7.19 Specialised alcohol and other drug treatment services

Alcohol and other drug treatment services help people to deal with their drug use through a range of treatments. Treatment objectives can include reducing or stopping drug use, and improving social and personal functioning. Treatment services include detoxification and rehabilitation, counselling and pharmacotherapy, delivered in residential and non-residential settings. Opioid pharmacotherapy is one treatment for dependence on opioid drugs, such as heroin and morphine.

Information on publicly funded alcohol and other drug treatment services in Australia and on the people and drugs treated is collected through the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS). The National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection contains information on pharmacotherapy treatment—that is, opioid substitution therapy (OST)—provided to people dependent on opioid drugs.

Agencies whose sole function is to prescribe or provide dosing services for opioid pharmacotherapy are excluded from the AODTS NMDS as data from these agencies are captured in the NOPSAD collection.

Who uses alcohol and other drug treatment services?

In 2016–17, 836 publicly funded alcohol and other drug treatment agencies provided more than 200,000 closed treatment episodes to around 127,000 clients aged 10 and over, who sought specialist alcohol and other drug treatment services.

Clients of alcohol and other drug treatment services were more likely to be male than female, and most likely to be aged 20–39. Aboriginal and Torres Strait Islander people were over-represented among clients seeking alcohol and other drug treatment services (15% of all clients compared with 2.7% of the Australian population aged 10 and over).

Who uses alcohol and other drug treatment services?

- 2 in 3 were male
- Around 1 in 7 were Indigenous
- More than half were aged 20–39
Who receives opioid pharmacotherapy treatment?

On a snapshot day in mid-2017, nearly 50,000 clients received opioid pharmacotherapy treatment at more than 2,700 dosing points across Australia.

Clients receiving opioid pharmacotherapy treatment had broadly similar characteristics to the clients receiving alcohol and other drug treatment services, but were more likely to be slightly older. Pharmacotherapy clients were more likely to be male than female, and most likely to be aged 30–49. Indigenous Australians were over-represented among pharmacotherapy clients (9.2% of all clients compared with 3.3% of the total Australian population).

<table>
<thead>
<tr>
<th>Who receives opioid pharmacotherapy treatment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 in 3 were male</td>
</tr>
<tr>
<td>Around 1 in 11 were Indigenous</td>
</tr>
<tr>
<td>Two-thirds were aged 30–49</td>
</tr>
</tbody>
</table>

For which drugs do people seek treatment?

In 2016–17, alcohol was the principal drug of concern that led to the largest percentage of clients to seek alcohol and other drug treatment services. Over the last 5 years, however, the percentage of clients seeking alcohol treatment services has fallen slightly. Over the same period, the percentage of treatment episodes attributable to amphetamines as a principal drug of concern has more than doubled.

<table>
<thead>
<tr>
<th>The top drugs that led clients to seek treatment were:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol 32%</td>
</tr>
<tr>
<td>Amphetamines 26%</td>
</tr>
<tr>
<td>Cannabis 22%</td>
</tr>
<tr>
<td>Heroin 5.2%</td>
</tr>
</tbody>
</table>

The fastest growing treatment area is for amphetamine use, with treatment episodes more than doubling the last 5 years:

<table>
<thead>
<tr>
<th>2012-13</th>
<th>22,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-17</td>
<td>50,000</td>
</tr>
</tbody>
</table>
In 2017, heroin continued to be the most common principal drug of concern for clients receiving opioid pharmacotherapy treatment, with methadone the most common form of OST provided.

The top opioid drugs that led clients to seek pharmacotherapy were:

- **Heroin**: 38%
- **Oxycodone**: 5.2%
- **Morphine**: 4.3%
- **Codeine**: 4.2%
- **Methadone**: 4.1%

### Alcohol and other drug treatment patterns across age groups

There were notable differences by age group in the most common principal drugs of concern for which alcohol and other drug treatment services were provided in 2016–17 (Figure 7.19.1):

- Where cannabis was the principal drug of concern, most clients of these services tended to be younger; with 36% aged 20–29 and 32% aged 10–19.
- Where amphetamines were the principal drug of concern, most clients (73%) were aged 20–39.
- Where alcohol was the principal drug of concern, most clients were older; with 51% aged 40 and over and only 6.9% aged 10–19.

**Figure 7.19.1: Principal drug of concern for clients by age group, 2016–17**

- **Per cent**
- 100
- 90
- 80
- 70
- 60
- 50
- 40
- 30
- 20
- 10
- 0

- **Alcohol**
- **Amphetamines**
- **Heroin**
- **Cannabis**

**Source:** AIHW 2018a; Table S7.19.1.
What is missing from the picture?

It is difficult to quantify fully the scope of alcohol and other drug treatment services in Australia. There are a variety of settings in which people receive treatment for alcohol and other drug-related issues that are not in scope for the AODTS NMDS. These include services provided by not-for-profit organisations and private treatment agencies that do not receive public funding; some treatment services provided in hospitals by specialist alcohol and other drug treatment services, prisons, correctional facilities and detention centres; primary health care services; and accommodation services.

Because of the specifications for each data collection (AODTS NMDS and NOPSAD) and the complexities of the sectors, it is not possible to identify people who receive a course of pharmacotherapy treatment via a dosing point as well as treatment from a publicly funded alcohol and other drug treatment service. Also, the AODTS NMDS does not cover all agencies providing substance-use services to Indigenous Australians.

The AODTS NMDS does not currently include data describing the mode of delivery for a client’s main treatment type, or data describing treatment outcomes or treatment waiting times. The AIHW is investigating options to deal with these data gaps, intending that such data may become available in future iterations of the collection.

Where do I go for more information?


References
