

Alcohol and other drug treatment services in the Australian Capital Territory

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



Australian Government

Australian Institute of
Health and Welfare

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

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

Chrysanthe Psychogios
Australian Institute of
Health and Welfare
GPO Box 570
Canberra ACT 2601
Phone: (02) 6244 1068

Highlights

- In the Australian Capital Territory (ACT) in 2003–04, 8 government-funded alcohol and other drug treatment agencies provided 1,318 ‘closed treatment episodes’ (see below for the definition of ‘closed treatment episodes’).
- Over one-third of closed treatment episodes were for clients aged between 20 and 29 years of age (39%), followed by over a quarter of treatment episodes (26%) provided for clients in the 30–39 year age group.
- Male clients accounted for under two-thirds (63%) of all closed treatment episodes in the ACT.
- In the ACT, cannabis (30%), alcohol (22%) and heroin (20%) were the most common principal drugs of concern in closed treatment episodes, followed by amphetamines (18%).
- Of all closed treatment episodes in the ACT, counselling was the most common form of main treatment provided (47%), followed by withdrawal management (detoxification) (36%) and rehabilitation (13%).

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 Australian Capital Territory (ACT). Throughout this briefing, data from the ACT are presented along with 2003–04 national AODTS–NMDS data.

ACT data completeness

In the ACT, a data collection error resulted in the exclusion of one large service provider and hence the overall closed treatment episode number for 2003–04 for the ACT is undercounted. Comparisons of data from this year with data from previous years should be done with caution due to this exclusion.

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>.

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, 8 were located in the ACT.
- All treatment agencies in the ACT were located in a major city (100%).

Client profile

- In the ACT, there were 1,318 ‘closed treatment episodes’ in alcohol and other drug treatment services reported in the 2003–04 AODTS-NMDS collection.
- Close to 100% of closed treatment episodes in the ACT involved clients seeking treatment for their own drug use.
- In the ACT, the majority of closed treatment episodes were for clients aged between 20 and 29 years of age (39%), followed by just over a quarter of treatment episodes (26%) provided for clients in the 30–39 year age group. (Table 1).
- The proportions of male and female clients in the ACT (63% and 37% respectively) were similar to the national proportions (65% and 35% respectively).

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

| Age group (years) | Australian Capital Territory | | | Australia | | |
|---------------------------------------|------------------------------|-------------|------------------------|---------------|---------------|------------------------|
| | Males | Females | Persons ^(a) | Males | Females | Persons ^(a) |
| 10–19 | 12.2 | 9.0 | 21.2 | 8.1 | 4.3 | 12.5 |
| 20–29 | 25.7 | 13.4 | 39.2 | 22.2 | 10.4 | 32.6 |
| 30–39 | 16.9 | 8.8 | 25.7 | 18.4 | 9.5 | 27.9 |
| 40–49 | 7.1 | 3.3 | 10.3 | 10.8 | 6.4 | 17.2 |
| 50–59 | 1.2 | 0.8 | 2.0 | 4.0 | 2.7 | 6.7 |
| 60+ | 0.1 | 0.3 | 0.4 | 1.4 | 0.9 | 2.3 |
| Total^(b) (per cent) | 63.3 | 36.7 | 100.0 | 65.3 | 34.7 | 100.0 |
| Total^(b) (number) | 834 | 484 | 1,318 | 89,348 | 47,430 | 136,869 |

(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 the ACT than nationally (9% 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 the ACT were for clients born in Australia (94%) and 99% were for clients whose preferred language was English.
- Forty-six per cent of all treatment episodes in the ACT involved clients who were self-referred, followed by referrals from psychiatric and other hospitals (16%), and community mental health services and other community/health care services (11% each).

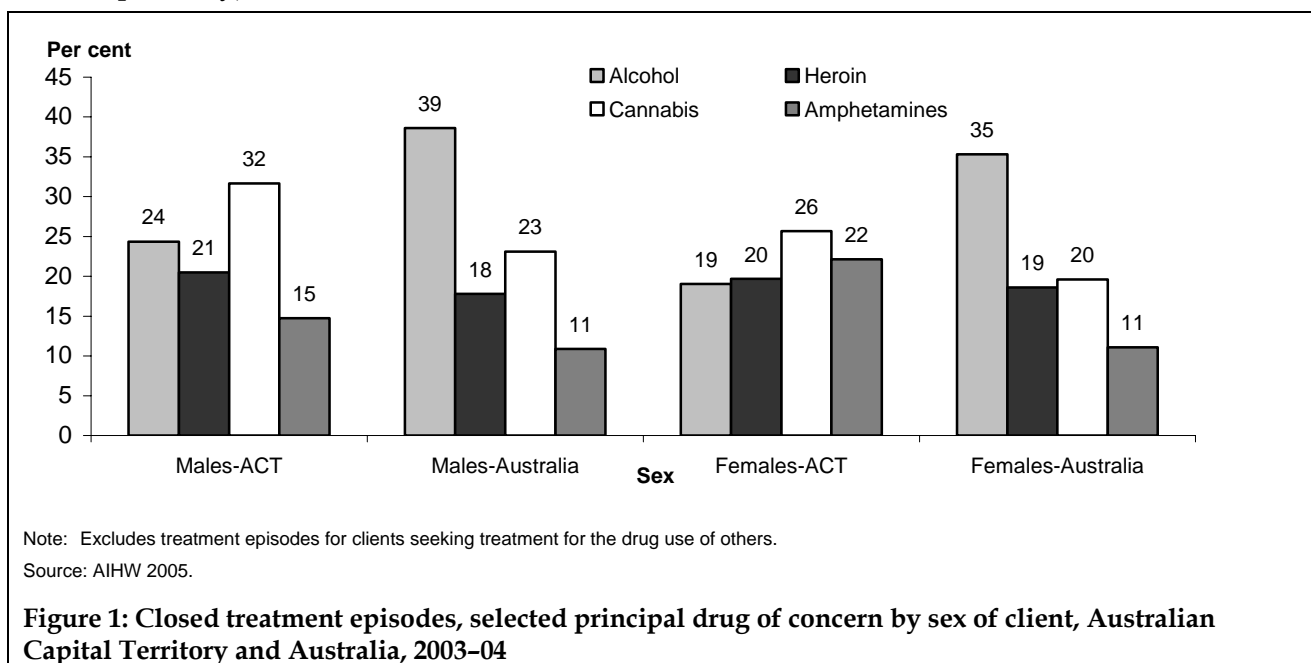
Principal drug of concern

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 1,317 episodes where clients were seeking treatment for their own substance use.

- In the ACT, cannabis (30%), alcohol (22%) and heroin (20%) were the most common principal drugs of concern in closed treatment episodes, followed by amphetamines (18%). 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

- Cannabis was the drug most commonly recorded in closed treatment episodes for both sexes in the ACT (32% of males and 26% of females), followed by heroin for males (24%) and amphetamines for females (22%) (Figure 1). The proportion of males and females nominating either cannabis, heroin or amphetamines as their principal drug of concern were higher in the ACT than nationally.
- For closed treatment episodes in the ACT there was a lower proportion of male clients reporting alcohol as the principal drug of concern than at the national level (24% males in the ACT and 39% males nationally). This was similar for female clients (19% and 35% respectively).



- In the ACT, the principal drug of concern varied by age. For clients in the 50-59 age group, alcohol was the most common principal drug in closed treatment episodes (58%) (Table 2). 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 the ACT, cannabis was the most common principal drug of concern (53%), and for clients aged 20-29 years the most common was heroin (25%). Nationally, cannabis was the most common drug in treatment episodes involving 10-19 year olds (49%) and 20-29 year olds (27%).

- In the ACT, the proportion of treatment episodes involving Aboriginal and Torres Strait Islander people reporting alcohol as their principal drug of concern were similar to other Australian clients (21% and 22% of treatment episodes respectively). Nationally, 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%).

Table 2: Closed treatment episodes, principal drug of concern by age group of client, Australian Capital Territory and Australia, 2003–04^(a) (per cent)

| Principal drug | Australian Capital Territory | | | | | | | Total (Australia) | |
|---------------------------------------|------------------------------|--------------|--------------|--------------|--------------|--------------|----------------------|-------------------|----------------|
| | 10–19 | 20–29 | 30–39 | 40–49 | 50–59 | 60+ | Total ^(b) | Per cent | Number |
| Alcohol | 16.9 | 18.6 | 25.7 | 33.8 | 57.7 | 0.0 | 22.4 | 37.5 | 48,500 |
| Amphetamines | 14.4 | 20.9 | 16.5 | 16.2 | 3.8 | 40.0 | 17.5 | 11.0 | 14,208 |
| Benzodiazepines | 2.2 | 4.1 | 1.5 | 5.1 | 11.5 | 20.0 | 3.3 | 2.1 | 2,711 |
| Cannabis | 52.9 | 24.0 | 26.0 | 18.4 | 0.0 | 20.0 | 29.5 | 22.0 | 28,427 |
| Cocaine | 0.4 | 1.0 | 0.6 | 2.2 | 0.0 | 0.0 | 0.8 | 0.2 | 272 |
| Ecstasy | 0.0 | 0.8 | 0.0 | 3.7 | 3.8 | 0.0 | 0.8 | 0.4 | 508 |
| Heroin | 10.1 | 25.4 | 24.5 | 13.2 | 19.2 | 20.0 | 20.2 | 18.0 | 23,326 |
| Methadone | 2.2 | 2.9 | 2.7 | 4.4 | 0.0 | 0.0 | 2.7 | 1.9 | 2,404 |
| Nicotine | 0.4 | 0.6 | 0.6 | 0.0 | 0.0 | 0.0 | 0.5 | 1.5 | 2,001 |
| All other drugs ^(c) | 0.7 | 1.7 | 2.1 | 2.9 | 3.8 | 0.0 | 2.4 | 4.9 | 6,342 |
| Total^(d) (per cent) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | — |
| Total^(d) (number) | 278 | 516 | 339 | 136 | 26 | 5 | 1,317 | — | 129,331 |

(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.

Injecting drug use

- One third of treatment episodes in the ACT involved clients who reported never having injected drugs (33%). Of the 48% who reported they were 'current injectors', 46% 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 (8% not stated response for the ACT 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 the ACT, counselling was the most common form of main treatment provided (47%), followed by withdrawal management (detoxification) (36%) and rehabilitation (13%) (Table 3). Nationally, counselling was also 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 the ACT were more likely to involve counselling as the main treatment (52%) than treatment episodes for male clients (45%). This was also the case nationally (43% and 35% respectively).

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

| Main treatment type | Australian Capital Territory | | | Australia | | |
|--|------------------------------|--------------|------------------------|---------------|---------------|------------------------|
| | Males | Females | Persons ^(a) | Males | Females | Persons ^(a) |
| Withdrawal management (detoxification) | 37.3 | 34.1 | 36.1 | 18.5 | 18.1 | 18.4 |
| Counselling | 44.5 | 51.9 | 47.2 | 34.7 | 43.2 | 37.6 |
| Rehabilitation | 17.9 | 5.0 | 13.1 | 9.2 | 7.4 | 8.6 |
| Support & case management only | 0.0 | 8.5 | 3.1 | 8.0 | 9.1 | 8.4 |
| Information and education only | 0.4 | 0.4 | 0.4 | 8.4 | 6.2 | 7.6 |
| Assessment only | 0.0 | 0.0 | 0.0 | 17.2 | 10.6 | 14.9 |
| Other ^(b) | 0.0 | 0.2 | 0.1 | 4.0 | 5.3 | 18.4 |
| Total (per cent) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Total (number) | 834 | 484 | 1,318 | 89,348 | 47,430 | 136,869 |

(a) Includes not stated for sex.

(b) 'Other' includes 1 treatment episode in the ACT 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.

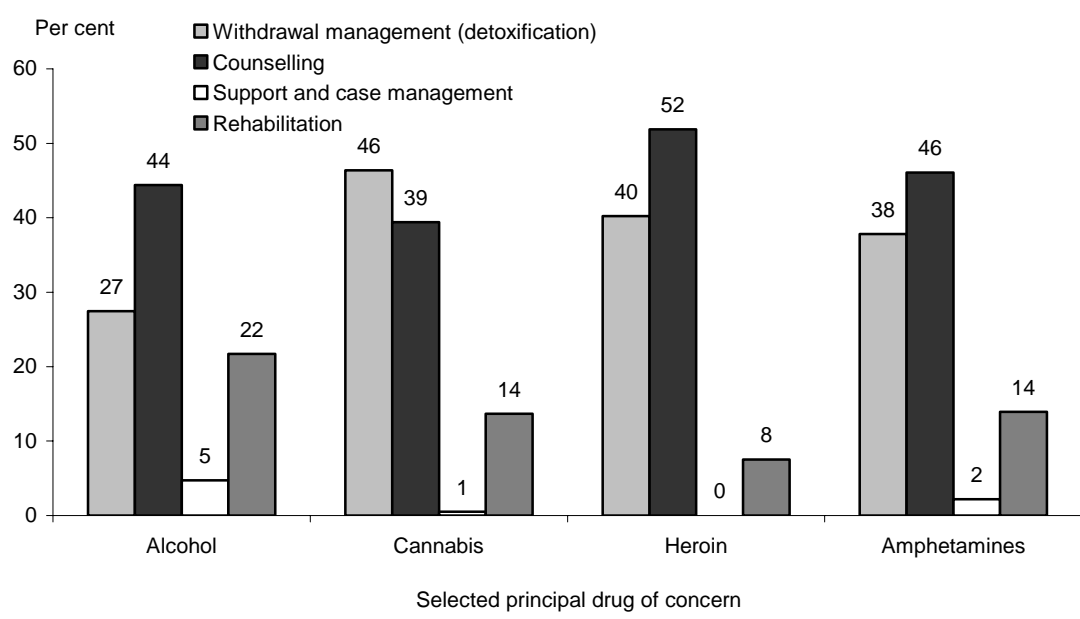
Source: AIHW 2005.

- In the ACT, the main treatment type did not vary much with age. Counselling was the most common treatment type, accounting for over 50% of treatment episodes for all age groups except those aged 10–19 years, where the main treatment type was withdrawal management (detoxification) (54%). Counselling was the second most common treatment type for the aged 10–19 years (24%), whereas withdrawal management (detoxification) was the second most common treatment for all other age groups.

Principal drug of concern and treatment programs

The following points relate only to closed treatment episodes where the client was seeking treatment for their own drug use.

- In the ACT, the main treatment type varied depending on the principal drug of concern the client sought treatment for. The most common treatment type when alcohol was principal drug of concern was counselling (44%), followed by withdrawal management (detoxification) (27%) (Figure 2).
- Where cannabis was the principal drug of concern, the most common treatment type was withdrawal management (detoxification) (46%), followed by counselling (39%) and rehabilitation (14%).
- Where heroin was the principal drug of concern, the most common main treatment type was counselling (52%), followed by withdrawal management (detoxification) (44%). This was also the case when amphetamines were the principal drug of concern (46% and 38% respectively).



Note: Excludes treatment episodes for clients seeking treatment for the drug use of others.
 Source: AIHW 2005.

Figure 2: Closed treatment episodes, selected main treatment type by selected principal drug of concern, Australian Capital Territory, 2003-04

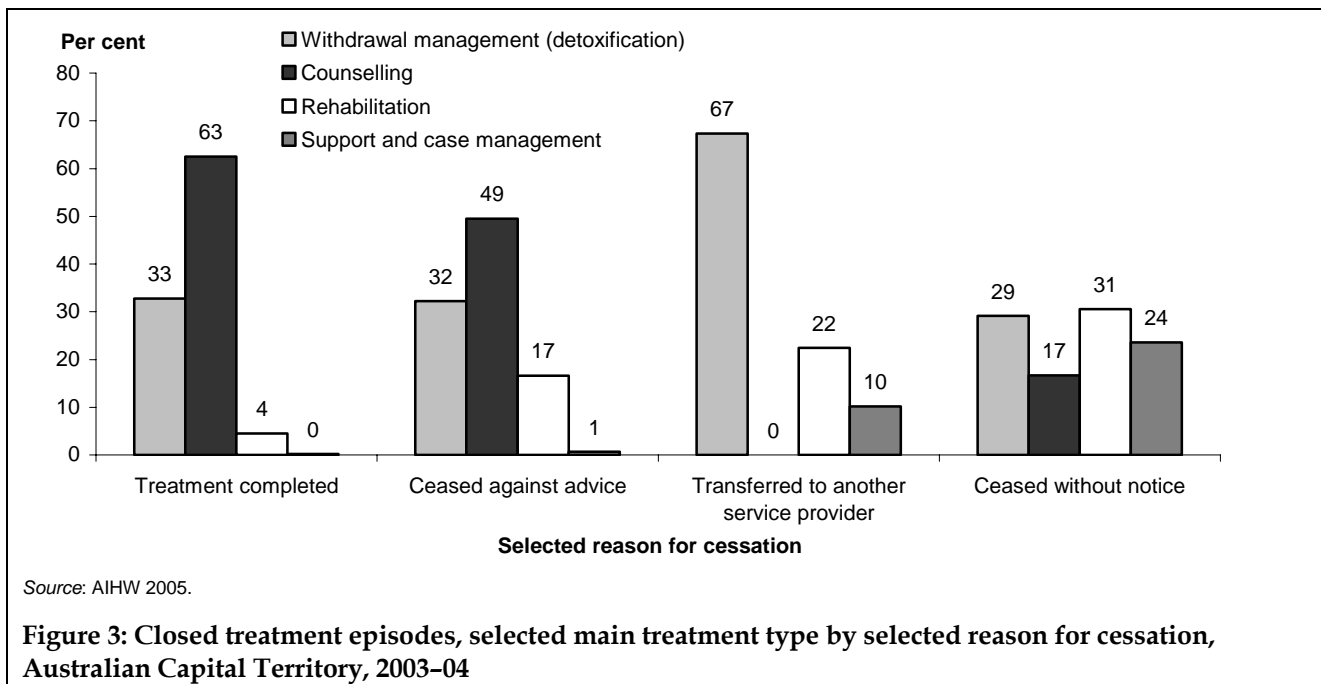
- In the ACT, the median number of days for a treatment episode was 29. The highest median number of treatment days within a treatment episode occurred when the principal drug of concern was alcohol (47), followed by amphetamines (27) and heroin (23). The main treatment type with the highest median number of treatment days per episode was counselling (104), followed by information and education only (85), and rehabilitation. (36).

Treatment delivery setting and treatment programs

- A higher proportion of treatment episodes in the ACT occurred at a residential treatment facility compared to all treatment episodes nationally (50% and 20% respectively).
- In the ACT, the highest median number of treatment days for a treatment episode occurred where the treatment delivery was in a non-residential setting (141 days).

Ceasing treatment and treatment programs

- In the ACT, the most common reason for the cessation of a client’s treatment was that the treatment had been completed (42%), followed by clients ceasing to participate against advice of the clinician (22%) and clients ceasing to participate by mutual agreement with the service provider (11%).
- In the ACT, 63% of treatment episodes that were completed were for counselling and 33% were for withdrawal management (detoxification) (Figure 3).
- For closed treatment episodes that ended because the client transferred to a different service provider, 67% were for support and case management and 22% were for rehabilitation.
- Forty-nine per cent of closed treatment episodes that ended because the client ceased to participate against the advice of the clinician were for counselling (detoxification) and 32% for withdrawal management.



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 the ACT, amphetamines were the principal drug of concern in 18% of treatment episodes, compared to 11% nationally. Of 230 closed treatment episodes in the ACT where amphetamines were the principal drug of concern:

- clients were more likely to be male than female—53% of treatment episodes related to male clients and 47% to female clients—similar to the pattern for all other principal drugs of concern (65% males and 35% females);
- a higher proportion of episodes involved people in the 20-29 year age group (47% compared to 38% of episodes for all other principal drugs of concern);
- injecting as a method of use accounted for 81% of closed treatment episodes within this group, followed by ingesting (10%), and smoking (3%), for all other drugs of concern, the most common method was smoking (35%), followed by ingesting (33%) and injecting (30%);
- 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 (47% and 46%, respectively);
- clients were less likely to be referred to treatment from a psychiatric or other hospital (14%, compared to 17%), and more likely to be referred from a community health care centre (13%, compared to 10%); and
- clients were slightly more likely to receive withdrawal management (detoxification) (38%), compared with clients who nominated a principal drug other than amphetamines (36%).

In the ACT 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, 40% of episodes ceased because the treatment was completed, compared to 43% for other drugs. The next most common reason for ceasing treatment for both groups was where the client ceased to participate against the advice of the clinician (24% and 22% 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.