

Alcohol and other drug treatment services in the Northern Territory

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



Australian Government
Australian Institute of
Health and Welfare



Northern
Territory
Government

Department of Health
and Community Services

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 the Northern Territory (NT) in 2003–04, 19 government-funded alcohol and other drug treatment agencies provided 2,692 ‘closed treatment episodes’ (see below for the definition of ‘closed treatment episodes’).
- Over one-third of closed treatment episodes were for clients aged between 30 and 39 years of age (38%), followed by nearly a quarter of all treatment episodes (24%) provided for clients in the 40–49 year age group.
- Male clients accounted for nearly two-thirds (64%) of all closed treatment episodes in the NT.
- In the NT, alcohol (77%) and cannabis (8%) were the most common principal drugs of concern in closed treatment episodes, followed by amphetamines (5%).
- Of all closed treatment episodes in the NT, counselling was the most common form of main treatment provided (25%), followed by assessment only and information and education only (24% each).
- Treatment episodes in the NT most commonly ceased because the treatment was completed (63%).

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 the Northern Territory (NT). Throughout this briefing, data from the NT 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 supplied data for 2003–04. Of these agencies, 19 were located in the NT, of which 79% were non-government agencies.
- Treatment agencies in the NT were most likely to be located in outer regional areas (including Darwin and surrounding areas) (47%) and remote areas (including Katherine, Alice Springs and Jabiru) (42%).

Client profile

- In the NT, there were 2,692 ‘closed treatment episodes’ in alcohol and other drug treatment services reported in the 2003–04 AODTS-NMDS collection.
- Eighty-seven per cent of closed treatment episodes in the NT involved clients seeking treatment for their own drug use.
- In the NT, the majority of closed treatment episodes were for clients aged between 30 and 39 years of age (38%), followed by nearly a quarter of all treatment episodes (24%) provided for clients in the 40–49 year age group (Table 1).
- The proportions of male and female clients in the NT (64% and 36% respectively) were similar to the national proportions (65% and 35% respectively).

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

| Age group (years) | Northern Territory | | | Australia | | |
|---------------------------------------|--------------------|-------------|------------------------|---------------|---------------|------------------------|
| | Males | Females | Persons ^(a) | Males | Females | Persons ^(a) |
| 10–19 | 4.7 | 2.3 | 6.9 | 8.1 | 4.3 | 12.5 |
| 20–29 | 14.1 | 8.4 | 22.5 | 22.2 | 10.4 | 32.6 |
| 30–39 | 24.8 | 12.8 | 37.6 | 18.4 | 9.5 | 27.9 |
| 40–49 | 15.8 | 8.5 | 24.2 | 10.8 | 6.4 | 17.2 |
| 50–59 | 4.5 | 2.7 | 7.2 | 4.0 | 2.7 | 6.7 |
| 60+ | 0.7 | 0.7 | 1.4 | 1.4 | 0.9 | 2.3 |
| Total^(b) (per cent) | 64.5 | 35.5 | 100.0 | 65.3 | 34.7 | 100.0 |
| Total^(b) (number) | 1,736 | 956 | 2,692 | 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 much higher in the NT than nationally (64%, compared to 10%). Both these proportions were higher than the proportion of Australian and the Northern Territory populations who identify as Indigenous (2.4% and 28.8% respectively: ABS 2004). These figures need to be interpreted with caution due to the high number of ‘not stated’ responses to this data item nationally and the fact that the majority of dedicated Indigenous substance use services are not included in the national collection.
- The majority of closed treatment episodes in the NT were for clients born in Australia (95%) and 59% were for clients whose preferred language was English. Just over one-third (34%) of closed treatment episodes were for clients whose preferred language was an Australian Indigenous language.

- Forty-eight per cent of all treatment episodes in the NT involved clients who were self-referred, followed by referrals from community based correctional services (15%) and other community/health care services (8%).

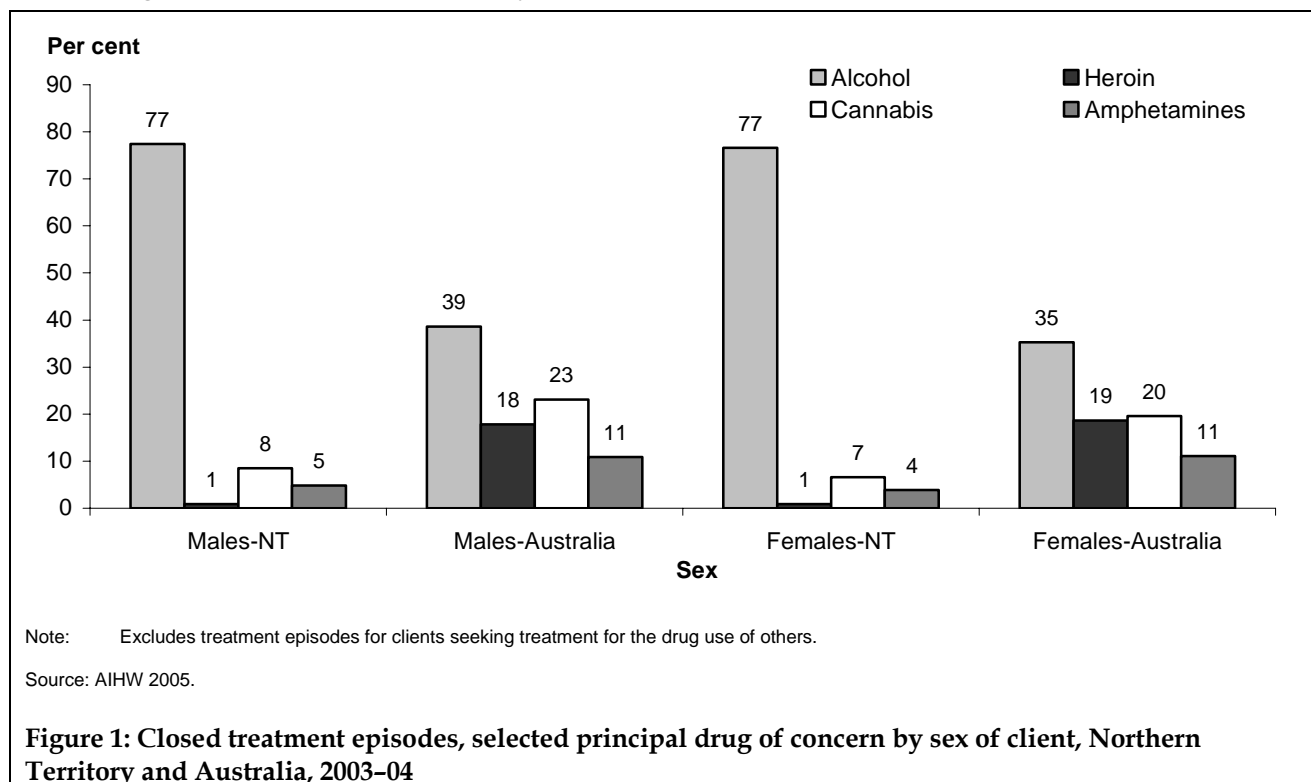
Principal drug of concern

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 2,337 episodes where clients were seeking treatment for their own substance use.

- In the NT, alcohol (77%) was the most common principal drug of concern, substantially higher than all closed treatment episodes nationally where alcohol was nominated as the principal drug (38%). Cannabis was the next most common principal drug in the NT and nationally (8% and 22% respectively).

Client profile and principal drug of concern

- Alcohol was the drug most commonly recorded in closed treatment episodes for both sexes in the NT (77% for both sexes), followed by cannabis (8% and 7% respectively) (Figure 1). The proportion of males and females nominating alcohol as their principal drug of concern were a lot higher in the NT than nationally.



- For closed treatment episodes in the NT there was a lower proportion of male clients reporting cannabis as the principal drug of concern, than at the national level (8% males in the NT and 23% males nationally). This was also true for female clients (7% and 20% respectively).
- In the NT, the principal drug of concern varied by age. Alcohol was the most common principal drug of concern in closed treatment episodes for clients in all age groups except 10-19 years, where it was cannabis (48%) (Table 2). Similarly, at the national level, alcohol was the most common principal drug for clients aged 30 years or over. Nationally, cannabis was the most common drug in treatment episodes involving clients aged 10-19 years (49%) and 20-29 years (27%).

- In the NT alcohol was more likely to be the principal drug in closed treatment episodes involving Aboriginal and Torres Strait Islanders (93%) than for other Australian clients (47%).

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

| Principal drug | Northern Territory | | | | | | | Total (Australia) | |
|---------------------------------------|--------------------|--------------|--------------|--------------|--------------|--------------|----------------------|-------------------|----------------|
| | 10–19 | 20–29 | 30–39 | 40–49 | 50–59 | 60+ | Total ^(b) | Per cent | Number |
| Alcohol | 41.4 | 65.7 | 78.8 | 88.2 | 91.3 | 100.0 | 77.2 | 37.5 | 48,500 |
| Amphetamines | 3.9 | 9.2 | 4.3 | 2.1 | 0.0 | 0.0 | 4.5 | 11.0 | 14,208 |
| Benzodiazepines | 0.0 | 0.9 | 0.3 | 0.4 | 0.0 | 0.0 | 0.4 | 2.1 | 2,711 |
| Cannabis | 47.7 | 11.3 | 5.4 | 2.5 | 0.0 | 0.0 | 7.9 | 22.0 | 28,427 |
| Cocaine | 0.0 | 0.0 | 0.2 | 0.0 | 0.0 | 0.0 | 0.1 | 0.2 | 272 |
| Ecstasy | 0.0 | 0.6 | 0.1 | 0.0 | 0.0 | 0.0 | 0.2 | 0.4 | 508 |
| Heroin | 0.0 | 1.5 | 1.0 | 0.5 | 0.0 | 0.0 | 0.9 | 18.0 | 23,326 |
| Methadone | 0.0 | 0.9 | 0.9 | 0.4 | 0.6 | 0.0 | 0.7 | 1.9 | 2,404 |
| Nicotine | 0.8 | 0.8 | 1.0 | 1.6 | 5.0 | 0.0 | 1.3 | 1.5 | 2,001 |
| All other drugs ^(c) | 6.3 | 9.1 | 8.1 | 4.3 | 3.1 | 0.0 | 6.8 | 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) | 128 | 530 | 930 | 561 | 161 | 24 | 2,337 | — | 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 the NT, alcohol was the most commonly reported principal drug of concern (74% outer regional areas, 83% in remote areas and 81% in very remote areas). Cannabis was the second most prominent drug in each of these areas (8%, 6% and 16% respectively).

Injecting drug use

- Forty-three per cent of treatment episodes in the NT involved clients who reported never having injected drugs. Of the 11% who reported they were 'current injectors', 36% 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 (41% not stated response for the Northern Territory 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 the NT, counselling was the most common form of main treatment provided (25%), followed by assessment only and information and education only (24% each) (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 the NT were more likely to involve counselling as the main treatment (36%) than treatment episodes for male clients (18%). This was also the case nationally (43% and 35% respectively).
- In the NT, the main treatment type varied with age. Information and education only was the most common treatment type for the 40–49 years, 50–59 years and 60 years plus age groups (34%, 36% and 30% respectively). Counselling was most prominent for clients aged 10–19 years (46%), and for clients aged 20–29 and 30–39, the most common treatment type was assessment only (30% and 25% respectively).

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

| Main treatment type | Northern Territory | | | Australia | | |
|--|--------------------|--------------|------------------------|---------------|---------------|------------------------|
| | Males | Females | Persons ^(a) | Males | Females | Persons ^(a) |
| Withdrawal management (detoxification) | 9.0 | 7.2 | 8.4 | 18.5 | 18.1 | 18.4 |
| Counselling | 18.3 | 36.0 | 24.6 | 34.7 | 43.2 | 37.6 |
| Rehabilitation | 19.2 | 7.1 | 14.9 | 9.2 | 7.4 | 8.6 |
| Support & case management only | 0.6 | 1.3 | 0.9 | 8.0 | 9.1 | 8.4 |
| Information and education only | 22.5 | 26.5 | 23.9 | 8.4 | 6.2 | 7.6 |
| Assessment only | 27.1 | 19.4 | 24.3 | 17.2 | 10.6 | 14.9 |
| Other ^(b) | 3.2 | 2.6 | 3.0 | 4.0 | 5.3 | 18.4 |
| Total (per cent) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Total (number) | 1,736 | 956 | 2,692 | 89,348 | 47,430 | 136,869 |

(a) Includes not stated for sex.

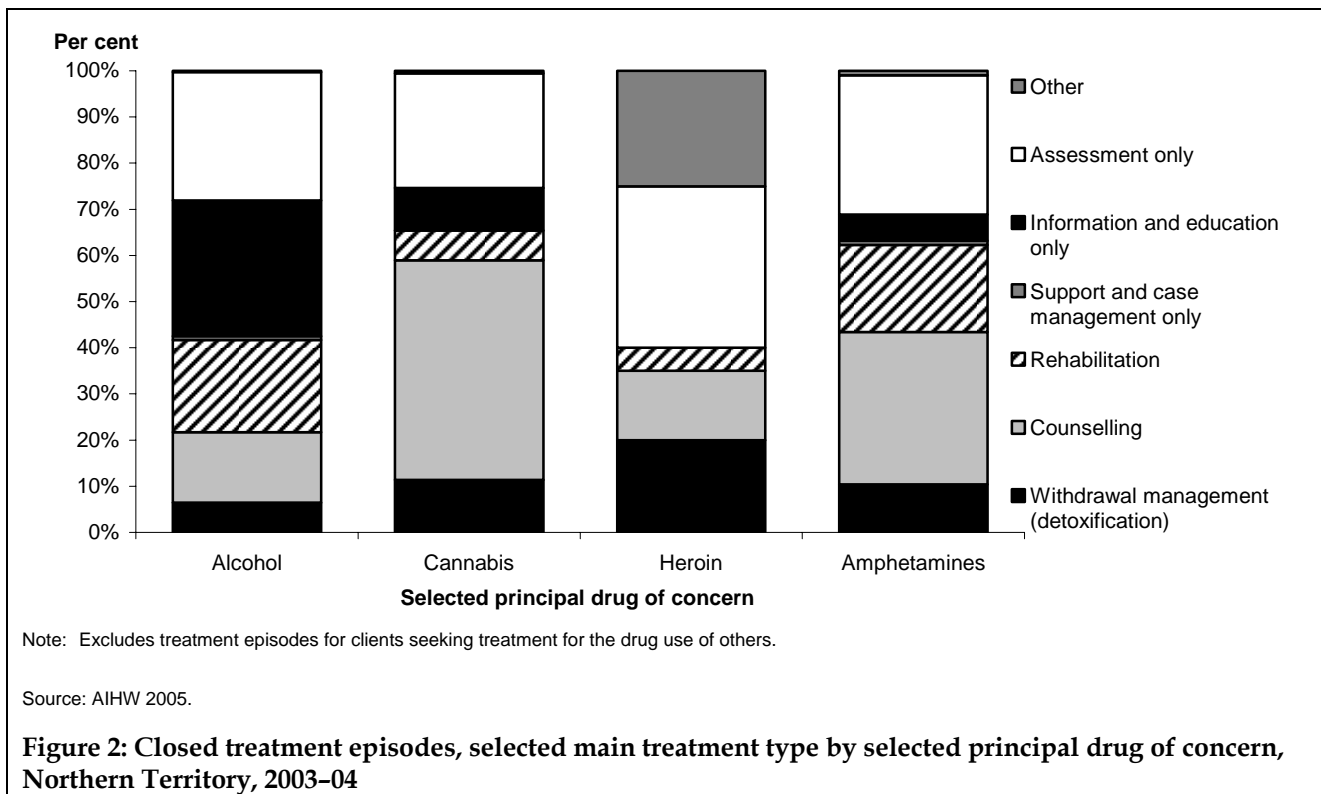
(b) 'Other' includes 61 treatment episodes in the NT and 2,953 treatment episodes nationally where the main treatment type was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone 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 NT, 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, information and education only accounted for the highest proportion of main treatment types (29%), followed by assessment only (28%) (Figure 2).
- Where cannabis was the principal drug of concern, the most common main treatment type was counselling (48%), followed by assessment only (25%).
- Where amphetamines were the principal drug of concern, the most common main treatment type was counselling (33%), followed by assessment only (30%).



- In the NT, the median number of days for a treatment episode was 7. The highest median number of treatment days within a treatment episode occurred when the principal drug of concern was cannabis (17), followed by heroin (15) and amphetamines (11). The main treatment type with the highest median number of treatment days per episode was counselling (57), followed by support and case management (36).

Geographic location and treatment programs

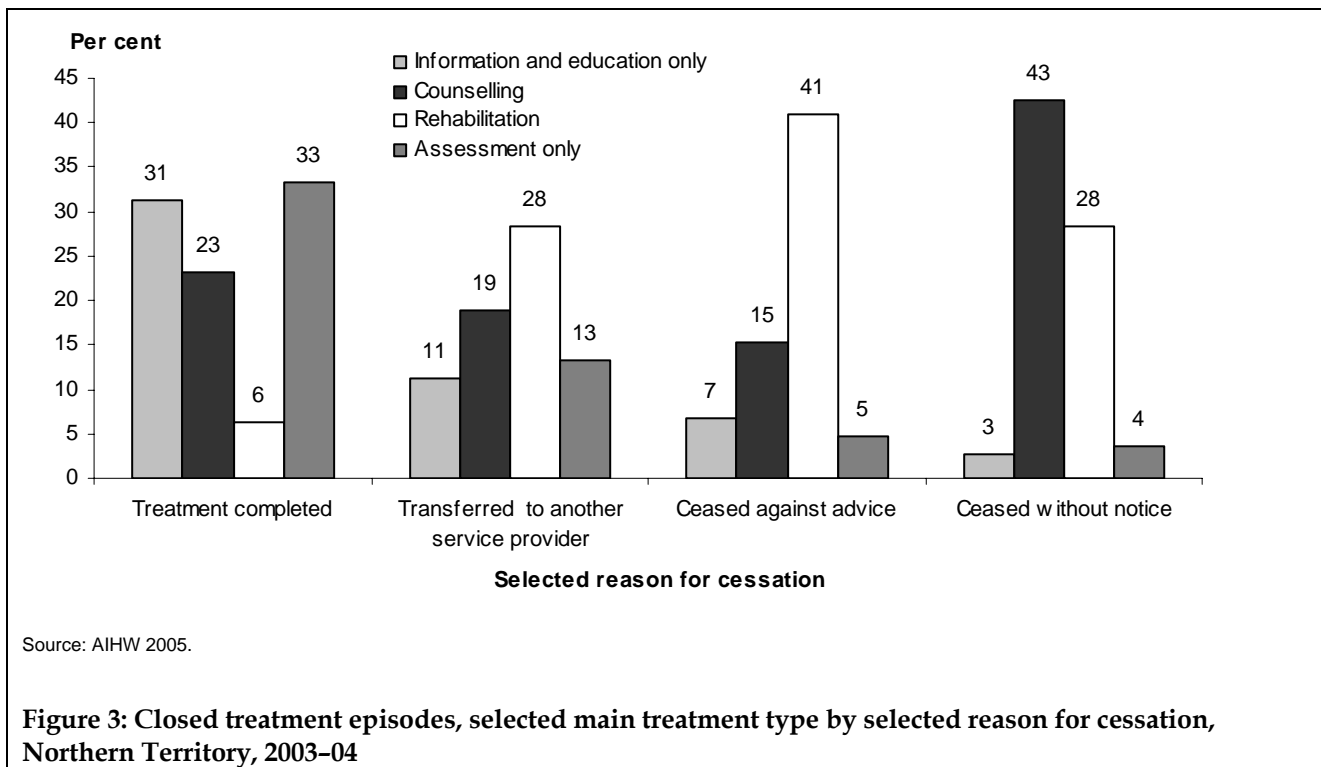
- In the NT, the main treatment type provided varied by location. For outer regional areas such as Darwin, the most common treatment types were information and education only (31%) and assessment only (26%). In remote areas (including Katherine and Jabiru) the most prominent treatments were counselling (31%) and assessment only (23%), whereas in very remote areas, such as Tennant Creek and Nhulunbuy, the most common treatments were rehabilitation (61%) and withdrawal management (detoxification) (11%). Please note, not all treatment types are offered in each remote area.

Treatment delivery setting and treatment programs

- Over one-third (36%) of all closed treatment episodes in the NT occurred at a non-residential treatment facility, a further 29% in a residential facility and nearly one-quarter (23%) in outreach settings. Nationally, over two-thirds of all treatment episodes occurred at a non-residential treatment facility (68%).
- In the NT, the highest median number of treatment days for a treatment episode occurred where the treatment delivery was in a non-residential treatment facility (29 days).

Ceasing treatment and treatment programs

- In the NT, the most common reason for the cessation of a client's treatment was that the treatment had been completed (63%), followed by clients who ceased to participate without notice (9%).



- In the NT, 33% of treatment episodes that were completed were for assessment only and 31% were for information and education only (Figure 3).
- For closed treatment episodes that ended because the client was transferred to a different service provider, 28% were for rehabilitation and 19% for counselling.
- Forty-one per cent of closed treatment episodes that ended because the client ceased to participate against the advice of the clinician were for rehabilitation and 15% 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 the NT, amphetamines were the principal drug of concern in 5% of treatment episodes, compared to 11% nationally. Of the 106 closed treatment episodes in the NT where amphetamines were the principal drug of concern:

- clients were more likely to be male than female—75% of treatment episodes related to male clients and 25% to female clients—similar to the pattern for all other principal drugs of concern (70% and 30% respectively);
- a higher proportion of episodes involved people in the 20–29 age group (46%) compared with episodes for all other principal drugs of concern (22%).
- injecting as a method of use accounted for 89% of closed treatment episodes within this group, followed by ingesting (7%), for all other principal drugs of concern ingesting was most common (82%) followed by smoking (9%) and injecting (6%);
- self referring to treatment was the most common source of referral (40%), as for clients who nominated a principal drug other than amphetamines (48%);
- clients were more likely to have been referred from court diversion (11%, compared to 3% for clients who nominated a drug other than amphetamines), and less likely to be referred to treatment by a correctional service (10%, compared to 15%); and

- clients were more likely to receive counselling (33%) and assessment only (30%), compared with clients who nominated a principal drug other than amphetamines (19% and 26% respectively).

In the NT in 2003–04, amongst closed treatment episodes where a client was seeking treatment for their own drug use, the reason for ending a treatment episode varied somewhat: where amphetamines were the principal drug of concern, 57% of episodes ceased because the treatment was completed, compared to 61% 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 (9% 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.

National 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.