



Alcohol and other drug treatment services in the Australian Capital Territory

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

Highlights

In the Australian Capital Territory in 2009–10, 10 publicly funded alcohol and other drug treatment agencies provided 3,585 treatment episodes.

The median¹ age of persons receiving treatment for their own drug use was 31 in 2009–10, as was observed in 2008–09. For people seeking assistance in relation to someone else’s drug use, the median age decreased from 48 in 2008–09 to 43 in 2009–10.

Alcohol was the most common principal drug of concern in 2009–10 (55%), accounting for a similar proportion of episodes compared with the previous year. Other principal drugs of concern included cannabis (17%) and heroin (14%), which remained at similar levels to the previous year, and amphetamines which dropped by 3 percentage points from 2008–09 to 6% in 2009–10.

The most common form of treatment in 2009–10 was counselling (as was observed in 2008–09), with 30% of treatment episodes; 12 percentage points lower than the number of episodes receiving this treatment nationally (42%). Withdrawal management remained at 21% of treatment episodes; five percentage points higher than the national estimate. There was a slight decrease in the proportion of assessment only treatment episodes (from 16% in 2008–09 to 13% in 2009–10).

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 the Australian Capital Territory. 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 provided 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 only includes pharmacotherapy clients 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 a '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 government-funded alcohol and other drug treatment agencies supplied data for 2009–10. Of these, 10 were located in the Australian Capital Territory, of which nine were non-government agencies.

Client profile

In the Australian Capital Territory, there were 3,585 closed treatment episodes in alcohol and other drug treatment services reported in the 2009–10 AODTS–NMDS collection. The decrease in treatment episodes since 2006–07 is related to a review of the reporting practices of one agency.

The large majority (95%) of closed treatment episodes in the Territory involved clients seeking treatment for their own drug use. The remaining 5% involved clients seeking treatment in relation to another person's alcohol or other drug use.

Age and sex

The overall proportions of male and female clients in the Australian Capital Territory were similar to the national proportions, with males accounting for about two in three (66%) episodes and females one in three (34%). Of those treatment episodes reported for someone else's drug use in the Territory, female clients accounted for two-thirds (68%) of episodes (11 percentage points lower than in 2008–09).

In the Australian Capital Territory, the median age of persons receiving treatment for their own drug use was 31. The median age of people seeking treatment in relation to someone else's drug use was 43.

People aged between 20–29 and 30–39 were most likely to receive treatment in 2009–10 (27% and 28% of episodes respectively).

Special population groups

The proportion of closed treatment episodes involving clients who identified as Aboriginal and Torres Strait Islander in 2009–10 was similar to 2008–09 (9% compared with 10% in 2009–10); and slightly lower than the national proportion of 13%. Indigenous status was not stated for 10% of treatment episodes in the Australian Capital Territory in 2009–10. It is important to note that the majority of Australian Government-funded Aboriginal and Torres Strait Islander substance use services or primary health care services report their activities to other data collections.

Most closed treatment episodes in the Australian Capital Territory were for clients born in Australia (89%) and whose preferred language was English (99%).

Drugs of concern

This section reports only on the 3,421 closed treatment episodes where clients were seeking treatment for their own alcohol or other drug use in the Australian Capital Territory.

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 other drug treatment agency.

In 2009–10, alcohol was the most common principal drug of concern in closed treatment episodes in both the Australian Capital Territory and nationally (55% and 48% respectively).

In the Australian Capital Territory in 2009–10, cannabis was the second most common principal drug of concern, representing 17% of treatment episodes compared with the national figure of 23%. Since 2006–07 there has been a gradual increase in the proportion of treatment episodes for cannabis.

Alcohol was the most common principal drug of concern for all age groups except for the youngest age group (10–19); for this age group cannabis was reported as the most common drug of concern (54%). In general, the older the age group the greater the proportion of people for whom alcohol was the principal drug of concern.

The proportion receiving treatment for amphetamines declined from 10% in 2008–09 to 6% in 2009–10.

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

Principal drug of concern	Australian Capital Territory									Australia 2009–10	
	2002–03	2003–04 ^(b)	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	Per cent	Number	
Alcohol	40.3	22.4	42.7	45.4	55.3	48.9	54.1	54.8	47.9	67,450	
Amphetamines	5.9	17.4	8.2	8.3	8.7	9.6	9.5	6.2	7.1	10,038	
Benzodiazepines	2.1	3.3	1.0	0.9	0.7	0.8	0.7	0.9	1.6	2,238	
Cannabis	15.2	29.5	18.6	15.4	12.2	14.3	15.7	16.7	23.2	32,676	
Cocaine	0.1	0.8	0.2	0.3	0.2	0.3	0.3	0.2	0.4	595	
Ecstasy	0.3	0.8	0.3	1.0	0.7	0.7	0.6	0.5	0.8	1,107	
Nicotine	0.1	0.5	0.1	0.1	0.1	0.2	—	0.4	1.8	2,553	
Opioids											
Heroin	20.7	20.2	27.4	26.5	20.0	19.6	15.0	14.1	9.9	13,882	
Methadone	1.6	2.7	1.2	1.0	0.6	1.4	1.1	1.6	1.4	1,907	
Morphine	0.1	0.4	0.2	0.2	0.2	0.4	0.2	0.6	1.2	1,751	
Total opioids	22.4	24.8	28.9	27.7	22.1	23.6	18.1	19.7	14.7	20,709	
All other drugs ^(c)	10.1	0.6	0.1	1.0	0.2	1.6	1.2	0.4	2.4	3,403	
Not stated	3.5	—	—	—	—	—	—	—	—	—	
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	..	
Total (number)	2,958	1,317	4,206	4,529	4,340	3,662	3,629	3,421	..	140,769	

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

(b) In 2003–04, a data collection error resulted in the exclusion of one large service provider and hence the overall closed treatment episode number for the Australian Capital Territory is under-counted. Comparisons of data from this year with data from other collection years should therefore be made with caution.

(c) Includes balance of principal drugs of concern coded according to the Australian Standard Classification of Drugs of Concern.

All drugs of concern

Clients can report up to five drugs of concern in addition to the principal drug of concern. Just over half (51%) of all treatment episodes in the Australian Capital Territory involved at least one other drug of concern (in addition to the principal drug of concern).

A breakdown of all drugs of concern by drug type is in Figure 1. For example, while nicotine was reported as the principal drug of concern in very few episodes (less than 1%), it was reported as a drug of concern in 17% of treatment episodes.

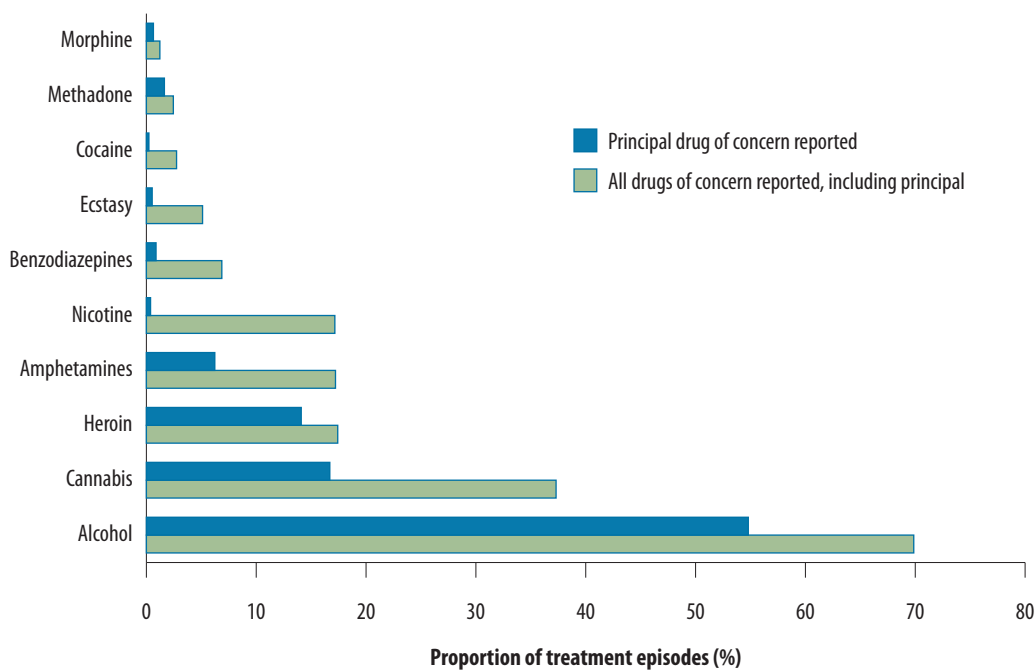


Figure 1: Principal drug of concern and all drugs of concern, Australian Capital Territory, 2009–10

Alcohol

In the Australian Capital Territory, alcohol was the most common principal drug of concern for which treatment was sought, accounting for over half (55%) 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), 70% of episodes included alcohol.

Of the 1,876 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

- Almost three-quarters (71%) of episodes were for male clients.
- The median age of clients receiving treatment was 35 (males 34, females 38).
- Around 7% of episodes involved clients who identified as Aboriginal and Torres Strait Islander (for 16% of episodes, Indigenous status was not reported).
- The most common source of referral in 2009–10 was self-referral (46%), followed by court diversion schemes (10%).

Drug profile

- Episodes including at least one other drug of concern declined from 46% in 2008–09 to 39% in 2009–10. From these episodes, 1,068 instances of other drugs of concern were recorded— 36% were for cannabis, 27% for nicotine and 11% for amphetamines.
- Two-thirds (65%) of episodes involved clients who reported never having injected drugs. About 5% of episodes involved clients who reported to be currently injecting. Caution should be exercised, however, when interpreting data for injecting drug use because of the high not stated response for this item (19% of episodes).

Treatment profile

- The most common treatment type was counselling (30% of episodes), while withdrawal management accounted for 25%.
- Treatment was most likely to take place in a non-residential treatment facility (58% of episodes), followed by a residential treatment facility (38%).
- The median number of days for a treatment episode was 16 (six days longer than in 2008–09).

Cannabis

Cannabis was again the second most common principal drug of concern for which treatment was sought, accounting for 17% 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), 37% of episodes included cannabis.

Of the 572 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

- Two thirds (66%) of episodes were for male clients.
- The median age of clients receiving treatment was 20 (19 for males and 20 for females); lower than the national median of 25.
- Almost one in five (18%) episodes involved clients who identified as Aboriginal and Torres Strait Islander (for 3% of episodes Indigenous status was not reported).
- Referrals from the criminal justice system accounted for 45% of referrals, including court diversion schemes (17%) correctional services (15%), and police diversion (13%). Self-referral accounted for 23% of episodes.

Drug profile

- Smoking was the most common method of use (97% of episodes).
- Seven in ten (70%) episodes included at least one other drug of concern. From these episodes, 825 instances of other drugs of concern were recorded—37% were for alcohol, 19% for nicotine and 16% for amphetamines.
- Three-quarters (76%) of episodes involved clients who reported they had never injected drugs, 7% involved clients who reported as currently injecting.

Treatment profile

- Counselling (23%) and support and case management only (23%) were the main treatment types, followed by withdrawal management (22%) and assessment only (15%).
- Treatment was most likely to take place in a non-residential treatment facility (48% of episodes), closely followed by a residential treatment facility (47%).
- The median number of days for a treatment episode was 15.

Heroin

In the Australian Capital Territory, heroin accounted for 14% of closed treatment episodes (higher than the national proportion of 10%), the third most common principal drug of concern for which treatment was sought. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 17% of episodes included heroin.

Of the 484 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

- Three in five (61%) episodes were for male clients.
- The median age of clients receiving treatment was 31 (males 33; females 29).
- One in ten (10%) episodes involved clients who identified as Aboriginal and Torres Strait Islander (for 3% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (55% of episodes), followed by referrals from court diversion programs designed to direct people charged with drug-related crimes into treatment (12%).

Drug profile

- Over nine in ten episodes (92%) involved clients whose usual method of use was injecting.
- 301 episodes (or 62%) included at least one other drug of concern. From these episodes, 493 instances of other drugs of concern were recorded— 31% for cannabis, 17% for amphetamines and 16% for alcohol.
- Seven in ten (70%) episodes involved clients who reported as currently injecting, while 22% involved clients who injected drugs in the past.

Treatment profile

- The most common treatment type was 'other', which includes pharmacotherapy, accounting for 27% of episodes (increase of eight percentage points). The proportion receiving assessment only decreased in 2009–10 (from 23% to 18%) and the proportion receiving counselling was similar to 2008–09 (around one in five).
- Treatment was most likely to take place in a non-residential treatment facility (55% of episodes), followed by a residential treatment facility (37%).
- The median number of days for a treatment episode was 41 (17 days longer than in 2008–09).

Treatment programs

Main treatment type is defined as the principal activity that the treatment provider considers necessary for the client to complete their treatment plan for the principal drug of concern. In practice, it may also be the main treatment type actually provided to the client. Data presented in this section relate to clients seeking treatment for their own or someone else's alcohol or other drug use, except the sub-sections relating to principal drug of concern and treatment programs (which only include episodes for people seeking treatment for their own drug use).

Of all closed treatment episodes, counselling was the most common treatment provided, both nationally and within the Australian Capital Territory, but was provided less frequently in the Australian Capital Territory (30% compared with 42% of episodes nationally). Withdrawal management (detoxification) accounted for 21% of treatment episodes (six percentage points higher than the national proportion). Assessment only and support and case management only each accounted for 13% of treatment episodes.

The type of treatment provided has varied over time in the Australian Capital Territory. Between 2006–07 and 2009–10 there has been a reduction in the proportion of assessment only episodes (from 36% in 2006–07 to 19% in 2009–10).

Table 2: Main treatment type, Australian Capital Territory and Australia, 2001–02 to 2009–10 (per cent)

Main treatment type	Australian Capital Territory									Australia 2009–10	
	2001–02	2002–03	2003–04 ^(a)	2004–05	2005–06 ^(b)	2006–07	2007–08 ^(c)	2008–09	2009–10	Per cent	Number
Withdrawal management (detoxification)	33.7	50.7	36.1	26.7	22.4	16.3	21.1	21.3	20.7	15.4	22,534
Counselling	14.8	15.8	47.2	27.7	16.3	27.4	28.5	29.7	29.9	42.2	61,990
Rehabilitation	9.5	7.4	13.1	5.2	5.0	4.8	6.2	6.3	6.7	5.1	7,521
Support & case management only	24.8	15.8	3.1	2.7	6.8	6.6	10.3	13.5	12.9	8.7	12,718
Information and education only	3.6	0.1	0.4	11.5	4.6	4.5	8.2	8.9	10.9	8.9	13,034
Assessment only	4.6	4.4	—	19.4	39.3	35.7	18.8	16.5	13.1	13.5	19,803
Other ^(d)	9.0	5.8	0.1	6.9	5.6	4.6	6.9	3.9	5.9	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)	2,824	3,001	1,318	4,213	4,634	4,516	3,738	3,750	3,585	..	146,786

(a) In 2003–04, a data collection error resulted in the exclusion of one large service provider and hence the overall closed treatment episode number for the Australian Capital Territory is under-counted. Comparisons of data from this year with data from other collection years should therefore be made with caution.

(b) The number of closed treatment episodes for assessment only in 2005–06 may be over-counted due to the inclusion of diversion assessments and changes in reporting practices.

(c) The total number of treatment episodes and proportional decrease in assessment only is related to a review of the reporting practices of one agency.

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

Counselling

Counselling accounted for 30% of closed treatment episodes in the Australian Capital Territory in 2009–10 (lower than the national proportion of 42%). Of the 1,070 episodes where counselling was nominated as the main treatment type received in 2009–10, the client, drug and treatment profiles were as follows:

Client profile

- Almost nine in ten (87%) of episodes were for clients seeking treatment for their own drug use.
- Almost two thirds (64%) of episodes were for male clients.
- Half of treatment episodes were provided to people aged 20–39 (27% for 20–29 year olds and 28% for 30–39 year olds).
- The median age of clients was 35.
- Five per cent of episodes involved clients who identified as Aboriginal and Torres Strait Islander (for 5% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (55% of episodes), followed by referrals from correctional services (11%).

Treatment profile

- Nearly all (97% of episodes) treatment took place in non-residential treatment facilities.
- About half (53%) of episodes were reported to have ended because the treatment was completed. The next most common reason for episodes to end was that the client ceased to participate without notice to the service provider (35% ended this way).
- The median number of days for a treatment episode was 40 (eight days longer than in 2008–09).

Principal drug profile

- Alcohol was the most common principal drug of concern reported by people seeking counselling for their own drug use (61% of episodes), followed by cannabis (14%).

Withdrawal management (detoxification)

Withdrawal management accounted for 21% of closed treatment episodes in the Australian Capital Territory in 2009–10. Of the 741 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

- By definition, all episodes were for clients seeking treatment for their own drug use.
- Almost two-thirds (62%) of episodes were for male clients.
- The median age of persons receiving treatment was 35 (males 36; females 34).
- One in ten (10%) episodes involved clients who identified as Aboriginal and Torres Strait Islander (for 2% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (55% of episodes),

Treatment profile

- Treatment almost always took place in residential treatment facilities (92%), followed by non-residential treatment settings (7%).
- Four in five (79%) of episodes ended because the treatment was completed. Client ceased to participate against advice was the second most common reason (11%).
- The median number of days for a treatment episode was seven.

Principal drug profile

- Alcohol was the most common principal drug of concern reported (64% of episodes), followed by cannabis (17%), heroin (9%) and amphetamines (4%).

Assessment only

About one in eight (13%) treatment episodes in the Australian Capital Territory in 2009–10 were for assessment only. Of the 470 episodes where assessment only was nominated as the main treatment type received in 2009–10, the client, drug and treatment profiles were as follows:

Client profile

- Almost all episodes were for clients seeking treatment for their own drug use.
- About two-thirds (68%) of episodes were for male clients.
- The median age of persons receiving treatment was 32 (males 31; females 32).
- Just over one in ten (11%) episodes involved clients who identified as Aboriginal and Torres Strait Islander (for 1% of episodes Indigenous status was not reported).
- Self-referral continued to be the most common source of referral (43% of episodes; same as 2008–09); referral from other alcohol and other drug treatment services was second most common referral (15%).

Treatment profile

- Almost four in five (78%) treatment episodes were provided in residential treatment facilities and almost one in five episodes occurred in a non-residential treatment facilities (18%).
- There was a decline in episodes ending due to the completion of treatment (76% in 2007–08 falling to 55% in 2008–09 and declining again to 42% in 2009–10). Ceasing to participate without notice (24%) was the second most common reason for ceasing treatment (increase of 18 percentage points from 2008–09). Please note that in 2008–09, a large proportion of episodes (31%) did not state reason for cessation. In 2009–10 five per cent of episodes did not state a reason for cessation demonstrating an improvement in data quality
- The median number of days for a treatment episode was one.

Principal drug profile

- Alcohol (48%) was the most common principal drug of concern reported by people who received assessment only for their own drug use, followed by cannabis and heroin (both 19%).

Symbols

- nil or rounded to zero
- .. not applicable

How to find out more

If you would like more detailed data about the Australian Capital Territory'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. 114. Canberra: AIHW.

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