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Alcohol and other drug treatment services in Australia annual report

Web report | Last updated: **16 Jul 2021** | Topic: Alcohol & other drug treatment services | Media release |

Citation

AIHW

Australian Institute of Health and Welfare 2021. Alcohol and other drug treatment services in Australia annual report. Cat. no. HSE 250. Canberra: AIHW. Viewed 14 October 2021, https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/alcohol-other-drug-treatment-services-australia

Latest edition

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About

In 2019–20, around 139,300 clients aged 10 and over received AOD treatment. The four most common drugs that led clients to seek treatment were alcohol (34%), amphetamines (28%), cannabis (18%) and heroin (5.1%). The median age of clients was 35 years.

Early responses of AOD services to the COVID-19 pandemic are seen in the last quarter of 2019–20, impacting some treatment types and service delivery settings.

Cat. no: HSE 250

- State and territory summaries
- Data

Findings from this report:

- Decreases in rehabilitation & withdrawal management services may be due to reduced face-to-face services
- Treatment agencies provided over 237,500 closed treatment episodes to an estimated 139,300 clients aged 10 and over
- The 4 most common drugs that led clients to seek treatment were alcohol, amphetamines, cannabis and heroin
- Early responses of AOD services to COVID-19 impacted treatment types & service delivery in the last quarter of 2019–20

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- Treatment provided
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Policy framework

Policy framework for alcohol and other drugs and service response

On this page

- Drug use in Australia
- The National Drug Strategy
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- The AODTS NMDS

Drug use in Australia

Health impacts

The health impacts associated with alcohol and other drug (AOD) use include hospitalisation, mental health conditions, physical injury, overdose and mortality. Tobacco, alcohol and illicit drug use together account for 16.5% of the burden of disease in Australia (AIHW 2019).

Social impacts

The social impacts of AOD use in Australia include involvement in criminal activity, engagement in risky behaviours, victimisation and road trauma. In 2016, 1 in 10 (9.9%) recent drinkers and 15.1% of people who had recently used illicit drugs had driven while intoxicated (AIHW 2017). In 2019, 1 in 5 (21%) Australians aged 14 and over were victims of an alcohol-related incident and 10.5% were victims of an illicit drug-related incident (AIHW 2020).

Economic impacts

The use and misuse of licit and illicit drugs imposes a heavy financial cost on the Australian community. In recent years, the separate costs of tobacco ($136.9 billion in 2015–16), opioid ($15.76 billion in 2015–16), methamphetamine (over $5 billion in 2013–14) and alcohol use ($14.35 billion in 2010) in Australia have been estimated, utilising different methodologies (Whetton et al. 2020; Whetton et al. 2019; Whetton et al. 2016; Manning, Smith & Mazerolle 2013).

Alcohol and tobacco are two of the most widely used drugs in Australia. The most recent 2019 National Drug Strategy Household Survey reported that of Australians aged 14 and over:

- 77% drank alcohol in the previous 12 months and 14.0% were current smokers (AIHW 2020).
- Around 1 in 6 (16.8%) drank at levels that increased the risk of alcohol-related harms over their lifetime (more than 2 standard drinks per day on average: NHMRC 2009), a decrease from 21% in 2001.
- 25% of people drank at levels that put them at an increased risk of accident or injury (more than 4 standard drinks in a session: NHMRC 2009) at least monthly. This is a decrease from 26% in 2016 and 30% in 2001.

In 2019, illicit drug use was relatively common among Australians aged 14 and over (AIHW 2020):

- 43% self-reported they had illicitly used a drug at some point in their life (including pharmaceuticals used for non-medical purposes) and 16.4% had done so in the last 12 months.
- Cannabis continued to be the most commonly used illicit drug with more than 1 in 3 (36%) having used it in their lifetime and 11.6% using it in the previous 12 months.
- Ecstasy and cocaine were the second and third most common illicit drugs used in a lifetime (12.5% and 11.2%, respectively) and in the last 12 months (3.0% and 4.2%, respectively).

The National Drug Strategy

Australia has had a coordinated approach to dealing with alcohol and other drugs since 1985. The National Drug Strategy (NDS) 2017–2026 is the 7th and latest iteration of the cooperative strategy between the Australian Government, state and territory governments, and the non-government sector. The NDS provides a framework that identifies national priorities relating to alcohol, tobacco and other drugs, guides action by governments—in partnership with service providers and the community—and outlines a national commitment to harm minimisation through balanced adoption of effective demand, supply, and harm reduction strategies.

The objective of the NDS

The NDS has an overarching approach of harm minimisation and encompasses 3 pillars, each with specific objectives (NDSC 2017):

- **demand reduction:** to prevent the uptake and/or delay the onset of use of alcohol, tobacco, and other drugs; reduce the misuse of alcohol, tobacco, and other drugs in the community; and support people to recover from dependence through evidence-informed treatment
- **supply reduction:** to prevent, stop, disrupt, or otherwise reduce the production and supply of illegal drugs; and to control, manage, and/or regulate the availability of illegal drugs

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- **harm reduction:** to reduce the adverse health, social and economic consequences of the use of drugs for consumers, their families, and the wider community.

The collection of treatment services data, for example in the AODTS NMDS, forms part of the evidence base reinforcing harm reduction actions in the strategy, which include (NDSC 2017):

- increasing access to pharmacotherapy treatment to reduce drug dependence and reduce the health, social, and economic harms to individuals and the community that arise from misuse of opioids
- monitoring emerging drug issues to provide advice to the health, law enforcement, education, and social services sectors to inform individuals and the community regarding risky behaviours
- developing and promoting culturally appropriate alcohol, tobacco, and other drug information and support resources for individuals, families, communities, and professionals in contact with people at increased risk of harm from alcohol, tobacco, and other drugs
- providing opportunities for intervention among high-prevalence or high-risk groups and locations, including the implementation of settings-based approaches to modify risk behaviours
- enhancing systems to facilitate greater diversion into health interventions from the criminal justice system, particularly for Aboriginal and Torres Strait Islander people, young people, and other at risk populations who may be experiencing disproportionate harm.

Alcohol and other drug treatment services

AOD treatment services provide support to people regarding their use of alcohol or drugs through a range of treatments. Treatment objectives can include reduction or cessation of substance use, as well as improving social and personal functioning. Treatment and assistance may also be provided to support the family and friends of people who have problems with alcohol or drug use. Treatment services include detoxification and rehabilitation, counselling, and pharmacotherapy, and are delivered in residential and non-residential settings.

In Australia, publicly funded treatment services for AOD use are available in all states and territories. Most of these services are funded by state and territory governments, while some are funded by the Australian Government. Information on publicly funded AOD treatment services in Australia, clients, and drug treatment are collected through the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS). The AODTS NMDS is one of several NMDSs that collect data under the 2012 National Healthcare Agreement to inform policy and help improve service delivery (COAG 2012).

Other available data sources that support a more complete picture of AOD treatment in Australia include:

- the National Opioid Pharmacotherapy Statistics Annual Data collection
- the National Hospital Morbidity Database
- the Specialist Homelessness Services collection
- the National Prisoner Health Data collection.

The AODTS NMDS

The AODTS NMDS contains information on treatment provided to clients by publicly funded AOD treatment services, including government and non-government organisations. Information on clients and treatment services are included in the AODTS NMDS when a treatment episode provided to a client is closed (see Glossary).

Information on the following types of treatment are reported:

- assessment only
- counselling
- information and education
- pharmacotherapy
- rehabilitation
- support and case management
- withdrawal management (see Glossary).

The AODTS NMDS collects data about services provided to people who are seeking assistance for their own alcohol or drug use and those seeking assistance for someone else's alcohol or drug use.

Client information is collected at the episode level in the AODTS NMDS. Further details on the estimation of client numbers and the imputation methodology can be found in the technical notes.

Data collected by treatment agencies are forwarded to the relevant state and territory health departments, who then extract required data according the specifications in the AODTS NMDS. Data are submitted to the AIHW annually for national collation and reporting.

Coverage and data quality

Although the AODTS NMDS collection covers the majority of publicly funded AOD treatment services, including government and non-government organisations, it is difficult to fully quantify the scope of AOD services in Australia.

People receive treatment for alcohol and other drug-related issues in a variety of settings not in scope for the AODTS NMDS. These include:

- services provided by other not-for-profit organisations and private treatment agencies that do not receive public funding

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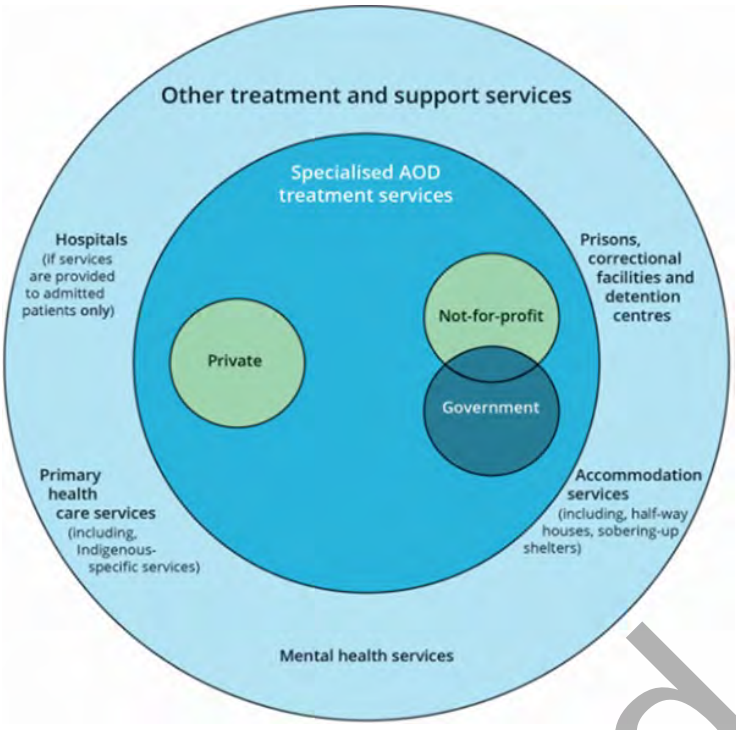
- alcohol and other drug treatment units in acute care or psychiatric hospitals that provide treatment only to admitted patients
- prisons, correctional facilities and detention centres
- primary health-care services, including general practitioner settings, community-based care, Indigenous Australian-specific primary health-care services and dedicated substance use services
- health promotion services (for example, needle and syringe programs)
- accommodation services (for example, halfway houses and sobering-up shelters) (Figure AODTS1).

In addition, agencies whose sole function is prescribing or providing dosing services for opioid pharmacotherapy are excluded from the AODTS NMDS. These data are captured in the AIHW's National Opioid Pharmacotherapy Statistics Annual Data collection.

Figure AODTS1: Alcohol and other drug treatment and support services in Australia



The Australian Government funds primary healthcare services and substance use services specifically for Indigenous Australians. These services may be in scope for the AODTS NMDS but the majority of the services currently do not report to the NMDS. These services previously reported via the Australian Government-funded Aboriginal and Torres Strait Islander substance use services, via the Online Services Report (OSR) data collection, however, the substance use services program was transferred to the Department of Prime Minister and Cabinet and then to the National Indigenous Australian Agency.

In 2019–20, 94% (1,258) of in-scope agencies submitted data to the AODTS NMDS. Overall, from 2018–19 to 2019–20, there was a decrease of 3 percentage points in the proportion of in-scope agencies that reported to the collection. For the 2014–15 and 2015–16 reporting periods, sector reforms and system issues in some jurisdictions affected the number of in-scope agencies that reported. This led to an under-count of the number of closed treatment episodes reported for these years, so results, especially across reporting years, should be interpreted with caution.

Further details on scope, coverage and data quality are available from the AODTS NMDS Data Quality Statement.

References

See reference list.

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COVID-19 impact

COVID-19 impact on alcohol and other drug treatment services

On this page:

- Access to alcohol and other drug treatment
- Variation in main treatment type
- Variation in AOD treatment delivery settings
- COVID-19 impact on state and territory AOD treatment services

In response to the COVID-19 pandemic, a range of measures were introduced in Australia in mid-March 2020 to limit the spread of COVID-19. These measures were extended in late March 2020 with all non-essential services ordered to temporarily close by the Australian Government. Restrictions eased in most jurisdictions over the mid-year period, with the exception of Victoria, which continued with lockdown measures into November 2020.

Key findings

AOD treatment services reported changes in service usage and impacts on treatment provision in response to the COVID-19 pandemic. Nationally, a comparison of quarterly trends in AOD treatment episodes over 2018–19 and 2019–20 showed:

- For the type of treatment provided:
  - a drop in closed episodes for both rehabilitation and information and education main treatment types in Quarter 4 (April to June) 2019–20.
- For where the treatment was provided:
  - a drop in treatment episodes provided in residential treatment facilities in Quarter 4 2019–20, reflecting reduced client capacity in this setting and thus availability of treatment places
  - a substantial increase in treatment episodes provided in a home setting in Quarter 4 2019–20, reflecting agencies adapting to telephone/video consultations.

This section explores access to alcohol and other drug treatment services by examining the type of alcohol and other drug treatments provided and the delivery settings in which these occurred. Comparison of quarterly financial year episode data allows for the period of lock down (April-June) to be compared across the 2019–20 year and with previous years' data.

Quarterly reporting of Alcohol and other drug treatment services data

The collection period for the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) is by financial year. In order to examine the impact of the pandemic, which began mid-way through the collection period, closed treatment episode data from 2019–20 are analysed quarterly and compared with the equivalent data from the previous collection year. Financial year data include treatment episodes that ended within the period and excludes those that were ongoing or new (not closed) within the reporting year. This will lead to an underestimation of the number of treatment episodes presented in this analysis. Quarters are presented as financial year quarters in this analysis; Q1=Jul-Sep, Q2=Oct-Dec, Q3=Jan-Mar, Q4=Apr-Jun. See Key terminology and glossary.

Access to alcohol and other drug treatment

The COVID-19 restrictions introduced new challenges for both clients accessing alcohol and other drug (AOD) treatment and AOD service providers. The aim for services across Australia was to support flexible AOD treatment delivery and maintain the health and safety of clients and service providers. The restrictions caused a number of AOD services to either suspend treatment or operate in new or different ways in 2020. From March 2020 onwards, states and territories reported specialised treatments provided by AOD services were affected by the introduction of social distancing measures, reducing availability of treatment places. In response, a number of treatment services adapted practices by expanding access to online services and telehealth appointments.

Note that the trends below have been identified nationally and individual jurisdiction trends may differ.

Variation in main treatment type

Nationally, between 2018–19 and 2019–20 there were some notable changes in main treatment service types, particularly treatment services involving groups of people or requiring tailored physical settings. Analysis of the number of closed treatment episodes shows that some changes in main treatment type trends are likely to be associated with the COVID-19 pandemic restrictions (Figure COVID1).

Figure COVID1: Closed treatment episodes, by main treatment type, state and territory, quarterly data, 2018–19 to 2019–20

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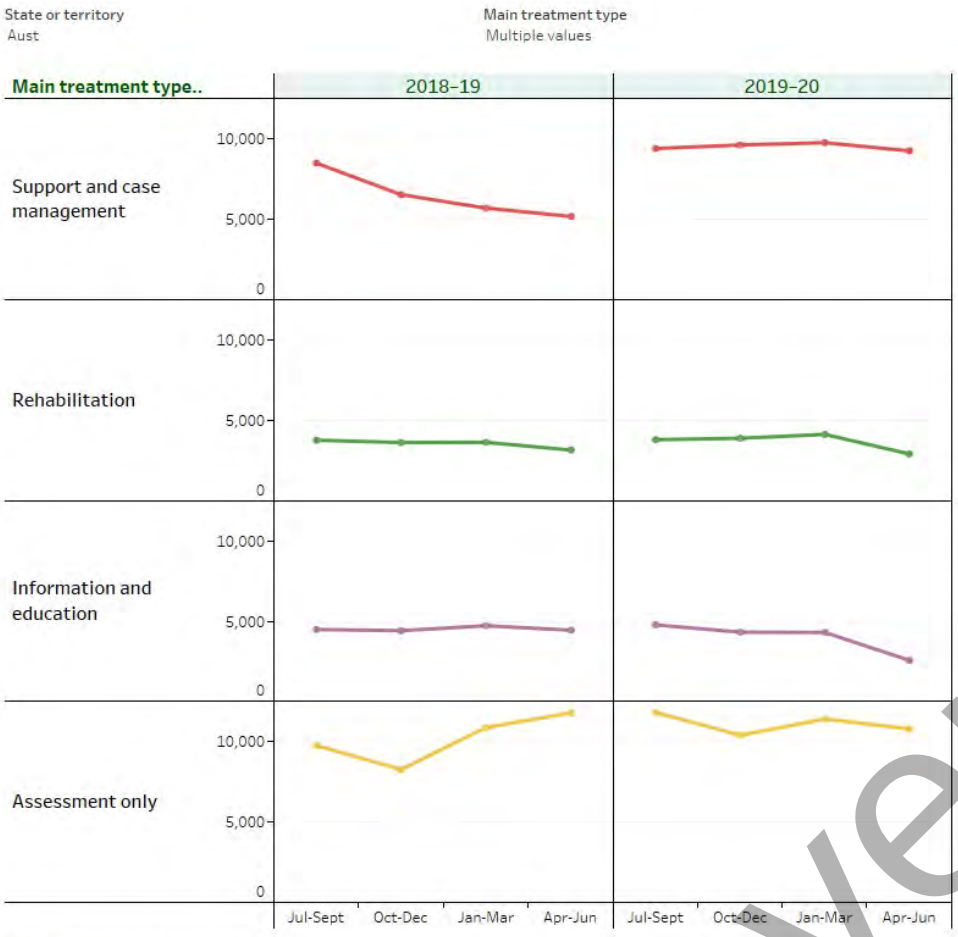

Title: Closed treatment episodes, by main treatment type, state and territory, quarterly data, 2018–19 to 2019–20
Source: Table Cov_month table 1. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set
www.aihw.gov.au

Nationally, main treatment types that showed variation most likely attributable to COVID-19 restrictions, included the following:

- The drop in the number of closed treatment episodes for **rehabilitation** as a main treatment type in Quarter 4 2019-20 was greater than expected compared with quarterly trends in 2018-19.
- Similarly, **information and education** quarterly trend data show a substantial drop in treatment episodes for Quarter 4 2019-20, where the previous year's quarterly treatment episodes showed relatively little variation.
- **Assessment only** quarterly trend data in 2019-20 do not show the same pattern of growth seen in Quarter 2-4 in 2018-19: there was no sustained growth in treatment episodes for Quarter 4 2019-20.
- Quarterly treatment trends for **support and case management** episodes differed between the two years, however, the gradual increase in the number of treatment episodes in 2019-20 was not maintained in Quarter 4. The number of treatment episodes in Quarter 4 2019-20 was lower than the same quarter in 2018-19.
- **Counselling** quarterly treatment episodes show a notable increase in Quarter 4 2019-20, where previous year's quarterly episodes showed relatively little variability.

Variation in AOD treatment delivery settings

Some types of treatment provided to AOD clients require specific settings. For example, withdrawal (detox) and rehabilitation treatment service types are mostly provided in residential settings whereas counselling, support and case management can be provided in most settings. Some delivery settings were impacted more than others in the last quarter of 2019-20 (Figure COVID2).

Figure COVID2: Closed treatment episodes, by treatment delivery setting, state and territory, quarterly data, 2018-19 to 2019-20

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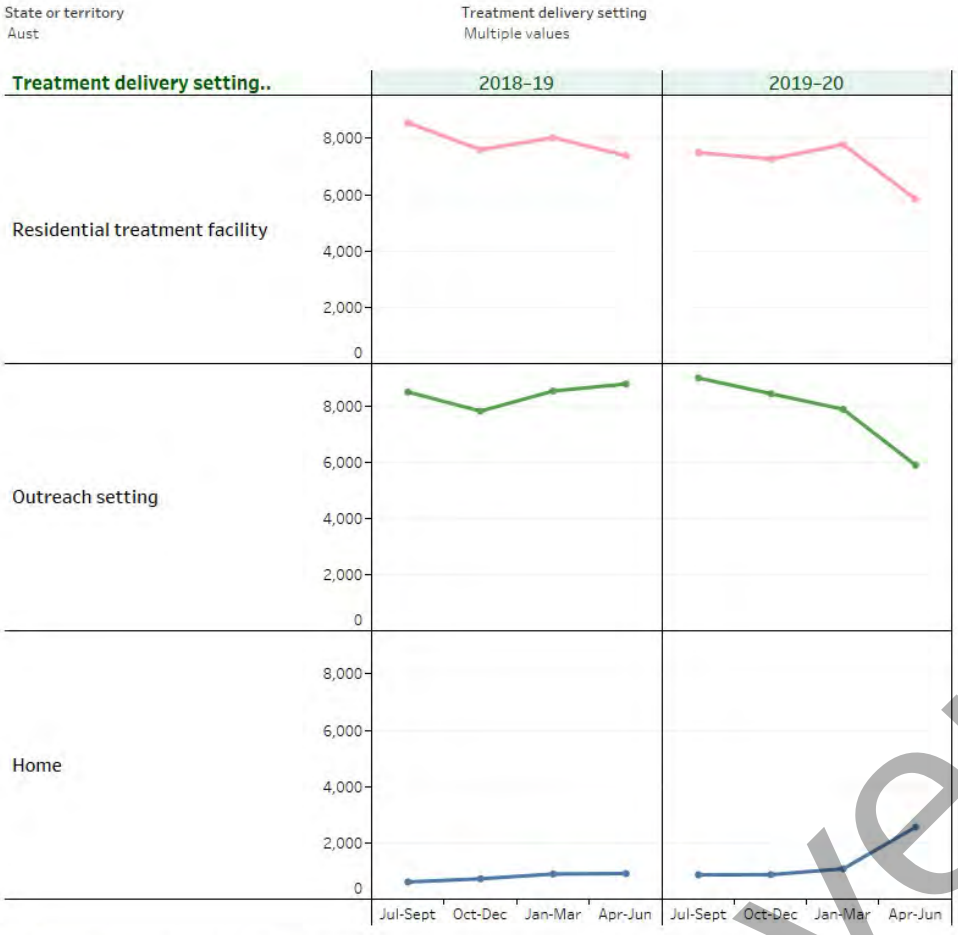

Title: Closed treatment episodes, by treatment delivery setting, state and territory, quarterly data, 2018–19 to 2019–20
Source: Table Cov_month table 2. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set
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A comparison of national quarterly trends in AOD service delivery settings in 2019–20 and 2018–19 show:

- **Residential treatment facilities**: the drop in the number of treatment episodes provided in residential treatment facilities in Quarter 4 2019–20 was greater than might be expected compared with quarterly trends in 2018–19.
- **Outreach settings**: the provision of treatment in an outreach setting showed a different quarterly pattern between 2018–19 and 2019–20, however there was a notable decrease in Quarter 4 2019–20 treatment episodes, greater than might be expected relative to the yearly trend.
- **Home setting**: the provision of treatment in the home generally shows little variation across time with the number of episodes provided in this setting the smallest of all delivery settings. There was a substantial increase in the number of episodes provided in Quarter 4 2019–20 compared with previous time periods.

The type of main AOD treatment and where it is delivered are intricately linked. The identified changes in the number of treatment episodes for some treatment types and some treatment delivery settings over the COVID-19 period likely reflect this association. For example:

- decreases in treatment services for rehabilitation and withdrawal management, may in part be due to reduced client capacity in residential settings and thus availability of treatment places
- the change from face-to-face to telephone or video conferencing services, for treatments such as group counselling sessions, and support and case management
- treatment types provided by outreach services were limited in their ability to provide treatment due to the face-to-face nature of this service delivery; by contrast, non-residential services such as home and 'other' increased due to access to telehealth consultations
- the drop in information and education treatment episodes may be a consequence of COVID-19 and public health restrictions on justice system operations (police/court referrals mainly refer clients to information and education programs); availability of suitable settings for group Information and education treatment impacted delivery
- adapting service delivery for service types such as assessment, counselling, and support and case management to better suit online or offsite (home) treatment settings. The increased reporting of 'other' treatment settings may reflect agencies adapting to telephone/video conference consultations.

COVID-19 impact on state and territory AOD treatment services

Summary information provided by states and territories, regarding the AODTS NMDS data collection for 2019–20:

New South Wales

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COVID-19 restrictions impacted delivery of services including withdrawal management and residential rehabilitation. Some services closed for a short period of time, and adapted service operations once they re-opened, due to limited bed capacity in accordance with social distancing guidelines. Face-to-face services were reduced and services transitioned to the use of telehealth (primarily telephone or video conference), group counselling sessions were moved online.

Increases in AOD service demand during COVID may have been due to:

- people seeking assistance due to unavailability of other services or inability to access services (e.g. cross border communities, rural and remote communities unable to get to metropolitan services)
- more people were at home due to employment changes or job loss, travel restrictions including border closures, this increased isolation and mental health issues and increased the need for local services
- increased online services offered by some agencies; easier for younger people to manage and engage in services
- increased services provided by phone improved access to treatment and support.

Decreases in AOD services may have been affected by:

- fewer people seeking treatment during the COVID lockdown period - not wanting to go out
- group treatment work cancelled
- access for agencies regarding ICT infrastructure and internet capacity highlighted a divide for regional and rural services; weak connectivity contributed to potential decline of some service delivery
- all home visits and external (outreach) service visits were suspended for a period of time
- regional and rural services less affected, however access to metropolitan services by rural clients was affected, movement to and from "hotspots" was problematic
- difficulty accessing technology for some clients
- new client assessments decreased as treatment places were limited
- decreased availability of withdrawal detox/residential rehabilitation services.

Victoria

COVID-19 restrictions impacted the main treatment types including withdrawal management (detoxification) and residential rehabilitation, as bed-based units were operating at reduced capacity to ensure social distancing guidelines were met; bed-based occupancy decreased compared to pre-COVID occupancy.

The number of treatment referrals decreased, and the number of admission cancellations increased for residential withdrawal and rehabilitation services.

The majority of AOD service providers moved to a telehealth model and discontinued face-to-face contact with clients unless the client received withdrawal or residential rehabilitation services. Due to reduced capacity for residential services, wait times between referrals and admissions increased.

Queensland

There was an overall decrease in closed treatment episodes across all treatment types for the period of March-June 2020. The treatment types of counselling and information and education decreased from March to June 2020 compared to the same period in the previous year.

During the March to June 2020 period, diversion episodes (both public and private) decreased. Diversion treatment that is provided as part of police and court diversion has been steadily declining since 2015–16, but experienced a large decrease in 2019–20 due to the impact of COVID-19 and public health restrictions. Specifically, the public health restrictions substantially reduced and restricted the operation of Magistrates Courts between March 2020 and June 2020. From March to August 2020, most police and court diversion appointments were scheduled to occur by telephone, with only a few providers offering face-to-face appointments.

Western Australia

As a result of COVID-19 restrictions, services offered more telehealth appointments and decreased bed capacity across residential services, reducing the amount of people accessing AOD services.

South Australia

As a result of COVID-19 restrictions, AOD services offered more telehealth appointments in place of face-to-face treatment. Group treatment sessions were cancelled and telehealth appointments were offered instead. Medically Assisted Treatment for Opioid Dependence prescription review periods were increased from 3 to 6 months during COVID restrictions.

Tasmania

There was an overall reduction in the number of closed AOD treatment episodes in Tasmania, from April 2020 as a result of COVID-19 restrictions. The main treatment types of rehabilitation and counselling declined over the April to June 2020 period and face-to-face outreach services moved to providing telehealth services.

Australian Capital Territory

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As a result of COVID-19 restrictions, non-residential face-to-face and group treatment changed to telehealth services. There was also decreased bed capacity in residential rehabilitation and withdrawal services, as well as decreased intake of new clients to residential and non-residential services.

Northern Territory

As a result of COVID-19 restrictions, there was a decrease in the number closed treatment episodes for treatment provided in residential rehabilitation to ensure social distancing guidelines were adhered to. Outreach services increased to compensate for reduced residential services.

For the April to June 2020 period, closed episodes where main treatment type was residential rehabilitation decreased compared to the same period in the previous year.

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Agencies

On this page

- Key findings
- Number of agencies
- Service sector
- Location of agencies

The Australian Government and state and territory governments fund both government and non-government organisations to provide a range of Alcohol and Other Drug (AOD) treatment services (see Key terminology and glossary). Services are delivered in residential and non-residential settings and include treatments such as detoxification, rehabilitation, counselling and pharmacotherapy.

The AODTS NMDS contains information on a subset of publicly funded AOD treatment services (see Policy Framework for details of collection scope).

Key findings

In 2019–20:

- a total of 1,258 publicly funded agencies provided data about their treatment services to the AODTS NMDS
- over 2 in 3 (67%) agencies were non-government
- nearly 3 in 5 (58%) agencies were located in *Major cities*
- nationally, counselling was the most common main treatment type provided by agencies across all remoteness areas except for *Very remote* areas where it was information and education.

Nationally, over the 10-year period to 2019–20:

- the total number of publicly funded agencies providing AOD treatment rose from 666 in 2010–11 to 1,258 in 2010–11—an increase of 89%.

Number of agencies

In 2019–20:

- 1,258 publicly funded AOD treatment agencies reported to the AODTS NMDS, a decrease of 1.9% (from 1,283) since 2018–19. This decrease is due to agency changes in reporting requirements, newly funded services which were still establishing reporting and/ or resourcing issues.
- The number of agencies ranged from 16 in the Australian Capital Territory to 473 in New South Wales (Table SA.1).

Over the 10-year period to 2019–20:

- there has been an 89% increase in the number of reporting agencies (from 666 to 1,258). The increase is largely due to increases in reporting agencies in New South Wales (from 262 to 473), Victoria (from 136 to 338), Queensland (109 to 194) and Western Australia (56 to 104) (Table SA.1).

A number of issues can affect the increase or decrease in the number of agencies reporting within jurisdictions, and these include:

- new client management systems improving data provision
- funding of new services
- technical issues with new or old reporting systems
- overburden of reporting on small agencies.

Other changes to agency reporting include reporting from the head-office level to the service outlet level, which increases the number of agencies within one organisation. Most jurisdictions are continuing to work to improve the coverage and quality of data supplied by agencies.

Service sector

Nationally, in 2019–20:

- over 2 in 3 (67% or 843) AOD treatment agencies were non-government, and these agencies provided nearly three-quarters (73% or 174,305) of closed treatment episodes (Figure AGENCIES1).

The service sector varied by jurisdiction. In 2019–20:

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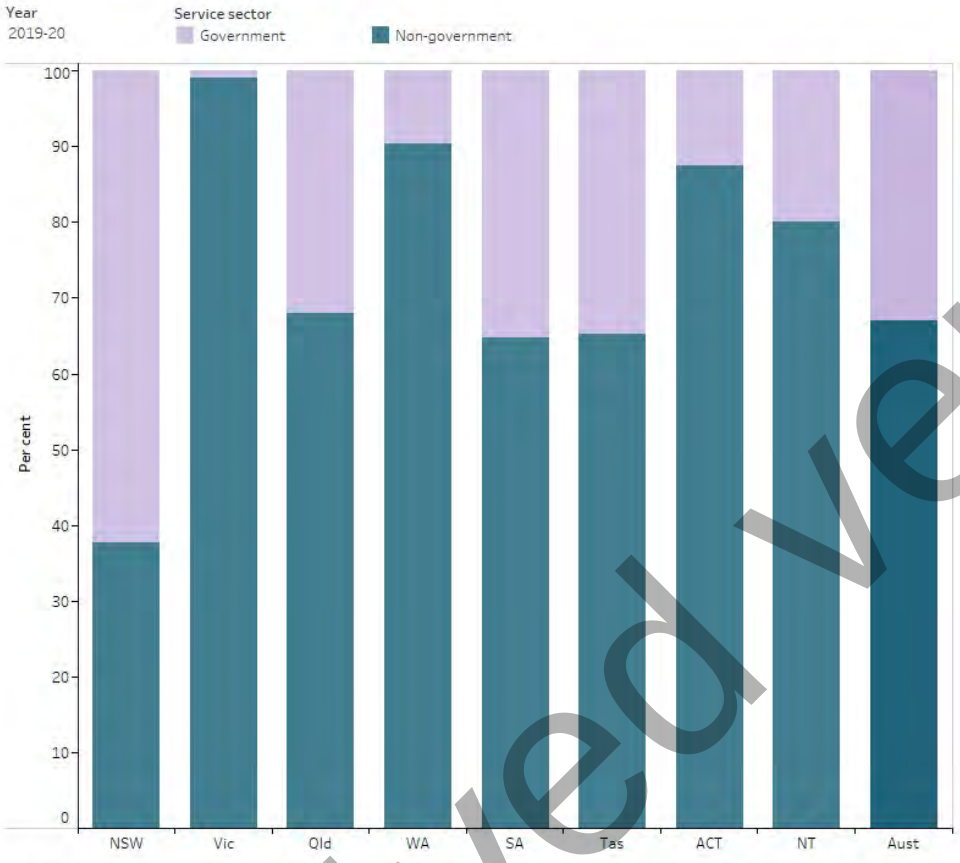
- in New South Wales the majority of treatment agencies were in the government sector (62%)
- in the remaining states and territories, most treatment agencies were in the non-government sector, ranging from 65% in South Australia and Tasmania to 99% in Victoria (Table SA.1).

Over the 10-year period to 2019–20:

- the proportion of non-government agencies increased from 54% to 67%
- the proportion of closed treatment episodes provided by non-government agencies increased from 61% to 73% (Tables SA.1 and 2).

Figure AGENCIES1: Publicly funded AOD treatment agencies by service sector, states and territories, 2010–11 to 2019–20 (%)

The vertical bar chart shows that, in 2019–20, New South Wales had the highest proportion of government agencies (62%), while Victoria had the highest proportion of non-government agencies (99%). Nationally, over 2 in 3 (67%) AOD treatment agencies were non-government.



Title: Figure AGENCIES1: Publicly funded AOD treatment agencies by service sector, states and territories, 2010–11 to 2019–20 (%)
Source: Table SA.1. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

Location of agencies

In 2019–20:

- Nearly 3 in 5 (58% or 724) treatment agencies were located in *Major cities* and a quarter (25% or 311) were in *Inner regional* areas (Table SA.3). Agencies in these two areas provided 82% of all closed treatment episodes (Table SA.4; Figure AGENCIES2).
- Relatively few agencies were located in *Remote* and *Very remote* areas (5% in total).
- This pattern was similar across most states and territories, except for Northern Territory where 32% of agencies were located in *Remote* and 20% in *Very remote* areas (Table SA.3).

Over the 5 year period to 2019–20:

- Nationally, the total number of agencies has increased, rising from 791 agencies in 2015–16 to 1,258 agencies in 2019–20.

The majority of agencies were located in *Major cities*: this trend was similar for most states and territories, but does not apply to the Northern Territory and Tasmania which do not have these areas.

Figure AGENCIES2: Publicly funded AOD treatment agencies by remoteness, states and territories, 2015–16 to 2019–20 (%)

The horizontal bar chart shows that, in 2019–20, most agencies (63%) in New South Wales were located in *Major cities*. Tasmania and Northern Territory do not have any areas classified as *Major cities*. Nationally, almost 3 in 5 (58%) agencies were located in major cities.

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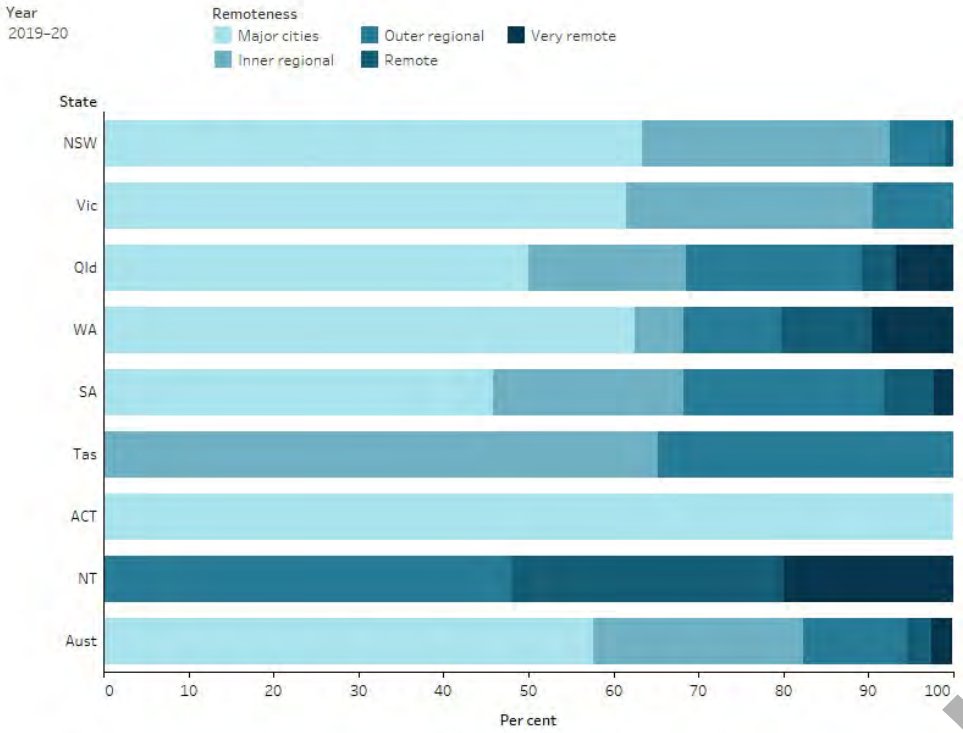

Title: Figure AGENCIES2: Publicly funded AOD treatment agencies by remoteness, states and territories, 2015–16 to 2019–20 (%)
Notes:
1. Components may not sum to 100 per cent or the total number of treatment agencies as some treatment agencies are distributed among more than one remoteness area. Where that is the case, a weighting equivalent to the proportion of the agency area donated to the remoteness area has been applied.
2. Prior to 2018–19, remoteness was calculated using Australian Bureau of Statistics Australian Statistical Geography Standard (ASGS) (ABS CAT.1270.0,2011 version). From 2018–19 onwards, remoteness was calculated using ASGS (ABS CAT.1270.0,2016 version).
Source: Table SA.3. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

There was variation across remoteness areas based on the type of main treatment provided. Nationally, in 2019–20:

- Counselling was the most common main treatment type provided by agencies across all remoteness areas except for *Very remote* areas.
- The proportion of treatment episodes for counselling ranged from as high as 53% in *Remote* areas to 35% in *Major cities* (Figure AGENCIES3).

At a jurisdictional level, variation was also apparent. In 2019–20:

- Agencies across all remoteness areas in New South Wales most commonly provided counselling, ranging from 39% of closed treatment episodes in *Major cities* to 94% in *Very remote* areas. The high proportion of treatment episodes for counselling provided by agencies in *Very remote* areas represents a substantial increase from 71% in 2018–19.
  - Withdrawal management treatment provided by agencies in *Major cities* accounted for 17% of their treatment episodes compared with less than 10% in all other remoteness areas.
- In Victoria there was no dominant pattern across remoteness areas. Agencies in *Major cities* most commonly provided support and case management (31% closed episodes), *Inner regional* agencies most commonly provided assessment only (32%) and *Outer regional* counselling (36%) as a treatment.
  - Withdrawal management and rehabilitation treatments were similarly provided across *Major cities*, and *Inner regional* and *Outer regional* areas (8–9% of closed episodes and 3–4%, respectively) (Figure AGENCIES3).

Note that remoteness categories are derived by applying a correspondence based on the agency's Statistical Area level 2 code (SA2). See technical notes for information on how this affects the reporting of the number of agencies in a particular remoteness category.

Figure AGENCIES3: Treatment episodes by states and territories, treatment type and remoteness of agency 2015–16 to 2019–20 (%)

The horizontal bar chart shows the national proportion of treatment types by remoteness areas for 2019–20. Counselling was the most common main treatment type in *Major cities*, accounting for over 1 in 3 (35%) of treatment episodes, followed by support and case management (18%). Counselling was the main treatment type for over half (53%) of treatment episodes in *Remote* areas. Information and education was the main treatment type for almost half of all treatment episodes (47%) in *Very remote* areas.

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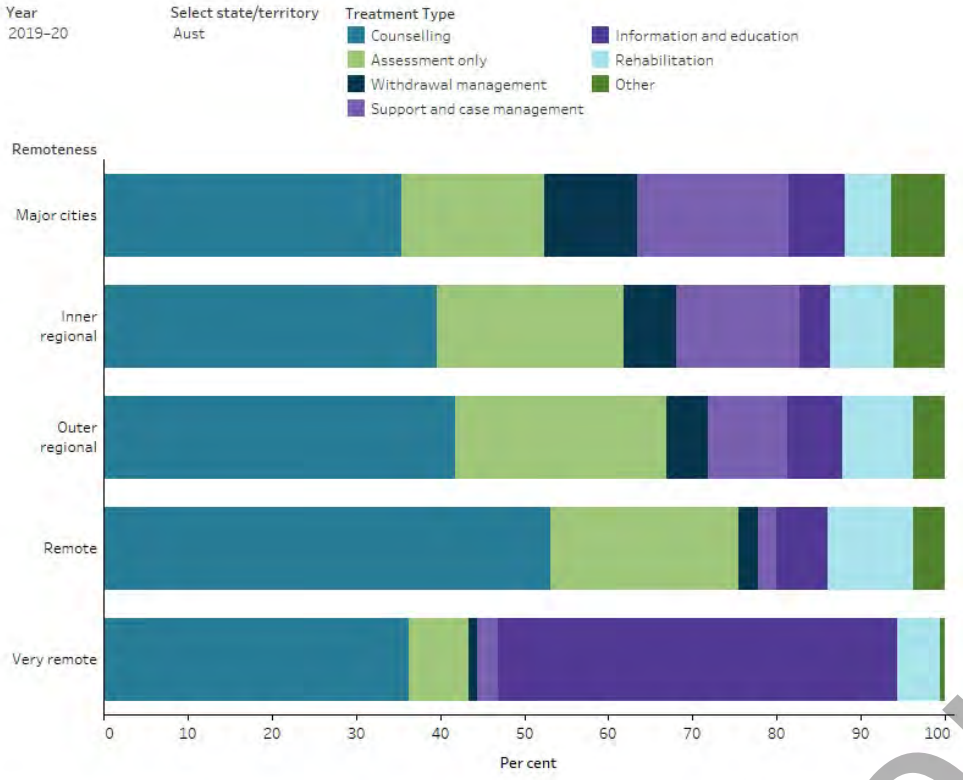

Title: Figure AGENCIES3: Treatment episodes by states and territories, treatment type and remoteness of agency 2015–16 to 2019–20 (%)

Note: Components may not sum to total number of treatment agencies as some treatment agencies are distributed among more than one remoteness area. Where that is the case, a weighting equivalent to the proportion of the agency area donated to the remoteness area has been applied.

Source: SA.9. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.

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Clients

Alcohol and other drugs treatment services clients

On this page

- Key findings
- Characteristics of clients
  - Client profile
  - Client service use over multiple years
  - Age and sex
  - Indigenous Australians
- Clients and drugs of concern
- Usual accommodation type for client

Clients may receive treatment for their own or someone else's alcohol or drug use (see Key terminology and glossary). Characteristics of all clients are described below, including client's principal drugs of concern by age group and clients receiving treatment in multiple collection years.

Key findings

In 2019–20:

- Around 139,300 clients aged 10 and over were treated by publicly funded AOD treatment services, equating to 624 clients per 100,000 people.
- Clients received just over 237,500 closed treatment episodes.
- An average of 1.7 closed treatment episodes were provided to clients seeking assistance for their own alcohol or drug use.
- Almost two-thirds of clients were male (64%), and over half (53%) of clients were aged 20–39.
- 1 in 6 (17%) clients aged 10 and over identified as Aboriginal and/or Torres Strait Islander.

From 2015–16 to 2019–20:

- Around 469,000 Australians have received treatment for alcohol or drug use over this period, some having sought treatment in more than one year.
- While there has been a small increase in client numbers over this period, from around 134,000 to 139,300, the rate of service use has not increased, from 629 clients per 100,000 population to 624.
- Of the 139,300 clients aged 10 and over who received treatment in 2019–20, around 2 in 5 (44%) had previously sought treatment by an AOD service since 2015–16.

Characteristics of clients

The number of clients treated by publicly funded alcohol and other drug treatment agencies increased from 133,895 in 2015–16 to 139,295 in 2019–20. While the number of clients has increased by 4% over this period, when taking into consideration population growth, the rate of clients accessing services has not increased. In 2019–20 the rate was 624 clients per 100,000 population, similar to the rate of 629 five years earlier (Table AODTS Clients.1).

In 2019–20, 131,076 clients received treatment for their own alcohol or drug use and 13,884 received treatment in relation to someone else's alcohol or drug use. A small proportion (4.1% or 5,665 closed treatment episodes) of clients sought treatment for their own alcohol or drug use as well as for someone else's alcohol or drug use (Table SCR.30).

The Alcohol and Other Drug Treatment Services (AODTS) collection captures information on treatment services accessed by clients. It does not measure the underlying need for treatment or level of problematic alcohol or drug use in the community. Changes in client numbers may be due to clients' access to treatment, treatment availability and/or funding available for alcohol and other drug treatment services.

Table AODTS Clients.1: AODTS clients—2015–16 to 2019–20

	2015-16[(a)]	2016-17	2017-18	2018-19	2019-20
Number of clients	133,895	127,404	129,832	136,999	139,295
Number of episodes	206,395	200,751	208,935	219,933	237,545
Rate of clients (per 100,000 population)	629	600	601	623	624

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Note: Based on records with a valid statistical linkage key (SLK-581).

(a) In 2015–16 client numbers were imputed due to low response rates for valid SLK-581.

Source: Alcohol and Other Drug Treatment Services National Minimum Data Set Table SCR.21.

Client profile

In 2019–20:

- most clients (93%) received treatment for their own alcohol or drug use and were likely to be male (66% of clients)
- in contrast, clients who received treatment for someone else's alcohol or drug use (7%) were more likely to be female (50%) (Tables SC.1–2)
- the rate of clients receiving AOD services was highest for those that lived in *Very remote* areas (1,865 clients per 100,000 population), followed by *Remote* areas (1,382 clients per 100,000) and *Outer regional* areas (887 clients per 100,000; Table SCR.29)
- almost 4 in 5 (79%) clients received treatment at a single agency, 14% at 2 agencies, and 7% of clients received treatment at 3 or more agencies (Table SCR.23).

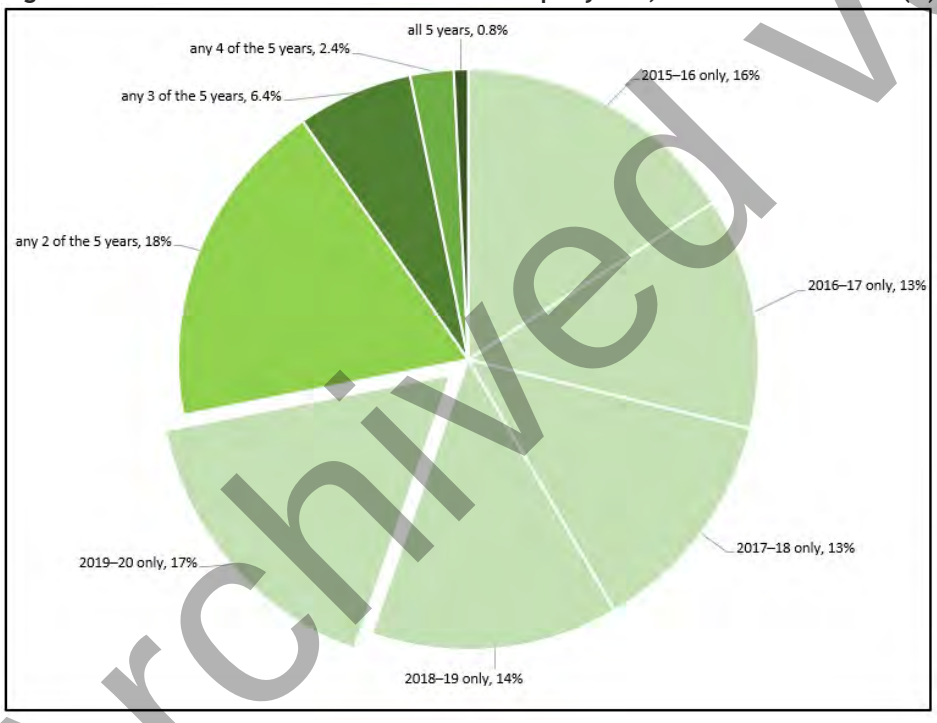
Client service use over multiple years

Nationally, an estimated 469,059 Australians have sought AOD treatment, receiving one or more closed treatment episodes since 2015–16 (Figure CLIENT1; Table SCR.28).

Of these clients, over the 5 years to 2019–20:

- The majority received treatment in a single year (72%):
  - 17% (77,571) received treatment for the first time in 2019–20
  - A further 55% (259,884) received treatment in only one of the four collection periods (excluding 2019–20).
- Of the 139,300 clients aged 10 and over that received treatment in 2019–20; over 2 in 5 (44%) clients had previously sought treatment by an AOD service in one or more years since 2015–16.

Figure CLIENTS1: Client service use over multiple years, 2015–16 to 2019–20 (%)



Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set Table SCR.28.

Age and sex

Clients who received treatment for their own alcohol or drug use tended to be younger than those who received treatment for someone else's alcohol or drug use.

In 2019–20, client characteristics revealed:

- the majority of all clients were male (64%)
- two thirds (66%) of clients receiving treatment for their own alcohol or drug use were aged under 40 years, compared with half (51%) of those who received treatment for someone else's alcohol or drug use
- clients aged 60 and over accounted for 4% of clients who received treatment for their own alcohol or drug use, compared with 12% of clients who received treatment for someone else's alcohol or drug use (Figure CLIENTS2, Table SC.3).

Figure CLIENTS2: Proportion of clients by client type, sex and age group (years), 2019–20

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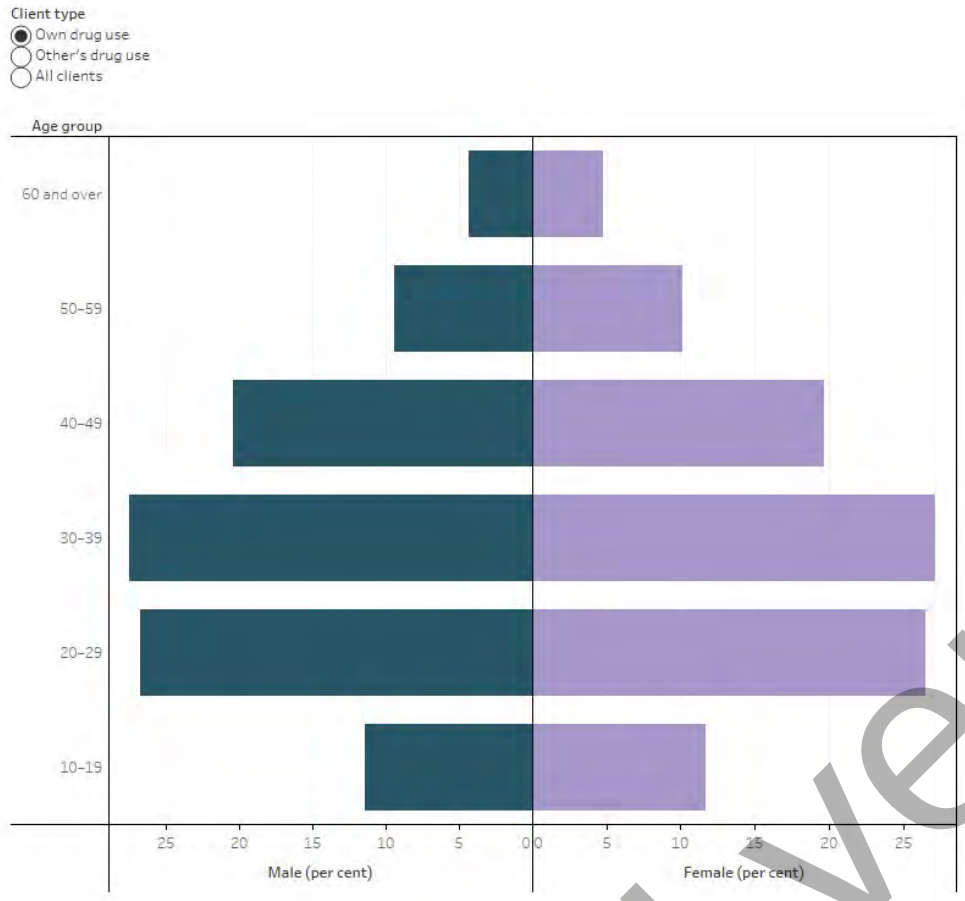
The butterfly bar chart shows that most clients seeking treatment for their own drug use were aged 20–39 in 2019–20. This pattern was similar for both male and female clients (both 54%).



Title: Figure CLIENTS2: Proportion of clients by client type, sex and age group (years), 2019–20 (%)
Note: Client numbers and rates are based on client records with a valid statistical linkage key (SLK).
Source: Table SC.7. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

Closed treatment episodes from 2010–11 to 2019–20 revealed:

- the median (midpoint) age from all treatment episodes rose from 33 to 35 years
- for episodes related to another's alcohol or drug use; clients were generally older than those receiving treatment for their own drug use, with the median age fluctuating from 41 years in 2010–11 down to 39 years in 2014–15, rising to 44 years in 2016–17 and 2017–18, then dropping to 39 years in 2019–20 (Table SE.8).

Indigenous Australians

Despite comprising 2.6% of the Australian population aged 10 and over in 2019–20 (ABS 2019a), clients who identified as Aboriginal and/or Torres Strait Islander continue to be overrepresented among AODTS clients.

In 2019–20 Indigenous clients accounted for 17% of all clients (an estimated 23,333 clients) treated by publicly funded AOD services. Nationally, this equates to a rate of 3,606 clients per 100,000 Indigenous Australians. Indigenous status was not reported for 5% of AODTS clients (tables SCR.4, SCR.26).

Aboriginal and/or Torres Strait Islander people were overrepresented in both client groups:

- 1 in 6 (17% or 22,187) clients receiving treatment for their own alcohol or drug use
- 1 in 10 (11% or 1,146) clients receiving treatment for someone else's alcohol or drug use (Table SC.4).

In 2019–20, the main drugs that led Indigenous clients to seek treatment were alcohol, amphetamines, cannabis, heroin and volatile solvents.

Clients and drugs of concern

AOD treatment services provide treatment for the client's drug that is of most concern for them, this is referred to as their principal drug of concern.

Different age groups sought treatment for different principal drugs of concern. For clients who received treatment for their own alcohol or drug use in 2019–20:

- Alcohol was the most common principal drug of concern in the older age groups: almost 3 in 5 clients aged 50–59 (58%) and over 7 in 10 clients aged 60 and over (74%) received treatment for alcohol as a principal drug of concern.

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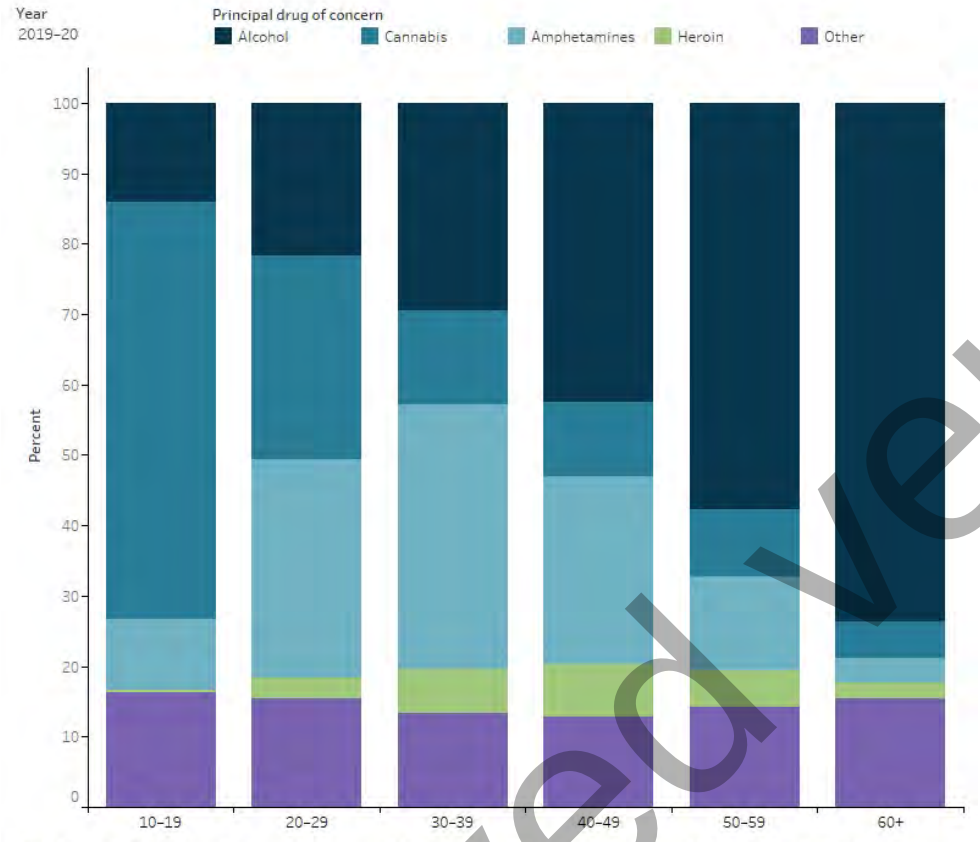
- Cannabis was the most common principal drug of concern in young clients: 3 in 5 clients aged 10–19 (59%) received treatment for cannabis as a principal drug of concern.
- Amphetamines were the most common principal drug of concern in the middle age groups: almost 2 in 5 clients aged 30–39 (38%) and 3 in 10 clients aged 20–29 (31%) received treatment for amphetamines as a principal drug of concern (Figure CLIENTS3, Table SC.7).

Figure CLIENTS3: Clients who received treatment for their own drug use, by age group (years), and principal drug of concern, 2013–14 to 2019–20

The stacked vertical bar graph shows that cannabis was the most common principal drug of concern for clients aged 10–19 where 3 in 5 (59%) received treatment. The proportion of clients receving treatment for alcohol as the principal drug of concern increased with age, from 43% of clients aged 40–49 to 58% of clients aged 50–59 and almost 3 in 4 (74%) clients aged 60+. Within clients aged 30–39, 38% of clients had amphetamines as the principal drug of concern, the highest proportion of all age groups.



Title: Figure CLIENTS3: Clients who received treatment for their own drug use, by age group (years), and principal drug of concern, 2013–14 to 2019–20
Note: Based on client records with a valid SLK.
Source: Table SC.7, AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
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The age and sex profiles of the clients for the different principal drugs of concern varied. For clients who received treatment for their own alcohol or drug use in 2019–20:

- where heroin was the principal drug of concern, treatment was more common for clients aged over 30 (83% of clients); primarily clients aged 30–39 (39%) and 40–49 (32%), compared with 0.8% of clients aged 10–19 (Table SC.7)
- over half (51%) of all clients receiving treatment for codeine as the principal drug of concern were female clients
- males were seven times more likely to receive treatment for cocaine as a principal drug of concern than females (88% of episodes for males and 12% for females; Table SC.6)
- over 8 in 10 (84%) clients receiving treatment for volatile solvents as the principal drug of concern were Indigenous clients (Table SC.8).

Usual accommodation type for client

The collection of information about a client's usual type of accommodation where they lived prior to the start of their episode of AOD treatment enables AOD services to identify clients who may be vulnerable, such as clients from custodial settings or clients at risk of homelessness. This information may help identify clients living in a public place or homeless, supporting the 'no exit to homelessness' policy where agencies can only discharge a client to safe, stable housing (Department of Social Services 2020).

Usual accommodation type for the client prior to treatment is reported for selected jurisdictions: New South Wales, Queensland, Western Australia, South Australia and the Northern Territory. As data quality improves additional jurisdictional data will be reported. The following analysis includes 59% of all closed treatment episodes (141,250) (Figure CLIENTS4).

In 2019–20, closed treatment episodes regarding the usual accommodation type for AODTS clients from New South Wales, Queensland, Western Australia, South Australia and the Northern Territory revealed:

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- the most common usual accommodation prior to the start of the AOD treatment episode in all selected jurisdictions was Independent residential accommodation (e.g. private residences, boarding houses, private hotels and informal housing)
  - Independent residential accommodation ranged from 67% in the Northern Territory to 84% in Queensland and Western Australia.
- the Northern Territory reported of the highest proportion of episodes with usual accommodation types custodial (Prison/remand centre/youth training centre) and supported independent living (Figure CLIENTS4; Table SE.28).

Figure CLIENTS4: Closed episodes by clients accommodation type prior to treatment service, selected states and territories, 2019-20

The stacked vertical bar graph shows that independent residential was the most common accommodation type across all selected states, ranging from 67% in Northern Territory to 85% in Western Australia. Other accommodation types varied by state, other than the category other, none/homeless/public place was the most common accommodation type in New South Wales and Western Australia (5.0% and 5.8% respectively), while custodial (12%) was the most common accommodation type in the Northern Territory.

Title: Figure CLIENTS4: Closed episodes by clients accommodation type prior to treatment service, selected states and territories, 2019–20
Notes:
1. 'Other' includes where accommodation type prior to treatment service was hospital, residential aged care, residential AOD/MH/Other and other.
2. 2019–20 collection year data with valid response rates (over 90%) for Usual accommodation type for the client prior to service for selected jurisdictions.
Source: Table SE. 28 AIHW Alcohol and Other Drug Treatment National Minimum Data Set.
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Drugs of concern

On this page

- Key findings
- Drugs of concern & treatment provided

People may seek alcohol and other drug treatment services due to problematic use of alcohol and/or one or more drug. The principal drug of concern is the main substance that the client stated led them to seek treatment from the AOD treatment agency. It is assumed that only the person using the substance themselves can accurately report their principal drug of concern; therefore these data are not collected from those who seek treatment for someone else's drug use. Clients can nominate up to 5 additional drugs of concern; these are referred to as additional drugs of concern but are not necessarily the subject of any treatment within the episode.

Information on clients and treatment agencies are included in the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) when a treatment episode provided to a client is closed (see Key terminology and glossary).

Key findings

In 2019–20, nationally:

- alcohol was the most common principal drug of concern (34% of episodes) followed by amphetamines (28%), cannabis (18%), and heroin (5%); together these four drugs accounted for 85% of all treatment episodes
- alcohol was the most common principal drug of concern in all remoteness areas, with the highest proportion of alcohol treatment episodes located in *Very remote* areas (82%), and the lowest proportion in *Major cities* (32%)

Over the 10-year period to 2019–20:

- while the number of treatment episodes for alcohol as the principal drug of concern increased from 68,000 in 2010–11 to 75,000 in 2019–20, proportionally, treatment for alcohol in relation to all drugs decreased from 47% to 34%
- the top four principal drugs of concern have remained consistent over time, although from 2015–16, amphetamines replaced cannabis as the second most common principal drug of concern
- the number of closed treatment episodes where amphetamines were the principal drug of concern increased by about 5-fold (rising from around 12,500 episodes up to 61,000)
- nearly 8 in 10 (78% or 47,600) treatment episodes within the amphetamines group were for methamphetamines as a principal drug of concern, increasing from 12% (1,530 episodes) in 2010–11
- treatment episodes for cannabis rose by 27% (rising from 31,700 to 40,300)
- the number of heroin treatment episodes fell from around 13,300 (9.3%) to 11,100 (5.1%) treatment episodes
- treatment episodes for cocaine increased around 4-fold (rising from 501 episodes to 2,086) over this period.

Nationally, alcohol has been the most common principal drug of concern up to 2019–20, followed by cannabis up until 2015–16, when amphetamines became the second most common principal drug of concern. Heroin has maintained its place as the fourth most common principal drug of concern. Due to this consistent trend, the focus of this section is on these 4 drugs.

Where a person receives treatment or support for someone else's alcohol or drug use, the principal drug of concern is not collected, no information is presented in this section on treatment received by people for someone else's drug use.

Drugs of concern and treatment provided

In 2019–20, 218,319 (92%) of closed treatment episodes provided nationally were for clients receiving treatment for their own alcohol or drug use (Table SE.1).

In 2019–20:

- the most common principal drugs of concern were alcohol (34% of treatment episodes), amphetamines (28%), cannabis (18%) and heroin (5%)
- clients reported an additional drug of concern in over one-third (36%) of treatment episodes:
  - 1 in 5 (21%) episodes reported 1 additional drug of concern, 9% reported 2 drugs, 3% reported 3 drugs, 1.4% reported 4 drugs, and 1.2% reported 5 additional drugs of concern
  - cannabis (15%) and nicotine (13%) were reported as the most common additional drugs of concern (tables SD.6, SD.8)
- the majority of episodes were provided by non-residential treatment facilities (64%), followed by residential treatment facilities and outreach settings (both 13%) (outreach includes any public or private location where services are provided away from the main service location, or a mobile service)
- episodes provided for the 4 most common principal drugs of concern (alcohol, amphetamines, cannabis, and heroin) were most likely to be provided by non-residential treatment facilities (ranging from 62% to 68%).

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Since 2010–11 treatment episodes for clients receiving treatment for their own alcohol or drug use:

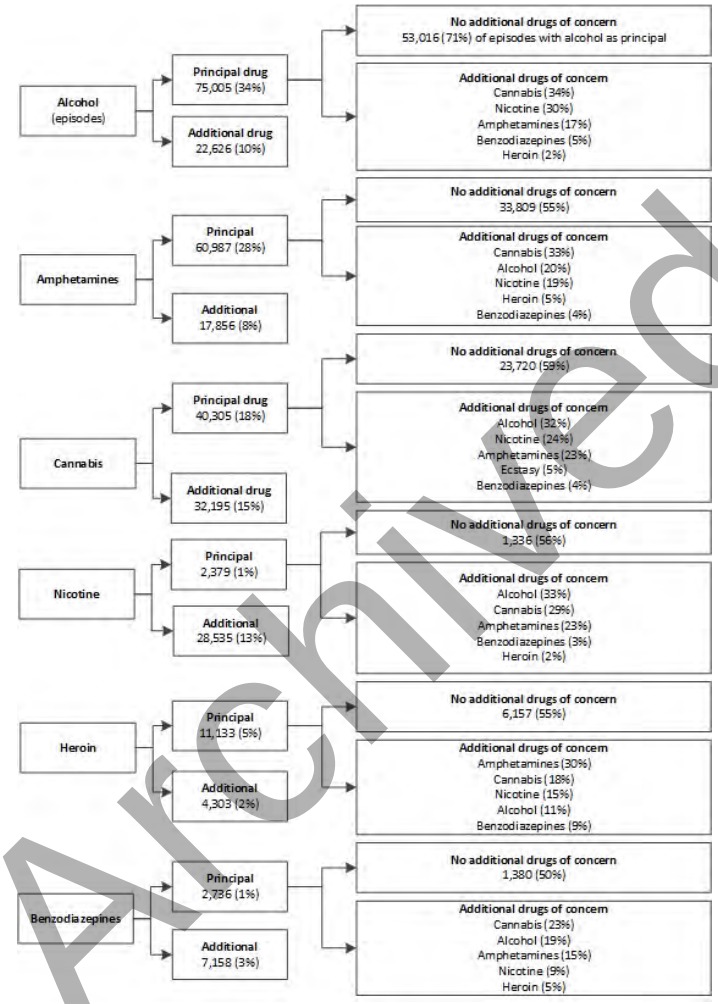
- the number of episodes for alcohol as the principal drug of concern increased from 68,167 in 2010–11 to 75,005 in 2019–20, proportionally, treatment for alcohol in relation to all drugs decreased from 47% to 34% over this period
- the proportion of episodes where amphetamines were the principal drug of concern increased from 9% to 28%.

Over the 10-year period to 2019–20, substantial shifts in treatment activity were reported. Treatment episodes for clients receiving treatment for their own alcohol or drug use:

- the number of closed treatment episodes increased by 51% (from 144,002 to 218,139)
- the number of episodes provided for amphetamines as a principal drug of concern increased substantially—rising nearly 5-fold (from 12,563 up to 60,987 treatment episodes)
- treatment episodes provided for cannabis as a principal drug of concern increased by 27% (from 31,762 to 40,305 episodes)
- the number of treatment episodes for heroin fell by 17% (from 13,354 to 11,133)
- the number of treatment episodes for alcohol fluctuated during this time, but it remains the top drug of concern nationally (Table SD.2).

Decreases or increases in certain principal drug treatment episodes in particular years can be subject to administrative anomalies in the data. For example, the drop in all treatment episodes in the 2014–15 and 2016–17 collection years may be partly related to system changes resulting in under-reporting or partial reporting of the number of episodes in some jurisdictions (see the Data quality statement for further details).

Figure DRUGS1: Closed treatment episodes for own alcohol or drug use, by principal drug of concern and additional drugs of concern, 2019-20



Note: Totals might not add to 100% due to rounding.

Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Dataset Tables SD.6, SD.7 and SD.8.

Explore drugs of concern:

- Alcohol
- Amphetamines
- Cannabis
- Heroin

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- Pharmaceuticals
- Selected other drugs

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Drugs of concern

Alcohol: client demographics and treatment

In 2019–20, alcohol was reported as a drug of concern in almost half (45%) of all closed treatment episodes, either as a principal or additional drug of concern:

- alcohol was the most common principal drug of concern in over one-third (34% or 75,005) of treatment episodes
- additional drugs of concern reported with alcohol, included cannabis (34%) or nicotine (30%) but these drugs are not necessarily the subject of any treatment within the episode (Figure DRUGS1; tables SD.6–8).

Alcohol dependence and harm

Alcohol is a central nervous system depressant that inhibits brain functions, dampens the motor and sensory centres, and makes judgment, coordination and balance more difficult (NDARC 2010).

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) developed by the World Health Organisation identifies people whose substance use may be causing them harm. High scores indicate a possible substance dependence issue while moderate scores indicate substance use that maybe harmful or hazardous to the person's health. The ASSIST-Lite is an abridged version of the ASSIST and was incorporated into the NDSHS in 2019 to estimate how many people show signs of substance dependence or a pattern of use which may be hazardous to their health.

Results from the 2019 National Drug Strategy Household Survey (NDSHS) (AIHW 2020) showed that:

- 77% of Australians aged 14 and over drank alcohol in the previous 12 months
- ASSIST-Lite scores indicated, of those Australians who had an alcoholic drink in the previous 12 months, 9.9% were likely to meet the criteria for alcohol dependence. Males (13.5%) were more likely to receive this score compared to females (6.3%).
- A further 29% of this population were using alcohol to a hazardous or harmful extent with males (36%) more likely to meet this threshold than females (22%).
- Of the Australian population aged 14 and over, this equates to 7.5% who may be experiencing alcohol dependence and would benefit from specialist treatment and a further 22% who are likely to be using alcohol in a harmful way (AIHW 2020).

Client demographics

In 2019–20, 42,426 clients received treatment for alcohol as a principal drug of concern; around two-thirds of these clients were male (65%) and 1 in 6 were Indigenous Australians (18%) (tables SC.6, SC.8).

For clients whose principal drug of concern was alcohol:

- clients were most likely aged 40–49 (26% clients), followed by 30–39 (25%) (Figure ALCOHOL1; Table SC.7).
- the rate of Indigenous Australian clients receiving treatment remains high, fluctuating over the years from 1,140 per 100,000 people in 2015–16 to 1,209 in 2019–20 (Table SCR.26).

Figure ALCOHOL1: Clients with alcohol as a principal drug of concern, by sex and age group, 2019–20 (%)

The butterfly bar graph shows clients with a principal drug of concern of alcohol were most likely to be aged 30–49 in 2019–20. This pattern was similar for both male (51%) and female (50%) clients.

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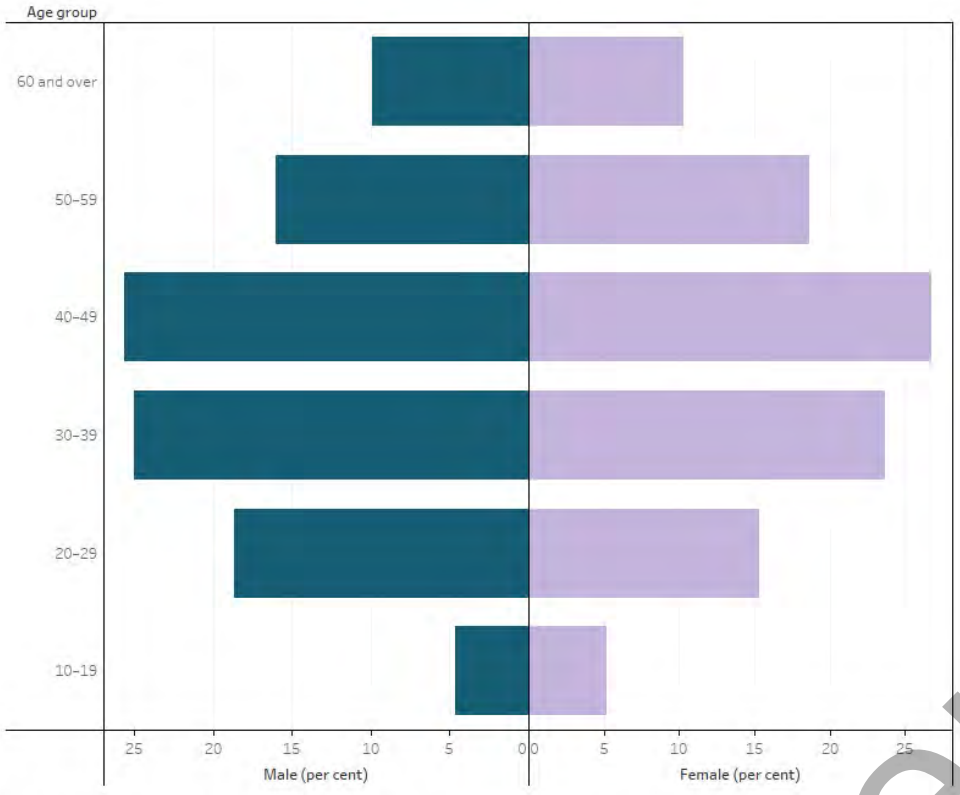

Title: Figure ALCOHOL1: Clients with alcohol as a principal drug of concern, by sex and age group, 2019–20 (%)
Notes:
1. Based on client records with a valid SLK.
2. Excludes categories for 'Not stated sex' and 'Other sex'.
Sources: Tables SC.6 and SC.7, AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

Treatment

Over the 10-year period to 2019–20 where alcohol was the principal drug of concern (Figure ALCOHOL2):

- the number of episodes increased from 68,167 in 2010–11 to 75,005. However, proportionally, treatment for alcohol in relation to all other drugs has decreased from 47% to 34%, although remains the most common
- counselling, withdrawal management and assessment only have remained the most common main treatment types:
  - counselling accounted for 38% (28,226) of treatment episodes in 2019–20, decreasing from 42% in 2010–11
  - assessment only accounted for 18% (13,498) of episodes, increasing from 15%
  - withdrawal management accounted for 14% (10,197) of episodes, decreasing by 5 percentage points over this period (Table SD.26).
- 2 in 3 (66%) treatment episodes for withdrawal management were for clients aged 40 and over (Table SD.25).
- the most common source of referral has remained self/family (42% in 2019–20), followed by a health service (41%) increasing from 30% over the 10-year period.
- source of referral from the criminal justice system (diversion) fell from 11% in 2010–11 to 2% in 2019–20 (Table SD.17).

Figure ALCOHOL2: Closed treatment episodes with alcohol as a principal drug of concern, by main treatment type, reason for cessation or source of referral, 2010–11 to 2019–20 (%)

The line graph shows that where alcohol was the principal drug of concern, counselling remained the most common main treatment type, fluctuating from 42% in 2010–11 to 45% in 2013–14 and 38% in 2019–20. Withdrawal management was the second most common main treatment type across most years, ranging from 16% in 2010–11 to 18% in 2017–18. Assessment only replaced Withdrawal management as the second most common main treatment type in 2019–20 and 2018–19. .

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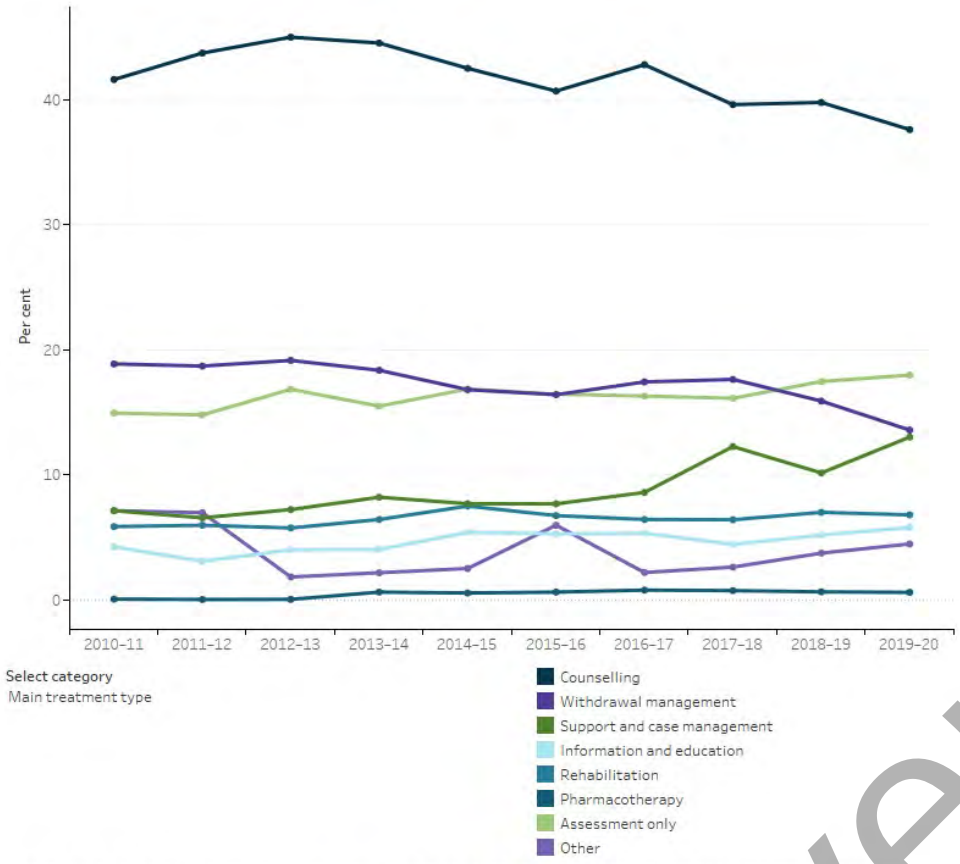

Title: Figure ALCOHOL2: Closed treatment episodes with alcohol as a principal drug of concern, by main treatment type, reason for cessation or source of referral, 2010–11 to 2019–20 (%)
Source: Tables SD.16, SD.17 and SD.26. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
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Treatment setting and reason for cessation varied somewhat by treatment type and source of referral. For alcohol-related treatment episodes in 2019–20 (Table SD.28):

- almost 2 in 3 treatment episodes took place in a non-residential treatment facility (63%), with about 1 in 6 (16%) occurring in a residential treatment facility
- counselling as the main treatment type most commonly (86%) took place in a non-residential treatment facility
- in contrast, withdrawal management and rehabilitation as main treatment types most commonly occurred in a residential facility (60% and 73%, respectively) (Table SD.28)
- 3 in 10 (30%) closed treatment episodes lasted 2 days to 1 month, and 24% lasted 1–3 months (Table SE.25)
- the median duration of episodes was just under 4 weeks (26 days) (Table SD.33)
- around 6 in 10 (62%) episodes ended with a planned cessation, while about 1 in 5 (19%) ended unexpectedly; that is, the client ceased to participate against advice, without notice or due to non-compliance.

For more information on the groupings for reasons for cessation of treatment, see Technical notes.

References

See reference list.

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Drugs of concern

Amphetamines: client demographics and treatment

In 2019–20, amphetamines were reported as a drug of concern in over one-third (36%) of all treatment episodes, either as a principal or additional drug of concern:

- amphetamines were the second most common principal drug of concern for the fourth consecutive year (28% of all treatment episodes), having surpassed cannabis in 2015–16 (46,281 episodes) and increasing to 60,987 episodes in 2019–20
- the most common additional drugs of concern reported with amphetamines include cannabis (33%), alcohol (20%) or nicotine (19%), but these drugs are not necessarily the subject of any treatment within the episode (Figure DRUGS1; tables SD.6–8).

Amphetamine use and harms

Amphetamines stimulate the central nervous system and can result in euphoria, increased energy, decreased appetite, paranoia and increased blood pressure (ADCA 2013). Long-term effects include high blood pressure, extreme mood swings, depression, anxiety, psychosis and seizures.

Methamphetamine comes in a range of forms, including powder, paste, liquid, tablets and crystalline. Methamphetamines are part of a broader category of stimulants that also includes cocaine, and 3,4-Methylenedioxymethamphetamine (MDMA). Stimulants can be taken orally, smoked, snorted/inhaled and dissolved in water and injected. Some of the harms that can arise from the use of methamphetamines and other stimulants include mental illness, cognitive impairment, cardiovascular problems and overdose (NDS 2017).

The Alcohol and Other Drug Treatment Services National Minimum Dataset data available for amphetamines correspond to the Australian Standard Classification of Drugs of Concern (ASCDC) for the general 'amphetamines' classification, in which methylamphetamine is a sub-classification. Data on different forms of amphetamines—methylamphetamine specifically—have not been separately reported over time due to the nature of the classification structure used in this collection. This report provides information on methylamphetamines as a principal drug of concern for the first time.

A client's usual method of administering their principal drug of concern can provide an indication of the form a client used, particularly for amphetamines. For example, those smoking (clients who report either smoking or inhaling amphetamines) are most likely to be using the crystal form, and those ingesting or snorting are most likely to be using the powder form. For clients injecting amphetamines, it is less clear as each of the base, crystal, powder, or liquid forms, can all be injected. However, according to the most recent data from the Illicit Drug Reporting System, of injecting users who were injecting methamphetamines, crystal was the form most often used in the previous 6 months preceding interview, followed by powder (NDARC 2020).

According to the 2019 National Drug Strategy Household Survey (AIHW 2020), the proportion of people aged 14 and over using meth/amphetamines in the last 12 months remained stable in 2019—1.3% compared with 1.4% in 2016. Crystal methamphetamine ('ice') continued to be the most common main form used among people who had recently used meth/amphetamines (57% in 2016 and 50% in 2019).

Reporting methamphetamine over time

The Australian Standard Classification of Drugs of Concern, 2011 (ASCDC, ABS 1248.0) is set up with 3 levels of classification which includes the broad group (e.g. Stimulants and hallucinogens), narrow group and base-level categories which are the most detailed.

Data available in the AODTS NMDS reports the narrow group 'amphetamines' classification. Base-level categories within this narrow group include:

- Amphetamine
- Dexamphetamine
- Methamphetamine
- Amphetamine analogues
- Amphetamines, not elsewhere classified (nec)
- Amphetamines, not further defined (nfd).

Changes to coding for methamphetamines has been difficult due to jurisdictional differences in client management systems, and the use of only broad or narrow group coding by some agencies. This has improved over time due to advancements in workforce training, agency coding practices and new system updates.

Client demographics

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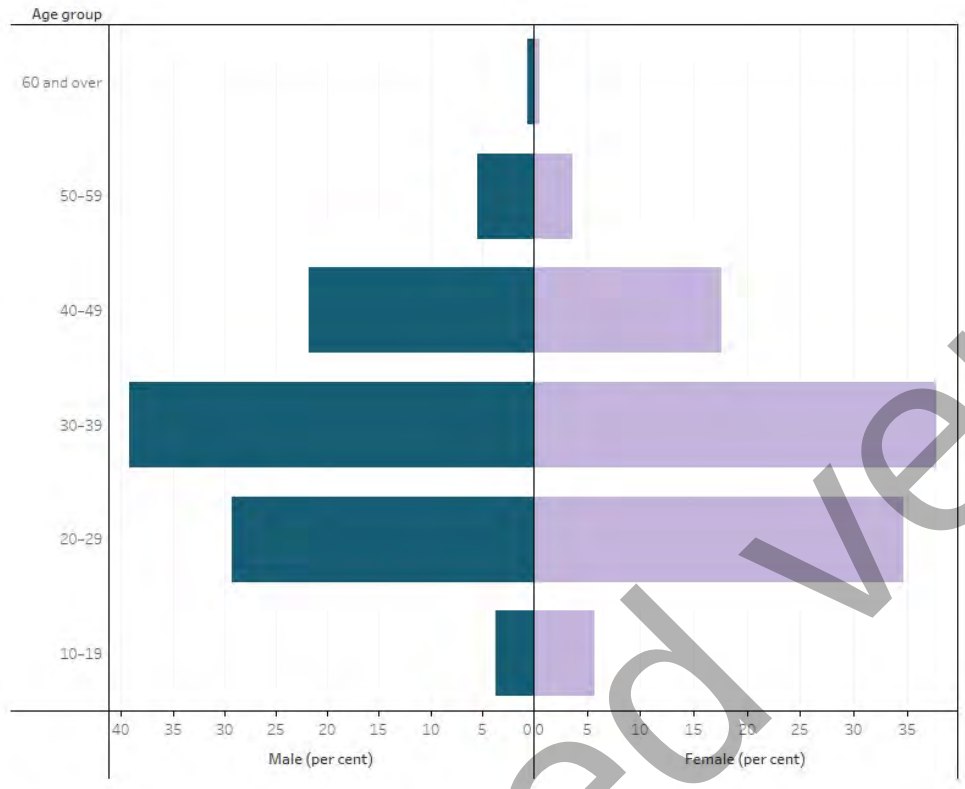
In 2019–20, 34,307 clients received treatment for amphetamines as a principal drug of concern, two-thirds (66%) of clients were male and about 1 in 6 (18%) clients were Indigenous Australians (tables SC.6, SC.8).

For clients whose principal drug of concern was amphetamines:

- male (69%) and female (72%) clients with amphetamines as their principal drug of concern were most likely to be aged 20–39 (70%) (Figure AMPHET1; Table SC.7)
- the rate of Indigenous clients receiving treatment increased from 782 per 100,000 people in 2015–16 to 1,051 in 2019–20 (Table SCR.26).

Figure AMPHET1: Clients with amphetamines as a principal drug of concern, by age group (years) and sex, 2019–20 (%)

The butterfly bar graph shows clients with a principal drug of concern of amphetamines were most likely to be aged 20–39 in 2019–20. This pattern was similar for both male (69%) and female clients (73%).



Title: Figure AMPHET1: Clients with amphetamines as a principal drug of concern, by age group (years) and sex, 2019–20 (%)
Notes:
1. Based on client records with a valid SLK.
2. Excludes categories for 'Not stated sex' and 'Other sex'.
Sources: Tables SC.6 and SC.7. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

In 2019–20, where amphetamines were the principal drug of concern:

- almost 4 in 5 (78%, or 47,599) treatment episodes within the amphetamines group were for methamphetamines as a principal drug of concern (Table SD.9)
- smoking/inhaling was the most common usual method of use for amphetamines (53% of episodes), followed by injecting (37%) (Table SD.55)
- for methamphetamines only, the usual method of use was similarly distributed; smoking/inhaling was the most common usual method of use (52% of episodes), followed by injecting (39%).

Clients can nominate up to 5 additional drugs of concern, but these drugs are not necessarily the subject of any treatment within the episode. In 2019–20, where amphetamines were the principal drug of concern:

- clients reported additional drugs of concern in just under half (45%) of episodes
- additional drugs of concern were most commonly cannabis (33%), alcohol (20%) or nicotine (19%) (Figure DRUGS1; tables SD.6–SD.7).

Over the 10-year period to 2019–20:

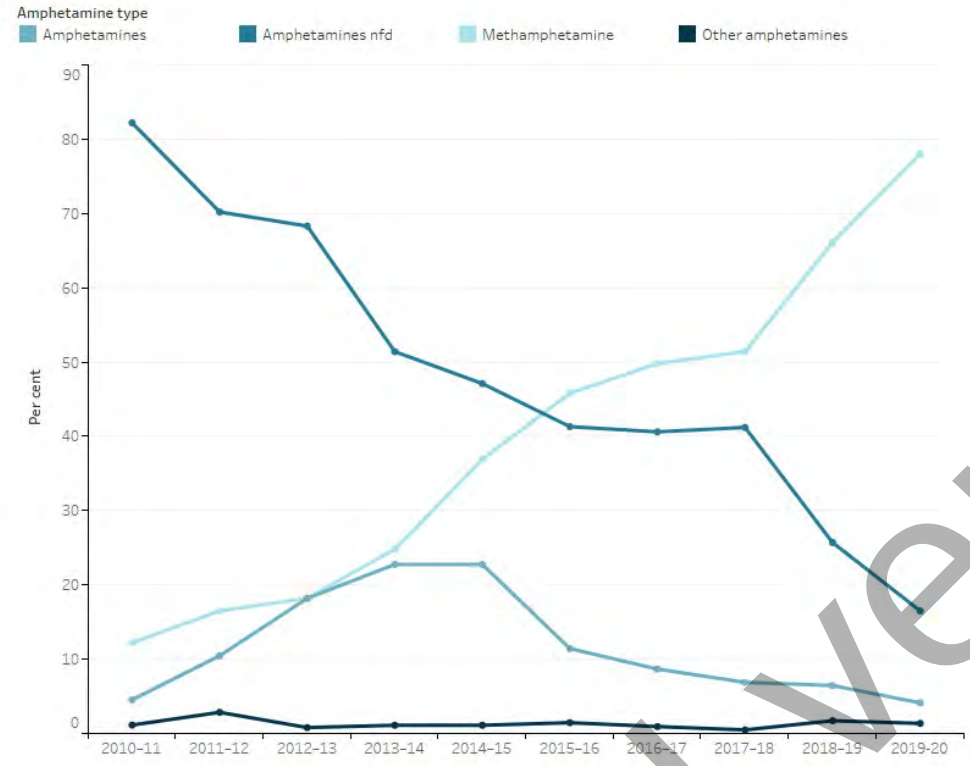
- the number of closed treatment episodes where amphetamines were the principal drug of concern increased almost 5-fold (rising from 12,563 episodes up to 60,987)
- almost 4 in 5 (78% or 47,599) closed treatment episodes within the amphetamines group were for methamphetamines only in 2019–20, increasing from 12% (1,530 episodes) in 2010–11 (Figure AMPHET2)
- treatment episodes where clients reported injecting, smoking or inhaling amphetamines over 6-fold from 8,924 in 2010–11 to 54,606 episodes in 2019–20 (SD.55).

Archived version

The rise in reported episodes for methamphetamines may be attributed to a combination of factors including improvements in agency coding practices for methamphetamines, treatment system updates and increases in funded treatment services (Figure AMPHET2).

Figure AMPHET2: Closed treatment episode proportions for Amphetamines, by ASCDC groups, 2010-11 to 2019-20 (%)

The line graph shows that methamphetamine has remained the most common base-line group since 2015-16, increasing dramatically from 51% in 2017-18 to 78% in 2019-20. Amphetamines not further defined was the most common base-line group from 2010-11 to 2014-15 before being overtaken by methamphetmines, decreasing from 41% in 2015-16 to 17% in 2019-20.



Title: Figure AMPHET2: Closed treatment episode proportions for Amphetamines, by ASCDC groups, 2010–11 to 2019–20 (%)
Notes:
1. Other amphetamine category includes Amphetamine analogues, Dexamphetamine, Amphetamines not elsewhere classified.
2. Amphetamines nfd are amphetamines not further defined.
3. There were jurisdictional improvements to coding methamphetamine from 2014-15 onwards.
Source: SD.9. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

Treatment

In 2019-20, for treatment episodes where amphetamines were the principal drug of concern:

- the most common main treatment type was counselling (41% of episodes), followed by assessment only (21%)
- the most common source of referral was self/family (36%), followed by health services (30%) (Figure AMPHET3; Table SD.53)
- almost 1 in 6 (17% or 2,850 episodes) of all episodes arising from treatment referrals diverted from the criminal justice system related to amphetamines (Table SD.13)
- treatment was most likely to take place in a non-residential treatment facility (62% of episodes) (tables SD.58, SD.60).

Over the 10-year period to 2019-20:

- counselling has remained the main treatment type for amphetamines as the principal drug of concern, peaking at 48% of treatment episodes in 2010-11 and falling to 41% in 2019-20 (Figure AMPHET3; Table SD.58).

Figure AMPHET3: Closed treatment episodes with amphetamines as a principal drug of concern, by main treatment type, reason for cessation or source of referral, 2010-11 to 2019-20 (%)

The line graph shows that from 2010-11 to 2019-20, for treatment episodes with amphetamines as the principal drug of concern, counselling was consistently the most common main treatment type, fluctuating from 38% in 2015-16 to 44% in 2016-17 and 41% in 2019-20. Assessment only was the second most common main treatment type over this period, fluctuating from 22% in 2015-16 to 17% in 2017-18 and 21% in 2019-20.

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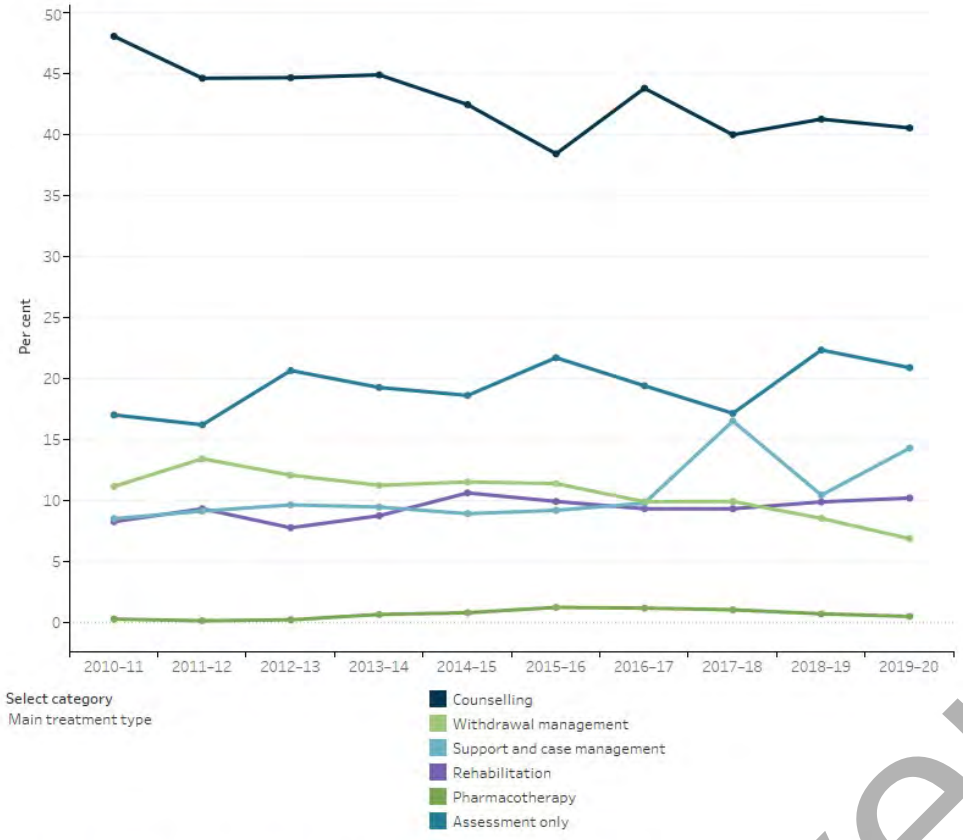

Title: Figure AMPHET3: Closed treatment episodes with amphetamines as a principal drug of concern, by main treatment type, reason for cessation or source of referral, 2010–11 to 2019–20 (%)
Source: Tables SD.16, SD.17 and SD.58. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

For treatment episodes where amphetamines were the principal drug of concern in 2019–20:

- nearly 3 in 10 (28%) of episodes lasted less than 1–3 months; a further 25% ended within 2–30 days (Table SE.25)
- the median duration of treatment episodes lasted nearly 5 weeks (33 days) (Table SE.23)
- episode duration varied widely depending on the main treatment type—episodes with a main treatment type of counselling had a median duration of 10 weeks (68 days), rehabilitation had median duration of just over 6 weeks (38 days) and episodes with withdrawal management ended after 1 week (7 days) (Table SD.64)
- half (51%) of episodes ended with an expected cessation
- expected/planned endings to treatment were most common for episodes where self/family was the referral source (37%)
- over one-quarter (26%) of episodes ended unexpectedly (Table SD.61).

Over the 10-year period to 2019–20:

- the number of episodes for clients smoking/inhaling amphetamines increased nearly 12-fold, from 2,797 episodes in 2010–11 to 32,231 episodes in 2019–20.
- the number of episodes where clients injected amphetamines increased almost 4-fold, from 6,127 to 22,375 (Table SD.55, Figure AMPHET4).

Injecting as a method of use for amphetamines has been rising since 2011–12, which may be attributed to patterns arising from an increase in the availability of crystal methamphetamines, as well as an increase in treatment episodes, and for injecting clients who might have been using amphetamines and heroin interchangeably (AIHW 2015).

The National Drug and Alcohol Research Centre (NDARC) analysed AODTS NMDS data from 2002–03 to 2018–19 where methamphetamine was the principal drug of concern. It was found that increased treatment episodes for methamphetamine since 2002–03 are due to smoking as a method of use. Treatment for this method of use occurred among younger clients (median age 30 years) whose main treatment type was either assessment or support and case management only (McKetin et al. 2021).

Increases in AODTS NMDS treatment episodes for smoking methamphetamine from 2010 onwards coincides with increases in importation of smokable high purity methamphetamine into Australia (Degenhardt et al. 2017).

Figure AMPHET4: Number of closed treatment episodes for own drug use with amphetamines as a principal drug of concern, by method of use, 2010–11 to 2019–20

The line graph shows that where amphetamines were the principal drug of concern, injecting was the most common method of use between 2010–11 and 2013–14, ranging from 6,127 to 12,596. Smoking/inhaling replaced injecting as most common method of use in 2014–15 (15,121 episodes) and has remained the most common method of use until 2019–20 (32,231 episodes).

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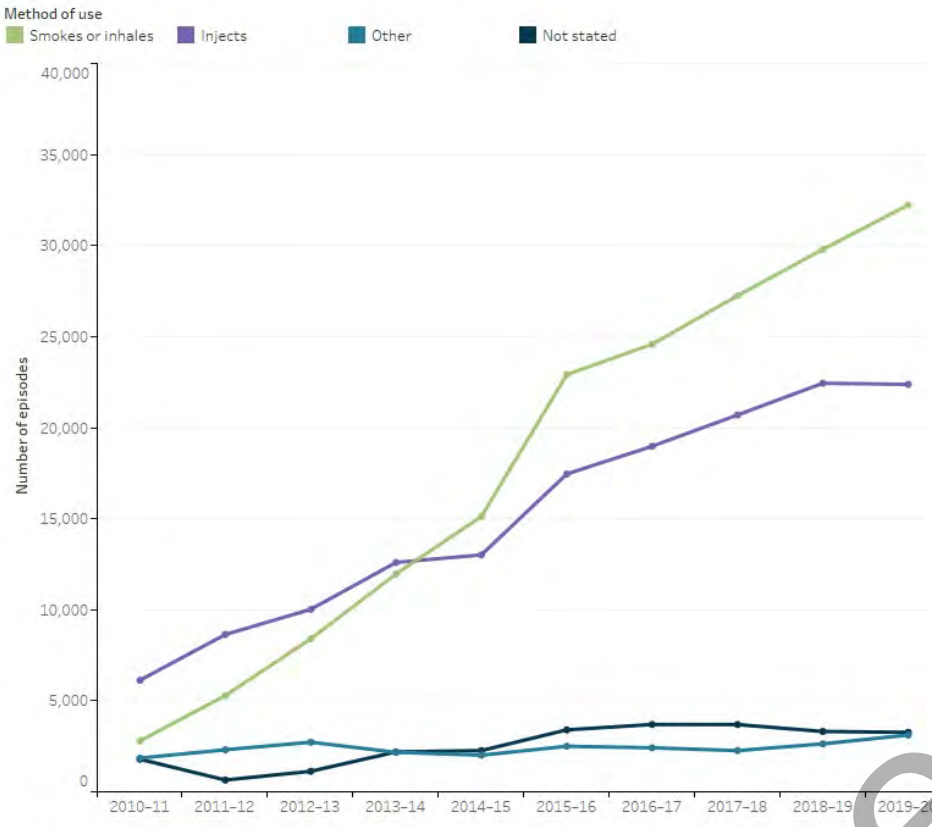

Title: Figure AMPHET4: Number of closed treatment episodes for own drug use with amphetamines as a principal drug of concern, by method of use, 2010–11 to 2019–20
Note: 'Other' includes 'ingests', 'sniffs' and 'other'.
Source: Table SD.55.AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

References

See reference list.

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Drugs of concern

Cannabis: client demographics and treatment

In 2019–20, cannabis was reported as a drug of concern in one-third (33%) of all closed treatment episodes, either as a principal or additional drug of concern:

- cannabis was the third most common principal drug of concern in nearly 1 in 5 (18% or 40,305) treatment episodes
- the most common additional drugs of concern reported with cannabis included alcohol (32%), nicotine (24%) or amphetamines (23%) but these drugs are not the subject of any treatment within the episode (Figure DRUGS1; tables SD.6–8).

Cannabis use and harm

Cannabis (also called marijuana or gunja) is derived from the cannabis plant (usually *Cannabis sativa*) and is used in whole plant (typically the flowering heads), resin or oil forms. Cannabis has a range of stimulant, depressant and hallucinogenic effects. The risks associated with long-term or regular use of cannabis include dependence, damage to lungs and lung functioning, effects on memory and learning, and psychosis and other mental health conditions. Cannabis withdrawal is now listed as a discrete syndrome in the Diagnostic and Statistical Manual of Mental Disorders (NCPIC 2011).

According to the 2019 National Drug Strategy Household Survey (AIHW 2020), more than 1 in 3 (36%) Australians aged 14 and over had used cannabis in their lifetime and 11.6% had used it in the previous 12 months. Both lifetime and recent use increased between 2007 and 2019 (AIHW 2020).

Diversion treatment programs

Among diversion clients, diversion episodes are most likely to be for cannabis, followed by amphetamines, alcohol, and heroin (Figure CANNABIS3). Throughout Australia, there are programs that divert people who were apprehended or sentenced for a minor drug offence from the criminal justice system. Many of these diversions result in people receiving drug treatment services. Services vary widely, ranging from short-term assessment, information or education sessions to longer term treatments such as counselling and withdrawal management, which are supported by Australian Government funding and a national framework. Diversion programs in the states and territories have led to the development of systematic approaches to diversion. Some states and territories have also incorporated their own additional drug diversion programs that have different priorities and target groups, including cannabis expiation notice schemes, youth programs and alcohol-related offenders, which have changed over time due to legislative, regulatory and policy frameworks related to drugs and drug use.

Client demographics

In 2019–20, 27,701 clients received treatment where cannabis was the principal drug of concern, two-thirds (66%) of clients were male and nearly 1 in 5 (19%) were Indigenous Australians (tables SC.6–SC.8, SCR.26).

For clients whose principal drug of concern was cannabis:

- male (68%) and female (67%) clients were most likely to be aged 10–29 (Figure CANNABIS1)
- the rate for Indigenous clients receiving treatment decreased from 973 per 100,000 people in 2015–16 to 893 in 2019–20.

Figure CANNABIS1: Clients with cannabis as a principal drug of concern, by sex and age group, 2019–20 (%)

The butterfly bar chart shows shows clients with cannabis as their principal drug of concern were most likely to be aged 10–29. This pattern was similar for both male (68%) and female (67%) clients.

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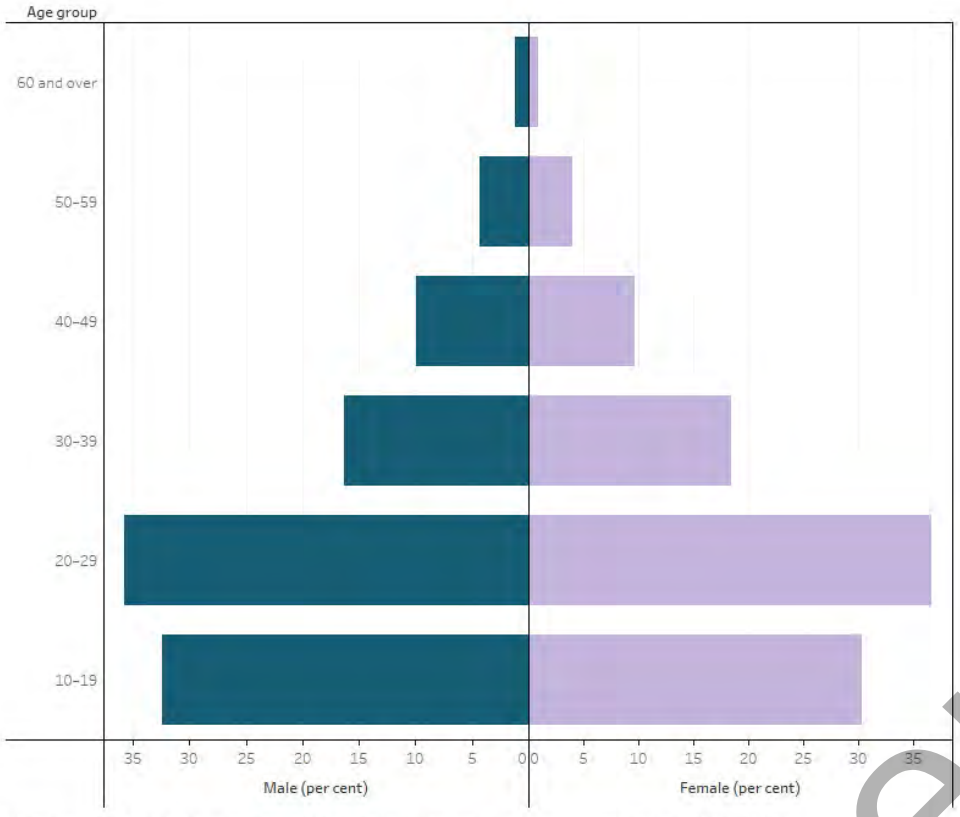

Title: Figure CANNABIS1: Clients with cannabis as a principal drug of concern, by sex and age group, 2019–20 (%)
Notes:
1. Based on client records with a valid SLK.
2. Excludes categories for 'Not stated sex' and 'Other sex'.
Sources: Tables SC.6 and SC.7. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

Treatment

Since 2010–11, counselling has remained the most common form of treatment, accounting for around 40% (15,801 episodes in 2019–20) of cannabis treatment episodes annually. In 2019–20, both support and case management (6,599 episodes), and information and education (6,393 episodes) were the second most common main treatment types (both 16%) after counselling (Figure CANNABIS2; Table SD.42).

In 2019–20, for treatment episodes where cannabis was the principal drug of concern:

- treatment was most likely to take place in a non-residential treatment facility (65%)
- most (80%) episodes where counselling was the main treatment type took place in a non-residential treatment facility (Table SD.44)
- almost half (46%) of episodes lasted 2 days to 90 days and 33% ended within 1 day (Table SE.25)
- the median duration of a treatment episode was 22 days
- treatment duration varied by treatment type:
  - the median duration for counselling was 8 weeks (57 days)
  - support and case management as the main treatment type had a median duration of 6 weeks (43 days)
  - rehabilitation lasted nearly 6 weeks (40 days)
  - information and education/assessment only had the shortest duration (1 day) (Table SD.47)
  - two-thirds (66%) of closed episodes ended with an expected cessation
- where clients were diverted from the criminal justice system, 35% completed treatment due to programs sanctioned by a drug court, and 3 in 10 (31%) treatment episodes ended with an expected treatment completion, with 3% of episodes ending unexpectedly (Table SD.45).

Figure CANNABIS2: Closed treatment episodes with cannabis as a principal drug of concern, by main treatment type, reason for cessation or source of referral, 2010–11 to 2019–20 (%)

The line graph shows that where cannabis was the principal drug of concern, counselling was the most common main treatment type, fluctuating from 39% in 2010–11 to 44% in 2011–12 and 39% in 2019–20. Information and education was the second most common main treatment type most years, ranging from 15% to 24%. In 2019–20 support and case management and information and education were the second most common treatment types (both 16%) followed by assessment only (15%) and withdrawal management (6.7%).

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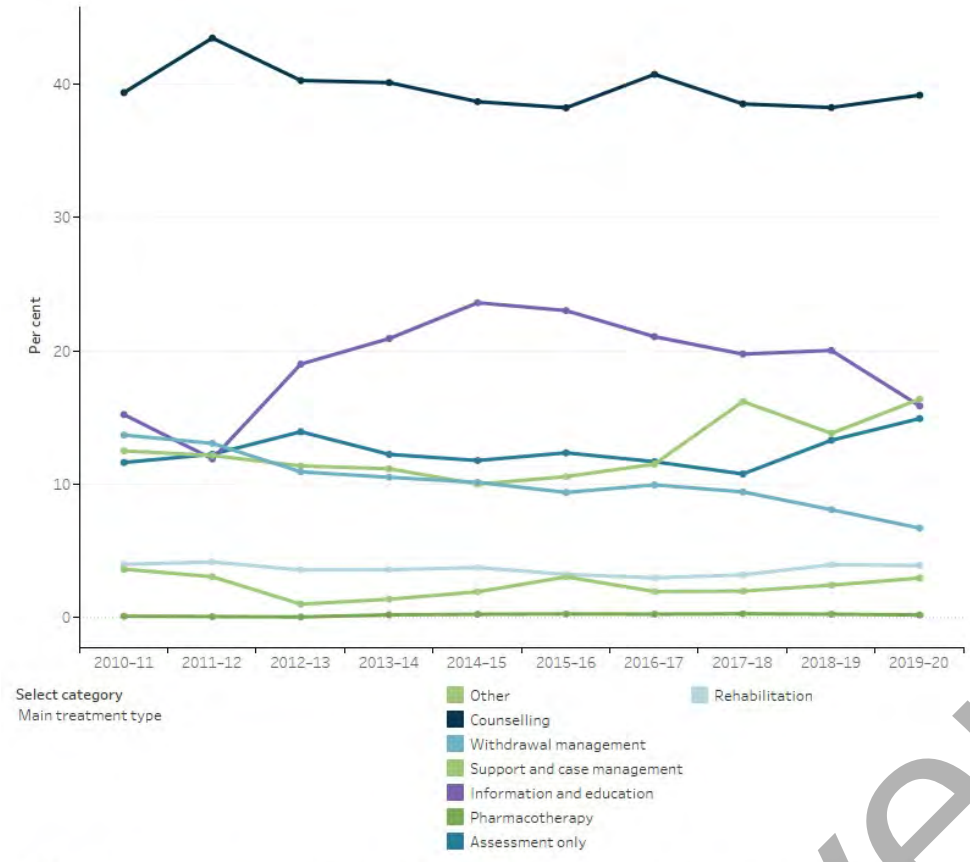

Title: Figure CANNABIS2: Closed treatment episodes with cannabis as a principal drug of concern, by main treatment type, reason for cessation or source of referral, 2010–11 to 2019–20 (%)
Source: Tables SD.16, SD.17 and SD.42. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

Source of referral and diversion clients

In 2019–20, for treatment episodes where cannabis was the principal drug of concern:

- the most common sources of referral were health service (30%), followed by self/family (28%)
- 1 in 5 (8,497) treatment episodes where cannabis was the principal drug of concern were for clients whose referral was from a police or court diversion (Table SD.37)
- about 1 in 9 (14,447) of all clients receiving treatment for their own drug use, had a diversion referral and were more likely to be treated for cannabis (54%) as a principal drug of concern; with 21% of diversion clients also receiving non-diversion referrals to treatment for cannabis as a principal drug of concern (Figure CANNABIS3; Table SE.27)
    - this was followed by amphetamines (15% referrals from diversion compared with 39% from non-diversion), alcohol (11% diversion compared with 16% non-diversion) and heroin (less than 1% diversion compared with 5% non-diversion) (Figure CANNABIS3; Table SE.27) .

Figure CANNABIS3: Client diversion referrals for own drug use by selected principal drug of concern, by client diversion episode type, 2019–20 (%)

The grouped horizontal bar graph shows the proportion of episodes provided for alcohol, cannabis, amphetamines and heroin as the principal drug of concern for clients with diversion episodes, those with non-diversion episodes provided to diversion clients, and those with non-diversion episodes provided to non-diversion clients. For diversion episodes, cannabis was the most common principal drug (54%), followed by amphetamines (15%), alcohol (11%), and heroin (0.4%). For non-diversion episodes provided to diversion clients, amphetamines were the most common principal drug (39%), followed by cannabis (21%), alcohol (16%), and heroin (4.6%). For non-diversion episodes provided to non-diversion clients, alcohol was the most common principal drug (37%), followed by amphetamines (29%), cannabis (16%), and heroin (6%).

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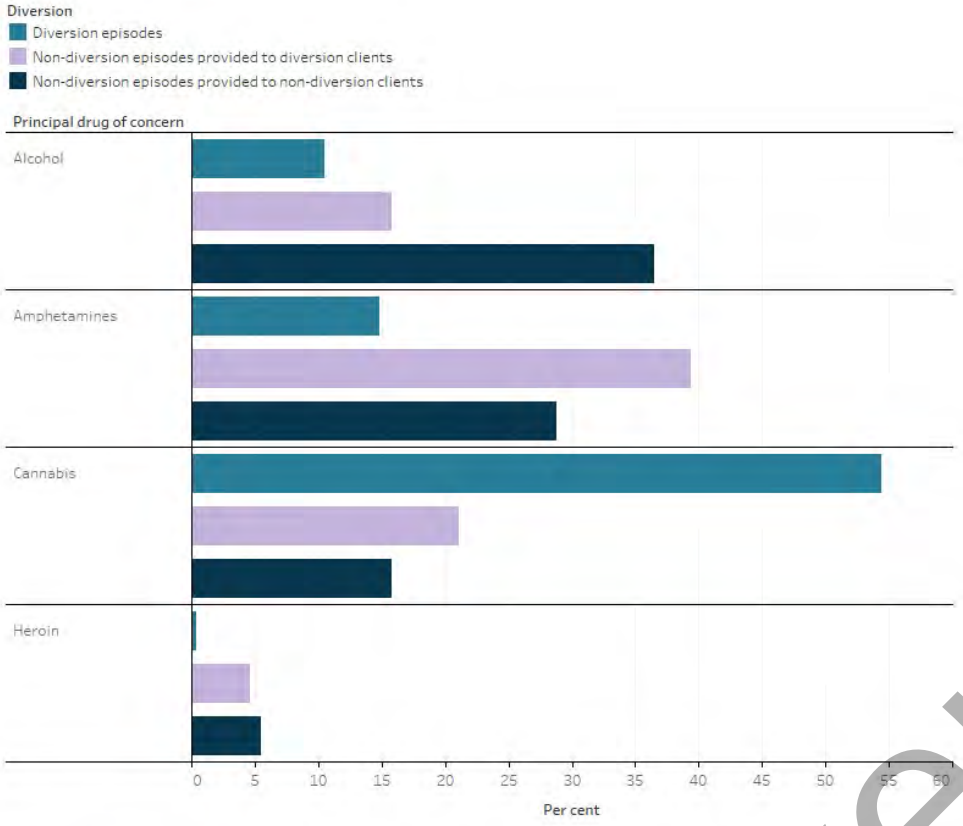

Title: Figure CANNABIS3: Client diversion referrals for own drug use by selected principal drug of concern, by client diversion episode type, 2019–20 (%)
Source: Table SE.27. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
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See reference list.

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Drugs of concern

Heroin: client demographics and treatment

In 2019–20, heroin was reported as a drug of concern in 7% of all closed treatment episodes, either as a principal or additional drug of concern:

- heroin was the 4th most common principal drug of concern (5% or 11,133 episodes)
- the most common additional drugs of concern reported with heroin include amphetamines (30%) or cannabis (18%) but these drugs are not the subject of any treatment within the episode (Figure DRUGS1; tables SD.6–8).

Heroin use and harms

Heroin is an opioid drug; opioids are strong pain-killers with addictive properties. Short-term side effects of use include pain relief and feelings of euphoria and wellbeing, while long-term effects can include lowered sex drive and infertility (for women), along with risk of overdose, coma and death (ADCA 2013).

People who seek treatment for heroin use can take part in a withdrawal program (also called detoxification), an abstinence-based treatment (for example, residential rehabilitation in a therapeutic community) or attend an opioid maintenance substitution program (O'Brien 2004).

Results from the 2019 National Drug Strategy Household Survey showed that:

- nationally, 1.2% of people aged 14 and over had used heroin in their lifetime and less than 0.1% had used it in the previous 12 months. However, the recent heroin use estimate has a relative standard error of 25–50% and should be interpreted with caution.
- there was no statistically significant change in the proportion of people using heroin between 2016 and 2019 (AIHW 2020).

Results from the 2020 National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection reported that clients receive pharmacotherapy treatment for a range of opioid drugs. These include illicit opioids (such as heroin) and pharmaceutical opioids available by prescription (such as oxycodone) or through illicit means. From 1 February 2018, all formerly over-the-counter (non-prescription) codeine-containing medicines for pain relief, cough and colds became available by prescription only. Results from NOPSAD include:

- Data for opioid drug of dependence has a high proportion of clients with 'Not stated/not reported' as their opioid drug of dependence (38% of clients in 2020).
- High rates of 'Not stated/not reported' were reported in New South Wales (64%), Victoria (33%) and Tasmania (19%).
- For the 62% of clients with a reported opioid drug of dependence, heroin was the most commonly reported drug of dependence (37%) followed by oxycodone (6%) and buprenorphine (5%).
- Heroin was the most common drug of dependence in all states and territories, except Tasmania and the Northern Territory, where morphine was the most common (AIHW 2021).

Client demographics

Where heroin was the principal drug of concern, 70% of clients were male and 18% were Indigenous Australians (tables SC.6, SC.8).

For clients whose principal drug of concern was heroin:

- almost 2 in 5 clients were aged 30–39 (38%), followed by those aged 40–49 (32%) (Table SC.7)
- male (70%) and female (69%) clients were most likely to be aged 30–49 (Figure HEROIN1)
- the rate of Indigenous clients receiving treatment increased from 146 per 100,000 people in 2015–16 to 190 in 2019–20.

Figure HEROIN1: Clients with heroin as a principal drug of concern, by age group (years) and sex, 2019–20 (%)

Figure 4.3

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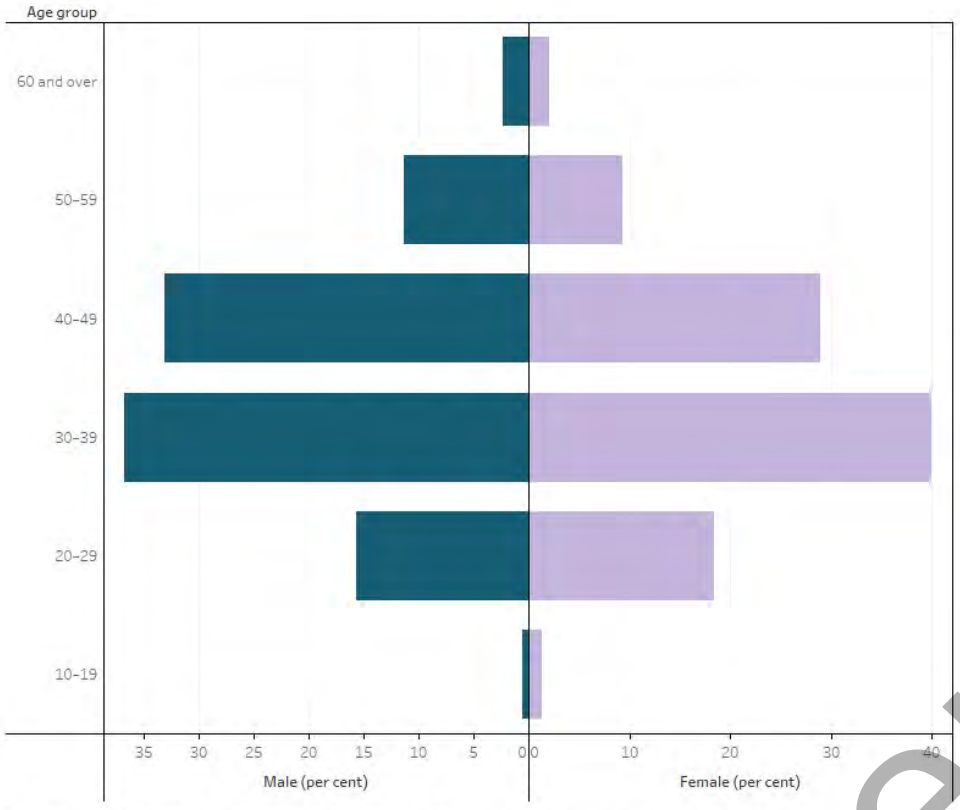

Title: Figure HEROIN1: Clients with heroin as a principal drug of concern, by age group (years) and sex, 2019–20 (%)
Notes:
1. Based on client records with a valid SLK.
2. Excludes categories for 'Not stated sex' and 'Other sex'.
Source: Tables SC.6 and SC.7. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

Treatment

In 2019–20, for treatment episodes where heroin was the principal drug of concern:

- the most common source of referral was self/family (43%), followed by a health service (32%) (Table SD.85)
- the most common main treatment types for heroin as a principal drug of concern were counselling (24%), followed by support and case management (15%) and pharmacotherapy (13%) (Table SD.90)
- treatment episodes were most likely to take place in a non-residential treatment facility (68%) (Table SD.92).

Over the 10-year period to 2019–20 the proportion of episodes for heroin as a principal drug of concern with the main treatment type of:

- withdrawal management treatment decreased from 25% in 2010–11 to 10% in 2019–20 (SD.90)
- pharmacotherapy increased from 2% in 2010–11 to 17% in 2014–15; the decrease since 2015–16 can be attributed to jurisdictional coding practices/system changes resulting in under-reporting at the national level for pharmacotherapy as a treatment type (Figure HEROIN2; Table SD.90).

Figure HEROIN2: Closed treatment episodes with heroin as a principal drug of concern, by main treatment type, reason for cessation or source of referral, 2010-11 to 2019-20 (%)

Figure 4.3

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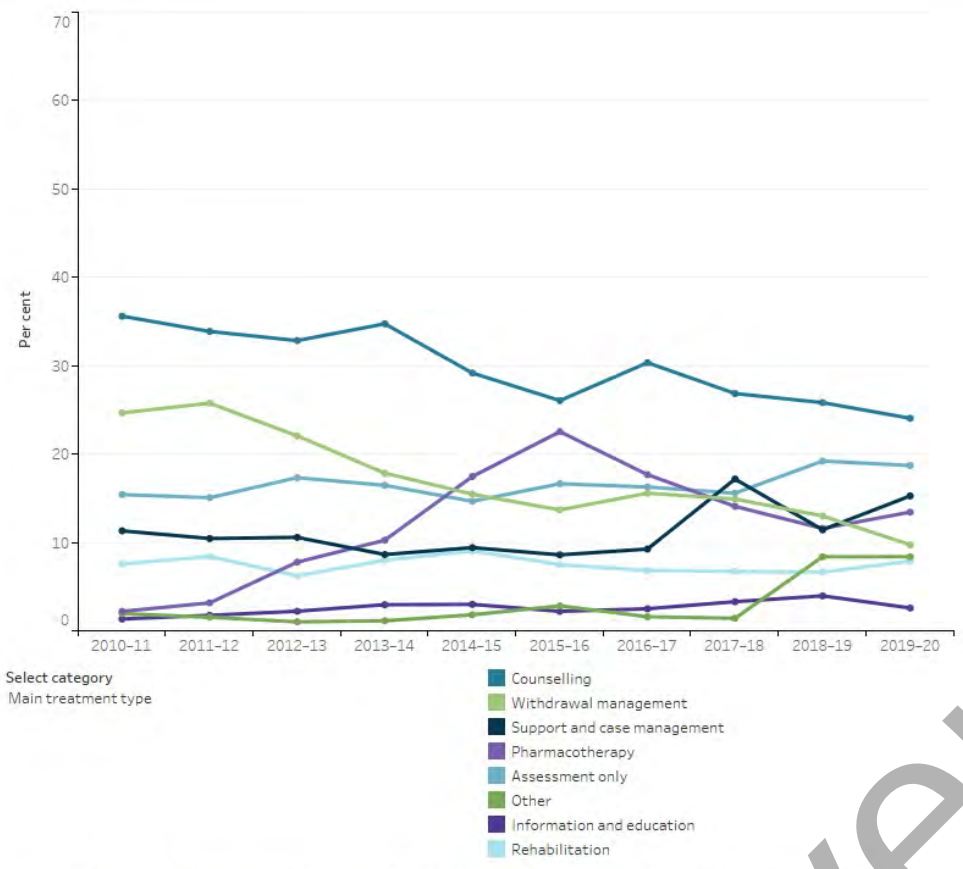

Title: Figure HEROIN2: Closed treatment episodes with heroin as a principal drug of concern, by main treatment type, reason for cessation or source of referral, 2010–11 to 2019–20 (%)
Source: Tables SD.16. SD.17 and SD.90. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

For treatment episodes where heroin was the principal drug of concern in 2019–20:

- injecting was the most common method of use (78% of episodes) (Table SD.87)
- in over half (54%) of episodes, the client reported they had injected drugs in the previous 3 months, while 12% reported they last injected 3–12 months ago (Table SD.88)
- the median duration of episodes was about 4 weeks (29 days)
- just over half (53%) of episodes ended with an expected cessation (Table SD.93).

Over the 10-year period to 2019–20:

- the proportion of episodes where heroin was the principal drug of concern almost halved, falling from 9% (13,354 of episodes) to 5% (11,133 of episodes) (Table SD.2)
- the median duration of heroin treatment episodes decreased from 36 days in 2010–11 to 29 days in 2019–20 (Table SD.95).

References

See reference list.

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Drugs of concern

Pharmaceuticals: client demographics and treatment

In 2019–20, pharmaceutical drugs were reported in 12% of all closed treatment episodes, either as a principal or additional drug of concern:

- 5% (9,904 episodes) of treatment episodes were for pharmaceutical drugs as a principal drug of concern
- pharmaceutical drugs were more likely to be reported as an additional drug of concern (7% of episodes)
- the most common additional drugs of concern reported with pharmaceuticals include amphetamines (19%), cannabis (18%) or alcohol (14%), but these drugs are not necessarily the subject of any treatment within the episode (FIGURE DRUGS1; tables SD.6–8).

Pharmaceutical use

Pharmaceuticals are drugs that are available from a pharmacy—over the counter or by prescription—which may be subject to misuse (MCDS 2011). Results from the National Drug Strategy Household Survey showed that, in 2019, 4.2% of Australians aged 14 and over reported non-medical, or extra-medical use of a pharmaceutical in the last 12 months (including pain killers/pain-relievers and opioids, tranquillisers/sleeping pills, steroids, or methadone/buprenorphine). This represents a decline in recent use, down from 4.8% in 2016 (AIHW 2020). This decline may in part be due to the rescheduling of codeine to a schedule 4 drug in February 2018, meaning that codeine could no longer be purchased from a pharmacy or chemist without a prescription. Between 2016 and 2019, codeine use halved (from 3.0% to 1.5%).

Pharmaceuticals are not listed as a broad drug group in the Australian Standard Classification of Drugs of Concern (ASCDC) classification. In the Alcohol and Other Drug Treatment Services National Minimum Dataset report, 10 drug types were identified as making up the group 'pharmaceuticals' for the purposes of this analysis: codeine, morphine, buprenorphine, oxycodone, methadone, benzodiazepines, steroids, other opioids, other analgesics, and other sedatives and hypnotics. Further information corresponding to the ASCDC codes and classifications is in Technical notes. Of these drugs, the most common classes are benzodiazepines and opioids (e.g., codeine).

Opioids

Opioids are a class of depressant drugs originally derived from the opium poppy, including both heroin and medicinal (pharmaceutical) opioids such as morphine and oxycodone. Pharmaceutical opioids are commonly prescribed for pain relief as they have strong analgesic effects; however, these drugs also produce effects including sedation and euphoria, and can be associated with negative health outcomes such as dependence and overdose (ADF 2020). Some people may purchase opioids illegally, or use their own medicine to become intoxicated; for example, by taking a higher dose than recommended.

Benzodiazepines

Benzodiazepines are depressant drugs: they slow down the activity of the central nervous system and the speed of messages going between the brain and the body. Formerly known as 'minor tranquillisers', benzodiazepines are most commonly prescribed by doctors to relieve stress and anxiety, and to aid sleep. They are a drug of dependence, and are associated with fatal and non-fatal overdose among people who use opioids. Some people use benzodiazepines illegally to become intoxicated or to come down from the effects of stimulants, such as amphetamines or cocaine (ADF 2013).

Over the 10-year period, the proportion of treatment episodes with a pharmaceutical drug as the principal drug of concern decreased from 7% (10,231 of episodes) in 2010–11 to 5% (9,904 episodes) in 2019–20 (Figure PHARMS1).

In 2019–20, among treatment episodes with a pharmaceutical as the principal drug of concern:

- the most common single drug type was benzodiazepines (2,736 episodes) and the most common drug class was opioids (4,942 episodes) (codeine, morphine, buprenorphine, methadone, oxycodone, and other opioids)
- opioids were the principal drug of concern in 3% (or 4,942) of all treatment episodes and an additional drug of concern in 3% of episodes (5,752)
- benzodiazepines were a principal drug of concern in 1% (2,736) of all treatment episodes and an additional drug of concern in 3% (7,158) of episodes (Table SD.9)
  - the most common principal drugs of concern in combination with benzodiazepines as an additional drug of concern were cannabis (23%), alcohol (19%) or amphetamines (15%) (Table SD.7)
- opioids accounted for half (50%) of all pharmaceutical treatment episodes
- among treatment episodes with a pharmaceutical as the principal drug of concern, over one-quarter (28%) of episodes were for benzodiazepines and 11% were for both methadone and buprenorphine (Figure PHARMS2; Table SD.146).

Figure PHARMS1 and PHARMS2: Proportion of closed treatment episodes for the top 5 principal drugs of concern and selected pharmaceutical drugs of concern, 2010–11 to 2019–20 (%)

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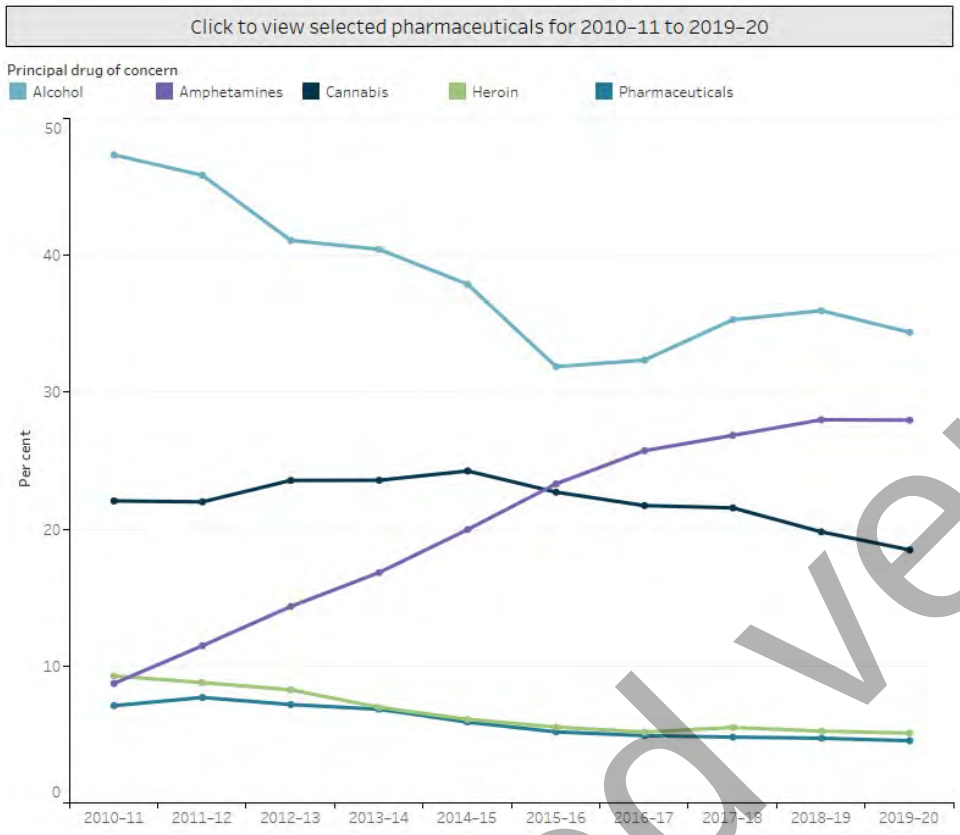
The line graph shows that alcohol has remained the most common main principal drug of concern over this period, fluctuating from 47% in 2010–11 to 32% in 2015–16 and 34% in 2019–20. The proportion of treatment episodes for amphetamines has consistently increased over this same period, rising from 8.7% in 2010–11 to overtake cannabis as the second most common principal drug of concern in 2015–16 at 23% and reaching 28% in 2019–20. The proportion of treatment episodes for cannabis as the principal drug of concern has decreased, falling from 24% in 2014-15 to 18% in 2019–20.

This line graph shows the proportion of closed treatment episodes for 7 pharmaceutical drugs of concern between 2010–11 and 2019–20. Benzodiazepines were the most common pharmaceutical drug of concern, rising from 17% in 2015–16 to 28% in 2019–20. This was followed by methadone, dropping from 19% in 2015–16 to 11% in 2019–20 and codeine, also falling from 14% in 2015–16 to 5.3% in 2019–20.



Title: Figure PHARMS1: Proportion of closed treatment episodes for the top 5 principal drugs of concern, 2010–11 to 2019–20 (%)
Note: Pharmaceuticals includes Codeine, Morphine, Buprenorphine, Methadone, Oxycodone, Other opioids, Other analgesics, Benzodiazepines, Other sedatives and hypnotics, Steroids.
Source: Table SD.9. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

Over the 10-year period from 2010–11 to 2019–20, among treatment episodes with a pharmaceutical drug as the principal drug of concern:

- the number of treatment episodes with benzodiazepines as the principal drug increased from 2,488 in 2010–11 to 2,736 in 2019–20 (Table SD.146)
- treatment episodes for codeine decreased from 922 episodes in 2010–11 to 526 in 2019–20. The number of codeine episodes peaked in 2015–16 (1,448 episodes) and steadily declined, to less than half from 2017–18 (1,203) to 2019–20 (526)
- oxycodone treatment episodes more than doubled over time from 2010–11 (471 treatment episodes), peaking in 2013–14 (1,404) and then decreasing to 842 treatment episodes in 2019–20.
- treatment episodes fell for both methadone (from 1,961 in 2010–11 to 1,046 in 2019–20) and morphine (from 1,796 to 611) (Figure PHARMS2; tables SD.9, SD.146).

Client demographics

Where pharmaceuticals were the principal drug of concern in 2019–20:

- around 6 in 10 (62%) clients were male and around 1 in 7 (14%) were Indigenous Australians.
- where the principal drug of concern was benzodiazepines, almost two-thirds (65% or 959 clients) of clients were male, and 8% (117 clients) were Indigenous Australians (tables SC.6, SC.8).

In 2019–20, for clients whose principal drug of concern was a pharmaceutical drug:

- a higher proportion of clients receiving treatment for codeine as their principal drug of concern were female (51%) (Table SC.6)
- the most common age group for clients was 30–39 (29%), followed by clients aged 20–29 (24%) and 40–49 (22%) (Table SC.7).

Treatment

In 2019–20, for treatment episodes where a pharmaceutical drug was the principal drug of concern:

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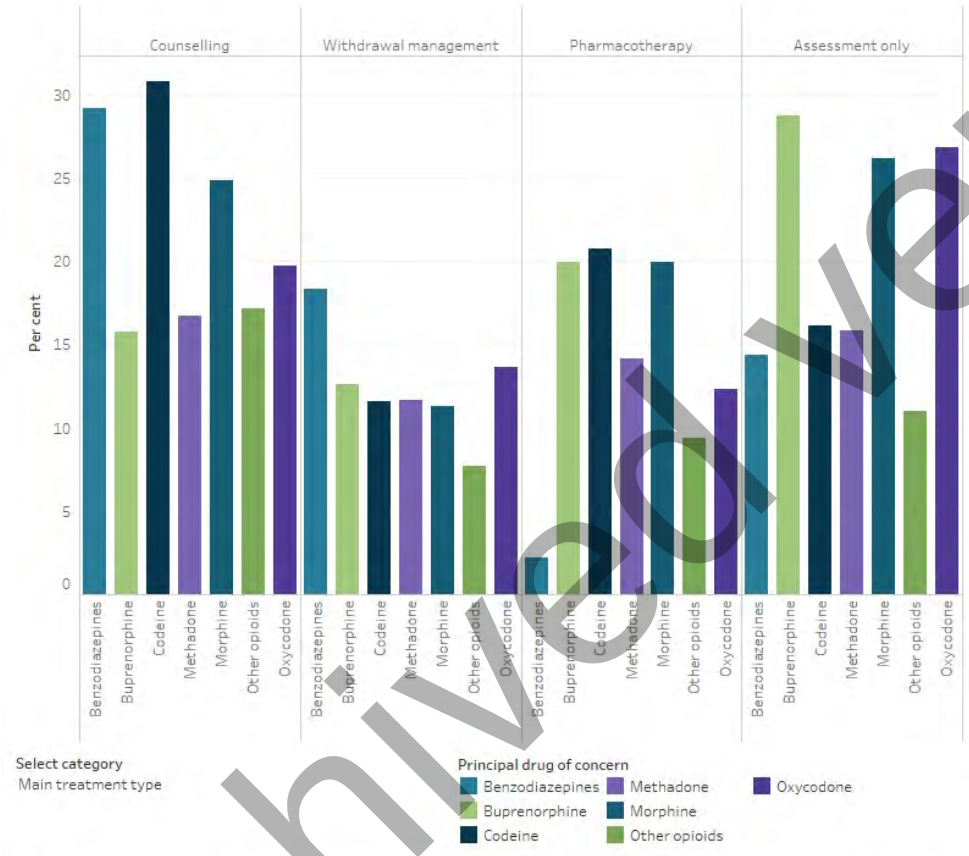
- around 2 in 5 referrals were from either self/family or a health service (both 42%) (Table SD.149)
- the most common main treatment type was counselling (24%), followed by assessment only (19%), support and case management (15%) and withdrawal management (14%) (Table SD.148).

The relative proportions of treatment episodes for each main treatment type by individual pharmaceuticals varied substantially (Figure PHARMS3). For example, in 2019–20:

- about 3 in 10 episodes with counselling as the main treatment type were for benzodiazepines (29%) or codeine (31%)
- where the main treatment was withdrawal management, the most common principal drug of concern was benzodiazepines (18%), followed by oxycodone (14%)
- the principal drugs where pharmacotherapy was a main treatment ranged from 2% for benzodiazepines to 21% for codeine (Figure PHARMS3).

Figure PHARMS3: Proportion of closed treatment episodes with selected pharmaceutical drugs as a principal drug of concern, by main treatment type, reason for cessation or treatment delivery setting, 2019–20 (%)

The grouped vertical bar graph shows that within each treatment type, the selected pharmaceutical drug of concern varied substantially in 2019–20. Where counselling was a main treatment almost 1 in 10 treatment episodes were for codeine (31%) followed by benzodiazepines (29%) and morphine (24%). The principal drugs of concern where withdrawal management was the main treatment type was highest for benzodiazepines (18%), followed by oxycodone (14%) and buprenornorphine (13%).



Title: Figure PHARMS3: Proportion of closed treatment episodes with selected pharmaceutical drugs as a principal drug of concern, by main treatment type, reason for cessation or treatment delivery setting, 2019–20 (%)
Source: Table SD.148, Table SD.150 and Table SD.151. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

For treatment episodes where a pharmaceutical drug was the principal drug of concern in 2019–20:

- 6 in 10 (59%) treatment episodes ended with an expected cessation, while 1 in 5 (19%) ended unexpectedly
- steroids had the highest proportion (69%) of treatment episodes ending with an expected cessation, followed by methadone (62%) and benzodiazepines (61%)
- the proportion of treatment episodes ending with an unexpected cessation was highest for morphine (21%), followed by codeine and benzodiazepines (both 20%), and was lowest for steroids (13%) (Table SD.150).

In 2019–20, for treatment episodes where benzodiazepines were the principal drug of concern:

- the most common source of referral was self/family (42%), followed by a health service (41%) (Table SD.101)
- counselling was the main treatment provided (40% of episodes) in a non-residential treatment facility, followed by support and case management (18%) (Table SD.110)
- almost one-third (32%) of episodes lasted 2–29 days, around one-quarter (26%) of episodes lasted 1–3 months and 21% of episodes lasted 1 day (Table SE.25)
- 6 in 10 (61%) episodes ended with an expected cessation, while 20% ended unexpectedly.

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References

See reference list.

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Drugs of concern

Selected other drugs: client demographics and treatment

On this page:

- Nicotine: client demographics and treatment
- Ecstasy: client demographics and treatment
- Cocaine: client demographics and treatment

A number of drugs make up a small proportion of closed treatment episodes. These drugs may be less prominent in treatment services because they are relatively uncommon, or people who use them may be less likely to seek treatment than people who use other substances. Information about treatment for nicotine, ecstasy and cocaine is included in this section, not just because of their prevalence among the population, but also the increased harms that these substances bring to an individual and/or the community.

Drug descriptions

Nicotine

Nicotine is the stimulant drug in tobacco smoke. It is highly addictive and causes dependency (ADCA 2013). Tobacco use (9.3%) was the highest risk factor contributing to the total burden of disease and injury in Australia in 2015 (AIHW 2019). The health effects of smoking include premature death and tobacco-related illnesses such as cancer, chronic obstructive pulmonary disease and heart disease.

Ecstasy

Ecstasy is the popular street name for a range of drugs said to contain the substance 3, 4 methylenedioxymethamphetamine (MDMA): an entactogenic stimulant with hallucinogenic properties. Ecstasy is usually sold in tablet or pill form, but is sometimes found in capsule or powder form. The short-term effects of ecstasy include euphoria, feelings of wellbeing and closeness to others, and increased energy. Harms include psychosis, heart attack and stroke. Little is known about the long-term effects of ecstasy use, but there is some research linking regular and heavy use of ecstasy to memory problems and depression (ADCA 2013).

Cocaine

Cocaine is a stimulant drug, originally derived from the leaves of the coca plant, that is typically snorted or injected. The effects of cocaine have a rapid onset, generally appearing within seconds or minutes, and dissipate within about 30 minutes after consumption. The acute effects of cocaine include euphoria and increased alertness, as well as undesirable outcomes including insomnia, cardiac arrhythmia, and stroke. Chronic use is associated with both psychological and physical health problems, including erosion of the nasal cavity, anxiety, psychosis, and cardiac arrest (ADCA 2013).

Results from the National Drug Strategy Household Survey (AIHW 2020) showed that in 2019:

- around 1 in 7 (14.0%) Australians aged 14 and over were current smokers and 11.0% were daily smokers
- the daily smoking rate among people aged 14 and over declined between 2016 and 2019 (from 12.2% to 11.0%), continuing a long-term downward trend
- from 2016 to 2019, there were increases in the recent use of cocaine (from 2.5% in 2016 to 4.2% in 2019) and ecstasy (from 2.2% to 3.0%)
- there were also increases in recent use of hallucinogens, inhalants and ketamine, though use of these drugs remained uncommon (all less than 2.0% in 2019).

The selected drugs of concern—nicotine, ecstasy and cocaine—were more likely to be reported as an additional drug of concern rather than a principal drug of concern (tables AODTS Selected drugs.1, SD.8). For example, in 2019–20 nicotine was reported as a principal drug of concern in only 1.1% of treatment episodes, but was listed as an additional drug of concern in 13.1% of episodes.

Table AODTS Selected drugs.1: Summary characteristics of other selected drugs of concern, 2019–20 (%)

	Nicotine	Ecstasy	Cocaine
Client data			
Sex[(a)]			
Male	57.1	74.9	87.6

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Female	42.7	25.1	12.3
Indigenous status[a] [b]			
Indigenous	15.5	5.1	5.1
Non-Indigenous	80.9	92.3	92.4
Age[a]			
10–19	21.1	38.9	6.9
20–29	20.0	52.7	50.4
30–39	22.3	6.2	29.3
40–49	17.0	1.6	11.1
50+	19.6	0.6	2.4
Closed treatment episodes			
Drugs of concern			
Principal drug of concern	1.1	0.6	1.0
Additional drug of concern	13.1	1.6	1.5
Referral to treatment			
Self/family	19.8	16.3	39.1
Health service	33.6	17.8	23.0
Corrections	4.0	4.3	7.0
Diversion	31.8	49.4	15.2
Other	10.8	12.3	15.7
Main treatment type			
Counselling	23.1	26.2	44.8
Information and education	10.9	39.4	12.2
Assessment only	43.2	16.0	18.2
Withdrawal management	9.2	3.3	4.4
Other[c]	13.5	15.1	20.3
Treatment setting			
Non-residential treatment facility	71.0	71.9	77.3
Residential treatment facility	1.3	3.6	9.2
Other[d]	27.7	24.1	13.6
Treatment completion			
Expected cessation	77.6	79.4	63.7
Unexpected cessation	8.9	10.7	19.2
Other[e]	13.5	79.9	17.1

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Median duration (episodes)	**1 days**	**1 day**	**36 days**

(a) Based on valid SLK client data.

(b) The proportion of clients for Indigenous status may not sum to the total, due to missing or not reported data.

(c) Includes support and case management, pharmacotherapy, other and rehabilitation.

(d) Includes where treatment is delivered in the client's own home or usual place of residence or in an outreach setting.

(e) Includes administrative cessation.

Sources: Tables SC.6–8, SD.9, SD.66, SD.69, SD.73, SD.76–79, SD.117–118, SD.121–127, SD.130, SD.133–134, SD.137–143.

The proportion of episodes with nicotine, ecstasy or cocaine as the principal drug of concern has remained stable at around 1%–2% for each drug each year since 2014–15 (Table SD.9). Typically, these 3 principal drugs of concern have together contributed around 2%–3% of the total number of treatment episodes each year since 2014–15.

Nicotine

In 2019–20, nicotine was reported in 14% of all closed treatment episodes, either as a principal or additional drug of concern:

- nicotine was a principal drug of concern in just 1.1% (2,379) of treatment episodes (tables AODTS Selected drugs.1, SD.9). Since 2010–11, the proportion of episodes with nicotine as the principal drug has remained stable at 1–2% (Table SD.9).
- nicotine was listed as an additional drug of concern in 13% (28,535) of episodes
- most treatment episodes with nicotine as an additional drug of concern occurred when the principal drug of concern was alcohol (34%), amphetamines (33%), or cannabis (22%) (tables SD.7–8).

The low proportion of episodes in which nicotine was the principal drug of concern likely relates to the wide availability of support and treatment for nicotine use within the community. For example, general practitioners, pharmacies, helplines, and web services all offer support for nicotine use. Additionally, people might view AOD treatment services as being most appropriate for drug use that is beyond the expertise of general practitioners. However, therapy to quit smoking is becoming an integral part of some AOD services as a parallel treatment with other drugs of concern.

Client demographics

Where nicotine was the principal drug of concern:

- 57% of clients were male and 15% were Indigenous Australians
- over 3 in 5 clients were aged under 40 years (63%) and 17% were aged 40–49 (tables AODTS Selected drugs.1, SC.6–8).

Treatment

For treatment episodes where nicotine was the principal drug of concern in 2019–20:

- the most common source of referral was from health services (34%), followed by a police or court diversion program (32%) (Table AODTS Selected drugs.1)
- assessment only (43%), counselling (23%), and information and education only (11%) were the most common main treatment types (tables AODTS Selected drugs.1, SD.74)
- 7 in 10 (71%) treatment episodes took place in a non-residential treatment facility (Table SD.76)
- over half (57%) of episodes ended within 1 day, and almost 3 in 10 (29%) lasted 2 days to 3 months (Table SE.25)
- the median duration of episodes was 1 day (tables AODTS Selected drugs.1, SD.79)
- over three-quarters (78%) of episodes ended with an expected cessation, while 10% ended due to other reasons (such as court diversion, imprisonment or death) and 9% ended unexpectedly.
- expected cessations were most common where the main treatment type was assessment only (46%), and least likely for rehabilitation (1%) (Table SD.78).

Ecstasy

In 2019–20, ecstasy was reported in 3% of all closed treatment episodes, either as a principal or additional drug of concern:

- Ecstasy was a principal drug in less than 1% of treatment episodes (1,255).
- An additional drug of concern in 2% (3,529) of episodes.
- The proportion of episodes with ecstasy as a principal drug has remained stable around 1% of all closed treatment episodes since 2010–11 (708 episodes). When reported as an additional drug of concern, it decreased from 3% (4,754) of episodes in 2010–11 to 2% (3,529) in 2019–20 (additional drugs of concern may not be the subject of any treatment within the episode) (tables AODTS Selected drugs.1, SD.9).
- Additional drugs of concern reported with ecstasy include cannabis (39%), amphetamines (30%), or alcohol (19%) (Figure DRUGS1; tables SD.7–8).

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Client demographics

Where ecstasy was the principal drug of concern:

- three-quarters (75%) of clients were male and 5% were Indigenous Australians
- half of the clients (51%) were aged 20–29 and 41% were aged 10–19 (tables SC.6–8).

Treatment

For treatment episodes where ecstasy was the principal drug of concern in 2019–20:

- in nearly half (49%) of treatment episodes, the client's source of referral was from police and court diversion (tables AODTS Selected drugs.1, SD.125)
- the most common main treatment type was information and education (39%), followed by counselling (26%) (Table SD.121)
- most treatment episodes took place in a non-residential facility (72%) (Table SD.124)
- over half (55%) of episodes ended within 1 day and over 1 in 3 (35%) ended in 2 days to 3 months (Table SE.25)
- the median duration of episodes was 1 day (tables AODTS Selected drugs.1, SD.127)
- 4 in 5 (79%) episodes ended with an expected cessation, while 11% ended unexpectedly
- expected cessations were most common where the main treatment type was information and education only (49%) (Table SD.126).

Cocaine

Cocaine was reported in 3% of all closed treatment episodes, either as a principal or additional drug of concern:

- cocaine was a principal drug in less than 1% (2,086) of treatment episodes
- an additional drug of concern in 2% (3,322 episodes)
- though the proportion of episodes with cocaine as a principal drug has remained at less than 1% of all closed treatment episodes since 2010–11, the number of treatment episodes increased by 4-fold from 2010–11 (501 episodes) to 2019–20 (2,086)
- where cocaine was listed as an additional drug of concern, also increased since 2010–11 (2,011episodes) to 2019–20 (3,322) (tables AODTS Selected drugs.1, SD.9)
- additional drugs of concern reported with cocaine included amphetamines (36%), alcohol (31%), and cannabis (18%) (Figure DRUGS1; tables SD.7–8).

Analysis of AODTS NMDS data from 2002–2003 to 2017–2018 similarly found treatment episodes where cocaine was the principal drug of concern were increasing, the rate was higher among males than females (10 per 100,000 compared with 1.7 per 100,000 among females) across all years and since 2015–16 higher among people aged 20–29 (Man et al. 2021). State/territory, main treatment type and referral sources were investigated to determine whether these factors may be driving increases in treatment episodes; analyses indicated these variables did not drive increases in 2016–2017 and 2017–2018 (Man et al. 2021).

Client demographics

Where cocaine was the principal drug of concern:

- nearly 9 in 10 (88%) clients were male and 5% were Indigenous Australians
- half of the clients (50%) were aged 20–29, and 30% were aged 30–39
- 1 in 14 clients (7%) were aged 10–19 (tables AODTS Selected drugs.1, SC.6–8).

Treatment

For treatment episodes where cocaine was the principal drug of concern in 2019–20:

- around 2 in 5 clients (39%) were referred by self/family, followed by health service (23%) (tables AODTS Selected drugs.1, SD.133)
- the most common main treatment types were counselling (45%), assessment only (18%), (tables SD.137–138)
- treatment was most likely to take place in a non-residential treatment facility (77%) (Table SD.140)
- around 1 in 4 (26%) episodes ended within 1 day and nearly half (46%) lasted from 1–6 months (Table SE.25)
- the median duration of treatment episodes was 36 days, though this varied by treatment type; for example, median duration was 1 day for information and education, and 75 days for counselling (tables AODTS Selected drugs.1, SD.143)
- nearly 2 in 3 (64%) treatment episodes ended with an expected cessation, while 19% ended with an unplanned completion (Table SD.134)
- expected cessations were most common where the main treatment type was counselling (42%) (Table SD.142).

References

See reference list.

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Treatment provided

There are a number of treatment types available to assist people experiencing problematic drug use, most of which aim to reduce the harm of drug use through services such as counselling or information and education. Additionally, some treatments use abstinence-oriented interventions to aid in short-term cessation or reduction of heavy and/or prolonged alcohol or other drug use in a safe, structured and supportive environment, to assist clients in developing skills to facilitate substance-free lifestyles.

Key findings

In 2019–20:

- around 237,500 closed treatment episodes were provided to 139,300 clients
- 92% (218,100) of all closed treatment episodes were provided to clients seeking treatment for their own drug use while a further 8% (19,400) were provided to clients seeking treatment for someone else's alcohol or drug use
- counselling was the most common treatment type provided to all clients in 2019–20 (37% of all treatment episodes), followed by assessment only (19%) and support and case management (16%).
- for someone else's alcohol or drug use the most common treatment type was counselling (43% of treatment episodes), followed by support and case management (33%) and assessment only (11%).

Over the 10-year period to 2019–20:

- the proportion of episodes with a main treatment type of support and case management increased from 9% in 2010–11 to 16% in 2019–20
- the proportion of episodes with withdrawal management as the main treatment type fell from 17% to 9% of episodes, and counselling declined from 41% to 37%.

Treatment types

Clients can receive treatment for their own or someone else's alcohol or drug use (see Key terminology and glossary). Rehabilitation, withdrawal management (detoxification) and pharmacotherapy are not available for clients seeking treatment for someone else's alcohol or drug use.

Client own drug or alcohol use and clients seeking support for someone else's alcohol or drug use

In 2019–20:

- over 9 in 10 closed treatment episodes (92% or 218,139) were provided for a client's own alcohol or drug use, and 8% (19,406) of treatment episodes were in relation to someone else's alcohol or drug use (Table ST.1)
- around 131,076 clients received treatment for their own alcohol or drug use and 13,884 clients received treatment in relation to someone else's alcohol or drug use (Tables SCR.27)
- among clients seeking treatment for their own alcohol or drug use:
  - counselling was the most common main treatment type followed by assessment only across all age groups
  - 1 in 5 clients (20%) aged 10–19 received information and education as a main treatment type while older clients aged 40–49 (10%), 50–59 (13%) and 60+ (17%) were more likely to receive withdrawal management as a main treatment type.
- among clients seeking support for someone else's alcohol or drug use, the age of clients varied by main treatment type:
  - Over half of clients aged 40–49 and over 3 in 5 clients aged 50–59 and 60+ received counselling for someone else's alcohol or drug use.
  - Over one third of clients aged 10–19 (34%) and 20–29 (35%) received support and case management for someone else's alcohol or drug use (Figure TREATMENTCLIENTS1).

Figure TREATMENTCLIENTS1: Clients by client type, main treatment type and age group (years), 2019-20 (%)

The stacked vertical bar graph shows the proportion of main treatment types by age group in 2019–20 for own drug use. Counselling was the most common main treatment type within all age groups, ranging from 37% to 43%. The proportion of withdrawal management episodes increased with age, from 3.1% of clients aged 10–19 years to 17% of clients aged 60+ years.

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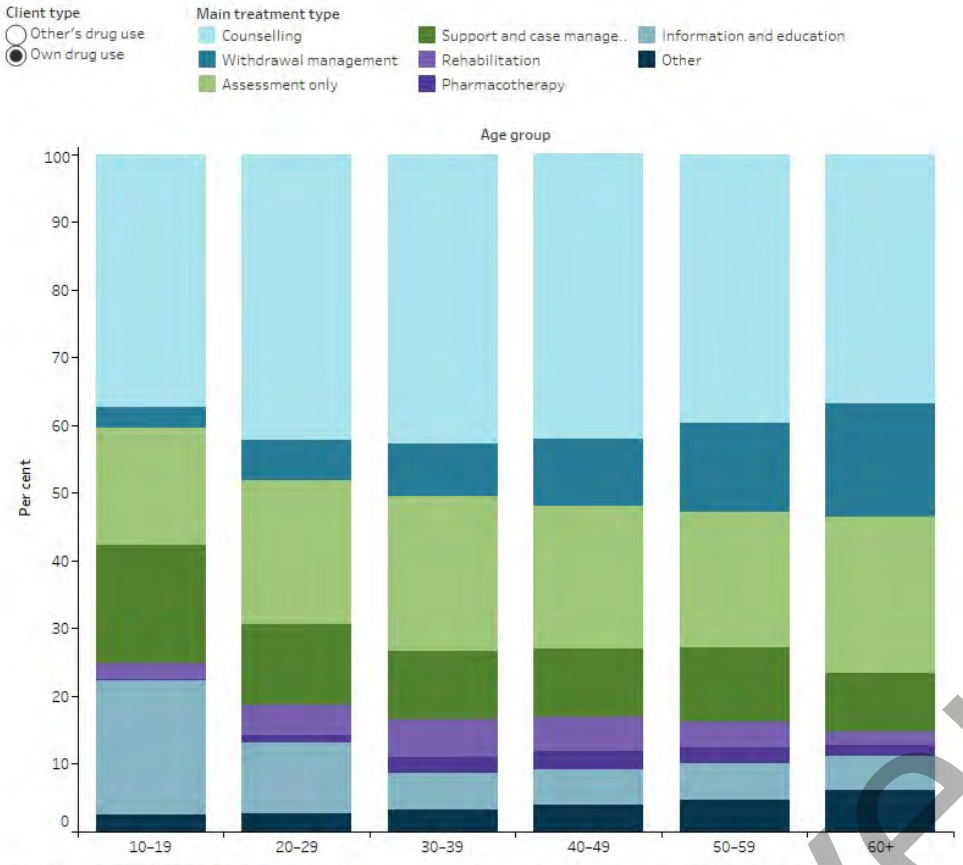

Title: Figure TREATMENTCLIENTS1: Clients by client type, main treatment type and age group (years), 2019–20 (%)
Note: Based on client records with a valid statistical linkage key (SLK).
Source: Table SC.16. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

For treatment episodes provided for a client's own alcohol or drug use over the 10-year period to 2019–20:

- the proportion of episodes with counselling as the main treatment type decreased from 40% in 2010–11 to 35% in 2015–16, but then rose to 37% in 2019–20
- the proportion of main treatment episodes with withdrawal management treatment declined from 18% in 2010–11 to 10% in 2019–20.

For treatment episodes provided for those seeking support for someone else's alcohol or drug use:

- the proportion of counselling as the main treatment type decreased over 10 years; from 75% in 2010–11, peaking at 79% in 2011–12, decreasing further to 52% in 2018–19 and to 43% in 2019–20
- support and case management as a main treatment type, more than doubled, rising from 13% in 2010–11 to 34% in 2019–20 (Figure TREATMENTCLIENTS2).

Figure TREATMENTCLIENTS2: Number of closed treatment episodes, by client type and main treatment type, 2010–11 to 2019–20

The line graph shows the main treatment types for all clients from 2010–11 to 2019–20. Counselling consistently remained the most common main treatment type, fluctuating from 36% in 2015-16 to 40% in 2016–17 and 37% in 2019–20. Assessment only has been the second most common main treatment type since 2012–13, remaninf around 16% before increasing from 16% in 2017–18 to 19% in 2019–20.

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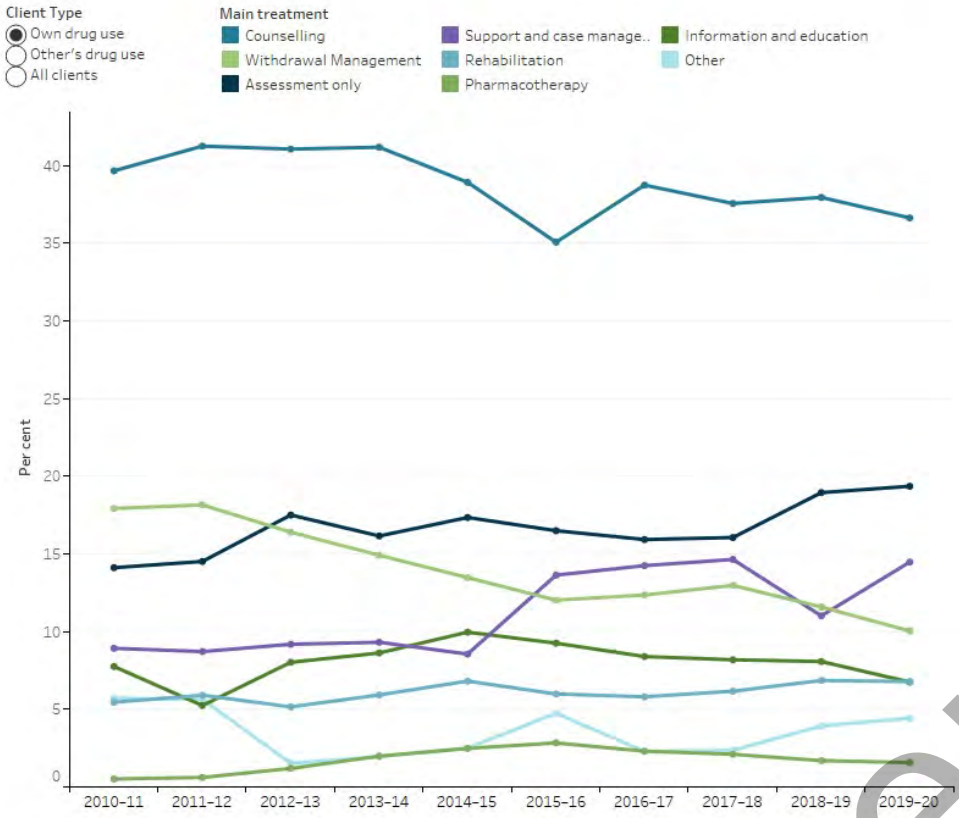

Title: Figure TREATMENTCLIENTS2: Number of closed treatment episodes, by client type and main treatment type, 2010–11 to 2019–20
Note: Withdrawal management, rehabilitation and pharmacotherapy treatment is not available for clients seeking treatment for other's alcohol or drug use.
Source: Table ST.4. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
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Figure TREATMENTTYPES1: Summary treatment characteristics (main and additional) of closed episodes, 2019-20

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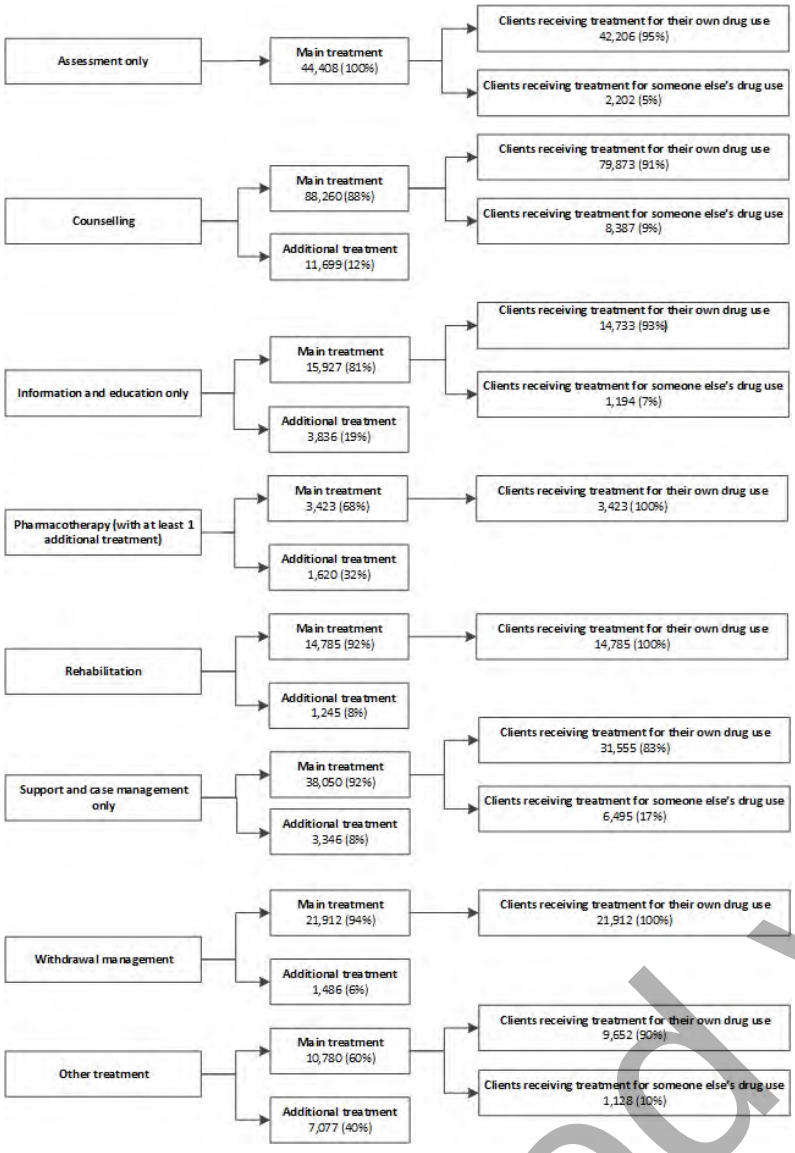

Source: Table ST.1.

Explore treatment provided:

- Assessment only
- Counselling
- Information and education
- Pharmacotherapy
- Rehabilitation
- Support and case management
- Withdrawal management

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Treatment provided

Assessment only

Although all service providers would normally include an assessment component in all treatment types, assessment only episodes are those for which only an assessment has been provided to the client.

Assessment interventions aim to reduce immediate or short-term harms; engage and support people; and refer people into treatment. These interventions are often the first point of contact with healthcare. They provide a way for someone to find out more about alcohol, tobacco and other drug-related harm, receive information, access peer-based support and receive further information about, and where appropriate referral to, treatment and support services. Assessment services, provide the opportunity for an assessment of their needs, and appropriate matching to support services. Assessment is an ongoing process, and the match between the person's needs, goals and the treatment being provided is continually assessed (Department of Health 2019).

In 2019–20:

- almost 1 in 5 (19% or 44,408) of all treatment episodes were reported as an assessment only
- around 19% treatment episodes for clients seeking help for their own alcohol or drug use received an assessment only as a main treatment; and 11% of treatment episodes for clients seeking help for someone else's alcohol or drug use
- assessment only treatment episodes were most commonly provided to clients whose principal drug of concern was either alcohol (32%), amphetamines (30%) or cannabis (14%) (tables ST.4, ST.44).

Client profile

In 2019–20, for clients whose main treatment was assessment only:

- 70% of clients who received an assessment for their own alcohol or drug use were male, while less than half (46%) of clients who received assistance for someone else's alcohol or drug use were male
- around 1 in 6 (17%) clients who received an assessment for their own alcohol or drug use identified as Indigenous Australian, and 21% of clients sought support for someone else's drug use (tables SC.15, SC.17).

References

See reference list.

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Treatment provided

Counselling

Counselling is the most common treatment type for problematic alcohol and/or other drug use. Psycho-social counselling refers to evidence-informed talking therapies, aimed at helping the person develop skills (whether that be psychological skills, and/or practical skills) to reduce alcohol or other drug consumption and/or harms, in line with the person's own goals. Examples of evidence-based psycho-social counselling include cognitive-behaviour therapy, contingency management and relapse prevention. Psycho-social counselling can be delivered individually (one on one) or in groups, and may involve family members or be delivered to family members alone) (Department of Health 2019).

In 2019–20:

- counselling was reported as a main treatment type in 37% (88,260) of all treatment episodes
- almost 2 in 5 (37%) treatment episodes for clients seeking support for their own drug use involved counselling as the main treatment
- for treatment episodes where the client sought support for someone else's drug use, over 2 in 5 (43%) treatment episodes were for counselling; a decline from 52% in 2018–19
- counselling as a main treatment type were most commonly provided to clients seeking treatment for their own drug use, whose principal drug of concern was alcohol (35%), amphetamines (31%), or cannabis (20%) (tables ST.4, ST.22).

Client profile

In 2019–20, for clients whose main treatment was counselling:

- almost two-thirds (65%) of clients seeking counselling for their own alcohol or drug use were male, while 56% of clients seeking treatment for someone else's alcohol or drug use were female
- over half (56%) of clients seeking treatment for own drug use were aged 20–39, while 59% of clients seeking counselling for someone else's use were aged 40 and over
- for clients seeking treatment for their own alcohol or drug use, 18% identified as Indigenous Australians, compared with 7% of clients who received counselling for someone else's alcohol or drug use (tables SC.15–17).

Treatment profile

Counselling treatment for clients' own alcohol or drug use and for someone else's drug use:

- around 1 in 10 (11%) of episodes lasted 1 day for own alcohol drug use and 6% of episodes for someone else's use
- counselling episodes were longer than all other treatment types, with a median length of 67 days (or almost 10 weeks).

Over the 10-year period to 2019–20 for clients who received counselling:

- for their own alcohol or drug use, the proportion of treatment episodes that ended within 1 month fell from 33% to 28%
- for someone else's alcohol or drug use, the proportion of closed episodes lasting 1 day fell from 16% to 6%. In contrast, the proportion lasting 6 months or more increased, from 12% in 2010–11 to 17% in 2019–20, though this fluctuated over the period (tables SE.24, ST.26–27).

References

See reference list.

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Treatment provided

Information and education

Information and education can be provided to clients as written information or a psycho-educational intervention program.

In 2019–20, information and education as a main treatment was reported for 7% (15,927) of all treatment episodes—7% of episodes for clients seeking help for their own alcohol or drug use were for information and education and 6% for those seeking treatment for someone else's alcohol or drug use.

Most information and education episodes were provided to clients whose principal drug of concern was cannabis (43%), alcohol (30%) or amphetamines (12%) (tables ST.4, ST.60).

Client profile

In 2019–20, for clients whose main treatment was information and education:

- most clients who were seeking treatment for their own alcohol or drug use were male (68%), while most clients who sought support for someone else's alcohol or drug use were female (72%)
- 61% of all clients seeking treatment for their own alcohol or drug use were aged 10–29. In contrast, 73% of clients seeking treatment for someone else's alcohol or drug use were aged 40 and over.
- 16% of clients seeking treatment for their own alcohol or drug use identified as Indigenous Australians, compared with 7% of clients seeking treatment for someone else's alcohol or drug use (tables SC. 15–17).

Treatment profile

Among treatment episodes in 2019–20 with information and education as the main treatment:

- almost three-quarters (73%) of treatment episodes lasted just 1 day for clients seeking treatment for their own alcohol or drug use; for those seeking treatment for someone else's use, this proportion was 51%.

Over the 10-year period to 2019–20 for clients who received information and education:

- for their own alcohol or drug use, the proportion of closed episodes that lasted just 1 day decreased from 87% in 2010–11 to 73% in 2019–20
- for someone else's alcohol or drug use, the proportion of closed episodes that lasted just 1 day fell from 85% in 2010–11 to 38% in 2015–16 before rising to 51% in 2019–20
- the proportion of treatment episodes for all clients lasting from 2 days up to 3 months increased from 10% in 2010–11 (10%) to 25% in 2019–20, while the proportion of episodes lasting from 3 months to over 12 months remained relatively stable (Table ST.62).

It is important to note that information and education treatment trends are influenced by differences in jurisdictional program practices over time.

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Treatment provided

Pharmacotherapy

There are several medications (pharmacotherapies) used to treat problems with alcohol, tobacco and other drugs. These pharmacotherapies can be prescribed for a short, medium or long-term duration, depending on the person's goals. Pharmacotherapies work in different ways. Some work by reducing cravings, others by providing an aversive (negative) reaction when used in combination with a substance. Other types of pharmacotherapy prevent withdrawal, reduce cravings and block the reinforcing effects of additional drug use. Pharmacotherapies are prescribed by approved prescribers and dispensed either through a community pharmacy or a specialist clinic (Department of Health 2019). Pharmacotherapy programs are available for a range of drugs, including alcohol and opioids. Where pharmacotherapy is used for withdrawal, it is also included in the 'withdrawal' category.

Only episodes where pharmacotherapy was either an additional treatment, or where it was the main treatment with an additional treatment provided, are included in the AODTS NMDS. Episodes where pharmacotherapy was the main treatment only and no additional treatment was provided are excluded. Pharmacotherapy is only available to clients receiving treatment for their own drug use. As most pharmacotherapy services are outside the scope of the AODTS NMDS, the data presented here are a substantial under-representation. More information on opioid pharmacotherapy in Australia is available from the AIHW's National Opioid Pharmacotherapy Statistics. The latest data indicate that on a snapshot day in 2020, over 53,300 clients received pharmacotherapy for opioid dependence, as reported in the National Opioid Pharmacotherapy Statistics Annual Data report (NOPSAD) (AIHW 2020).

For services that were in scope of the AODTS NMDS in 2019–20:

- pharmacotherapy accounted for 2% (5,043) of total closed episodes for clients' own alcohol or drug use.
- of these episodes, 32% (1,620) reported pharmacotherapy as an additional treatment (tables ST.1, ST.74–75).

Client profile

In 2019–20, for clients whose main treatment was pharmacotherapy:

- 7 in 10 (70%) clients seeking treatment for their own alcohol or drug use were male and 15% identified as Indigenous Australians
- around two-thirds (67%) of all clients were aged 30–49 and a further 16% of clients were aged 20–29 (Tables SC.15–SC.17).

Treatment profile

For treatment episodes involving pharmacotherapy for a client's own alcohol or drug use:

- almost 1 in 5 (19%) episodes lasted over 12 months, while 29% lasted 3–12 months
- where pharmacotherapy treatment was provided as a main treatment type, the most common principal drugs of concern were heroin (44%), alcohol (14%), and amphetamines (8%)
- when pharmacotherapy was provided as an additional treatment type, the most common principal drugs of concern were alcohol (44%), amphetamines (24%), and heroin (11%) (tables ST.79, ST.80, ST.84).

References

See reference list

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Treatment provided

Rehabilitation

Rehabilitation is an intensive treatment program that integrates a range of services and therapeutic activities, including counselling, behavioural treatment approaches, social and community living skills, relapse prevention and recreational activities. Rehabilitation can be delivered in a number of ways including residential treatment services, therapeutic communities and community-based rehabilitation services (Department of Health 2019). This type of treatment is not available for clients seeking treatment for someone else's alcohol or drug use.

In 2019–20, for clients' own alcohol or drug use:

- one in 14 (7% or 14,785) closed treatment episodes included rehabilitation as the main treatment type
- the most common principal drugs of concern were amphetamines (42%), alcohol (35%), and cannabis (11%) (Tables ST.4, ST.68).

Client profile

In 2019–20, for clients whose main treatment was rehabilitation:

- 2 in 3 (66%) clients were male, and 25% of clients identified as Indigenous Australians
- over 1 in 3 clients were aged 30–39 (34%), followed by clients 20–29 (27%) and 40–49 (23%) (Tables SC.15– SC.17).

Treatment profile

Among rehabilitation treatment episodes for a client's own alcohol or drug use:

- nearly 2 in 5 (38%) episodes lasted 1–3 months, while a further 29% lasted between 2 days and 1 month in 2019–20
- over the 10-year period to 2019–20, the duration of closed episodes of rehabilitation remained relatively stable, except for an increase in the proportion of episodes that lasted 1 day (from 5% in 2010–11 to 9% in 2019–20) (Table ST.73).

References

See reference list

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Treatment provided

Support and case management

Support includes activities such as providing emotional support to a client who occasionally calls an agency worker. Case management is usually more structured than support; it can assume a more holistic approach, taking into account all client needs (including general welfare needs) and it encompasses assessment, planning, linking, monitoring and advocacy (Vanderplaschen et al. 2007).

In 2019–20,

- around 1 in 6 (16% or 38,050) treatment episodes reported a main treatment type of support and case management.
- over 1 in 7 (14%) clients received support and case management as the main treatment for their own alcohol or drug use and over one-third (34%) of treatment episodes were for clients who received treatment for someone else's alcohol or drug use
- most support and case management treatment episodes for a client's own alcohol or drug use in 2019–20 were for clients whose principal drug of concern was alcohol (31%), amphetamines (28%) or cannabis (21%) (tables ST.4, ST.52).

Client profile

In 2019–20, for clients whose main treatment was support and case management:

- for clients seeking treatment for their own alcohol or drug use, 3 in 5 (60%) clients were male, over half (52%) were aged 20–39, and 17% identified as Indigenous Australians
- for clients seeking treatment for someone else's alcohol or drug use, over half (56%) were male, 53% were for clients aged 20–39, and 15% identified as Indigenous Australians (Tables SC.15–17).

Treatment profile

Among support and case management treatment episodes for clients' own alcohol or drug use and someone else's alcohol or drug use:

- the proportion of episodes lasting 1 day was higher for clients receiving treatment for someone else's alcohol or drug use (43%) than for their own alcohol or drug use (15%)
- 3 in 5 (59%) treatment episodes for support and case management lasted between 2 days to 3 months (ST.16).

Over the 10-year period to 2019–20:

- treatment episodes lasting 1 day for clients seeking treatment for their own alcohol or drug use rose from 8% in 2010–11 to 43% in 2015–16, before declining to 15% in 2019–20
- the proportion of treatment episodes for someone else's alcohol or drug use that lasted 1 day rose from 2010–11 (39%) to 2018–19 (87%) before falling in 2019–20 (43%). Conversely, episodes lasting from 2 days up to 3 months decreased from 2010–11 (49%) to 2018–19 (10%) before rising in 2019–20 (47%) (Table ST.54).

References

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Treatment provided

Withdrawal management

Withdrawal management (detoxification) refers to the safe discontinuation of the use of a substance of dependence. Withdrawal management services aid in the short-term cessation or reduction of heavy and/or prolonged alcohol or other drug use in a safe, supportive environment. Treatment is acute and provides short-term outcomes. Medications are sometimes used to help with symptoms of withdrawal. Supportive care is an essential component for successful withdrawal. Withdrawal alone does not produce lasting behaviour change and therefore planning for ongoing treatment, care and support is essential (Department of Health 2019). This type of treatment is not available for clients seeking treatment for someone else's alcohol or drug use.

In 2019–20,

- 1 in 10 (10% or 21,912) closed treatment episodes for a clients' own alcohol or drug use involved withdrawal management as the main treatment type. Of these, most treatment episodes were for alcohol (47%), amphetamines (19%), or cannabis (12%) (tables ST.4, ST.33).

Client profile

In 2019–20, for clients whose main treatment was withdrawal management:

- 62% of all clients were male and around 1 in 10 (11%) identified as Indigenous Australians
- around a quarter (26%) of all clients were aged 30–39 and 25% were 40–49 (tables SC.15–17).

Treatment profile

Among withdrawal management treatment episodes as a main treatment type:

- almost 4 in 5 treatment episodes (78%) lasted from 2 days to 1 month
- most episodes (71%) ended due to an expected (planned) completion.

Over the 10-year period to 2019–20:

- the proportion of closed withdrawal management episodes lasting 2 days to 1 month rose from 69% in 2010–11 to 74% in 2019–20
- median treatment episode duration has remained stable at 8 days since 2011–12 (tables ST.12, ST.38, SE.24).

References

See reference list

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Treatment referral and completion

Treatment referrals are part of treatment interventions that aim to reduce immediate or short-term harms; engage and support people; and refer people into treatment. As part of care co-ordination and case management involves ongoing treatment planning, goal setting, review and facilitation for the client to achieve their goals including a supported referral and system navigation support to other services, as required. It includes ensuring links are made with health or social welfare services, and that care is coordinated across care settings and systems (Department of Health 2019).

Key findings

In 2019–20:

- self/family was the most common source of referral (35%)
- over three quarters (77%) of episodes ended within 3 months
- around 3 in 5 (59%) episodes had an expected/planned completion
- the median duration of episodes for clients' own alcohol or drug use was almost 4 weeks (26 days), while that of support for someone else's alcohol or drug use was longer, 5 weeks (35 days).

Over the 10-year period to 2019–20:

- source of referrals for self/family for a clients' own alcohol or drug use decreased from 39% in 2010–11 to 35% in 2019–20
- the proportion of episodes with an expected cessation decreased from 68% to 59%.

In 2019–20, for all clients:

- The most common source of referral treatment episodes were self/family (36% or 84,495 episodes) followed by health services (32% or 77,135 episodes);
  - this referral pattern was consistent for most treatment types, with the exception of main treatment provided as information and education where police and court diversion was the most common source of referral (62%)
  - health services being the most common referrals for other treatment (36%) and assessment only (27%) (Table ST.14).

Where referral source was an 'other' source, closed treatment episodes increased from the previous year from 17% to 19% in 2019–20 for a client's own alcohol or drug use and from 8% to 35% for someone else's alcohol or drug use.

The most common sources of referrals for both groups of clients were similar in 2019–20. Referral episodes from:

- Self/family were most common: 35% for a client's own alcohol or drug use, and 40% for clients receiving treatment for someone else's alcohol or drug use.
- a health service were also common: 33% and 25%, respectively.

Over the 10-year period to 2019–20, treatment episodes where the referral source was:

- self/family for a clients' own alcohol or drug use; decreased from 39% in 2010–11 to 35% in 2019–20
- self/family referrals for someone else's alcohol or drug use; increased from 61% in 2010–11 to 64% in 2014–15 and then decreased to 40% in 2019–20
- a health service; increased for both clients seeking treatment for their own alcohol or drug use (from 27% to 33%), and for clients seeking support for someone else's alcohol or drug use (from 18% to 25%) (Table SE.15).

The source of referral varied according to clients' principal drug of concern. In 2019–20, for example, among episodes for a client's own alcohol or drug use (Figure TREATMENT1):

- for episodes where the principal drug of concern was alcohol, referrals from self/family increased from 41% in 2010–11 to 47% in 2013–14 before falling to 42% in 2019–20
- where cannabis was reported as the principal drug of concern, the proportion of diversion (police or court diversion program) referrals decreased from 2010–11 (28%) to 2019–20 (21%)
- diversion as a referral source was less common among clients receiving treatment for alcohol (2% of episodes), heroin (1%) and most common for ecstasy (49%) and cannabis (21%).

Figure TREATMENT1: Closed treatment episodes for own drug use, by principal drug of concern and grouped referral source 2010–11 to 2019–20 (%)

The line graph shows grouped referral source for alcohol as the principal drug of concern from 2010–11 to 2019–20. Over this time period, self/family remained the most common grouped referral source, fluctuating from 47% in 2013–14 to 43% in 2017–18 and 42% in 2019–20. The second most common grouped referral source was health service, gradually increasing from 32% in 2014–15 to 41% in 2019–20.

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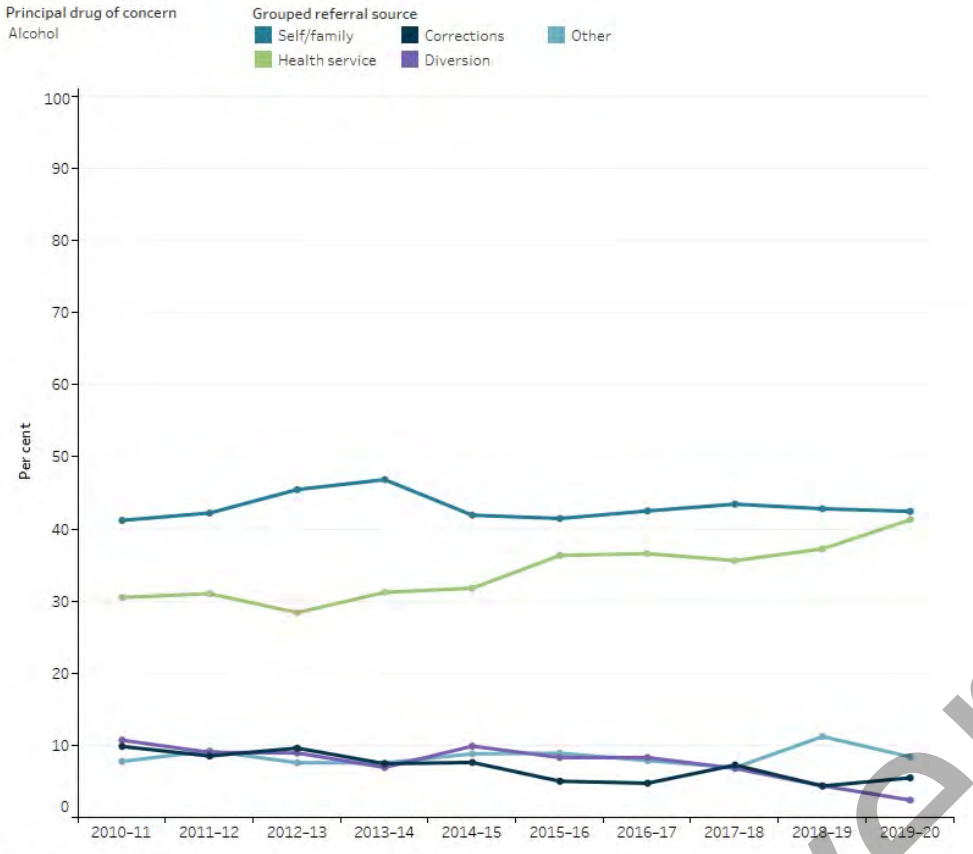

Title: Figure TREATMENT1: Closed treatment episodes for own drug use, by principal drug of concern and grouped referral source 2010–11 to 2019–20 (%)
Source: Table SD.17. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
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Treatment referral and completion

Duration of treatment

Duration of treatment

In 2019–20:

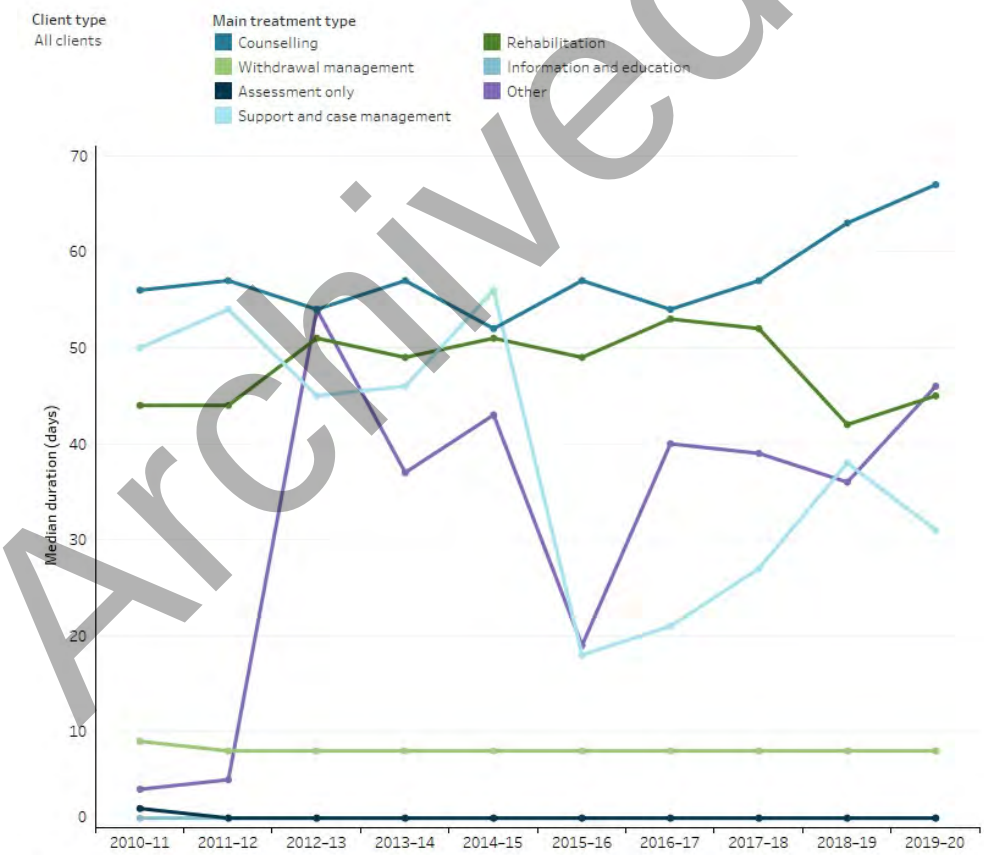
- around 3 in 4 closed treatment episodes ended within 3 months for both clients receiving treatment for their own alcohol or drug use and for someone else's alcohol or drug use (77% and 76%, respectively) (Table SE.21).
- the median duration of closed episodes was almost 4 weeks (26 days) for clients' own alcohol or drug use and 5 weeks (35 days) for clients receiving support for someone else's alcohol or drug use (Table SE.22).
- for clients' own alcohol or drug use counselling treatment had the longest median duration, 67 days; assessment only and information and education the shortest (1 day) (Figure DURATON1).
- nearly 4 in 5 (77%) treatment episodes for a clients' own alcohol or drug use ended within 3 months and over one-quarter (26%) ended within 1 day. About 1 in 10 (9%) episodes lasted 6 months or longer.
- the median duration of closed treatment episodes for a clients' own alcohol or drug use was 27 days (tables SD.12, SE.21–22).

Over the 10 years to 2019–20:

- the proportion of closed treatment episodes for a clients' own alcohol or drug use that ended within 3 months remained at 77%
- for a clients' own alcohol or drug use, the median duration of closed treatment episodes fluctuated, falling from 25 days in 2011–12 to 16 days in 2015–16 before rising to 26 days in 2019–20
- for clients seeking support for someone else's alcohol or drug use, the median duration has fluctuated more widely, falling from 42 days in 2011–12 to a low of 14 days in 2018–19 before rising to 35 days in 2019–20 (tables SE.21–22, SE.24).

Figure DURATION1: National closed episodes by client type, main treatment type and median duration (days), 2010–11 to 2019–20

The line graph shows that from 2010–11 to 2019–20, the median duration of treatment episodes varied substantially. Since 2016–17, the median treatment duration for counselling as a main treatment type has steadily increased, peaking at 67 days in 2019–20. Rehabilitation and other decreased slightly between 2016–17 and 2018–19 before sharply increasing in 2019–20 (45 days and 46 days respectively).



Title: Figure DURATION1: National closed episodes by closed treatment episodes, client type, main treatment type and median duration (days), 2010–11 to 2019–20
Source: Table SE.24. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
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References

See reference list.

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Treatment referral and completion

Completion of treatment

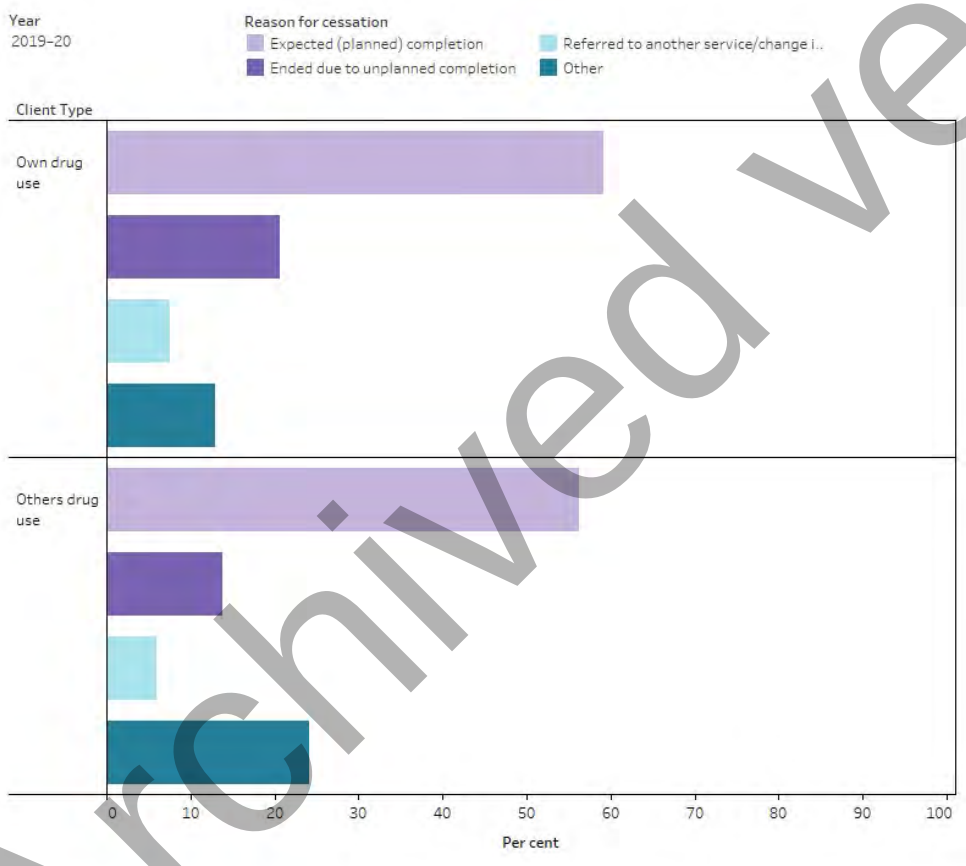
Reasons for clients no longer receiving treatment from an AOD treatment service include expected cessations (for example, treatment program completed), unplanned cessations (for example, the client ceased to participate in the treatment program without notice) and administrative cessation (for example, client transferred to another service provider) (see Key terminology and glossary).

In 2019–20,

- treatment episodes for client's own alcohol or drug use:
  - around 3 in 5 (59%) treatment episodes ended as expected (planned) completions
  - around 1 in 5 (21%) of treatment episodes ended due to an unplanned completion
  - 1 in 14 (7%) treatment episodes were referred to another service or changed treatment mode, and the remaining 13% of treatment episodes ended for other reasons.
- This pattern differed slightly for clients who received support for someone else's alcohol or drug use; treatment episodes that ended due to unplanned completion were lower (14%) than episodes for a client's own alcohol or drug use (Figure COMPLETION1).

Figure COMPLETION1: Closed treatment episodes, by client type and reason for cessation, 2010-11 to 2019-20 (%)

Figure 5.5



Title: Figure COMPLETION1: Closed treatment episodes, by client type and reason for cessation, 2010–11 to 2019–20 (%)
Source: Table SE.18, AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

In 2019–20, completion of treatment episodes for a client's own drug use varied by principle drug of concern. For example, episodes of treatment for:

- volatile solvents (81%), ecstasy (79%) and nicotine (78%) had the highest proportion of treatment episodes ending with an expected cessation
- morphine or buprenorphine as the principal drug of concern (both 46%) had the lowest proportion of episodes for an expected cessation
- amphetamines had the highest proportion of episodes for unplanned cessations (26%), followed by heroin (22%) and morphine (21%) (Figure COMPLETION2).

Figure COMPLETION2: Closed treatment episodes for selected drugs, by principal drug of concern and reason for cessation, 2014-15 to 2019-20 (%)

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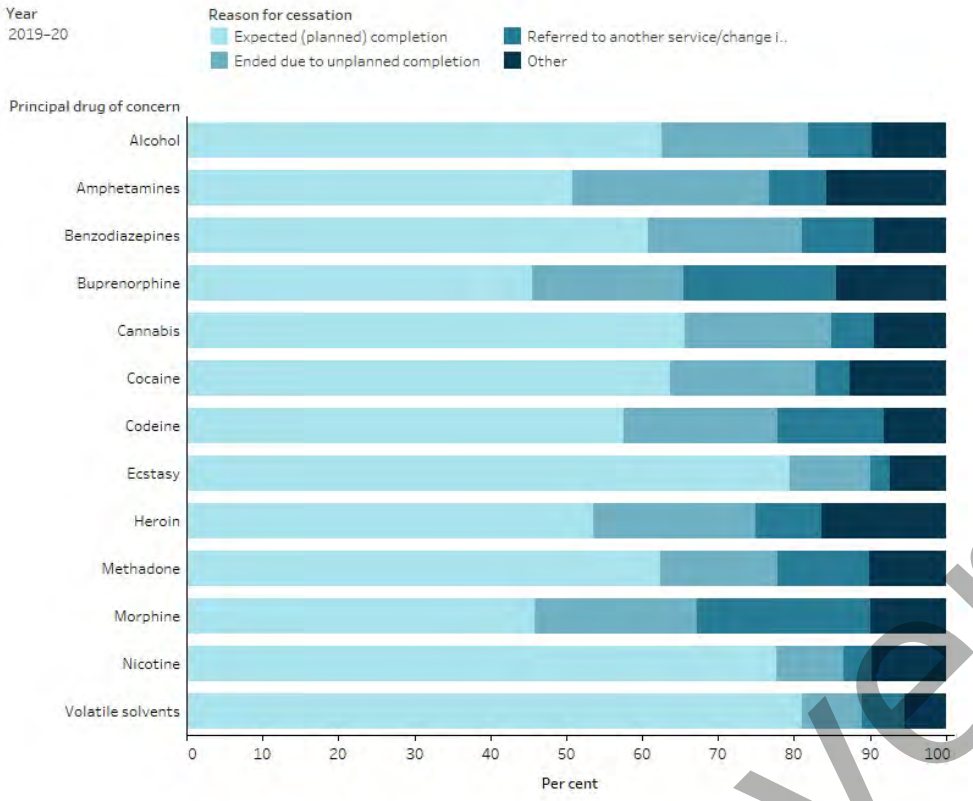
The stacked horizontal bar graph shows the proportion of reason for cessation by principal drug of concern in 2019–20. Expected (planned) cessation was the most common reason for cessation across all principal drugs of concern. Ended due to unplanned completion was the second most common reason for cessation within alcohol (19%), amphetamines (26%), cannabis (19%) and heroin (22%). Other reasons for cessation varieddepending on the principal drug of concern.



Title: Figure COMPLETION2: Closed treatment episodes for selected drugs, by principal drug of concern and reason for cessation, 2014–15 to 2019–20 (%)
Note: Data not available prior to 2014–15.
Source: Table SE.12. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

Over the 10 years to 2019–20, for a client's own alcohol or drug use:

- the proportion of treatment episodes that ended in an expected cessation decreased overall, falling by 9 percentage points to 59%
- decreases in expected cessation were highest for treatment episodes where the principal drug of concern was: amphetamines (down 13 percentage points to 51%), heroin (8 percentage points to 54%), and morphine (7 percentage points to 46%) (Table SD.16).

Over the 10 years to 2019–20, for someone else's alcohol or drug use:

- the proportion of treatment episodes with an expected cessation decreased from 2010–11 (72%) to 2018–19 (55%) and 56% in 2019–20 (Table SE.18).

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State and territory summaries

This section presents key state and territory findings on specialist alcohol and other drug treatment service agencies, the people they treat, and the treatment provided in 2019–20. Client counts refer to those closed treatment episodes for which a valid statistical linkage key (SLK) has been supplied.

The technical notes page provides details on the data, with further information available in the Alcohol and other drug treatment services NMDS 2019–20 Quality Statement. In addition, a series of state and territory supplementary tables accompanying the annual report are also available.

Key findings

In 2019–20:

- a total of 1,258 publicly funded agencies provided data about services for clients seeking AOD treatment and support in Australia, ranging from 16 in the Australian Capital Territory to 473 in New South Wales
- alcohol was the most common drug of concern in the Northern Territory (66%), Australian Capital Territory (42%), Tasmania (40%), New South Wales (38%) and Queensland (34%) (nationally 34% of treatment episodes)
- amphetamines were the most common drug of concern in South Australia (35%), Western Australia (34%) and Victoria (29%), and the second most common drug of concern in Tasmania (30%), Queensland (27%), New South Wales (26%), the Australian Capital Territory (23%) and the Northern Territory (13%) (nationally the second most common drug of concern; 28% of episodes)
- counselling was the most common main treatment type nationally (37%), and the most common in 5 of the 8 states and territories.

Over the period 2015–16 to 2019–20:

- the number of publicly funded agencies rose from 796 to 1,258 agencies, an increase that was largely driven by increases in New South Wales (from 287 to 473) and Victoria (from 129 to 338)
- the 4 most common principal drugs of concern were the most common in 5 of the 8 states and territories; these were alcohol, amphetamines, cannabis and heroin
- counselling was the most common main treatment type in 6 of the 8 states and territories up until 2018–19.

Explore state and territory summaries:

- New South Wales
- Victoria
- Queensland
- Western Australia
- South Australia
- Tasmania
- Australian Capital Territory
- Northern Territory
- Technical notes - state and territory summaries

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State and territory summaries

New South Wales

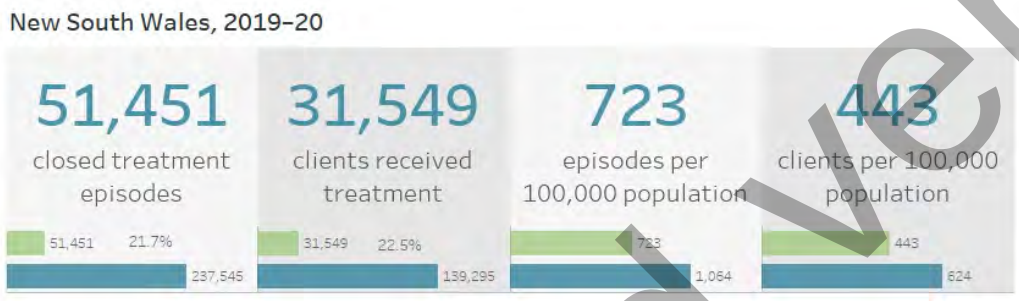
On this page:

- Client demographics
- Drugs of concern
- Treatment
- Agencies

In 2019–20, 473 publicly funded alcohol and other drug treatment agencies in New South Wales provided 51,451 closed treatment episodes to 31,549 clients (tables SA.1, SCR.21). New South Wales reported:

- a 2% decrease in closed treatment episodes from 52,563 in 2018–19 to 51,451 in 2019–20, and a 9% increase in closed treatment episodes since 2015–16 (47,371).
- client numbers have increased from 29,071 in 2015–16 to 31,549 in 2019–20 (note: 2015–16 client numbers are based on imputed values).

The visualisation shows that 51,451 closed treatment episodes were provided to an estimated 31,549 clients in New South Wales in 2019–20. This equates to a rate of 723 episodes and 443 clients per 100,000 population, which is lower than the national rate (1,064 episodes and 624 clients per 100,000 population).



Note: Proportions were calculated based on total closed treatment episodes and estimated clients.
Source: Tables SA.1 and SCR.21. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

In 2019–20, most clients (78%) in New South Wales attended 1 agency, and received an average of 1.6 closed treatment episodes, which is similar to the national average of 1.7 treatment episodes (tables SCR.21, SCR.23).

Client demographics

In 2019–20:

- nearly all (98%) clients in New South Wales received treatment for their own alcohol or drug use, of which, most were male (66%) (Figure 1)
- clients who received treatment or support for someone else's alcohol or drug use were more likely to be female (65%)
- over half (51%) of all clients were aged 20–39 years
- nearly 1 in 6 (18%) of all clients identified as Indigenous Australians. This is consistent with the national proportion (17%)
- the majority (87%) of all clients were born in Australia and nearly all (97%) reported English as their preferred language (tables SC.4, SC NSW.1–3, SC NSW.21–22).

The visualisation includes a series of horizontal bar graphs showing that, in 2019–20, nearly all (98%) clients in New South Wales received treatment for their own drug use. Of these clients, around two-thirds (66%) were male, 52% were aged 20–39, and 18% were Indigenous Australians. Nearly all clients (97%) listed English as their preferred language and most (87%) were born in Australia.

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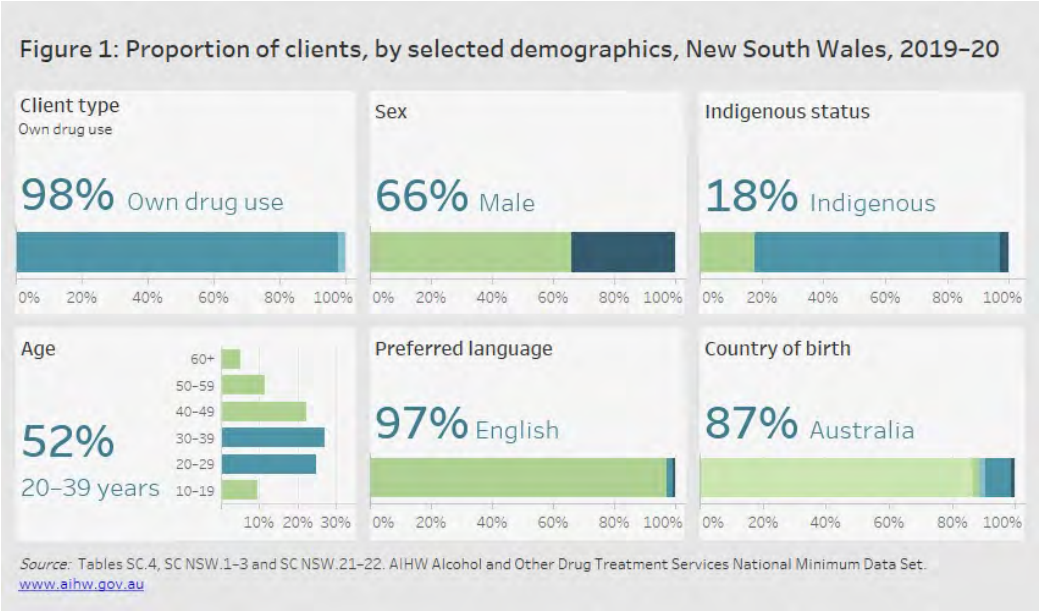

Patterns of service use

Over the period 2015–16 to 2019–20, 101,503 clients received treatment in New South Wales. Of these clients:

- the majority received treatment in a single year (73%):
  - 18% (17,895) received treatment for the first time in 2019–20
  - a further 55% (55,464) received treatment in only one of the four collection periods (excluding 2019–20)
- 19% (18,788) of clients received treatment in any 2 of the 5 years
- 6.3% (6,420) of clients received treatment in any 3 of the 5 years
- 2.3% (2,286) of clients received treatment in any 4 of the 5 years
- 0.6% (650) of clients received treatment in all 5 collection years (Table SCR.28).

Drugs of concern

In 2019–20, for clients in New South Wales receiving treatment episodes for their own alcohol or drug use (Figure 2; SE NSW.10):

- alcohol was the most common principal drug of concern (38% of episodes)
- amphetamines as a principal drug of concern accounted for over one-quarter of episodes (26%), followed by cannabis (16%), and heroin (8%).
- within the amphetamines group:
  - methamphetamine was reported as a principal drug of concern in 88% of treatment episodes (Figure 2a)
  - in over half (51%) of the treatment episodes where methamphetamine was the principal drug of concern, smoking was the most common method of use, followed by injecting (39%) (Figure 2b).

Some jurisdictions are working with service providers to encourage more specific reporting of amphetamine use (i.e. to reduce the use of 'amphetamines not further defined' code where possible).

Clients can nominate up to 5 additional drugs of concern, these drugs are not necessarily the subject of any treatment within the episode (see Technical notes).

In 2019–20, when the client reported additional drugs of concern:

- nicotine was the most common additional drug of concern (12% of episodes), followed by cannabis (11%), amphetamines and alcohol (both 7%) (Table SE NSW.11).

Over the period 2015–16 to 2019–20:

- alcohol remained the most common principal drug of concern in treatment episodes provided to clients, increasing marginally over the 5 year period from 37% to 38%
- amphetamines were the second most common principal drug of concern in New South Wales in 2019–20, and have increased since 2015–16 (from 24% to 26%) (SE NSW.11)
- within the amphetamines group, methamphetamine was reported as the principal drug of concern in over half of episodes (56%) in 2015–16, rising to 63% in 2017–18 before a considerable increase to 88% in 2019–20 (Figure 2a); the rise in episodes may be related to increases in funded treatment services and/ or improvement in agency coding practices for methamphetamines
- cannabis is now the third most common principal drug of concern, decreasing from 17% to 16% in 2019–20 (SE NSW.11)
- these trends are consistent with the national picture (Table SD.2).

The grouped horizontal bar chart shows that, in 2019–20, alcohol was the most common principal drug of concern in treatment episodes provided to clients in New South Wales for their own drug use (38%). This was followed by amphetamines (26%), cannabis (16%), and heroin (8.0%). Nicotine was the most common additional drug of concern (12% of episodes), followed by cannabis (11%), amphetamines (7.4%), and

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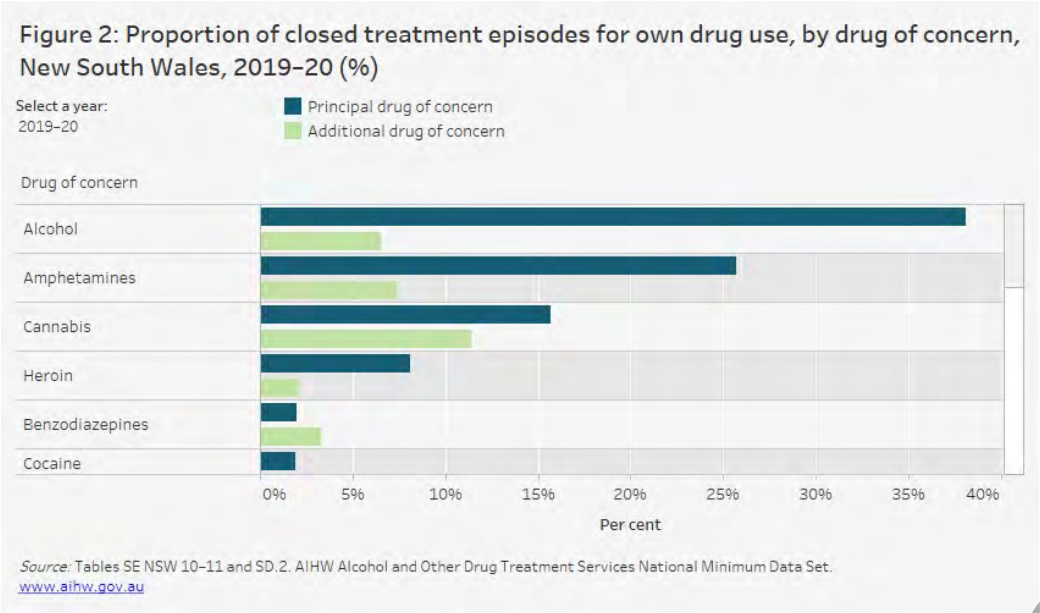
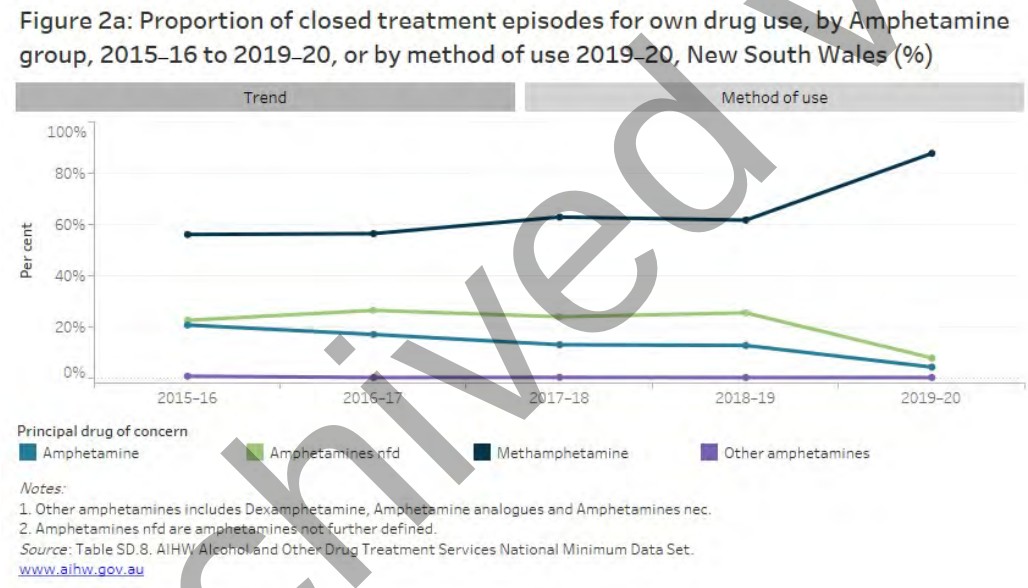
alcohol (6.5%).



The line graph shows that, between 2015–16 and 2019–20, methamphetamine has remained the most common drug of concern among meth/amphetamine-related treatment episodes for clients' own drug use. The proportion of methamphetamine-related episodes increased from 56% of meth/amphetamine-related episodes in 2015–16 to 88% in 2019–20. In 2019–20, amphetamines not further defined was the second most common drug of concern in meth/amphetamine-related episodes (7.8%), followed by amphetamine (4.3%).

The stacked horizontal bar chart shows the method of use for treatment episodes related to clients' own use of methamphetamine, amphetamine, amphetamines not further defined, and other amphetamines in New South Wales in 2019–20. Smoking was the most common method of use across all amphetamine codes (33–51% of treatment episodes), followed by injecting (33–41% of episodes).



Treatment

In 2019–20, for treatment episodes in New South Wales:

- counselling was the most common main treatment provided (39% of episodes), followed by support and case management (15%)
- where an additional treatment was provided as a supplementary to the main treatment, 'other' treatment (12%) was the most common followed by counselling (8%) (Table SE NSW.20). See technical notes for further information on calculating proportions for additional treatment type.

Over the period 2015–16 to 2019–20:

- counselling remained the most common main treatment type for all episodes; the largest decrease was from 42% in 2016–17 to 37% in 2017–18, then rising to 39% in 2019–20
- withdrawal management rose from 14% in 2015–16 to 17% in 2017–18, then decreased to 14% in 2019–20 (Table SE NSW.20).

The grouped horizontal bar chart shows that, in 2019–20, the most common main treatment type provided to clients in New South Wales for their own drug use was counselling (39% of episodes). This was followed by support and case management (16%),withdrawal management (14%), and assessment only (13%). Other was the most common additional treatment type (12%), followed by Counselling (7.6%).

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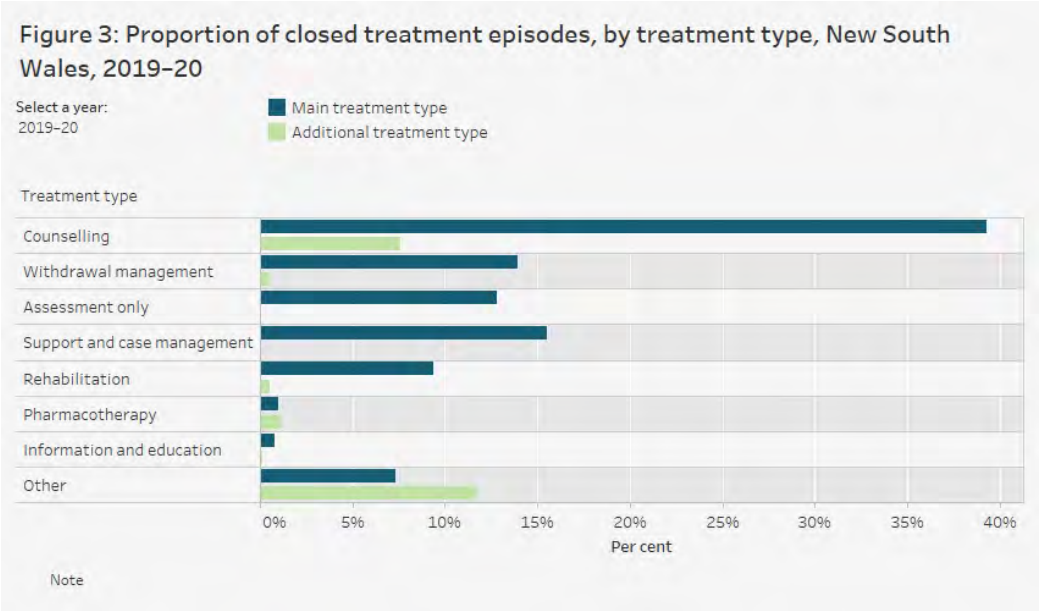
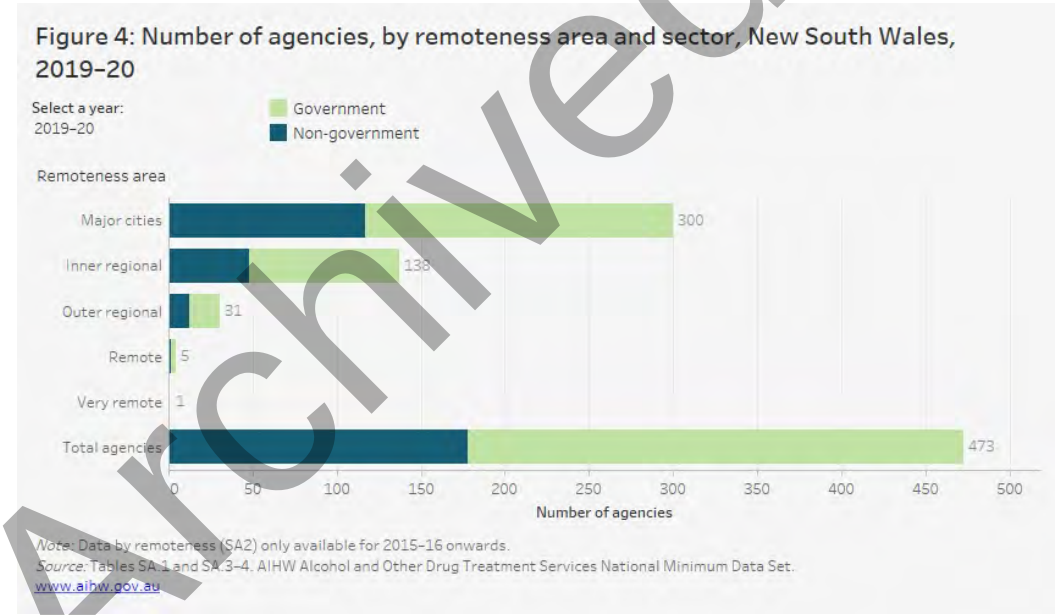


Agencies

In 2019–20, in New South Wales:

- around 6 in 10 (62%) AOD agencies were government treatment agencies
- the majority (63%) of the 473 publicly funded treatment agencies were located in *Major cities*, followed by *Inner regional* areas (29%)
- agencies located in *Major cities* provided 68% of all closed treatment episodes
- less than 1% of treatment agencies were located in *Remote* areas – these provided less than 1% (310) of all episodes
- across all remoteness areas, the majority of agencies were government agencies, ranging from 61% in *Major cities* to 100% in *Very remote* areas (Figure 4; tables SA.3, SA.4).

In the period 2010–11 to 2019–20, the number of publicly funded treatment agencies in New South Wales rose from 262 to 473 (Table SA.1). The horizontal bar chart shows that most treatment agencies in New South Wales were located in *Major cities* (300 agencies), followed by *Inner regional* (138 agencies) and *Outer regional* (31 agencies) areas. Relatively fewer treatment agencies (6 agencies) were located in *Remote* and *Very remote* areas. Of the total 473 treatment agencies, most (295 agencies) were government agencies.



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State and territory summaries

Victoria

On this page:

- Client demographics
- Drugs of concern
- Treatment
- Agencies

In 2019–20, 338 publicly funded alcohol and other drug treatment agencies in Victoria provided 86,142 closed treatment episodes to 37,391 clients (tables SA.1, SCR.21).

Victoria reported:

- a 33% increase in closed treatment episodes from 64,546 in 2018–19 to 86,142 in 2019–20 due to the ability of the new collection system to capture service types not able to be reported previously (such as support); and a 34% increase in closed treatment episodes compared with 2015–16 (64,118).
- an 11% increase in clients between 2018–19 to 2019–20 (37,391), due to system changes and flexible AOD treatment delivery with improved reporting (note: 2015–16 client numbers are based on imputed values). Clients numbers remained consistent from 2015–16 (33,312) to 2018–19 (33,699).

The visualisation shows that 86,142 closed treatment episodes were provided to an estimated 37,391 clients in Victoria in 2019–20. This equates to a rate of 1,477 episodes and 641 clients per 100,000 population, compared with 1,064 episodes and 624 clients per 100,000 population reported nationally.

In 2019–20, nearly 7 in 10 (69%) clients in Victoria attended 1 agency and received an average of 2.3 closed treatment episodes, which is higher than the national average of 1.7 treatment episodes (tables SCR.21, SCR.23). This is due to the nuances of Victoria's data collection system, where each type of treatment results in a separate treatment episode.

Client demographics

In 2019–20:

- 8 in 10 (82%) clients in Victoria received treatment for their own alcohol or drug use, of which, most (65%) were male (Figure 5)
- 0.1% of all clients reported sex as 'other', the highest proportion reported across all states and territories in the collection period. This category was collected for the first time in 2018–19
- nearly 3 in 5 (57%) clients were aged 20–39 years
- 8.5% of all clients identified as Indigenous Australians, which is lower than the national proportion (17%)
- the majority (82%) of all clients were born in Australia and most (94%) reported English as their preferred language (tables SC VIC.1–3, SC.4, SC VIC.21–22).

The visualisation includes a series of horizontal bar graphs showing that, in 2019–20, 4 in 5 (82%) clients in Victoria received treatment for their own drug use. Of these clients, just under two-thirds (65%) were male, 58% were aged 20–39, and 8% were Indigenous Australians. Nearly all clients (95%) listed English as their preferred language and most (85%) were born in Australia.

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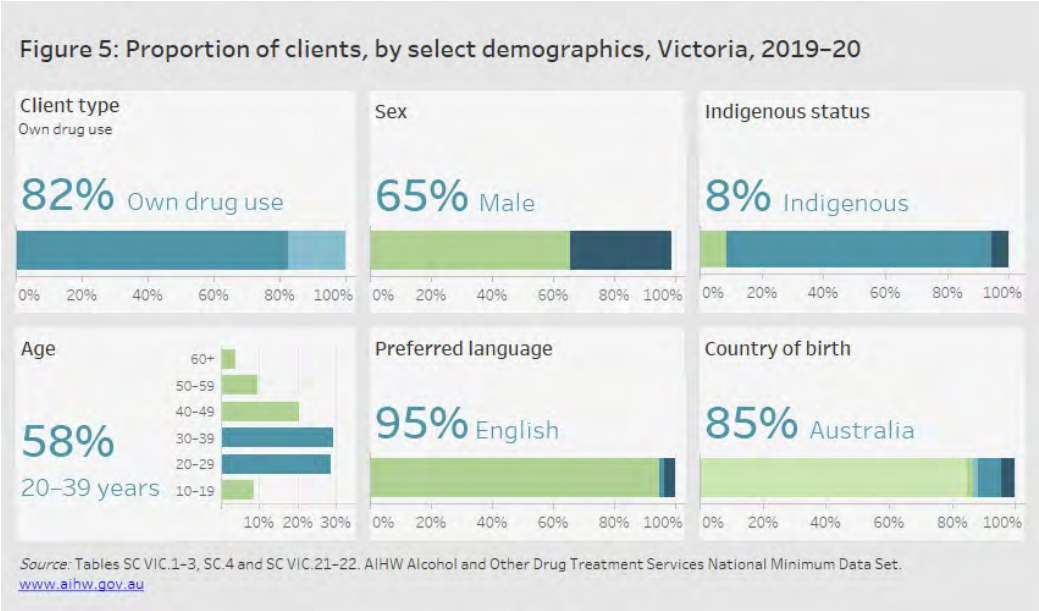

Patterns of service use

Over the period 2015–16 to 2019–20, 111,525 clients received treatment in Victoria. Of these clients:

- the majority received treatment in a single year (65%)
  - 17% (19,305) received treatment for the first time in 2019–20
  - a further 48% (53,831) received treatment in only one of the four collection periods (excluding 2019–20)
- 22% (23,994) of clients received treatment in any 2 of the 5 years
- 8.3% (9,269) of clients received treatment in any 3 of the 5 years
- 3.3% (3,732) of clients received treatment in any 4 of the 5 years
- 1.2% (1,394) of clients received treatment in all 5 collection years (Table SCR.28).

Drugs of concern

In 2019–20, for clients in Victoria receiving treatment episodes for their own alcohol or drug use:

- Amphetamines were the most common principal drug of concern (29% of treatment episodes) (Figure 6; Table SE VIC.10)
- alcohol was also a common principal drug of concern, accounting for 28% of treatment episodes, followed by cannabis (16%), and heroin (5%)
- within the amphetamines group:
  - methamphetamine was reported as a principal drug of concern in 3 in 5 (60%) of treatment episodes (Figure 6a)
  - smoking was the most common method of use in 62% of episodes where methamphetamine was the principal drug of concern (Figure 6b).

Victoria is working with service providers to encourage more specific reporting of amphetamine use (i.e. to reduce the use of 'amphetamines not further defined' code where possible).

Victoria reported comparatively high incidences of 'Not stated drugs' (15%) as the drug of concern. This is in part due to service providers adjusting to changes in reporting practices associated with the implementation of a new data collection system in 2019–20. Victoria is working with service providers to encourage more specific reporting of drug of concern.

Clients can nominate up to 5 additional drugs of concern; these drugs are not necessarily the subject of any treatment within the episode (see Technical notes).

In 2019–20, when the client reported additional drugs of concern:

- cannabis was the most common (23% of episodes), followed by nicotine (22%), alcohol (19%), and amphetamines (12%) (Table SE VIC.11).

Over the period 2015–16 to 2019–20:

- amphetamines replaced alcohol as the most common principal drug of concern for clients (Table SE VIC.10), increasing over time from 22% in 2015–16 to 29% in 2019–20
- alcohol was the second most common principal drug of concern. The proportion of episodes with a principal drug of concern for alcohol decreased from 30% to 28% over this period
- within the amphetamines group, methamphetamine was reported as the principal drug of concern in less than 5% of episodes (3.5%) in 2015–16, before a large increase to 43% in 2018–19 and 60% in 2019–20 (Figure 6a). The rise in episodes for methamphetamine is mainly due to improvements in agency coding practices for methamphetamines, although some of the increase in episodes could be related to increases in funded treatment services.

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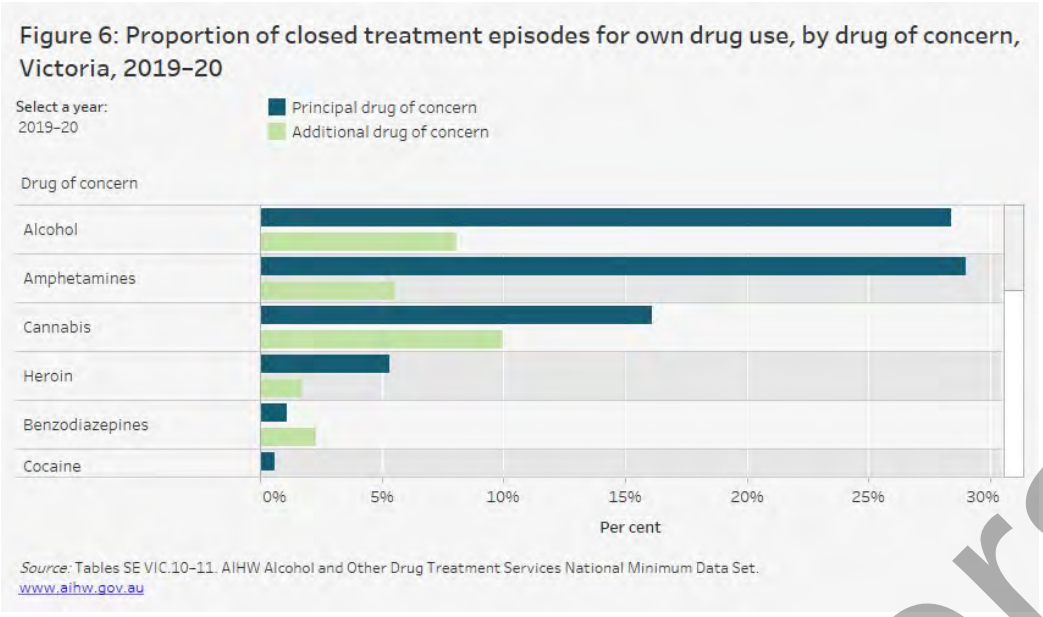
- the proportion of closed treatment episodes for cannabis has stayed relatively stable, increasing from 17% in 2015–16 to 20% in 2017–18 before dropping to 16% in 2019–20 (Figure 6).

The grouped horizontal bar chart shows that, in 2019–20, the most common principal drug of concern in treatment episodes provided to clients in Victoria for their own drug use was amphetamines (29%). This was followed by alcohol (28%), cannabis (16%), and heroin (5.3%). Cannabis was the most common additional drug of concern (10%), followed by nicotine (9.6%), alcohol (8.1%), and amphetamines (5.5%).

Figure 6: Proportion of closed treatment episodes for own drug use, by drug of concern, Victoria, 2019–20

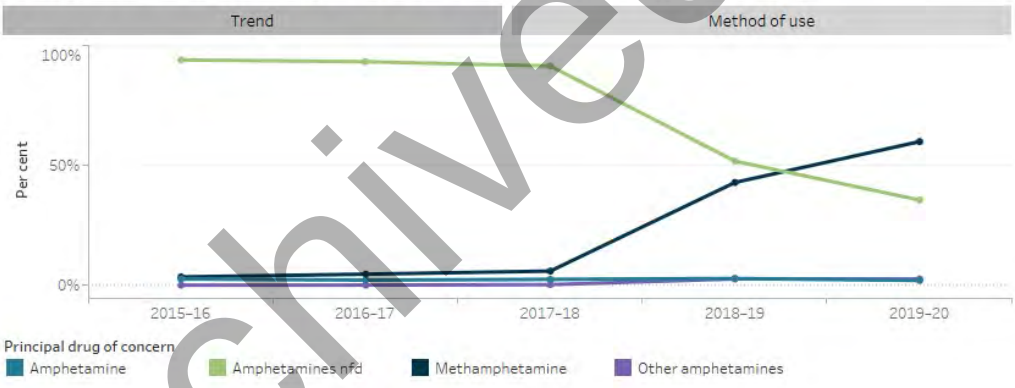


Source: Tables SE VIC.10–11. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

The line graph shows that, from 2015–16 to 2019–20, amphetamines not further defined was the most common drug of concern among meth/amphetamine-related treatment episodes for clients' own use until 2019–20 when methamphetamine became the most common drug of concern (60%). The proportion of episodes for amphetamines not further defined decreased from 2017–18 (91% of meth/amphetamine-related episodes) to 2019–20 (36%), while it increased for methamphetamines (from 5.9% to 60%).

The stacked horizontal bar chart shows the method of use for treatment episodes related to clients' own use of methamphetamine, amphetamine, amphetamines not further defined, and other amphetamines in Victoria in 2019–20. Smoking was the most common method of use across all amphetamine codes (56–64% of treatment episodes), followed by injecting (17–24% of episodes).

Figure 6a: Proportion of closed treatment episodes for own drug use, by Amphetamine group, 2015–16 to 2019–20, or by method of use 2019–20, Victoria (%)



Notes:
1. Other amphetamines includes Dexamphetamine, Amphetamine analogues and Amphetamines nec.
2. Amphetamines nfd are amphetamines not further defined.

Source: Table SD.8. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

Treatment

In 2019–20, for treatment episodes in Victoria:

- support and case management was the most common main treatment type (28% of episodes); this was followed by counselling (27%) (Figure 7; Table SE VIC.20).

In 2019–20, Victoria finalised implementation of a new data collection system (VADC) which allows agencies to report additional treatment types against the AODTS NMDS. As a result, there will be differences in the proportion of additional treatment types reported prior to 2019–20.

Where an additional treatment was provided as a supplementary to the main treatment, 'other' treatment (2%) was the most common (Table SE VIC.20). See technical notes for further information on calculating proportions for additional treatment type.

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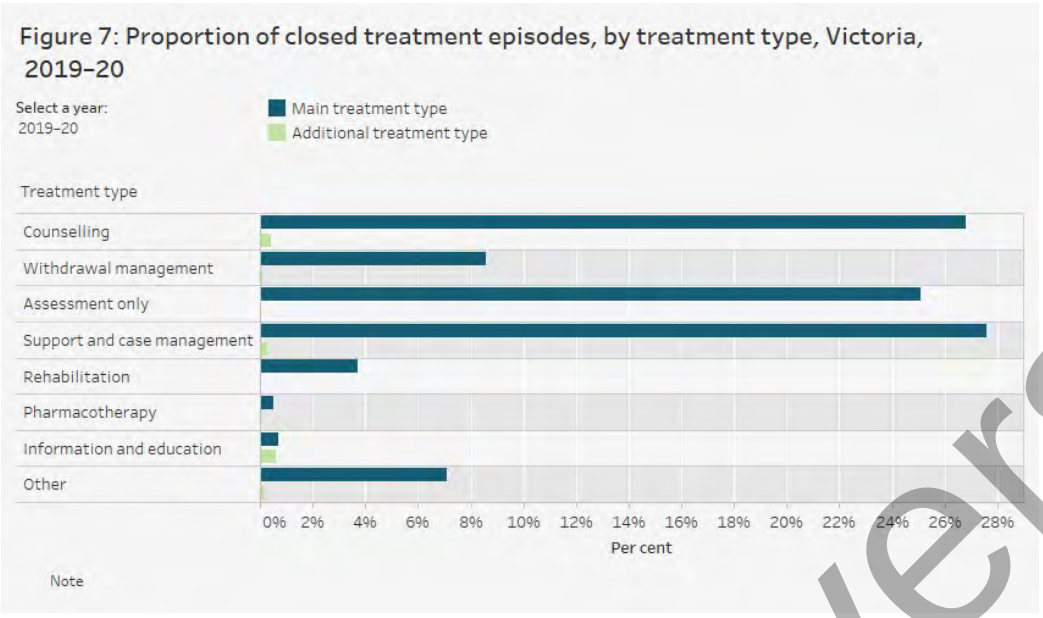
Over the period from 2015–16 to 2019–20:

- counselling remained one of the most common main treatment types for all closed episodes in 2019–20 (27%), albeit decreasing from 33% in 2018–19
- support and case management as a main treatment type decreased from 30% in 2015–16 to 18% in 2018–19 before rising to 28% in 2019–20
- withdrawal management decreased from 14% to 9% over the same period (Figure 7; Table SE VIC.20).

The grouped horizontal bar chart shows that, in 2019–20, the most common main treatment type provided to clients in Victoria for their own drug use was support and case management (28% of episodes). This was followed by counselling (27%), assessment only (25%), and withdrawal management (8.6%). Additional treatment types were uncommon, reported in less than 1% of treatment episodes.



Agencies

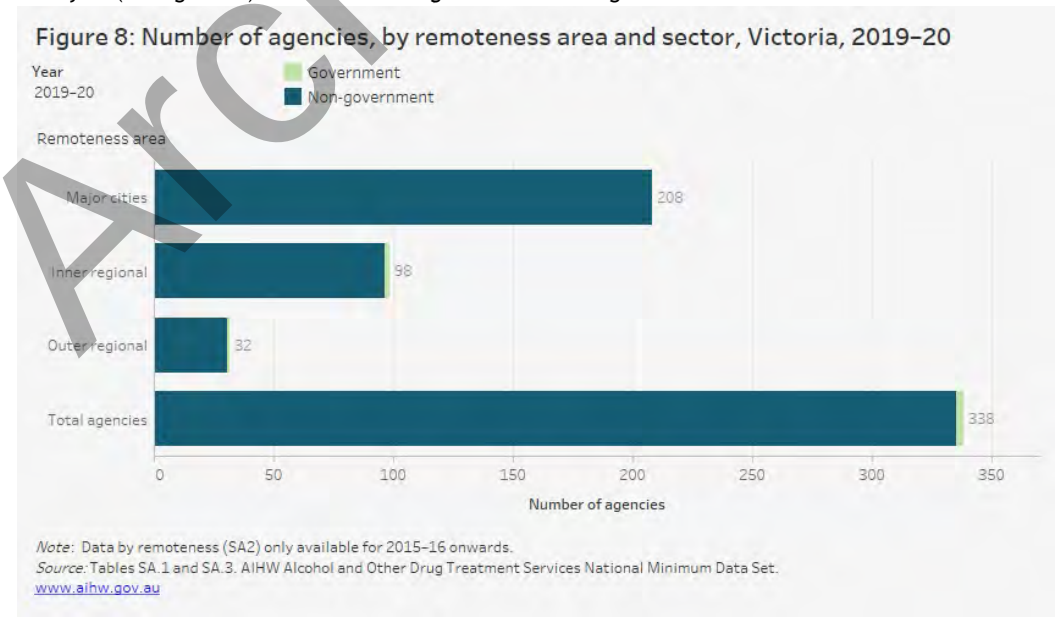
In 2019–20 in Victoria:

- only 3 of the 338 AOD agencies that received public funding were government treatment agencies
- around 6 in 10 (62%) treatment agencies were located in *Major cities*, followed by *Inner regional* areas (29%) (Figure 8; Table SA.3)
- Victoria does not have any areas classified as *Remote* or *Very remote*.

In the period from 2015–16 to 2019–20:

- the number of publicly funded treatment agencies in Victoria increased from 129 in 2015–16 to 404 in 2018–19 before dropping to 338 in 2019–20 (Table SA.1).

Victoria reported an increase in the number of in-scope services in 2019–20 due to improved data collection systems which allow reporting at the service outlet location rather than head office level (see the Data Quality Statement).
The horizontal bar chart shows that Victoria does not have any areas classified as *Remote* or *Very remote*. Most treatment agencies in Victoria were located in *Major cities* (208 agencies), followed by *Inner regional* (98 agencies) and *Outer regional* (32 agencies) areas. Nearly all (335 agencies) of the total 338 agencies were non-government.



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State and territory summaries

Queensland

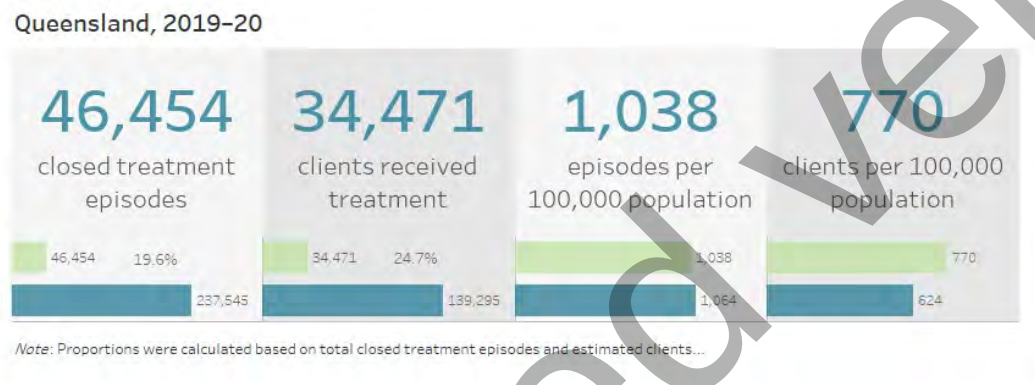
On this page:

- Client demographics
- Drugs of concern
- Treatment
- Agencies

In 2019–20, 194 publicly funded alcohol and other drug treatment agencies in Queensland provided 46,454 closed treatment episodes to 34,471 clients (tables SA.1, SCR.21). Queensland reported:

- a 3% decrease in closed treatment episodes from 47,831 in 2018–19 to 46,454 in 2019–20, and a 4% increase in closed treatment episodes since 2015–16 (44,534).
- client numbers decreased from 35,800 in 2015–16 to 35,123 in 2018–19, decreasing further to 34,471 in 2019–20 (note: 2015–16 client numbers are based on imputed values).

The visualisation shows that 46,454 closed treatment episodes were provided to an estimated 34,471 clients in Queensland in 2019–20. This equates to a rate of 1,038 episodes per 100,000 population, a lower rate than the 1,064 episodes reported nationally and 770 clients per 100,000 population, a higher rate than the 624 clients per 100,000 population reported nationally.



In 2019–20, most (88%) clients in Queensland attended 1 agency, and received an average of 1.3 closed treatment episodes, which is lower than the national average of 1.7 treatment episodes (tables SCR.21, SCR.23).

Client demographics

In 2019–20:

- nearly all (97%) clients in Queensland received treatment for their own alcohol or drug use, of which most (65%) were male (Figure 9)
- clients receiving treatment for someone else's alcohol or drug use were more likely to be female (72%)
- just over half (51%) of all clients were aged 20–39 years, and 15% were aged 10–19 years which is higher than the national proportion (10%)
- about 1 in 6 (17%) of all clients identified as Indigenous Australians, which is consistent with the national proportion (17%)
- the majority (89%) of all clients were born in Australia and nearly all (99%) reported English as their preferred language (tables SC QLD.1–3, SC.3–4, SC QLD.21–22).

The visualisation includes a series of horizontal bar graphs showing that, in 2019–20, nearly all (97%) clients in Queensland received treatment for their own drug use. Of these clients, around two-thirds (65%) were male, 52% were aged 20–39, and 17% were Indigenous Australians. Nearly all clients (99%) listed English as their preferred language and most (89%) were born in Australia.

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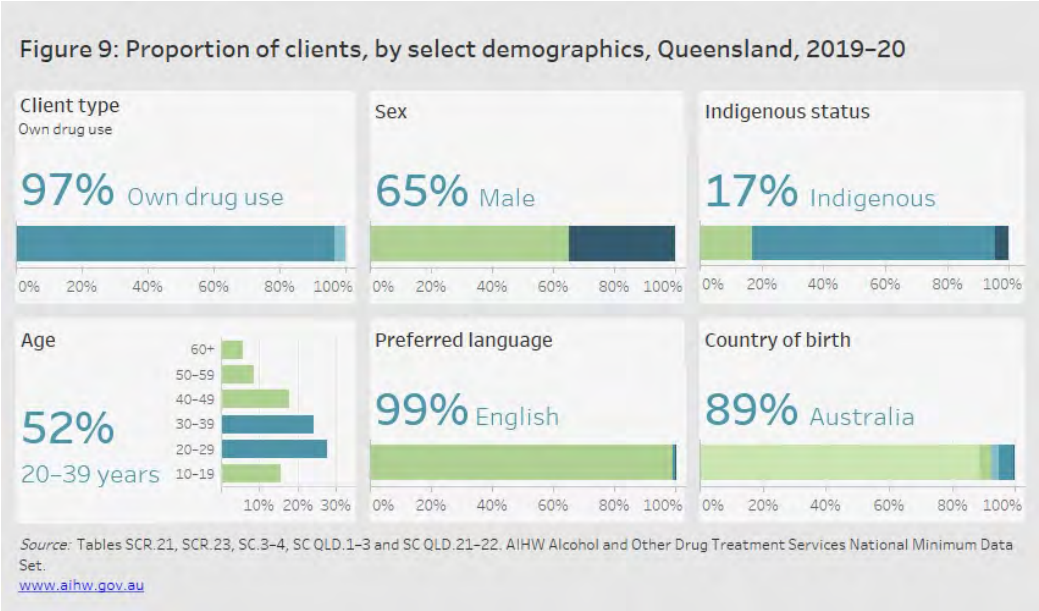

Patterns of service use

Over the period 2015–16 to 2019–20, 132,067 clients received treatment in Queensland. Of these clients:

- the majority received treatment in a single year (78%):
  - 16% (21,569) received treatment for the first time in 2019–20
  - a further 62% (81,899) received treatment in only one of the four collection periods (excluding 2019–20)
- 15% (20,011) of clients received treatment in any 2 of the 5 years
- 4.5% (5,962) of clients received treatment in any 3 of the 5 years
- 1.5% (2,048) of clients received treatment in any 4 of the 5 years
- 0.4% (578) of clients received treatment in all 5 collection years (Table SCR.28).

Drugs of concern

In 2019–20, for clients in Queensland receiving treatment episodes for their own alcohol or drug use:

- alcohol was the most common principal drug of concern (34% of episodes) (Figure 10; Table SE QLD.10)
- amphetamines and cannabis were the second most common principal drugs of concern (both 27%). In Queensland, the level of cannabis reported as the principal drug of concern is a result of the police and illicit drug court diversion programs operating in the state (Table SE QLD.12)
- within the amphetamines group:
  - methamphetamine was reported as a principal drug of concern in over 4 in 5 (86%) treatment episodes (Figure 10a)
  - in half (50%) of treatment episodes where methamphetamine was the principal drug of concern, injecting was the most common method of use, followed by smoking (40%) (Figure 10b).

Queensland are working with service providers to encourage more specific reporting of amphetamine use (i.e. to reduce the use of 'amphetamines not further defined' code where possible).

Clients can nominate up to 5 additional drugs of concern; these drugs are not necessarily the subject of any treatment within the episode (see Technical notes).

When the client reported additional drugs of concern:

- cannabis was the most common additional drug (19% of episodes), followed by nicotine (16%) and alcohol (15%) (Table SE QLD.11).

Over the period 2015–16 to 2019–20:

- the proportion of episodes reporting alcohol as a principal drug of concern ranged from 27% in 2015–16 to 34% in 2019–20. Alcohol replaced cannabis as the most common principal drug of concern in 2018–19 (Table SE QLD.10).
- amphetamines and cannabis were the second most common principal drugs of concern, with treatment episodes for amphetamines increasing since 2015–16 (17% to 27%) and decreasing for cannabis (from 39% to 27%)
- within the amphetamines group, methamphetamine was reported as the principal drug of concern in 65% of episodes in 2015–16, rising to 86% in 2019–20 (Figure 10a). The rise in episodes where methamphetamines were the principal drug of concern may be related to increases in funded treatment services and improvements in agency coding practices for methamphetamines
- the proportion of treatment episodes in Queensland where cannabis was the principal drug of concern was higher than the national proportion in 2019–20 (27% compared with 18%) (Table SD.2).

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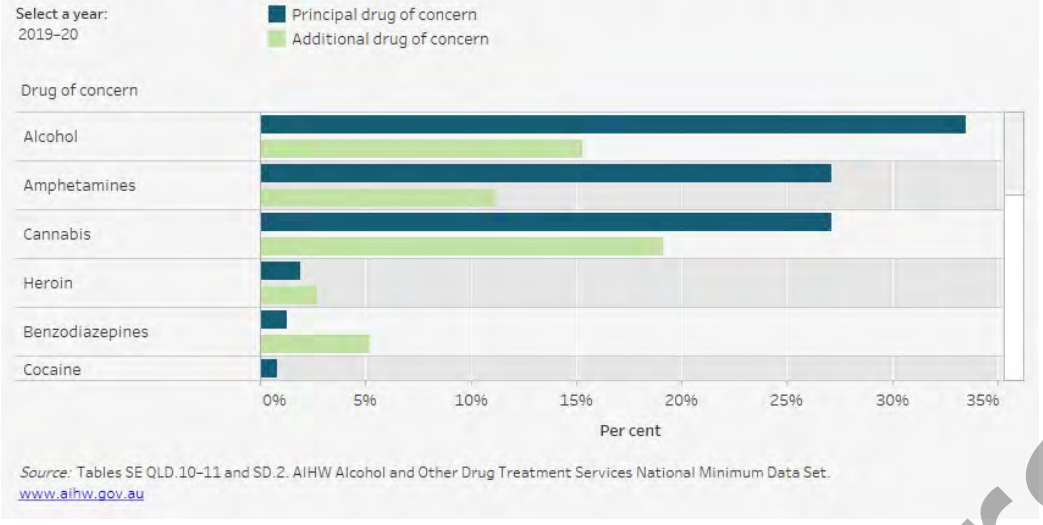
The grouped horizontal bar chart shows that, in 2019–20, alcohol was the most common principal drug of concern in treatment episodes provided to clients in Queensland for their own drug use (34%). This was followed by cannabis and amphetamines (both 27%), and heroin (1.9%). Cannabis was the most common additional drug of concern (19%), followed by nicotine (16%) and alcohol (15%).

Figure 10: Proportion of closed treatment episodes for own drug use, by drug of concern, Queensland, 2019–20

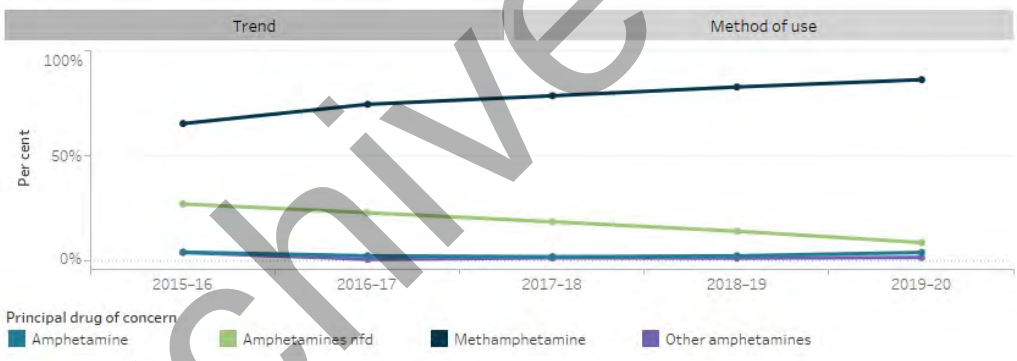


Source: Tables SE QLD.10–11 and SD.2. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

The line graph shows that methamphetamine has remained the most common drug of concern among meth/amphetamine-related treatment episodes for clients' own drug use since 2015–16, increasing from 65% of meth/amphetamine-related episodes in 2015–16 to 86% in 2019–20. Conversely, there was a decrease in the proportion of episodes relating to amphetamines not further defined (from 27% to 8.5%) and amphetamine (from 4.0% to 3.8%).

The stacked horizontal bar chart shows the method of use for treatment episodes related to clients' own use of methamphetamine, amphetamine, amphetamines not further defined, and other amphetamines in Queensland in 2019–20. Injecting was the most common method of use across all amphetamine codes (50%–56% of treatment episodes), except for amphetamines where smoking was the most common method of use (41%). Other methods of use varied by meth/amphetamine type. Smoking was the second most common method of use for amphetamines not further defined (24%), methamphetamine (40%), and other amphetamines (31%).

Figure 10a: Proportion of closed treatment episodes for own drug use, by Amphetamine group, 2015–16 to 2019–20, or by method of use 2019–20, Queensland (%)



Notes:
1. Other amphetamines includes Dexamphetamine, Amphetamine analogues and Amphetamines nec.
2. Amphetamines nfd are amphetamines not further defined.
Source: Table SD.8. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

Treatment

In 2019–20, for treatment episodes in Queensland:

- counselling was the most common main treatment (43% of episodes), followed by information and education (21%) (Figure 11)
- the proportion of episodes for information and education as a main treatment was 3 times the national proportion (21% compared with 7%) (tables SE QLD.20, ST.5)
- where an additional treatment was provided as supplementary to the main treatment, counselling (10%) was also the most common type of additional treatment, followed by information and education (6%). See technical notes for further detail on calculating proportions for additional treatment type.

Over the period 2015–16 to 2019–20:

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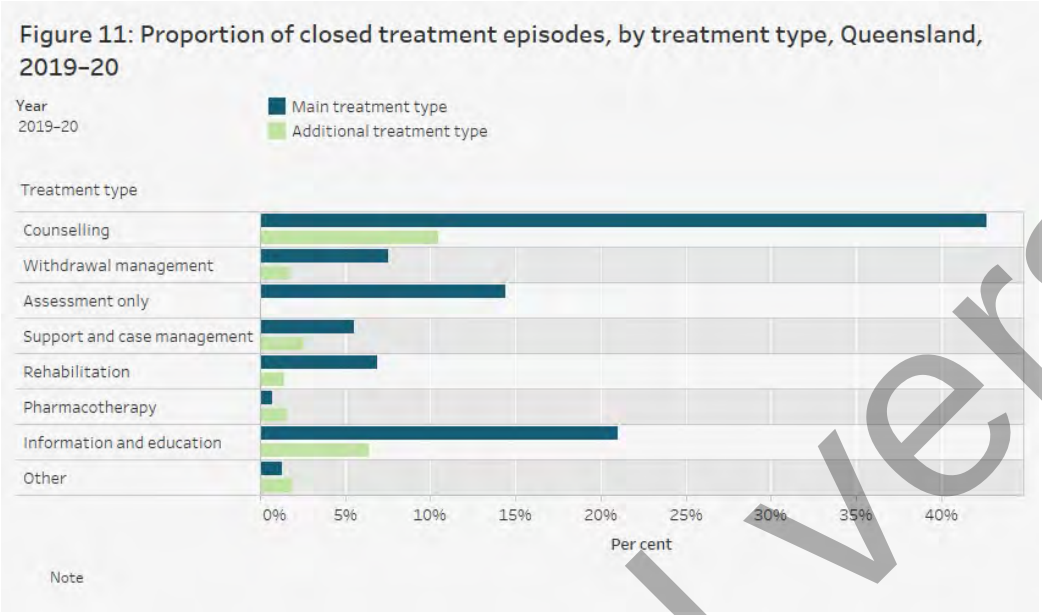
- the proportion of all closed treatment episodes where counselling was the main treatment type fluctuated between 32% in 2015–16 and 43% in 2019–20. Counselling replaced information and education as the most common main treatment type in 2016–17
- information and education as a main treatment type decreased in 2019–20, dropping from 25% in 2018–19 to 21% in 2019–20.

In Queensland, treatment episodes provided to people diverted into AOD services by police and court diversion programs are recorded as information and education. The diversion programs have contributed to the high proportion of information and education treatment episodes in Queensland due to state initiatives. Treatment involves a 60–90 minute session, including comprehensive alcohol/other drug assessment, assessment of risk-taking behaviours, physical/ mental health and provision of information to assist in reducing/ceasing alcohol or drug use and referral to further treatment if required.
The grouped horizontal bar chart shows that, in 2019–20, the most common main treatment type provided to clients in Queensland for their own drug use was counselling (43% of episodes). This was followed by information and education (21%), assessment only (14%), and withdrawal management (7.5%). Counselling (10.5%) was the most common additional treatment, followed by information and education (6.4%).

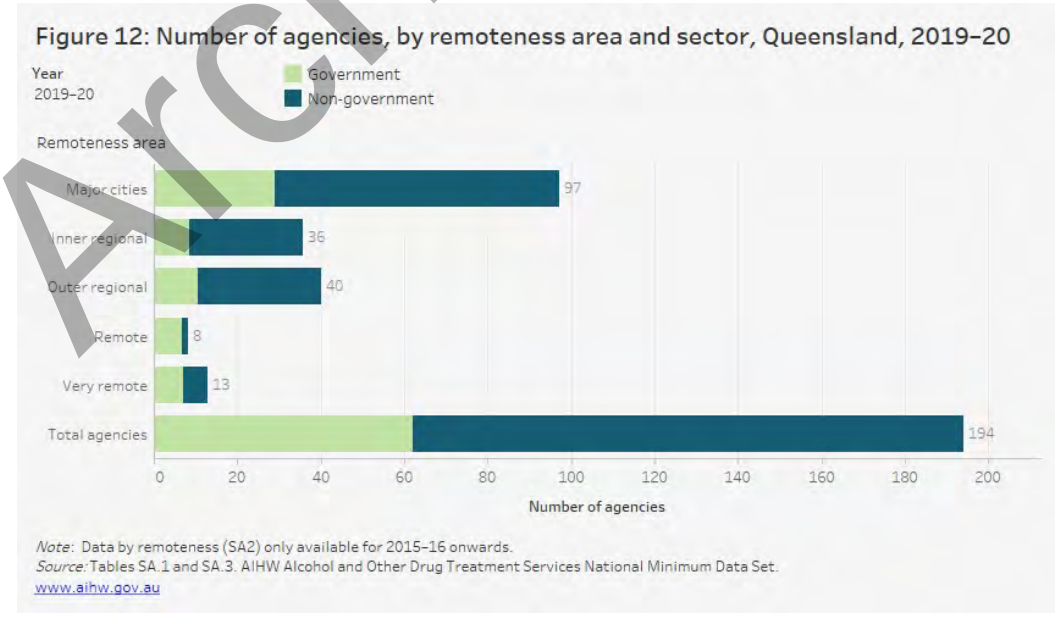


Agencies

In 2019–20 in Queensland:

- more than two-thirds (68%) of AOD agencies that received public funding were non-government treatment agencies
- 50% of the 194 treatment agencies were located in *Major cities*, followed by *Outer regional* (21%) and *Inner regional* (19%) areas
- around 11% of all government treatment agencies were located in *Remote* and *Very remote* areas (Figure 12; Table SA.3).

In the 5 years to 2019–20, the number of publicly funded treatment agencies in Queensland steadily increased from 158 in 2015–16 to 194 in 2019–20 (Table SA.1).
The horizontal bar chart shows that most treatment agencies in Queensland were located in *Major cities* (97 agencies), followed by *Outer regional* (40 agencies) and *Inner regional* (36 agencies) areas. Of the total 194 treatment agencies, most (132 agencies) were non-government agencies.



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State and territory summaries

Western Australia

On this page:

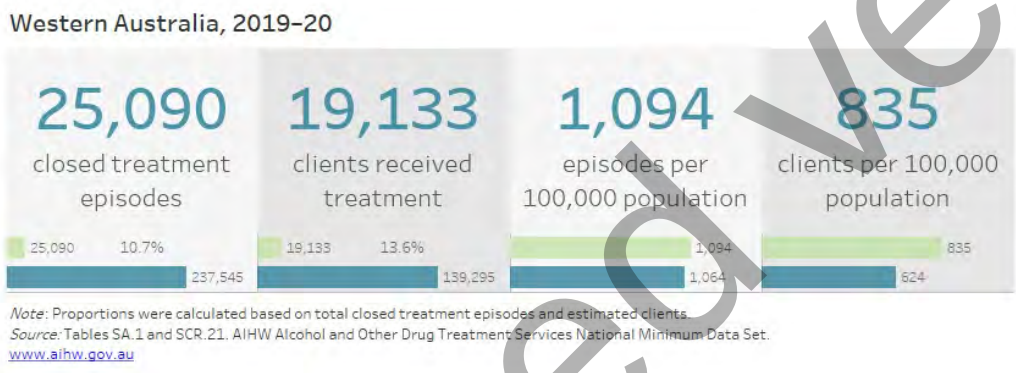
- Client demographics
- Drugs of concern
- Treatment
- Agencies

In 2019–20, 104 publicly funded alcohol and other drug treatment agencies in Western Australia provided 25,090 closed treatment episodes to 19,133 clients (tables SA.1, SCR.21).

Western Australia reported:

- a less than 1% decrease in closed treatment episodes from 25,236 in 2018–19 to 25,090 in 2019–20, and a 4% increase in closed treatment episodes since 2015–16 (24,206)
- client numbers increased from 17,912 in 2015–16 to 19,348 in 2018–19, and decreased to 19,133 in 2019–20 (note: 2015–16 client numbers are based on imputed values).

The visualisation shows that 25,090 closed treatment episodes were provided to an estimated 19,133 clients in Western Australia in 2019–20. This equates to a rate of 1,094 episodes and 835 clients per 100,000 population, a higher rate than the 1,064 episodes and 624 clients per 100,000 population nationally.



In 2019–20, most (86%) clients in Western Australia attended 1 agency, and received an average of 1.3 closed treatment episodes, which is lower than the national average of 1.7 treatment episodes (tables SCR.21, SCR.23).

Client demographics

In 2019–20:

- most (92%) clients in Western Australia received treatment for their own alcohol or drug use, of which, most (65%) were male (Figure 13)
- clients receiving treatment for someone else's alcohol or drug use were more likely to be female (73%)
- over half (54%) of all clients were aged 20–39 years
- nearly 1 in 4 (23%) of all clients identified as Indigenous Australians, which is higher than the national proportion (17%)
- the majority (83%) of all clients were born in Australia and nearly all (98%) reported English as their preferred language (tables SC WA.1–3, SC.4, SC WA.21 –22).

The visualisation includes a series of horizontal bar graphs showing that, in 2019–20, over 9 in 10 (92%) clients in Western Australia received treatment for their own drug use. Of these clients, around two-thirds (65%) were male, 57% were aged 20–39, and 24% were Indigenous Australians. Nearly all clients (98%) listed English as their preferred language and most (84%) were born in Australia.

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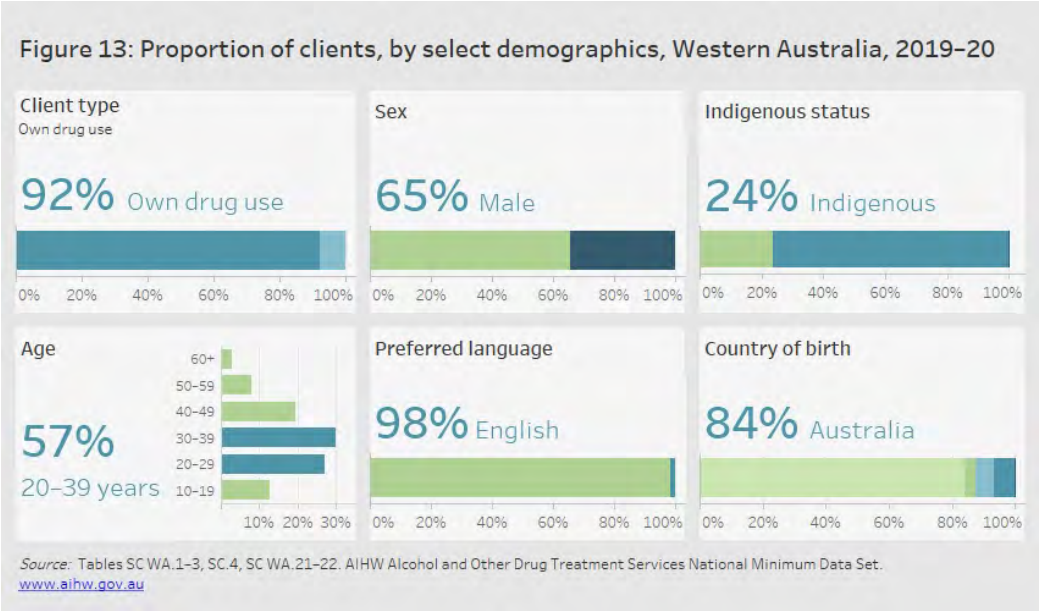

Patterns of service use

Over the period 2015–16 to 2019–20, 67,882 clients received treatment in Western Australia. Of these clients:

- the majority received treatment in a single year (74%):
  - 16% (11,067) received treatment for the first time in 2019–20
  - a further 58% (39,213) received treatment in only one of the four collection periods (excluding 2019–20)
- 18% (12,047) of clients received treatment in any 2 of the 5 years
- 5.8% (3,916) of clients received treatment in any 3 of the 5 years
- 1.9% (1,275) of clients received treatment in any 4 of the 5 years
- 0.5% (364) of clients received treatment in all 5 collection years (Table SCR.28).

Drugs of concern

In 2019–20, for clients in Western Australia receiving treatment episodes for their own alcohol or drug use:

- Amphetamines and alcohol were the most common principal drugs of concern (both 34% of treatment episodes) (Figure 14; Table SE WA.10);
- within the amphetamines group:
  - methamphetamine was reported as a principal drug of concern in 9 in 10 (92%) treatment episodes; in over half (53%) of treatment episodes where methamphetamine was the principal drug of concern, injecting was the most common method of use, followed by smoking (42%) (Figure 14b)
- cannabis accounted for the third highest proportion of episodes (21%), followed by heroin (5%).

Clients can nominate up to 5 additional drugs of concern; these drugs are not necessarily the subject of any treatment within the episode (see Technical notes).

In 2019–20, when the client reported additional drugs of concern:

- cannabis was the most common additional drug (23% of episodes), followed by alcohol (16%), nicotine (15%), and amphetamines (11%) (Table SE WA.11).

Over the period 2015–16 to 2019–20:

- alcohol and amphetamines were the most common principal drugs of concern for clients in 2019–20 (both 34% of episodes) with alcohol rising from 30% in 2015–16 and amphetamines fluctuating between 34–36% over this period (Table SE WA.10)
- while the proportion of treatment episodes for amphetamines in Western Australia is similar to the national proportion in 2019–20, in previous years it has been higher (Table SD.2)
- within the amphetamines group, methamphetamine was reported as the principal drug of concern in over 3 in 4 episodes (76%) in 2015–16, rising to 92% in 2019–20 (Figure 14a)
- cannabis was the third most common principal drug of concern for clients and has remained consistently higher than the national proportion, ranging from 23% to 21% over this period.

The grouped horizontal bar chart shows that, in 2019–20, amphetamines and alcohol were the most common principal drugs of concern in treatment episodes provided to clients in Western Australia for their own drug use (both 34%). This was followed by cannabis (21%) and heroin (5.5%). Cannabis was the most common additional drug of concern (23% of episodes), followed by alcohol (16%) and nicotine (15%).

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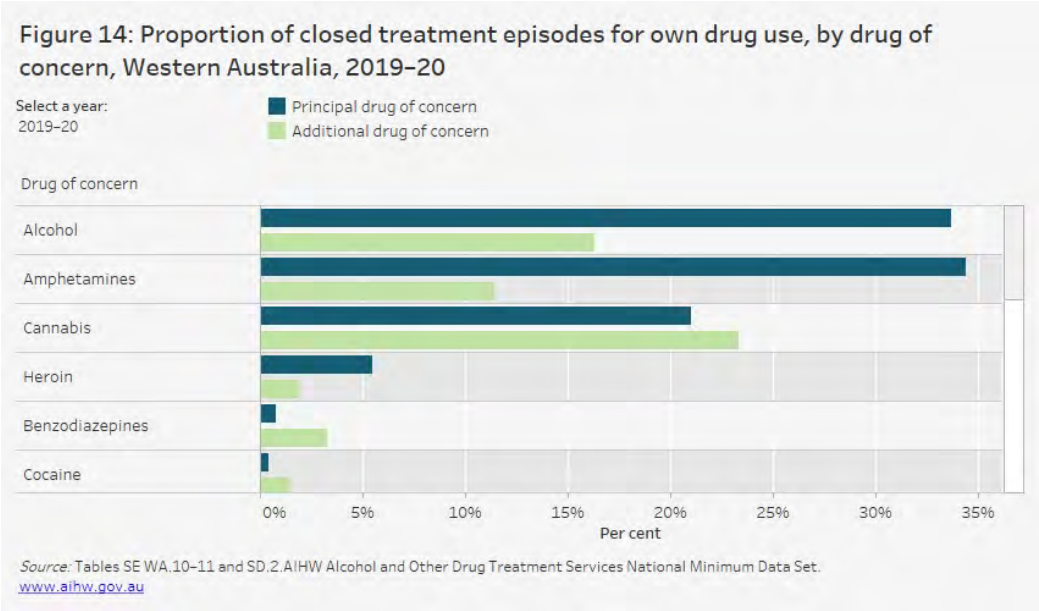
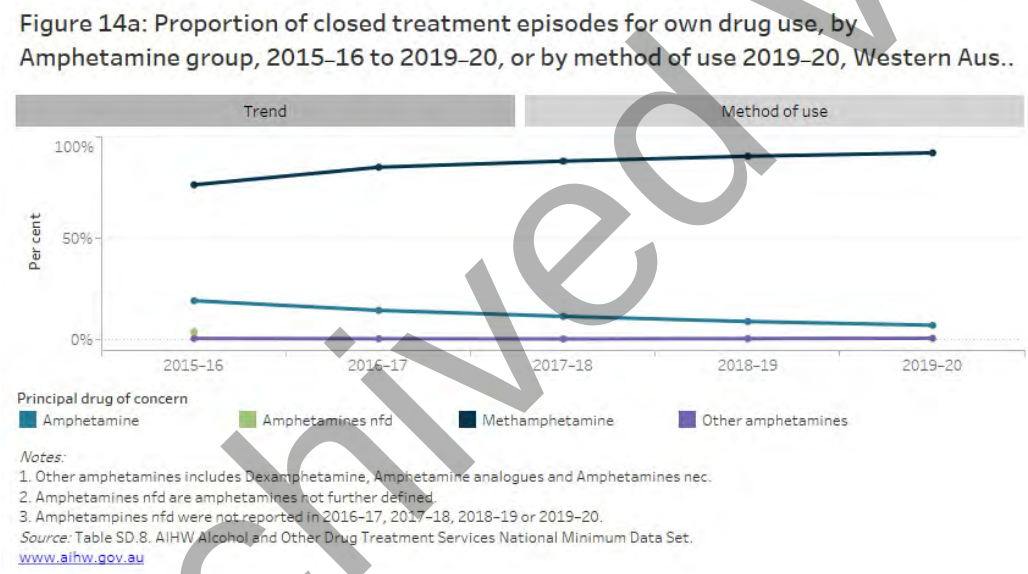


The line graph shows that, between 2015–16 and 2019–20, methamphetamine has remained the most common drug of concern among meth/amphetamine-related treatment episodes for clients' own drug use. The proportion of methamphetamine-related episodes increased from 76% in 2015–16 to 92% in 2019–20. Conversely, there was a decrease in the proportion of episodes relating to amphetamines (from 19% to 7.1%).

The stacked horizontal bar chart shows the method of use for treatment episodes related to clients' own use of meth/amphetamines in Western Australia in 2019–20. Injecting and smoking were the first and second most common methods of use, respectively, for treatment episodes relating to amphetamine (59% for injecting and 34% for smoking) and methamphetamine (55% and 43%, respectively). All episodes for other amphetamines as the principal drug of concern listed ingesting as the method of use.



Treatment

In 2019–20, for treatment episodes in Western Australia:

- counselling was the most common main treatment (71% of episodes), followed by support and case management 7% (Figure 15; Table SE WA.20).

Western Australia does not differentiate between main and other treatment types.

Over the period 2015–16 to 2019–20:

- counselling remained the most common main treatment for all closed episodes. The proportion of episodes where counselling was a main treatment type remained substantially higher in Western Australia than nationally over the period, ranging from 65% to 71% in Western Australia compared with 36% to 37% nationally (Tables SE WA.20 and ST.2)
- the second most common main treatment type has varied between withdrawal management, pharmacotherapy and support and case management ranging from 6–8% of episodes.

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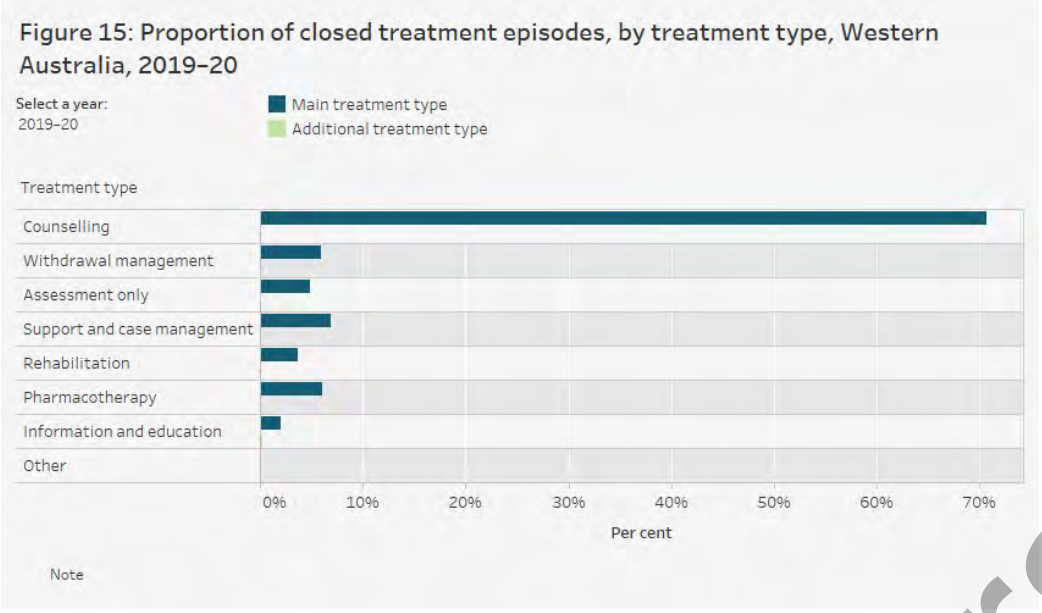
The grouped horizontal bar chart shows that, in 2019–20, the most common main treatment type provided to clients in Western Australia for their own drug use was counselling (71% of episodes). This was followed by support and case management (6.9%), pharmacotherapy and withdrawal management (6.0% and 5.9% respectively). No additional treatment types were reported.

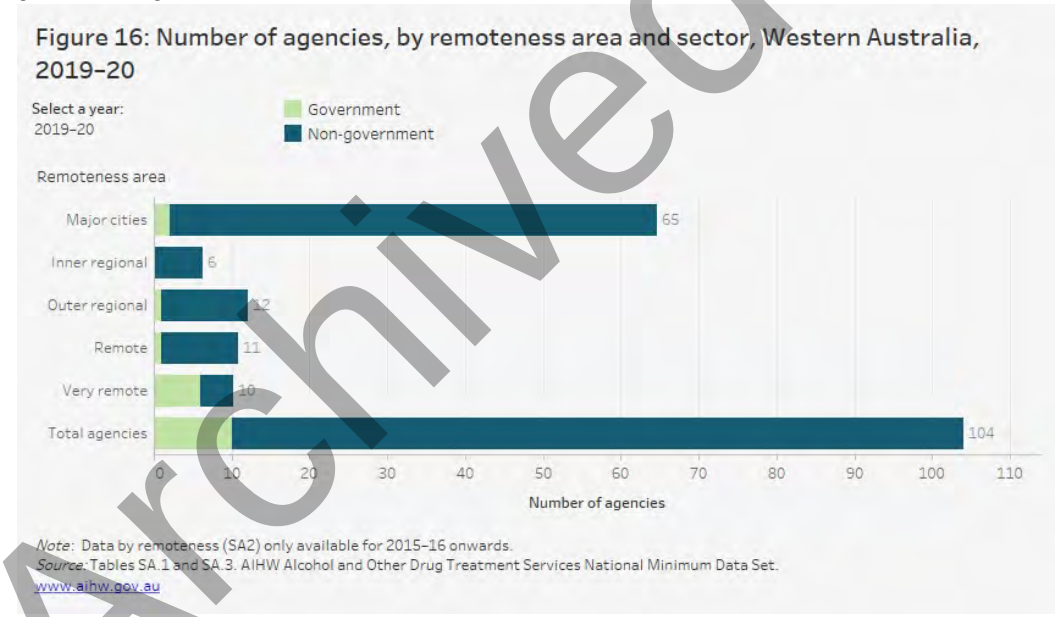


Agencies

In 2019–20, in Western Australia:

- 9 in 10 (90%) AOD agencies that received public funding were non-government treatment agencies
- 3 in 5 (63%) of the 104 treatment agencies were located in *Major cities* (Figure 16; Table SA.3)
- *Very remote* areas were the only areas where there were more government than non-government agencies (6 and 4, respectively).

In the 5 years to 2019–20, the number of publicly funded treatment agencies in Western Australia rose from 79 to 104 (Table SA.1).
The horizontal bar chart shows that most treatment agencies in Western Australia were located in *Major cities* (65 agencies), followed by *Outer regional* and *Remote* areas (12 and 11 agencies respectively). Of the total 104 treatment agencies, most (94 agencies) were non-government agencies.



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State and territory summaries

South Australia

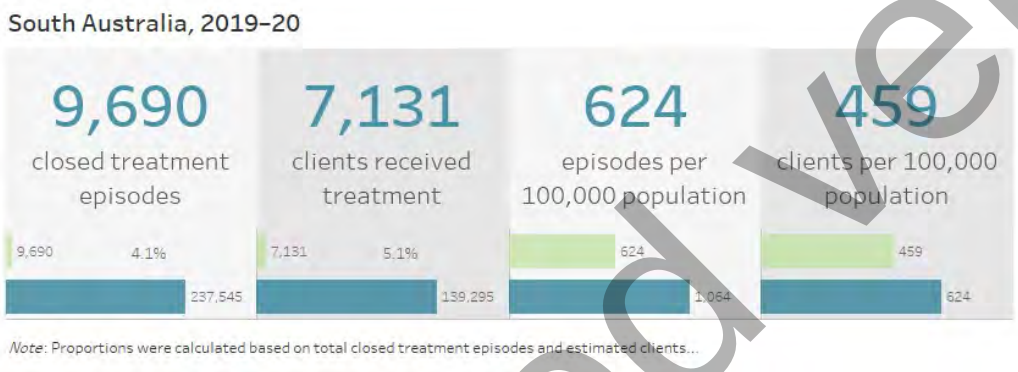
On this page:

- Client demographics
- Drugs of concern
- Treatment
- Agencies

In 2019–20, 85 publicly funded alcohol and other drug treatment agencies in South Australia provided 9,690 closed treatment episodes to 7,131 clients (tables SA.1, SCR.21). South Australia reported:

- a 19% decrease in closed treatment episodes from 11,934 in 2018–19 to 9,690 in 2019–20, and a 13% decrease in closed treatment episodes since 2015–16 (11,190)
- client numbers increased from 8,109 in 2015–16 to 8,681 in 2018–19, dropping to 7,131 in 2019–20 (note: 2015–16 client numbers are based on imputed values).

The visualisation shows that 9,690 closed treatment episodes were provided to an estimated 7,131 clients in South Australia in 2019–20. This equates to a rate of 624 episodes and 459 clients per 100,000 population, a lower rate than the 1,064 episodes and 624 clients per 100,000 population reported nationally.



In 2019–20, most (88%) clients in South Australia attended 1 agency, and received an average of 1.4 closed treatment episodes, which is lower than the national average of 1.7 treatment episodes (tables SCR.21, SCR.23).

Client demographics

In 2019–20:

- nearly all (99%) clients in South Australia received treatment for their
- own alcohol or drug use, of which, most (65%) were male (Figure 17)
- clients receiving treatment for someone else's alcohol or drug use were more likely to be female (91%); this was greater than the national proportion (50%)
- over half (53%) of all clients were aged 20–39 years
- 1 in 8 (13%) of all clients identified as Indigenous Australians, which is lower than the national proportion (17%)
- the majority (91%) of clients were born in Australia and nearly all (98%) reported English as their preferred language (tables SC SA.1–3, SC.4, SC SA.21–22).

The visualisation includes a series of horizontal bar graphs showing that, in 2019–20, nearly all (99%) clients in South Australia received treatment for their own drug use. Of these clients, almost two-thirds (65%) were male, 54% were aged 20–39, and 13% were Indigenous Australians. Nearly all clients (98%) listed English as their preferred language and most (91%) were born in Australia.

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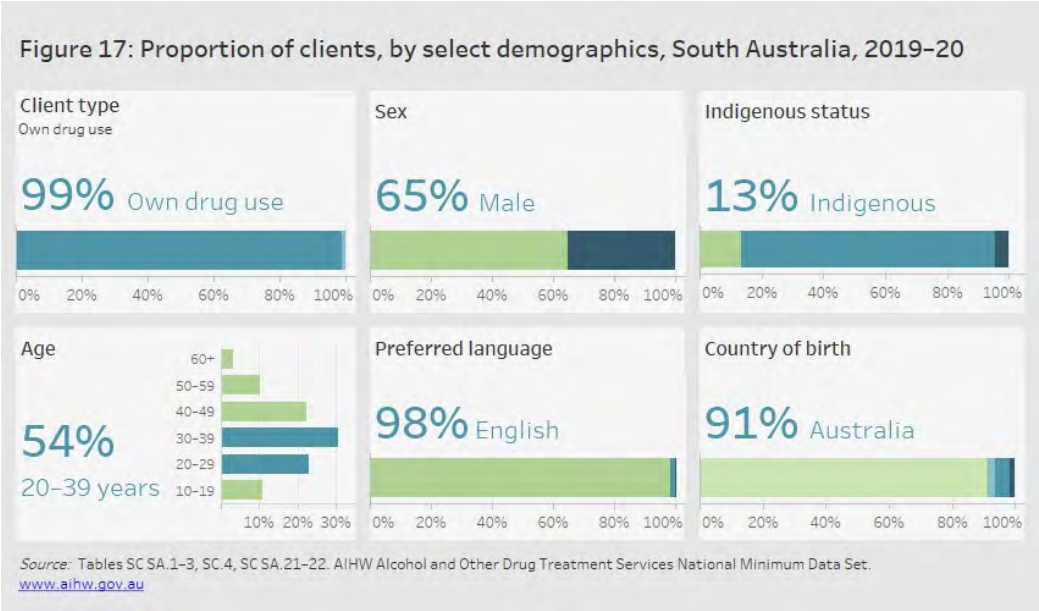

Patterns of service use

Over the period 2015–16 to 2019–20, 29,937 clients received treatment in South Australia. Of these clients:

- the majority of clients received treatment in a single year (75%):
  - 14% (4,299) received treatment for the first time in 2019–20
  - a further 61% (18,386) received treatment in only one of the four collection periods (excluding 2019–20)
- 17% (5,201) of clients received treatment in any 2 of the 5 years
- 5.0% (1,500) of clients received treatment in any 3 of the 5 years
- 1.4% (434) of clients received treatment in any 4 of the 5 years
- 0.4% (117) of clients received treatment in all 5 collection years (Table SCR.28).

Drugs of concern

In 2019–20, for clients in South Australia receiving treatment episodes for their own alcohol or drug use:

- amphetamines were the most common principal drug of concern for clients (35% of episodes) (Figure 18; Tables SE SA.10); (Figure 18b)
- within the amphetamines group:
  - methamphetamine was reported as a principal drug of concern in approximately 79% of treatment episodes (Figure 18a)
  - in 62% of treatment episodes where methamphetamine was the principal drug of concern smoking was the most common method of use, followed by injecting (31%) (Figure 18b)
- alcohol accounted for nearly one-third of treatment episodes (32%), followed by cannabis (15%), and nicotine (7%).

Clients can nominate up to 5 additional drugs of concern; these drugs are not necessarily the subject of any treatment within the episode (see Technical notes).

In 2019–20, when the client reported additional drugs of concern:

- nicotine was the most common (27% of episodes), followed by cannabis (21%), alcohol and amphetamines (both 12%) (Table SE SA.11).

Over the period 2015–16 to 2019–20:

- amphetamines replaced alcohol as the most common principal drug of concern for clients in 2015–16 and has fluctuated between 35–37% of episodes over this period.
- Alcohol has increased from 29% of episodes in 2015–16 to 32% in 2019–20 (Table SE SA.10).
- within the amphetamines group, methamphetamine was reported as the principal drug of concern in half (50%) of closed treatment episodes for own drug use in 2015–16, rising to 79% in 2019–20 (Figure 18a). The rise in episodes may be related to increases in funded treatment services and/or improvement in agency coding practices for methamphetamines.

The proportion of treatment episodes for amphetamines as a principal drug of concern has been consistently higher in South Australia than the national proportion. This is related to a state Government legislated program regarding assessments provided under a Police Drug Diversion initiative. The program results in comparatively high proportions of engagement with methamphetamine users. In addition, due to the Cannabis Expiation Notice legislation in South Australia, adult simple cannabis offences are not diverted to treatment and so are not included in the data (see the Data Quality Statement).
The grouped horizontal bar chart shows that, in 2019–20, amphetamines was the most common principal drug of concern in treatment episodes provided to clients in South Australia for their own drug use (35%). This was followed by alcohol (32%), cannabis (15%), and nicotine (6.9%). Nicotine was the most common additional drug of concern (27%), followed by cannabis (22%), and alcohol and amphetamines (both 12%).

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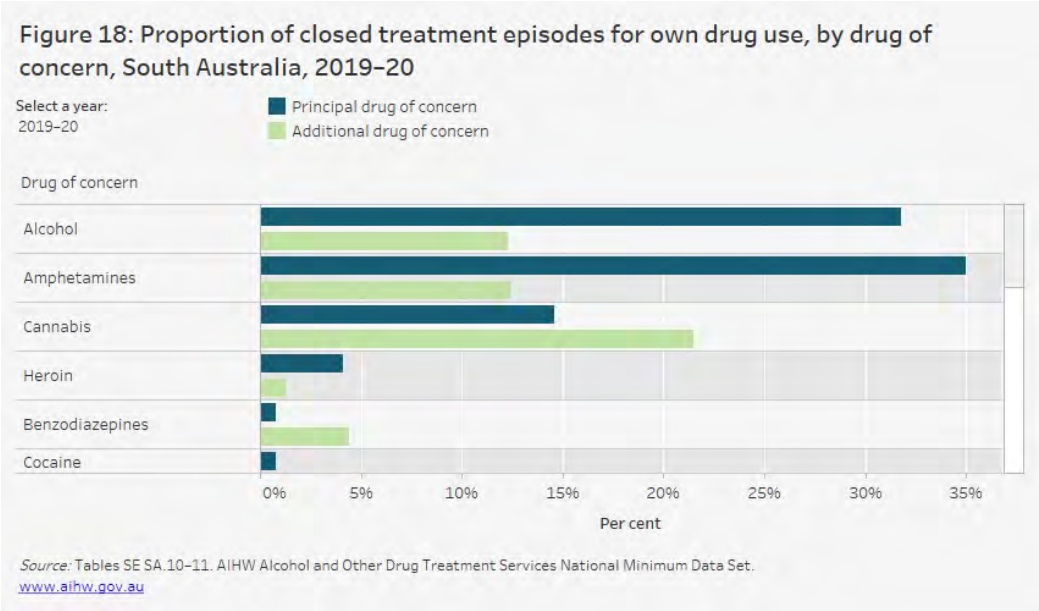
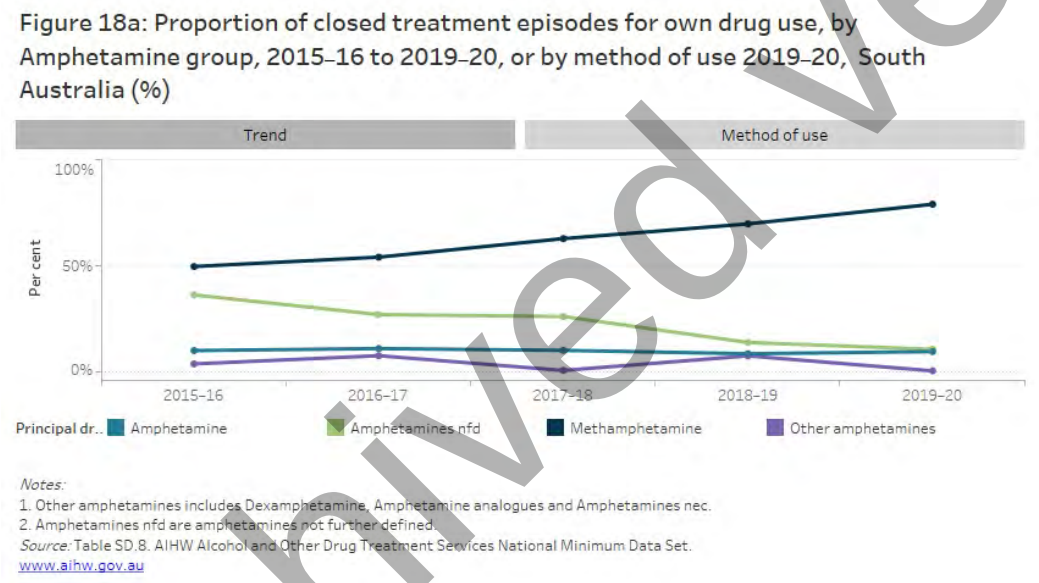


The line graph shows that methamphetamine is the most common drug of concern among meth/amphetamine-related treatment episodes for clients' own drug use. The proportion of methamphetamine-related episodes increased from 50% in 2015–16 to 79% in 2019–20. Conversely, there was a decrease in the proportion of episodes relating to amphetamines not further defined (from 36% to 11%).

The stacked horizontal bar chart shows the method of use for treatment episodes related to clients' own use of meth/amphetamines in South Australia in 2019–20. Smoking was the most common method of use for all treatment episodes (ranging from 45% to 65%). Injecting was the second most common method of use for all treatment episodes (ranging from 30% to 40%).



Treatment

In 2019–20, for treatment episodes in South Australia:

- assessment only was the most common main treatment (32% of episodes), followed by counselling (29%), and withdrawal management (16%) (Figure 19; Table SE SA.20)
- where an additional treatment was provided as a supplementary to the main treatment, support and case management (14%) was the most common additional treatment, followed by counselling (8%). See technical notes for further information on calculating proportions for additional treatment type.

Over the period 2015–16 to 2019–20:

- the proportion of closed treatment episodes where assessment only was a main treatment fell from 42% in 2015–16 to 32% in 2019–20
- counselling as a main treatment type also fluctuated, from 24% in 2015–16, to 21% in 2017–18 rising to 29% in 2019–20
- the proportion of closed episodes where assessment only was the main treatment (ranging from 42% to 32%) remained considerably higher than the national proportion (ranging from 16% to 19%) (tables SE SA.20,ST.2).

South Australia reported a high proportion of treatment episodes where assessment only is the most common treatment type, relating in part to the SA Police Drug Diversion Initiative (PDDI).

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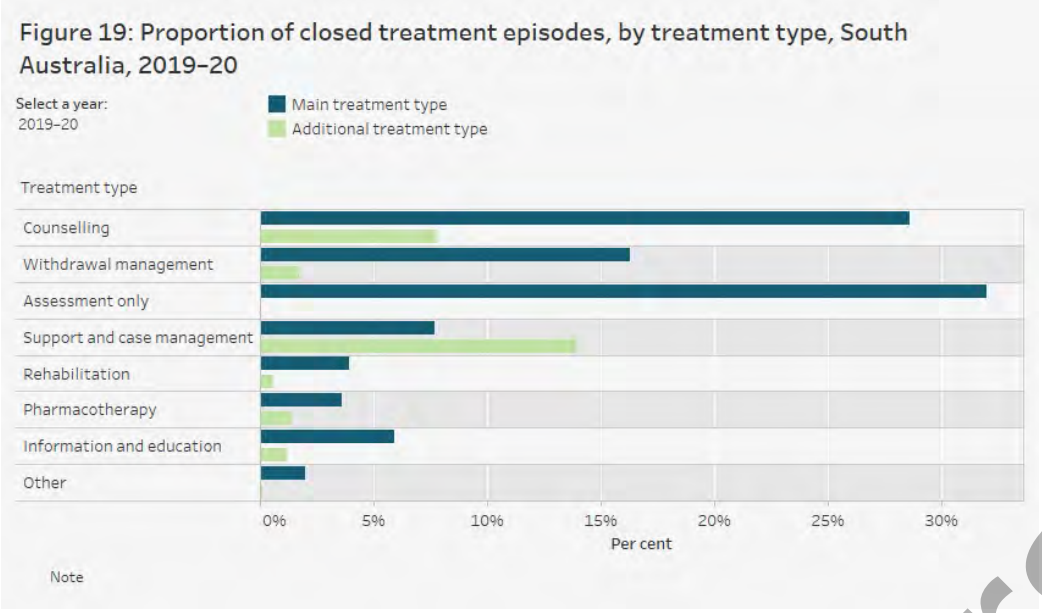
The grouped horizontal bar chart shows that, in 2019–20, the most common main treatment type provided to clients in South Australia for their own drug use was assessment only (32% of episodes). This was followed by counselling (29%), withdrawal management (16%), and support and case management (7.7%). The most common additional treatment type was support and case management (14% of episodes).

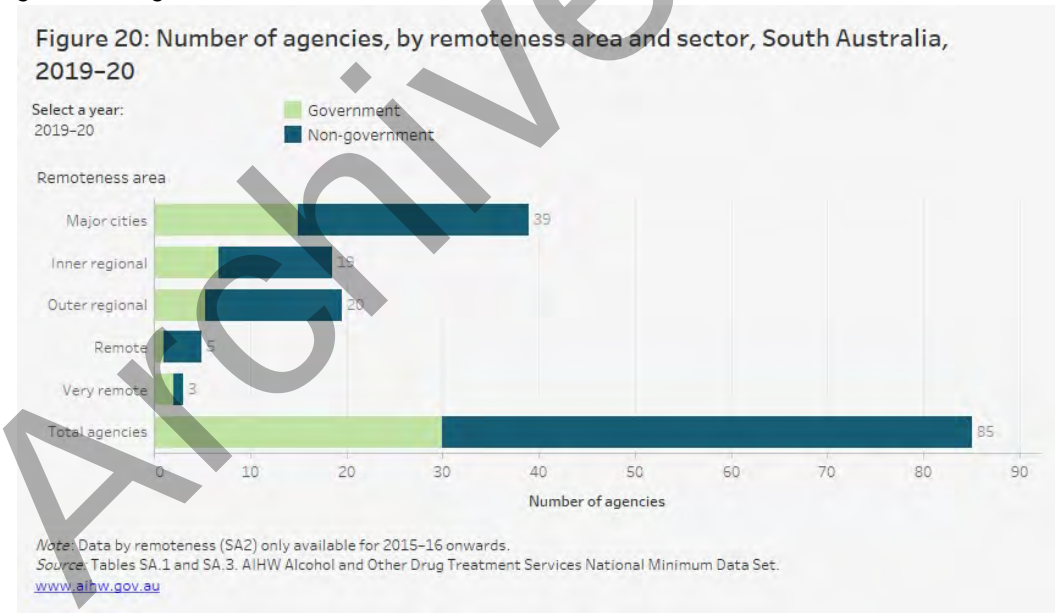


Agencies

In 2019–20, in South Australia:

- almost two-thirds (65%) of 85 AOD agencies that received public funding were non-government treatment agencies
- under half (46%) of all treatment agencies were located in *Major cities*, followed by *Outer regional areas* (24%) and *Inner regional* areas (22%) (Figure 20; Table SA.3)
- *Very remote* areas had the lowest number of treatment agencies (4%)
- In *Major cities*, *Inner regional*, *Outer regional* and *Remote* areas at least half (50%) of treatment agencies were non-government organisations.

Over the 5 years to 2019–20, the number of publicly funded treatment agencies in South Australia increased from 78 to 85 (Table SA.1). The horizontal bar chart shows that most treatment agencies in South Australia were located in *Major cities* (39 agencies), followed by *Outer regional* (20 agencies) and *Inner regional* (19 agencies) areas. Of the total 85 treatment agencies, most (55 agencies) were non-government agencies.



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State and territory summaries

Tasmania

On this page:

- Client demographics
- Drugs of concern
- Treatment
- Agencies

In 2019–20, 23 publicly funded alcohol and other drug treatment agencies in Tasmania provided 3,715 closed treatment episodes to 2,761 clients (tables SA.1, SCR.21).

Tasmania reported:

- a 4% decrease in closed treatment episodes from 3,856 in 2018–19 to 3,715 in 2019–20, and a 3% decrease in closed treatment episodes since 2015–16 (3,840)
- client numbers decreased from 2,973 in 2015–16 to 2,761 in 2019–20 (note: 2015–16 client numbers are based on imputed values).

The visualisation shows that 3,715 closed treatment episodes were provided to an estimated 2,761 clients in Tasmania in 2019–20. This equates to a rate of 781 episodes and 580 clients per 100,000 population, a lower rate than the 1,064 episodes and 624 clients per 100,000 population reported nationally.

Note: Proportions were calculated based on total closed treatment episodes and estimated clients.
Source: Tables SA.1 and SCR.21. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

Client demographics

In 2019–20:

- most (93%) clients in Tasmania received treatment for their own alcohol or drug use, of which, most (66%) were male (Figure 21)
- clients receiving treatment for someone else's alcohol or drug use were more likely to be female (78%)
- over half (51%) of all clients were aged 20–39 years
- over 1 in 10 (12%) of all clients identified as Indigenous Australians, which is lower than the national proportion (17%)
- the majority (95%) of all clients were born in Australia and nearly all (96%) reported English as their preferred language (tables SC Tas.1–3, SC.4, SC TAS.21–22).

The visualisation includes a series of horizontal bar graphs showing that, in 2019–20, over 9 in 10 (93%) clients in Tasmania received treatment for their own drug use. Of these clients, two-thirds (66%) were male, 54% were aged 20–39, and 12% were Indigenous Australians. Nearly all clients (96%) listed English as their preferred language and were born in Australia (95%).

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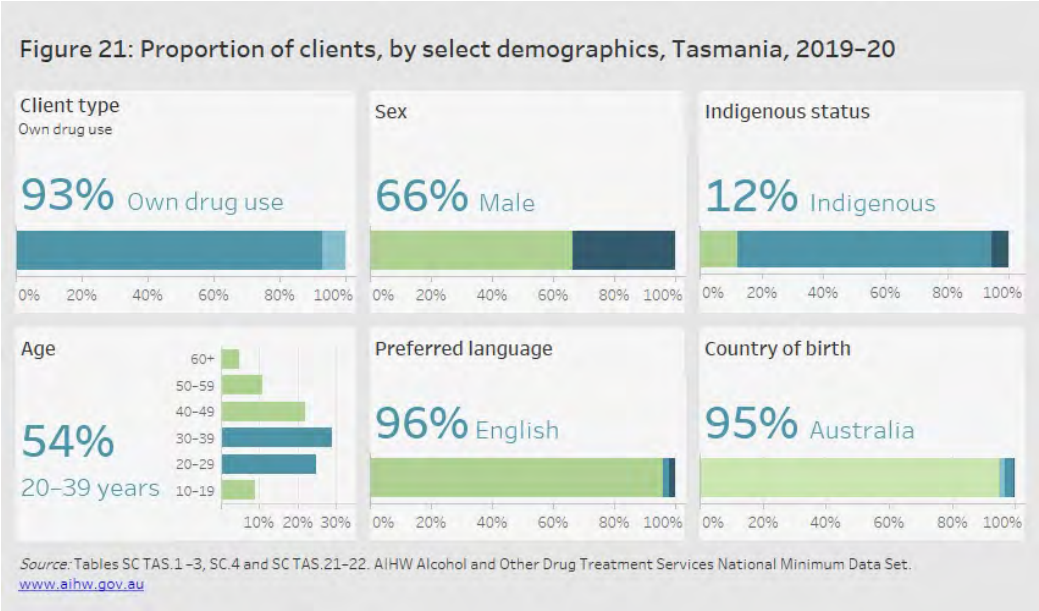

Patterns of service use

Over the period 2015–16 to 2019–20, 9,960 clients received treatment in Tasmania. Of these clients:

- the majority received treatment in a single year (75%):
  - 16% (1,616) received treatment for the first time in 2019–20
  - a further 59% (5,844) received treatment in only one of the four collection periods (excluding 2019–20)
- 17% (1,664) of clients received treatment in any 2 of the 5 years
- 5.9% (586) of clients received treatment in any 3 of the 5 years
- 1.8% (182) of clients received treatment in any 4 of the 5 years
- 0.7% (68) of clients received treatment in all 5 collection years (Table SCR.28).

Drugs of concern

In 2019–20, for clients in Tasmania receiving treatment episodes for their own alcohol or drug use:

- alcohol was the most common principal drug of concern (40% of episodes) (Figure 22; Table SE TAS.10).
- amphetamines as a principal drug of concern accounted for 3 in10 episodes (30%), followed by cannabis (19%), and morphine (1.5%);
- within the amphetamines group:
  - methamphetamine was reported as a principal drug of concern in over 9 in 10 (93%) treatment episodes (Figure 22a)
  - in over half (52%) of treatment episodes where methamphetamine was a principal drug of concern, injecting was the most common method of use, followed by smoking (33%) (Figure 22b).

Clients can nominate up to 5 additional drugs of concern; these drugs are not necessarily the subject of any treatment within the episode (see Technical notes).

In 2019–20, when the client reported additional drugs of concern:

- cannabis was the most common additional drug of concern (19% of episodes), followed by amphetamines (11%), alcohol and nicotine (both 8%) (Table SE TAS.11).

Over the period 2015–16 to 2019–20:

- alcohol was the most common principal drug of concern for clients, fluctuating from 38% in 2016–17 to 41% in 2018–19 and 40% in 2019–20 (Table SE TAS.10)
- amphetamines replaced cannabis as the second most common principal drug of concern in 2016–17, increasing from 22% to 30% over the period
- cannabis decreased from 26% to 19%
- within the amphetamines group, methamphetamine was reported as the principal drug of concern in almost 2 in 3 episodes (65%) in 2015–16, rising to 93% in 2019–20 (Figure 22a)
- although morphine accounts for a small proportion of all closed treatment episodes (ranging from 3.3% in 2015–16 to 1.5% in 2019–20) it has consistently remained higher than the national proportions.
  - morphine was 4 times higher in 2015–16 to 7 times higher in 2017–18, although the proportion has been decreasing, it remains 5 times higher than the national proportion in 2019–20 (Table SD.2).

The grouped horizontal bar chart shows that, in 2019–20, alcohol was the most common principal drug of concern in treatment episodes provided to clients in Tasmania for their own drug use (40%). This was followed by amphetamines (30.1%), cannabis (19%), and morphine (1.5%). Cannabis was the most common additional drug of concern (19% of episodes), followed by amphetamines (11%), alcohol (8.1%), and nicotine (7.8%).

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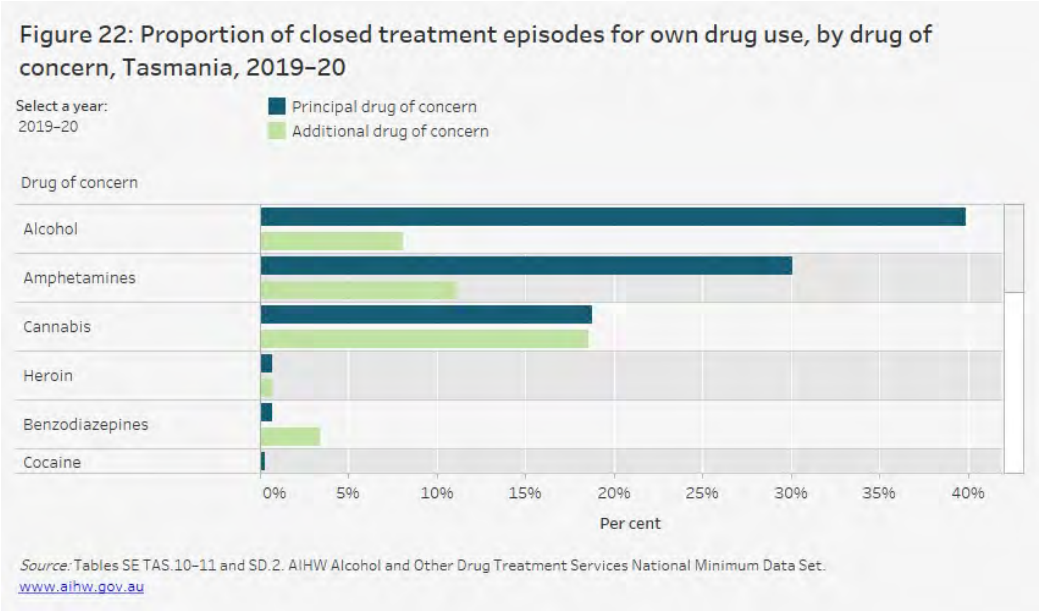
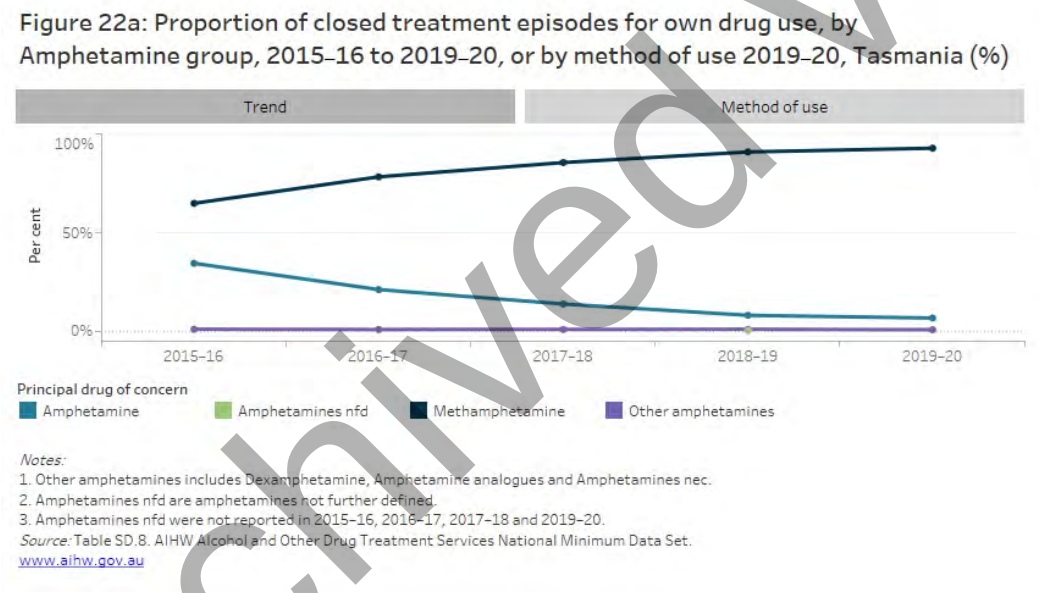


The line graph shows that, between 2015–16 and 2019–20, methamphetamine has remained the most common drug of concern among meth/amphetamine-related treatment episodes for clients' own use. The proportion of methamphetamine-related episodes increased from 65% in 2015–16 to 93% in 2019–20. Conversely, there was a decrease in the proportion of episodes relating to amphetamines (from 34% to 6.6%).

The stacked horizontal bar chart shows the method of use for treatment episodes related to clients' own use of meth/amphetamines in Tasmania in 2019–20. Injecting was the most common method of use for treatment episodes relating to amphetamine (38%), methamphetamine (52%), and other amphetamines (43%). Smoking was the second most common method of use for methamphetamine (33%) and amphetamine (26%), while ingesting (43%) was the same proportion as injecting for other amphetamines.



Treatment

In 2019–20, for treatment episodes in Tasmania:

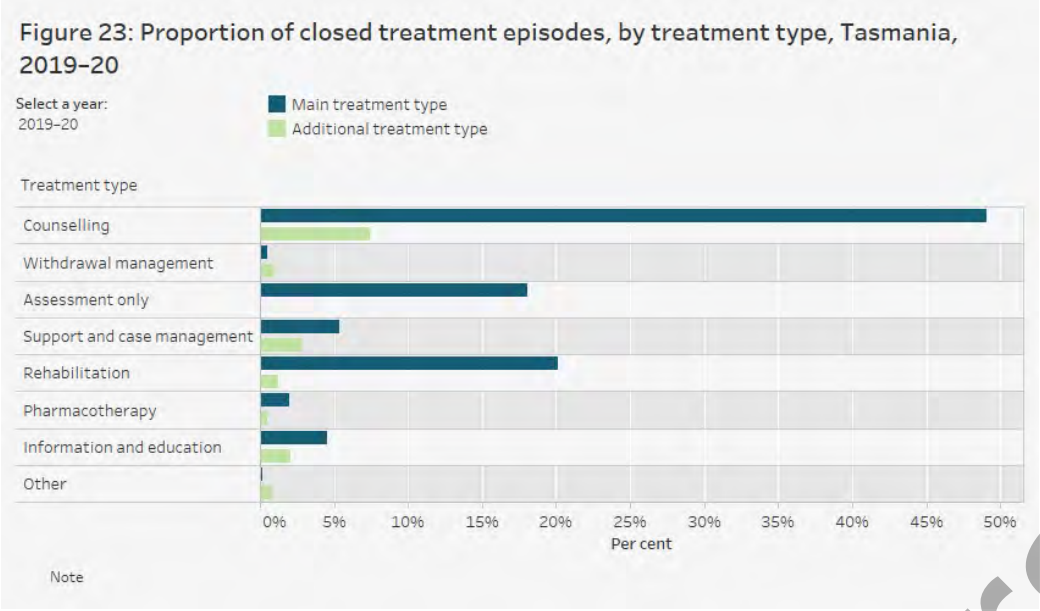
- counselling was the most common main treatment (49% of episodes), followed by rehabilitation (20%) (Figure 23; Table SE TAS. 20)
- where an additional treatment was provided as a supplementary to the main treatment, counselling (7%) was the most common type of additional treatment, followed by support and case management (3%). See technical notes for further information on calculating proportions for additional treatment type.

Over the period 2015–16 to 2019–20:

- counselling remained the most common main treatment, with the proportion of closed episodes rising from 43% in 2015–16 to 49% in 2019–20
- assessment only decreased from 29% in 2015–16 to 18% in 2019–20
- rehabilitation increased from 2015–16 (15%) to 2016–17 (24%) before decreasing in 2019–20 (20%); the proportion of episodes for rehabilitation is higher than the national proportion over this time period (Table SE TAS.20).

Archived version

The grouped horizontal bar chart shows that, in 2019–20, the most common main treatment type provided to clients in Tasmania for their own drug use was counselling (49% of episodes). This was followed by rehabilitation (20%), assessment only (18%), and support and case management (5.4%). Counselling was also the most common additional treatment type (7.4%).



Agencies

Tasmania only has the geographical classifications of *Inner regional*, *Outer regional* and *Remote* areas.

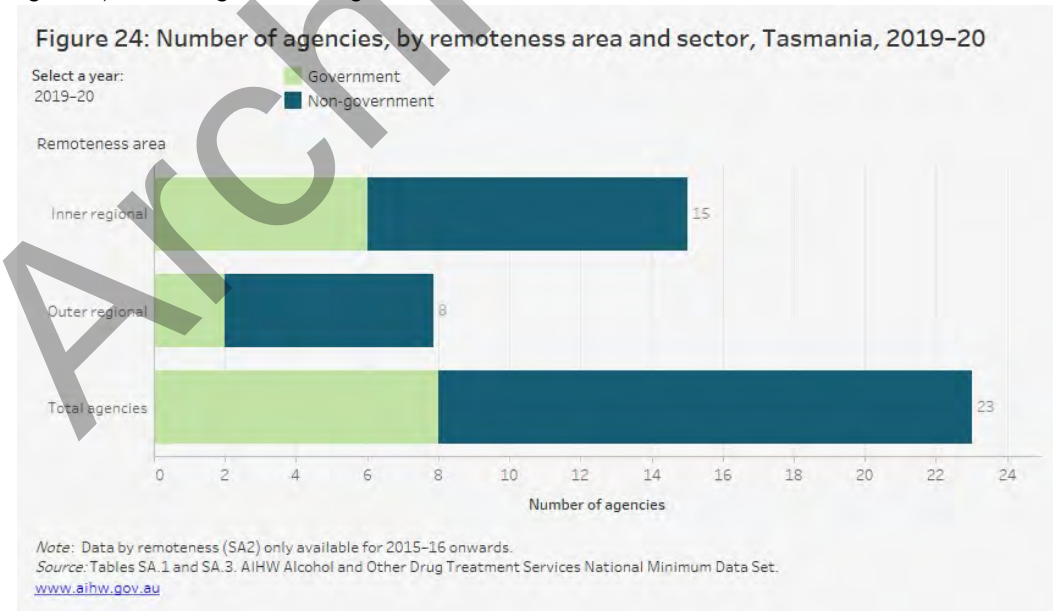
In 2019–20, in Tasmania:

- almost 2 in 3 (65%) of the 23 AOD agencies that received public funding were non-government treatment agencies
- 65% of agencies were located in *Inner regional* areas, followed by *Outer regional* (35%) (Figure 24; Table SA.3)
- agencies located in *Inner regional* and *Outer regional* areas were more likely to be non-government organisations.

In the 5 years to 2019–20, the number of publicly funded treatment agencies in Tasmania rose from 23 in 2015–16 to 27 in 2017–18 before falling to 23 again in 2019–20 (Table SA.1).

Note that remoteness categories are derived by applying a correspondence based on the agency's Statistical Area level 2 code (SA2). Not all SA2 codes fit neatly within a single remoteness category, and a ratio is applied to reapportion each SA2 to the applicable remoteness categories. As a result, it is possible that the number of agencies in a particular remoteness category is not a whole number. After rounding, this can result in there being '<0.5%' agencies in a remoteness area, due to the agency's SA2 partially crossing into the remoteness area. See technical notes for further details.

The horizontal bar chart shows that Tasmania does not have any areas classified as *Major cities*, *Remote* or *Very remote*. Treatment agencies were located in *Inner regional* (15 agencies) and *Outer regional* (8 agencies) areas. Of the total 23 treatment agencies, most (15 agencies) were non-government agencies.



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State and territory summaries

Australian Capital Territory

On this page:

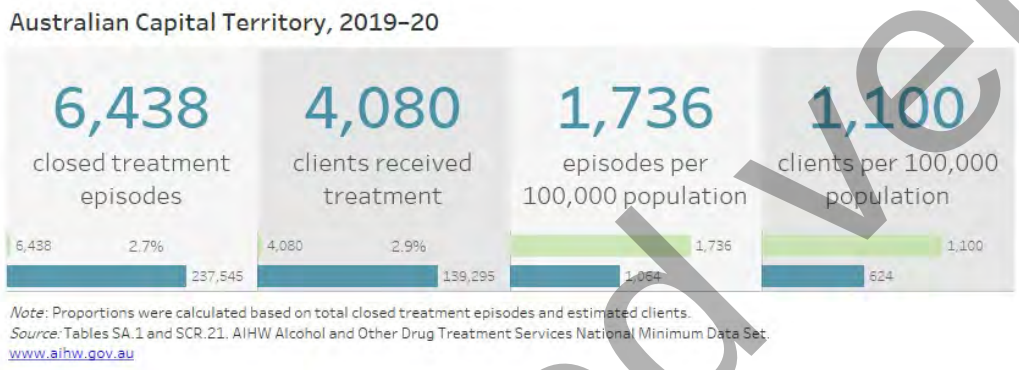
- Client demographics
- Drugs of concern
- Treatment
- Agencies

In 2019–20, 16 publicly funded alcohol and other drug treatment agencies in the Australian Capital Territory provided 6,438 closed treatment episodes to 4,080 clients (tables SA.1, SCR.21).

The Australian Capital Territory reported:

- a 4% decrease in closed treatment episodes from 6,700 in 2018–19 to 6,438 in 2019–20, and a 9% increase in closed treatment episodes since 2015–16 (5,914)
- client numbers increased steadily over the 5 year period ranging from 3,524 in 2015–16 to 4,080 in 2019–20 (note: 2015–16 client numbers are based on imputed values).

Figure 4.2



In 2019–20, most (80%) clients in the Australian Capital Territory attended 1 agency, and received an average of 1.6 closed treatment episodes, similar to the national average of 1.7 treatment episodes (tables SCR.21, SCR.23).

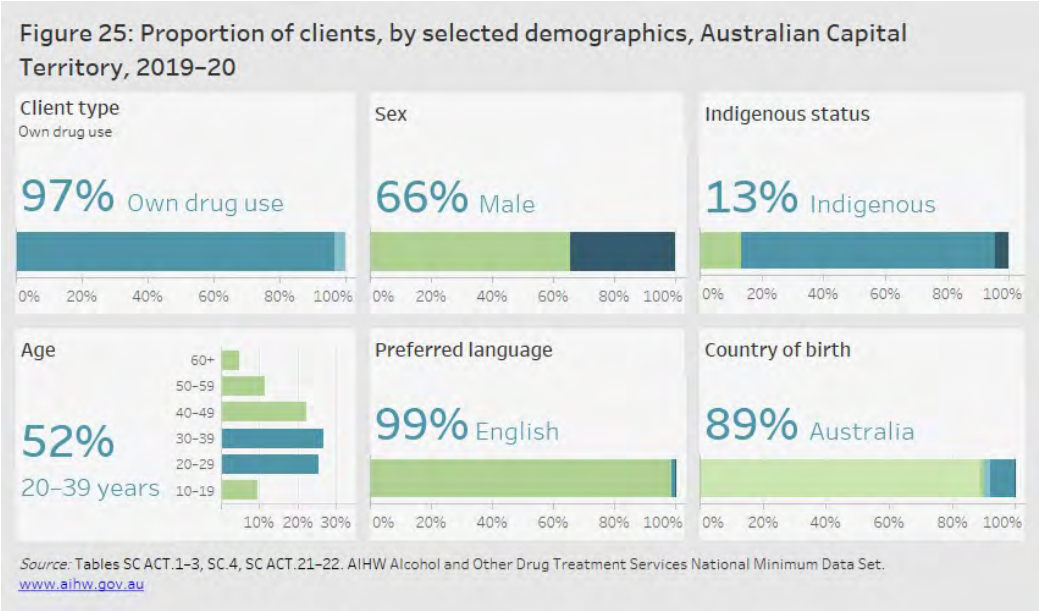
Client demographics

In 2019–20:

- nearly all (97%) clients in the Australian Capital Territory received treatment for their own alcohol or drug use, of which, most (66%) were male (Figure 25)
- clients receiving treatment for someone else's alcohol or drug use were more likely to be female (76%)
- over half (51%) of all clients were aged 20–39 years
- over 1 in 10 (13%) of all clients identified as Indigenous Australians, which is lower than the national proportion (17%)
- the majority (89%) of all clients were born in Australia and nearly all (99%) reported English as their preferred language (tables SC ACT.1–3, SC.4, SC ACT.21–22).

Figure 4.2

Archived version



Patterns of service use

Over the period 2015–16 to 2019–20, 13,559 clients received treatment in the Australian Capital Territory. Of these clients:

- the majority received treatment in a single year (72%):
  - 17% (2,306) received treatment for the first time in 2019–20
  - a further 55% (7,448) received treatment in only one of the four collection periods (excluding 2019–20)
- 17% (2,277) of clients received treatment in any 2 of the 5 years
- 6.4% (874) of clients received treatment in any 3 of the 5 years
- 3.5% (475) of clients received treatment in any 4 of the 5 years
- 1.3% (176) of clients received treatment in all 5 collection years (Table SCR.28).

Drugs of concern

In 2019–20, for clients in the Australian Capital Territory receiving treatment episodes for their own alcohol or drug use:

- alcohol was the most common principal drug of concern for clients (42% of episodes) (Figure 26; Tables SE ACT.10)
- amphetamines were also common as a principal drug, accounting for just under one-quarter (23%), followed by cannabis (11%), and heroin (10%);
- within the amphetamines group:
  - methamphetamine was reported as a principal drug of concern in 9 in 10 (90%) treatment episodes (Figure 26a)
  - in almost half (47%) of the treatment episodes where methamphetamine was the principal drug of concern smoking was the most common method of use, followed by injecting (40%) (Figure 26b).

Some jurisdictions are working with service providers to encourage more specific reporting of amphetamine use (i.e. to reduce the use of 'amphetamines not further defined' code where possible).

Clients can nominate up to 5 additional drugs of concern; these drugs are not necessarily the subject of any treatment within the episode (see Technical notes).

In 2019–20, when the client reported additional drugs of concern:

- cannabis was the most common additional drug (15%), followed by nicotine (14%) and alcohol and amphetamines (both 8%) (Table SE ACT.11).

Over the period 2015–16 to 2019–20:

- alcohol remained the most common principal drug of concern in episodes provided to clients, remaining stable between 2015–16 and 2019–20 (42%) (Table SE ACT.10)
- amphetamines decreased from 25% in 2016–17 to 23% in 2019–20
- within the amphetamines group, methamphetamine was reported as the principal drug of concern in 69% of episodes in 2015–16, rising to 89% in 2019–20 (Figure 26a)
- the rise in episodes may be related increases in funded treatment services and/or improvement in agency coding practices for methamphetamines
- the proportion of closed episodes for cannabis as the principal drug of concern has steadily declined from 2015–16 (15% to 11%)
- the proportion of closed episodes for heroin as a principal drug of concern over the period was higher than the national proportion (ranging from 9% to 11% in ACT; compared with 6% to 5% nationally) (Table SD.2).

Figure 4.2

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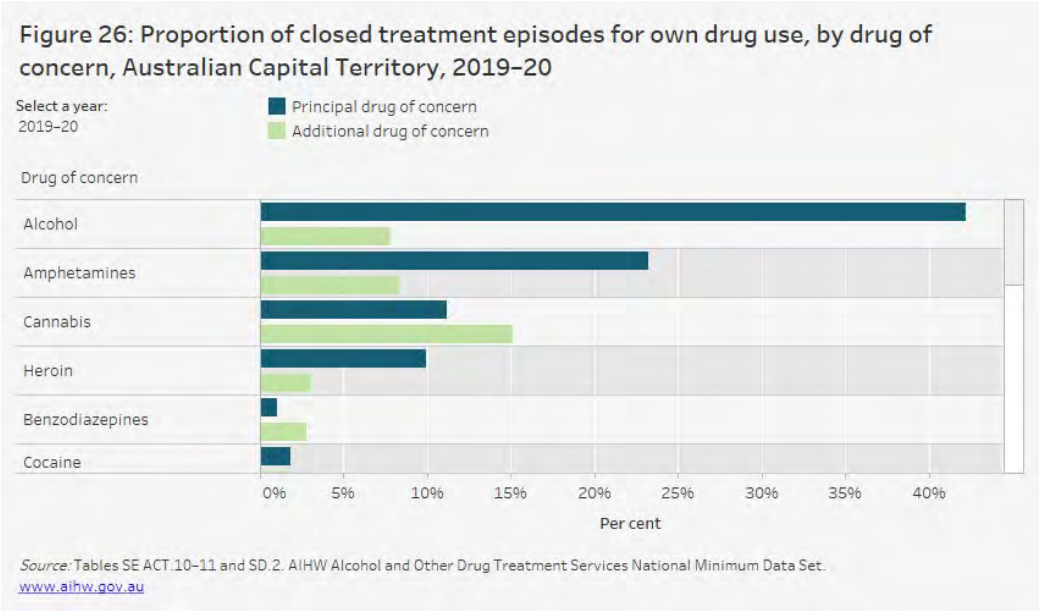
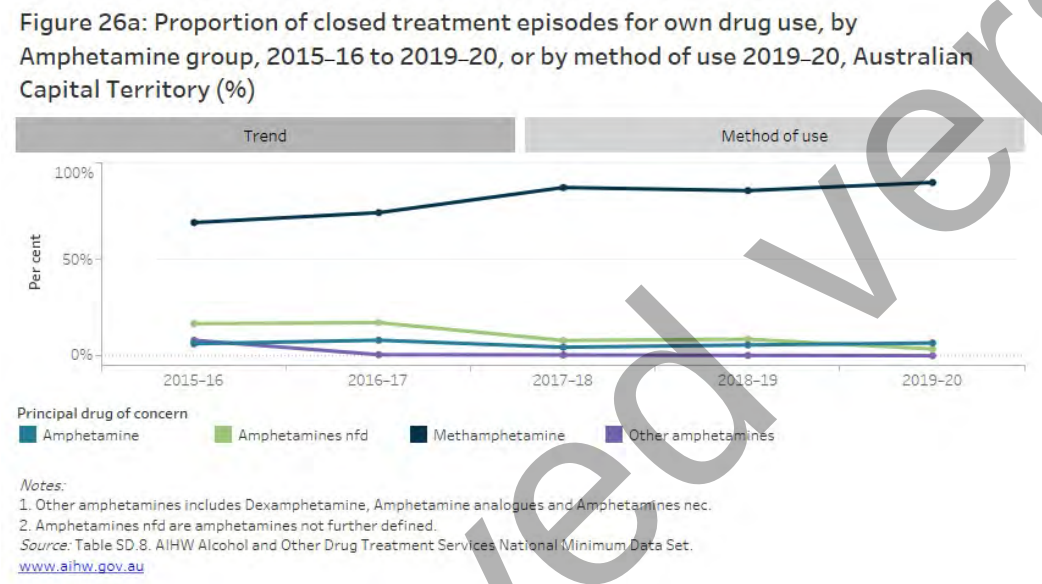


Figure 4.2



Treatment

In 2019–20, for treatment episodes in the Australian Capital Territory:

- information and education was the most common main treatment (28% of episodes) (Figure 27; Table SE ACT.20)
- counselling was the second most common main treatment (27%), followed by assessment only (15%)
- where an additional treatment was provided as a supplementary to the main treatment, counselling (7%) was the most common additional treatment. See technical notes for further information on calculating proportions for additional treatment type.

Over the period 2015–16 to 2019–20:

- the most common main treatment for clients has remained information and education, ranging from 24% in 2015–16 to 32% in 2017–18 before decreasing to 28% in 2019–20 (SE ACT.20)
- this increase is attributed to an expanded scope of some residential and non-residential treatment services since the 2015–16 collection, affecting the main treatment types reported in the Australian Capital Territory. Services have expanded to provide pre and post treatment support, new programs, or extended services hours enabling clients to access more services, this decreased in 2019–20 (28%)
- treatment agencies provided proportionally less counselling (ranging from 21% to 28% in the ACT compared with 36% to 40% nationally) and proportionally more information and education than nationally (ranging from 24% to 32% in the ACT compared with 7% to 9% nationally) (Tables SE ACT.20 and ST.2).

Figure 4.2

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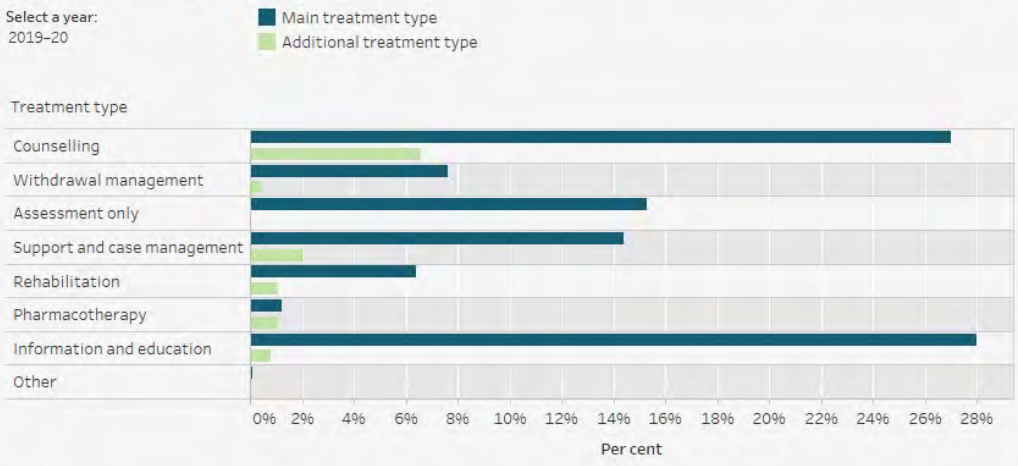
Figure 27: Proportion of closed treatment episodes, by treatment type, Australian Capital Territory, 2019–20



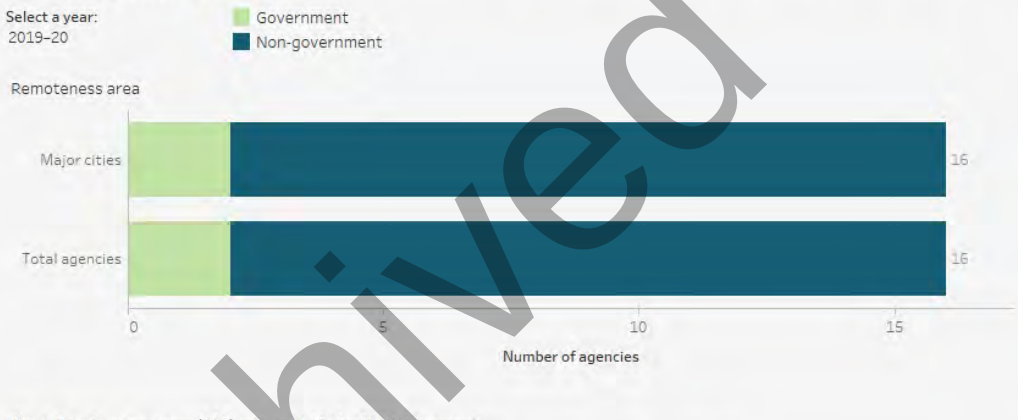
Note

Agencies

The Australian Capital Territory only has the one geographical classification of *Major city* (no areas are classified as *Inner regional*, *Outer regional*, *Remote* or *Very remote)*, and the majority of treatment agencies are non-government organisations (88%) (Figure 28; Table SA.3).

Over the period 2015–16 to 2019–20, the number of publicly funded treatment agencies rose from 15 to 16 agencies (Table SA.1).
The horizontal bar chart shows that the Australian Capital Territory only has one remoteness area, *Major cities*. Of the total 16 agencies located in the Australian Capital Territory, most (14 agencies) were non-government.

Figure 28: Number of agencies, by remoteness area and sector, Australian Capital Territory, 2019–20



Note: Data by remoteness (SA2) only available for 2015–16 onwards.
Source: Tables SA.1 and SA.3. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

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State and territory summaries

Northern Territory

On this page:

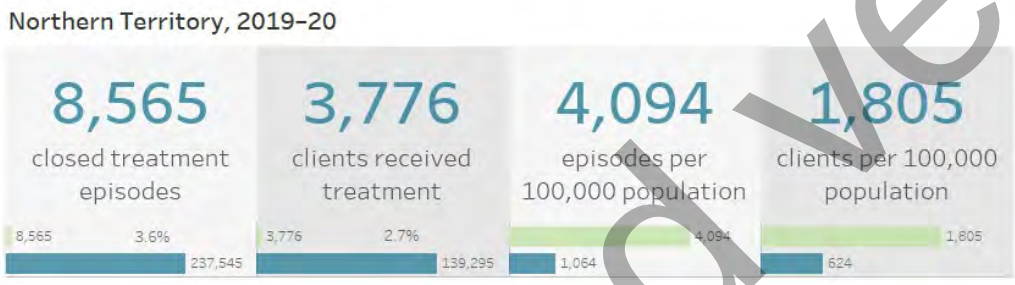
- Client demographics
- Drugs of concern
- Treatment
- Agencies

In 2019–20, 25 publicly funded alcohol and other drug treatment agencies in the Northern Territory provided 8,565 closed treatment episodes to 3,776 clients (tables SA.1–2, SCR.21).

The Northern Territory reported:

- an 18% increase in closed treatment episodes from 7,267 in 2018–19 to 8,565 in 2019–20, and a 64% increase in closed treatment episodes since 2015–16 (5,222)
- client numbers rose steadily over the 5 year period, ranging from 3,209 in 2015–16 to 3,776 in 2019–20 (note: 2015–16 client numbers are based on imputed values).

The visualisation shows that 8,565 closed treatment episodes were provided to an estimated 3,776 clients in the Northern Territory in 2019–20. This equates to a rate of 4,094 episodes and 1,805 clients per 100,000 population, a higher rate than the 1,064 episodes and 624 clients per 100,000 population reported nationally.



Note: Proportions were calculated based on total closed treatment episodes and estimated clients.
Source: Tables SA.1–2 and SCR.21. AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
www.aihw.gov.au

In 2019–20, most (79%) clients in the Northern Territory attended 1 agency, and received an average of 2.3 closed treatment episodes, which is higher than the national average of 1.7 treatment episodes (tables SCR.21, SCR.23).

Client demographics

In 2019–20:

- most (95%) clients in the Northern Territory received treatment for their own alcohol or drug use, of which, most were male (72%) (Figure 29)
- clients receiving treatment for someone else's alcohol or drug use were more likely to be female (59%)
- over half (56%) of all clients were aged 20–39 years, and 14% of clients were aged 10–19 years which is higher the national proportion (12%)
- 7 in 10 (72%) of all clients identified as Indigenous Australians, higher than the national proportion (17%) and higher than the proportion of Indigenous people living in the NT
- nearly all (94%) clients were born in Australia and more than half (57%) reported English as their preferred language, with a third (33%) reporting Indigenous languages as their preferred language (tables SC NT.1–3, SC.3–4, SC NT.21–22).

The visualisation includes a series of horizontal bar graphs showing that, in 2019–20, over 9 in 10 (95%) clients in the Northern Territory received treatment for their own drug use. Of these clients, almost one-quarter (72%) were male, 57% were aged 20–39, and 74% were Indigenous Australians. Around half of all clients (56%) listed English as their preferred language and most (95%) were born in Australia.

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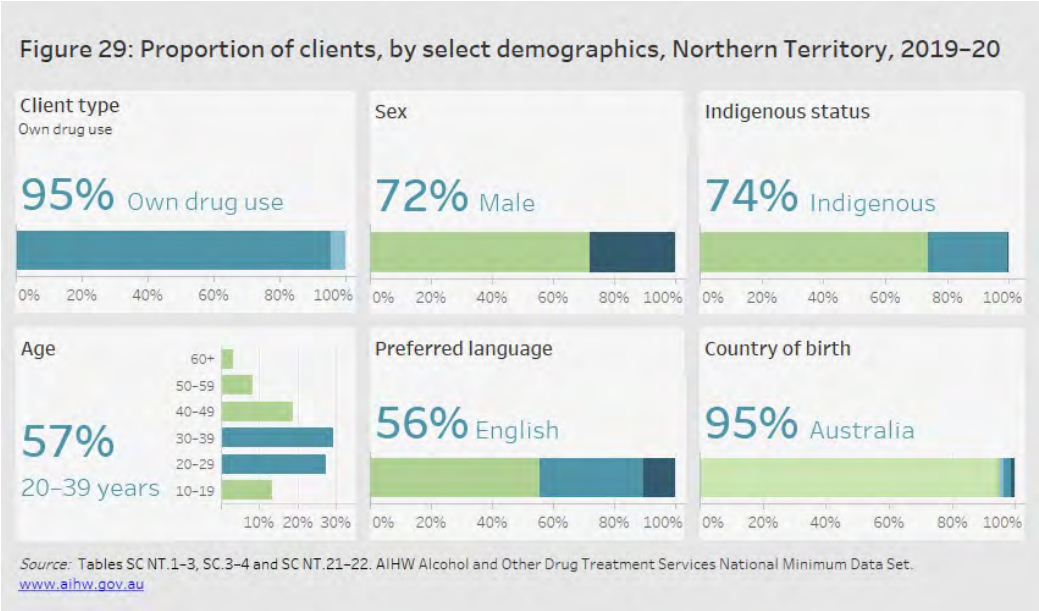

Patterns of service use

Over the period 2015–16 to 2019–20, 12,322 clients received treatment in the Northern Territory. Of these clients:

- the majority received treatment in a single year (69%):
  - 16% (1,980) received treatment for the first time in 2019–20
  - a further 53% (6,592) received treatment in only one of the four collection periods (excluding 2019–20)
- 21% (2,584) of clients received treatment in any 2 of the 5 years
- 6.4% (790) of clients received treatment in any 3 of the 5 years
- 2.3% (285) of clients received treatment in any 4 of the 5 years
- 0.7% (91) of clients received treatment in all 5 collection years (Table SCR.28).

Drugs of concern

In 2019–20, for clients in the Northern Territory receiving treatment episodes for their own alcohol or drug use:

- alcohol was the most common principal drug of concern for clients (66% of episodes) (Figure 30; Tables SE NT.10)
- cannabis and amphetamines were the second most common principal drugs (both 13%), followed by volatile solvents (5%), which is much higher than the national proportion (less than 1%) (Table SD.2)
- within the amphetamines group:
  - methamphetamine was reported as a principal drug of concern in around 4 in 5 (81%) treatment episodes (Figure 30a)
  - in half (50%) of treatment episodes where methamphetamine was a principal drug of concern smoking was the most common method of use, followed by injecting (44%) (Figure 30b).

Clients can nominate up to 5 additional drugs of concern; these drugs are not necessarily the subject of any treatment within the episode (see Technical notes).

In 2019–20, when the client reported additional drugs of concern:

- cannabis was the most common additional drug (19% of episodes), followed by nicotine (14%) and alcohol (11%) (Table SE NT.11).

Over the period 2015–16 to 2019–20:

- alcohol remained the most common principal drug of concern ranging from 48% to 66% over the period. The proportion of episodes for alcohol remains consistently higher than the national proportion (for example, 66% compared with 34% nationally in 2019–20) (Table SD.2).
- amphetamines and cannabis both decreased over this time period (14% to 13% and 19% to 13%, respectively).
- within the amphetamines group, methamphetamine was reported as the principal drug of concern in almost 2 in 3 episodes (65%) in 2015–16, rising to 85% in 2017–18 and declining to 81% in 2019–20 (Figure 30a). The rise in methamphetamine episodes maybe related to changes in the illicit drug market and/or changes in service provider practices.
- the proportion of closed episodes for volatile solvents as a principal drug of concern decreased from 12% in 2015–16 to 5% in 2019–20.

The grouped horizontal bar chart shows that, in 2019–20, alcohol was the most common principal drug of concern in treatment episodes provided to clients in the Northern Territory for their own drug use (66%). This was followed by amphetamines and cannabis (both 13%) and volatile solvents (5.1%). Cannabis was the most common additional drug of concern (19%), followed by nicotine (14%), alcohol (11%), and amphetamines (4.9%).

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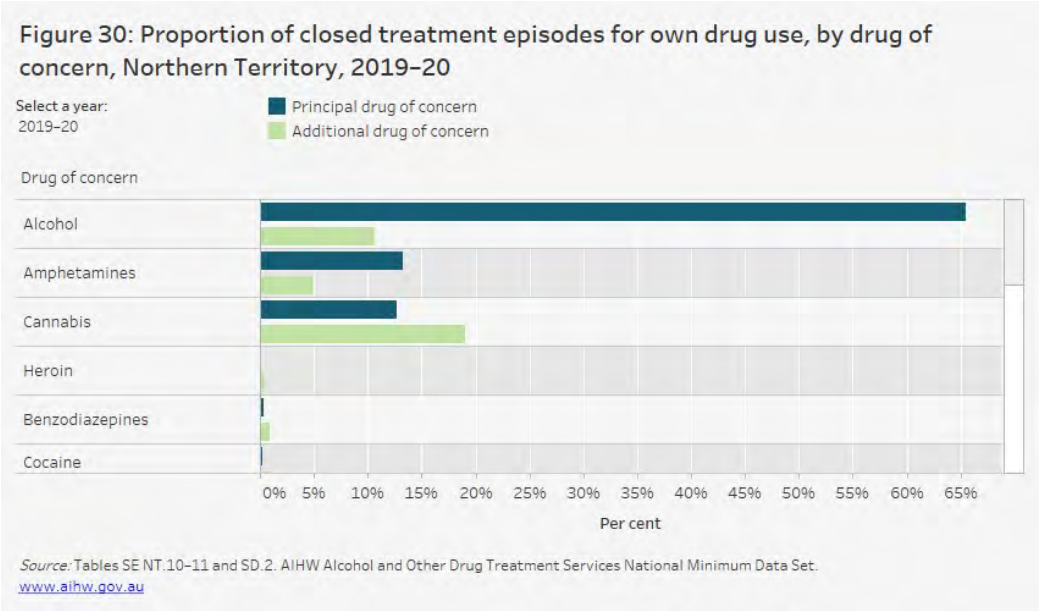
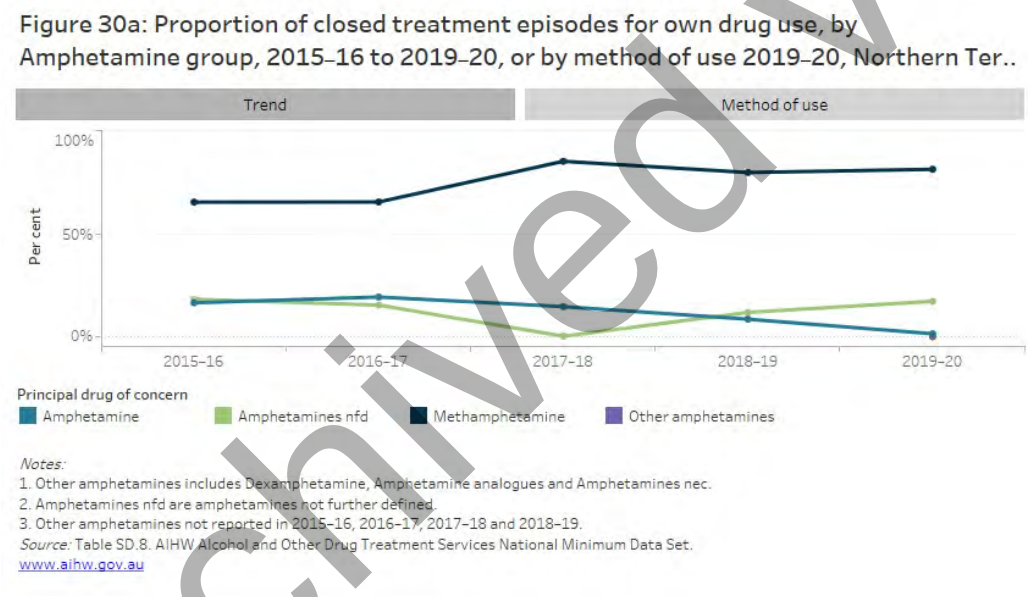


The line graph shows that, between 2015–16 and 2019–20, methamphetamine has remained the most common drug of concern among amphetamine-related treatment episodes for clients' own drug use. The proportion of methamphetamine-related episodes increased from 65% in 2015–16 to 81% in 2019–20, peaking at 85% in 2017–18. Conversely, there was a decrease in the proportion of episodes relating to amphetamines not further defined (from 18% to 17%) and amphetamines (from 17% to 1.5%).

The stacked horizontal bar chart shows the method of use for treatment episodes related to clients' own use of amphetamines in the Northern Territory in 2019–20. Smoking was the most common method of use for amphetamine and methamphetamine (31% and 50% respectively). Injecting was the most common method of use for amphetamines not further defined (60%) whilst ingesting was the most common for other amphetamines (100%). The second most common method of use varied by amphetamine code.



Treatment

In 2019–20, for closed episodes in the Northern Territory:

- assessment only was the most common main treatment (41% of episodes), followed by information and education (25%) (Figure 31; Table ST.5)
- where an additional treatment was provided as a supplementary to the main treatment, counselling (13%) was the most common additional treatment. See technical notes for further information on calculating proportions for additional treatment type.

All agencies in the Northern Territory are required to complete a separate assessment only episode prior to the commencement of treatment. This is due to a policy of monitoring the volume of assessment work performed by agencies and understanding the relationship between assessment and subsequent treatment, particularly in relation to certain alcohol-related legislatively-based programs. This policy was introduced in 2018 (reported in the 2017–18 collection year).

Over the period 2015–16 to 2019–20:

- assessment only remained the most common main treatment, although the proportion of episodes fluctuated (increasing from 32% in 2016–17 to 47% in 2017–18 before falling to 41% in 2019–20)

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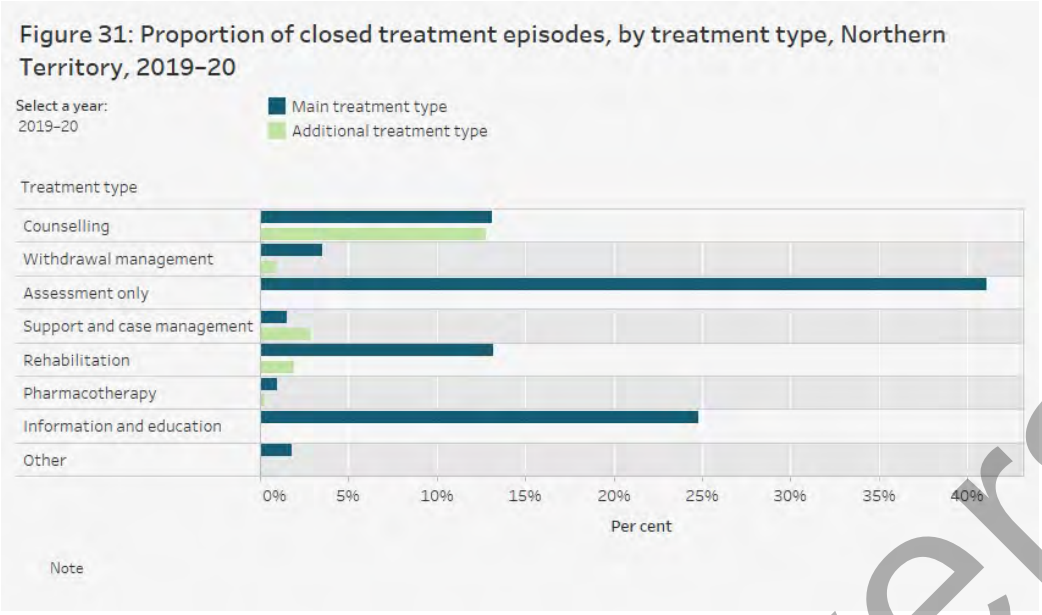
- the proportion of episodes where counselling was the main treatment peaked in 2016–17 (25%), falling to 13% of episodes in 2019–20
- the proportion of closed treatment episodes where rehabilitation was the main treatment has fluctuated since 2015–16, rising from 19% to 25% in 2016–17 then falling to 13% in 2019–20 (Table SE NT.20).

The grouped horizontal bar chart shows that, in 2019–20, the most common main treatment type provided to clients in the Northern Territory for their own drug use was assessment only (41% of episodes). This was followed by information and education only (25%), counselling and rehabilitation (both 13%). Counselling was also the most common additional treatment type (13%).



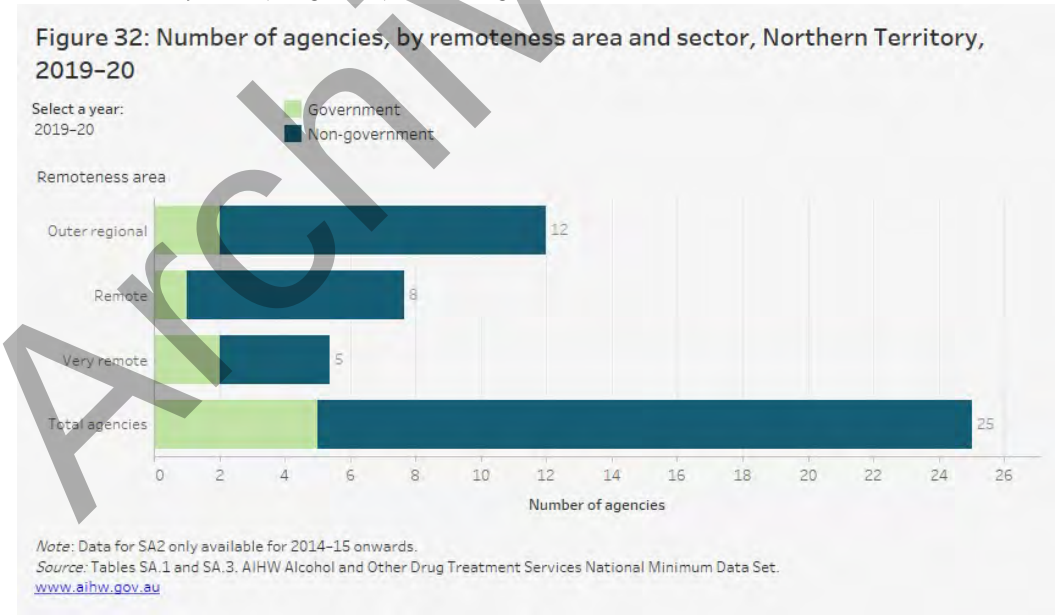
Agencies

The Northern Territory does not have any areas classified as *Major city* or *Inner regional*. It only has locations classified as *Outer regional*, *Remote* or *Very remote*.

In 2019–20:

- the majority of the 25 treatment agencies were in the non-government sector (80%)
- *Outer regional* areas contained the most treatment agencies (48%), followed by *Remote* areas (32%) (Figure 32; Table SA.3).

In the 5 years to 2019–20, the number of publicly funded treatment agencies rose from 23 to 25 (Table SA.1).
This horizontal bar chart shows that the Northern Territory does not have any areas classified as *Major cities* or *Inner regional* areas. Most agencies (12 agencies) were located in *Outer regional* areas, followed by *Remote* areas (8 agencies). Of the total 25 agencies located in the Northern Territory, most (20 agencies) were non-government.



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State and territory summaries

Technical notes - state and territory summaries

General notes

1. Data are subject to minor revisions over time.
2. Components of figures may not sum to totals due to rounding.

Client demographics

1. Data are based on client records with a valid Statistical Linkage Key (SLK-581).
2. Client data exists from the 2013–14 collection onwards.
3. The client data used in these visualisations is not imputed. Therefore, these numbers may differ from what have been previously published.
4. Rates are crude rates based on the Australian estimated resident population as at 31 December of the reference year. Rates for previous years may differ to those previously reported due to updated estimated resident populations.
5. Proportions are calculated based on overlapping unit record data sorted by state/territory. As clients can receive treatment in multiple states/territories within the same collection period, the number of clients for Australia is less than the summed number of clients for each state/territory. Therefore, the proportions by each state/territory may differ from those reported elsewhere as they are calculated from the summed number of clients in each state/territory.

Drugs of concern

1. Unlike the principal drug of concern, additional/other drug/s of concern is not necessarily the subject of any treatment within the episode.
2. The proportion of episodes for an additional drug of concern is calculated by the number of closed treatment episodes for that particular additional drug (up to 5 drug types can be reported) divided by the total number of closed treatment episodes for clients receiving treatment for their own alcohol or drug use in the collection year.
3. The AODTS NMDS contains data on drugs of concern that are coded using the ABS's Australian Standard Classification of Drugs of Concern (ASCDC) (ABS 2011). Pharmaceuticals were grouped using the following 10 drug categories and ASCDC codes:

Drug Category	ASCDC CODE
Codeine	1101
Morphine	1102
Buprenorphine	1201
Oxycodone	1203
Methadone	1305
Benzodiazepines	2400–2499
Steroids	4000–4999
Other opioids	1100, 1199, 1200, 1299, 1300–1304, 1306–1399
Other analgesics	0005, 1000, 1400–1499
Other sedatives and hypnotics	2000, 2200–2299, 2300–2399, 2500–2599, 2900–2999

Jurisdictional notes regarding principal drug of concern

South Australia reports a high proportion of treatment episodes where amphetamines are the principal drug of concern due to the SA Police Drug Diversion Initiative (PDDI). In addition, adult cannabis offences are not included in the PDDI due to the SA Cannabis Expiation Notice legislation.

Victoria reported comparatively high incidences of 'Not stated drugs' (15%) as the drug of concern. This is in part due to service providers adjusting to changes in reporting practices associated with the implementation of a new data collection system in 2019–20. Victoria is working with service providers to encourage more specific reporting of drug of concern.

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In Queensland, the level of cannabis reported as the principal drug of concern is a result of the police and illicit drug court diversion programs operating in the state.

Treatment

1. The proportion of episodes for an additional treatment type is calculated by the number of closed treatment episodes for that particular additional treatment type divided by the total number of closed treatment episodes for main treatment type in the collection year.
2. Rehabilitation, withdrawal management (detoxification), and pharmacotherapy are not available for clients who received treatment for someone else's alcohol or other drug use.
3. The main treatment type of 'other' includes pharmacotherapy. In 2019–20, changes were made to categories under Main Treatment; the word 'only' was removed from code 5 (support and case management) and code 6 (information and education). The removal of the word 'only' from support and case management and information and education, changed reporting rules for agencies; allowing agencies to be able to report and more accurately capture these items as an additional treatment in conjunction with a main treatment type. Main treatment code for 'Other' changed from 8 to 88.
4. Changes were also made to Other Treatment type (or additional treatment) categories, which added the codes 5 (Support and case management) and code 6 (Information and education) as categories to allow agencies to better reflect and record the current use of these treatment types in services. Other treatment type coding for the category 'Other' changed from 5 to 88.
5. In 2019–20, unprecedented restrictions related to the COVID –19 pandemic impacted delivery of some AOD services including withdrawal management, residential rehabilitation, counselling and face-to-face outreach services, which moved to providing telehealth services to ensure social distancing guidelines were met. Withdrawal and rehabilitation bed-based occupancy decreased compared to pre-COVID occupancy in most states.

Agencies

1. An agency's remoteness area is derived by applying an ABS Australian Statistical Geography Standard (ASGS) Remoteness Structure 2011 to Statistical Area Level 2 code (SA2) correspondence. Some SA2s are split between multiple remoteness areas. Where this is the case, the data are weighted according to the proportion of the population of the SA2 in each remoteness area. As a result, it is possible that the number of agencies in a particular remoteness area is not a whole number. After rounding, this can result in there being '<0.5' or '<0.5%' of agencies in a remoteness area due to the agency's SA2 partially crossing into the remoteness area.
2. The number of agencies by remoteness or sector may not sum to the total number of agencies due to rounding.
3. The number of agencies is not an accurate reflection of all in-scope AOD specialist treatment services in Australia, as some agencies fail to report data during a collection for various reasons. See the Alcohol and other drug treatment services NMDS 2019–20 data quality statement for further details.
4. In 2018–19, the AOD treatment agency counting methodology was revised to better reflect the number of unique AOD treatment service outlets. There is a level of agency duplication, due to agencies splitting out episode data related to the funding source for that program/service. A small number of agencies split their data submission according to state funded service episodes, which are reported to relevant state or territory departments; and Commonwealth funded service episodes are reported to a peak body or directly to the AIHW. This has resulted in the double counting of some services over time. This revision has been applied to all time-series; the main changes in data related to AOD service counts are from 2014–15 to 2017–18.
5. Data for SA2 only available for 2014–15 collection onwards.

Data quality statement

AODTS NMDS 2019–20 data quality statement

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Region and population data

Primary Health Network (PHN)

On this page

- AOD treatment agencies
- Alcohol and other drug treatment
- Alcohol and other drug treatment map
- Client demographics
- Principal drug of concern
- Principal drug of concern map
- Data tables

In December 2015, the Australian Government announced the release of the *Australian Government Response to the National Ice Taskforce Final Report* (the Response). The Response underpinned the National Ice Action Strategy (NIAS), which was endorsed by the Council of Australian Governments (COAG) on 11 December 2015.

The Australian Government has invested approximately $561 million over four years from 1 July 2016 in drug and alcohol treatment services, as part of a $713 million investment in reducing the impact of drug and alcohol misuse on individuals, families and communities under the *Drug and Alcohol Program*.

Approximately $412.1 million of this investment was provided to Primary Health Networks (PHNs) to commission locally based treatment in line with community need. This includes the $241.5 million committed under the NIAS. This funding was delivered through the Australian Government's *Drug and Alcohol Program* and aims to improve the access to, and effectiveness of drug and alcohol treatment services in the community.

The main source of data about specialist drug and alcohol treatment services in Australia is the Alcohol and Other Drug Treatment Services National Minimum Data Set (the AODTS NMDS), compiled on an annual basis from administrative data by the Australian Institute of Health and Welfare (AIHW).

PHN-commissioned specialist alcohol and other drug treatment providers collect data, in accordance with the AODTS NMDS, on in-scope specialist treatment services and provide it to the AIHW. Alcohol and other drug treatment agencies funded by PHN organisations under the *Drug and Alcohol Program* submitted data to the AODTS NMDS for the first time in 2016–17.

The following set of data visualisations present information at PHN geographic areas. The data presented are from all publicly funded AOD treatment services (which includes PHN-commissioned services) that have reported to the AODTS NMDS (see technical notes for more details).

PHNs are organisations that connect health services across a specific geographic area (PHN areas). There are 31 PHN areas that cover the whole of Australia with the boundaries defined by the Australian Government Department of Health. Some states/territories consist of a single PHN area, while others are made up of multiple PHN areas.

Alcohol and other drug treatment agencies

The following data visualisation shows:

- Number of agencies, by Primary Health Network area, 2019–20.
- Number of agencies, by sector and Primary Health Network area, 2015–16 to 2019–20.

The dashboard shows the number of agencies in Australia by sector between 2015–16 and 2019–20. There were 458 government agencies, and 915 non-government agencies in Australia in 2019–20. The number of non-government agencies has increased from 506 in 2015–16. North Western Melbourne had the highest number of agencies (106 agencies), and the Gold Coast had the lowest number of agencies (12 agencies).

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Alcohol and other drug treatment

The following data visualisation shows:

- Closed treatment episodes, by PHN area of client and main treatment type, 2015–16 to 2019–20.
- Closed treatment episodes, by PHN area of client and source of referral, 2019–20.
- Closed treatment episodes, by PHN area of client and treatment delivery setting, 2019–20.

The dashboard shows the number of closed episodes provided to clients. Counselling remained the most common main treatment type between 2015–16 and 2019–20, falling slightly from 40% in 2016–17 to 37% in 2019–20 of closed treatment episodes. Assessment only was the second most common main treatment type in 2019–20 (19% of closed episodes). In 2019–20, the most common source of referral was self/family (36% of closed episodes), and non-residential treatment facilities were the most common treatment delivery setting (64% of closed episodes).

Alcohol and other drug treatment map

The following data visualisation shows:

- Closed treatment episodes, by PHN area of client and main treatment type, 2015–16 to 2019–20.

Where counselling was the main treatment type in 2019–20, Perth South had the highest number of closed treatment episodes (6,480), and Murrumbidgee had the lowest number of closed treatment episodes (726).

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Client demographics

The following data visualisation shows:

- Clients by PHN area of client, client type and sex, 2019–20.
- Clients by PHN area of client, client type and age group, 2019–20.
- Clients by PHN area of client, client type and Indigenous status, 2019–20.

The dashboard shows the demographics of clients treated in Australia in 2019–20. Of a total 145,726 estimated clients, most (93%) received treatment for their own drug use. Almost 2 in 3 clients (64%) were male, 17% were Indigenous Australians, and 54% were aged 20–39 years.

Problem creating image.

Principal drug of concern

The following data visualisation shows:

- Closed treatment episodes for clients who received treatment for their own drug use by PHN area of client and principal drug of concern, 2015–16 to 2019–20.
- Closed treatment episodes for clients who received treatment for their own drug use by PHN area of client and main treatment type, 2019–20.
- Closed treatment episodes for clients who received treatment for their own drug use by PHN area of client and source of referral, 2019–20.

In 2019–20, 218,139 closed episodes were provided nationally to clients for their own drug use. Alcohol has remained the most common principal drug of concern between 2015–16 and 2019–20, declining slightly from 36% of treatment episodes to 34%. Amphetamines was the second most common principal drug of concern in 2019–20 (28%), followed by cannabis (19%) and heroin (5.1%). The most common main treatment type in 2019–20 was counselling (37% of episodes), followed by assessment only (19%). Over 1 in 3 treatment episodes (35%) reported self/family as the source of referral, while 33% listed a health service.

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Principal drug of concern map

The following data visualisation shows:

- Closed treatment episodes by PHN area of client and principal drug of concern, 2015–16 to 2019–20.

In 2019–20, where alcohol was the principal drug of concern, North West Melbourne had the highest number of closed treatment episodes (5,725) and Murrumbidgee had the lowest (645).

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Data tables

PHN AODTS NMDS data tables

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Region and population data

Pharmacotherapy in Australia

On this page

- Overview
- Demographic characteristics
- Treatment characteristics
- Data tables

Opioid pharmacotherapy is one of the main treatment options for dependence on opioid drugs, such as heroin and morphine. Treatment involves replacing the opioid drug of dependence with a legally obtained, longer-lasting opioid. In Australia, clients attend dosing point sites (for example, pharmacies) regularly to take the dose of their prescribed medication under the supervision of a pharmacist or other health professional.

Clients who receive pharmacotherapy treatment can be captured in various data sources. The two national sources presented in this report are:

- Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS)
- National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) Collection.

Due to the specifications of these collections, it is not possible to directly compare or identify people who received pharmacotherapy treatment via dosing point site as well as treatment from a publicly funded alcohol and other drug (AOD) service (see technical notes for more details). However, exploring this information in parallel can provide a more detailed picture about pharmacotherapy treatment in Australia.

Overview

The following data visualisation shows:

- Closed treatment episodes by main treatment type, 2019–20 (AODTS NMDS 2019–20).
- Clients receiving opioid pharmacotherapy treatment by pharmacotherapy type, 2019 (NOPSAD collection 2020).

The dashboard summarises the proportion of clients receiving pharmacotherapy across two data collections. The AODTS NMDS dashboard shows that 1.6% of clients seeking treatment for their own drug use received pharmacotherapy in 2019–20. The NOPSAD collection dashboard shows that 53,316 clients received pharmacotherapy treatment on a snapshot day in June 2020.

Problem creating image.

Demographic characteristics

The following data visualisation shows:

- Closed episodes by age group and main treatment type, 2019–20 (AODTS NMDS 2019–20).
- Closed episodes where pharmacotherapy was the main treatment by sex, 2019–20 (AODTS NMDS 2019–20).
- Clients receiving opioid pharmacotherapy treatment by age group, 2020 (NOPSAD collection 2020).
- Clients receiving pharmacotherapy treatment clients by sex, 2020 (NOPSAD collection 2020).

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The AODTS NMDS dashboard shows that most (37%) closed treatment episodes where pharmacotherapy was the main treatment type were for clients aged 30–39. Where pharmacotherapy was the main treatment type, most closed treatment episodes (69%) were also for males. The NOPSAD collection dashboard shows that the proportion of clients receiving methadone was higher for older age groups (4.6% of clients aged under 30, compared to 62% of clients aged 40–59). The proportion of clients receiving buprenorphine and buprenorphine-naloxone was highest for clients aged 30–49. The majority (67%) of clients receiving opioid pharmacotherapy were male.

Treatment characteristics

The following data visualisation shows:

- Closed episodes where pharmacotherapy was the main treatment by principal drug of concern, 2019–20 (AODTS NMDS 2019–20).
- Closed episodes where pharmacotherapy was the main treatment by source of referral, 2019–20 (AODTS NMDS 2019–20)
- Closed episodes where pharmacotherapy was the main treatment by delivery setting 2019–20 (AODTS NMDS 2019–20).
- Clients receiving pharmacotherapy treatment by opioid drug of dependence, 2020 (NOPSAD collection 2020).
- Clients receiving pharmacotherapy treatment by prescriber type, 2020 (NOPSAD collection 2020).
- Clients receiving pharmacotherapy treatment by dosing point site, 2020 (NOPSAD collection 2020).

The AODTS NMDS dashboard shows that heroin was the principal drug of concern in 44% of closed treatment episodes where pharmacotherapy was the main treatment type. Where pharmacotherapy was the main treatment type in 2019–20, self/family was the most common (62% of closed treatment episodes) source of referral and non-residential treatment facilities was the most common (96%) treatment delivery setting among those receiving treatment for their own drug use. The NOPSAD collection dashboard shows that other than not stated/reported, heroin was the most common (37% of clients) opioid drug of dependence in 2020. On a snapshot day in June 2020, 65% of clients received pharmacotherapy treatment from a private prescriber and 27% were dosed at a public prescriber.

Data tables

Data tables (AODTS NMDS)

Data tables (NOPSAD collection)

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Technical notes

Data and methods

For technical notes on the state and territory summaries refer to Technical notes - state and territory summaries.

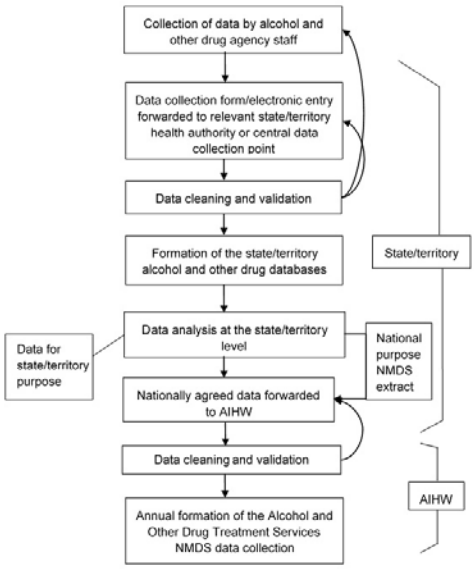
Age

Age is calculated as at the start of the episode.

Data collection process

For most states and territories, the data provided for the national collection are a subset of a more detailed jurisdictional data set used for planning and policy. Figure A1 shows the processes involved in constructing the national data.

Figure A1: Alcohol and other drug treatment data collection flowchart



Drugs of concern

The AODTS NMDS contains data on drugs of concern that are coded using the ABS's Australian Standard Classification of Drugs of Concern (ASCDC) (ABS 2011). In this report, these drugs are grouped (Table A1).

Table A1: Groupings of drugs of concern

Group	ASCDC codes	Category	Includes
Analgesics	1000–1999	Codeine	
		Morphine	
		Buprenorphine	
		Heroin	
		Methadone	
		Other opioids	Oxycodone, fentanyl, pethidine
		Other analgesics	Paracetamol
Sedatives and hypnotics	2000–2999	Alcohol	Ethanol, methanol and other alcohols
		Benzodiazepines	Clonazepam, diazepam and temazepam
		Other sedatives and hypnotics	Ketamine, nitrous oxide, barbiturates and kava
Stimulants and hallucinogens	3000–3999	Amphetamines	Amphetamine, dexamphetamine and methamphetamine
		Ecstasy (MDMA)	
		Cocaine	
		Nicotine	
		Other stimulants and hallucinogens	Volatile nitrates, ephedra alkaloids, phenethylamines, tryptamines and caffeine
Cannabinoids	7000–7199	Cannabis	
Other	4000–6999 9000–9999	Other	Anabolic agents and selected hormones, antidepressants and antipsychotics, volatile solvents, diuretics and opioid antagonists
Not stated	0000–0002	Not stated	

In this report, pharmaceutical drugs were grouped using 10 drug types, making up the pharmaceuticals group for the purposes of the analysis. These drugs correspond to the ASCDC codes and classifications (Table A2).

Table A2: Pharmaceutical drugs of concern, ASCDC codes and classifications

Drug category	ASCDC code	ASCDC classification (broad group and narrow group/s)	Drug description (ASCDC base level unit/s)

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Codeine	1101	Analgesics Organic opiate analgesics	Codeine
Morphine	1102	Analgesics Organic opiate analgesics	Morphine
Buprenorphine	1201	Analgesics Semisynthetic opioid analgesics	Buprenorphine
Oxycodone	1203	Analgesics Semisynthetic opioid analgesics	Oxycodone
Methadone	1305	Analgesics Synthetic opioid analgesics	Methadone
Benzodiazepines	2400-2499	Sedatives and hypnotics Benzodiazepines	Benzodiazepines n.f.d., alprazolam, clonazepam, diazepam, flunitrazepam, lorazepam, nitrazepam, oxazepam, temazepam, benzodiazepines n.e.c.
Steroids	4000-4999	Anabolic agents and selected hormones Anabolic androgenic steroids Beta2 agonists Peptide hormones, mimetics and analogues Other anabolic agents and selected hormones Not further defined	Anabolic agents and selected hormones n.f.d., anabolic androgenic steroids n.f.d., boldene, dehydroepiandrosterone, fluoxymesterone, mesterolone, methandriol, methenolone, nandrolone, oxandrolone, stanozolol, testosterone, anabolic androgenic steroids n.e.c., beta2 agonists n.f.d., eformoterol, fenoterol, salbutamol, beta2 agonists n.e.c., peptide hormones, mimetics and analogues n.f.d., chorionic gonadotrophin, corticotrophin, erythropoietin, growth hormone, insulin, peptide hormones, mimetics and analogues n.e.c., other anabolic agents and selected hormones n.f.d., sulfonylurea hypoglycaemic agents, tamoxifen, thyroxine, other anabolic agents and selected hormones n.e.c.
Other opioids	1100, 1199, 1200, 1299, 1300-1304, 1306-1399	Analgesics Organic opiate analgesics Semisynthetic opioid analgesics Synthetic opioid analgesics Not further defined	Organic opiate analgesics n.f.d., organic opiate analgesics n.e.c., semisynthetic opioid analgesics n.f.d., semisynthetic opioid analgesics n.e.c., synthetic opioid analgesics n.f.d., fentanyl, fentanyl analogues, levomethadyl acetate hydrochloride, meperidine analogues, pethidine, tramadol, synthetic opioid analgesics n.e.c.
Other analgesics	0005, 1000, 1400-1499	Analgesics Non-opioid analgesics Not further defined	Analgesics n.f.d., non-opioid analgesics n.f.d., acetylsalicylic acid, paracetamol, ibuprofen, non-opioid analgesics n.e.c.
Other sedatives and hypnotics	2000, 2200-2299, 2300-2399, 2500-2599, 2900-2999	Sedatives and hypnotics Anaesthetics Barbiturates Gamma-hydroxybutyrate (GHB) type drugs and analogues Other sedatives and hypnotics	Sedatives and hypnotics n.f.d., anaesthetics n.f.d., ketamine, nitrous oxide, phencyclidine, propofol, anaesthetics n.e.c., barbiturates n.f.d., amylobarbitone, methylphenobarbitone, phenobarbitone, barbiturates n.e.c., GHB-type drugs and analogues n.f.d., GHB, gamma-butyrolactone, 1,4-butanediol, GHB-type drugs and analogues n.e.c., other sedatives and hypnotics n.f.d., chlormethiazole, kava lactones, zopclone, doxylamine, promethazine, zolpidem, other sedatives and hypnotics n.e.c.

n.f.d—not further defined; n.e.c—not elsewhere classified.

Duration

Duration is calculated in whole days, and only for closed episodes.

Population rates

In this publication, crude rates were calculated using the ABS's estimated resident population at the midpoint of the data range: that is, rates for 2019–20 data were calculated using the estimated resident population at 31 December 2019.

Reason for cessation

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The AODTS NMDS contains data on the reason an episode ended (reason for cessation). In this report, these reasons are grouped (Table A3), but data for the individual end reasons are available in the online supplementary tables.

A different method was used for grouping end reasons in reports released before 2014, so trend comparisons across reports should be made with caution. It is possible to compare data at the individual end reasons using the supplementary tables.

Table A3: Grouping of cessation reasons, by indicative outcome type

Outcome type	Reason for cessation
Expected/planned completion	Treatment completed
	Ceased to participate at expiation
	Ceased to participate by mutual agreement
Ended due to unplanned completion	Ceased to participate against advice
	Ceased to participate without notice
	Ceased to participate due to non-compliance
Referred to another service/change in treatment mode	Change in main treatment type
	Change in delivery setting
	Change in principal drug of concern
	Transferred to another service provider
Other	Drug court or sanctioned by court diversion service
	Imprisoned (other than drug court sanctioned)
	Died
	Other
	Not stated

Remoteness area

This report uses the ABS's Australian Statistical Geography Standard (ASGS) Remoteness Structure 2016 (ABS 2016b) to analyse the proportion of AOD treatment agencies by remoteness area. This structure allows areas that share common characteristics of remoteness to be classified into broad geographic regions of Australia. These areas are:

- *Major cities*
- *Remote*
- *Inner regional*
- *Very remote*
- *Outer regional*

The remoteness structure divides each state and territory into several regions based on their relative access to services.

Examples of urban centres in each remoteness area are:

- *Major cities* Canberra, Newcastle
- *Inner regional* Hobart, Bendigo
- *Outer regional* Cairns, Darwin
- *Remote* Katherine, Mount Isa
- *Very remote* Tennant Creek, Meekatharra.

For this report, the remoteness area of the agency was determined using the Statistical Area Level 2 (SA2) of the agency. Not all SA2 codes fit neatly within a single remoteness category, and a ratio is applied to reapportion each SA2 to the applicable remoteness categories. As a result, it is possible that the number of agencies in a particular remoteness category is not a whole number. After rounding, this can result in there being '<0.5%' agencies in a remoteness area, due to the agency's SA2 partially crossing into the remoteness area.

The Australian Statistical Geography Standard ASGS has replaced the Australian Standard Geographical Classification 2006 (ABS 2006), which was used in previous reports to calculate remoteness areas. Therefore, remoteness data for 2011–12 and previous years are not comparable with those for 2012–13 and subsequent years.

Service sectors

From 2008–09, agencies funded by the Department of Health under the Non-Government Organisation Treatment Grants Program (NGOTGP) were classified as non-government agencies. Before this, many of these agencies were classified as government agencies. As a result, trends in service sectors of agencies should be interpreted with caution.

Source of referral: diversion

Throughout Australia, there are programs that divert people who have been apprehended or sentenced for a minor drugs offence from the criminal justice system. Many of these diversions result in clients receiving drug treatment services, who have been referred to treatment agencies as part of a drug diversion program. Since the 1980s, Australian governments have supported programs aimed at diverting from the criminal justice system people who have been apprehended or sentenced with a minor drugs offence.

In Australia, drug diversion program come in two main forms:

- **Police diversion** occurs when an offence is first detected by a law enforcement officer. It usually applies for minor use or possession offences, often relating to cannabis, and can involve the offender being cautioned, receiving a fine and/or having to attend education or assessment sessions.
- **Court diversion** occurs after a charge is laid. It usually applies for offences where criminal behaviour was related to drug use (for example, burglary or public order offence). Bail-based programs generally involve assessment and treatment, while pre- and post-sentence programs (including drug courts) tend to involve intensive treatment and are aimed at repeat offenders.

Treatment

The number of closed treatment episodes for counselling as a main treatment type has remained the most common treatment type for all clients over all collection years. Fluctuations over time in closed treatment episodes for particular treatment types may be influenced by coding practices, increased funding or changes in treatment policies/ capacity to provide specialised alcohol and other drug treatment services, which may contribute to variation in treatment types over time.

Trends

Trend data may differ from data published in previous versions of *Alcohol and other drug treatment services in Australia,* due to data revisions.

Imputation methodology for AOD clients

From the inception of the AODTS NMDS, data have been collected only about treatment episodes provided by AOD treatment services. Data about the clients those episodes relate to have not been available at a national level. An SLK was introduced into the AODTS NMDS for the 2012–13 collection to enable the number of clients receiving treatment to be counted, while continuing to ensure the privacy of these individuals receiving treatment.

An imputation strategy for the collection was developed to correct for the impact of invalid or missing SLKs on the total number of clients. This strategy takes into account several factors relating to the number of episodes per client and makes assumptions relating to spread across agencies. It also takes into consideration the likelihood that an episode with a missing SLK relates to a client that has already been counted through other episodes with a valid SLK.

To ensure an accurate representation of the AODTS client population, imputation was applied to the 2012–13, 2013–14 and 2015–16 AODTS NMDS to account for the proportion of valid SLKs being less than 95% for these years. The national rate of valid SLKs for these years was largely affected by low proportions of valid SLKs in New South Wales.

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Technical notes

Key terminology and glossary

Key terminology

Closed treatment episode

An episode of treatment for alcohol and other drugs is the period of contact, with defined dates of commencement and cessation, between a client and a treatment provider or team of providers in which there is no change in the main treatment type or the principal drug of concern, and there has not been a non-planned absence of contact for greater than 3 months.

A treatment episode is considered closed where any of the following occurs: treatment is completed or has ceased; there has been no contact between the client and treatment provider for 3 months; or there is a change in the main treatment type, principal drug of concern or delivery setting.

Treatment episodes are excluded from the AODTS NMDS for a reporting year if they:

- are not closed in the relevant financial year
- are for clients who are receiving pharmacotherapy (through an opioid substitution therapy program) and not receiving any other form of treatment that falls within the scope of the collection
- include only activities relating to needle and syringe exchange, or
- are for a client aged under 10.

Drugs of concern

The **principal drug of concern** is the main substance that the client stated led them to seek treatment from the AOD treatment agency. In this report, only clients seeking treatment for their own substance use are included in analyses of principal drug of concern. It is assumed that only the person using the substance themselves can accurately report principal drug of concern; therefore, these data are not collected from those who seek treatment for someone else's drug use.

Additional drugs of concern refers to any other drugs the client reports using in addition to the principal drug of concern. Clients can nominate up to 5 additional drugs of concern, but these drugs are not necessarily the subject of any treatment within the episode.

All drugs of concern refers to all drugs reported by clients, including the principal drug of concern and any additional drugs of concern.

Reasons for cessation

The reasons for a client ceasing to receive a treatment episode from an AOD treatment service include:

- expected/planned completion: episodes where the treatment was completed, or where the client ceased to participate at expiation or by mutual agreement
- ended due to unplanned completion: episodes where the client ceased to participate against advice, without notice or due to non-compliance
- referred to another service/change in treatment mode: episodes that ended due to a change in main treatment type, delivery setting or principal drug of concern, or where the client was transferred to another service provider.

Treatment types

Treatment type refers to the type of activity used to treat the client's alcohol or other drug problem. Rehabilitation, withdrawal management (detoxification) and pharmacotherapy are not available for clients seeking treatment for someone else's drug use.

The **main treatment type** is the principal activity that is determined at assessment by the treatment provider to be necessary for the completion of the treatment plan for the client's alcohol or other drug problem for their principal drug of concern. One main treatment type is reported for each treatment episode. 'Assessment only', 'support and case management' and 'information and education' can be reported only as main treatment types.

In 2019–20, changes were made to categories under Main Treatment; the word 'only' was removed from support and case management and information and education. The removal of the word 'only' from support and case management and information and education, changed reporting rules for agencies; allowing agencies to be able to report and more accurately capture these items as an additional treatment in conjunction with a main treatment type.

Other treatment types refer to other treatment types provided to the client, in addition to their main treatment type. Up to 4 additional treatment types can be reported.

Note that Victoria and Western Australia do not supply data on additional treatment types. In these jurisdictions, each type of treatment (main or additional) results in a separate episode.

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Glossary

additional drugs: Clients receiving treatment for their own drug use nominate a principal drug of concern that has led them to seek treatment and additional drugs of concern, of which up to 5 are recorded in the AODTS NMDS. Clients receiving treatment for someone else's drug use do not nominate drugs of concern.

additional treatment type: Clients receive 1 main treatment type in each episode and additional treatment types as appropriate, of which up to 4 are recorded in the AODTS NMDS.

alcohol: A central nervous system depressant made from fermented starches. Alcohol inhibits brain functions, dampens the motor and sensory centres and makes judgement, coordination and balance more difficult.

amphetamines: Stimulants that include methamphetamine, also known as methylamphetamine. Amphetamines speed up the messages going between the brain and the body. Common names are speed, fast, up, uppers, louee, goey and whiz. Crystal methamphetamine is also known as ice, shabu, crystal meth, base, whiz, goey or glass.

Australian Standard Geographical Classification (ASGC): Common framework defined by the Australian Bureau of Statistics for collection and dissemination of geographically classified statistics. The ASGC was implemented in 1984 and the final release was in 2011. It has been replaced by the Australian Statistical Geography Standard (ASGS).

Australian Statistical Geography Standard (ASGS): Common framework defined by the Australian Bureau of Statistics for collection and dissemination of geographically classified statistics. The ASGS replaced the ASGC in July 2011.

benzodiazepines: Also known as minor tranquillisers, these drugs are most commonly prescribed by doctors to relieve stress and anxiety, and to help people sleep. Common names include benzos, tranx, sleepers, downers, pills, serras (Serepax®), moggies (Mogadon®) and normies (Normison®).

client type: The status of a person in terms of whether the treatment episode concerns their own alcohol and/or other drug use or that of another person. Clients may seek treatment or assistance concerning their own alcohol and/or other drug use, or treatment and/or assistance in relation to the alcohol and/or other drug use of another person.

client counts: Includes:

- distinct clients—where the total number refers to the actual number of clients counted
- estimated clients—where the number of clients is estimated using imputed numbers (see imputation methodology).

closed treatment episode: A period of contact between a client and a treatment provider, or team of providers. An episode is closed when treatment is completed, there has been no further contact between the client and the treatment provider for 3 months, or when treatment is ceased (see **reason for cessation**).

cocaine: A drug that belongs to a group of drugs known as stimulants. Cocaine is extracted from the leaves of the coca bush (*Erythroxylum coca*). Some of the common names for cocaine include C, coke, nose candy, snow, white lady, toot, Charlie, blow, white dust and stardust.

diversion client type: Clients who received at least 1 AOD treatment episode during a collection year resulting from a referral by a police or court diversion program. The 2 subtypes in this group are:

- diversion only clients—received treatment as a result of diversion referrals only
- diversion client with non-diversion episodes—received at least 1 treatment episode resulting from a diversion referral, but also received at least 1 treatment episode resulting from a non-diversion referral in a collection year.

ecstasy (MDMA): The popular street name for a range of drugs containing the substance 3, 4-methylenedioxymethamphetamine (MDMA)—a stimulant with hallucinogenic properties. Common names for ecstasy include Adam, Eve, MDMA, X, E, the X, XTC and the love drug.

GHB: stands for gamma hydroxybutyrate, which is a central nervous system depressant. Common names for GHB include, G, Grievous Bodily Harm, fantasy, liquid E, liquid ecstasy and blue nitro.

government agency: An agency that operates from the public accounts of the Australian Government or a state or territory government, is part of the general government sector and is financed mainly from taxation.

heroin: One of a group of drugs known as opioids, which are strong pain-killers with addictive properties. Heroin and other opioids are classified as depressant drugs. Common names for heroin include smack, skag, dope, H, junk, hammer, slow, gear, harry, big harry, horse, black tar, China white, Chinese H, white dynamite, dragon, elephant, boy, home-bake or poison.

illicit drug use: Includes:

- the use of illegal drugs—drugs that are prohibited from manufacture, sale or possession in Australia, such as cannabis, cocaine, heroin and MDMA (ecstasy)
- misuse, non-medical or extra-medical use of pharmaceuticals—drugs that are available from a pharmacy, over-the-counter or by prescription, which may be subject to misuse, such as opioid-based pain relief medications, opioid substitution therapies, benzodiazepines, over-the-counter codeine and steroids
- use of other psychoactive substances—legal or illegal, potentially used in a harmful way, such as kava, or inhalants such as petrol, paint or glue (but not including tobacco or alcohol).

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licit drug use: The use of legal drugs in a legal manner, including tobacco smoking and alcohol consumption.

main treatment type: The principal activity that is determined at assessment by the treatment provider to treat the client's alcohol or other drug use for the principal drug of concern.

median: The midpoint of a list of observations ranked from the smallest to the largest.

method of use for principal drug of concern: The client's usual method of administering the principal drug of concern as stated by the client. Includes: ingests, smokes, injects, sniffs (powder), inhales (vapour), other and not stated.

nicotine: The highly addictive stimulant drug in tobacco.

non-government agency: An agency that receives some government funding, but is not controlled by the government, and is directed by a group of officers or an executive committee. A non-government agency may be an income tax-exempt charity.

principal drug of concern: The main substance that the client stated led them to seek treatment from an alcohol and drug treatment agency.

reason for cessation: The reason the client ceased to receive a treatment episode from an alcohol and other drug treatment service. The client can have:

- completed treatment—where the treatment was completed as planned
- a change in the main treatment type
- a change in the delivery setting
- a change in the principal drug of concern
- been transferred to another service provider—including where the service provider is no longer the most appropriate, and the client is transferred or referred to another service. For example, transfers could occur for clients between non-residential and residential services, or between residential services and a hospital—excludes situations where the original treatment was completed before the client transferred to a different provider for other treatment
- ceased to participate against advice—here the service provider is aware of the client's intention to stop participating in treatment, and the client ceases despite advice from staff that such action is against the client's best interest
- ceased to participate without notice
- ceased to participate involuntarily—where the service provider stops the treatment due to non-compliance with the rules or conditions of the program
- ceased to participate at expiation—where the client has fulfilled their obligation to satisfy expiation requirements (for example, participation in a treatment program to avoid having a criminal conviction being recorded against them) as part of a police or court diversion scheme and chooses not to continue with further treatment
- ceased to participate by mutual agreement—where the client ceases participation by mutual agreement with the service provider, even though the treatment plan has not been completed. This may include situations where the client has moved out of the area
- been to a drug court or sanctioned by court diversion service—where the client is returned to court or jail due to non-compliance with the program
- been imprisoned (other than sanctioned by a drug court or diversion service)
- died.

The grouped categories used in the report for **reason for cessation**:

- referred to another service/change in treatment mode: includes episodes that ended due to a change in main treatment type, delivery setting or principal drug of concern, or where the client was transferred to another service provider
- ended due to planned completion: Includes episodes where the client completed treatment—ceased to participate at expiation or by mutual agreement
- ended due to unplanned completion: Includes episodes where the client ceased to participate against advice, without notice, or due to non-compliance.

referral source: The source from which the client was transferred or referred to the alcohol and other drug treatment service.

standard drink: Contains 10 grams of alcohol (equivalent to 12.5 millilitres of alcohol). Also referred to as a full serve.

tobacco: A plant, *Nicotiana tabacum*, whose leaves are dried and used for smoking and chewing and in snuff. Its major pharmacologically active substance is the alkaloid nicotine (see **nicotine**).

treatment episode: The period of contact between a client and a treatment provider or a team of providers. Each treatment episode has 1 principal drug of concern and 1 main treatment type. If the principal drug or main treatment changes, then a new episode is recorded.

treatment type: The type of activity that is used to treat the client's alcohol or other drug use, which includes:

- assessment only—where only assessment is provided to the client (service providers would normally include an assessment component in all treatment types)
- counselling—can include cognitive behaviour therapy, brief intervention, relapse intervention and motivational interviewing
- information and education—where information and education is provided to the client (service providers would normally include an information and education component in all treatment types)

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- pharmacotherapy—where the client receives another type of treatment in the same treatment episode and includes drugs such as naltrexone, buprenorphine and methadone used as maintenance therapies or relapse prevention for people who experience dependence on certain types of opioids. Where a pharmacotherapy is used for withdrawal, it is included in the withdrawal category. Due to the complexity of the pharmacotherapy sector, this report provides only limited information on agencies whose sole function is to provide pharmacotherapy
- rehabilitation—focuses on supporting clients in stopping their drug use, and to prevent psychological, legal, financial, social and physical consequences of problematic drug use. Rehabilitation can be delivered in several ways, including residential treatment services, therapeutic communities and community-based rehabilitation services
- support and case management—support includes helping a client who occasionally calls an agency worker for emotional support, while case management is usually more structured than 'support'. It can assume a more holistic approach, taking into account all client needs (including general welfare needs) and it includes assessment, planning, linking, monitoring and advocacy
- withdrawal management (detoxification)—includes medicated and non-medicated treatment to help manage, reduce or stop the use of a drug of concern.

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Technical notes

Primary Health Network (PHN)

General notes:

- The Australian Government commissioned Primary Health Networks (PHNs) from 1 July 2015, to provide funding for locally based AOD treatment services in line with community need. This funding is delivered through the Australian Government's *Drug and Alcohol Program,* and aims to improve the access to, and effectiveness of drug and alcohol treatment services in the community.
- Data presented in the dashboards are from all publicly funded AOD treatment services (which include PHN-commissioned services) that have reported to the AODTS NMDS.
- AOD treatment agencies funded by their PHN under the Australian Government Department of Health's Drug and Alcohol Program (DAP) submitted data to the AODTS NMDS for the first time in 2016–17.
- In these dashboards, data are presented from the 2015–16 collection year to show the trends in each PHN prior to the establishment of the boundaries.

Agencies dashboard:

- The PHN of the agency was assigned based on the Statistical Area Level 2 (SA2) of the treatment agency using the Australian Bureau of Statistics' (ABS) SA2 2016 to Primary Health Network 2017 concordance file.
- As SA2 2016 boundaries may not correspond to PHN 2017 boundaries, some agencies may be captured in a neighbouring PHN including those in a neighbouring jurisdiction.

Main treatment for client dashboards:

- The PHN of the client was based on the postcode of the client using the Australian Bureau of Statistics' (ABS) Postal Area 2016 to Primary Health Network 2017 concordance file. Clients reporting an invalid postcode were assigned: 'PHN Unallocated' and removed from analysis. In 2019–20, 9,555 records contained invalid postcodes.
- Results with cell sizes less than 5 have been presented as '<5' (in some cases the value is null), due to this adjustment some values may not sum to the total or 100%.
- Data collection and reporting practices in Western Australia and Victoria are not directly comparable with data for other jurisdictions because every treatment type provided is reported as a separate episode.

Client demographics dashboard:

- Client numbers are based on records with a valid statistical linkage key (SLK-581).
- Client numbers are not comparable to client data published in the AODTS in Australia 2019–20 report; these dashboards present clients that attended treatment in multiple PHN locations in the collection year. The total client numbers at the PHN level are greater than the state/territory results due to finer geographic granularity of PHNs compared to the state/territory level.
- Results with cell sizes less than 5 have been presented as '<5' (in some cases the value is null), due to this adjustment some values may not sum to the total or 100%.

Principal drug of concern dashboards:

- The PHN of the client was based on the postcode of the client using the Australian Bureau of Statistics' (ABS) Postal Area 2016 to Primary Health Network 2017 concordance file. Clients reporting an invalid postcode were assigned: 'PHN Unallocated' and removed from analysis. In 2019–20, 8,263 records contained invalid postcodes.
- Results with cell sizes less than 5 have been presented as '<5' (in some cases the value is null), due to this adjustment some values may not sum to the total or 100%.

Jurisdiction-specific notes:

- South Australia reports a high proportion of treatment episodes where amphetamines are the principal drug of concern due to the SA Police Drug Diversion Initiative (PDDI). In addition, adult cannabis offences are not included in the PDDI due to the SA Cannabis Expiation Notice legislation.
- Victoria reported comparatively high incidences of 'Not stated drugs' (15%) as the drug of concern. This is in part due to service providers adjusting to changes in reporting practices associated with the implementation of a new data collection system in 2019–20. Victoria is working with service providers to encourage more specific reporting of drug of concern.
- In Queensland, the level of cannabis reported as the principal drug of concern is a result of police and illicit drug court diversion programs operating in the state.

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Technical notes

Pharmacotherapy in Australia

AODTS NMDS

The AODTS NMDS visualisations are based on episode data reported during the 2019–20 collection cycle, and contains information on treatment provided to clients by publicly funded AOD treatment services. Only episodes where pharmacotherapy was an additional treatment, or a main treatment with an additional treatment provided are included in the AODTS NMDS. Episodes where pharmacotherapy and no additional treatment was provided are excluded.

NOPSAD collection

The NOPSAD Collection visualisations are based on client data reported on a snapshot day in June 2020. This collection contains information on clients receiving opioid pharmacotherapy treatment, prescribers of opioid drugs and the dosing points that clients attend to receive their medication.

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Data

Data tables: 2019–20 SA.Agency (episodes)
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Data tables: 2019–20 SC.Clients (national)
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Data tables: 2019–20 SC.Clients (state and territories)
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Data tables: 2019–20 SCR.Clients rates and multiple years
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Data tables: 2019–20 SD.Drugs (episodes)
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Data tables: 2019–20 SE.Overview (episodes)
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Data tables: 2019–20 ST.Treatment (episodes)
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Data tables: 2019–20 Primary Health Network (PHN) geography (episodes)
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Data tables: 2019–20 Quarterly data (national episodes)
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