

Alcohol and other drug treatment services in Tasmania

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



Australian Government
Australian Institute of
Health and Welfare

AODTS-NMDS collection

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

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

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

Highlights

- In Tasmania in 2003–04, 12 government-funded alcohol and other drug treatment agencies provided 2,357 ‘closed treatment episodes’ (see below for the definition of ‘closed treatment episodes’).
- Nearly one-third of closed treatment episodes were for clients aged between 20 and 29 years of age (29%), followed by almost a quarter of all treatment episodes (24%) provided for clients in the 30–39 year age group.
- Male clients accounted for 58% of all closed treatment episodes in Tasmania.
- In Tasmania, cannabis (37%) and alcohol (29%) were the most common principal drugs of concern in closed treatment episodes, followed by nicotine (12%) and amphetamines (9%).
- Of all closed treatment episodes in Tasmania, counselling was the most common form of main treatment provided (63%), followed by information and education only (11%).
- Treatment episodes in Tasmania most commonly ceased because the treatment was completed (48%).

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 Tasmania. Throughout this briefing, data from Tasmania 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>.

Tasmanian data completeness

The 2003–04 AODTS NMDS data for Tasmania includes, for the first time, closed treatment episodes provided through the Illicit Drug Diversion Initiative.

Data count in the collection: closed treatment episodes

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

Scope: exclusion of opioid maintenance pharmacotherapy

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

Treatment agencies

- Throughout Australia, a total of 622 government-funded alcohol and other drug treatment agencies supplied data for 2003–04. Of these, 12 were located in Tasmania, of which 75% were non-government agencies.
- Treatment agencies in Tasmania were most likely to be located in inner regional (58%) and outer regional areas (42%).

Client profile

- In Tasmania, there were 2,357 ‘closed treatment episodes’ in alcohol and other drug treatment services reported in the 2003–04 AODTS-NMDS collection.
- Sixty-eight per cent of closed treatment episodes in Tasmania involved clients seeking treatment for their own drug use.
- In Tasmania, the majority of closed treatment episodes were for clients aged between 20 and 29 years of age (29%), followed by almost over a quarter of all treatment episodes (24%) provided for clients in the 30–39 year age group (Table 1).
- The proportions of male and female clients in Tasmania (58% and 42% respectively) differed to the national proportions (65% and 35% respectively).

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

Age group (years)	Tasmania			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
10–19	9.1	4.7	13.8	8.1	4.3	12.5
20–29	19.5	9.2	28.7	22.2	10.4	32.6
30–39	13.8	10.1	23.9	18.4	9.5	27.9
40–49	8.8	8.7	17.5	10.8	6.4	17.2
50–59	5.0	5.9	10.9	4.0	2.7	6.7
60+	2.2	3.0	5.3	1.4	0.9	2.3
Total^(b) (per cent)	58.4	41.6	100.0	65.3	34.7	100.0
Total^(b) (number)	1,376	981	2,357	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 lower in Tasmania 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 Tasmania were for clients born in Australia (96%) and 100% were for clients whose preferred language was English.
- Forty-eight per cent of all treatment episodes in Tasmania involved clients who were self-referred, followed by referrals from police diversions (24%) and general practitioners or other medical specialists (11%).

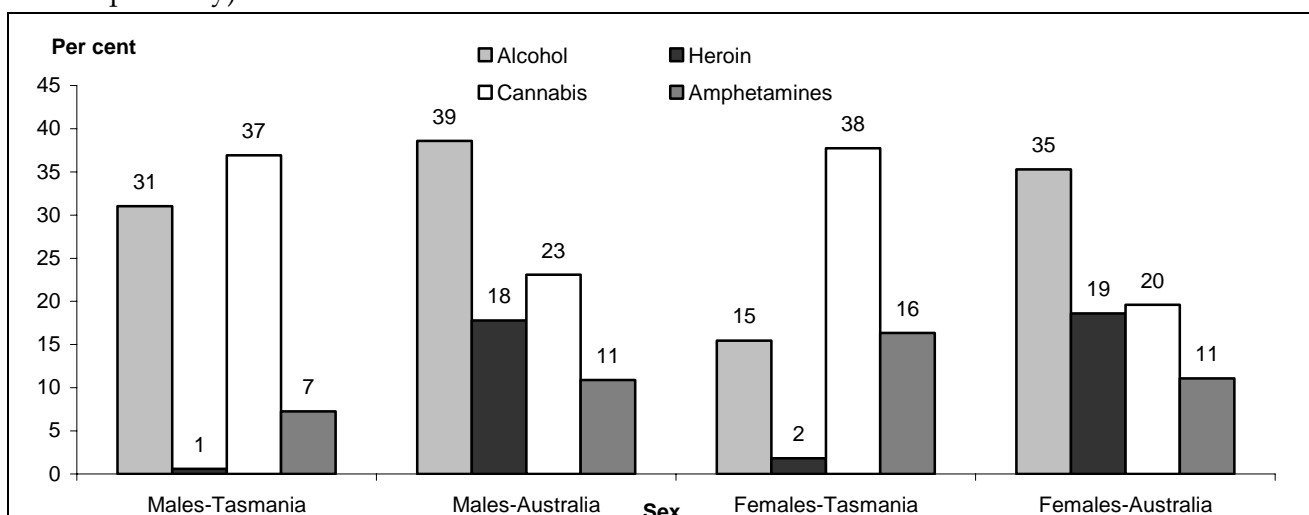
Principal drug of concern

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 1,596 episodes where clients were seeking treatment for their own substance use.

- In Tasmania, cannabis (37%), alcohol (29%) and nicotine (12%) were the most common principal drugs of concern in closed treatment episodes, followed by amphetamines (9%). 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

- Cannabis was the drug most commonly recorded in closed treatment episodes for both sexes in Tasmania (37% of males and 38% of females), followed by alcohol for males (31%) and amphetamines for females (16%) (Figure 1). The proportion of males and females nominating cannabis as their principal drug of concern were higher in Tasmania than nationally.
- For closed treatment episodes in Tasmania there was a higher proportion of male clients reporting cannabis as the principal drug of concern than at the national level (37% males in Tasmania and 23% males nationally). This was similar for female clients (38% and 20% respectively).



Note: Excludes treatment episodes for clients seeking treatment for the drug use of others.

Source: AIHW 2005.

Figure 1: Closed treatment episodes, selected principal drug of concern by sex of client, Tasmania and Australia, 2003-04

- In Tasmania there was a much lower proportion of male and female clients reporting heroin as their principal drug of concern (1% and 2% respectively) than at the national level (18% and 19% respectively).
- In Tasmania, the principal drug of concern varied by age. For clients in older age groups, alcohol and nicotine were the most common principal drugs in closed treatment episodes. Alcohol was highest for clients aged 30-39 years and 40-49 years (37% and 42% respectively), and nicotine was highest for clients aged 50-59 years and 60 years and over (41% and 63% respectively), followed by alcohol (37% and 33% respectively) (Table 2).

- In treatment episodes involving clients aged 10–19 years and 20–29 years in Tasmania, cannabis was the most common principal drug of concern (67% and 52% respectively). For the 10–19 year age group, this was also the case nationally (49%), however the most common drug nationally for the 20–29 year age group was heroin (27%).

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

Principal drug	Tasmania							Total (Australia)	
	10–19	20–29	30–39	40–49	50–59	60+	Total ^(b)	Per cent	Number
Alcohol	21.6	17.9	37.2	41.5	36.8	33.3	28.9	37.5	48,500
Amphetamines	3.9	13.2	10.8	5.2	1.6	0.0	8.5	11.0	14,208
Benzodiazepines	1.2	0.2	1.8	2.0	0.0	0.0	1.0	2.1	2,711
Cannabis	66.7	52.3	24.9	15.3	8.8	1.9	37.0	22.0	28,427
Cocaine	0.0	0.0	0.3	0.0	0.0	0.0	0.1	0.2	272
Ecstasy	0.8	0.4	1.3	0.4	0.8	0.0	0.7	0.4	508
Heroin	0.0	1.0	1.3	0.8	0.0	0.0	0.8	18.0	23,326
Methadone	0.0	4.2	4.6	2.8	0.8	0.0	3.0	1.9	2,404
Nicotine	2.7	2.3	9.5	23.4	40.8	63.0	12.5	1.5	2,001
All other drugs ^(c)	3.1	8.4	7.7	8.1	8.0	1.9	7.1	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)	255	524	390	248	125	54	1,596	—	129,331

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

(b) Includes not stated for age.

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

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

Source: AIHW 2005.

- In Tasmania, the proportion of treatment episodes involving Aboriginal and Torres Strait Islander people reporting alcohol as their principal drug of concern was similar to other Australian clients (22% and 29% of treatment episodes respectively). Nationally, treatment episodes for Aboriginal and Torres Strait Islander clients were more likely to involve alcohol as the principal drug of concern (46%) than those for other Australian clients (37%).

Geographic location and principal drug of concern

- In Tasmania, cannabis was the most common drug in both inner and outer regional areas (34% and 46% respectively). Alcohol was the second most commonly reported principal drug of concern in both areas (29% in each).

Injecting drug use

- Forty-five per cent of treatment episodes in Tasmania involved clients who reported never having injected drugs. Of the 15% who reported they were 'current injectors', 50% 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 (29% not stated response for Tasmania 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 Tasmania, counselling was the most common form of main treatment provided (63%), followed by information and education only (11%) (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 male clients in Tasmania were more likely to involve counselling as the main treatment (64%) than treatment episodes for female clients (62%), contrary to the national pattern (43% for females and 35% for males).
- In Tasmania, the main treatment type did not vary much with age. Counselling was the most common treatment type, ranging from 61% for clients aged 10–19 years to 81% for clients aged 60 years and over.

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

Main treatment type	Tasmania			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
Withdrawal management (detoxification) ^(b)	3.8	0.8	2.5	18.5	18.1	18.4
Counselling	63.7	61.6	62.8	34.7	43.2	37.6
Rehabilitation	5.0	3.9	4.5	9.2	7.4	8.6
Support & case management only	2.2	1.1	1.7	8.0	9.1	8.4
Information and education only	11.8	10.0	11.1	8.4	6.2	7.6
Assessment only	6.5	4.9	5.9	17.2	10.6	14.9
Other ^(c)	7.0	17.7	11.5	4.0	5.3	18.4
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	1,376	981	2,357	89,348	47,430	136,869

(a) Includes not stated for sex.

(b) In Tasmania 'withdrawal management (detoxification)' does not include inpatient detoxification.

(c) 'Other' includes 47 treatment episodes in Tasmania 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.

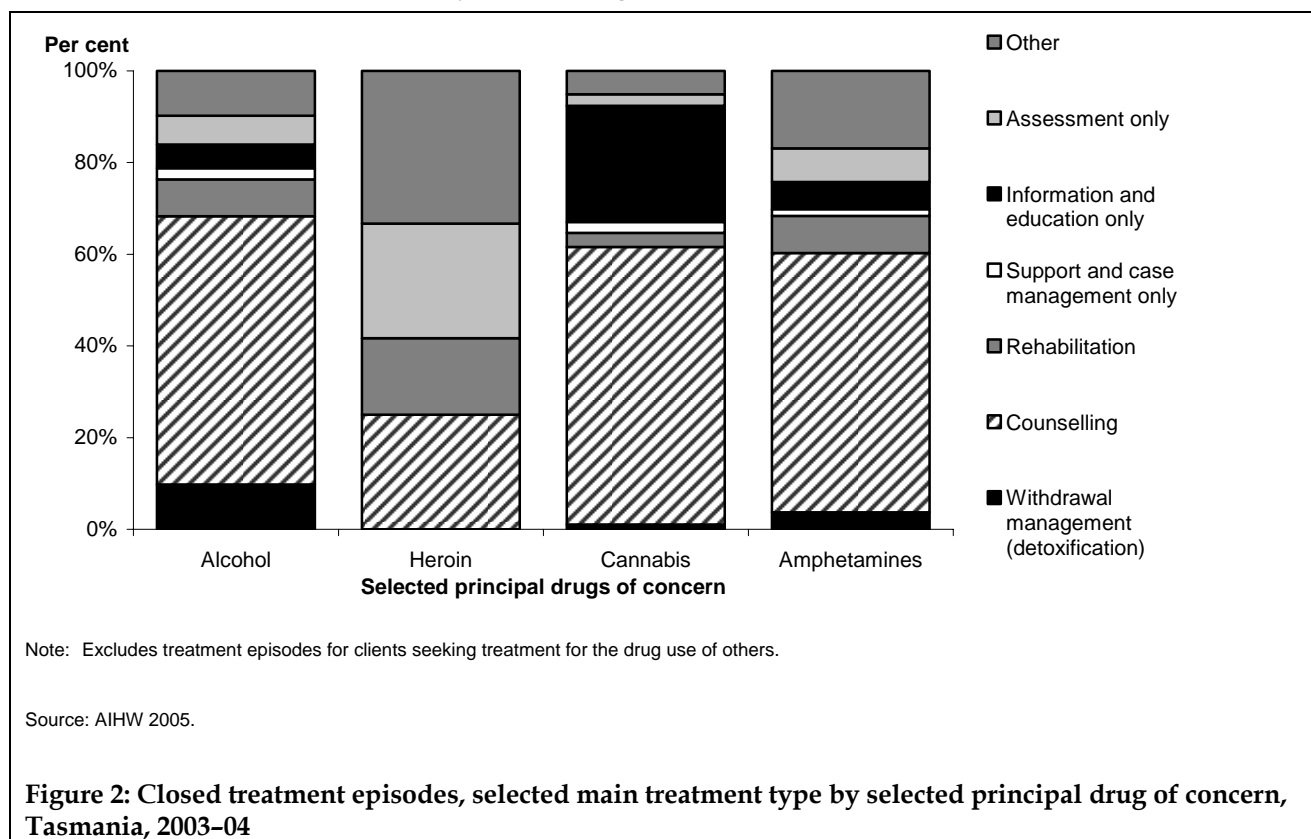
Source: AIHW 2005.

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 Tasmania, the main treatment type varied depending on the principal drug of concern the client sought treatment for. In closed treatment episodes where cannabis, alcohol and amphetamines were the principal drug of concern, counselling accounted for the highest proportion of main treatment type (61%, 59% and 25% respectively) (Figure 2).
- Where heroin was the principal drug, counselling and assessment only accounted for the highest proportion of main treatment types (25% each).

- In Tasmania, the median number of days for a treatment episode was 15. The highest median number of treatment days within a treatment episode occurred when the principal drug of concern was nicotine (29), followed by alcohol (16), amphetamines (14) and heroin (12). The main treatment type with the highest median number of treatment days per episode was rehabilitation (52), followed by counselling (21).



Geographic location and treatment programs

- Across all areas in Tasmania, counselling was the most commonly reported main treatment type (63% in inner regional and 62% in outer regional areas). The second most prominent treatment type in each of these areas was information and education only (10% and 16% respectively).

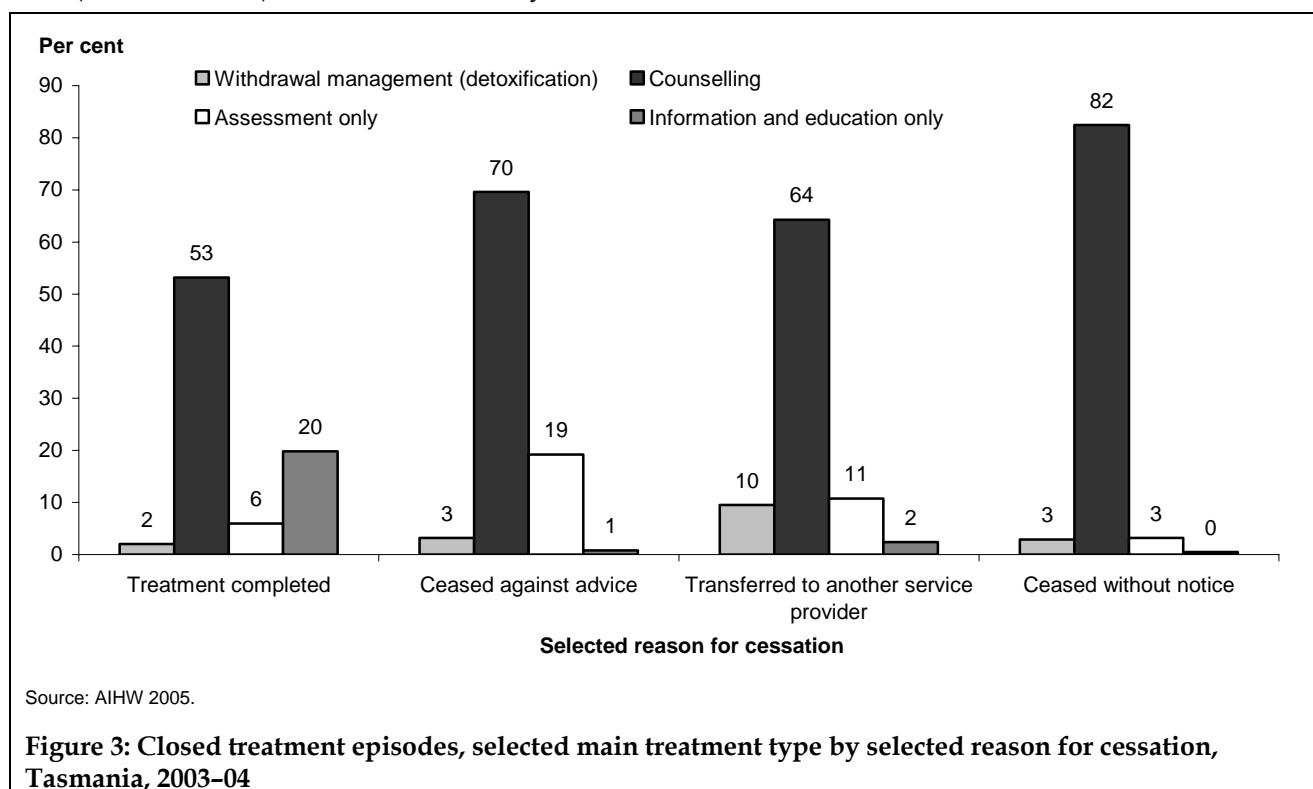
Treatment delivery setting and treatment programs

- Nearly two-thirds (65%) of all closed treatment episodes in Tasmania occurred at a non-residential treatment facility, and a further 28% in an outreach setting. Nationally, 68% of all closed treatment episodes occurred at a non-residential treatment facility, and only 7% of episodes occurred in an outreach facility.
- In Tasmania, the highest median number of treatment days for a treatment episode occurred where the treatment delivery was in a home setting (31 days).

Ceasing treatment and treatment programs

- In Tasmania, the most common reason for the cessation of a client's treatment was that the treatment had been completed (48%), followed by clients ceasing to participate without notice (27%).
- In Tasmania, 53% of treatment episodes that were completed were for counselling and 20% were for information and education only (Figure 3).

- Seventy per cent of closed treatment episodes that ended because the client ceased to participate against the advice of the clinician were for counselling and 19% for assessment only.
- For closed treatment episodes that ended because the client was transferred to a different service provider, 64% were for counselling and 11% for assessment only.
- Eighty-two per cent of closed treatment episodes that ended because the client ceased to participate without notice were for counselling and 3% each for withdrawal management (detoxification) and assessment only.



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 Tasmania, amphetamines were the principal drug of concern in 9% of treatment episodes, compared to 11% nationally. Of the 136 closed treatment episodes in Tasmania where amphetamines were the principal drug of concern:

- clients were more likely to be male than female – 74% of treatment episodes related to male clients and 26% to female clients – a lower proportion of males in comparison to the pattern for all other principal drugs of concern (88% males and 12% females);
- a higher proportion of episodes involved people in the 20–29 and 30–39 year age groups (51% and 31% respectively) compared with episodes for all other principal drugs of concern (31% of episodes for 20–29 year olds and 24% for 30–39 years);
- injecting as a method of use accounted for 65% of closed treatment episodes within this group, followed by ingesting (26%), and smoking (7%), for all other drugs of concern the most common method of use was ingesting (64%), followed by smoking (28%) and injecting (7%);

- self referring to treatment was the most common source of referral, at a proportion higher than that for clients who nominated a principal drug other than amphetamines (65% and 46%, respectively);
- clients were more likely to have been referred to treatment by other community health care services (11%, compared to 4% for clients who nominated a principal drug other than amphetamines), and less likely to be referred to treatment from a psychiatric or other hospital (2%, compared to 7%) or through police diversion (6%, compared to 25%); and
- clients were less likely to receive counselling (57%) and information and education only (6%), compared with clients who nominated a principal drug other than amphetamines (62% and 13% respectively).

In Tasmania 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, 43% of episodes ceased because the treatment was completed, compared to 51% 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 (33% and 21% 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.