

# Alcohol and other drug treatment services in Australia

## Findings from the National Minimum Data Set 2001–02

### Highlights

- A total of 505 government-funded alcohol and other drug treatment agencies supplied data for 2001–02; of these 51% were non-government agencies.
- These alcohol and other drug treatment agencies provided 120,869 ‘closed treatment episodes’ (see page 2 for definition) during 2001–02.
- Nationally, alcohol (37%) and cannabis (21%) were the most common principal drugs of concern to clients in closed treatment episodes, followed by heroin (18%) and amphetamines (11%).
- Of all closed treatment episodes, counselling was the most common form of main treatment provided (39%), then withdrawal management (detoxification) (19%), assessment only (15%) and information and education only (10%).
- The majority of closed treatment episodes were for clients aged between 20 and 39 years of age (61%). Male clients accounted for close to two-thirds (65%) of all closed treatment episodes.
- Of closed treatment episodes that ended because the treatment was completed, more than one-third (38%) were for counselling, 22% for withdrawal management and 18% for assessment only.

### Purpose of NMDS

The national minimum data set (NMDS) has been implemented to assist in monitoring and evaluating key objectives of the National Drug Strategy and to assist in the planning, management and quality improvement of alcohol and other

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# Alcohol and other drug treatment services in Australia

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drug treatment services. In general, it aims to provide ongoing information on the demographics of clients who use these services, the treatment they receive and administrative information about the agencies that provide alcohol and other drug treatment.

This is the second bulletin in the series of annual bulletins on the Alcohol and other drug treatment services national minimum data set (AODTS NMDS).

## Closed treatment episodes

The analysis in this bulletin is based on 'closed treatment episodes'. A closed treatment episode refers to a period of contact, with defined dates of commencement and cessation, 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. See source report listed on p.11 for more details.

## Client profile

- The majority of closed treatment episodes were for clients aged between 20 and 39 years of age (61%), with just over one-third of treatment episodes (34%) provided for clients in the 20–29 year age group (Table 1).
- Male clients accounted for close to two-thirds (65%) of treatment episodes.
- Ninety-two per cent of all closed treatment episodes involved clients seeking treatment for their own drug use.
- The remaining closed treatment episodes involved clients seeking treatment in relation to someone else's drug use (e.g. a spouse seeking treatment for their partner or a parent seeking treatment for their child). Two-thirds (67%) of these treatment episodes involved female clients.

**Table 1: Closed treatment episodes: sex and age of client, Australia, 2001–02**

Age group (years)	Males	Females	Persons <sup>(a)</sup>
		(Per cent)	
10–19	8.5	4.6	13.1
20–29	22.9	11.3	34.2
30–39	17.3	9.2	26.5
40–49	9.8	6.1	15.9
50–59	4.1	2.5	6.6
60+	1.5	0.8	2.3
<b>Total<sup>(b)</sup> (per cent)</b>	<b>64.8</b>	<b>35.1</b>	<b>100.0</b>
<b>Total<sup>(b)</sup> (number)</b>	<b>78,323</b>	<b>42,415</b>	<b>120,869</b>

(a) Includes not stated for Sex.

(b) Includes not stated for Age.

Source: AIHW 2003a.

- Eight per cent of treatment episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin, in comparison to the 2.4% of the Australian population identified as Indigenous (ABS unpublished 2001 Census data). This is broadly consistent with findings from the National Drug Strategy Household Survey of higher usage rates for some drugs by Aboriginal and/or Torres Strait Islander peoples (AIHW 2003b).
- The majority of treatment episodes were for clients born in Australia (85%), higher than the proportion of Australian-born people in the total Australian population (77%) (ABS 2003). Ninety-four per cent of treatment episodes were for clients whose preferred language was English.
- Over one-third (35%) of treatment episodes involved clients who were self-referred. Referrals from alcohol and other drug treatment services (13%) and community-based corrections (10%) were also common.

## Principal drug of concern

- Nationally, alcohol (37%) and cannabis (21%) were the most common principal drugs of concern to clients in closed treatment episodes, followed by heroin (18%) and amphetamines (11%) (Table 2).

**Table 2: Closed treatment episodes: client's principal drug of concern and age, Australia, 2001–02<sup>(a)</sup>**

Principal drug of concern	Age group (years)						Total <sup>(b)</sup>
	10–19	20–29	30–39	40–49	50–59	60+	
	(Per cent)						
Alcohol	15.4	21.5	42.0	62.4	78.5	80.0	37.0
Amphetamines	11.7	15.9	10.6	3.6	1.0	0.5	10.8
Benzodiazepines	1.2	2.1	2.9	2.8	3.0	4.2	2.4
Cannabis	45.5	25.1	15.7	8.6	4.2	1.1	21.0
Cocaine	0.5	1.0	0.8	0.3	0.2	—	0.7
Ecstasy	0.4	0.3	0.1	—	—	—	0.2
Heroin	14.3	25.6	17.2	10.6	2.6	0.4	17.7
Methadone	0.7	2.4	3.2	2.6	0.5	0.5	2.3
Nicotine	1.7	0.5	1.0	1.8	4.4	8.6	1.4
Other <sup>(c)</sup>	7.6	4.8	5.7	6.4	5.1	4.4	5.7
<b>Total<sup>(d)</sup> (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total<sup>(d)</sup> (number)</b>	<b>15,142</b>	<b>40,237</b>	<b>30,780</b>	<b>17,250</b>	<b>6,294</b>	<b>2,288</b>	<b>113,231</b>

(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.

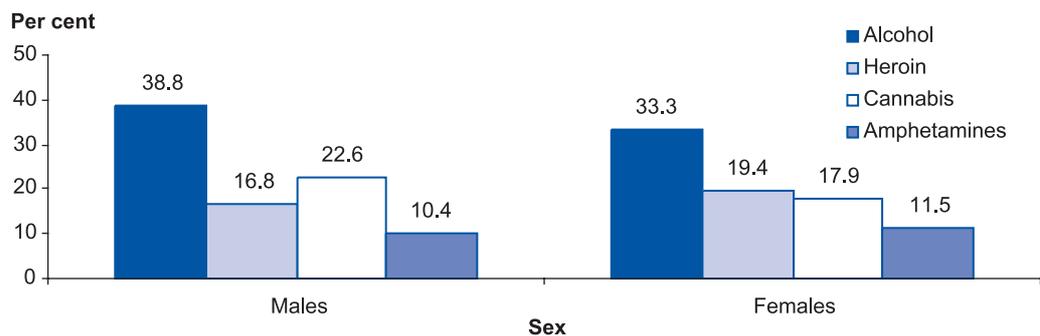
Source: AIHW 2003a.

# Alcohol and other drug treatment services in Australia

...46% of treatment episodes for clients in the 10–19 year age group involved cannabis as the principal drug.

- The principal drug varied by age. For clients in older age groups, alcohol was the most common principal drug in closed treatment episodes, involved in 62% of closed treatment episodes for clients aged 40–49 years and 80% for clients aged 60 years or more.
- For closed treatment episodes of clients in the 20–29 year age groups heroin was slightly more common as the principal drug (26%) than cannabis (25%).
- In contrast, cannabis was more common as a principal drug for the youngest clients. Almost half (46%) of treatment episodes for clients in the 10–19 year age group involved cannabis as the principal drug. This pattern was stronger among males than females—51% of treatment episodes for males in this age group and 34% for females.
- Alcohol was the drug most commonly recorded in closed treatment episodes for both sexes: 39% for males and 33% for females. This was followed by cannabis for males (23%) and heroin for females (19%) (Figure 1).

**Figure 1: Closed treatment episodes: selected principal drug of concern by sex of client, Australia, 2001–02**



Source: AIHW 2003a.

- Alcohol was more likely to be the principal drug in closed treatment episodes for Indigenous clients (46%) than in treatment episodes for other clients (37%). This was more pronounced for male clients (50% for Indigenous, compared to 38% for other male clients), but less so for female clients (39% and 33% respectively).
- In contrast, heroin was less likely to be the principal drug in treatment episodes for Indigenous clients (11%) than for other clients (19%).
- There was a higher proportion of treatment episodes where female Indigenous clients reported heroin as their principal drug of concern (15%), compared to male Indigenous clients (9%).
- Nationally, 40% of treatment episodes involved clients who reported never having injected drugs. For 27% of episodes, clients reported they were current injectors. A high proportion of treatment episodes for both male and female ‘current injectors’ involved those in the 20–29 (49% and 50% respectively) and 30–39 year age groups (30% and 25% respectively).

## Treatment programs

- Of all closed treatment episodes, counselling was the most common form of main treatment provided (39%), then withdrawal management (detoxification) (19%), assessment only (15%) and information and education only (10%) (Table 3).
- Treatment episodes for female clients were more likely to involve counselling (44%) than treatment episodes for male clients (36%), but less likely to involve information and education only (8% and 11% respectively).
- Support and case management only was more common in younger age groups, and counselling more common in older age groups.

**Table 3: Closed treatment episodes: main treatment type and sex of client, Australia, 2001–02<sup>(a)</sup>**

Main treatment	Males	Females	Persons <sup>(b)</sup>
	(Per cent)		
Withdrawal management (detoxification)	19.7	18.2	19.1
Counselling	36.0	44.1	38.9
Rehabilitation	6.4	6.1	6.3
Pharmacotherapy <sup>(c)</sup>	1.0	1.5	1.2
Support and case management only	5.7	6.9	6.1
Information and education only	11.1	7.6	9.8
Assessment only	16.9	10.5	14.6
Other	3.2	5.1	3.9
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total (number)</b>	<b>73,657</b>	<b>39,917</b>	<b>113,705</b>

(a) Excludes South Australia.

(b) Includes not stated for Sex.

(c) 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 2003a.

## Main treatment and principal drug

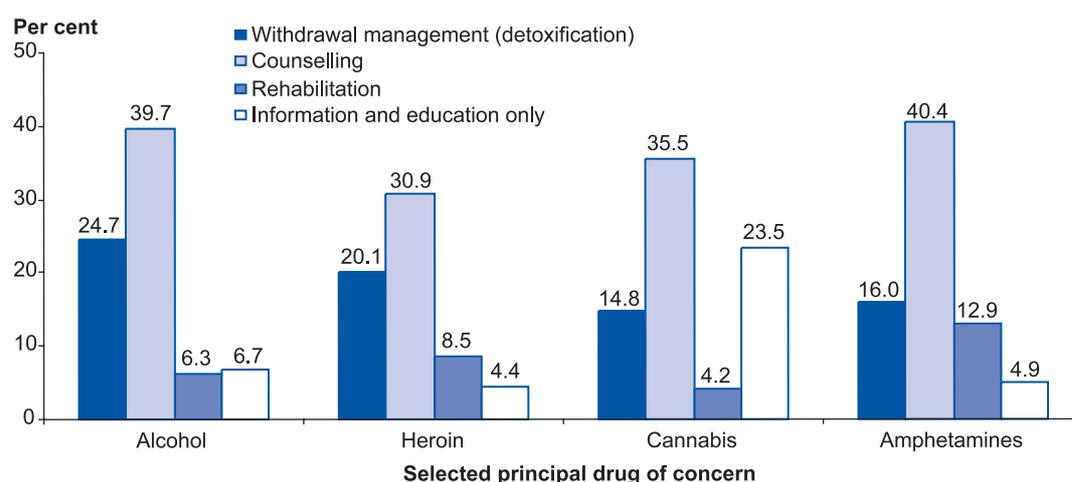
- Closed treatment episodes where the principal drug was alcohol were more likely to involve withdrawal management (detoxification) (25%) than treatment episodes where the principal drug was cannabis (15%) (Figure 2).
- Where the principal drug was amphetamines treatment episodes were more likely to involve counselling as the main treatment type (40%) than treatment episodes for clients seeking treatment for heroin use (31%).
- Treatment episodes where the principal drug was amphetamines were more likely to involve rehabilitation (13%) as the main treatment than treatment episodes where the principal drug was cannabis (4%).

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The median number of days for a closed treatment episode was 20 days.

- Where cannabis was nominated as the principal drug of concern, 24% of treatment episodes involved information and education programs, compared to 4% of treatment episodes where the principal drug was heroin.
- Sixty-seven per cent of treatment episodes occurred at a non-residential facility, 22% in a residential facility and a further 6% in an outreach setting such as a mobile van service.
- The median number of days for a closed treatment episode was 20 days (averaged over all types of clients). The highest median number of treatment days occurred in outreach settings (36 days) and in non-residential treatment facilities (28 days). Residential treatment settings reported the lowest median treatment days (6 days).

**Figure 2: Closed treatment episodes: selected main treatment type and selected principal drug of concern, Australia, 2001-02**

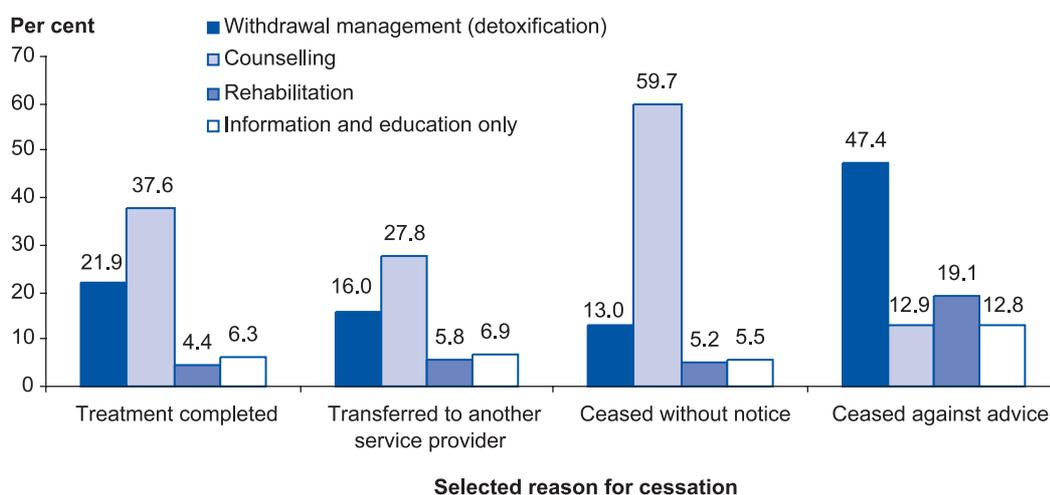


Source: AIHW 2003a.

## When treatment ceases

- The most common reason for the cessation of a client's treatment was that the treatment had been completed (54%). Other common reasons were the client ceased to participate without notice (16%) or the client was transferred to another service provider (7%).
- More than one-third (38%) of closed treatment episodes that ended because the treatment was completed were for counselling and 22% were for withdrawal management (detoxification) (Figure 3).
- Where clients ceased to participate without notice to the clinician more than half (60%) of these treatment episodes occurred during counselling and a further 13% while undertaking a withdrawal management (detoxification) program.
- Almost half (47%) of treatment episodes where a client ceased to participate against advice occurred while undertaking a withdrawal management (detoxification) program and a further 19% during a rehabilitation program.

**Figure 3: Closed treatment episodes: selected main treatment type and selected reason for cessation, Australia, 2001–02**



Source: AIHW 2003a.

- For closed treatment episodes where the main treatment was withdrawal management and clients nominated a principal drug of alcohol or cannabis, around two-thirds (68% and 66% respectively) completed treatment.
- Where counselling was the main treatment and amphetamine was the principal drug, there was a lower proportion who completed treatment (37%) and this group also had a relatively high proportion who ceased to participate in their treatment without notice (35%).

## Special theme—Alcohol

- This section examines more closely the clients who reported ‘Alcohol’ as their principal drug of concern and the treatment programs used by them. This theme was selected following the *Survey of Treatment Agencies 2002*, in response to which agencies reported this area as being of high interest to the field.
- There were a total of 41,886 treatment episodes for clients who reported alcohol as their principal drug of concern. In Table 4 this total reduces to 39,077 treatment episodes as South Australia did not provide the ‘main treatment type’ data item for 2001–02.

## Client profile

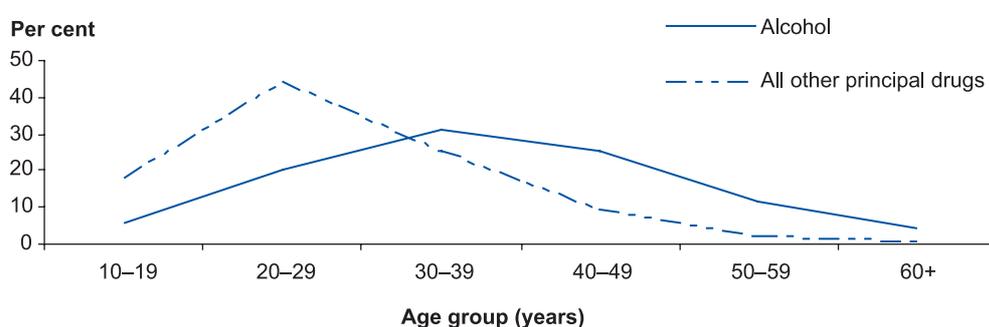
- Clients who nominated alcohol as their principal drug of concern were somewhat older, on average, than other clients seeking treatment for their own drug use (Figure 4). For example, 31% of closed treatment episodes with alcohol as the principal drug were for clients aged between 30 and 39 years, whereas for treatment episodes involving all other principal drugs, clients were most likely to be aged between 20 and 29 years (44%).
- There were lower proportions of treatment episodes for clients in the 10 to 19 year age group with alcohol as their principal drug (6%), compared to treatment episodes for all other principal drugs (18%) and higher proportions for treatment episodes involving clients aged 50 years and over (16% and 3% respectively).

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- For treatment episodes involving males where alcohol was the principal drug, higher proportions were in the 20 to 29 year age group (22%) or aged 50 years or more (17%), compared to females (18% and 14% respectively). However, the proportions for males aged between 30 and 49 years were lower (55%) than for females (61%).

... principal drug of concern was alcohol, counselling and withdrawal management were the most common treatments completed...

**Figure 4: Closed treatment episodes: client's principal drug of concern and age, Australia, 2001-02**



Source: AIHW 2003a.

- Indigenous clients whose principal drug of concern was alcohol had a somewhat younger age distribution than the overall client population. This was not entirely accounted for by the differences in underlying age structures. Of closed treatment episodes where clients' principal drug of concern was alcohol, 31% involved people aged between 30 and 39 years. This age group was the most frequent one for both males and females and for Indigenous and non-Indigenous clients.

## Treatment programs

- For clients whose principal drug of concern was alcohol, counselling and withdrawal management were the most common treatments completed (36% and 28% of these closed treatment episodes respectively) (Table 4).
- Clients who transferred to another service provider were most likely to have received counselling (30% of these treatment episodes) or assessment only (27%) before they transferred.
- The median number of days for a closed treatment episode where alcohol was the principal drug of concern was 19 days.
- The main treatment type with the highest median number of treatment days per treatment episode was pharmacotherapy (60 days), then counselling (54 days).
- The lowest median number of treatment days was for withdrawal management (6 days) and information and education only (4 days). These types of treatment are typically for a specific duration, where other treatment types may be more open-ended.

**Table 4: Closed treatment episodes where alcohol is the principal drug of concern: main treatment type by selected reason for cessation, Australia, 2001–02<sup>(a)(b)</sup>**

Main treatment	Treatment completed	Transferred to another service provider	Ceased to participate without notice	Ceased to participate at expiration	Other <sup>(c)</sup>	Total <sup>(d)</sup>
	(Per cent)					
Withdrawal management (detoxification)	28.3	20.5	14.0	15.8	25.8	24.7
Counselling	35.7	30.1	61.0	55.0	36.0	39.7
Rehabilitation	4.7	5.8	5.2	14.4	13.5	6.3
Pharmacotherapy	0.3	—	2.1	—	0.7	0.6
Support and case management only	3.7	4.1	4.0	2.5	3.1	3.6
Information and education only	6.9	8.3	4.2	3.0	8.2	6.7
Assessment only	16.8	26.9	6.3	6.4	8.3	14.5
Other	3.7	4.3	3.3	3.0	4.4	3.9
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total (number)</b>	<b>23,183</b>	<b>2,893</b>	<b>6,072</b>	<b>202</b>	<b>5,865</b>	<b>39,077</b>

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

(b) Excludes South Australia.

(c) Includes Change in main treatment type, Change in delivery setting, Change in the principal drug of concern, all other Ceased to participate categories, Drug court and/ or sanctioned by court diversion service, Imprisoned other than drug court sanctioned, and Died.

(d) Includes not stated for Reason for cessation.

Source: AIHW 2003a.

## The 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 for clients registered for alcohol and other drug treatment. The Intergovernmental Committee on Drugs NMDS Working Group is responsible for developing and implementing the national collection. The Australian Institute of Health and Welfare is the secretariat for the Working Group and data custodian for the national data set. The NMDS enables the compilation of data from a wide range of agencies and the nine Australian jurisdictions into a single framework, and a conceptually consistent national collection. The report *Alcohol and Other Drug Treatment Services in Australia 2001–02: Report on the National Minimum Data Set* (AIHW 2003a) is the source for this bulletin and contains more information on the AODTS NMDS collection.



# Alcohol and other drug treatment services in Australia

## Agencies and clients within scope

All publicly funded (at state and/or Commonwealth 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).

All clients who had completed one or more treatment episodes at an alcohol and other drug treatment service that was in scope during the relevant reporting period (1 July 2001 to 30 June 2002) were included.

## Exclusions to scope

Agencies whose sole activity is to prescribe and/or dose for opioid pharmacotherapy maintenance treatment.

Halfway houses and sobering-up shelters, correctional institutions, health promotion services (e.g. needle and syringe exchange programs).

Alcohol and drug treatment units in acute care or psychiatric hospitals that only provide treatment to admitted patients.

Private treatment agencies that do not receive public funding.

## Caveats

Of data in scope, the following caveats must be observed:

Queensland Health supplied police diversion data only (all with principal drug of cannabis) and South Australia supplied client registration data only with no data for main treatment type or other treatment-related items.

The number of Indigenous clients may be under-counted as most Commonwealth-funded Indigenous substance-use services and Aboriginal health services that provide treatment for alcohol and other drug problems did not supply data for 2001–02. In addition, at the national level 8% of clients did not state their Indigenous status.

## Interactive alcohol and other drug treatment data

The AIHW has an interactive alcohol and other drug treatment data site containing subsets of national information on alcohol and other drug treatment services from the 2001–02 collection. This site can be found at: <[www.aihw.gov.au/drugs/datacubes/index.html](http://www.aihw.gov.au/drugs/datacubes/index.html)>, and allows anyone who has access to the Internet to view AODTS NMDS data via the web interface. The user can look up figures and present them in a way meaningful to his or her needs.

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AIHW (Australian Institute of Health and Welfare) 2003a. Alcohol and other drug treatment services in Australia 2001–02: report on the national minimum data set. AIHW cat. no. HSE 28. Canberra: AIHW (Drug Treatment Series no. 2). This report is the data source for this bulletin.

AIHW (Australian Institute of Health and Welfare) 2003b. Statistics on drug use in Australia 2002. AIHW cat. no. PHE 43. Canberra: AIHW (Drug Statistics Series no. 12).

## Other recent alcohol and drug publications

For further information, visit our web site where a number of recent alcohol and other drug publications are available in full: <[www.aihw.gov.au/drugs](http://www.aihw.gov.au/drugs)>.

AIHW (Australian Institute of Health and Welfare) 2003. Alcohol and other drug treatment services in Australia 2001–02: report on the national minimum data set. AIHW cat. no. HSE 28. Canberra: AIHW (Drug Treatment Series no. 2).

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