Australian Government
Australian Institute of Health and Welfare

# Aboriginal and Torres Strait Islander health organisations: alcohol and other drug treatment services

**Web report** | Last updated: **13 Dec 2018** | Author: **AIHW** |

## Citation

### AIHW

Australian Institute of Health and Welfare 2018. Aboriginal and Torres Strait Islander health organisations: alcohol and other drug treatment services. Cat. no. HSE 219. Canberra: AIHW. Viewed 16 May 2020, https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/indigenous-health-organisations-aodt-services

Information on the majority of Australian Government-funded Aboriginal and Torres Strait Islander substance use services are available from the Online Services Report (OSR) data collection.

The most common substance-use issues reported by organisations providing substance-use services that reported to the OSR in 2016–17, in terms of staff time and organisational resources, were alcohol, cannabis and amphetamines.

In 2016–17, all of the 80 organisations reported alcohol as one of the most common substance-use issues and almost all (95%) reported cannabis.

Organisations reporting amphetamines as a common substance-use issue increased from 70% in 2014–15 to 79% in 2015–16, and slightly increased again to 80% in 2016–17.

**Cat. no:** HSE 219

# Content

In relation to substance-use issues, Aboriginal and Torres Strait Islander primary health-care services provide:

- **health care**, including extended care roles (for example, diagnosis and treatment of illness and disease, 24-hour emergency care, dental/hearing/optometry services)
- **preventive health care** (for example, health screening for children and adults),
- **health-related community support** (for example, school-based activities, transport to medical appointments)

Information on the majority of Australian Government-funded Aboriginal and Torres Strait Islander substance use services are available from the Online Services Report (OSR) data collection. While the number of treatment episodes for Aboriginal and Torres Strait Islander people is reported through the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS), it does not represent all alcohol and other drug treatments provided to Indigenous people in Australia. The OSR and AODTS NMDS have different collection purposes, scope and counting rules (see Box 1 for details).

Key data from the 2016–17 OSR relevant to substance-use issues are provided below.

## Substance use issues

The most common substance-use issues reported by organisations providing substance-use services that reported to the OSR in 2016–17, in terms of staff time and organisational resources, were alcohol, cannabis and amphetamines (Table 1). In 2016–17, all of the 80 organisations reported alcohol as one of the most common substance-use issues and almost all (95%) reported cannabis. Organisations reporting amphetamines as a common substance-use issue increased from 70% in 2014–15 to 79% in 2015–16, and slightly increased again to 80% in 2016–17.

**Table 1: Number of organisations reporting common substance-use issues, by remoteness area, 2016-17**

| Substance-use issue | *Major cities* | *Inner regional* | *Outer regional* | *Remote* | *Very remote* | Total |
|---|---|---|---|---|---|---|
| Alcohol | 16 | 12 | 21 | 19 | 12 | 80 |
| Cannabis/marijuana | 13 | 12 | 20 | 19 | 12 | 76 |
| Amphetamines | 14 | 12 | 21 | 10 | 7 | 64 |
| Tobacco/nicotine | 6 | 8 | 15 | 13 | 11 | 53 |
| Multiple drug use | 10 | 8 | 14 | 10 | 6 | 48 |

*Note:* Organisations were asked to report on their 5 most important substance-use issues in terms of staff time and organisational resources.

*Source:* OSR Data Table S6.4

## Substance-use services

In 2016–17, OSR substance-use services provided:

- 197,671 episodes of care
- to 39,448 clients
- by 80 organisations (Table 2).

### Remoteness area

- Around half of the organisations were located in *Outer regional* areas (26%) and *Remote* areas (24%), in comparison to organisations in *Major cities* (20%).
- Organisations in *Outer regional* areas provided services to around 6,229 (16%) clients, while organisations in *Very remote* areas provided services to around 4,634 (12%) clients.

**Table 2: Number of substance-use organisations, clients and episodes, by remoteness area, 2016-17**

| | Organisations: number | Organisations: per cent | Clients: number | Clients per cent | Episodes: number | Episodes: per cent |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| *Major cities* | 16 | 20.0 | 13,802 | 35.0 | 72,362 | 36.6 |
| *Inner regional* | 12 | 15.0 | 1,981 | 5.0 | 13,743 | 7.0 |
| *Outer regional* | 21 | 26.3 | 6,229 | 15.8 | 33,033 | 16.7 |
| *Remote* | 19 | 23.8 | 12,802 | 32.5 | 30,495 | 15.4 |
| *Very remote* | 12 | 15.0 | 4,634 | 11.7 | 48,038 | 24.3 |
| **Total** | **80** | **100.0** | **39,448** | **100.0** | **197,671** | **100.0** |

*Source:* Derived from multiple OSR Data Tables; S6.2, S6.12, S6.20

### Substance use treatment

Substance-use organisations provide treatment and assistance through residential treatment programs, sobering-up services and non-residential programs. In 2016–17:

- over half of clients (56%) receiving treatment were male
- most episodes of care (89%) were for non-residential services (e.g. counselling), and male and female clients were equally likely to seek this type of treatment
- around 19,400 (10%) episodes of care were provided to clients accessing sobering-up services (overnight residential care, with no formal rehabilitation)
- 6% of clients received treatment in a residential service (temporary live-in accommodation for formal substance-use treatment and rehabilitation) (Table 3).

**Table 3: Estimated number of clients and episodes of care, by sex and treatment type, 2016–17**

| Treatment type | Males: number | Males: per cent | Females: number | Females: per cent | Unknown: number | Unknown: per cent | Total: number | Total: per cent |
|---|---|---|---|---|---|---|---|---|
| ***Clients*** | | | | | | | | |
| Residential | 2,090 | 7.6 | 867 | 4.0 | 5 | 1.3 | 2,962 | 6.0 |
| Sobering-up | 5,304 | 19.2 | 5,100 | 23.8 | 0 | 0.0 | 10,404 | 21.0 |
| Non-residential | 20,275 | 73.3 | 15,472 | 72.2 | 390 | 98.7 | 36,137 | 73.0 |
| **Total** | **27,669** | **55.9** | **21,439** | **43.3** | **395** | **0.8** | **49,503** | **100.0** |
| ***Episodes*** | | | | | | | | |
| Residential | 2,316 | 2.1 | 1,018 | 1.2 | 5 | 0.1 | 3,339 | 1.7 |
| Sobering-up | 10,193 | 9.4 | 9,197 | 10.7 | 0 | 0.0 | 19,390 | 9.8 |
| Non-residential | 95,826 | 88.5 | 75,680 | 88.1 | 3,436 | 99.9 | 174,942 | 88.5 |
| **Total** | **108,335** | **54.8** | **85,895** | **43.5** | **3,441** | **1.7** | **197,671** | **100.0** |

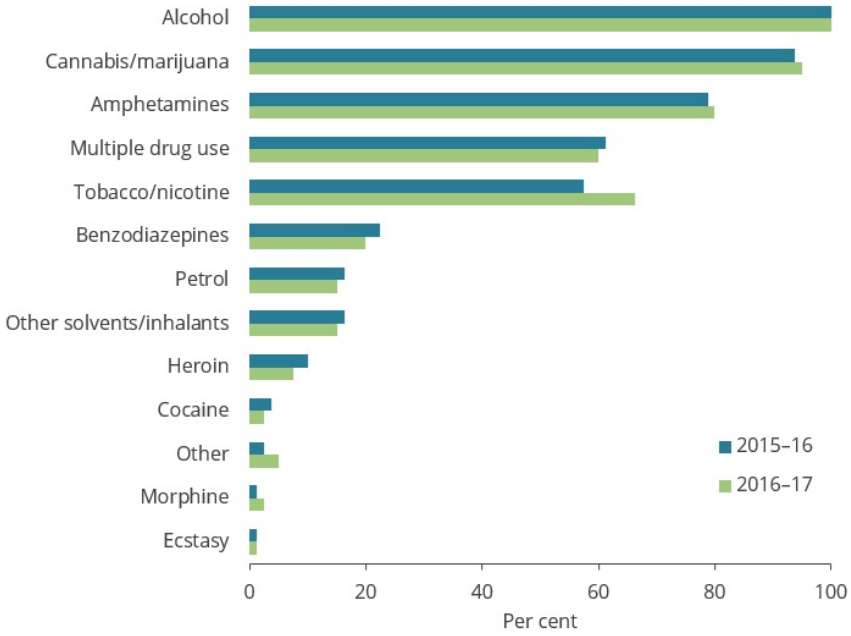
*Note:* Client numbers will differ to those presented in Table 2 as clients may be counted more than once if they attended multiple programs. In addition, data from some organisations have been excluded due to data quality issues.

*Source:* Derived from multiple OSR Data Tables; S6.14, S6.17, S6.18, S6.22-S6.24

In 2016–17 there was minimal change to the services provided for substance-use issues compared to 2015–16 (Figure 1). Most organisations have continued to provide services for the same substance issues with minimal variation between years, with the exception of other substance use services.

The number of substance-use issues reported for both benzodiazepines and petrol use declined in 2016–17; with the former (services for benzodiazepine use) declining steadily; from 2014–15 (24%), to 2016–17 (20%), while services for petrol use have continued to range between 15% to16% over the last three years.

**Figure 1: Proportion of substance-use issues treated by organisations, 2015-16 and 2016-17**




*Note:* Organisations were asked to report on their 5 most important substance-use issues in terms of staff time and organisational resources. For 2015–16 n=80; For 2016–17: n=80

*Source:* OSR Data Table S6.5

### Box 1: Comparison of treatment episode definitions in the OSR and AODTS NMDS

The OSR definition of 'episodes of care' starts at admission and ends at discharge (for residential treatment/rehabilitation and sobering-up/respite). Non-residential programs/follow –up/after care 'episodes of care' are defined to include contact with clients through counselling, assessment, treatment, education, support or follow up from residential services. In contrast to the definition of 'closed treatment episode' used in the AODTS NMDS, the definition used in this collection does not require agencies to begin a new 'episode of care' when the main treatment type ('treatment type') or primary drug of concern ('substance/drug') changes. It is therefore likely that this concept of 'episode of care' produces smaller estimates of activity than the AODTS NMDS concept of 'closed treatment episode'.

The OSR collection, managed by the AIHW, records information about clients of any age, whereas the AODTS NMDS reports only about clients aged 10 and over.

These differences mean that the two collections are not directly comparable.

## Reference

1. Australian Institute of Health and Welfare (AIHW) 2018. Aboriginal and Torres Strait Islander health organisations: Online Services Report—key results 2016–17. Aboriginal and Torres Strait Islander health services report No. 9. Cat. no. IHW 196. Canberra: AIHW.

Last updated 12/12/2018 v9.0

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