



Alcohol and other drug treatment services in South Australia

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

Highlights

In South Australia in 2009–10, 59 publicly-funded government and non-government alcohol and other drug treatment agencies provided 9,092 treatment episodes. This was an increase of four treatment agencies but a decrease of 572 treatment episodes from 2008–09. The median¹ ages of persons receiving treatment for their own drug use slightly increased (35) and those seeking assistance in relation to someone else's drug use decreased (41) in 2009–10.

Alcohol was again the most common principal drug of concern (56%), followed by amphetamines (11%) and cannabis (10%).

Counselling was the most common form of main treatment provided in 2009–10 (accounting for 27% of episodes). This was followed by assessment only (26%), withdrawal management (19%) and rehabilitation (11%). In the previous two years assessment only (27% in 2008–09 and 30% in 2007–08) was the most common form of main treatment provided in South Australia.

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

Contents

Highlights.....	1
Treatment agencies.....	3
Client profile.....	3
Drugs of concern.....	4
Treatment programs.....	9
Symbols.....	13
How to find out more.....	13
Reference.....	13

About this bulletin

This bulletin summarises the main findings from the 2009–10 Alcohol and Other Drug Treatment Services (AODTS) NMDS data for South Australia. 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 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, 59 were located in South Australia, of which 42 were government agencies.

Treatment agencies in South Australia were most likely to be in *Major Cities* (64%), followed by *Inner Regional* (14%) and *Outer Regional* areas (14%).

Client profile

In South Australia, there were 9,092 closed treatment episodes in alcohol and other drug treatment services reported in the 2009–10 AODTS–NMDS collection. The large majority (97%) of closed treatment episodes in the state involved clients seeking treatment for their own drug use. The remaining 3% 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 South Australia (71% and 29% respectively) were similar to the national proportions (67% and 33% respectively). Of those treatment episodes reported for someone else's drug use in South Australia, female clients accounted for two in five (62%).

In South Australia, the median age of persons receiving treatment for their own drug use was 35. Of people seeking treatment in relation to someone else's drug use, the median age was 41. Persons aged 30–39 and 20–29 accounted for the largest proportion of episodes in the state (31% and 25% respectively).

Special population groups

The proportion of closed treatment episodes involving clients who identified as Aboriginal and Torres Strait Islander increased in the last year from 9% in 2008–09 to 12% in 2009–10 which is almost on par with the national average 13%. These figures need to be interpreted with caution due to the fact that the majority of Australian Government-funded Aboriginal and Torres Strait Islander substance use services or primary health care services are not included in the AODTS–NMDS collection. Indigenous status was not stated in 4% of episodes in South Australia.

The large majority (86%) of closed treatment episodes in South Australia were for clients born in Australia and 95% of treatment episodes were for clients whose preferred language was English.

Drugs of concern

This section reports only on the 8,847 closed treatment episodes where clients were seeking treatment for their own alcohol or other drug use in South Australia.

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 South Australia in 2009–10, alcohol was the most common principal drug of concern in closed treatment episodes (56%), followed by amphetamines (11%) and cannabis (10%) (Table 1).

Compared with the national figures, the state had proportionally more episodes reporting alcohol and amphetamines as a principal drug of concern and fewer for cannabis as a principal drug of concern. Alcohol has risen steadily as the most common principal drug of concern from 2004–05 to 2009–10 (from 43% in 2004–05 to 56% in 2009–10).

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

Principal drug of concern	South Australia								Australia 2009–10	
	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	Per cent	Number
Alcohol	47.4	46.6	43.4	44.7	49.3	52.8	53.0	56.4	47.9	67,450
Amphetamines	19.6	17.3	17.5	17.6	18.7	15.8	13.2	11.2	7.1	10,038
Benzodiazepines	2.3	2.1	2.5	1.9	1.9	2.0	1.9	1.6	1.6	2,238
Cannabis	10.1	10.2	11.5	14.4	10.1	10.3	10.1	10.0	23.2	32,676
Cocaine	0.3	0.1	0.3	0.2	0.3	0.2	0.3	0.3	0.4	595
Ecstasy	0.3	0.4	0.5	0.7	0.7	1.0	1.5	1.1	0.8	1,107
Nicotine	0.1	0.4	1.2	0.8	0.6	0.7	0.7	0.8	1.8	2,553
Opioids										
Heroin	13.2	14.7	13.1	9.4	8.3	8.9	10.5	8.9	9.9	13,882
Methadone	1.6	1.6	2.0	2.2	2.5	1.5	2.4	2.8	1.4	1,907
Morphine	2.9	3.9	3.6	2.7	3.1	2.4	2.6	2.2	1.2	1,751
Total opioids ^(c)	18.8	22.1	22.2	16.2	13.9	16.1	18.5	18.5	14.7	20,709
All other drugs ^(d)	1.0	0.6	1.1	3.6	4.6	1.1	0.8	1.4	2.4	3,403
Not stated	—	—	—	—	—	—	—	—	—	—
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.00	100.0	100.00	100.0	..
Total (number)	6,946	7,234	7,591	8,766	8,709	8,712	9,399	8,847	..	140,769

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

(b) In 2001–02 South Australia supplied client registration data rather than treatment episode data, therefore the percentages are based on clients, not treatment episodes.

(c) The total opioids row includes the balance of opioids according to the Australian Standard Classification of Drugs of Concern (ASCDC).

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

Age and sex

In South Australia, the most common principal drug of concern varied by age group. For clients aged 10–19, cannabis was again the most common principal drug of concern nominated with an increase to 45% of episodes in 2009–10 from 42% in 2008–09. For clients aged 20 and over alcohol was the most common principal drug of concern—the highest proportion among those aged 60 and over (86%).

All drugs of concern

Clients can report up to five drugs of concern in addition to the principal drug of concern. Over half (54%) of all treatment episodes in South Australia 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 presented in Figure 1. For example nicotine was reported as the principal drug of concern in less than 1% of episodes, but was reported as a drug of concern (either principal or other) in over a quarter of treatment episodes (27%).

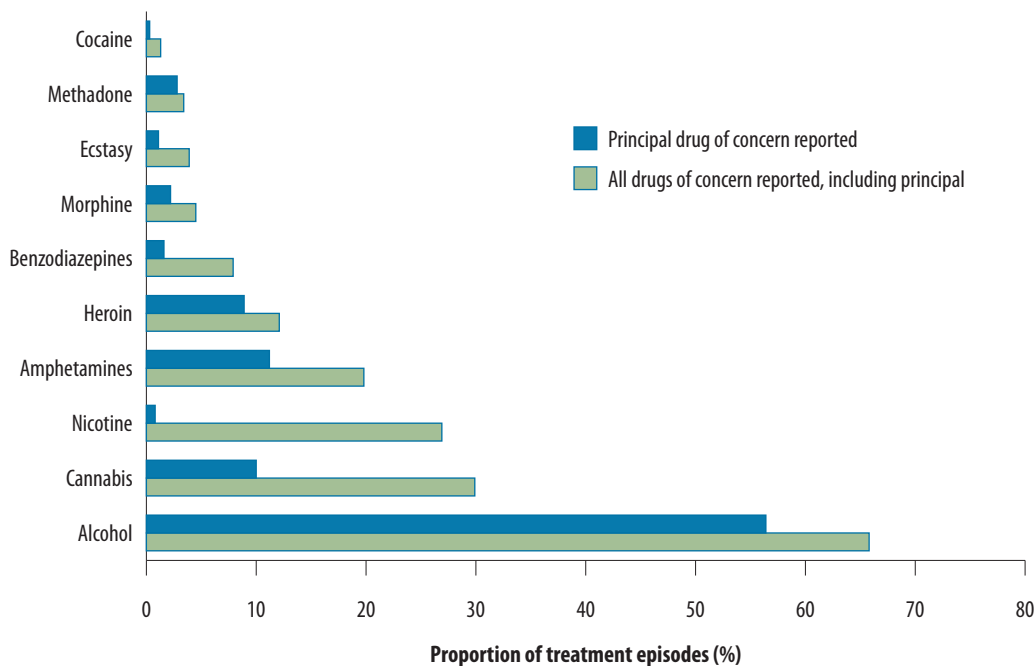


Figure 1: Principal drug of concern and all drugs of concern, South Australia, 2009–10.

Alcohol

In South Australia, alcohol was the most common principal drug of concern for which treatment was sought, accounting for 56% of treatment episodes in 2009–10. When all drugs of concern were considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 66% of episodes included alcohol.

Of the 4,986 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 (73%) of episodes were for male clients.
- The median age of persons receiving treatment was 38 (males 38; females 39).
- 14% of episodes involved clients who identified as Aboriginal and Torres Strait Islander.
- Referrals from other sources, which include referrals under the Mental Health Act, was the most common source of referral (28% of episodes), followed by self-referral (24%) and other alcohol and other drug treatment services (16%).

Drug profile

- 2,353 episodes (47%) included at least one other drug of concern. In episodes where other drugs had been specified, 3,323 instances of other drugs of concern were recorded— 43% were nicotine and 31% cannabis.
- Over two-thirds (70%) of episodes involved clients who reported never having injected drugs. Another 5% of episodes involved clients who reported as currently injecting, while 16% involved clients who reported they had injected drugs in the past. Caution should be exercised, however, when interpreting data for injecting drug use due to the 10% not stated response for this item.

Treatment profile

- The most common main treatment type received was assessment only (30% of episodes), followed by counselling (23%) and withdrawal management (21%).
- Treatment was most likely to occur in a non-residential treatment facility (69% of episodes) or a residential treatment facility (17%).
- The median number of days for a treatment episode was four.

Amphetamines

In South Australia, amphetamines were the second most common principal drug of concern for which treatment was sought, accounting for 11% 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), 20% of episodes included amphetamines.

Of the 991 episodes where amphetamines were nominated as the principal drug of concern in 2009–10 the client, drug and treatment profiles were as follows:

Client profile

- Over two-thirds (71%) of episodes were for male clients.
- The median age of persons receiving treatment was 33 (males 34; females 31).
- Four per cent of episodes involved clients who identified as Aboriginal and Torres Strait Islander.
- Referrals from police diversion programs were the most common source of referral (38% of episodes), followed by self-referral (24%).

Drug profile

- Injecting was the usual method of use (52% of episodes), followed by smoking (28%).
- 616 episodes (62%) included at least one other drug of concern. In episodes where other drugs had been specified, 996 instances of other drugs of concern were recorded— 31% were cannabis, 23% were alcohol and 23% were nicotine.
- Just under half (46%) of episodes involved clients who reported as currently injecting, while 18% involved clients who injected drugs in the past (9% between three and 12 months ago and 9% had injected 12 or more months ago). A third (33%) of episodes involved clients who reported never having injected drugs.

Treatment profile

- Counselling was the most common main treatment type received (37% of episodes), followed by assessment only (30%) and rehabilitation (15%).
- Treatment was most likely to take place in a non-residential treatment facility (85%), followed by a residential treatment facility (9%).
- The median number of days for a treatment episode was six days in 2009–10, the same as in 2008–09.

Cannabis

In South Australia, for 2009–10, cannabis was the third most common principal drug of concern for which treatment was sought, accounting for 10% closed treatment episodes in 2009–10 (only one percentage point above heroin). This proportion is less than half that observed among the national population (23%). When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 30% of episodes included cannabis.

Of the 883 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

- Over two-thirds (70%) of episodes were for male clients.
- The median age of clients receiving treatment was 26 (males 26; females 25).
- Over one in ten (12%) of episodes involved clients who identified as Aboriginal and Torres Strait Islander.
- Self-referral was the most common source of referral (30% of episodes), followed by referrals from 'other' sources (11%) police diversion (10%) and other community/health care services (9%).

Drug profile

- Smoking was the most common method of use (93% of episodes).
- 591 episodes (67%) included at least one other drug of concern. In episodes where other episodes had been specified, 873 instances of other drugs of concern were recorded—37% were alcohol, 30% were nicotine and 15% were amphetamines.
- Two-thirds (66%) of episodes involved clients who had never injected. Eight per cent were current injectors and 21% had injected in the past.

Treatment profile

- Counselling was the most common main treatment type received (45% of episodes), followed by assessment only (21%) and withdrawal management (15%).
- Treatment was most likely to occur in a non-residential treatment facility (72% of episodes) followed by residential treatment facilities (14%).
- The median number of days for a treatment episode was 31.

Treatment programs

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 for 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.

Of all closed treatment episodes in South Australia in 2009–10, counselling was the most common form of main treatment provided (27% of episodes), closely followed by assessment only (26%). Withdrawal management made up 19% of episodes and rehabilitation a further 11% (Table 2).

Nationally, counselling was the most common treatment provided (42%). South Australia provided proportionally more episodes for rehabilitation, withdrawal management and assessment only than the rest of Australia and fewer episodes for counselling and support and case management only.

Table 2: Main treatment type, South Australia and Australia, 2002–03 to 2009–10 (per cent)

Principal drug of concern	South Australia								(Australia) 2009–10	
	2002 –03	2003 –04	2004 –05	2005 –06	2006 –07	2007 –08	2008 –09	2009 –10	Per cent	Number
Withdrawal management (detoxification)	21.6	19.8	20.8	18.5	20.3	18.9	17.4	18.8	15.4	22,534
Counselling	23.3	22.7	25.2	27.2	29.4	26.4	25.7	27.1	42.2	61,990
Rehabilitation	22.6	20.8	18.8	13.4	13.1	16.2	14.4	11.4	5.1	7,521
Support and case management only	2.5	3.8	1.2	5.1	3.2	0.9	1.2	2.8	8.7	12,718
Information and education only	1.9	1.3	1.3	4.4	1.7	2.0	5.8	7.3	8.9	13,034
Assessment only	21.8	22.8	22.8	24.0	24.7	29.8	26.9	25.6	13.5	19,803
Other ^(a)	6.3	8.9	9.9	7.4	7.6	5.8	8.6	6.2	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	..
Total (number)	7,440	7,613	7,952	9,100	9,020	9,030	9,664	9,092	..	146,786

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

Note: South Australia did not provide data for main treatment in 2001–02.

Counselling

Counselling was the most common main treatment type reported in South Australia in 2009–10, accounting for 27% of closed treatment episodes (lower than the national proportion, 42%). Of the 2,462 episodes where counselling was nominated as the main treatment type received the client, drug and treatment profiles were as follows:

Client profile

- ♦ The large majority (91%) of episodes were for clients seeking treatment for their own drug use. The remaining 9% were for clients seeking treatment related to someone else's drug use.
- ♦ Two-thirds (66%) of episodes were for male clients.
- ♦ The median age of persons receiving treatment was 34 (males 34; females 35).
- ♦ Seven per cent of episodes involved clients who identified as Aboriginal and Torres Strait Islander.
- ♦ Self-referral was the most common source of referral (32% of episodes), followed by referrals from a family member or friend and other alcohol and other drug treatment services (both 9%).

Treatment profile

- ♦ Most (93%) episodes took place in a non-residential treatment facility.
- ♦ The most common reason for treatment episodes to end was because the treatment was completed (44%) or because the client ceased to participate without notifying the service provider (31%).
- ♦ The median number of days for a treatment episode was 76.

Principal drug profile

- ♦ Alcohol was the most common principal drug of concern reported (51% of episodes) by people seeking counselling for their own drug use, followed by cannabis (18%) and amphetamines (16%).

Assessment only

Assessment only was the second most common main treatment type reported in South Australia in 2009–10, accounting for 26% of closed treatment episodes. Of the 2,329 episodes where assessment only was nominated as the main treatment 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.
- The majority (81%) of episodes were for male clients.
- The median age of persons receiving treatment was 34 (males 33; females 34).
- Eight per cent of episodes involved clients who identified as Aboriginal and Torres Strait Islander.
- Referrals from 'other' sources were the most common source of referral (52% of episodes), followed by police diversion (16%) and self-referrals (13%).

Treatment profile

- Treatment was most likely to occur in a non-residential treatment facility (96% of episodes).
- Over three-quarters of episodes ended because the treatment was completed (82%). The next most common reason for a treatment episode to end was because the client ceased to participate without notifying the service provider (8% of episodes ended this way).
- The median number of days for a treatment episode was one.

Principal drug profile

- Alcohol was the most common principal drug of concern reported (65% of episodes) by people who received assessment only, followed by amphetamines (13%) and cannabis (8%).

Withdrawal management (detoxification)

Withdrawal management was the third most common main treatment provided in South Australia in 2009–10, accounting for 19% of closed treatment episodes. Of the 1,709 episodes where withdrawal management was the main treatment type received, the client, drug and treatment profiles were as follows:

Client profile

- Due to the nature of withdrawal management, all episodes were for clients seeking treatment for their own drug use.
- Two-thirds (65%) of episodes were for male clients.
- The median age of persons receiving treatment was 39 (males 39; females 37).
- Almost one in ten (9%) episodes involved clients who identified as Aboriginal and Torres Strait Islander.
- Self-referral was the most common source of referral (52% of episodes), followed by referrals from hospitals (26%).

Treatment profile

- Treatment was most likely to occur in a residential treatment facility (66% of episodes), or a non-residential treatment facility (33%).
- Over two-thirds (68%) 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 against advice (17% of episodes ended this way).
- The median number of days for a treatment episode was six.

Principal drug profile

- Alcohol was the most common principal drug of concern reported (61% of episodes) by people who received withdrawal management, followed by heroin (11%) and amphetamines (6%).

Symbols

- nil or rounded to zero
- .. not applicable

How to find out more

If you would like more detailed data about South Australia'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.

The Australian Institute of Health and Welfare is a major national agency which provides reliable, regular and relevant information and statistics on Australia's health and welfare. The Institute's mission is *authoritative information and statistics to promote better health and wellbeing.*

© Australian Institute of Health and Welfare 2011



This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 3.0 (CC-BY 3.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build upon this work. However, you must attribute the AIHW as the copyright holder of the work in compliance with our attribution policy available at <www.aihw.gov.au/copyright/>. The full terms and conditions of this licence are available at <<http://creativecommons.org/licenses/by/3.0/au/>>.

Enquiries relating to copyright should be addressed to the Head of the Communications, Media and Marketing Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

The rights to the following material are owned by third parties and are excluded from the CC-BY 3.0 licence: jurisdiction logo.

This publication is part of the Australian Institute of Health and Welfare's Drug Treatment Series. A complete list of the Institute's publications is available from the Institute's website <www.aihw.gov.au>.

ISSN 1446-9820

ISBN 978-1-74249-255-1

Suggested citation

Australian Institute of Health and Welfare 2011. Alcohol and other drug treatment services in South Australia 2009–10: findings from the National Minimum Data Set. Cat. no. AUS 148. Canberra: AIHW.

Australian Institute of Health and Welfare

Board Chair
Dr Andrew Refshauge

Director
David Kalisch

Any enquiries about or comments on this publication should be directed to:

Communications, Media and Marketing Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Tel: (02) 6244 1032
Email: info@aihw.gov.au

Published by the Australian Institute of Health and Welfare

Please note that there is the potential for minor revisions of data in this report.
Please check the online version at <www.aihw.gov.au> for any amendments