briefing summarises the main findings from the 2003–04 Alcohol and Other Drug Treatment Services (AODTS) NMDS data for New South Wales (NSW). Throughout this briefing, data from NSW are presented along with 2003–04 national AODTS–NMDS data.

National AODTS-NMDS data reports

More detailed information about the 2003–04 collection and its findings can be found in the publication *Alcohol and Other Drug Treatment Services in Australia 2003–04: Report on the National Minimum Data Set* (AIHW 2005). 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 start and end dates, 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 622 government-funded alcohol and other drug treatment agencies supplied data for 2003–04. Of these agencies, 259 were located in NSW, of which 25% were non-government agencies.
- Treatment agencies in NSW were most likely to be located in major cities (62%) and inner regional areas (30%).

Client profile

- In NSW, there were 42,529 ‘closed treatment episodes’ in alcohol and other drug treatment services reported in the 2003–04 AODTS-NMDS collection.
- Ninety-seven per cent of closed treatment episodes in NSW involved clients seeking treatment for their own drug use.
- In NSW, the majority of closed treatment episodes were for clients aged between 20 and 29 years of age (33%), followed by almost another one-third of treatment episodes (31%) provided for clients in the 30–39 year age group (Table 1).
- The proportions of male and female clients in NSW (68% and 32% respectively) were similar to the national proportions (65% and 35% respectively).

Table 1: Closed treatment episodes, sex by age group of client, New South Wales and Australia, 2003–04 (per cent)

Age group (years)	New South Wales			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
10–19	4.6	2.4	7.0	8.1	4.3	12.5
20–29	22.9	10.2	33.1	22.2	10.4	32.6
30–39	21.2	9.5	30.7	18.4	9.5	27.9
40–49	12.6	6.5	19.1	10.8	6.4	17.2
50–59	4.6	2.7	7.3	4.0	2.7	6.7
60+	1.7	1.0	2.7	1.4	0.9	2.3
Total^(b) (per cent)	67.6	32.4	100.0	65.3	34.7	100.0
Total^(b) (number)	28,730	13,768	42,529	89,348	47,430	136,869

(a) Includes not stated for sex.

(b) Includes not stated for age.

Source: AIHW 2005.

- The proportion of closed treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin was the same in NSW as nationally (10% each) – higher than the proportion of the 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.
- The majority of closed treatment episodes in NSW were for clients born in Australia (86%) and 98% were for clients whose preferred language was English.
- Fifty-two per cent of all treatment episodes in NSW involved clients who were self-referred, followed by referrals from alcohol and other drug treatment services (13%).

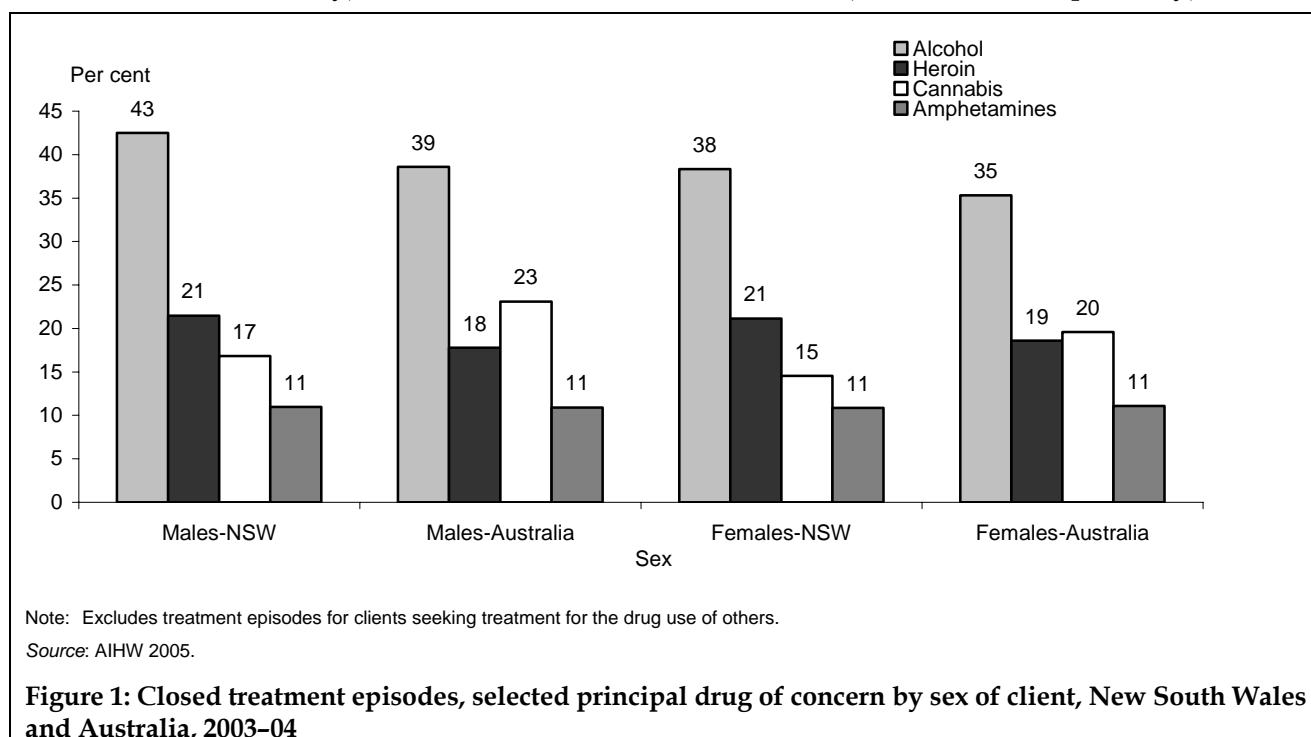
Principal drug of concern

The principal drug of concern refers to the main substance that the client states led him or her to seek treatment from the alcohol and other drug treatment agency. This section of the briefing reports only on the 41,426 episodes where clients were seeking treatment for their own substance use.

- In NSW, alcohol (41%) and heroin (21%) were the most common principal drugs of concern in closed treatment episodes, followed by cannabis (16%). 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 NSW (43% of males and 38% of females), followed by heroin (21% for both males and females) (Figure 1). The proportion of males and females nominating either alcohol or heroin as their principal drug of concern were higher in NSW than nationally.
- For closed treatment episodes in NSW there was a lower proportion of male clients reporting cannabis as the principal drug of concern, than at the national level (17% males in NSW and 23% males nationally). This was also true for female clients (15% and 19% respectively).



- In NSW, 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 60 years and over (86%) (Table 2). Similarly, at the national level, alcohol was the most common principal drug for clients aged 60 years plus (82%).
- The principal drug of concern to clients aged 20-29 years in NSW was heroin (31%), at a rate higher than the national figure for this age group (26%) (Table 2). Nationally, cannabis was the most common principal drug of concern for this age group (27%).
- In treatment episodes involving clients aged between 10 and 19 years in NSW, cannabis was the most common principal drug of concern (45%). Nationally, nearly half (49%) of closed treatment episodes in this age group involved cannabis as the principal drug of concern.

- In the ACT, the proportion of treatment episodes involving Aboriginal and Torres Strait Islander people reporting alcohol as their principal drug of concern were similar to other Australian clients (21% and 22% of treatment episodes respectively). Nationally, treatment episodes for Aboriginal and Torres Strait Islander clients were more likely to involve alcohol as the principal drug of concern (46%) than those for other Australian clients (37%).

Table 2: Closed treatment episodes, principal drug of concern by age group of client, New South Wales and Australia, 2003–04^(a) (per cent)

Principal drug	New South Wales							Total (Australia)	
	10–19	20–29	30–39	40–49	50–59	60+	Total ^(b)	Per cent	Number
Alcohol	20.0	23.3	41.2	61.4	79.6	86.4	41.2	37.5	48,500
Amphetamines	12.6	15.5	12.5	4.7	0.7	0.1	10.9	11.0	14,208
Benzodiazepines	0.7	1.9	3.0	3.3	2.8	3.2	2.5	2.1	2,711
Cannabis	44.9	22.2	12.7	7.0	2.7	0.5	16.1	22.0	28,427
Cocaine	0.2	0.6	0.4	0.2	0.1	0.0	0.4	0.2	272
Ecstasy	0.8	0.5	0.2	0.1	0.1	0.0	0.3	0.4	508
Heroin	16.1	30.6	22.1	14.4	4.7	0.5	21.4	18.0	23,326
Methadone	0.4	2.5	3.2	2.6	1.6	0.2	2.5	1.9	2,404
Nicotine	1.6	0.5	0.9	1.8	3.7	6.3	1.3	1.5	2,001
All other drugs ^(c)	1.4	1.3	2.2	3.1	2.5	2.0	2.0	4.9	6,342
Total^(d) (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	—
Total^(d) (number)	2,907	13,999	12,850	7,826	2,795	1,025	41,426	—	129,331

(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 2005.

- In NSW, the proportion of treatment episodes involving Aboriginal and Torres Strait Islander people reporting alcohol as their principal drug of concern was similar to other Australian clients (42% and 41% of treatment episodes respectively). Nationally, treatment episodes for Aboriginal and Torres Strait Islander clients were more likely to involve alcohol as the principal drug of concern (46%) than those for other Australian clients (37%).

Geographic location and principal drug of concern

- Across all areas in NSW, alcohol was the most commonly reported principal drug of concern (39% of treatment episodes in major cities, 45% in inner regional and 60% in outer regional areas). Heroin was the second most common drug in major cities (25%), while cannabis was the next most common in inner and outer regional areas (21% and 19% respectively).

Injecting drug use

- Forty-four per cent of treatment episodes in NSW involved clients who reported never having injected drugs. Of the 32% who reported they were 'current injectors', 45% 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 (10% not stated response for New South Wales and 13% nationally).

Treatment programs

'Main treatment type' is the main treatment activity determined at assessment by the treatment agency for the client's principal alcohol and/or other drug problem. This section outlines these

treatments types and programs. Data presented in this section relate to clients seeking treatment for their own or someone else's alcohol or drug use.

- Of all closed treatment episodes in NSW, counselling was the most common form of main treatment provided (29%), followed by withdrawal management (detoxification) (23%) and assessment only (22%) (Table 3). Nationally, counselling was also the most common form of main treatment provided (38%), followed by withdrawal management (detoxification) (18%) and assessment only (15%).

Client profile and treatment programs

- Closed treatment episodes for female clients in NSW were more likely to involve counselling as the main treatment (34%) than treatment episodes for male clients (27%). This was also the case nationally (43% and 35% respectively).

Table 3: Closed treatment episodes, main treatment type by sex of client, New South Wales and Australia, 2003-04 (per cent)

Main treatment type	New South Wales			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
Withdrawal management (detoxification)	23.9	21.8	23.3	18.5	18.1	18.4
Counselling	26.5	34.1	28.9	34.7	43.2	37.6
Rehabilitation	10.8	8.5	10.0	9.2	7.4	8.6
Support & case management only	8.5	7.9	8.3	8.0	9.1	8.4
Information and education only	1.8	2.3	2.0	8.4	6.2	7.6
Assessment only	23.8	19.3	22.3	17.2	10.6	14.9
Other ^(b)	4.6	6.2	5.1	4.0	5.3	18.4
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	28,730	13,768	42,529	89,348	47,430	136,869

(a) Includes not stated for sex.

(b) 'Other' includes 165 treatment episodes in NSW and 2,953 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.

Source: AIHW 2005.

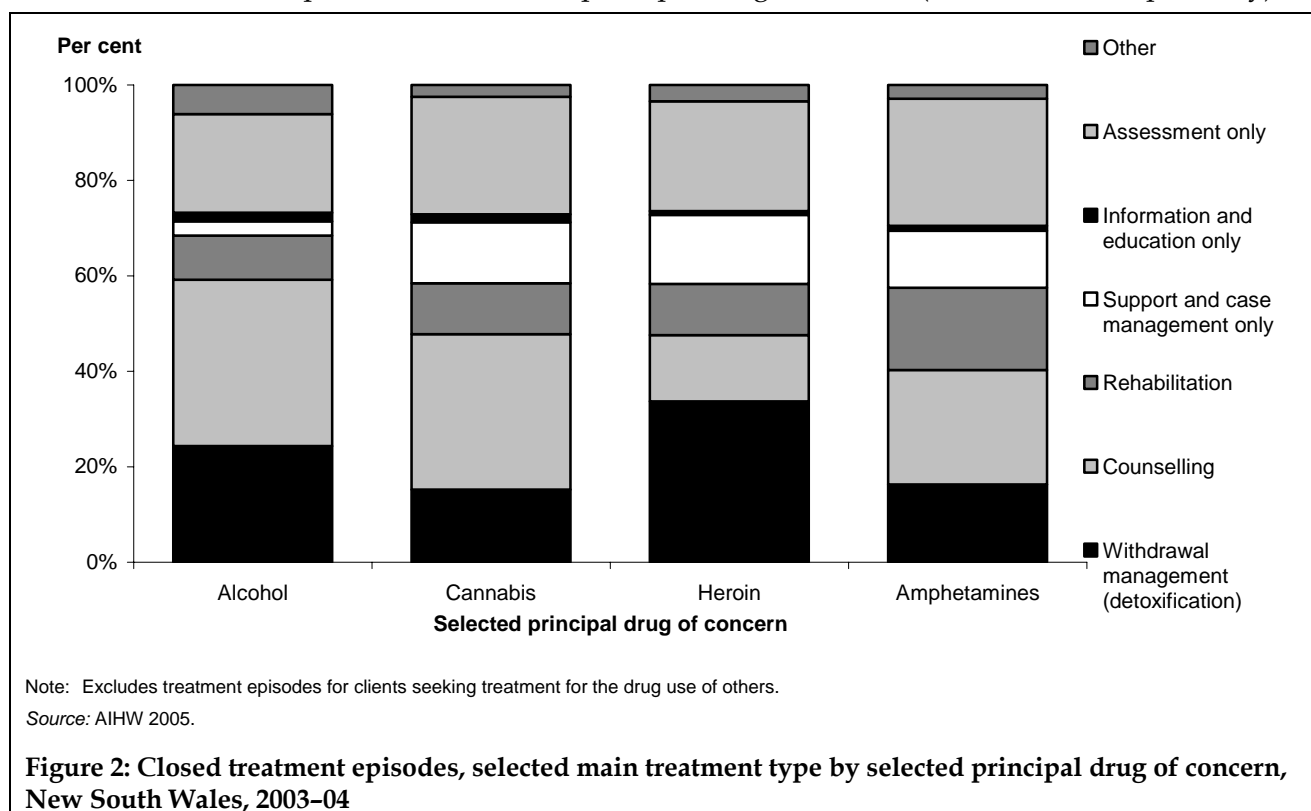
- In NSW, the main treatment type did not vary much with age. Counselling was the most common treatment type, ranging from 26% for clients aged 20-29 years to 38% for clients aged 60 years or more. Assessment only was the second most common treatment type for clients aged 10-19 years and 20-29 (27% and 25% respectively) whereas withdrawal management (detoxification) was the second most common treatment type for all other age groups.

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 NSW, the main treatment type varied depending on the principal drug of concern the client sought treatment for. Where alcohol or cannabis were the principal drug of concern, counselling accounted for the highest proportion of main treatment types (35% and 33% respectively), followed by withdrawal management (detoxification) (24%) where alcohol was the principal drug, and assessment only (25%) where cannabis was the principal drug (Figure 2).
- Where heroin was the principal drug of concern, the most common treatment type was withdrawal management (detoxification) (34%), followed by assessment only (23%).

- Where heroin was the principal drug of concern, the most common main treatment type was counselling (52%), followed by withdrawal management (detoxification) (44%). This was also the case when amphetamines were the principal drug of concern (46% and 38% respectively).



- In NSW, the median number of days for a treatment episode was 10. The highest median number of treatment days within a treatment episode occurred when the principal drug of concern was ecstasy (29), cocaine (19) or cannabis (16). The main treatment type with the highest median number of treatment days per episode was support and case management (72), followed by counselling (48).

Geographic location and treatment programs

- In NSW, withdrawal management (detoxification) was the most commonly reported main treatment type (28%) in major cities, followed by counselling (27%). Assessment only and counselling were the most commonly reported main treatment types in inner regional areas (32% each). Counselling was the most commonly reported main treatment type in outer regional areas (57%), followed by assessment only (25%).

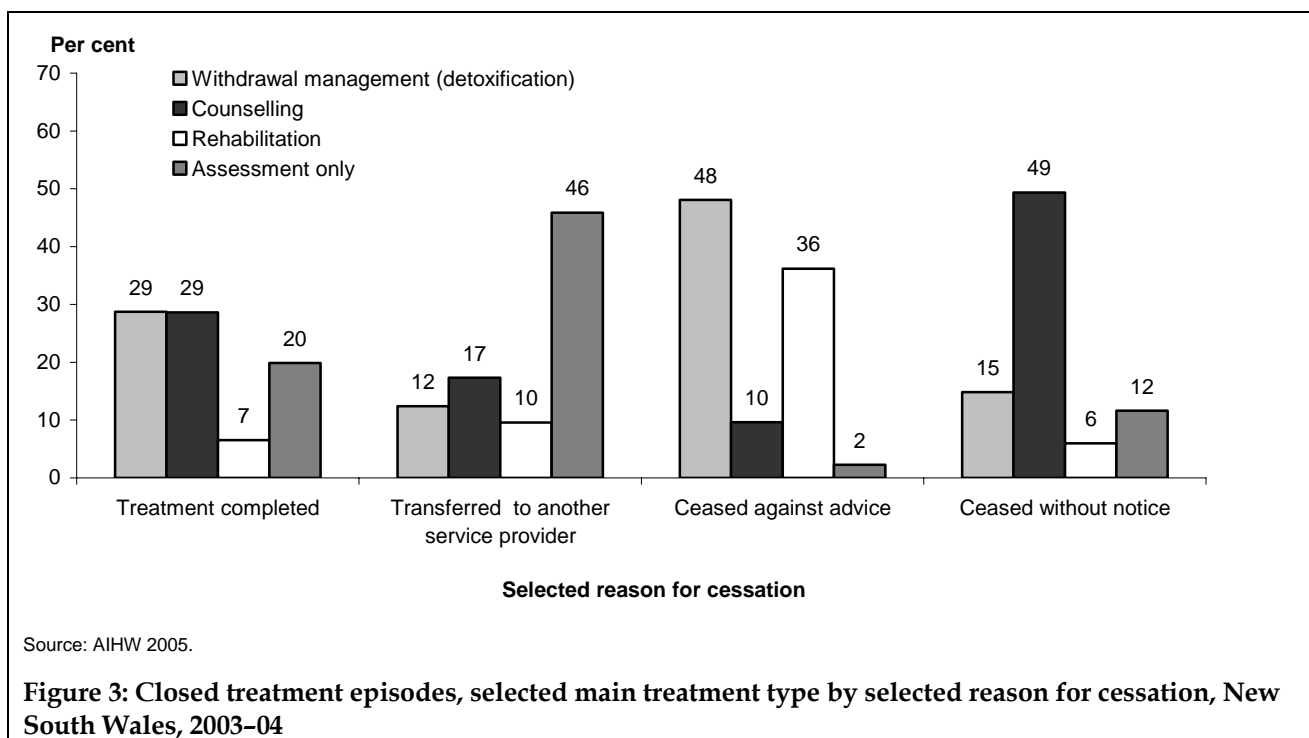
Treatment delivery setting and treatment programs

- Two-thirds (66%) of all closed treatment episodes in NSW occurred at a non-residential treatment facility, and a further 30% in a residential facility. Nationally, 68% of all episodes occurred at a non-residential treatment facility, and a further 20% in a residential facility.
- In NSW, the highest median number of treatment days for a treatment episode occurred where the treatment delivery was in an outreach setting (29 days).

Ceasing treatment and treatment programs

- In NSW, the most common reason for the cessation of a client's treatment was that the treatment had been completed (51%), followed by clients ceasing to participate without notice (17%) or clients transferring to another service provider (14%).

- In NSW, withdrawal management (detoxification) and counselling accounted for the majority of closed treatment episodes where the treatment was completed (29% each) (Figure 3).
- Of closed treatment episodes that ended because the client transferred to a different service provider, 46% were for assessment only and 17% were for counselling.
- Forty-nine per cent of closed treatment episodes that ended because the client ceased to participate without notice were for counselling and 15% for withdrawal management (detoxification).



Special theme—Amphetamines

This special theme section focuses on treatment episodes where amphetamines were the principal drug of concern for a client. This theme was selected on the basis of feedback received from treatment agencies via the 2004 Survey of Treatment Agencies.

In NSW, amphetamines were the principal drug of concern in 11% of treatment episodes, the same proportion of episodes nationally. Of 4,530 closed treatment episodes in NSW where amphetamines were the principal drug of concern:

- clients were more likely to be male than female—69% of treatment episodes related to male clients and 31% to female clients—the same as the pattern for all other principal drugs of concern (69% male, 31% female);
- a higher proportion of episodes involved people in the 20-29 and 30-39 year age groups (48% and 35% respectively) compared with episodes for all other principal drugs of concern (32% of episodes for 20-29 year olds and 30% for 30-39 years);
- injecting as a method of use accounted for 78% of closed treatment episodes within this group, followed by ingesting (10%), sniffing (5%) and smoking (4%), for all other drugs of concern the most common method of use was ingesting (54%), followed by injecting (24%) and smoking (21%);
- self referring to treatment was the most common source of referral, at a proportion similar to that for clients who nominated a principal drug other than amphetamines (54% and 52%, respectively);

- clients were less likely to be referred to treatment by a general practitioner or medical specialist (4%, compared to 8% for clients who nominated a principal drug other than amphetamines); and
- clients were more likely to receive assessment only (27%) and rehabilitation (17%), compared with clients who nominated a principal drug other than amphetamines (22% and 10% respectively).

In NSW in 2003–04, amongst closed treatment episodes where a client was seeking treatment for their own drug use, where amphetamines were the principal drug of concern, 44% of episodes ceased because the treatment was completed, compared to 52% for 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 (16% and 17% respectively).

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). For a list of exclusions to the scope see Section 1.3 of the report *Alcohol and Other Drug Treatment Services in Australia 2003–04: report on the National Minimum Data Set* (AIHW 2005).

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 2003 to 30 June 2004) 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 principal drug of concern) but not for other non-government funded agencies.
- 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 2003–04. In addition, at the national level 6% of clients did not state their Indigenous status.

References

ABS 2004. Experimental estimates and projections, Aboriginal and Torres Strait Islanders. ABS cat. no. 3238.0. Canberra: ABS.

Australian Institute of Health and Welfare 2005. Alcohol and other drug treatment services in Australia 2003–04: Report on the national minimum data set (Drug Treatment Series 4). AIHW cat. no. HSE 100. Canberra: AIHW.