



Alcohol and other drug treatment services in Tasmania 2007–08

Findings from the National Minimum Data Set (NMDS)

Highlights

In Tasmania in 2007–08, 16 government-funded alcohol and other drug treatment agencies provided 2,302 treatment episodes. This represented an increase of 3 treatment agencies and around 700 treatment episodes compared to 2006–07.

The median age of persons receiving treatment for their own drug use and those seeking treatment for someone else's drug use (28 years and 45 years respectively) was similar to 2006–07.

Cannabis was again the most common principal drug of concern, increasing to 45% of episodes compared to 39% of episodes in 2006–07. Alcohol dropped to 32% of episodes. Amphetamines accounted for 11% and opioids for 7% (with morphine making up 5% of treatment episodes).

Counselling was again the most common form of main treatment provided (decreasing from 65% of episodes in 2006–07 to 54% of episodes in 2007–08). Information and education increased to 25% of episodes and assessment only treatments increased to 11%.

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About this bulletin

This bulletin summarises the main findings from the 2007–08 Alcohol and Other Drug Treatment Services (AODTS) NMDS data for Tasmania. More detailed information about the 2007–08 collection and its findings can be found in the publication *Alcohol and other drug treatment services in Australia 2007–08: report on the National Minimum Data Set* (AIHW 2009). This report, together with further publications and interactive data, can be accessed online at <www.aihw.gov.au/drugs>.

Scope of the AODTS-NMDS

The agencies and clients that were in scope for the 2007–08 AODTS–NMDS collection were:

- all publicly funded (at state, territory and/or Australian Government level) government and non-government agencies that provide one or more specialist alcohol and/or other drug treatment services
- all clients who had completed one or more treatment episodes at an alcohol and other drug treatment service that was in scope during the period 1 July 2007 to 30 June 2008.

It is important to note that the AODTS–NMDS collection only includes pharmacotherapy clients when they receive both pharmacotherapy and another type of treatment (from the same treatment agency). Pharmacotherapy-only clients are reported under the National Opioid Pharmacotherapy Statistics Annual Data collection (NOPSAD).

For a complete list of clients and agencies excluded from the AODTS–NMDS, see Section 1.3 of the AODTS–NMDS 2007–08 annual report (AIHW 2009).

Collection count: closed treatment episodes

The unit of measurement in this bulletin is the ‘closed treatment episode’. A closed treatment episode refers to a period of contact, with defined start and end dates, between a client and a treatment agency. It is possible that more than one treatment episode may be in progress for a client at any one time, therefore the number of closed treatment episodes captured in the AODTS–NMDS does not equate to the total number of persons in Australia receiving treatment for alcohol and other drugs.

Treatment agencies

Throughout Australia, a total of 658 government-funded alcohol and other drug treatment agencies supplied data for 2007–08. Of these agencies, 16 were located in Tasmania, of which 10 were non-government agencies.

Treatment agencies in Tasmania were most likely to be located in *Inner regional* areas (69%) including Hobart and Launceston, followed by *Outer regional* areas such as Burnie (31%).

Client profile

In Tasmania, there were 2,302 closed treatment episodes in alcohol and other drug treatment services reported in the 2007–08 AODTS–NMDS collection compared with 1,564 in 2006–07. The increase in treatment episodes is linked to the inclusion of three additional agencies this year.

The vast majority (92%) of closed treatment episodes in Tasmania involved clients seeking treatment for their own drug use. The remaining 8% involved clients seeking treatment for another person's alcohol or other drug use.

Age and sex

The overall proportions of male and female clients in Tasmania (69% and 31% respectively) differed slightly from the national proportions (66% and 34% respectively). However, of those treatment episodes reported for someone else's drug use in Tasmania, female clients accounted for the majority (77%).

In Tasmania, the median age of persons receiving treatment for their own drug use was 28 years. Of people seeking treatment for someone else's drug use, the median age was 45 years.

Over one-third (35%) of closed treatment episodes in Tasmania were for clients aged 20–29 years, while 25% of episodes were for clients aged 30–39 years.

Special population groups

The proportion of closed treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin in Tasmania was identical to the national figure (11%). These figures need to be interpreted with caution due to the fact that the majority of Australian Government-funded Aboriginal and Torres Strait Islander substance use services or primary health care services are not included in the AODTS–NMDS collection.

The majority (96%) of closed treatment episodes in Tasmania were for clients born in Australia and almost all treatment episodes were for clients whose preferred language was English.

Drugs of concern

This section reports only on the 2,124 closed treatment episodes where clients were seeking treatment for their own alcohol or other drug use in Tasmania.

Principal drug of concern

The 'principal drug of concern' refers to the main substance that the client states led them to seek treatment from the alcohol and other drug treatment agency. In Tasmania in 2007–08, cannabis was the most common principal drug of concern in closed treatment episodes (45%), whereas alcohol was most common nationally (44%) with cannabis making up 22% of treatment episodes across Australia. Cannabis may account for more treatment episodes in Tasmania because of Illicit Drug Diversion Initiative (IDDI) programs in the state that address cannabis use.

Following cannabis, alcohol was at 32%, then amphetamines (11%) and opioids (7% with morphine accounting for 5%) (Table 1). Between 2006–07 and 2007–08, the proportion of alcohol-related episodes in Tasmania decreased by almost four percentage points, which is contrary to the national trend of proportionately more episodes for alcohol.

Cannabis-related episodes in Tasmania increased by six percentage points in 2007–08. The three new agencies reporting this year include court-mandated diversion services and a youth-focused service. These types of services are likely to see more clients with cannabis as a principal drug of concern.

Over time, Tasmania has consistently reported proportionally fewer episodes for opioids (with the exception of morphine at 5%) than the national figure and usually more episodes than nationally for cannabis.

Table 1: Closed treatment episodes^(a) by principal drug of concern, Tasmania and Australia, 2001–02 to 2007–08 (per cent)

Principal drug of concern	Tasmania							Total (Australia) 2007–08	
	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	Per cent	Number
Alcohol	38.6	40.7	28.9	31.0	38.0	36.0	32.1	44.5	65,702
Amphetamines	9.2	7.9	8.5	9.8	11.8	12.9	11.3	11.2	16,588
Benzodiazepines	1.4	0.7	1.0	0.8	1.3	1.4	1.3	1.7	2,487
Cannabis	24.8	18.6	37.0	31.0	34.0	39.4	45.3	21.6	31,864
Cocaine	—	0.1	0.1	—	0.1	—	—	0.3	457
Ecstasy	0.2	0.1	0.7	0.7	1.1	1.7	1.7	0.9	1,321
Nicotine	15.3	18.0	12.5	16.6	2.0	—	0.5	1.7	2,548
Opioids									
Heroin	1.0	0.5	0.8	0.2	0.8	0.4	0.3	10.5	15,571
Methadone	0.2	3.4	3.0	2.0	3.4	1.7	1.1	1.6	2,296
Morphine	7.0	6.6	4.8	5.9	4.7	2.7	4.6	0.9	1,390
Total opioids	8.9	11.4	9.5	9.0	10.6	5.5	6.6	14.5	21,380
All other drugs ^(b)	0.6	2.6	1.3	1.1	1.1	3.2	1.2	3.6	5,374
Not stated	1.0	—	0.5	—	—	—	—	—	—
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	..
Total (number)	1,972	2,292	1,596	1,372	1,357	1,478	2,124	..	147,721

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

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

Notes

1. The total number of closed treatment episodes may be undercounted since 2004–05 because two agencies have supplied drug diversion data only.
2. The proportion of episodes for cannabis has increased over time due to the inclusion of drug diversion data. In Tasmania, cannabis is the principal drug of concern for the majority of diversions.

Age and sex

The principal drug of concern varied by age group in Tasmania. For clients aged 10–19 years, the majority (74%) of episodes included cannabis as the principal drug of concern. Cannabis was also the most common principal drug of concern nominated by clients aged 20–29 years (52% of episodes), followed by alcohol (19%). For clients aged 30 years and over, alcohol was the most common principal drug of concern nominated—38% of episodes for clients aged 30–39 years, 58% for clients aged 40–49 years, 72% for clients aged 50–59 years and 88% for clients aged 60 years and over.

All drugs of concern

‘All drugs of concern’ includes the principal drug of concern and all other drugs reported to be of concern to the client (clients can report up to five other drugs of concern). Around one-fifth (23% or 480) treatment episodes in Tasmania involved at least one other drug of concern (in addition to the principal drug of concern). From these episodes, 780 instances of other drugs of concern were recorded.

A break down of all drugs of concern by drug type is presented below (Figure 1). For example, benzodiazepines were reported as the principal drug of concern in 1% of episodes, but was reported as a drug of concern (either 'principal' or 'other') in 4% of treatment episodes.

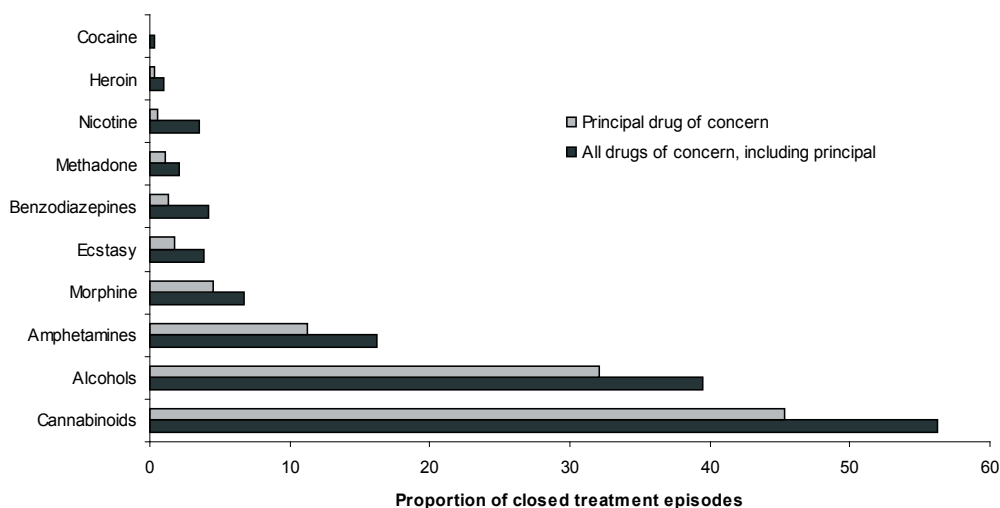


Figure 1: Closed treatment episodes by principal drug of concern and all drugs of concern, Tasmania, 2007–08

Cannabis

In Tasmania, cannabis was the most common principal drug of concern for which treatment was sought, accounting for 45% of closed treatment episodes in 2007–08. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 56% of episodes included cannabis.

Of the 963 episodes where cannabis was nominated as the principal drug of concern in 2007–08:

Client profile

- ✦ The majority (79%) of episodes were for male clients.
- ✦ The median age of clients receiving treatment was 24 years (males 23 years; females 26 years).
- ✦ Around 14% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- ✦ Police diversion was the most common source of referral (58% of episodes), followed by self-referrals (26%).

Drug profile

- Smoking was the most common usual method of use (91% of episodes), followed by ingestion (1%).
- 14% of episodes included at least one other drug of concern. From these episodes, 202 instances of other drugs of concern were recorded—44% for alcohol, 24% for amphetamines and 7% for nicotine.
- The majority (69%) of episodes involved clients who reported never having injected drugs. Another 3% of episodes involved clients who reported being current injectors, while 11% involved clients who reported they had injected drugs in the past. Caution should be taken, however, when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (18% of episodes).

Treatment profile

- Information and education only was the most common treatment type received (45% of episodes), followed by counselling (43%).
- Treatment was most likely to occur in a non-residential treatment facility (92% of episodes), followed by an outreach setting (6%).
- The median number of days for a treatment episode was 21.

Alcohol

In Tasmania, alcohol was the second most common principal drug of concern for which treatment was sought, accounting for 32% of closed treatment episodes in 2007–08.

When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 39% of episodes included alcohol.

Of the 681 episodes where alcohol was nominated as the principal drug of concern in 2007–08:

Client profile

- The majority (69%) of episodes were for male clients.
- The median age of clients receiving treatment was 36 years (males 36 years; females 37 years).
- Around 8% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (for 9% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (69% of episodes).

Drug profile

- 142 episodes (or 21%) included at least one other drug of concern. From these episodes, 201 instances of other drugs of concern were recorded—48% were for cannabis, 17% nicotine and 13% amphetamines.

- The majority (74%) of episodes involved clients who reported never having injected drugs. Another 2% of episodes involved clients who reported being current injectors, while 12% involved clients who reported they had injected drugs in the past. Caution should be taken, however, when interpreting data for 'injecting drug use' due to the proportion of 'not stated' responses for this item (12% of episodes).

Treatment profile

- Counselling was the most common treatment type received (68% of episodes), followed by assessment only (15%).
- Treatment was most likely to occur in a non-residential treatment facility (79% of episodes), followed by an outreach setting (13%) and a residential treatment facility (7%).
- The median number of days for a treatment episode was 22, a decrease from 31 days in 2006–07. This change appears to be due to improvements in data integrity.

Amphetamines

In Tasmania, amphetamines were the third most common principal drug of concern for which treatment was sought, accounting for 11% of closed treatment episodes in 2007–08. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 16% of episodes included amphetamines.

Of the 239 episodes where amphetamines were nominated as the principal drug of concern in 2007–08:

Client profile

- Males accounted for 64% of episodes.
- The median age of clients receiving treatment was 28 years (males and females both 28 years).
- Around 9% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (for 9% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (46% of episodes), followed by referrals from court diversion (24%).

Drug profile

- Injecting was the most common usual method of use (55% of episodes), followed by ingestion (11%). Caution should be taken however, when interpreting for method of use for episodes where amphetamines was listed as the principal drug of concern, due to the proportion of 'not stated' responses for this item (25%).
- 109 episodes (or 46%) included at least one other drug of concern. From these episodes, 201 instances of 'other drugs of concern' were recorded—40% were for cannabis and 22% for alcohol.

- Around half (46%) of episodes involved clients who reported being current injectors, while 15% involved clients who reported they had injected drugs in the past. A further 13% of episodes involved clients who reported never having injected drugs. Caution should be taken however, when interpreting injecting drug use status for episodes where amphetamines was listed as the principal drug of concern, due to the proportion of 'not stated' responses for this item (25%).

Treatment profile

- Counselling was the most common treatment type received (64% of episodes), followed by 'assessment only' (16%).
- Treatment was most likely to occur in a non-residential treatment facility (81% of episodes), followed by a residential treatment facility (10%) and an outreach setting (8%).
- The median number of days for a treatment episode was 28.

Treatment types

'Main treatment type' is the principal activity, as judged by the treatment provider, which is necessary for completing the treatment plan for the principal drug of concern. Data presented in this section relate to clients seeking treatment for their own or someone else's alcohol or other drug use, except for the sub-sections relating to principal drug of concern and treatment programs (which only relate to clients seeking treatment for their own use).

Of all closed treatment episodes in Tasmania in 2007–08, counselling was the most common form of main treatment provided (54% of episodes). Counselling was also the most common treatment type nationally, accounting for 37% of episodes across Australia.

In Tasmania information and education only was the second most common treatment type (26%) compared to 10% nationally. Tasmania may provide more information and education only because of Illicit Drug Diversion Initiative (IDDI) programs operating in the state that provide this treatment type.

Tasmania provided less withdrawal management, support and case management only and assessment only (as a proportion of all its treatment episodes) than was provided nationally.

Between 2006–07 and 2007–08 in Tasmania, there was a substantial increase in assessment only and a large decrease in counselling episodes.

Table 2: Closed treatment episodes by main treatment type, Tasmania and Australia, 2001–02 to 2007–08 (per cent)

Main treatment type	Tasmania							Total (Australia) 2007–08	
	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	Per cent	Number
Withdrawal management (detoxification)	18.9	15.7	2.5	3.1	1.7	2.2	1.4	16.2	24,999
Counselling	57.4	55.7	62.8	63.2	62.4	64.5	53.6	37.3	57,470
Rehabilitation	2.7	5.3	4.5	6.1	8.2	7.9	4.3	7.2	11,099
Support & case management only	3.9	3.2	1.7	3.0	2.3	2.8	3.8	8.0	12,279
Information and education only	0.1	0.8	11.1	13.3	16.6	19.4	25.5	9.8	15,086
Assessment only	10.1	7.5	5.9	8.2	6.9	2.7	11.3	14.3	21,976
Other(a)	6.9	11.8	11.5	3.1	2.0	0.4	0.0	7.2	11,089
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	..
Total (number)	2,015	2,568	2,357	1,921	1,512	1,564	2,302	..	153,998

(a) 'Other' includes treatment episodes where the main treatment type was reported as pharmacotherapy.

Notes

1. The total number of closed treatment episodes may be undercounted since 2004–05 because two agencies supplied drug diversion data only.
2. The proportion of episodes for information and education only has increased over time due to the inclusion of drug diversion data. In Tasmania this treatment modality predominates in diversion treatment.

Counselling

Counselling was the most common main treatment type reported in 2007–08, accounting for 54% of closed treatment episodes. Of the 1,234 episodes where counselling was the nominated as the main treatment type received:

Client profile

- The majority (96%) of episodes were for clients seeking treatment for their own drug use.
- Around two-thirds (66%) of episodes were for male clients.
- The median age of persons receiving treatment was 30 years (males 29 years; females 31 years).
- Around 11% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- Self-referral was the most common source of referral (52% of episodes), followed by referrals from police diversion (19%).

Treatment profile

- Treatment was most likely to occur in a non-residential treatment facility (85% of episodes), followed by an outreach setting (15%).
- 39% of episodes ended because the client ceased to participate without notice. The next most common reason for episodes to end was that treatment was completed (30%).
- The median number of days for a treatment episode was 34.

Principal drug profile

- Alcohol was the most common principal drug of concern reported (39% of episodes) by people who received counselling for their own drug use, followed by cannabis (35%) and amphetamines (13%).

Information and education only

Information and education only was the second most common main treatment type reported in 2007–08, accounting for 25% (587 of 2,302) of closed treatment episodes. Of the 587 episodes where information and education was nominated as the main treatment received in 2007–08:

Client profile

- 81% of episodes were for clients seeking treatment for their own drug use.
- More than two-thirds (71%) of episodes were for male clients.
- The median age of persons receiving treatment was 26 years (males 23 years; females 38 years).
- About 11% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- Police diversion was the most common source of referral (69% of episodes), followed by self-referrals (18%).

Treatment profile

- Treatment was most likely to occur in a non-residential treatment facility (97% of episodes).
- Around 38% of episodes ended because the client ceased to participate involuntarily (non-compliance)—that is, the client did not abide by the rules of the treatment services program and was subsequently removed from the program.
- The median number of days for a treatment episode was 18.

Principal drug profile

- Cannabis was the most common principal drug of concern reported (91% of episodes) for people who received information and education only for their own drug use, followed by alcohol (6%).

Assessment only

Assessment only replaced rehabilitation as the third most common main treatment reported in Tasmania for 2007–08. Assessment only accounted for 11% of closed treatment episodes. Of the 261 episodes where assessment only was nominated as the main treatment received in 2007–08:

Client profile

- Almost all episodes (97%) were for clients seeking treatment for their own drug use.
- The majority (78%) of episodes were for male clients.
- The median age of persons receiving treatment was 32 years (males 31 years; females 33 years).
- Around 11% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- Self-referral was the most common source of referral (56% of episodes), followed by court diversion programs (20%).

Treatment profile

- Treatment was most likely to occur in a residential treatment facility (96% of episodes), followed by an outreach setting (4%).
- Treatment completion was the common reason for cessation (56%), followed by a change in the main treatment type (27%). A change in the main treatment type triggers the start of a new treatment episode.
- The median number of days for assessment only was 1.

Principal drug profile

- Alcohol was the most common principal drug of concern reported (42% of episodes), followed by cannabis (31%) and amphetamines (15%).

How to find out more

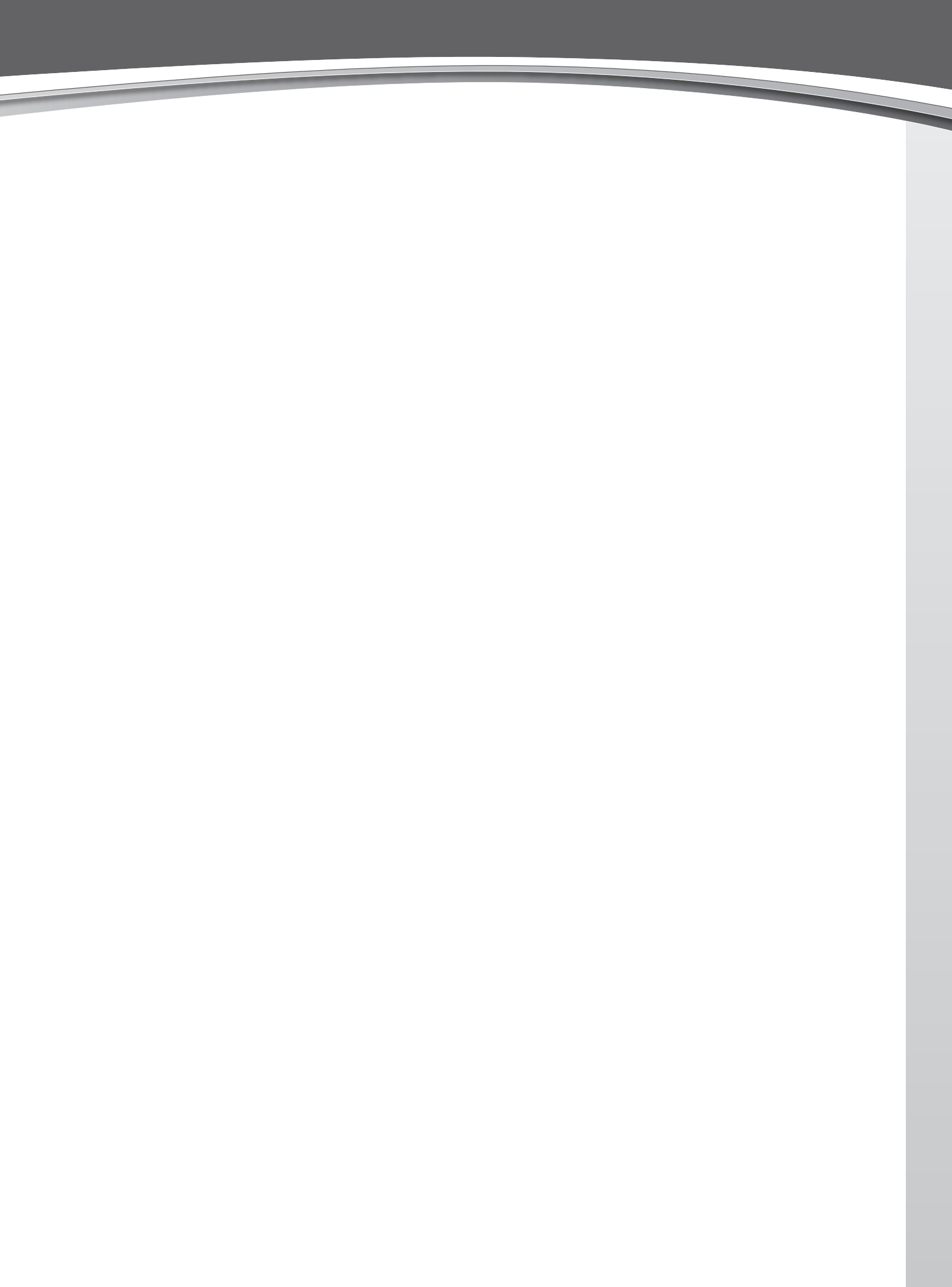
If you would like more detailed data about Tasmania's alcohol and other treatment services please contact the AIHW to discuss your needs. The document *Alcohol and other drug treatment services NMDS Specifications 2009–10* outlines the process to be followed for unpublished data requests. This document is available from the AIHW web site at <www.aihw.gov.au/publications/index.cfm/title/10726>.

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Reference

AIHW 2009. Alcohol and other drug treatment services in Australia 2007–08: report on the national minimum data set. Drug treatment series no. 9. Cat. no. HSE 73. Canberra: AIHW.



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