

# Alcohol and other drug treatment services in South Australia

Findings from the National Minimum Data Set (NMDS) 2003–04



Australian Government  
Australian Institute of  
Health and Welfare

## Highlights

- In South Australia (SA) in 2003–04, 53 government-funded alcohol and other drug treatment agencies provided 7,613 ‘closed treatment episodes’ (see below for the definition of ‘closed treatment episodes’).
- Nearly one-third of all closed treatment episodes were for clients aged between 30 and 39 years of age (31%), followed by just over one-quarter of all treatment episodes (28%) provided for clients in the 20–29 year age group.
- Male clients accounted for over two-thirds (67%) of all closed treatment episodes in SA.
- In SA, alcohol (47%) and amphetamines (17%) were the most common principal drugs of concern in closed treatment episodes, followed by heroin (15%) and cannabis (10%).
- Of all closed treatment episodes in SA, counselling and assessment only were the most common form of main treatment provided (23% each), followed by rehabilitation (21%) and withdrawal management (detoxification) (20%).
- Treatment episodes in SA most commonly ceased because the treatment was completed (49%).

### 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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### Contents of this data briefing

This data briefing summarises the main findings from the 2003–04 Alcohol and Other Drug Treatment Services (AODTS) NMDS data for South Australia (SA). Throughout this briefing, data from SA are presented along with 2003–04 national AODTS-NMDS data.

### National AODTS-NMDS data reports

More detailed information about the 2003–04 collection and its findings can be found in the publication *Alcohol and Other Drug Treatment Services in Australia 2003–04: Report on the National Minimum Data Set* (AIHW 2005). 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’. A closed treatment episode refers to a period of contact, with defined start and end dates, between a client and a treatment agency. For example, a closed treatment episode could be for one specific treatment, such as withdrawal management (detoxification), that is part of an overall long-term treatment plan.

### Scope: exclusion of opioid maintenance pharmacotherapy

The AODTS-NMDS collection excludes agencies whose sole purpose is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies. Therefore, the collection excludes many clients receiving treatment for heroin..

## Treatment agencies

- Throughout Australia, a total of 622 government-funded alcohol and other drug treatment agencies supplied data for 2003–04. Of these agencies, 53 were located in SA, of which 21% were non-government agencies.
- Treatment agencies in SA were most likely to be located in major cities (72%), followed by outer regional and inner regional areas (15% and 11% respectively).

## Client profile

- In SA, there were 7,613 ‘closed treatment episodes’ in alcohol and other drug treatment services reported in the 2003–04 AODTS-NMDS collection.
- Ninety-five per cent of closed treatment episodes in SA involved clients seeking treatment for their own drug use.
- In SA, nearly one-third of closed treatment episodes were for clients aged between 30 and 39 years of age (31%), followed by just over one-quarter of all treatment episodes (28%) provided for clients in the 20–29 year age group (Table 1).
- The proportions of male and female clients in SA (67% and 33% respectively) were similar to the national proportions (65% and 35% respectively).

**Table 1: Closed treatment episodes, sex by age group of client, South Australia and Australia, 2003–04 (per cent)**

Age group (years)	South Australia			Australia		
	Males	Females	Persons <sup>(a)</sup>	Males	Females	Persons <sup>(a)</sup>
10–19	8.0	8.0	8.0	8.1	4.3	12.5
20–29	28.2	27.4	27.9	22.2	10.4	32.6
30–39	32.2	29.6	31.3	18.4	9.5	27.9
40–49	20.3	21.6	20.7	10.8	6.4	17.2
50–59	7.5	9.7	8.2	4.0	2.7	6.7
60+	3.7	3.5	3.7	1.4	0.9	2.3
<b>Total<sup>(b)</sup> (per cent)</b>	<b>67.3</b>	<b>32.7</b>	<b>100.0</b>	<b>65.3</b>	<b>34.7</b>	<b>100.0</b>
<b>Total<sup>(b)</sup> (number)</b>	<b>5,123</b>	<b>2,489</b>	<b>7,613</b>	<b>89,348</b>	<b>47,430</b>	<b>136,869</b>

(a) Includes not stated for sex.

(b) Includes not stated for age.

Source: AIHW 2005.

- The proportion of closed treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin was slightly lower in SA than nationally (8% compared to 10%) – higher than the proportion of the Australian population who identify as Indigenous (2.4%: ABS 2004). These figures need to be interpreted with caution due to the high number of ‘not stated’ responses to this data item and the fact that the majority of dedicated Indigenous substance use services are not included in the AODTS-NMDS.
- The majority of closed treatment episodes in SA were for clients born in Australia (83%) and 95% were for clients whose preferred language was English.
- Thirty-seven per cent of all treatment episodes in SA involved clients who were self-referred, followed by referrals from psychiatric and other hospitals (9%), alcohol and other drug treatment services (8%) and general practitioners or other medical specialists (7%).

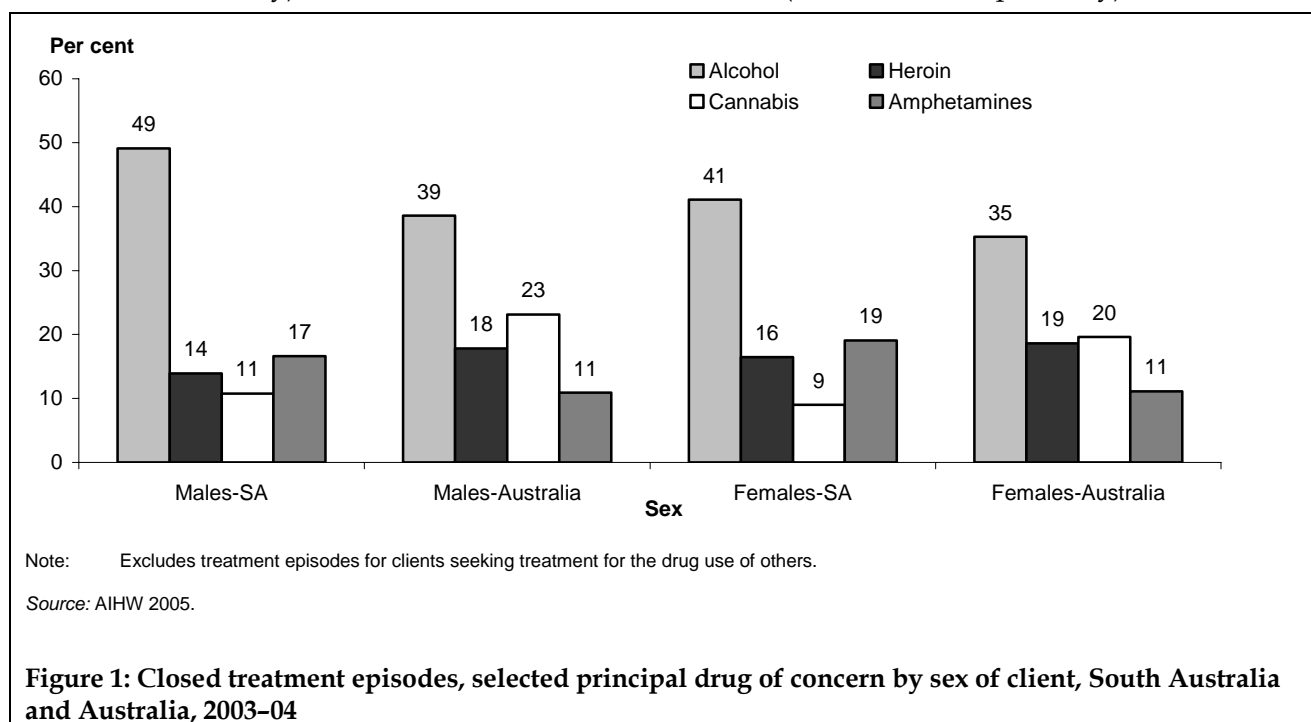
## Principal drug of concern

The principal drug of concern refers to the main substance that the client states led him or her to seek treatment from the alcohol and other drug treatment agency. This section of the briefing reports only on the 7,234 episodes where clients were seeking treatment for their own substance use.

- In SA, alcohol (47%) and amphetamines (17%) were the most common principal drugs of concern in closed treatment episodes, followed by heroin (15%) and cannabis (10%). Nationally, alcohol and cannabis were the most common principal drugs of concern (38% and 22% respectively), followed by heroin (18%).

### Client profile and principal drug of concern

- Alcohol was the drug most commonly recorded in closed treatment episodes for both sexes in SA (49% of males and 41% of females), followed by amphetamines (17% and 19% respectively) (Figure 1). The proportion of males and females nominating either alcohol or amphetamines as their principal drug of concern were higher in SA than nationally.
- For closed treatment episodes in SA there was a lower proportion of male clients reporting cannabis as the principal drug of concern than at the national level (11% males in SA and 23% males nationally). This was also true for female clients (9% and 20% respectively).



- In SA, the principal drug of concern varied with age. For clients in older age groups, alcohol was the most common principal drug in closed treatment episodes: highest for clients aged 60 years and over (94%) (Table 2). Similarly, at the national level, alcohol was the most common principal drug for clients aged 60 years plus (82%).
- In treatment episodes involving clients aged between 10 and 19 years in SA, cannabis was the most common principal drug of concern (47%), followed by alcohol (21%). This was also the case nationally (49% for cannabis and 19% alcohol) in this age group.

**Table 2: Closed treatment episodes, principal drug of concern by age group of client, South Australia and Australia, 2003–04<sup>(a)</sup> (per cent)**

Principal drug	South Australia							Total (Australia)	
	10–19	20–29	30–39	40–49	50–59	60+	Total <sup>(b)</sup>	Per cent	Number
Alcohol	20.5	33.7	42.1	62.3	84.8	94.0	46.6	37.5	48,500
Amphetamines	16.2	26.8	21.1	6.4	1.3	1.3	17.3	11.0	14,208
Benzodiazepines	0.2	2.1	2.5	2.0	2.1	2.6	2.1	2.1	2,711
Cannabis	47.0	10.9	6.5	4.5	2.1	0.4	10.2	22.0	28,427
Cocaine	0.2	0.1	0.1	0.0	0.0	0.0	0.1	0.2	272
Ecstasy	1.5	0.8	0.2	0.0	0.0	0.0	0.4	0.4	508
Heroin	9.9	17.7	17.3	14.6	3.3	0.0	14.7	18.0	23,326
Methadone	0.7	1.3	2.2	1.9	0.8	0.4	1.6	1.9	2,404
Nicotine	2.2	6.2	7.7	7.9	4.8	1.3	6.5	1.5	2,001
All other drugs <sup>(c)</sup>	1.7	0.3	0.2	0.4	0.8	0.0	0.4	4.9	6,342
<b>Total<sup>(d)</sup> (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>Total<sup>(d)</sup> (number)</b>	<b>604</b>	<b>2,104</b>	<b>2,323</b>	<b>1,443</b>	<b>520</b>	<b>234</b>	<b>7,234</b>	—	<b>129,331</b>

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

(b) Includes not stated for age.

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

(d) Includes not stated for principal drug of concern.

Source: AIHW 2005.

- In SA, the proportion of treatment episodes involving Aboriginal and Torres Strait Islander people reporting alcohol as their principal drug of concern was higher than for other Australian clients (55% and 47% of treatment episodes respectively). This difference was also reflected nationally, where treatment episodes for Aboriginal and Torres Strait Islander clients were more likely to involve alcohol as the principal drug of concern (46%) than those for other Australian clients (37%).

#### *Geographic location and principal drug of concern*

- Across all areas in SA, alcohol was the most commonly reported principal drug of concern (47% of treatment episodes in major cities and in inner regional areas and 48% in outer regional areas). Amphetamines were the most common drug in remote areas (40%) and the second most common in major cities (17%) and inner regional areas (24%), while cannabis was the next most common in outer regional areas (24%).

#### *Injecting drug use*

- Thirty-nine per cent of treatment episodes in SA involved clients who reported never having injected drugs. Of the 31% who reported they were 'current injectors', 41% were aged between 20 and 29 years. Care should be taken when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (15% not stated response for South Australia and 13% nationally).

## **Treatment programs**

'Main treatment type' is the main treatment activity determined at assessment by the treatment agency for the client's principal alcohol and/or other drug problem. This section outlines these treatments types and programs. Data presented in this section relate to clients seeking treatment for their own or someone else's alcohol or drug use.

- Of all closed treatment episodes in SA, counselling and assessment only were the most common form of main treatment provided (23% each), followed by rehabilitation (21%) and withdrawal management (detoxification) (20%) (Table 3). Nationally, counselling was the most common form of main treatment provided (38%), followed by withdrawal management (detoxification) (18%) and assessment only (15%).

#### *Client profile and treatment programs*

- Closed treatment episodes for female clients in SA were more likely to involve counselling as the main treatment (30%) than treatment episodes for male clients (19%). This was also the case nationally (43% and 35% respectively). Female clients were less likely to have assessment only (14%), compared to male clients (27%).

**Table 3: Closed treatment episodes, main treatment type by sex of client, South Australia and Australia, 2003–04 (per cent)**

Main treatment type	South Australia			Australia		
	Males	Females	Persons <sup>(a)</sup>	Males	Females	Persons <sup>(a)</sup>
Withdrawal management (detoxification)	19.7	20.0	19.8	18.5	18.1	18.4
Counselling	19.2	29.9	22.7	34.7	43.2	37.6
Rehabilitation	21.1	20.0	20.8	9.2	7.4	8.6
Support & case management only	3.4	4.4	3.8	8.0	9.1	8.4
Information and education only	1.3	1.3	1.3	8.4	6.2	7.6
Assessment only	27.2	13.8	22.8	17.2	10.6	14.9
Other <sup>(b)</sup>	8.0	9.3	1.0	4.0	5.3	18.4
<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>5,123</b>	<b>2,489</b>	<b>7,613</b>	<b>89,348</b>	<b>47,430</b>	<b>136,869</b>

(a) Includes not stated for sex.

(b) 'Other' includes 600 treatment episodes in SA and 2,953 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 maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

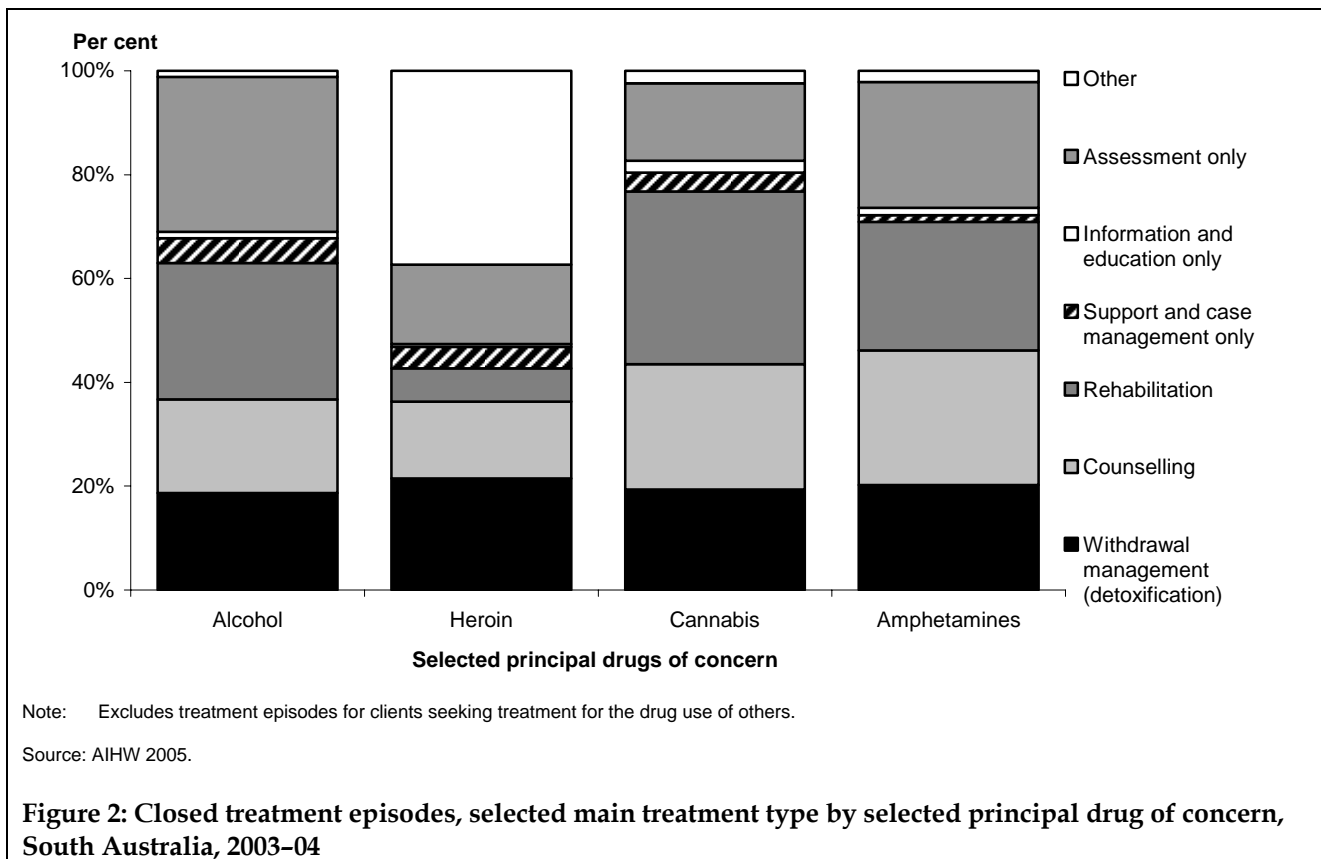
Source: AIHW 2005.

- In SA, the main treatment type varied with age. For those aged 10–19, the most common treatment type was rehabilitation (33%). Assessment only was the most common treatment type in the 20–29 year age group (28%). Withdrawal management (detoxification) and assessment only were the most common treatment types for the 30–39 year age group (22% each). Counselling was the most common treatment type for treatment episodes involving the older age groups peaking for clients aged 50–59 years (32%).

#### *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 SA, the main treatment type varied depending on the principal drug of concern the client sought treatment for. Where alcohol was the principal drug of concern, assessment only accounted for the highest proportion of main treatment types (30%), followed by rehabilitation (26%) (Figure 2).
- Where cannabis was the principal drug of concern, the most common main treatment type was rehabilitation (33%), followed by counselling (24%).



- In SA, the median number of days for a treatment episode was 8. The highest median number of treatment days within a treatment episode occurred when the principal drug of concern was heroin (17), followed by cocaine (12) and benzodiazepines (9). The main treatment type with the highest median number of treatment days per episode was for counselling (39), followed by rehabilitation (28) and support and case management (21).

#### *Geographic location and treatment programs*

- Across most areas in SA, rehabilitation was the most commonly reported main treatment, accounting for the majority of treatment episodes in inner regional and outer regional areas (53% each) and 38% in remote areas. Assessment only was most commonly reported in major cities (24%), and the second most prominent in remote areas (36%), whereas counselling was the second most prominent in major cities (22%), inner regional and outer regional areas (30% and 21% respectively).

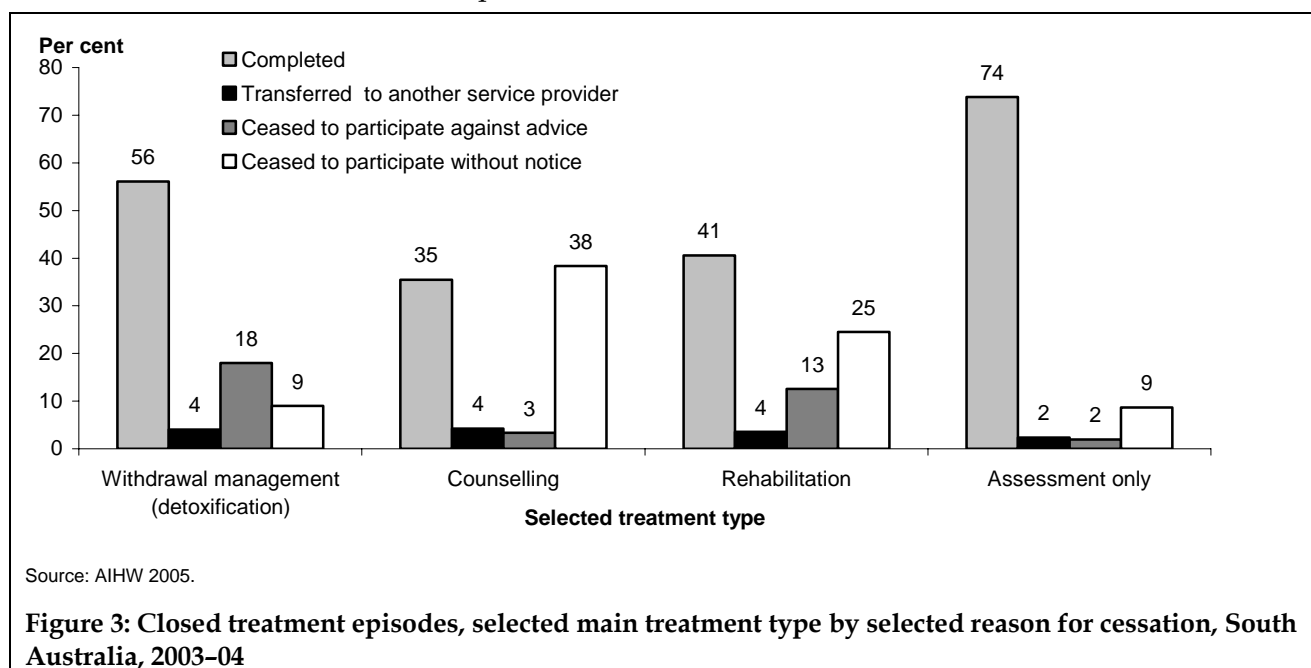
#### *Treatment delivery setting and treatment programs*

- Over three quarters (77%) of all closed treatment episodes in SA occurred at a non-residential treatment facility and 18% in a residential facility. Nationally, 68% of all treatment episodes occurred at a non-residential treatment facility setting, and 20% in a residential facility.
- In SA, the highest median number of treatment days for a treatment episode occurred where the treatment delivery was in a home setting (14 days).

#### *Cessing treatment and treatment programs*

- In SA, the most common reason for the cessation of a client's treatment was that the treatment had been completed (49%), followed by clients ceasing to participate without notice (20%) and clients who ceased to participate against the advice of the clinician (8%).

- In SA, 56% of treatment episodes that were for withdrawal management (detoxification) ended because the treatment was completed, followed by 18% that ended because the client ceased to participate against advice (Figure 3).
- For closed treatment episodes that were for counselling, nearly two-fifths ended where the client ceased to participate without notice to the agency (38%), and over one-third ended because the treatment was completed (35%).
- Nearly three-quarters (74%) of treatment episodes that were for assessment only ended because the treatment was completed.



### Special theme—Amphetamines

This special theme section focuses on treatment episodes where amphetamines were the principal drug of concern for a client. This theme was selected on the basis of feedback received from treatment agencies via the 2004 Survey of Treatment Agencies.

In SA, amphetamines were the principal drug of concern in 17% of treatment episodes, compared to 11% nationally. Of the 1,255 closed treatment episodes in SA where amphetamines were the principal drug of concern:

- clients were more likely to be male than female – 66% of treatment episodes related to male clients and 34% to female clients – very similar to the pattern for all other principal drugs of concern (70% and 30% respectively);
- a higher proportion of episodes involved people in the 20-29 and 30-39 year age groups (45% and 39% respectively) compared with episodes for all other principal drugs of concern (26% of episodes for 20-29 year olds and 31% for 30-39 years);
- injecting as a method of use accounted for 78% of closed treatment episodes within this group, followed by ingesting (15%), sniffing and smoking (2% each), for all other drugs of concern the most common method of use was ingesting (65%), followed by injecting (20%) and smoking (12%);
- self referring to treatment was the most common source of referral, at a proportion similar to that for clients who nominated a principal drug other than amphetamines (38% and 36%, respectively);

- clients were more likely to have been referred to treatment by a family member or friend (9%, compared to 6% for clients who nominated a principal drug other than amphetamines) or through police diversion (13%, compared to 4%), and less likely to be referred to treatment by a general practitioner or medical specialist (5%, compared to 7%); and
- clients were more likely to receive rehabilitation (25%) and counselling (26%), compared with clients who nominated a principal drug other than amphetamines (21% and 18% respectively).

In SA in 2003–04, amongst closed treatment episodes where a client was seeking treatment for their own drug use, where amphetamines were the principal drug of concern, 38% of episodes ceased because the treatment was completed, compared to 52% 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 (27% and 19% respectively).

### **Agencies and clients within scope**

All publicly funded (State or Commonwealth) 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 2003–04: report on the National Minimum Data Set* (AIHW 2005).

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 2003 to 30 June 2004) 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 principal drug of concern) but not for other non-government funded agencies.
- The number of Aboriginal and Torres Strait Islander clients may be under-counted as the majority of Australian Government-funded Indigenous substance-use services and Aboriginal health services that provide treatment for alcohol and other drug problems did not supply data for 2003–04. In addition, at the national level 6% of clients did not state their Indigenous status.

### **References**

ABS 2004. Experimental estimates and projections, Aboriginal and Torres Strait Islanders. ABS cat. no. 3238.0. Canberra: ABS.

Australian Institute of Health and Welfare 2005. Alcohol and other drug treatment services in Australia 2003–04: Report on the national minimum data set (Drug Treatment Series 4). AIHW cat. no. HSE 100. Canberra: AIHW.