



Alcohol and other drug treatment services in Victoria

Findings from the National Minimum Data Set (NMDS) 2009–10

Highlights

In Victoria, 138 publicly funded alcohol and other drug treatment agencies and outlets supplying data provided 52,133 treatment episodes in 2009–10. This was an increase of two agencies and about 5,000 treatment episodes compared with 2008–09. The median¹ ages of persons receiving treatment for their own drug use (32) and those seeking assistance for someone else’s drug use (35) were both slightly older than in 2008–09.

Alcohol (46%), cannabis (23%), opioids (19%, with heroin alone accounting for 14%), and amphetamines (5%) were again the most common principal drugs of concern.

Counselling was the most common form of main treatment provided (accounting for 51% of episodes, similar to 2008–09), followed by withdrawal management (detoxification) (19%) and support and case management only (13%).

1 The median is the midpoint of a list of observations ranked from the smallest to the largest.

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About this bulletin

This bulletin summarises the main findings from the 2009–10 Alcohol and Other Drug Treatment Services (AODTS) NMDS data for Victoria. More detailed information about the 2009–10 collection and its findings is in the publication *Alcohol and other drug treatment services in Australia 2009–10: report on the national minimum data set* (AIHW 2011). 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 2009–10 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 from 1 July 2009 to 30 June 2010.

It is important to note that the AODTS–NMDS collection includes pharmacotherapy clients only 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 (NOPSAD) collection.

For a complete list of clients and agencies excluded from the AODTS–NMDS, see AIHW 2011.

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, 671 publicly funded alcohol and other drug treatment agencies supplied data for 2009–10. Of these, 138 were located in Victoria, of which all were non-government agencies.

Treatment agencies in Victoria were most likely to be in *Major cities* (64%), followed by *Inner regional* (29%) and *Outer regional* areas (7%).

Client profile

In Victoria, there were 52,133 closed treatment episodes reported in the 2009–10 AODTS–NMDS collection. The vast majority (94%) of episodes in Victoria involved clients seeking treatment for their own drug use. The remaining 6% involved clients seeking treatment related to another person's alcohol or other drug use.

Age and sex

The overall proportions of male and female clients in Victoria (64% and 35%, respectively) were similar to the national proportions (66% and 33%, respectively). However, of those treatment episodes reported for someone else's drug use in Victoria, female clients accounted for the majority (62%; up seven percentage points from 2008–09).

In Victoria, the median age of persons receiving treatment for their own drug use was 32. Of people seeking treatment for someone else's drug use, the median age was 35.

Three in ten (30%) treatment episodes in Victoria were for clients aged 20–29, while 28% were for clients aged 30–39.

Special population groups

The proportion of treatment episodes involving clients who identified as Aboriginal and Torres Strait Islander was lower in Victoria than the national figure (6% and 13%, respectively). These figures need to be interpreted with caution because majority of Australian Government-funded Aboriginal and Torres Strait Islander substance use specific services and primary health-care services are not included in the AODTS–NMDS collection. Indigenous status was not stated in 9% of episodes in Victoria.

The large majority (86%) of treatment episodes in Victoria were for clients born in Australia and 93% were for clients whose preferred language was English.

Drugs of concern

This section reports on the 49,156 episodes where clients were seeking treatment for their own alcohol or other drug use in Victoria.

Principal drug of concern

The principal drug of concern refers to the main substance that the client stated led them to seek treatment from an alcohol and drug treatment agency. In Victoria in 2009–10, alcohol was the most common principal drug of concern in closed treatment episodes (46%), followed by cannabis (23%). This reflected the national pattern—alcohol made up 48% of episodes across Australia and cannabis 23% (see Table 1). The third most common principal drug of concern for which treatment was sought in Victoria was heroin (14% of episodes).

The proportion of episodes related to heroin have decreased in Victoria from 25% in 2002–03 to 14% in 2009–10. However, the most recent data for Victoria shows that heroin treatment is still proportionally greater than the national average (10%). Treatment for amphetamines continued to decline in 2009–10 (from 7% to 5% of episodes), in line with the national trend (from 9% to 7%).

There was an increase in the proportion of alcohol-related episodes in Victoria (from 44% in 2008–09 to 46% in 2009–10), similar to the trend observed nationally (46% in 2008–09 increasing to 48% in 2009–10).

Table 1: Principal drug of concern^(a), Victoria and Australia, 2001–02 to 2009–10 (per cent)

Principal drug of concern	Victoria								Australia 2009–10	
	2002–03	2003–04	2004–05 ^(b)	2005–06	2006–07	2007–08	2008–09	2009–10	Per cent	Number
Alcohol	36.6	37.1	36.8	38.1	42.4	44.2	43.8	46.2	47.9	67,450
Amphetamines	6.1	6.5	6.1	6.3	7.5	7.5	6.6	5.4	7.1	10,038
Benzodiazepines	2.5	2.4	2.4	2.2	2.1	2.0	1.8	1.9	1.6	2,238
Cannabis	21.6	22.3	23.3	24.8	23.9	22.2	23.6	23.4	23.2	32,676
Cocaine	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.3	0.4	595
Ecstasy	0.4	0.4	0.4	0.7	0.7	0.8	0.8	0.6	0.8	1,107
Nicotine	0.7	0.8	0.6	0.6	0.8	0.6	0.8	1.2	1.8	2,553
Opioids										
Heroin	24.9	23.3	22.4	18.3	13.9	14.6	14.9	14.4	9.9	13,882
Methadone	1.4	1.2	1.5	1.5	1.4	1.0	1.1	1.1	1.4	1,907
Morphine	0.5	—	—	—	—	—	1.1	0.9	1.2	1,751
Total opioids ^(c)	27.2	24.5	24.2	20.5	16.2	16.5	19.1	19.1	14.7	20,709
All other drugs ^(d)	4.8	5.8	5.9	6.5	6.3	6.0	3.2	2.8	2.4	3,403
Not stated	—	—	—	—	—	—	—	—	—	—
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	..
Total (number)	43,048	45,030	44,150	46,759	45,769	45,104	44,691	49,156	..	140,769

(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

(b) The total number of closed treatment episodes for Victoria in this collection year may be undercounted due to a change in reporting practices introduced in 2004–05.

(c) Total opioids includes the balance of opioids according to the Australian Standard Classification of Drugs of Concern (ASDC).

(d) Includes balance of principal drugs of concern coded according to the ASCDC.

Age and sex

The principal drug of concern varied by age in Victoria. For clients aged 10–19, cannabis was the most common principal drug of concern (47% of episodes). For clients aged 20–29, alcohol was the most common principal drug (36% of episodes), followed closely by cannabis (30%) and heroin (17%). For clients aged 30 and over, alcohol was the principal drug of concern for the majority of episodes (55%)—and was highest for clients 60 and over (81% of episodes).

All drugs of concern

Clients can report up to five drugs of concern in addition to the principal drug of concern. Almost two-thirds (64%) of all episodes in Victoria involved at least one other drug of concern in addition to the principal drug.

A breakdown of all drugs of concern by drug type is presented in Figure 1. For example, nicotine was reported as the principal drug of concern in 1% of episodes, but was reported as a drug of concern (either principal or other) in 22% of treatment episodes.

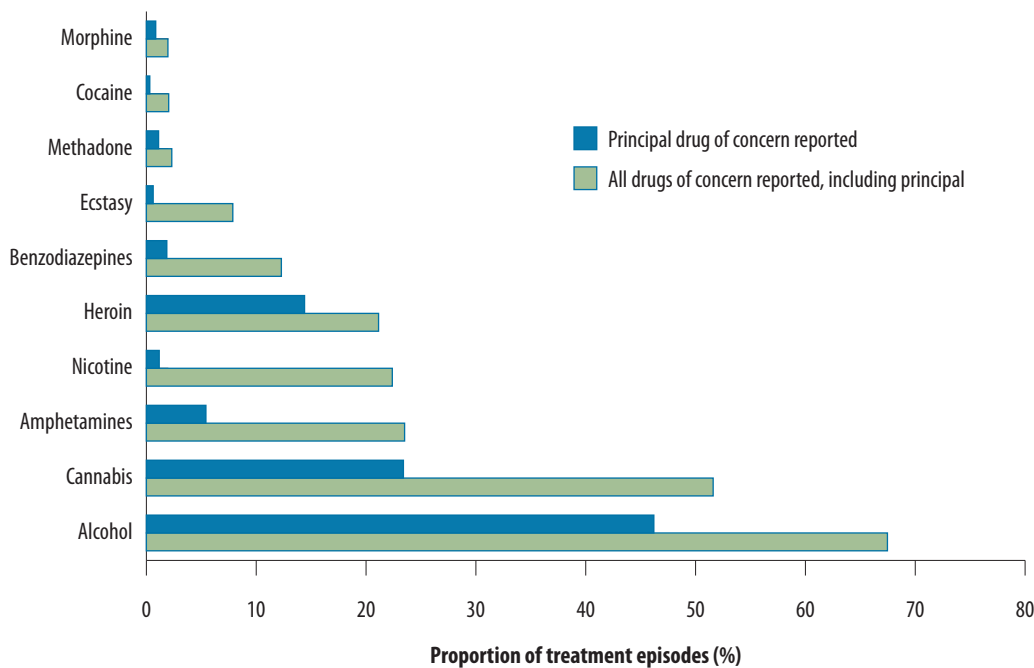


Figure 1: Principal drug of concern and all drugs of concern, Victoria, 2009–10.

Alcohol

In Victoria, alcohol was the most common principal drug of concern for which treatment was sought, accounting for 46% of closed treatment episodes in 2009–10. When all drugs of concern are considered (that is, the principal drug and all other drugs of concern nominated by the client), 67% of episodes included alcohol.

Of the 22,691 episodes where alcohol was nominated as the principal drug of concern in 2009–10, the client, drug and treatment profiles were as follows:

Client profile

- Around two-thirds (69%) of episodes were for male clients.
- The median age of persons receiving treatment was 36 (males 35; females 38).
- Six per cent of episodes involved clients who identified as Aboriginal and Torres Strait Islander (however in 9% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (39% of episodes), followed by referrals from correctional settings at 14%.

Drug profile

- 12,487 episodes (or 55%) included at least one other drug of concern. From these episodes, 21,989 other drugs of concern were recorded—36% were for cannabis, 21% nicotine and 14% amphetamines.
- Three in five (60%) episodes involved clients who reported never having injected drugs. Around 5% of episodes involved clients who reported as currently injecting, while 15% involved clients who reported they had injected drugs in the past. However, caution should be exercised when interpreting data for injecting drug use due to the high not stated response for this item (20% of episodes).

Treatment profile

- Counselling was the most common main treatment type received (52% of episodes), followed by withdrawal management (detoxification) (22%) and assessment only (12%).
- Treatment was most likely to occur in a non-residential treatment facility (64% of episodes), followed by a residential treatment facility (14%).
- The median number of days for a treatment episode was 37.

Cannabis

In Victoria, cannabis was the second most common principal drug of concern for which treatment was sought, accounting for 23% of closed treatment episodes in 2009–10. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 52% of episodes included cannabis.

Of the 11,520 episodes where cannabis was nominated as the principal drug of concern in 2009–10, the client, drug and treatment profiles were as follows:

Client profile

- Around two-thirds (65%) of episodes were for male clients.
- The median age of persons receiving treatment was 24 (for both males and females).
- Almost one in ten (8%) of episodes involved clients who identified as Aboriginal and Torres Strait Islander (however Indigenous status was not reported for 12% of episodes).
- Self-referral was the most common source of referral (34% of episodes), followed by court diversion (14%) and referrals from other alcohol and other drug treatment services (13%).

Drug profile

- Smoking was the most common method of use (74% of episodes), followed by inhaling (13%).
- 8,265 episodes (or 72%) included at least one other drug of concern. In these episodes, 17,616 other drugs of concern were recorded—33% were for alcohol, 18% for amphetamines and nicotine.
- Half (50%) of all episodes involved clients who reported never having injected drugs. Eight per cent of episodes involved clients who reported as currently injecting, while 19% involved clients who reported they had injected drugs in the past. However, caution should be exercised when interpreting data for injecting drug use due to the high not stated response for this item (22% of episodes).

Treatment profile

- Counselling was the most common main treatment received (45% of episodes), followed by withdrawal management and support and case management only (both 20%).
- Treatment was most likely to occur in a non-residential treatment facility (57% of episodes), followed by an outreach setting (18%).
- The median number of days for a treatment episode was 36.

Heroin

In Victoria, heroin was the third most common principal drug of concern for which treatment was sought, accounting for 14% of closed treatment episodes in 2009–10 (higher than the national proportion of 10%). When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 21% of episodes included heroin.

Of the 7,059 episodes where heroin was nominated as the principal drug of concern in 2009–10, the client, drug and treatment profiles were as follows:

Client profile

- ♦ Almost two-thirds (63%) of episodes were for male clients.
- ♦ The median age of persons receiving treatment was 31 (males 32, females 30).
- ♦ Four per cent of episodes involved clients who identified as Aboriginal and Torres Strait Islander (however, Indigenous status was not reported for 7% of episodes).
- ♦ Self-referral was the most common source of referral (34% of episodes), followed by court diversion (19%) and referrals from correctional services (17%).

Drug profile

- ♦ Injecting was the most common method of use (82% of episodes), followed by smoking (5%).
- ♦ 5,130 episodes (or 73%) included at least one other drug of concern. In these episodes, 11,499 other drugs of concern were recorded—27% were for cannabis, 18% alcohol and 16% amphetamines.
- ♦ Half (50%) of episodes involved clients who reported to be currently injecting, while 39% involved clients who injected drugs in the past (25% between three and 12 months ago and the remainder 12 or more months ago).

Treatment profile

- ♦ Counselling was the most common main treatment type received (45% of episodes), followed by withdrawal management (16%) and assessment only (15%).
- ♦ Treatment was most likely to occur in a non-residential treatment facility (58% of episodes), followed by a residential treatment facility (18%).
- ♦ The median number of days for a treatment episode was 40.

Treatment programs

The 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 related to 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 apply to the client's own drug use).

Of all episodes in Victoria, counselling was the most common form of main treatment provided (51% of episodes), followed by withdrawal management (19%) and support and case management only (13%) (Table 2). Nationally, counselling was the most common treatment provided (42% of episodes), followed by withdrawal management (15%) and assessment only (14%).

Table 2: Main treatment type, Victoria^(a) and Australia, 2001–02 to 2009–10 (per cent)

Principal drug of concern	Victoria									Australia 2009–10	
	2001–02	2002–03	2003–04	2004–05 ^(b)	2005–06	2006–07	2007–08	2008–09	2009–10	Per cent	Number
Withdrawal management (detoxification)	21.9	21.0	22.2	22.5	21.8	22.5	21.4	21.1	19.3	15.4	22,534
Counselling	47.2	48.6	47.1	46.9	47.5	49.0	46.8	46.7	50.7	42.2	61,990
Rehabilitation	2.8	3.7	3.8	3.7	3.6	3.9	3.9	3.9	3.4	5.1	7,521
Support and case management only	11.0	11.2	13.0	12.9	13.2	13.4	13.4	13.7	12.9	8.7	12,718
Information and education only	0.1	0.3	0.7	0.7	0.4	0.5	0.8	0.8	0.7	8.9	13,034
Assessment only	13.1	10.6	10.2	9.9	10.0	7.8	10.5	10.6	10.0	13.5	19,803
Other ^(c)	3.9	4.6 ^(d)	1.8	3.4	3.3	2.8	3.1	3.2	3.0	6.3	9,186
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	..
Total (number)	44,824	45,306	47,638	46,369	48,999	48,668	47,538	47,089	52,133	..	146,786

(a) Victoria reports separate treatment episodes for main treatments and additional treatments, whereas other jurisdictions report episodes containing both main and additional treatment treatments where appropriate.

(b) The total number of closed treatment episodes for 2004–05 may have been undercounted due to a change in reporting practices introduced that year.

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

(d) This figure has been revised from previous publications.

The balance of treatment types provided by Victoria has been generally stable in the period between 2002–03 and 2008–09. However in 2009–10, there was an increase in counselling episodes, up four percentage points (from 47% to 51%).

Victoria has provided relatively less treatment as information and education only and rehabilitation over time compared with the national trends, but more counselling, withdrawal management and support and case management.

Counselling

Counselling was the most common main treatment type reported in Victoria in 2009–10, accounting for 51% of closed treatment episodes. Of the 26,441 episodes where counselling was nominated as the main treatment type received, the client, drug and treatment profiles were as follows:

Client profile

- Nine in ten (91%) episodes were for clients seeking treatment for their own drug use.
- Almost two-thirds (63%) of episodes were for male clients.
- The median age of persons receiving treatment was 33 (males 33; females 35).
- Six per cent of episodes involved clients who identified as Aboriginal and Torres Strait Islander (however for 9% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (41% of episodes), followed by referrals from court diversion (23%).

Treatment profile

- Virtually all episodes occurred in a non-residential treatment facility.
- The majority (68%) of episodes ended because the treatment was completed. The next most common reason for episodes to end was that the client ceased to participate without notifying the service provider (13% of episodes ended this way).
- The median number of days for a treatment episode was 56.

Principal drug profile

- Alcohol was the most common principal drug of concern reported by people who received counselling for their own drug use (49% of episodes), followed by cannabis (22%) and heroin (13%).

Withdrawal management (detoxification)

Withdrawal management was the second most common main treatment type reported in Victoria in 2009–10, accounting for 19% of closed treatment episodes. Of the 10,081 episodes where withdrawal management was nominated as the main treatment received in 2009–10, the client, drug and treatment profiles were as follows:

Client profile

- All episodes were for clients seeking treatment for their own drug use.
- Three in five (62%) episodes were for male clients.
- The median age of persons receiving treatment was 35 (for both males and females).
- Five per cent of episodes involved clients who identified as Aboriginal and Torres Strait Islander (but for 8% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (45% of episodes), followed by referrals from other alcohol and drug treatment services (21%).

Treatment profile

- Treatment was most likely to take place in a residential treatment facility (49% of episodes), followed by a non-residential treatment facility (35%).
- The majority (72%) of episodes ended because the treatment was completed. A further 6% ceased participation without notice and the same proportion ceased against advice.
- The median number of days for a treatment episode was 13.

Principal drug profile

- Alcohol was the most common principal drug of concern reported (49% of episodes), followed by cannabis (23%) and heroin (11%).

Support and case management only

Support and case management only was the third most common main treatment provided in Victoria in 2009–10, accounting for 13% of closed treatment episodes. Of the 6,740 episodes where support and case management only was nominated as the main treatment type received in 2009–10, the client, drug and treatment profiles were as follows:

Client profile

- Nine in ten (92%) episodes were for clients seeking treatment for their own drug use.
- Three in five (61%) episodes were for male clients.
- The median age of persons receiving treatment was 20 (for both males and females).
- Six per cent of episodes involved clients who identified as Aboriginal and Torres Strait Islander (but for 7% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (40% of episodes), followed by other alcohol and other drug treatment services (12%).

Treatment profile

- Treatment was most likely to occur in an outreach setting (85% of episodes), followed by a non-residential treatment facility (15%).
- The majority (69%) of episodes ended because the treatment was completed. The next most common reason for a treatment episode to end was that the client ceased to participate without notifying the service provider (9% of episodes ended this way).
- The median number of days for a treatment episode was 44.

Principal drug profile

- Alcohol was the most common principal drug of concern reported (38% of episodes) by people who received support and case management only for their own drug use, followed by cannabis (37%), and heroin (10%).

Symbols

- nil or rounded to zero
- .. not applicable

How to find out more

If you would like more detailed data about Victoria's alcohol and other treatment services please contact the AIHW to discuss your needs. The document Alcohol and other drug treatment services NMDS Specifications 2009–10 outlines the process to be followed for unpublished data requests. This document is available from the AIHW web site at <<http://www.aihw.gov.au/publication-detail/?id=6442468251>>.

Reference

Australian Institute of Health and Welfare (AIHW) 2011. Alcohol and other drug treatment services in Australia 2009–10: report on the National Minimum Data Set. Drug treatment series no. 14. Cat. no. HSE 114. Canberra: AIHW.

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