



Alcohol and other drug treatment services in Tasmania

*Findings from the National Minimum Data Set (NMDS)
2006–07*

Highlights

In Tasmania in 2006–07:

- 13 government-funded alcohol and other drug treatment agencies provided 1,564 ‘closed treatment episodes’.
- The median age of persons receiving treatment for their own drug use was 30 years. Of people seeking treatment in relation to someone else’s drug use, the median age was 44 years.
- Cannabis was the most common principal drug of concern in closed treatment episodes (39%), followed by alcohol (36%), amphetamines (13%) and opioids (6%, with morphine accounting for 3%).
- Counselling was the most common form of main treatment provided (65% of episodes), followed by information and education only (19%) and rehabilitation (8%).

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About this bulletin

This bulletin summarises the main findings from the 2006–07 Alcohol and Other Drug Treatment Services (AODTS) NMDS data for Tasmania. More detailed information about the 2006–07 collection and its findings can be found in the publication *Alcohol and other drug treatment services in Australia 2006–07: report on the National Minimum Data Set* (AIHW 2008). 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 2006–07 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 2006 to 30 June 2007.

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 2006–07 annual report (AIHW 2008).

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 633 government-funded alcohol and other drug treatment agencies supplied data for 2006–07. Of these agencies, 13 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 (85%) including Hobart and Launceston, followed by Outer Regional areas such as Burnie (15%).

Client profile

- In Tasmania, there were 1,564 closed treatment episodes in alcohol and other drug treatment services reported in the 2006–07 AODTS–NMDS collection.
- The vast majority (95%) of closed treatment episodes in Tasmania involved clients seeking treatment for their own drug use. The remaining 5% involved clients seeking treatment in relation to another person's alcohol or other drug use.
- The overall proportions of male and female clients in Tasmania (64% and 36% respectively) differed slightly from the national proportions (66% and 34% respectively). However, of those treatment episodes reported in relation to someone else's drug use in Tasmania, female clients accounted for the majority (79%).
- In Tasmania, the median age of persons receiving treatment for their own drug use was 29 years. Of people seeking treatment in relation to someone else's drug use, the median age was 46 years.
- Over one-third (36%) of closed treatment episodes in Tasmania were for clients aged 20–29 years, while 26% of episodes were for clients aged 30–39 years.
- The proportion of closed treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin in Tasmania was similar to the national figure (11% and 10% respectively), but higher than the overall proportion of Aboriginal and Torres Strait Islander peoples, aged 10 years and over, in the Australian population (2.5%) (ABS & AIHW 2008). 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.
- Self-referral was the most common source of referral to treatment services in Tasmania (53% of episodes), followed by referrals from police diversion programs designed to direct people charged with drug-related crimes to treatment (24%).

Drugs of concern

This section reports only on the 1,478 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 2006–07, cannabis was the most common principal drug of concern in closed treatment episodes (39%), whereas alcohol was most common nationally (42%) with cannabis making up 23% 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. (IDDI programs provide about one-third of the treatment episodes in Tasmania).
- Closely followed by cannabis in Tasmania was alcohol at 36%, then amphetamines (13%) and opioids (6% with morphine accounting for 3%) (Table 1).

Table 1: Closed treatment episodes^(a) by principal drug of concern, Tasmania and Australia, 2001–02 to 2006–07 (per cent)

Principal drug of concern	Tasmania						Total (Australia) 2006–07	
	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	Per cent	Number
Alcohol	38.6	40.7	28.9	31.0	38.0	36.0	42.3	59,480
Amphetamines	9.2	7.9	8.5	9.8	11.8	12.9	12.3	17,292
Benzodiazepines	1.4	0.7	1.0	0.8	1.3	1.4	1.6	2,298
Cannabis	24.8	18.6	37.0	31.0	34.0	39.4	22.8	31,980
Cocaine	—	0.1	0.1	—	0.1	—	0.3	448
Ecstasy	0.2	0.1	0.7	0.7	1.1	1.7	0.7	1,010
Nicotine	15.3	18.0	12.5	16.6	2.0	—	1.7	2,450
Opioids								
Heroin	1.0	0.5	0.8	0.2	0.8	0.4	10.6	14,870
Methadone	0.2	3.4	3.0	2.0	3.4	1.7	1.6	2,268
Morphine	7.0	6.6	4.8	5.9	4.7	2.7	0.9	1,299
Total opioids	8.9	11.4	9.5	9.0	10.6	5.5	14.4	20,196
All other drugs ^(b)	0.6	2.6	1.3	1.1	1.1	3.2	3.8	5,321
Not stated	1.0	—	0.5	—	—	—	—	—
Total (per cent)	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	..	140,475

(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 for 2004–05 and 2005–06 may be under-counted because two agencies only supplied drug diversion data.
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.

- Over time, Tasmania has consistently reported proportionally fewer episodes for opioids than the national figure, and usually more for cannabis.
- The principal drug of concern varied by age group in Tasmania:
 - For clients aged 10–19 years, the majority (70%) 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 (44% of episodes), followed by alcohol (25%).
 - 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 and 70% 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 (22%) treatment episodes in Tasmania involved at least one other drug of concern (in addition to the principal drug of concern). From these episodes, 534 instances of other drugs of concern were recorded.
- A breakdown of all drugs of concern by drug type is presented below (Figure 1). For example, nicotine was reported as the principal drug of concern in less than 2% of episodes, but was reported as a drug of concern (either ‘principal’ or ‘other’) in 7% of treatment episodes.

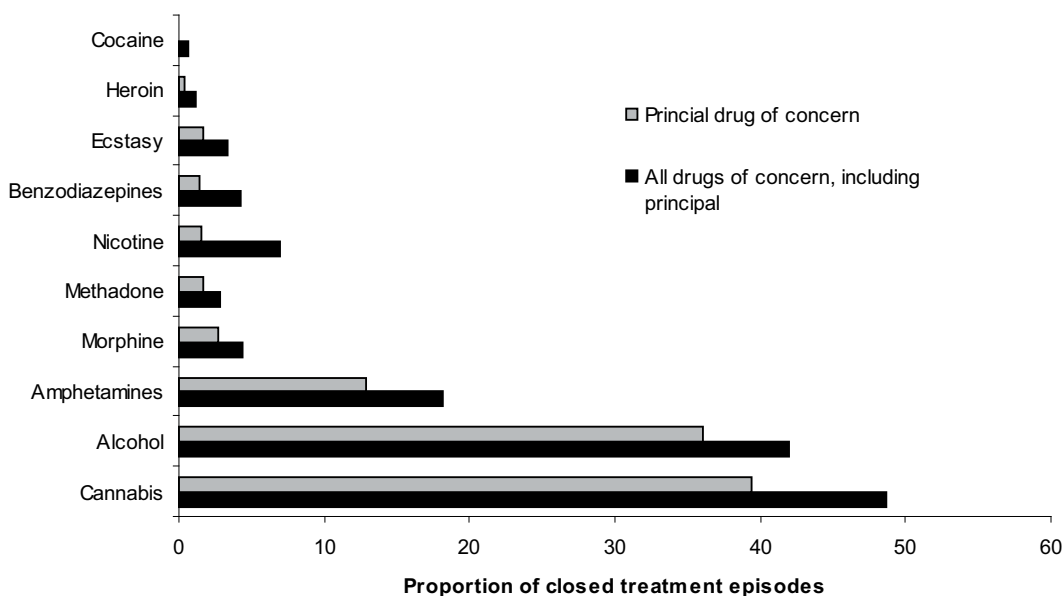


Figure 1: Closed treatment episodes by principal drug of concern and all drugs of concern, Tasmania, 2006–07

Cannabis

In Tasmania, cannabis was the most common principal drug of concern for which treatment was sought, accounting for 39% of closed treatment episodes in 2006–07. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 49% of episodes included cannabis.

Of the 583 episodes where cannabis was nominated as the principal drug of concern in 2006–07:

Client profile

- The majority (74%) of episodes were for male clients.
- The median age of clients receiving treatment was 24 years (males and females both 24 years).
- Around 12% 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).
- Police diversion was the most common source of referral (52% of episodes), followed by self-referrals (32%).

Drug profile

- Smoking was the most common usual method of use (96% of episodes), followed by ingestion (2%).
- 17% of episodes included at least one other drug of concern. From these episodes, 149 instances of other drugs of concern were recorded—33% for alcohol, 25% for amphetamines, and 18% for nicotine.
- The majority (64%) of episodes involved clients who reported never having injected drugs. Another 6% 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 high 'not stated' response for this item (18% of episodes).

Treatment profile

- Counselling was the most common treatment type received (51% of episodes), followed by information and education (41%).
- Treatment was most likely to occur in a non-residential treatment facility (90% of episodes), followed by an outreach setting (8%).
- The median number of days for a treatment episode was 25.

Alcohol

In Tasmania, alcohol was the second most common principal drug of concern for which treatment was sought, accounting for 36% of closed treatment episodes in 2006–07. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 42% of episodes included alcohol.

Of the 532 episodes where alcohol was nominated as the principal drug of concern in 2006–07:

Client profile

- The majority (65%) of episodes were for male clients.
- The median age of clients receiving treatment was 36 years (males and females both 36 years).
- Around 6% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (for 15% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (72% of episodes).

Drug profile

- 113 episodes (21%) included at least one other drug of concern. From these episodes, 175 instances of other drugs of concern were recorded—43% were for cannabis, 14% amphetamines and 21% nicotine.
- The majority (73%) of episodes involved clients who reported never having injected drugs. Another 3% 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 (76% of episodes), followed by rehabilitation (10%).
- Treatment was most likely to occur in a non-residential treatment facility (74% of episodes), followed by an outreach setting (15%) and a residential treatment facility (9%).
- The median number of days for a treatment episode was 31.

Amphetamines

In Tasmania, amphetamines were the third most common principal drug of concern for which treatment was sought, accounting for 13% of closed treatment episodes in 2006–07. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 18% of episodes included amphetamines.

Of the 190 episodes where amphetamines were nominated as the principal drug of concern in 2006–07:

Client profile

- Males accounted for 60% of episodes.

- The median age of clients receiving treatment was 27 years (males 27 years; females 26 years).
- Around 11% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (for 19% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (62% of episodes), followed by referrals from police diversion (17%).

Drug profile

- Injecting was the most common usual method of use (79% of episodes), followed by ingestion (14%).
- 70 episodes (13%) included at least one other drug of concern. From these episodes, 135 instances of other drugs of concern were recorded—36% were for cannabis and 22% for alcohol.
- The majority (65%) of episodes involved clients who reported being current injectors, while 18% involved clients who reported they had injected drugs in the past (10% between 3 and 12 months ago and 8% 12 or more months ago). A further 9% of episodes involved clients who reported never having injected drugs.

Treatment profile

- Counselling was the most common treatment type received (63% of episodes), followed by rehabilitation (22%).
- Treatment was most likely to occur in a non-residential treatment facility (68% of episodes), followed by a residential treatment facility (18%) and an outreach setting (13%).
- The median number of days for a treatment episode was 28.

Treatment programs

'Main treatment type' is the principal activity that the treatment provider considers necessary for the client to complete their 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 2006–07, counselling was the most common form of main treatment provided (65% of episodes). Counselling was also the most common treatment type nationally, accounting for 39% of episodes across Australia.
- In Tasmania the second most common treatment type was information and education only (19%), whereas 9% of episodes nationally were for information and education only. Tasmania may provide more information and education because of illicit

Drug Diversion Initiative (IDDI) programs that provide this treatment type. (IDDI programs provide about one third of treatment episodes in the state.)

- 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 2005–06 and 2006–07 in Tasmania, there was an apparent increase in information and education only and decrease in assessment only episodes.

Table 2: Closed treatment episodes by main treatment type, Tasmania and Australia, 2001–02 to 2006–07 (per cent)

Main treatment type	Tasmania						Total (Australia) 2006–07	
	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	Per cent	Number
Withdrawal management (detoxification)	18.9	15.7	2.5	3.1	1.7	2.2	16.6	24,467
Counselling	57.4	55.7	62.8	63.2	62.4	64.5	38.7	57,017
Rehabilitation	2.7	5.3	4.5	6.1	8.2	7.9	7.4	10,950
Support & case management only	3.9	3.2	1.7	3.0	2.3	2.8	8.3	12,290
Information and education only	0.1	0.8	11.1	13.3	16.6	19.4	9.3	13,723
Assessment only	10.1	7.5	5.9	8.2	6.9	2.7	15.1	22,295
Other ^(a)	6.9	11.8	11.5	3.1	2.0	0.4	4.5	6,583
Total (per cent)	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	..	147,325

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

Notes

1. The total number of closed treatment episodes for 2004–05 and 2005–06 may be under-counted because two agencies only supplied drug diversion data.
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 2006–07, accounting for 65% of closed treatment episodes. Of the 1,009 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.
- Over half (63%) of episodes were for male clients.
- The median age of persons receiving treatment was 31 years (males 30 years; females 31 years).
- Around 8% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (for 13% of episodes, Indigenous status was not reported).
- Self-referral was the most common source of referral (59% of episodes), followed by referrals from police diversion (14%)

Treatment profile

- Treatment was most likely to occur in a non-residential treatment facility (83% of episodes), followed by an outreach setting (17%).
- 36% 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 (29% of episodes ended this way).
- The median number of days for a treatment episode was 31.

Principal drug profile

- Alcohol was the most common principal drug of concern reported (42% of episodes) by people who received counselling for their own drug use, followed by cannabis (31%) and amphetamines (12%).

Information and education

The second most common main treatment type in Tasmania in 2006–07 was information and education only, accounting for 19% of closed treatment episodes. Of the 303 episodes where information and education was nominated as the main treatment received in 2006–07:

Client profile

- 90% of episodes were for clients seeking treatment for their own drug use.
- The majority (75%) of episodes were for male clients.
- The median age of persons receiving treatment was 24 years (males 23 years; females 30 years).
- About 11% of episodes involved clients who identified as being of Aboriginal and Torres Strait Islander origin (for 8% of episodes Indigenous status was not reported).
- Police diversion was the most common source of referral (74% of episodes), followed by self-referrals (13%).

Treatment profile

- Treatment was most likely to occur in a non-residential treatment facility (97% of episodes).
- The majority (57%) of episodes ended because the client expiated their offence—that is, the client had completed an information or education program as a requirement of diversion from the criminal justice system.
- The median number of days for a treatment episode was 17.

Principal drug profile

- Cannabis was the most common principal drug of concern reported (88% of episodes) by people whose main treatment type was information and education only, followed by alcohol (7%).

Rehabilitation

Rehabilitation was the third most common main treatment reported in 2006–07 in Tasmania, accounting for 8% of closed treatment episodes. Of the 123 episodes where rehabilitation was nominated as the main treatment received in 2006–07:

Client profile

- All episodes were for clients seeking treatment for their own drug use.
- The majority (60%) of episodes were for male clients.
- The median age of persons receiving treatment was 30 years (males 32 years; females 29 years).
- Around 11% of episodes involved clients who identified as being of Aboriginal and Torres Strait Islander origin (for 26% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (89% of episodes).

Treatment profile

- Treatment was most likely to occur in a residential treatment facility (76% of episodes), followed by an outreach setting (22%).
- 64% of episodes ended either because the treatment was completed or the client ceased to participate by mutual agreement with the service provider (32% each).
- The median number of days for a treatment episode was 25.

Principal drug profile

- Alcohol was the most common principal drug of concern reported (42% of episodes), followed by amphetamines (34%) and cannabis (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 2008–09* outlines the process to be followed for unpublished data requests. This document is available from the AIHW website at <www.aihw.gov.au/publications/index.cfm/title/10575>.

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