

Alcohol and other drug treatment services in Victoria

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



Australian Government
Australian Institute of
Health and Welfare

AODTS-NMDS collection

The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS) is a nationally agreed set of common data items collected by government funded service providers of clients of alcohol and other drug treatment services

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Highlights

- In Victoria in 2003–04, 143 government-funded alcohol and other drug treatment agencies and outlets provided 47,638 ‘closed treatment episodes’ (see below for the definition of ‘closed treatment episodes’).
- Just over one-third of closed treatment episodes were for clients aged between 20 and 29 years of age (34%), followed by just over a quarter of treatment episodes (26%) provided for clients in the 30–39 year age group.
- Male clients accounted for nearly two-thirds (63%) of all closed treatment episodes in Victoria.
- In Victoria, alcohol (37%), heroin (23%) and cannabis (22%) were the most common principal drugs of concern in closed treatment episodes.
- Of all closed treatment episodes in Victoria, counselling was the most common form of main treatment provided (47%), followed by withdrawal management (detoxification) (22%) and support and case management only (13%).
- Treatment episodes in Victoria most commonly ceased because the treatment was completed (67%).

Contents of this data briefing

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

National AODTS-NMDS data reports

More detailed information about the 2003–04 collection and its findings can be found in the publication *Alcohol and Other Drug Treatment Services in Australia 2003–04: Report on the National Minimum Data Set* (AIHW 2005). This report, together with further publications and AODTS–NMDS interactive data can be accessed online at <www.aihw.gov.au/drugs>.

Data count in the collection: closed treatment episodes

The analysis in this briefing is based on ‘closed treatment episodes’. A closed treatment episode refers to a period of contact, with defined start and end dates, between a client and a treatment agency. For example, a closed treatment episode could be for one specific treatment, such as withdrawal management (detoxification), that is part of an overall long-term treatment plan.

Scope: exclusion of opioid maintenance pharmacotherapy

The AODTS–NMDS collection excludes agencies whose sole purpose is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies. Therefore, the collection excludes many clients receiving treatment for heroin.

Treatment agencies

- Throughout Australia, a total of 622 government-funded alcohol and other drug treatment agencies and outlets supplied data for 2003–04. Of these, 143 were located in Victoria of which all were non-government organisations.
- Treatment agencies in Victoria were most likely to be located in major cities (62%) and inner regional areas (32%).

Client profile

- In Victoria, there were 47,638 ‘closed treatment episodes’ in alcohol and other drug treatment services reported in the 2003–04 AODTS-NMDS collection.
- Ninety-five per cent of closed treatment episodes in Victoria involved clients seeking treatment for their own drug use.
- In Victoria, the majority of closed treatment episodes were for clients aged between 20 and 29 years of age (34%), followed by just over a quarter of treatment episodes (26%) provided for clients in the 30–39 year age group (Table 1).
- The proportions of male and female clients in Victoria (63% and 37% respectively) were similar to the national proportions (65% and 35% respectively).

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

Age group (years)	Victoria			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
10–19	8.7	5.9	14.7	8.1	4.3	12.5
20–29	22.2	11.4	33.6	22.2	10.4	32.6
30–39	16.6	9.7	26.2	18.4	9.5	27.9
40–49	9.9	6.2	16.1	10.8	6.4	17.2
50–59	3.3	2.5	5.8	4.0	2.7	6.7
60+	0.9	0.8	1.7	1.4	0.9	2.3
Total^(b) (per cent)	62.5	37.4	100.0	65.3	34.7	100.0
Total^(b) (number)	29,777	17,811	47,638	89,348	47,430	136,869

(a) Includes not stated for sex.

(b) Includes not stated for age.

Source: AIHW 2005.

- The proportion of closed treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin was slightly lower in Victoria than nationally (6% and 10% respectively) – but still higher than the proportion of the Australian population who identify as Indigenous (2.4%: ABS 2004). These figures need to be interpreted with caution due to the high number of ‘not stated’ responses to this data item and the fact that the majority of dedicated Indigenous substance use services are not included in the AODTS-NMDS.
- The majority of closed treatment episodes in Victoria were for clients born in Australia (84%) and 93% were for clients whose preferred language was English.
- Thirty-six per cent of all treatment episodes in Victoria involved clients who were self-referred, followed by referrals from alcohol and other drug treatment services (16%), and community based corrections (12%).

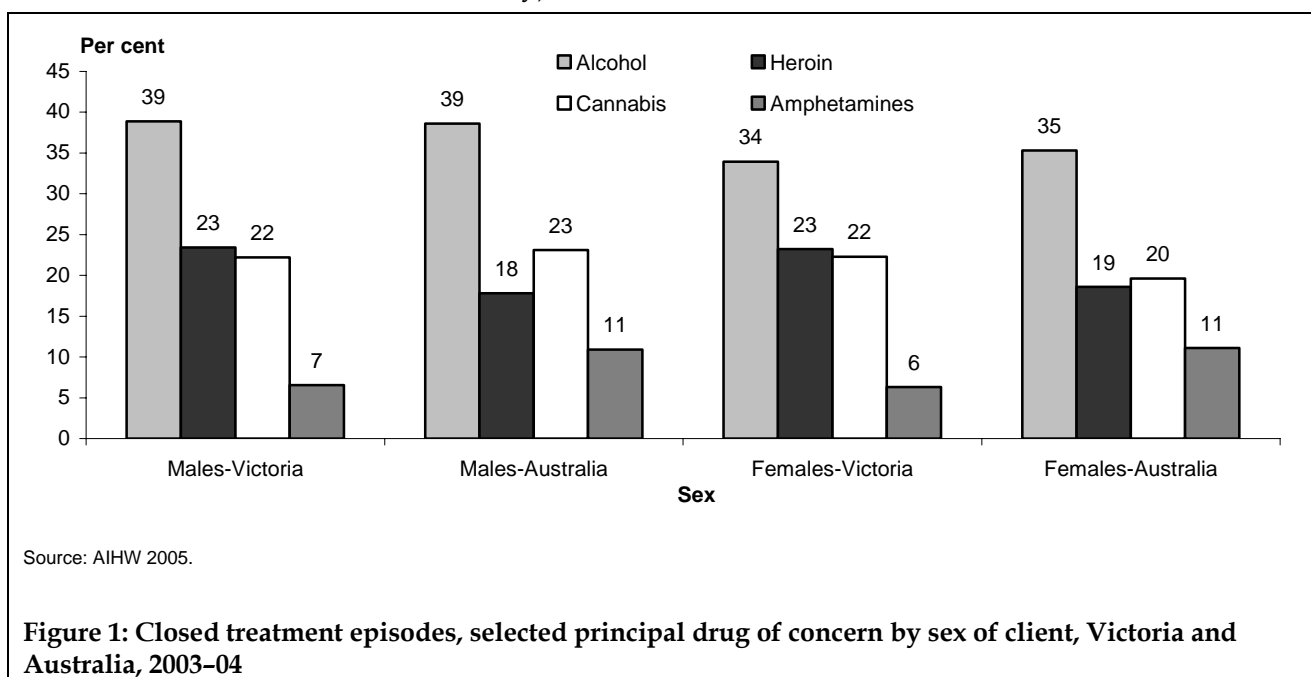
Principal drug of concern

The principal drug of concern refers to the main substance that the client states led him or her to seek treatment from the alcohol and other drug treatment agency. This section of the briefing reports only on the 45,030 episodes where clients were seeking treatment for their own substance use.

- In Victoria, alcohol (37%), heroin (23%) and cannabis (22%) were the most common principal drugs of concern in closed treatment episodes. Nationally, alcohol and cannabis were the most common principal drugs of concern (38% and 22% respectively), followed by heroin (18%).

Client profile and principal drug of concern

- Alcohol was the drug most commonly recorded in closed treatment episodes for both sexes in Victoria (39% of males and 34% of females), followed by heroin (23% each) (Figure 1). The proportion of males and females nominating heroin as their principal drug of concern were higher in Victoria than nationally.
- For closed treatment episodes in Victoria there was a higher proportion of male clients reporting heroin as the principal drug of concern than at the national level (22% males in Victoria and 18% males nationally). This was the same for female clients (23% females in Victoria and 19% females nationally).



- In Victoria, the principal drug of concern varied by age. For clients in older age groups, alcohol was the most common principal drug in closed treatment episodes: highest for clients aged 60 years and over (85%) (Table 2). Similarly, at the national level, alcohol was the most common principal drug for clients aged 60 years plus (82%).
- In treatment episodes involving clients aged between 10 and 19 years in Victoria and nationally, cannabis was the most common principal drug of concern (41% and 49% respectively). For clients aged 20-29 years the most common drug in Victoria was heroin (34%), whereas nationally, the most common principal drug for clients aged 20-29 was cannabis (27%), followed by heroin (26%).

- In Victoria, the proportion of treatment episodes involving Aboriginal and Torres Strait Islander people reporting alcohol as their principal drug of concern was higher than for other Australian clients (43% and 37% of treatment episodes respectively). This difference was also reflected nationally, where treatment episodes for Aboriginal and Torres Strait Islander clients were more likely to involve alcohol as the principal drug of concern (46%) than those for other Australian clients (37%).

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

Principal drug	Victoria							Total (Australia)	
	10–19	20–29	30–39	40–49	50–59	60+	Total ^(b)	Per cent	Number
Alcohol	22.2	21.1	40.4	61.9	81.4	84.9	37.1	37.5	48,500
Amphetamines	6.1	8.5	7.4	3.2	0.7	0.5	6.5	11.0	14,208
Benzodiazepines	0.6	1.8	2.9	3.6	4.0	7.3	2.4	2.1	2,711
Cannabis	41.1	26.8	18.2	9.4	4.3	2.0	22.3	22.0	28,427
Cocaine	0.1	0.2	0.1	0.1	0.1	0.0	0.1	0.2	272
Ecstasy	1.0	0.6	0.3	0.1	0.0	0.0	0.4	0.4	508
Heroin	15.6	33.9	23.8	14.6	4.4	1.7	23.3	18.0	23,326
Methadone	0.7	1.5	1.3	1.1	0.4	0.2	1.2	1.9	2,404
Nicotine	9.8	5.3	5.2	5.5	3.6	2.5	5.8	1.5	2,001
All other drugs ^(c)	2.9	0.3	0.4	0.5	1.1	0.8	0.8	4.9	6,342
Total^(d) (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	—
Total^(d) (number)	6,523	15,698	12,122	7,147	2,294	591	45,030	—	129,331

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

(b) Includes not stated for age.

(c) Includes balance of principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern.

(d) Includes not stated for principal drug of concern.

Source: AIHW 2005.

Geographic location and principal drug of concern

- Across all areas in Victoria, alcohol was the most commonly reported principal drug of concern (34% of treatment episodes in major cities and 47% in both inner regional and outer regional areas). Heroin was the second most common drug in major cities (29%), while cannabis was the next most common in inner and outer regional areas (27% and 23% respectively).

Injecting drug use

- Thirty-nine per cent of treatment episodes in Victoria involved clients who reported never having injected drugs. Of the 22% who reported they were 'current injectors', 49% were aged between 20 and 29 years. Care should be taken when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (16% not stated response for Victoria and 13% nationally).

Treatment programs

'Main treatment type' is the main treatment activity determined at assessment by the treatment agency for the client's principal alcohol and/or other drug problem. This section outlines these treatments types and programs. Data presented in this section relate to clients seeking treatment for their own or someone else's alcohol or drug use.

- Of all closed treatment episodes in Victoria, counselling was the most common form of main treatment provided (47%), followed by withdrawal management (detoxification) (22%) and support and case management only (13%) (Table 3). Nationally, counselling was also the most common form of main treatment provided (38%), followed by withdrawal management (detoxification) (18%) and assessment only (15%).

Client profile and treatment programs

- Closed treatment episodes for female clients in Victoria were more likely to involve counselling as the main treatment (51%) than treatment episodes for male clients (45%). This was also the case nationally (43% and 35% respectively).
- In Victoria, the main treatment type did not vary much with age. In the 10–19 years age group, support and case management only was the most likely main treatment (42%), followed by counselling (24%). For all other age groups, counselling was the most commonly reported main treatment (ranging from 44% in the 20–29 age group to 65% for clients aged over 60).

Table 3: Closed treatment episodes, main treatment type by sex of client, Victoria and Australia, 2003–04 (per cent)

Main treatment type	Victoria			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
Withdrawal management (detoxification)	21.9	22.5	22.2	18.5	18.1	18.4
Counselling	45.0	50.7	47.1	34.7	43.2	37.6
Rehabilitation	3.4	4.5	3.8	9.2	7.4	8.6
Support & case management only	12.4	14.1	13.0	8.0	9.1	8.4
Information and education only	0.8	0.6	0.7	8.4	6.2	7.6
Assessment only	13.9	4.0	10.2	17.2	10.6	14.9
Other ^(b)	2.6	2.4	1.8	4.0	5.3	18.4
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	29,777	17,811	47,638	89,348	47,430	136,869

(a) Includes not stated for sex.

(b) 'Other' includes 878 treatment episodes in Victoria and 2,953 treatment episodes nationally where the main treatment type was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

Source: AIHW 2005.

Principal drug of concern and treatment programs

The following points relate only to closed treatment episodes where the client was seeking treatment for their own drug use.

- In Victoria, the main treatment type varied depending on the principal drug of concern the client sought treatment for. Where alcohol was the principal drug of concern, counselling accounted for the highest proportion of main treatment types (52%), followed by withdrawal management (detoxification) (24%) (Figure 2).
- Similarly, where amphetamines, cannabis and heroin were the principal drug of concern, counselling was also the most common treatment (48%, 41% and 38% respectively). For each of these drugs, withdrawal management (detoxification) is the next most common treatment type (17%, 23% and 22% respectively).

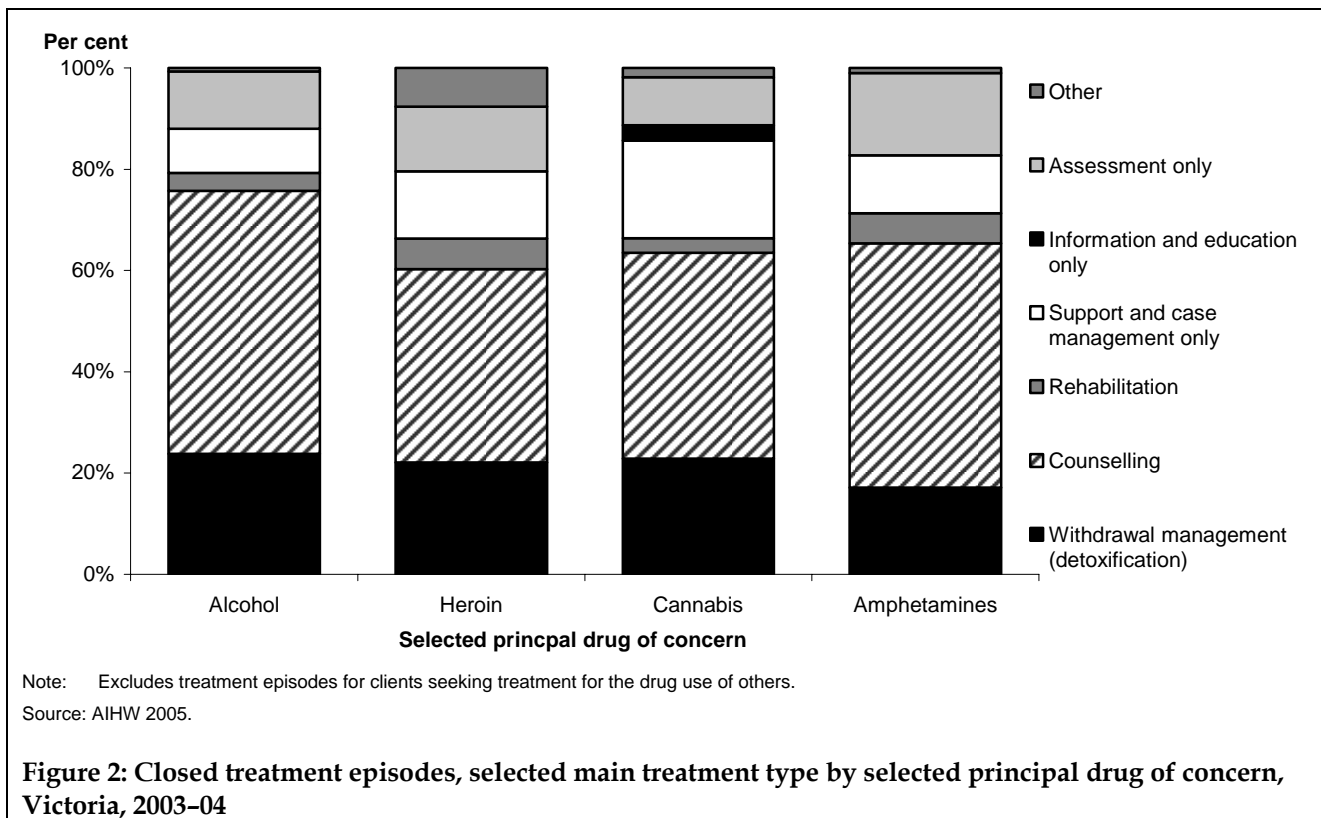


Figure 2: Closed treatment episodes, selected main treatment type by selected principal drug of concern, Victoria, 2003-04

- In Victoria, the median number of days for a treatment episode was 34. The highest median number of treatment days within a treatment episode occurred when the principal drug of concern was ecstasy or amphetamines (37 each). The main treatment type with the highest median number of treatment days per episode was rehabilitation (64), followed by counselling (52).

Geographic location and treatment programs

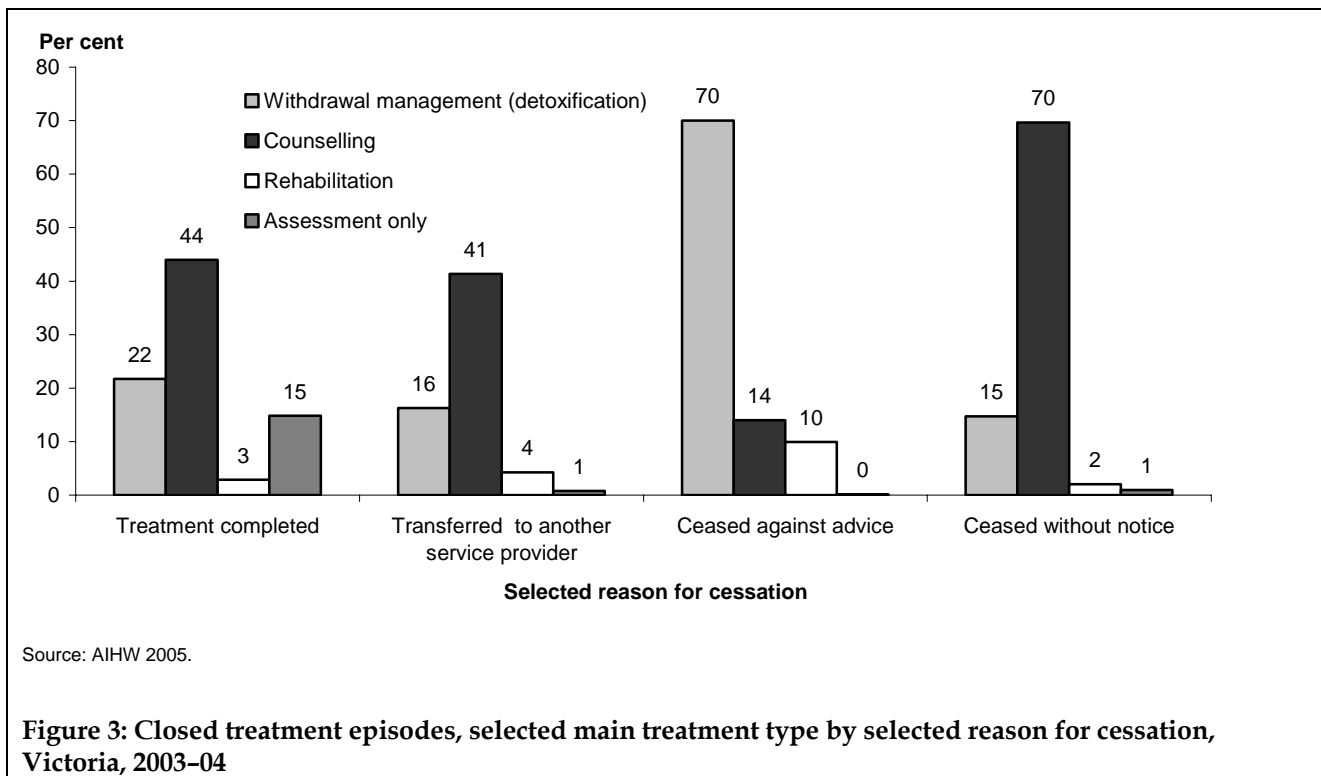
- Across all areas in Victoria, counselling was the most commonly reported main treatment type (accounting for 44% of treatment episodes in major cities, 56% in inner regional areas and 59% in outer regional areas). The second most common treatment type in major cities and inner regional areas was withdrawal management (detoxification) (23% and 20% respectively), whereas in outer regional areas, the second most common treatment type was support and case management only (18%).

Treatment delivery setting and treatment programs

- Over two-thirds (69%) of all closed treatment episodes in Victoria occurred at a non-residential treatment facility, and a further 17% in a residential facility, similar to the overall national proportions (68% and 20% respectively).
- In Victoria, the highest median number of treatment days for a treatment episode occurred where the treatment delivery was in an outreach setting (47 days).

Ceasing treatment and treatment programs

- In Victoria, the most common reason for the cessation of a client's treatment was that the treatment had been completed (67%), followed by clients ceasing to participate without notice (11%) or because they changed main treatment type (5%).
- In Victoria, 44% of treatment episodes that were completed were for counselling and 22% were for withdrawal management (detoxification) (Figure 3).



- For closed treatment episodes that ended because the client was transferred to a different service provider, 41% were for counselling and 16% for withdrawal management (detoxification).
- Seventy per cent of closed treatment episodes that ended because the client ceased to participate against the advice of the clinician were for withdrawal management (detoxification) and 14% for counselling.

Special theme—Amphetamines

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

In Victoria, amphetamines were the principal drug of concern in 7% of treatment episodes, compared to 11% nationally. Of the 2,918 closed treatment episodes in Victoria where amphetamines were the principal drug of concern:

- clients were more likely to be male than female—65% of treatment episodes related to male clients and 35% to female clients—very similar to the pattern for all other principal drugs of concern (64% males and 36% females);
- a higher proportion of episodes involved people in the 20-29 and 30-39 year age groups (46% and 31% respectively) compared with episodes for all other principal drugs of concern (34% of episodes for 20-29 year olds and 27% for 30-39 years);
- injecting as a method of use accounted for 71% of closed treatment episodes within this group, followed by ingesting (14%), sniffing (8%) and smoking (3%), for all other drugs of concern the most common method of use was ingesting (46%), followed by injecting (25%), smoking (22%) and sniffing (0.2%);
- self referring to treatment was the most common source of referral, at a proportion similar to that for clients who nominated a principal drug other than amphetamines (31% and 36%, respectively);

- clients were more likely to have been referred to treatment by a family member or friend (5%, compared to 4% for clients who nominated a principal drug other than amphetamines) or from a correctional service (15%, compared to 12%), and less likely to be referred to treatment by a general practitioner or medical specialist (3%, compared to 4%); and
- clients were more likely to receive counselling (48%) and assessment only (16%) than clients who nominated a principal drug other than amphetamines (44% and 10% respectively), and less likely to receive withdrawal management (detoxification) (17%, compared with 24%).

In Victoria in 2003–04, amongst closed treatment episodes where a client was seeking treatment for their own drug use, where amphetamines were the principal drug of concern, 65% of episodes ceased because the treatment was completed, compared to 68% for all other principal drugs of concern. The next most common reason for ceasing treatment for both groups was where the client ceased to participate without notice to the treatment agency (14% and 10% respectively).

Agencies and clients within scope

All publicly funded (State or Commonwealth) government and non-government agencies that provide one or more specialist alcohol and/or other drug treatment services, including residential and non-residential agencies, were in scope for the national data set. Specialist alcohol and drug units based in acute care hospitals or psychiatric hospitals were included if they provided treatment to non-admitted patients (e.g. outpatient services). For a list of exclusions to the scope see Section 1.3 of the report *Alcohol and Other Drug Treatment Services in Australia 2003–04: report on the National Minimum Data Set* (AIHW 2005).

All clients who had completed one or more treatment episodes from an alcohol and other drug treatment service within scope during the reporting period (1 July 2003 to 30 June 2004) were included.

Caveats

Of data in scope, the following caveats must be observed as they may influence the distribution of some variables at a national level:

- Reported numbers for each state/territory include services provided under the National Illicit Drug Strategy Non-Government Organisation Treatment Grants Programme (funded by the Australian Government).
- Queensland Health supplied data from Queensland Government, alcohol and other drug services agencies and from police diversion processes (all with principal drug of concern) but not for other non-government funded agencies.
- The number of Aboriginal and Torres Strait Islander clients may be under-counted as the majority of Australian Government-funded Indigenous substance-use services and Aboriginal health services that provide treatment for alcohol and other drug problems did not supply data for 2003–04. In addition, at the national level 6% of clients did not state their Indigenous status.

References

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

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