

Alcohol and other drug treatment services in Western Australia

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

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Highlights

- In Western Australia (WA) in 2003–04, 34 government-funded alcohol and other drug treatment agencies provided 14,256 ‘closed treatment episodes’ (see below for the definition of ‘closed treatment episodes’).
- Just under one-third of closed treatment episodes were for clients aged between 20 and 29 years of age (32%), followed by a quarter of all treatment episodes (25%) provided for clients in the 30–39 year age group.
- Male clients accounted for nearly two-thirds (64%) of all closed treatment episodes in WA.
- In WA, alcohol (33%) and amphetamines (26%) were the most common principal drugs of concern in closed treatment episodes, followed by cannabis (22%).
- Of all closed treatment episodes in WA, counselling was the most common form of main treatment provided (50%), followed by rehabilitation (16%) and assessment only (10%).
- Treatment episodes in WA most commonly ceased because the treatment was completed (45%).

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 Western Australia (WA). Throughout this briefing, data from WA 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, 34 were located in WA, of which 74% were non-government agencies.
- Treatment agencies in WA were most likely to be located in major cities (68%), outer regional areas (15%), and inner regional areas (12%).

Client profile

- In WA, there were 14,256 ‘closed treatment episodes’ in alcohol and other drug treatment services reported in the 2003–04 AODTS-NMDS collection.
- Eighty-eight per cent of closed treatment episodes in WA involved clients seeking treatment for their own drug use.
- In WA, the majority of closed treatment episodes were for clients aged between 20 and 29 years of age (32%), followed by a quarter of all treatment episodes (25%) provided for clients in the 30–39 year age group (Table 1).
- The proportions of male and female clients in WA (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, Western Australia and Australia, 2003–04 (per cent)

Age group (years)	Western Australia			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
10–19	12.4	4.6	17.0	8.1	4.3	12.5
20–29	21.7	10.1	31.8	22.2	10.4	32.6
30–39	16.0	9.3	25.3	18.4	9.5	27.9
40–49	8.4	7.1	15.5	10.8	6.4	17.2
50–59	3.6	3.6	7.2	4.0	2.7	6.7
60+	1.1	0.9	2.0	1.4	0.9	2.3
Total^(b) (per cent)	63.8	36.2	100.0	65.3	34.7	100.0
Total^(b) (number)	9,098	5,154	14,256	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 higher in WA than nationally (14% compared with 10%) – 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 WA were for clients born in Australia (82%) and 98% were for clients whose preferred language was English.
- Thirty-one per cent of all treatment episodes in WA involved clients who were self-referred, followed by referrals from community based corrections (20%), family members/friends (8%) and alcohol and other drug treatment services (7%).

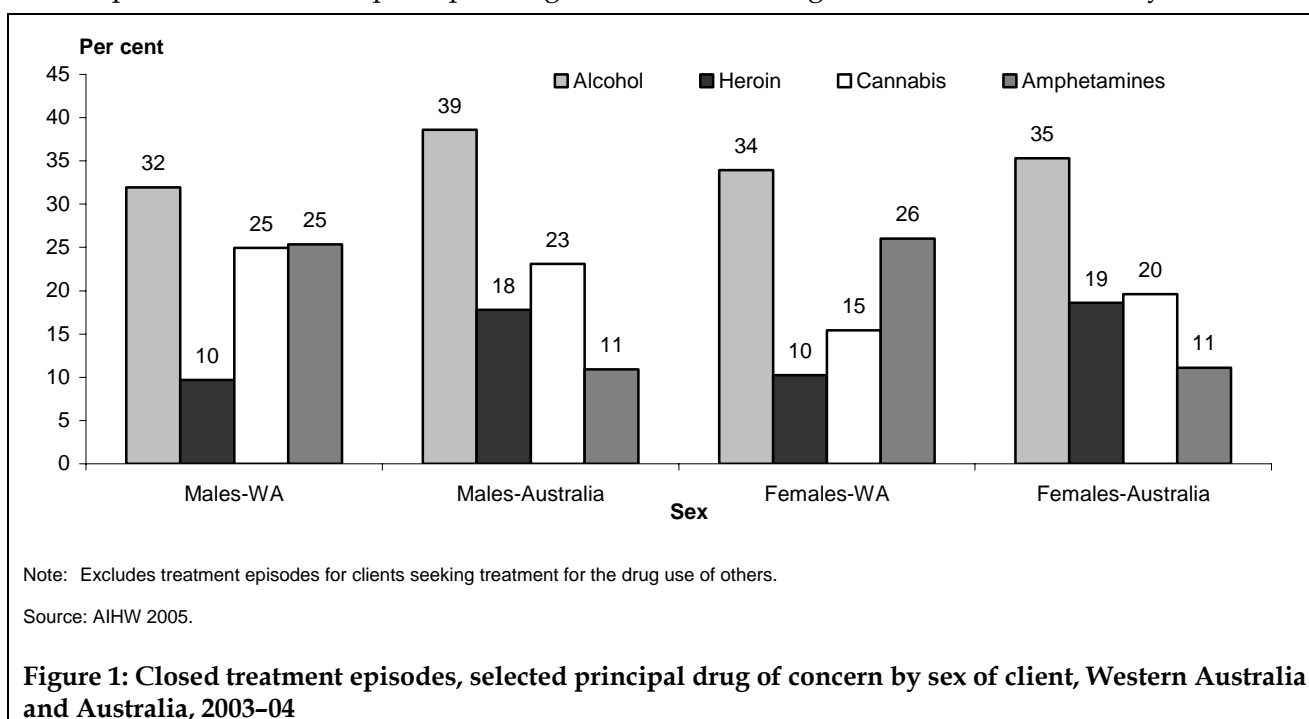
Principal drug of concern

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 12,479 episodes where clients were seeking treatment for their own substance use.

- In WA, alcohol (33%) and amphetamines (26%) were the most common principal drugs of concern in closed treatment episodes, followed by cannabis (22%). 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

- Alcohol was the drug most commonly recorded in closed treatment episodes for both sexes in WA (32% of males and 34% of females), followed by amphetamines and cannabis for males (25% each) and amphetamines for females (26%) (Figure 1). The proportion of males nominating amphetamines or cannabis and the proportion of females nominating amphetamines as their principal drug of concern were higher in WA than nationally.



- For closed treatment episodes in WA there was a higher proportion of male clients reporting amphetamines as the principal drug of concern than at the national level (25% males in WA and 11% males nationally). This was also true for female clients (26% and 11% respectively).
- In WA, the principal drug of concern varied by age. For clients in older age groups, alcohol was the most common principal drug in closed treatment episodes, highest for clients aged 60 years and over (88%) (Table 2). Similarly, at the national level, alcohol was the most common principal drug for clients aged 60 years plus (82%).
- In treatment episodes involving clients aged between 10 and 19 years in WA, cannabis was the most common principal drug of concern (55%), while for clients aged 20-29 years the most common drugs were amphetamines (37%), followed by cannabis (20%). Nationally, the most common principal drug for clients aged 10-19 and 20-29 was cannabis (49% and 27% respectively).

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

Principal drug	Western Australia							Total (Australia)	
	10–19	20–29	30–39	40–49	50–59	60+	Total ^(b)	Per cent	Number
Alcohol	16.9	19.7	37.2	60.9	78.2	88.2	32.6	37.5	48,500
Amphetamines	17.0	37.1	28.6	9.7	2.9	1.3	25.6	11.0	14,208
Benzodiazepines	0.4	1.8	1.5	2.3	2.9	0.7	1.5	2.1	2,711
Cannabis	54.9	20.1	12.5	9.6	5.9	1.3	22.0	22.0	28,427
Cocaine	0.2	0.2	0.2	0.1	0.2	0.0	0.2	0.2	272
Ecstasy	0.7	0.5	0.1	0.2	0.2	0.0	0.4	0.4	508
Heroin	3.0	13.8	10.7	7.6	4.0	0.0	9.9	18.0	23,326
Methadone	0.1	1.6	2.3	2.7	1.0	0.0	1.6	1.9	2,404
Nicotine	0.7	0.2	0.0	0.6	1.0	2.6	0.4	1.5	2,001
All other drugs	5.1	4.6	6.7	6.0	3.1	5.9	5.5	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)	2,290	4,365	3,295	1,643	579	152	12,479	—	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 WA, the proportion of treatment episodes involving Aboriginal and Torres Strait Islander people reporting alcohol as their principal drug of concern was higher than other Australian clients (40% and 31% 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

- Across all areas in WA, alcohol was the most commonly reported principal drug of concern (30% of treatment episodes in major cities, 33% in inner regional, 43% in outer regional, 64% in remote areas). Amphetamines was the second most common drug in major cities (27%), while cannabis was the next most common in inner regional, outer regional and remote areas (28%, 33% and 16% respectively).

Injecting drug use

- Forty-nine per cent of treatment episodes in WA involved clients who reported never having injected drugs. Of the 29% who reported they were 'current injectors', 48% 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 (2% not stated response for WA 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 WA, counselling was the most common form of main treatment provided (50%), followed by rehabilitation (16%) and assessment only and information and education only (10% each) (Table 3). Nationally, counselling was also the most common 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 WA were more likely to involve counselling as the main treatment (57%) than treatment episodes for male clients (46%). This was also the case nationally (43% and 35% respectively).
- In WA, male clients were more likely than females clients to have rehabilitation (19% and 12% respectively).
- In WA, the main treatment type did not vary much with age. Counselling was the most common treatment type, ranging from 48% for clients aged 10–19 years to 61% for clients aged 60 years and over. Information and education only was the second most common treatment type for clients aged 10–19 years (27%) whereas rehabilitation was the second most common treatment type for all other age groups.

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

Main treatment type	Western Australia			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
Withdrawal management (detoxification)	6.1	7.6	6.6	18.5	18.1	18.4
Counselling	46.2	57.3	50.2	34.7	43.2	37.6
Rehabilitation	18.9	12.1	16.4	9.2	7.4	8.6
Support & case management only	0.9	1.5	1.1	8.0	9.1	8.4
Information and education only	11.4	6.7	9.7	8.4	6.2	7.6
Assessment only	10.6	8.3	9.8	17.2	10.6	14.9
Other ^(b)	5.8	6.7	6.1	4.0	5.3	18.4
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	9,098	5,154	14,256	89,348	47,430	136,869

(a) Includes not stated for sex.

(b) 'Other' includes 703 treatment episodes in WA 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.

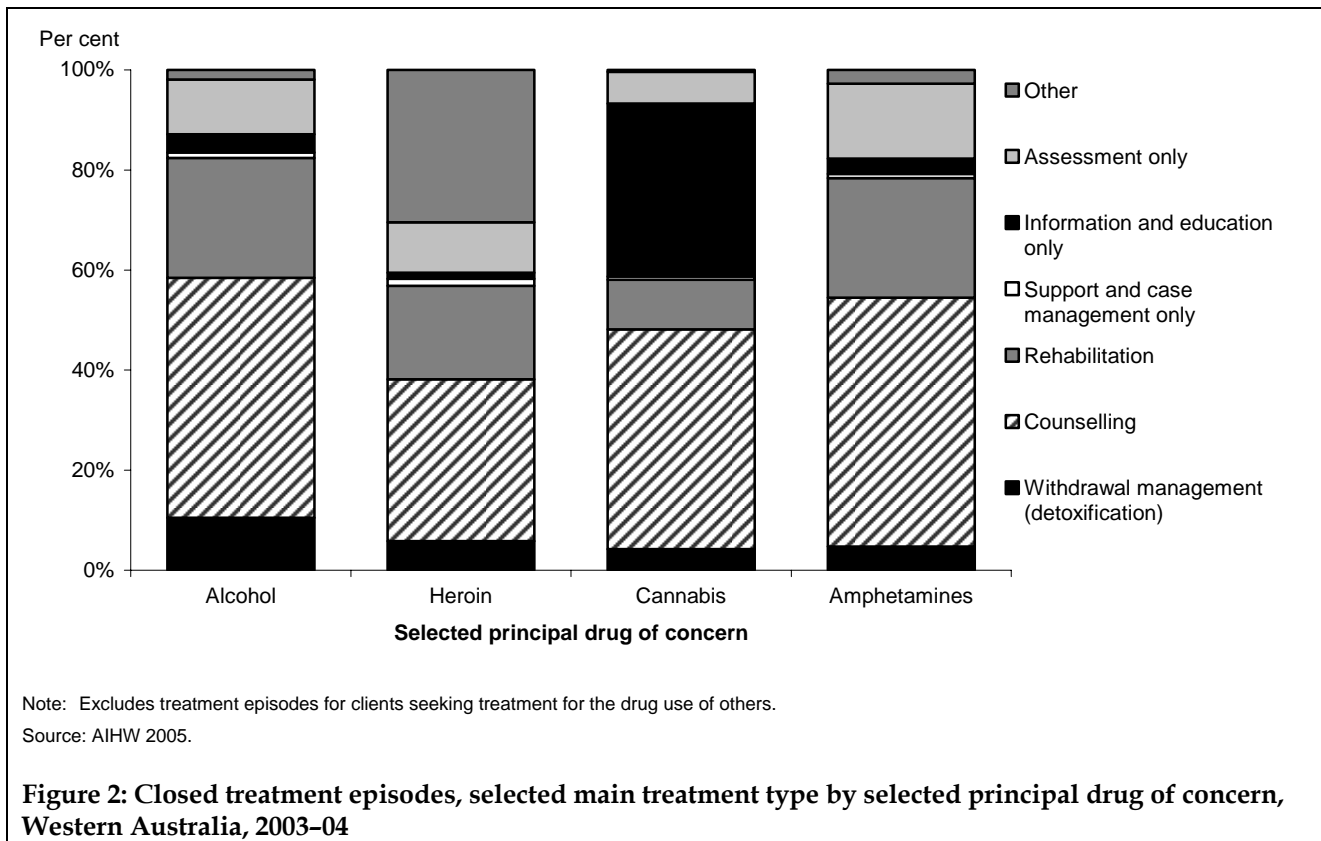
Source: AIHW 2005.

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 WA, the main treatment type varied depending on the principal drug of concern the client sought treatment for. Where alcohol, heroin, cannabis and amphetamines were the principal drug of concern, counselling accounted for the highest proportion of closed treatment episodes (48%, 32%, 44% and 50% respectively) (Figure 2).
- Where alcohol was the principal drug of concern, the second most common main treatment type was rehabilitation (24%).
- Where cannabis was the principal drug of concern, the second most common main treatment type was information and education only (35%).

- Where amphetamines was the principal drug of concern, the second most common main treatment type was rehabilitation (24%).



- In WA, 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 methadone (67), followed by cocaine (43) and heroin (32). The main treatment type with the highest median number of treatment days per episode was support and case management (50), followed by counselling (29).

Geographic location and treatment programs

- Across all areas in WA, counselling was the most commonly reported main treatment type (accounting for 44% of treatment episodes in major cities, 75% in inner regional, 71% in outer regional and 78% in remote areas). The second most prominent treatment type in major cities was rehabilitation (20%), whereas in inner and outer regional and remote areas, the second most common treatment type was information and education only (11%, 20% and 12% respectively).

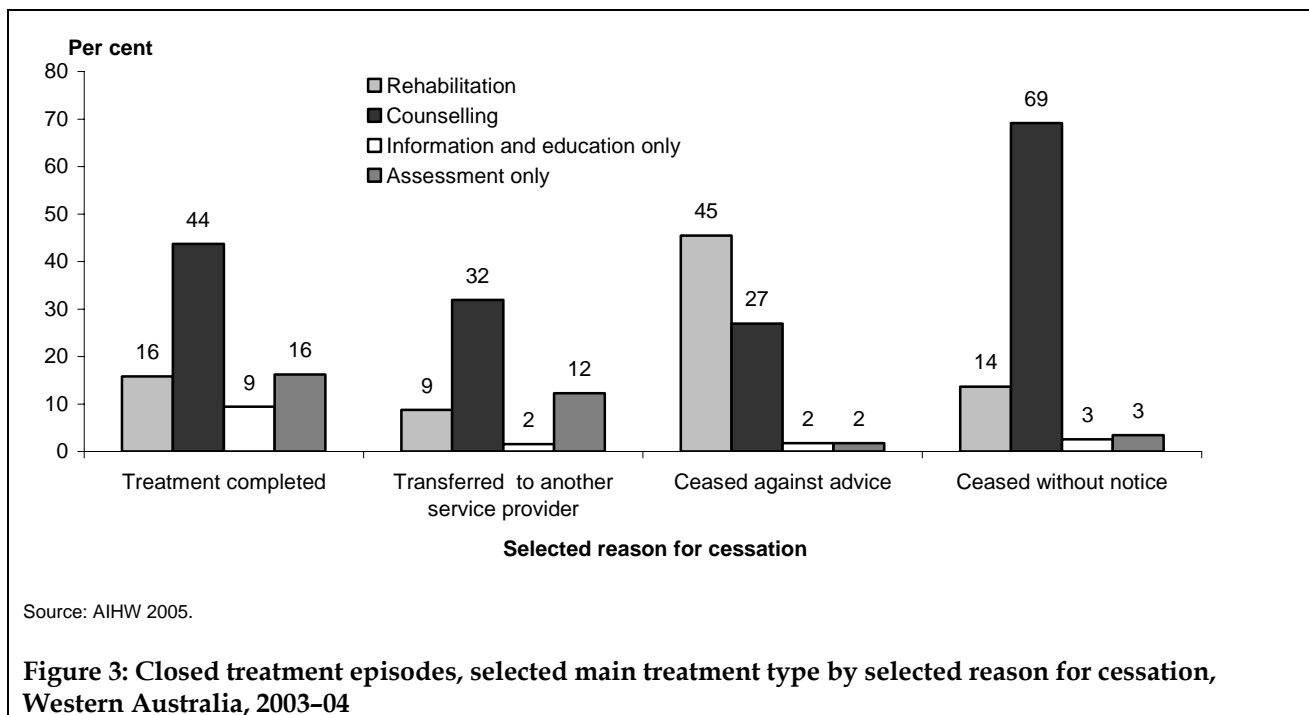
Treatment delivery setting and treatment programs

- Seventy-one per cent of all closed treatment episodes in WA occurred at a non-residential treatment facility, and a further 17% in a residential facility. Nationally, 68% of all treatment episodes occurred at a non-residential treatment facility, and 20% at a residential facility.
- In WA, the highest median number of treatment days for a treatment episode occurred where the treatment delivery was in an outreach setting (29 days).

Ceasing treatment and treatment programs

- In WA, the most common reason for the cessation of a client's treatment was that the treatment had been completed (45%), followed by clients ceasing to participate without notice (29%) and clients who ceased to participate by mutual agreement with the service provider (6%).

- In WA, counselling accounted for 44% of closed treatment episodes where the treatment was completed, followed by assessment only and rehabilitation (16% each) (Figure 3).
- For closed treatment episodes that ended because the client was transferred to a different service provider, 32% were for counselling and 12% for assessment only.
- Sixty-nine per cent of closed treatment episodes that ended because the client ceased to participate without notice were for counselling and 14% for rehabilitation.



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 WA, amphetamines were the principal drug of concern in 26% of treatment episodes, compared to 11% nationally. Of the 3,189 closed treatment episodes in WA where amphetamines were the principal drug of concern:

- clients were more likely to be male than female—69% of treatment episodes related to male clients and 31% to female clients—the same as the pattern for all other principal drugs of concern (69% males and 31% females);
- a higher proportion of episodes involved people in the 20-29 and 30-39 year age groups (51% and 30% respectively) compared with episodes for all other principal drugs of concern (30% of episodes for 20-29 year olds and 25% for 30-39 years);
- injecting as a method of use accounted for 86% of closed treatment episodes within this group, followed by ingesting (7%), sniffing (4%) and smoking (2%), for all other drugs of concern the most common method of use was ingestion (51%) followed by smoking (31%) and injecting (16%).
- self referring to treatment was the most common source of referral, at a proportion similar to that for clients who nominated a principal drug other than amphetamines (33% and 31%, respectively);
- clients were more likely to have been referred to treatment by a family member or friend (12%, compared to 7% for clients who nominated a principal drug other than amphetamines), and

less likely to be referred to treatment by a general practitioner or medical specialist (3%, compared to 6%) or through police diversion (1%, compared to 7%); and

- clients were more likely to receive counselling (50%), rehabilitation (24%) and assessment only (15%), compared with clients who nominated a principal drug other than amphetamines (43%, 17% and 10% respectively).

In WA 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, 42% of episodes ceased because the treatment was completed, compared to 44% 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 (30% and 29% 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.