

Alcohol and other drug treatment services in Victoria 2004–05

Findings from the National Minimum Data Set (NMDS)



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

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Highlights

In Victoria in 2004–05:

- 136 government-funded alcohol and other drug treatment agencies and outlets provided 46,369 'closed treatment episodes' (see below for definition).
- One-third (33%) of closed treatment episodes were for clients aged 20–29 years, and more than one-quarter (28%) were for clients aged 30–39 years.
- Male clients accounted for close to two-thirds (64%) of all closed treatment episodes.
- Alcohol (37%) and opioids (24%, with heroin accounting for 22%) were the most common principal drugs of concern in closed treatment episodes, followed by cannabis (23%) and amphetamines (6%).
- Of all closed treatment episodes, counselling was the most common main treatment provided (47%), followed by withdrawal management (detoxification) (23%) and support and case management only (13%).

Contents of this data briefing

This data briefing summarises the main findings from the 2004–05 Alcohol and Other Drug Treatment Services (AODTS) NMDS data for Victoria. Throughout this briefing, data from Victoria are presented along with 2004–05 national AODTS–NMDS data.

National AODTS-NMDS data reports

More detailed information about the 2004–05 collection and its findings can be found in the publication *Alcohol and other drug treatment services in Australia 2004–05: report on the National Minimum Data Set* (AIHW 2006). 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'. These refer to a period of contact, with defined start and end dates, between a client and a treatment agency. A closed treatment episode may be for a specific treatment, such as information and education only, that is not part of a larger treatment plan; or it may be for a specific treatment, such as withdrawal management (detoxification), that is part of a long-term treatment plan.

Victorian data completeness

In Victoria, the number of reported closed treatment episodes decreased slightly in 2004–05 due to a change in reporting practice which requires clinicians to report treatment outcomes for closed treatment episodes. Caution should therefore be taken when comparing data from this year with data from 2003–04.

Scope: exclusion of opioid pharmacotherapy

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

Treatment agencies

- Throughout Australia, a total of 635 government-funded alcohol and other drug treatment agencies and outlets supplied data for 2004–05. Of these, 136 were located in Victoria, of which all were non-government organisations.
- Treatment agencies in Victoria were most likely to be located in major cities (65%), followed by inner regional (29%) and outer regional areas (6%).

Client profile

- In Victoria, there were 46,369 ‘closed treatment episodes’ in alcohol and other drug treatment services reported in the 2004–05 AODTS–NMDS collection.
- Ninety-five per cent of treatment episodes in Victoria involved clients seeking treatment for their own drug use.
- In Victoria, one-third (33%) of closed treatment episodes were for clients aged 20–29 years, and more than one-quarter (28%) were for clients aged 30–39 years (Table 1).
- The overall proportions of male and female clients in Victoria (64% and 36% respectively) were similar to the national proportions (66% and 34% respectively).

Table 1: Closed treatment episodes by sex and age group, Victoria and Australia, 2004–05 (per cent)

| Age group (years) | Victoria | | | Australia | | |
|---------------------------------------|---------------|---------------|------------------------|---------------|---------------|------------------------|
| | Males | Females | Persons ^(a) | Males | Females | Persons ^(a) |
| 10–19 | 8.4 | 5.5 | 14.0 | 8.1 | 4.1 | 12.2 |
| 20–29 | 22.3 | 11.0 | 33.3 | 22.1 | 10.3 | 32.5 |
| 30–39 | 17.8 | 9.7 | 27.5 | 18.7 | 9.4 | 28.2 |
| 40–49 | 9.9 | 5.9 | 15.8 | 10.6 | 6.2 | 16.9 |
| 50–59 | 3.4 | 2.7 | 6.1 | 4.0 | 2.8 | 6.7 |
| 60+ | 1.0 | 0.8 | 1.8 | 1.4 | 0.9 | 2.3 |
| Total^(b) (per cent) | 63.8 | 36.1 | 100.0 | 65.5 | 34.2 | 100.0 |
| Total^(b) (number) | 29,570 | 16,761 | 46,369 | 93,088 | 48,579 | 142,144 |

(a) Includes not stated for sex.

(b) Includes not stated for age.

Source: AIHW 2006.

- The proportion of closed treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin was slightly lower in Victoria than nationally (6%, compared with 10%), but still higher than the overall proportion of Aboriginal and Torres Strait Islander peoples, aged 10 years and over, in the Australian population (2.1%; ABS 2004). These figures need to be interpreted with caution due to the high number of ‘not stated’ responses for Indigenous status and the fact that the majority of Australian Government-funded Indigenous substance use services or Aboriginal primary health care services are not included in the AODTS–NMDS collection.
- The majority of closed treatment episodes in Victoria were for clients born in Australia (84%) and 93% were for clients whose preferred language was English.
- Thirty-seven per cent of all treatment episodes in Victoria involved clients who were self-referred, followed by ‘other’ referrals (16%), referrals from alcohol and other drug treatment services (15%) and referrals from community-based correctional services (12%).

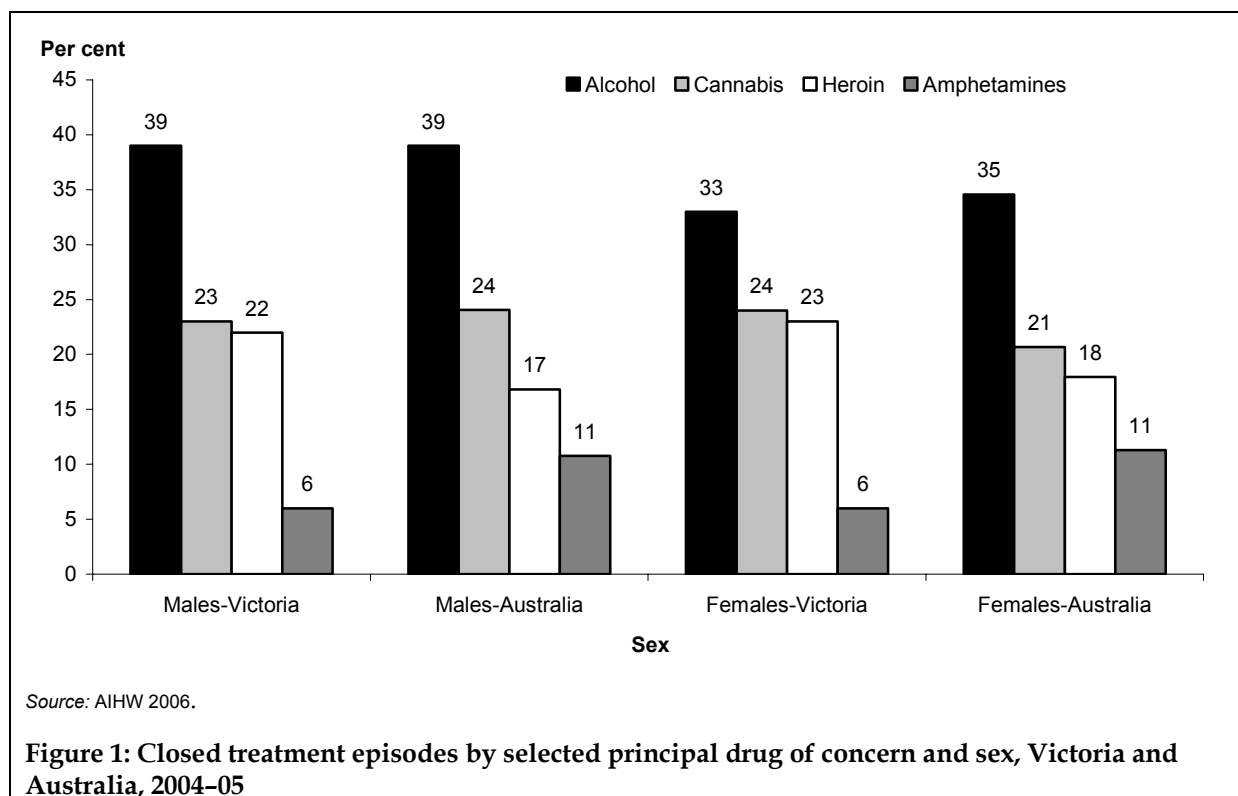
Principal drug of concern

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. This section of the briefing reports only on the 44,150 episodes where clients were seeking treatment for their own alcohol or other drug use.

- In Victoria, alcohol (37%) and opioids (24%, with heroin accounting for 22%) were the most common principal drugs of concern in closed treatment episodes, followed by cannabis (23%) and amphetamines (6%). Nationally, alcohol and cannabis were the most common principal drugs of concern (37% and 23% respectively), followed by opioids (21%, with heroin accounting for 17%) and amphetamines (11%).

Client profile and principal drug of concern

- Alcohol was the drug most commonly recorded in closed treatment episodes for both sexes in Victoria (39% of males and 33% of females), followed by cannabis (23% and 24% respectively) and heroin (22% and 23% respectively) (Figure 1).
- The proportion of treatment episodes for males nominating heroin as the principal drug of concern was slightly higher in Victoria than nationally (22%, compared with 17%). This was also the case for female clients (23% and 18% respectively).



- In Victoria and nationally, the principal drug of concern varied by age. For closed treatment episodes involving clients aged 30 years and over in Victoria, alcohol was the most common principal drug – highest for clients aged 60 years and over (82%) (Table 2). Similarly, at the national level, alcohol was the most common principal drug of concern in treatment episodes for clients aged 30 years and over, with the highest proportion among those aged 60 years and over (81%).

- In treatment episodes involving clients aged 10–19 years in Victoria and nationally, cannabis was the most common principal drug of concern (46% and 50% respectively). For treatment episodes involving clients aged 20–29 years, the most common principal drug in Victoria was heroin (33%), whereas nationally, the most common principal drug for this age group was cannabis (28%), followed by heroin (24%).

Table 2: Closed treatment episodes^(a) by principal drug of concern and age group, Victoria and Australia, 2004–05 (per cent)

| Principal drug | Victoria | | | | | | | Total (Australia) | |
|------------------------------------|--------------|---------------|---------------|--------------|--------------|--------------|----------------------|-------------------|----------------|
| | 10–19 | 20–29 | 30–39 | 40–49 | 50–59 | 60+ | Total ^(b) | Per cent | Number |
| Alcohol | 23.1 | 21.6 | 38.7 | 59.8 | 77.4 | 81.8 | 36.8 | 37.2 | 50,324 |
| Amphetamines | 5.8 | 8.0 | 6.9 | 3.2 | 0.8 | 0.0 | 6.1 | 10.9 | 14,780 |
| Benzodiazepines | 0.7 | 1.8 | 2.7 | 3.8 | 4.5 | 6.8 | 2.4 | 1.9 | 2,538 |
| Cannabis | 45.5 | 27.3 | 19.0 | 10.8 | 5.5 | 2.7 | 23.3 | 23.0 | 31,044 |
| Cocaine | 0.4 | 0.3 | 0.2 | 0.1 | 0.0 | 0.0 | 0.2 | 0.3 | 400 |
| Ecstasy | 1.0 | 0.7 | 0.3 | 0.0 | 0.0 | 0.0 | 0.4 | 0.4 | 580 |
| Nicotine | 1.7 | 0.3 | 0.3 | 0.5 | 1.0 | 1.2 | 0.6 | 1.8 | 2,478 |
| Opioids | | | | | | | | | |
| Heroin | 12.6 | 32.6 | 23.8 | 14.7 | 5.2 | 1.1 | 22.4 | 17.2 | 23,193 |
| Methadone | 0.7 | 1.8 | 1.7 | 1.4 | 0.4 | 0.2 | 1.5 | 1.8 | 2,454 |
| <i>Total opioids^(c)</i> | <i>13.4</i> | <i>34.4</i> | <i>25.5</i> | <i>16.0</i> | <i>5.6</i> | <i>1.2</i> | <i>23.9</i> | <i>20.7</i> | <i>28,025</i> |
| All other drugs ^(d) | 8.5 | 5.7 | 6.5 | 5.7 | 5.1 | 6.3 | 6.3 | 3.7 | 5,033 |
| Total (per cent) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | — |
| Total (number) | 5,961 | 15,158 | 12,460 | 6,929 | 2,447 | 665 | 44,150 | — | 135,202 |

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

(b) Includes not stated for age.

(c) Includes heroin, methadone and balance of opioids.

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

Source: AIHW 2006.

Injecting drug use and method of use

- Forty-one per cent of treatment episodes in Victoria involved clients who reported never having injected drugs. Of the 21% of treatment episodes where the client reported they were ‘current injectors’, 48% were aged 20–29 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 Victoria).
- Ingestion (44% of closed treatment episodes), followed by injection (27%) and smoking (21%) were the most common methods of using the principal drug of concern in Victoria.

Treatment programs

‘Main treatment type’ is the principal activity, as judged by the treatment provider, that is necessary for completing the treatment plan for the principal drug of concern. This section outlines information collected about these treatment types and programs. Data presented in this section relate to clients seeking treatment for their own or someone else’s alcohol or other drug use, except the section relating to ‘Principal drug of concern and treatment programs’.

- Of all closed treatment episodes in Victoria, counselling was the most common main treatment provided (47%), followed by withdrawal management (detoxification) (23%) and support and case management only (13%) (Table 3). Nationally, counselling was also the most common main treatment (40%), followed by withdrawal management (detoxification) (18%) and assessment only (12%).

Client profile and treatment programs

- Closed treatment episodes for female clients in Victoria were more likely to involve counselling as the main treatment (50%) than treatment episodes for male clients (45%). This was also the case nationally (45% and 38% respectively). In contrast, male clients in Victoria were more likely than female clients to receive assessment only (13% and 4% respectively).
- In Victoria, the main treatment type varied with age. For clients aged 10–19 years, support and case management only was the most common main treatment type (42% of treatment episodes), followed by counselling (25%). For all other age groups, counselling was the most commonly reported main treatment type (ranging from 44% in the 20–29 year age group to 59% for clients aged 60 years and over), followed by withdrawal management (detoxification) (ranging from 21% in the 20–29 year age group to 31% for clients aged 60 years and over).

Table 3: Closed treatment episodes by main treatment type and sex, Victoria and Australia, 2004–05 (per cent)

| Main treatment type | Victoria | | | Australia | | |
|--|---------------|---------------|------------------------|---------------|---------------|------------------------|
| | Males | Females | Persons ^(a) | Males | Females | Persons ^(a) |
| Withdrawal management (detoxification) | 21.8 | 23.6 | 22.5 | 17.9 | 18.1 | 17.9 |
| Counselling | 45.4 | 49.6 | 46.9 | 37.6 | 44.7 | 40.2 |
| Rehabilitation | 3.4 | 4.3 | 3.7 | 8.2 | 6.8 | 7.7 |
| Support & case management only | 12.3 | 14.1 | 12.9 | 7.5 | 8.7 | 7.9 |
| Information and education only | 0.8 | 0.5 | 0.7 | 9.9 | 7.0 | 8.9 |
| Assessment only | 13.4 | 3.7 | 9.9 | 14.4 | 8.7 | 12.4 |
| Other ^(b) | 2.9 | 4.2 | 3.4 | 4.6 | 6.0 | 5.0 |
| Total (per cent) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Total (number) | 29,570 | 16,761 | 46,369 | 93,088 | 48,579 | 142,144 |

(a) Includes not stated for sex.

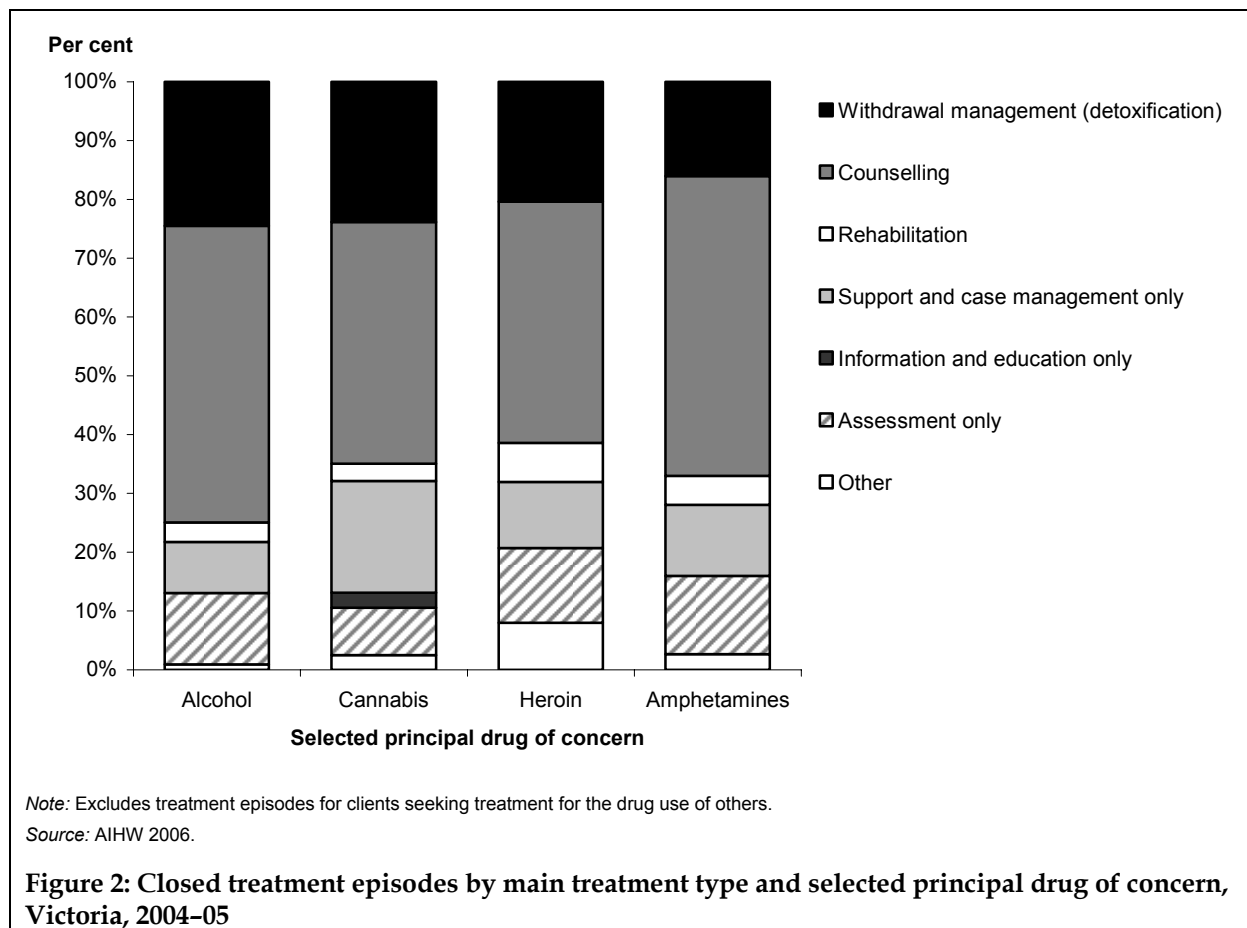
(b) 'Other' includes 909 treatment episodes in Victoria and 4,299 treatment episodes nationally where the main treatment type was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are excluded from the AODTS–NMDS.

Source: AIHW 2006.

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 Victoria, where alcohol was the principal drug of concern, counselling accounted for the highest proportion of main treatment types (50%), followed by withdrawal management (detoxification) (25%). This was also the case where cannabis, heroin and amphetamines were the principal drug of concern – counselling was the most common treatment (41%, 41% and 51% respectively), followed by withdrawal management (detoxification) (24%, 20% and 16% respectively) (Figure 2).



- In Victoria, the median number of days for a treatment episode was 34. When the principal drug of concern was heroin or amphetamines, the median number of days for a treatment episode increased to 37 days. The main treatment type with the highest median number of treatment days per episode was rehabilitation (70), followed by 'other' treatment which includes pharmacotherapy (63).

Treatment delivery setting and treatment programs

- Seventy-one per cent of all closed treatment episodes in Victoria occurred at a non-residential treatment facility and a further 15% in a residential facility, similar to the overall national proportions (70% and 18% respectively).
- In Victoria, the highest median number of treatment days for a treatment episode occurred where the treatment delivery was in an outreach setting (43 days).

Ceasing treatment and treatment programs

- In Victoria, the most common reason for the cessation of a client's treatment was that the treatment had been completed (70%), followed by clients ceasing to participate without notice to the treatment agency (10%).

Special theme—cannabis

This special theme section focuses on treatment episodes where cannabis was the principal drug of concern for a client in 2004–05. This theme was selected on the basis of feedback received from treatment agencies via the 2005 Survey of Treatment Agencies. Themes from previous years have focused on amphetamines, on clients aged 10–19 years and on alcohol.

Cannabis use

Cannabis is the most widely used illicit drug in Australia. It is estimated that of Australians aged 14 years and over in 2004, about one in three (34%) had used cannabis at some stage in their lifetime and one in nine (11%) had used it at least once in the previous 12 months (AIHW 2005a). In Victoria, 10% of people aged 14 years and over reported using cannabis in the 12 months preceding the survey (AIHW 2005b).

Treatment services relating to cannabis

In Victoria, cannabis was the principal drug of concern in 23% of treatment episodes in 2004–05, identical to the national proportion. Of the 10,268 closed treatment episodes in Victoria where cannabis was the principal drug of concern:

- 65% of treatment episodes related to male clients and 35% to female clients – very similar to the pattern for all other principal drugs of concern (66% males and 34% females).
- A higher proportion of episodes involved clients in the 10–19 and 20–29 year age groups (26% and 40% respectively), compared with episodes for all other principal drugs of concern (10% and 33% respectively).
- Smoking as a method of use accounted for 80% of closed treatment episodes within this group, while for all other principal drugs of concern the most common method of use was ingestion (57%), followed by injecting (34%) and smoking (3%).
- 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 cannabis (36% and 37% respectively).
- Clients were slightly more likely to have been referred to treatment by a family member or friend (5%), compared with clients who nominated a principal drug other than cannabis (3%), and slightly less likely to be referred to treatment by a general practitioner or medical specialist (3%, compared with 5%).
- Clients were less likely to receive counselling (41%) and assessment only (8%) than clients who nominated a principal drug other than cannabis (46% and 11% respectively), and were more likely to receive support and case management (19%, compared with 11%).

In Victoria in 2004–05, among closed treatment episodes where a client was seeking treatment for their own drug use, and where cannabis was the principal drug of concern, 71% of episodes ceased because the treatment was completed, compared with 69% 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 (11% and 10% respectively).

Agencies and clients within scope

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, 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 2004–05: report on the National Minimum Data Set* (AIHW 2006).

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 2004 to 30 June 2005) 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 cannabis as the principal drug of concern) but not for other non-government agencies.
- The number of Aboriginal and Torres Strait Islander clients may be undercounted as the majority of Australian Government-funded Indigenous substance use services or Aboriginal primary health care services that provide treatment for alcohol and other drug problems do not supply data to the AODTS–NMDS. Furthermore, at the national level Indigenous status was ‘not stated’ for 5% of all treatment episodes.

For more details on data completeness issues in 2004–05, see Section 1.5 of the AODTS–NMDS 2004–05 annual report (AIHW 2006).

References

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