

Alcohol and other drug treatment services in the Australian Capital Territory 2004–05

Findings from the National Minimum Data Set (NMDS)



Australian Government

Australian Institute of Health and Welfare



Highlights

In the Australian Capital Territory (ACT) in 2004–05:

- 9 government-funded alcohol and other drug treatment agencies provided 4,213 'closed treatment episodes' (see below for definition).
- Almost two-fifths (38%) of closed treatment episodes were for clients aged 20–29 years, and more than one-quarter (27%) were for clients aged 30–39 years.
- Male clients accounted for over two-thirds (70%) of all closed treatment episodes.
- Alcohol (43%) and opioids (29%, with heroin accounting for 27%) were the most common principal drugs of concern in closed treatment episodes, followed by cannabis (19%) and amphetamines (8%).
- Of all closed treatment episodes, counselling was the most common main treatment provided (28%), followed by withdrawal management (detoxification) (27%) and assessment only (19%).
- Treatment episodes most commonly ceased because the treatment was completed (57%).

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 the ACT. Throughout this briefing, data from the ACT 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.

ACT data completeness

In the ACT, the re-inclusion of one large service provider (excluded in 2003–04) has meant that the overall number of closed treatment episodes has increased 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.

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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Treatment agencies

- Throughout Australia, a total of 635 government-funded alcohol and other drug treatment agencies supplied data for 2004–05. Of these agencies, 9 were located in the ACT, of which 89% were non-government agencies.

Client profile

- In the ACT, there were 4,213 ‘closed treatment episodes’ in alcohol and other drug treatment services reported in the 2004–05 AODTS-NMDS collection.
- Close to 100% of closed treatment episodes in the ACT involved clients seeking treatment for their own drug use.
- In the ACT, almost two-fifths (38%) of closed treatment episodes were for clients aged 20–29 years, and more than one-quarter (27%) were for clients aged 30–39 years (Table 1).
- The overall proportions of male and female clients in the ACT (70% and 30% respectively) were similar to the national proportions (66% and 34% respectively).

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

Age group (years)	Australian Capital Territory			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
10–19	7.1	3.3	10.4	8.1	4.1	12.2
20–29	26.6	11.6	38.2	22.1	10.3	32.5
30–39	18.6	8.0	26.5	18.7	9.4	28.2
40–49	11.2	5.3	16.5	10.6	6.2	16.9
50–59	4.4	1.7	6.0	4.0	2.8	6.7
60+	1.4	0.6	2.0	1.4	0.9	2.3
Total^(b) (per cent)	69.6	30.4	100.0	65.5	34.2	100.0
Total^(b) (number)	2,933	1,280	4,213	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 slightly lower in the ACT 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 (91%) of closed treatment episodes in the ACT were for clients born in Australia and close to 100% of treatment episodes were for clients whose preferred language was English.
- Sixty per cent of all treatment episodes in the ACT involved clients who were self-referred, followed by referrals from family members or friends (11%) and alcohol and other drug treatment services and court diversion (8% each).

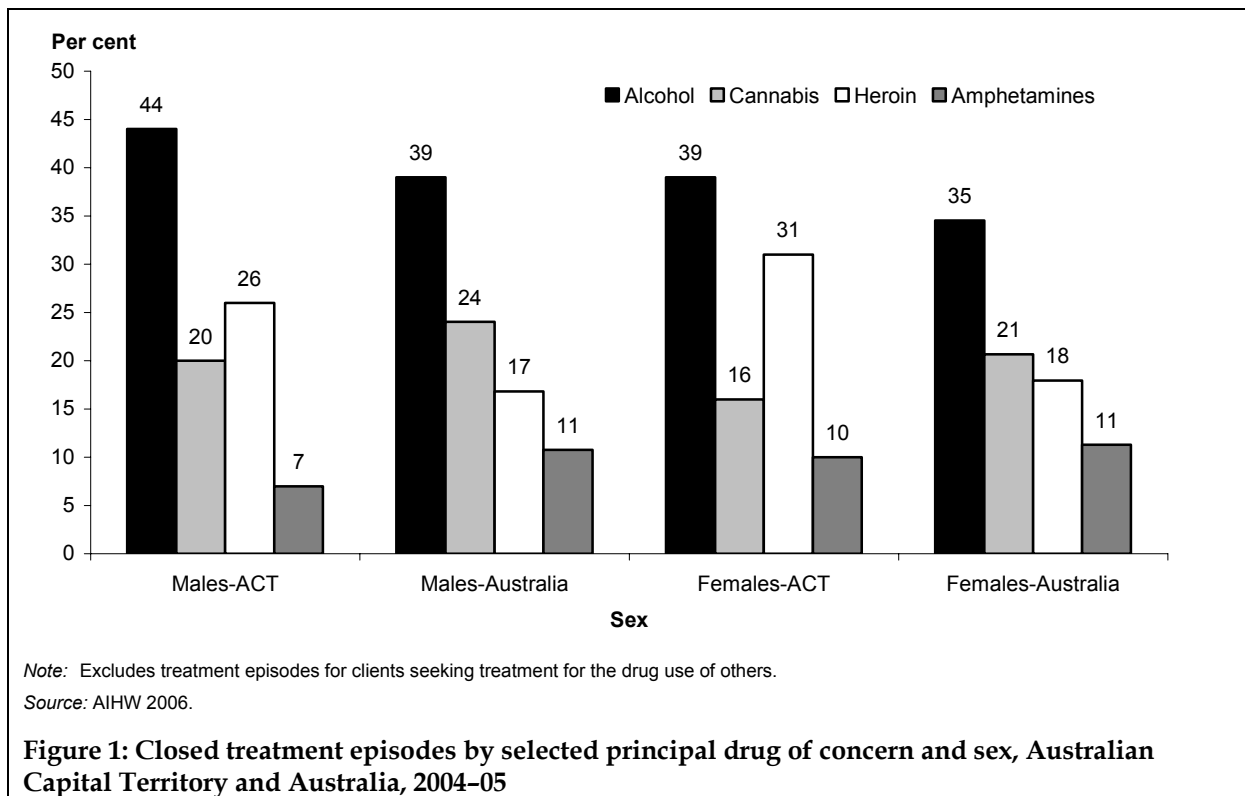
Principal drug of concern

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 4,206 episodes where clients were seeking treatment for their own alcohol or other drug use.

- In the ACT, alcohol (43%) and opioids (29%, with heroin accounting for 27%) were the most common principal drugs of concern in closed treatment episodes, followed by cannabis (19%) and amphetamines (8%). 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 the ACT (44% of males and 39% of females), followed by heroin (26% of males and 31% of females) (Figure 1).
- The proportion of treatment episodes for males nominating heroin as the principal drug of concern was higher in the ACT than nationally (26%, compared with 17%). This was also the case for female clients (31% and 18% respectively).



- In the ACT and nationally, the principal drug of concern varied with age. For clients aged 30 years and over in the ACT, alcohol was the most common principal drug in closed treatment episodes – highest for clients aged 60 years and over (86%) (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%).
- In treatment episodes involving clients aged 10-19 years in the ACT and nationally, cannabis was the most common principal drug of concern (52% and 50% respectively). For clients aged 20-29 years in the ACT, the most common principal drug was heroin (40%), while nationally cannabis was the most common principal drug (28%).

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

Principal drug	Australian Capital Territory							Total (Australia)	
	10–19	20–29	30–39	40–49	50–59	60+	Total ^(b)	Per cent	Number
Alcohol	20.8	27.9	45.5	65.6	83.9	85.5	42.7	37.2	50,324
Amphetamines	11.9	9.7	9.1	4.2	2.4	0.0	8.2	10.9	14,780
Benzodiazepines	0.7	0.7	0.9	1.2	1.2	4.8	1.0	1.9	2,538
Cannabis	51.7	19.5	13.8	9.2	5.5	9.6	18.6	23.0	31,044
Cocaine	0.7	0.1	0.2	0.0	0.4	0.0	0.2	0.3	400
Ecstasy	0.2	0.5	0.1	0.1	0.0	0.0	0.3	0.4	580
Nicotine	0.0	0.1	0.3	0.1	0.0	0.0	0.1	1.8	2,478
Opioids									
Heroin	13.3	39.7	27.9	18.0	6.3	0.0	27.4	17.2	23,193
Methadone	0.0	1.4	1.7	1.3	0.4	0.0	1.2	1.8	2,454
Morphine	0.5	0.1	0.3	0.0	0.0	0.0	0.2	1.0	1,389
<i>Total opioids^(c)</i>	<i>13.7</i>	<i>41.3</i>	<i>30.0</i>	<i>19.6</i>	<i>6.7</i>	<i>0.0</i>	<i>28.9</i>	<i>20.7</i>	<i>28,025</i>
All other drugs ^(d)	0.2	0.1	0.2	0.0	0.0	0.0	0.1	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)	437	1,607	1,115	695	254	83	4,206	—	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.

Injecting drug use and method of use

- Two fifths (40%) of treatment episodes in the ACT involved clients who reported never having injected drugs. Of the 29% of treatment episodes where the client reported they were ‘current injectors’, 49% 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 (17% not stated response for the ACT).
- Ingestion (46% of treatment episodes), followed by injection (34%) and smoking (19%) were the most common methods of using the principal drug of concern in the ACT.

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 the ACT, counselling was the most common form of main treatment provided (28%), followed by withdrawal management (detoxification) (27%) and assessment only (19%) (Table 3). This pattern was also reflected nationally – counselling (40%), withdrawal management (detoxification) (18%) and assessment only (12%).

Client profile and treatment programs

- Closed treatment episodes for male clients in the ACT were slightly more likely to involve counselling as the main treatment (29%) than treatment episodes for female clients (26%). This was not the case nationally (38% and 45% respectively). Male clients in the ACT were also more likely to receive information and education only (13%) than female clients (7%). In contrast, female clients in the ACT were more likely to receive support and case management only (5%) than male clients (2%).
- In the ACT, the main treatment type varied with age. The proportion of treatment episodes where counselling was the main treatment type generally increased with the age of the client, from 12% of closed treatment episodes for clients aged 10–19 years to 33% of episodes for clients aged 60 years and over.
- For clients in the 10–19, 40–49 and 50–59 year age groups, withdrawal management (detoxification) was the most common main treatment type (37%, 29% and 35% respectively).

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

Main treatment type	Australian Capital Territory			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
Withdrawal management (detoxification)	26.0	28.2	26.7	17.9	18.1	17.9
Counselling	28.5	25.9	27.7	37.6	44.7	40.2
Rehabilitation	5.3	4.8	5.2	8.2	6.8	7.7
Support & case management only	1.6	5.2	2.7	7.5	8.7	7.9
Information and education only	13.3	7.3	11.5	9.9	7.0	8.9
Assessment only	18.8	20.9	19.4	14.4	8.7	12.4
Other ^(b)	6.5	7.7	6.9	4.6	6.0	5.0
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	2,933	1,280	4,213	93,088	48,579	142,144

(a) Includes not stated for sex.

(b) 'Other' includes 289 treatment episode in the ACT 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.

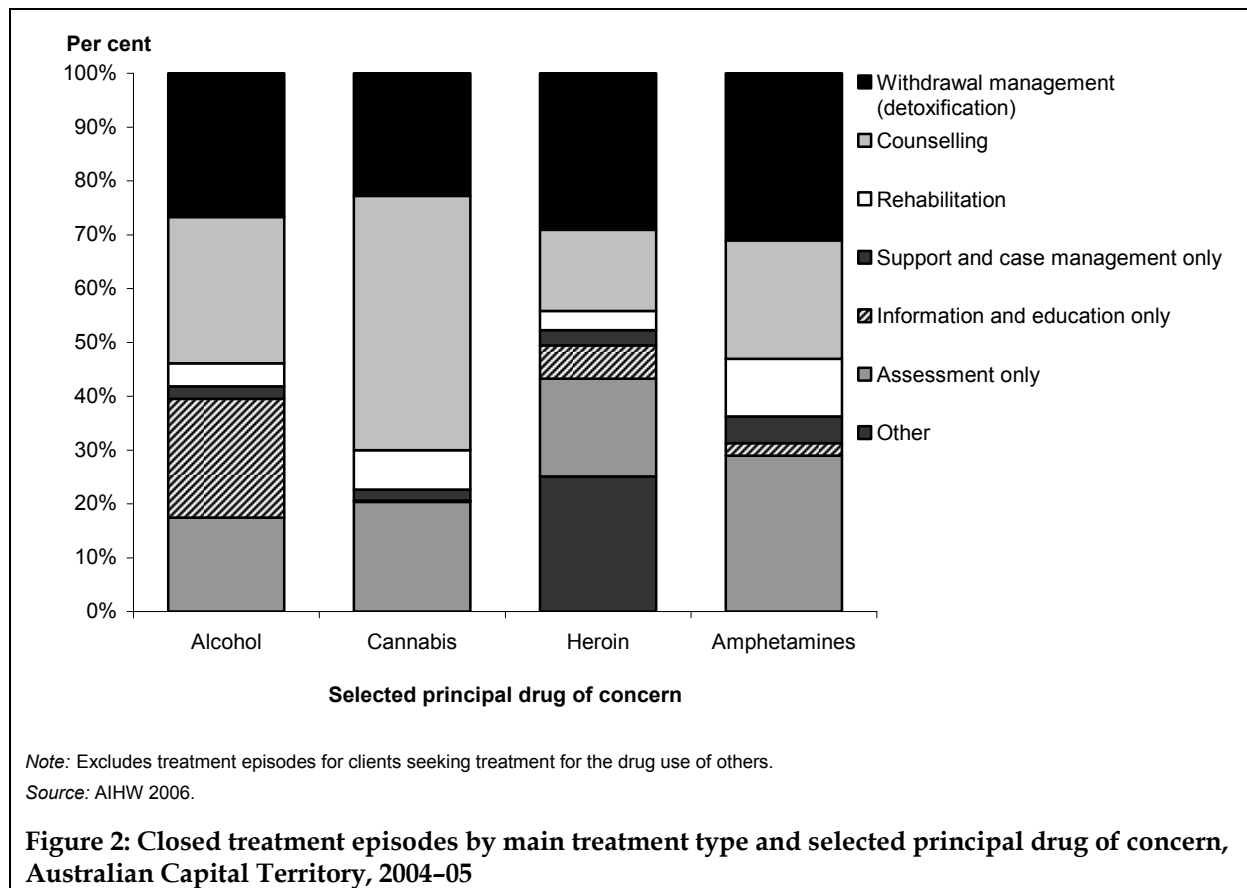
Source: AIHW 2006.

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 the ACT, the main treatment type varied depending on the principal drug of concern the client sought treatment for. The most common treatment types received when alcohol was the principal drug of concern were counselling and withdrawal management (detoxification) (27% each), followed by information and education only (22%) and assessment only (17%) (Figure 2).
- Where cannabis was the principal drug of concern, the most common treatment type was counselling (47%), followed by withdrawal management (detoxification) (23%) and assessment only (20%).
- Where heroin was the principal drug of concern, the most common main treatment type was withdrawal management (detoxification) (29%), followed by 'other' treatment which includes pharmacotherapy (25%), and assessment only (18%). Withdrawal management (detoxification)

was also the most common main treatment type when amphetamines were the principal drug of concern (31%), followed by assessment only (29%) and counselling (22%).



- In the ACT, the median number of days for a treatment episode was 34. The highest median number of treatment days within a treatment episode occurred when the principal drug of concern was cannabis (56), followed by ecstasy (49) and nicotine (43).

Treatment delivery setting and treatment programs

- More than one-half (54%) of all closed treatment episodes in the ACT occurred at a residential treatment facility, and just over two-fifths (41%) occurred in a non-residential treatment facility. Nationally, 18% of all closed treatment episodes occurred at a residential treatment facility and a further 70% in a non-residential facility.
- In the ACT, the highest median number of treatment days for a treatment episode occurred where the treatment delivery was in a non-residential setting (78 days).

Ceasing treatment and treatment programs

- In the ACT, the most common reason for the cessation of a client's treatment was that the treatment had been completed (57%), followed by clients ceasing to participate without notice to the treatment agency (17%).
- The reason for cessation of a treatment episode varied by main treatment type in the ACT. Treatment was more likely to be completed where the main treatment type was assessment only (85%) and counselling (66%), and less likely where the main treatment type was rehabilitation (10%).
- Where the main treatment type was information and education only, one-half (50%) of treatment episodes ended because the client ceased to participate without notice.

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 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 the ACT, 14% 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 the ACT, cannabis was the principal drug of concern in 19% of treatment episodes in 2004–05, compared with 23% nationally. Of the 781 closed treatment episodes in the ACT where cannabis was the principal drug of concern:

- 74% of treatment episodes related to male clients and 26% to female clients—a higher proportion of males and a lower proportion of females compared with all other principal drugs of concern (69% males and 31% females).
- A higher proportion of episodes involved clients in the 10–19 year age group (29%), compared with episodes for all other principal drugs of concern (6%).
- 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 (57%), followed by injecting (42%).
- Self-referring to treatment was the most common source of referral (55%), at a proportion slightly lower than for clients who nominated a principal drug other than cannabis (61%).
- Clients were less likely to be referred to treatment from an alcohol and other drug treatment service (4%), compared with clients who nominated a principal drug other than cannabis (9%), and were more likely to be referred through court diversion (9%, compared with 7%) and police diversion (4%, compared with 2%).
- Clients were more likely to receive counselling (47%) compared with clients who nominated a principal drug other than cannabis (23%), and were less likely to receive withdrawal management (detoxification) (23%, compared with 28%).

In the ACT 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, 60% of episodes ceased because the treatment was completed, compared with 57% 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 (14% and 18% 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).

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