

Alcohol and other drug treatment services in Tasmania 2004–05

Findings from the National Minimum Data Set (NMDS)



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 Tasmania in 2004–05:

- 12 government-funded alcohol and other drug treatment agencies provided 1,921 'closed treatment episodes' (see below for definition).
- Almost one-third (31%) of closed treatment episodes were for clients aged 20–29 years, and just over one-quarter (26%) were for clients aged 30–39 years.
- Male clients accounted for 59% of all closed treatment episodes.
- Alcohol and cannabis were the most common principal drugs of concern, each accounting for 31% of closed treatment episodes. Nicotine was the next most common principal drug of concern (17%), followed by amphetamines (10%) and opioids (9%, with morphine accounting for 6%).
- Of all closed treatment episodes, counselling was the most common main treatment provided (63%), followed by information and education only (13%) and assessment only (8%).
- Treatment episodes most commonly ceased because the treatment was completed (41%).

Contents of this data briefing

This data briefing summarises the main findings from the 2004–05 Alcohol and Other Drug Treatment Services (AODTS) NMDS data for Tasmania. Throughout this briefing, data from Tasmania are presented along with 2004–05 national AODTS–NMDS data.

National AODTS-NMDS data reports

More detailed information about the 2004–05 collection and its findings can be found in the publication *Alcohol and other drug treatment services in Australia 2004–05: report on the National Minimum Data Set* (AIHW 2006). 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'. These refer to a period of contact, with defined start and end dates, between a client and a treatment agency. A closed treatment episode may be for a specific treatment, such as information and education only, that is not part of a larger treatment plan; or it may be for a specific treatment, such as withdrawal management (detoxification), that is part of a long-term treatment plan.

Tasmanian data completeness

In Tasmania in 2004–05, two agencies only supplied drug diversion data and this has meant that the overall number of closed treatment episodes for Tasmania has decreased since 2003–04. Caution should therefore be taken when comparing data from this year with data from 2003–04.

Scope: exclusion of opioid pharmacotherapy

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

Treatment agencies

- Throughout Australia, a total of 635 government-funded alcohol and other drug treatment agencies supplied data for 2004–05. Of these, 12 were located in Tasmania, of which 67% were non-government agencies.
- Treatment agencies in Tasmania were most likely to be located in inner regional areas (75%), followed by outer regional areas (25%).

Client profile

- In Tasmania, there were 1,921 ‘closed treatment episodes’ in alcohol and other drug treatment services reported in the 2004–05 AODTS–NMDS collection.
- Seventy-one per cent of closed treatment episodes in Tasmania involved clients seeking treatment for their own drug use.
- In Tasmania, almost one-third (31%) of closed treatment episodes were for clients aged 20–29 years, and just over one-quarter (26%) were for clients aged 30–39 years (Table 1).
- The overall proportions of male and female clients in Tasmania (59% and 41% respectively) differed from the national proportions (66% and 34% respectively).

Table 1: Closed treatment episodes by sex and age group, Tasmania and Australia, 2004–05 (per cent)

Age group (years)	Tasmania			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
10–19	8.0	4.2	12.2	8.1	4.1	12.2
20–29	20.9	9.7	30.6	22.1	10.3	32.5
30–39	15.3	10.5	25.8	18.7	9.4	28.2
40–49	8.3	9.1	17.3	10.6	6.2	16.9
50–59	4.5	5.3	9.7	4.0	2.8	6.7
60+	2.3	2.0	4.3	1.4	0.9	2.3
Total^(b) (per cent)	59.3	40.7	100.0	65.5	34.2	100.0
Total^(b) (number)	1,139	782	1,921	93,088	48,579	142,144

(a) Includes not stated for sex.

(b) Includes not stated for age.

Source: AIHW 2006.

- 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 (7%, compared with 10%), but higher than the overall proportion of Aboriginal and Torres Strait Islander peoples, aged 10 years and over, in the Australian population (2.1%; ABS 2004). These figures need to be interpreted with caution due to the high number of ‘not stated’ responses for Indigenous status and the fact that the majority of Australian Government-funded Indigenous substance use services or Aboriginal primary health care services are not included in the AODTS–NMDS collection.
- 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.
- Fifty-two per cent of all treatment episodes in Tasmania involved clients who were self-referred, followed by referrals from police diversions (14%) and general practitioners or other medical specialists (10%).

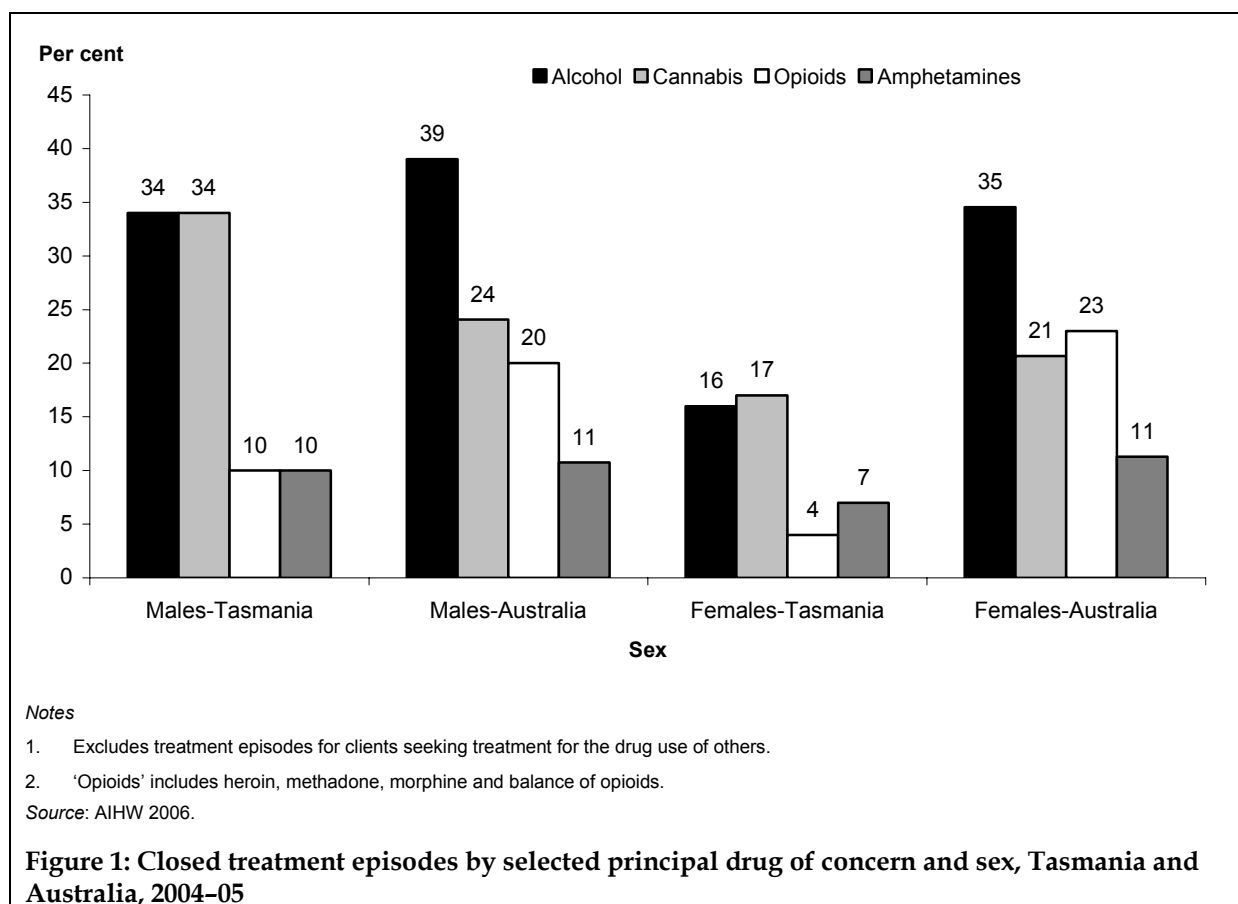
Principal drug of concern

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. This section of the briefing reports only on the 1,372 episodes where clients were seeking treatment for their own substance use.

- In Tasmania, alcohol and cannabis were the most common principal drugs of concern, each accounting for 31% of closed treatment episodes. Nicotine was the next most common principal drug of concern (17%), followed by amphetamines (10%) and opioids (9%, with morphine accounting for 6% and heroin accounting for less than 1%).
- Nationally, alcohol and cannabis were the most common principal drugs of concern (37% and 23% respectively), followed by opioids (21%, with heroin accounting for 17%) and amphetamines (11%). Nicotine accounted for only 2% of all closed treatment episodes nationally.

Client profile and principal drug of concern

- Alcohol and cannabis were the principal drugs most commonly recorded in closed treatment episodes for males in Tasmania (34% each). For females in Tasmania, nicotine was the principal drug most commonly recorded (52%), followed cannabis (17%) and alcohol (16%).
- 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 (34% males in Tasmania and 24% males nationally). This was not, however, the case for female clients (17% of females in Tasmania, compared with 21% of females nationally) (Figure 1).



- In Tasmania and nationally, the principal drug of concern varied by age. Alcohol was the most common principal drug for clients in the 30–39, 40–49 and 50–59 year age groups in Tasmania (34%, 46% and 46% respectively), while nicotine was highest for clients aged 60 years and over (66%), followed by alcohol (26%) (Table 2). Nationally, alcohol was the most common principal drug of concern for clients aged 30 years and over, with the highest proportion among clients aged 60 years and over (81%).
- In treatment episodes involving clients aged 10–19 and 20–29 years in Tasmania, cannabis was the most common principal drug of concern (71% and 45% respectively). Nationally, cannabis was also the most common principal drug of concern for these age groups (50% and 28% respectively).

Method of use

- Smoking (44% of treatment episodes), followed by ingestion (39%) and injection (12%) were the most common methods of using the principal drug of concern in Tasmania.

Table 2: Closed treatment episodes^(a) by principal drug of concern and age group, Tasmania and Australia, 2004–05 (per cent)

Principal drug	Tasmania							Total (Australia)	
	10–19	20–29	30–39	40–49	50–59	60+	Total ^(b)	Per cent	Number
Alcohol	15.6	23.3	34.3	46.4	45.8	26.2	31.0	37.2	50,324
Amphetamines	7.2	15.4	13.3	2.3	1.7	0.0	9.8	10.9	14,780
Benzodiazepines	0.0	0.7	0.8	1.8	0.8	0.0	0.8	1.9	2,538
Cannabis	70.7	44.7	22.9	11.8	0.8	0.0	31.0	23.0	31,044
Cocaine	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3	400
Ecstasy	1.2	1.3	0.0	0.5	0.0	0.0	0.7	0.4	580
Nicotine	2.4	3.8	12.7	30.9	42.5	66.2	16.6	1.8	2,478
Opioids									
Heroin	0.0	0.7	0.0	0.0	0.0	0.0	0.2	17.2	23,193
Methadone	0.6	2.0	2.8	1.8	1.7	3.1	2.0	1.8	2,454
Morphine	1.2	6.9	9.3	3.6	5.0	1.5	5.9	1.0	1,389
<i>Total opioids^(c)</i>	<i>1.8</i>	<i>10.5</i>	<i>13.3</i>	<i>5.9</i>	<i>7.5</i>	<i>6.2</i>	<i>9.0</i>	<i>20.7</i>	<i>28,025</i>
All other drugs ^(d)	1.2	0.2	2.5	0.5	0.8	1.5	1.1	3.7	5,033
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	—
Total (number)	167	447	353	220	120	65	1,372	—	135,202

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

(b) Includes not stated for age.

(c) Includes heroin, methadone, morphine and balance of opioids.

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

Source: AIHW 2006.

Treatment programs

‘Main treatment type’ is the principal activity, as judged by the treatment provider, that is necessary for completing the treatment plan for the principal drug of concern. This section outlines information collected about these treatment types and programs. Data presented in this section relate to clients seeking treatment for their own or someone else’s alcohol or other drug use, except the section relating to ‘Principal drug of concern and treatment programs’.

- Of all closed treatment episodes in Tasmania, counselling was the most common treatment provided (63%), followed by information and education only (13%) and assessment only (8%) (Table 3). Nationally, counselling was also the most common treatment provided (40%), followed by withdrawal management (detoxification) (18%) and assessment only (12%).

Client profile and treatment programs

- Closed treatment episodes for female clients in Tasmania were more likely to involve counselling as the main treatment (67%) than treatment episodes for male clients (61%) (Table 3). This was also the case nationally (45% for females and 38% for males).
- In Tasmania, the main treatment type did not vary much with age. Counselling was the most common treatment type for all age groups, ranging from 49% of treatment episodes for clients aged 10–19 years to 81% for clients aged 60 years and over.

Table 3: Closed treatment episodes by main treatment type and sex, Tasmania and Australia, 2004–05 (per cent)

Main treatment type	Tasmania			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
Withdrawal management (detoxification) ^(b)	3.8	2.2	3.1	17.9	18.1	17.9
Counselling	60.6	67.1	63.2	37.6	44.7	40.2
Rehabilitation	6.4	5.6	6.1	8.2	6.8	7.7
Support & case management only	2.4	3.8	3.0	7.5	8.7	7.9
Information and education only	16.6	8.6	13.3	9.9	7.0	8.9
Assessment only	8.0	8.4	8.2	14.4	8.7	12.4
Other ^(c)	2.3	4.2	3.1	4.6	6.0	5.0
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	1,139	782	1,921	93,088	48,579	142,144

(a) Includes not stated for sex.

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

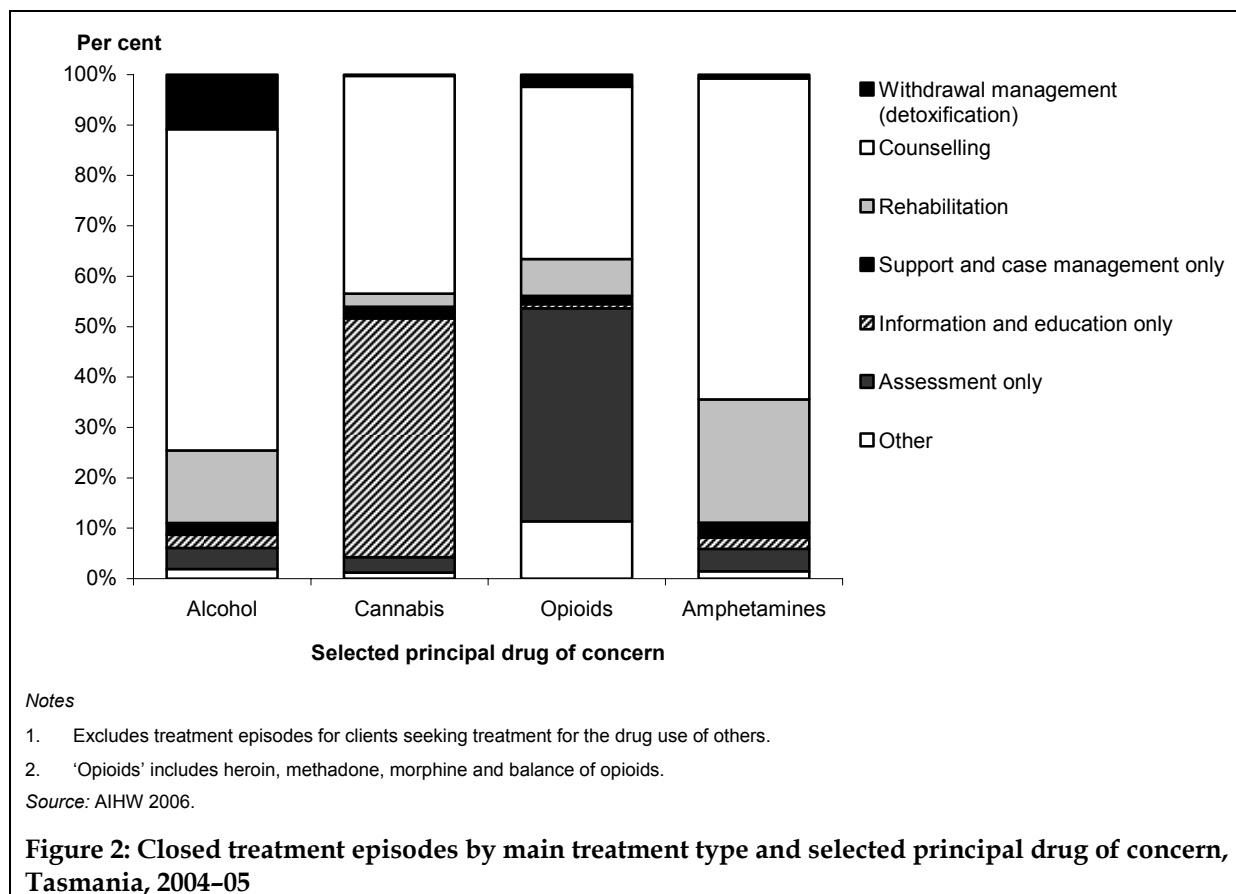
(c) 'Other' includes 16 treatment episodes in Tasmania and 4,299 treatment episodes nationally where the main treatment type was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are excluded from the AODTS–NMDS.

Source: AIHW 2006.

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 alcohol and amphetamines were the principal drugs of concern, counselling accounted for the highest proportion of main treatment type (64% each) (Figure 2).
- In closed treatment episodes where cannabis was the principal drug of concern, information and education only accounted for the highest proportion of main treatment type (47%), followed by counselling (43%).
- Where opioids were the principal drug of concern, assessment only accounted for the highest proportion of main treatment type (42%), followed by counselling (34%).



- In Tasmania, the median number of days for a treatment episode was 22. The highest median number of treatment days within a treatment episode occurred when the principal drug of concern was heroin (57), followed by nicotine (50), ecstasy (36) and amphetamines (25). The main treatment type with the highest median number of treatment days per episode was rehabilitation (53), followed by counselling (29) and support and case management only (17).

Treatment delivery setting and treatment programs

- About two-thirds (67%) of all closed treatment episodes in Tasmania occurred at a non-residential treatment facility, and a further 25% in an outreach setting. Nationally, 70% 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 (38 days), followed by a residential treatment facility (35).

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 (41%), followed by the client ceasing to participate without notice to the treatment agency (22%).
- The reason for cessation of a treatment episode varied by main treatment type in Tasmania. Treatment was more likely to be completed where the main treatment type was withdrawal management (detoxification) (52%) and counselling (46%), and less likely where the main treatment type was information and education only (11%) – related to the fact that the majority of these treatment episodes ceased at expiation (62%).

Special theme—cannabis

This special theme section focuses on treatment episodes where cannabis was the principal drug of concern for a client in 2004–05. This theme was selected on the basis of feedback received from treatment agencies via the 2005 Survey of Treatment Agencies. Themes from previous years have focused on amphetamines, on clients aged 10–19 years and on alcohol.

Cannabis use

Cannabis is the most widely used illicit drug in Australia. It is estimated that of Australians aged 14 years and over in 2004, about one in three (34%) had used cannabis at some stage in their lifetime and one in nine (11%) had used it at least once in the previous 12 months (AIHW 2005a). In Tasmania, 11% of people aged 14 years and over reported using cannabis in the 12 months preceding the survey (AIHW 2005b).

Treatment services relating to cannabis

In Tasmania, cannabis was the principal drug of concern in 31% of treatment episodes in 2004–05, compared with 23% nationally. Of the 426 closed treatment episodes in Tasmania where cannabis was the principal drug of concern:

- 91% of treatment episodes related to male clients and 9% to female clients – a higher proportion of males and a lower proportion of females compared with all other principal drugs of concern (80% males and 20% females).
- A higher proportion of episodes involved clients in the 10–19 and 20–29 year age groups (28% and 47% respectively), compared with episodes for all other principal drugs of concern (5% and 26% respectively).
- Smoking as a method of use accounted for 87% of closed treatment episodes within this group, while for all other principal drugs of concern the most common method of use was ingestion (56%), followed by smoking (24%).
- Referral to treatment through police diversion was the most common source of referral (57%), at a proportion higher than that for clients who nominated a principal drug other than cannabis (3%).
- Clients were less likely to have self-referred to treatment than clients who nominated a principal drug other than cannabis (28% and 55% respectively).
- Clients were less likely to receive counselling (43%), compared with clients who nominated a principal drug other than cannabis (67%), and more likely to receive information and education only (47%, compared with 2%).

In Tasmania in 2004–05, among closed treatment episodes where a client was seeking treatment for their own drug use, and where cannabis was the principal drug of concern, 47% of episodes ceased at expiation – that is, where the client had completed the required education or information program. The next most common reason for ceasing treatment among clients who nominated cannabis as their principal drug of concern was because the treatment was completed (19%). For all other principal drugs of concern, the most common reason for ceasing treatment was because the treatment was completed (47%), followed by the client ceasing to participate without notice to the treatment agency (26%).

Agencies and clients within scope

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, 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 2004–05: report on the National Minimum Data Set* (AIHW 2006).

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 2004 to 30 June 2005) 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 cannabis as the principal drug of concern) but not for other non-government agencies.
- The number of Aboriginal and Torres Strait Islander clients may be undercounted as the majority of Australian Government-funded Indigenous substance use services or Aboriginal primary health care services that provide treatment for alcohol and other drug problems do not supply data to the AODTS–NMDS. Furthermore, at the national level Indigenous status was ‘not stated’ for 5% of all treatment episodes.

For more details on data completeness issues in 2004–05, see Section 1.5 of the AODTS–NMDS 2004–05 annual report (AIHW 2006).

References

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