



Australian Government

Australian Institute of
Health and Welfare



Alcohol and other drug treatment services in Tasmania 2008–09

Findings from the National Minimum Data Set (NMDS)

Highlights

In Tasmania in 2008–09, 15 government-funded alcohol and other drug treatment agencies provided 2,081 treatment episodes. This is one less treatment agency and 221 fewer treatment episodes than in 2007–08.

The median¹ age of persons receiving treatment for their own drug use and those seeking treatment for someone else's drug use was 29 years and 48 years, respectively.

Though a decrease on the previous year, cannabis was again the most common principal drug of concern, accounting for 39% of episodes, compared with 45% of episodes in 2007–08. Alcohol increased to 38% of episodes, opioids including heroin and methadone accounted for just over 10% of episodes and amphetamines for 9%.

Counselling was again the most common form of main treatment provided (increasing from 54% of episodes in 2007–08 to 57% in 2008–09). Information and education decreased from 25% of episodes 2007–08 to 17% in 2008–09 and rehabilitation made up almost 9% of treatment episodes.

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 2008–09 Alcohol and Other Drug Treatment Services (AODTS) NMDS data for Tasmania. More detailed information about the 2008–09 collection and its findings can be found in the publication *Alcohol and other drug treatment services in Australia 2008–09: report on the National Minimum Data Set* (AIHW 2010). 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 2008–09 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 during the period 1 July 2008 to 30 June 2009.

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 collection (NOPSAD).

For a complete list of clients and agencies excluded from the AODTS–NMDS, see Section 1.2 of the *Alcohol and other drug treatment services in Australia 2008–09: report on the National Minimum Data Set* (AIHW 2010).

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, a total of 653 government-funded alcohol and other drug treatment agencies supplied data for 2008–09. Of these agencies, 15 were located in Tasmania, of which 8 were non-government agencies.

Treatment agencies in Tasmania were most likely to be located in *Inner regional* areas (73%) including Hobart and Launceston, followed by *Outer regional* areas such as Burnie (27%).

Client profile

In Tasmania, there were 2,081 closed treatment episodes in alcohol and other drug treatment services reported in the 2008–09 AODTS–NMDS collection, compared with 2,302 in 2007–08. The decrease in treatment episodes is partly because there was one less treatment agency providing information in 2008–09.

The vast majority (95%) of closed treatment episodes in Tasmania involved clients seeking treatment for their own drug use. The remaining 5% 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 Tasmania (70% and 30%, respectively) differed slightly from the national proportions (67% and 33%, respectively).

In Tasmania, the median age of persons receiving treatment for their own drug use was 29 years. Of people seeking treatment for someone else's drug use, the median age was 48 years.

One-third (33%) of closed treatment episodes in Tasmania were for clients aged 20–29 years, while almost one quarter (24%) of episodes were for clients aged 30–39 years.

Special population groups

The proportion of closed treatment episodes involving clients who identified as Aboriginal and Torres Strait Islander people in Tasmania (10%) was lower than the national figure (12%). 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 specific services or primary health care services are not included in the AODTS–NMDS collection. In Tasmania, Indigenous status was not stated in around 9% of treatment episodes in 2008–09.

The majority (97%) of closed treatment episodes in Tasmania were for clients born in Australia and almost all treatment episodes were for clients whose preferred language was English.

Drugs of concern

This section reports only on the 1,983 closed treatment episodes where clients were seeking treatment for their own alcohol or other drug use in Tasmania.

Principal drug of concern

The principal drug of concern refers to the main substance that the client states led them to seek treatment from the alcohol and other drug treatment agency. In Tasmania in 2008–09, cannabis was the most common principal drug of concern in closed treatment episodes (39%), albeit with a decrease of almost seven percentage points since 2007–08. Alcohol was the most common principal drug of concern nationally (46%), with cannabis making up 23% of treatment episodes across Australia. Cannabis may account for more treatment episodes in Tasmania because of Illicit Drug Diversion Initiative (IDDI) programs in the state that address cannabis use.

Closely following cannabis as a principal drug of concern in Tasmania was alcohol at 38%, then opioids at 10% (with morphine accounting for over half of these episodes) and amphetamines (9%) (Table 1). Between 2007–08 and 2008–09, the proportion of alcohol-related episodes in Tasmania increased by almost six percentage points, whereas nationally episodes for alcohol increased by just over one percentage point.

Over time, Tasmania has consistently reported proportionally fewer episodes for heroin than the national figure and usually a higher proportion of episodes for cannabis.

Table 1: Principal drug of concern^(a), Tasmania and Australia, 2001–02 to 2008–09 (per cent)

Principal drug of concern	Tasmania								Total (Australia) 2008–09	
	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	Per cent	Number
Alcohol	38.6	40.7	28.9	31.0	38.0	36.0	32.1	37.7	45.8	63,272
Amphetamines	9.2	7.9	8.5	9.8	11.8	12.9	11.3	8.5	9.2	12,739
Benzodiazepines	1.4	0.7	1.0	0.8	1.3	1.4	1.3	1.4	1.5	2,080
Cannabis	24.8	18.6	37.0	31.0	34.0	39.4	45.3	38.7	22.5	31,100
Cocaine	—	0.1	0.1	—	0.1	—	—	—	0.3	479
Ecstasy	0.2	0.1	0.7	0.7	1.1	1.7	1.7	1.3	1.0	1,397
Nicotine	15.3	18.0	12.5	16.6	2.0	1.6	0.5	1.1	1.8	2,461
Opioids										
Heroin	1.0	0.5	0.8	0.2	0.8	0.4	0.3	0.5	10.3	14,222
Methadone	0.2	3.4	3.0	2.0	3.4	1.7	1.1	1.3	1.5	2,136
Morphine	7.0	6.6	4.8	5.9	4.7	2.7	4.6	6.4	1.4	1,877
Total opioids ^(b)	8.9	11.4	9.5	9.0	10.6	5.5	6.6	10.2	15.1	20,890
All other drugs ^(c)	0.6	2.6	1.3	1.1	1.1	1.6	1.2	1.2	2.6	3,609
Not stated	1.0	—	0.5	—	—	—	—	—	—	—
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	..
Total (number)	1,972	2,292	1,596	1,372	1,357	1,478	2,124	1,983	..	138,027

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

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

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

Notes

1. The total number of closed treatment episodes may be undercounted since 2004–05 because two agencies have supplied drug diversion data only.

2. The proportion of episodes for cannabis has increased over time due to the inclusion of drug diversion data. In Tasmania, cannabis is the principal drug of concern for the majority of diversions.

Age and sex

The principal drug of concern varied by age group in Tasmania in 2008–09. For clients aged 10–19 years, the majority (71%) of episodes included cannabis as the principal drug of concern. Cannabis was also the most common principal drug of concern nominated by clients aged 20–29 years (46% of episodes), followed by alcohol (27%). For clients aged 30 years and over, alcohol was the most common principal drug of concern nominated—43% of episodes for clients aged 30–39 years, 57% for clients aged 40–49 years, 73% for clients aged 50–59 years and 76% for clients aged 60 years and over.

All drugs of concern

All drugs of concern includes the principal drug of concern and all other drugs reported to be of concern to the client (clients can report up to five other drugs of concern). Less than one fifth (17% or 336) of treatment episodes in Tasmania involved at least one other drug of concern (in addition to the principal drug of concern). In these episodes, 532 instances of other drugs of concern were recorded.

A breakdown of all drugs of concern by drug type is presented in Figure 1. For example, benzodiazepines were reported as the principal drug of concern in 1% of episodes, but were reported as a drug of concern (either principal or other) in 4% of treatment episodes.

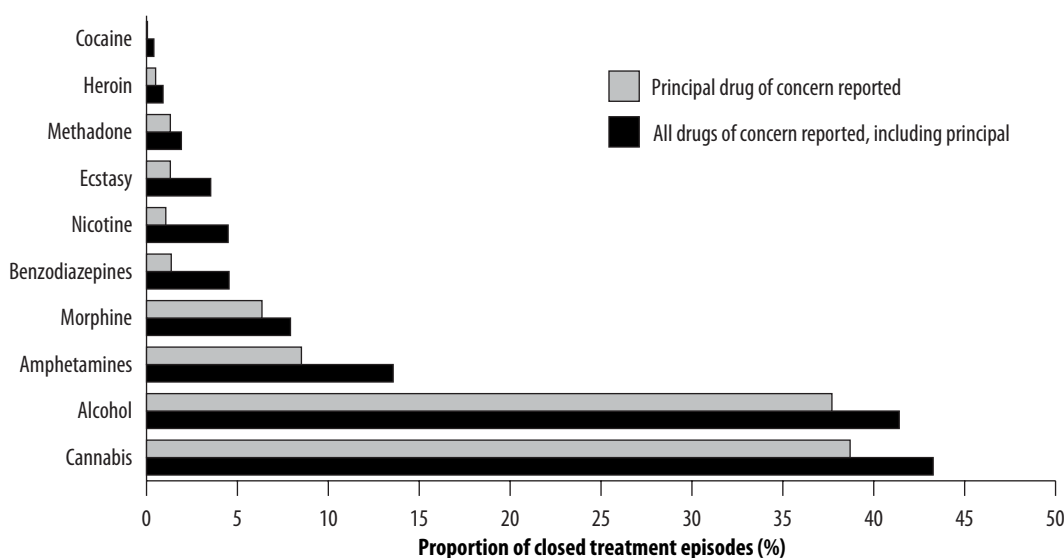


Figure 1: Principal drug of concern and all drugs of concern, Tasmania, 2008–09

Cannabis

In Tasmania, cannabis was the most common principal drug of concern for which treatment was sought, accounting for 39% of closed treatment episodes in 2008–09. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 43% of episodes included cannabis.

Of the 767 episodes where cannabis was nominated as the principal drug of concern in 2008–09, the client, drug and treatment profiles were as follows:

Client profile

- The majority (77%) of episodes were for male clients.
- The median age of clients receiving treatment was 23 years (males 23 years; females 22 years).
- 13% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people (for 7% of episodes Indigenous status was not reported).
- Police diversion was the most common source of referral (47% of episodes), followed by self-referral (31%).

Drug profile

- Smoking was the most common usual method of use (89% of episodes).
- 13% included at least one other drug of concern. From these episodes, 154 instances of 'other drugs of concern' were recorded— 27% for amphetamines, 25% for alcohol, and 12% for both nicotine and ecstasy.
- The majority (56%) of episodes involved clients who reported never having injected drugs. Another 4% of episodes involved clients who reported as currently injecting, while 13% 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 proportion of not stated responses for this item (27% of episodes).

Treatment profile

- Counselling was the most common treatment type received (49% of episodes), followed by information and education only (38%).
- Treatment was most likely to occur in a non-residential treatment facility (86% of episodes), followed by an outreach setting (8%).
- The median number of days for a treatment episode was 25.

Alcohol

In Tasmania, alcohol was the second most common principal drug of concern for which treatment was sought, accounting for 38% of closed treatment episodes in 2008–09. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 41% of episodes included alcohol.

Of the 748 episodes where alcohol was nominated as the principal drug of concern in 2008–09, the client, drug and treatment profiles were as follows:

Client profile

- The majority (70%) of episodes were for male clients.
- The median age of clients receiving treatment was 36 years (males 35 years; females 38 years).
- 7% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people (for 8% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (68% of episodes).

Drug profile

- 80 episodes (or 11%) included at least one other drug of concern. From these episodes, 119 instances of other drugs of concern were recorded— 26% were for nicotine, 24% for amphetamines, and 13% for both benzodiazepines and cannabis.
- The majority (72%) of episodes involved clients who reported never having injected drugs. Another 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 proportion of not stated responses for this item (9% of episodes).

Treatment profile

- Counselling was the most common treatment type received (70% of episodes), followed by assessment only (11%).
- Treatment was most likely to occur in a non-residential treatment facility (70% of episodes), followed by an outreach setting (18%) or a residential treatment facility (12%).
- The median number of days for a treatment episode was 31.

Amphetamines

In Tasmania, amphetamines were the third most common principal drug of concern for which treatment was sought, accounting for 9% of closed treatment episodes in 2008–09. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 14% of episodes included amphetamines.

Of the 169 episodes where amphetamines were nominated as the principal drug of concern in 2008–09, the client, drug and treatment profiles were as follows:

Client profile

- Males accounted for 74% of episodes.
- The median age of clients receiving treatment was 28 years (males 29 years; females 27 years).
- 14% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people (for 8% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (39% of episodes), followed by referrals from court diversion (29%).

Drug profile

- Injecting was the most common usual method of use (78% of episodes), followed by ingestion (10%). However, caution should be taken when interpreting method of use for episodes for amphetamines due to the proportion of 'not stated' responses for this item (7%).
- 74 episodes (or 44%) included at least one other drug of concern. From these episodes, 127 instances of other drugs of concern were recorded— 36% were for cannabis and 15% for alcohol.
- Almost half (44%) of episodes involved clients who reported as currently injecting, while 14% involved clients who reported that they had injected drugs in the past. A further 7% of episodes involved clients who reported never having injected drugs. However, caution should be exercised when interpreting injecting drug use status for episodes where amphetamines was listed as the principal drug of concern due to the very high proportion of not stated responses for this item (35%).

Treatment profile

- Counselling was the most common treatment type received (49% of episodes), followed by rehabilitation (35%).
- Treatment was most likely to occur in a non-residential treatment facility (81% of episodes), followed by an outreach setting (8%) and a residential treatment facility (6%).
- The median number of days for a treatment episode was 60.

Treatment types

The main treatment type is the principal activity, as judged by the treatment provider, which is necessary for completing the 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 (which only relate to clients seeking treatment for their own use).

Of all closed treatment episodes in Tasmania in 2008–09, counselling was the most common form of main treatment provided (57% of episodes) (see Table 2). Counselling was also the most common treatment type nationally, accounting for 37% of episodes across Australia.

In Tasmania, information and education only was the second most common treatment type (17%), compared with 9% nationally. Tasmania may provide more information and education only treatment because of the Illicit Drug Diversion Initiative (IDDI) programs operating in the state that provide this treatment type.

Tasmania provided less withdrawal management, support and case management only, and assessment only (as a proportion of all its treatment episodes) than was provided nationally.

Table 2: Main treatment type, Tasmania and Australia, 2001–02 to 2008–09 (per cent)

Main treatment type	Tasmania								Total (Australia) 2008–09	
	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	Per cent	Number
Withdrawal management (detoxification)	18.9	15.7	2.5	3.1	1.7	2.2	1.4	6.4	16.4	23,599
Counselling	57.4	55.7	62.8	63.2	62.4	64.5	53.6	57.2	37.4	53,787
Rehabilitation	2.7	5.3	4.5	6.1	8.2	7.9	4.3	8.5	6.7	9,667
Support and case management only	3.9	3.2	1.7	3.0	2.3	2.8	3.8	2.6	8.9	12,740
Information and education only	0.1	0.8	11.1	13.3	16.6	19.4	25.5	16.5	9.2	13,283
Assessment only	10.1	7.5	5.9	8.2	6.9	2.7	11.3	7.5	14.7	21,172
Other ^(a)	6.9	11.8	11.5	3.1	2.0	0.4	—	1.3	6.6	9,424
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	..
Total (number)	2,015	2,568	2,357	1,921	1,512	1,564	2,302	2,081	..	143,672

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

Notes

The total number of closed treatment episodes may be undercounted since 2004–05 because two agencies supplied drug diversion data only.

The proportion of episodes for information and education only has increased over time due to the inclusion of drug diversion data. In Tasmania, this treatment type is the most common in diversion treatment.

Counselling

Counselling was the most common main treatment type reported in 2008–09, accounting for 57% of closed treatment episodes. Of the 1,190 episodes where counselling was nominated as the main treatment type received, the client, drug and treatment profiles were as follows:

Client profile

- The majority (96%) of episodes were for clients seeking treatment for their own drug use.
- Around two-thirds (67%) of episodes were for male clients.
- The median age of persons receiving treatment was 30 years (males 29 years; females 33 years).
- 9% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people (but for 7% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (57% of episodes), followed by referrals from police diversion (12%).

Treatment profile

- Treatment was most likely to occur in a non-residential treatment facility (77% of episodes), followed by an outreach setting (16%).
- 29% of episodes ended because the client ceased to participate involuntarily (non-compliance); that is, the client did not meet the rules of the treatment services program and were subsequently removed from the program. The next most common reason for episodes to end was that treatment was completed (18%).
- The median number of days for a treatment episode was 40.

Principal drug profile

- Alcohol was the most common principal drug of concern reported (46% of episodes) by people who received counselling for their own drug use, followed by cannabis (33%) and amphetamines (7%).

Information and education only

Information and education only was the second most common main treatment type reported in 2008–09 in Tasmania, accounting for 17% of the 2,081 closed treatment episodes. Of the 344 episodes where information and education was nominated as the main treatment received in 2008–09, the client, drug and treatment profiles were as follows:

Client profile

- 90% of episodes were for clients seeking treatment for their own drug use.
- More than three-quarters (76%) of episodes were for male clients.
- The median age of persons receiving treatment was 23 years (males 23 years; females 30 years).
- 12% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people (but for 6% of episodes Indigenous status was not reported).
- Police diversion was the most common source of referral (77% of episodes), followed by self-referrals (9%).

Treatment profile

- Treatment was most likely to occur in a non-residential treatment facility (87% of episodes).
- 64% of episodes ended because the client ceased to participate at expiation (when the client had completed requirements under a diversion program).
- The median number of days for a treatment episode was 15.

Principal drug profile

- Cannabis was the most common principal drug of concern reported (95% of episodes) for people who received information and education only for their own drug use, followed by alcohol (3%).

Rehabilitation

Rehabilitation was the third most common main treatment reported in 2008–09 in Tasmania, closely followed by assessment only (9% and 8%, respectively). Of the 177 episodes where rehabilitation was nominated as the main treatment received in 2008–09, the client, drug and treatment profiles were as follows:

Client profile

- Due to the nature of rehabilitation, all episodes were for clients seeking treatment for their own drug use.
- The majority (80%) of episodes were for male clients.
- The median age of persons receiving treatment was 30 years (males 30 years; females 29 years).
- 14% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people (but for 10% of episodes Indigenous status was not reported).
- Court diversion programs were the most common source of referral (60% of episodes), followed by self referral (36%).

Treatment profile

- Treatment was most likely to occur in a non-residential treatment facility (67% of episodes), followed by a residential treatment facility (33%).
- The most common reason for cessation of treatment was involuntary due to non-compliance (33%), followed by completion of treatment (32%).
- The median number of days for rehabilitation was 134.

Principal drug profile

- Amphetamines were the most common principal drug of concern reported (33% of episodes), followed by cannabis and morphine (20%).

Symbols

- nil or rounded to zero
- .. not applicable

How to find out more

If you would like more detailed data about Tasmania's alcohol and other treatment services please contact the AIHW to discuss your needs. The document *Alcohol and other drug treatment services NMDS Specifications 2010–11* 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/publications/index.cfm/title/11461>>.

Reference

Australian Institute of Health and Welfare 2010. Alcohol and other drug treatment services in Australia 2008–09: report on the National Minimum Data Set. Drug treatment series no. 10. Cat. no. HSE 92. Canberra: AIHW.

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