

# Alcohol and other drug treatment services in New South Wales 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 New South Wales (NSW) in 2004–05:

- 287 government-funded alcohol and other drug treatment agencies provided 43,079 'closed treatment episodes' (see below for definition).
- Almost one-third of closed treatment episodes were for clients aged 20–29 years or 30–39 years (32% each).
- Male clients accounted for about two-thirds (67%) of all closed treatment episodes.
- Alcohol (42%) and opioids (25%, with heroin accounting for 20%) were the most common principal drugs of concern in closed treatment episodes, followed by cannabis (17%) and amphetamines (11%).
- Of all closed treatment episodes, counselling was the most common main treatment provided (34%), followed by withdrawal management (detoxification) (22%) and assessment only (16%).
- Treatment episodes most commonly ceased because the treatment was completed (55%).

### 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 NSW. Throughout this briefing, data from NSW 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](http://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.

### 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 agencies, 287 were located in NSW, of which 25% were non-government agencies.
- Treatment agencies in NSW were most likely to be located in major cities (60%), followed by inner regional (32%) and outer regional areas (8%).

## Client profile

- In NSW, there were 43,079 ‘closed treatment episodes’ in alcohol and other drug treatment services reported in the 2004–05 AODTS–NMDS collection.
- Ninety-seven per cent of closed treatment episodes in NSW involved clients seeking treatment for their own drug use.
- In NSW, almost one-third of closed treatment episodes were for clients aged 20–29 years or 30–39 years (32% each) (Table 1).
- The overall proportions of male and female clients in NSW (67% and 33% respectively) were similar to the national proportions (66% and 34% respectively).

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

Age group (years)	New South Wales			Australia		
	Males	Females	Persons <sup>(a)</sup>	Males	Females	Persons <sup>(a)</sup>
10–19	4.3	2.0	6.3	8.1	4.1	12.2
20–29	21.9	10.0	32.0	22.1	10.3	32.5
30–39	21.9	9.9	31.8	18.7	9.4	28.2
40–49	12.8	6.8	19.5	10.6	6.2	16.9
50–59	4.7	2.7	7.4	4.0	2.8	6.7
60+	1.8	1.1	2.9	1.4	0.9	2.3
<b>Total<sup>(b)</sup> (per cent)</b>	<b>67.4</b>	<b>32.6</b>	<b>100.0</b>	<b>65.5</b>	<b>34.2</b>	<b>100.0</b>
<b>Total<sup>(b)</sup> (number)</b>	<b>29,022</b>	<b>14,044</b>	<b>43,079</b>	<b>93,088</b>	<b>48,579</b>	<b>142,144</b>

(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 the same in NSW as nationally (10% each), and 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 nationally 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 NSW were for clients born in Australia (86%) and 97% were for clients whose preferred language was English.

- Forty per cent of all treatment episodes in NSW involved clients who were self-referred, followed by referrals from alcohol and other drug treatment services (16%).

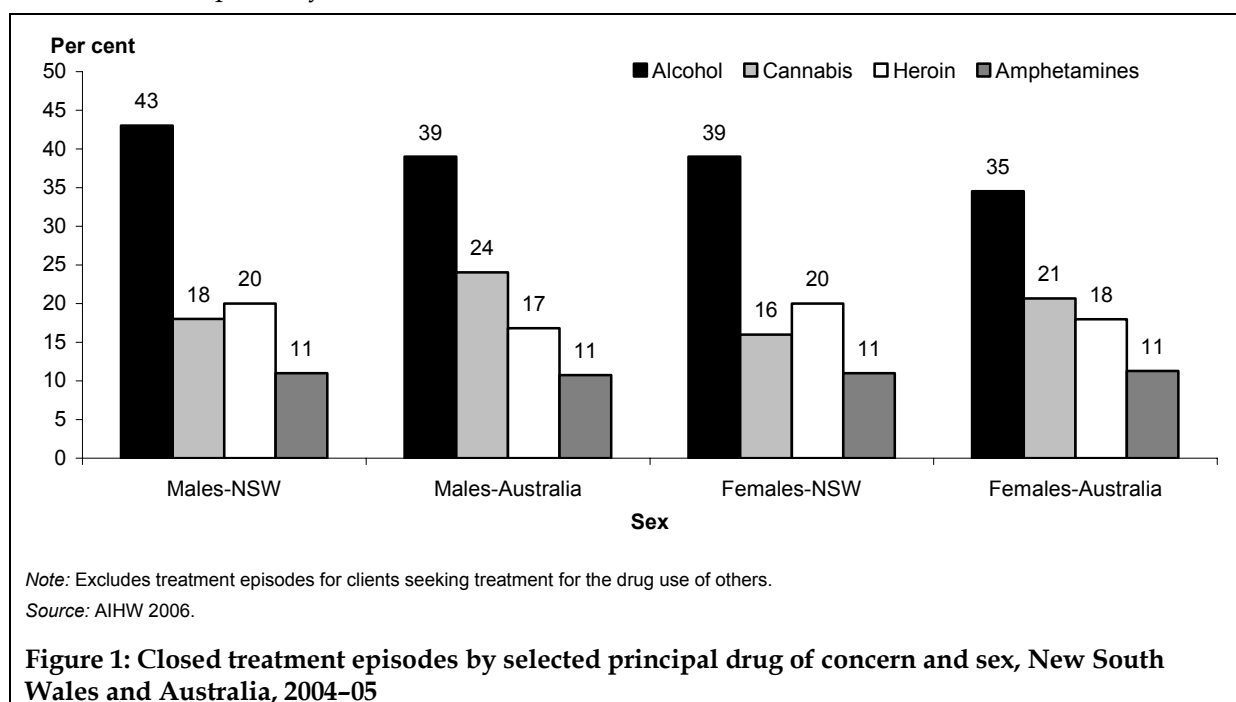
## Principal drug of concern

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 41,789 episodes where clients were seeking treatment for their own substance use.

- In NSW, alcohol (42%) and opioids (25%, with heroin accounting for 20%) were the most common principal drugs of concern in closed treatment episodes, followed by cannabis (17%), and amphetamines (11%). 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%).

### Client profile and principal drug of concern

- Alcohol was the drug most commonly recorded in closed treatment episodes for both sexes in NSW (43% of males and 39% of females), followed by heroin (20% for both males and females) (Figure 1).
- The proportion of treatment episodes for males nominating either alcohol or heroin as their principal drug of concern was higher in NSW than nationally – 43% of males in NSW nominated alcohol and 20% nominated heroin, compared with the national proportions of 39% and 17% respectively. This was also the case for treatment episodes for female clients – 39% of females in NSW nominated alcohol and 20% nominated heroin, while nationally these proportions were 35% and 18% respectively.



- In NSW and nationally, the principal drug of concern varied by age. For closed treatment episodes involving clients aged 30 years and older in NSW, alcohol was the most common principal drug – highest for clients aged 60 years and over (87%) (Table 2). Similarly, at the national level, alcohol was the most common principal drug of concern in treatment episodes for clients aged 30 years and over, with the highest proportion among those aged 60 years and over (81%).

- For treatment episodes involving clients aged 10–19 years in NSW, cannabis was the most common principal drug of concern (46%), and for clients aged 20–29 years heroin was the most common principal drug (27%). Nationally, cannabis was the most common principal drug in treatment episodes involving clients aged 10–19 years (50%) and 20–29 years (28%).

**Table 2: Closed treatment episodes<sup>(a)</sup> by principal drug of concern and age group, New South Wales and Australia, 2004–05 (per cent)**

Principal drug	New South Wales							Total (Australia)	
	10–19	20–29	30–39	40–49	50–59	60+	Total <sup>(b)</sup>	Per cent	Number
Alcohol	23.3	24.3	40.0	60.1	77.5	86.8	41.5	37.2	50,324
Amphetamines	12.9	16.0	12.8	5.3	1.6	0.4	11.3	10.9	14,780
Benzodiazepines	0.3	1.6	2.1	3.0	2.5	3.2	2.1	1.9	2,538
Cannabis	46.0	24.1	14.9	7.9	3.5	0.7	17.4	23.0	31,044
Cocaine	0.6	0.7	0.7	0.3	0.2	0.1	0.6	0.3	400
Ecstasy	1.3	0.5	0.2	0.0	0.0	0.1	0.3	0.4	580
Nicotine	1.4	0.4	0.8	2.1	3.8	6.5	1.3	1.8	2,478
Opioids									
Heroin	11.9	27.4	22.3	14.4	5.8	0.3	20.1	17.2	23,193
Methadone	0.3	2.4	2.9	2.9	1.3	0.4	2.4	1.8	2,454
Morphine	0.2	0.6	0.9	0.9	0.6	0.3	0.7	1.0	1,389
<i>Total opioids<sup>(c)</sup></i>	<i>12.5</i>	<i>31.5</i>	<i>27.6</i>	<i>20.1</i>	<i>9.2</i>	<i>1.6</i>	<i>24.5</i>	<i>20.7</i>	<i>28,025</i>
All other drugs <sup>(d)</sup>	1.6	0.9	1.0	1.2	1.7	0.7	1.1	3.7	5,033
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>—</b>
<b>Total (number)</b>	<b>2,620</b>	<b>13,642</b>	<b>13,447</b>	<b>8,115</b>	<b>2,867</b>	<b>1,072</b>	<b>41,789</b>	<b>—</b>	<b>135,202</b>

(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 episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin in NSW were most likely to involve alcohol (42%), opioids (23%, with heroin accounting for 20%), cannabis (19%) and amphetamines (12%).
- In NSW, the proportion of treatment episodes involving Aboriginal and/or Torres Strait Islander people reporting alcohol as their principal drug of concern was similar to other Australian clients (42% and 41% of treatment episodes respectively). Nationally, treatment episodes for clients identifying as being of Aboriginal and/or Torres Strait Islander origin were more likely to involve alcohol as the principal drug of concern (43%) than those for other Australian clients (37%).

### *Injecting drug use and method of use*

- Forty-seven per cent of treatment episodes in NSW involved clients who reported never having injected drugs. Of the 30% of treatment episodes where the client reported they were 'current injectors', 44% were aged 20–29 years. Care should be taken when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (8% not stated response for NSW).
- Ingestion (48% of treatment episodes), followed by injection (29%) and smoking (20%) were the most common methods of using the principal drug of concern in NSW.

## 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 NSW, counselling was the most common main treatment provided (34%), followed by withdrawal management (detoxification) (22%) and assessment only (16%) (Table 3). Nationally, counselling was also the most common main treatment (40%), followed by withdrawal management (detoxification) (18%) and assessment only (12%).

### *Client profile and treatment programs*

- Closed treatment episodes for female clients in NSW were more likely to involve counselling as the main treatment (39%) than treatment episodes for male clients (32%). This was also the case nationally (45% and 38% respectively).
- In NSW, the main treatment type did not vary much with age. Counselling was the most common treatment type for all age groups – highest for clients aged 60 years and over (44%) and lowest for those aged 20–29 years (31%). Assessment only was the second most common treatment type for clients aged 10–19 years (22%), while for all other age groups, withdrawal management (detoxification) was the second most common main treatment type.

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

Main treatment type	New South Wales			Australia		
	Males	Females	Persons <sup>(a)</sup>	Males	Females	Persons <sup>(a)</sup>
Withdrawal management (detoxification)	23.1	20.3	22.2	17.9	18.1	17.9
Counselling	31.9	39.3	34.3	37.6	44.7	40.2
Rehabilitation	11.6	8.1	10.4	8.2	6.8	7.7
Support & case management only	8.3	8.5	8.4	7.5	8.7	7.9
Information and education only	2.1	2.7	2.3	9.9	7.0	8.9
Assessment only	17.2	13.5	16.0	14.4	8.7	12.4
Other <sup>(b)</sup>	5.7	7.6	6.4	4.6	6.0	5.0
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total (number)</b>	<b>29,022</b>	<b>14,044</b>	<b>43,079</b>	<b>93,088</b>	<b>48,579</b>	<b>142,144</b>

(a) Includes not stated for sex.

(b) 'Other' includes 1,372 treatment episodes in NSW 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.

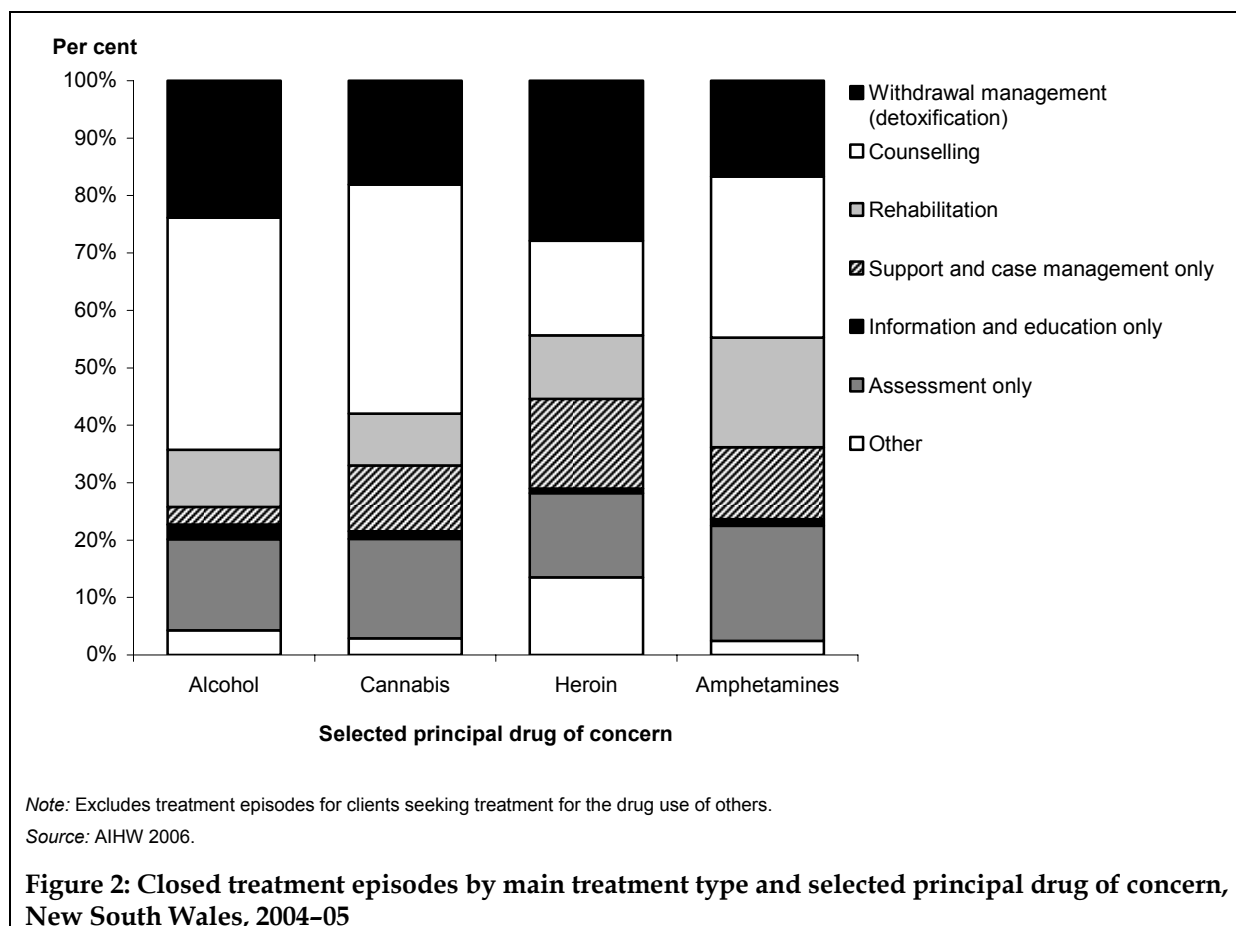
### *Principal drug of concern and treatment programs*

The following points relate only to closed treatment episodes where the client was seeking treatment for their own drug use.

- In NSW, the main treatment type varied depending on the principal drug of concern the client sought treatment for. Where alcohol or cannabis were the principal drug of concern, counselling

accounted for the highest proportion of main treatment types (40% each), followed by withdrawal management (detoxification) (24% and 18% respectively) (Figure 2).

- Where heroin was the principal drug of concern, the most common treatment type was withdrawal management (detoxification) (28%), followed by counselling and support and case management only (16% each).
- Counselling was the most common main treatment type where amphetamines were the principal drug of concern (28%), followed by assessment only (20%) and rehabilitation (19%).



- In NSW, the median number of days for a treatment episode was 13. The highest median number of treatment days within a treatment episode occurred when the principal drug of concern was cannabis (19), amphetamines and methadone (16 each), and nicotine (15). The main treatment type with the highest median number of treatment days per episode was support and case management (62), followed by 'other' treatment which includes pharmacotherapy (58), and counselling (43).

#### *Treatment delivery setting and treatment programs*

- More than two-thirds (68%) of all closed treatment episodes in NSW occurred at a non-residential treatment facility, and a further 26% in a residential facility. Nationally, 70% of all episodes occurred at a non-residential treatment facility and a further 18% in a residential facility.
- In NSW, the highest median number of treatment days for a treatment episode occurred where the treatment delivery was in an outreach setting (34 days).

### *Ceasing treatment and treatment programs*

- In NSW, the most common reason for the cessation of a client's treatment was that the treatment had been completed (55%), followed by clients ceasing to participate without notice to the treatment agency (18%).
- The reason for cessation of a treatment episode varied by main treatment type in NSW. Treatment was more likely to be completed where the main treatment type was information and education only (78%), withdrawal management (detoxification) (66%) and assessment only (63%).
- Where counselling was the main treatment type, more than one-quarter (29%) of treatment episodes ended because the client ceased to participate without notice to the treatment agency.

### **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 NSW, 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 NSW, cannabis was the principal drug of concern in 17% of treatment episodes in 2004–05, compared with 23% nationally. Of the 7,253 closed treatment episodes in NSW where cannabis was the principal drug of concern:

- 72% of treatment episodes related to male clients and 28% to female clients – a higher proportion of males and a lower proportion of females compared with all other principal drugs of concern (68% male, 32% female).
- A higher proportion of episodes involved clients in the 10–19 and 20–29 year age groups (17% and 45% respectively), compared with episodes for all other principal drugs of concern (4% and 30% respectively).
- Smoking as a method of use accounted for 99% of closed treatment episodes within this group, while for all other principal drugs of concern the most common method of use was ingestion (59%), followed by injecting (35%).
- Self-referring to treatment was the most common source of referral (34%), at a proportion slightly lower than for clients who nominated a principal drug other than cannabis (40%).
- Clients were less likely to be referred to treatment by a general practitioner or medical specialist (5%), compared with clients who nominated a principal drug other than cannabis (8%), but more likely to be referred through court diversion (13%, compared with 7%).
- Clients were more likely to receive counselling (40%) and support and case management only (12%), compared with clients who nominated a principal drug other than cannabis (32% and 8% respectively).

In NSW 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, 54% of episodes ceased because the treatment was completed, the same proportion of episodes where the client nominated a principal drug other than cannabis. The next most common reason for ceasing treatment for both groups was where the client ceased to participate without notice to the treatment agency (22% and 17% respectively).

## **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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