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Alcohol and other drug treatment services in Australia annual report

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About

In 2020–21, around 139,300 clients aged 10 and over received AOD treatment. The four most common drugs that led clients to seek treatment were alcohol (37%), amphetamines (24%), cannabis (19%) and heroin (4.6%). The median age of clients was 35 years.

Cat. no: HSE 250

- State and territory summaries
- Impact of COVID-19
- Data

Findings from this report:

- Over 6 in 10 people were male (62%), and over half (52%) of clients were aged 20–39
- AOD services adopted new approaches to service delivery during COVID-19
- 1 in 6 (17%) people aged 10 and over identified as Aboriginal and/or Torres Strait Islander
- Treatment agencies provided around 243,000 closed treatment episodes to an estimated 139,300 clients aged 10 and over

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COVID-19 impact

COVID-19 impact on alcohol and other drug treatment services

Key findings

Alcohol and Other Drug (AOD) treatment services reported changes in service usage and impacts on treatment provision in response to the COVID-19 pandemic. Nationally, a comparison of quarterly trends in AOD treatment episodes across the first three COVID-19 waves from 2018–19 to 2020–21 showed:

- Decreases in rehabilitation during Apr-Jun 2020 continued to Jun 2021 due to continued public health restrictions which reduced availability of treatment places.
- The initial increases in counselling between Apr and Dec 2020 were followed by declines in the subsequent first 6 months of 2021.
- More changes in treatment episodes for rehabilitation and counselling were observed in *Major Cities* and *Inner regional* areas than other areas.
- More changes in treatment delivered in residential, home, and outreach settings were observed in *Major cities* and *Inner regional* areas than in other areas.
- Nationally, the general pattern of AOD treatment showed an initial drop across most main treatments in wave 1 (Apr-Jun 2020) followed by increases in subsequent months for most treatment types. This quarterly pattern is consistent with the total annual numbers of treatment episodes (242,980) and clients (139,271) remaining steady in 2020–21 compared with previous years.

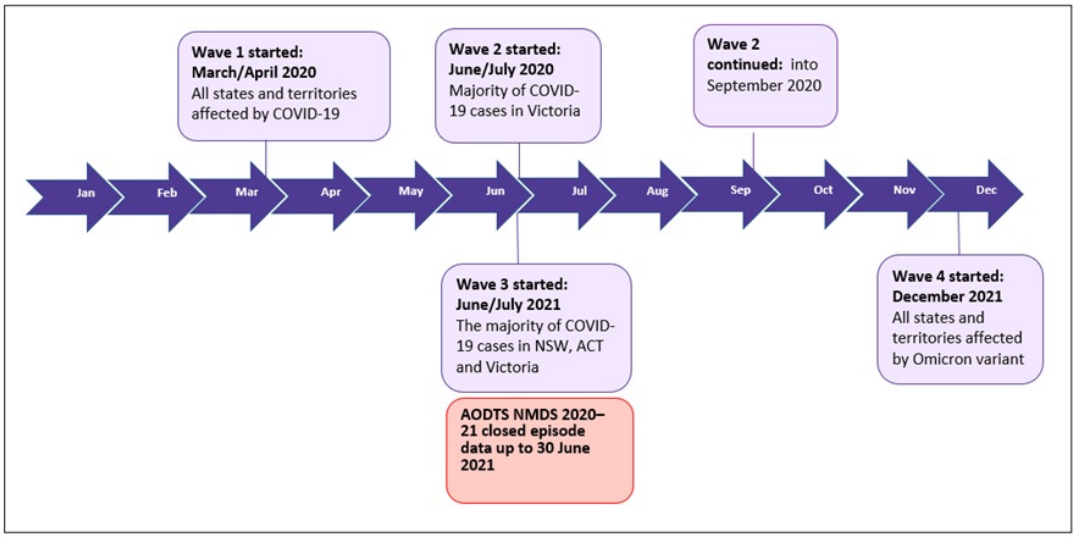
In response to the COVID-19 pandemic, a range of public health regulations were introduced in Australia from mid-March 2020 to limit the spread of COVID-19. These public health regulations were extended in late March 2020 with all non-essential services ordered to temporarily close by the Australian Government.

There have been four main waves of COVID-19 in Australia (Figure COVID1):

- the first was in March/April 2020, the beginning of the pandemic, cases were reported in all states and territories
- the second wave started in June/July of 2020 with the majority of cases reported in Victoria
- the third wave started in June/July of 2021 mainly impacting New South Wales, Australian Capital Territory and Victoria, lasting until the end of October 2021
- the fourth wave started in December 2021 following the introduction of the Omicron variant affecting all states and territories.

International and domestic border restrictions and a suite of public health restrictions continued into 2022 which resulted in a slower progression of COVID-19 cases in Western Australia.

Figure COVID1: Key COVID-19 dates 2020 and 2021



Access to alcohol and other drug treatment

A total of 242,980 treatment episodes were provided to people for their own or someone else's alcohol or drug use in 2020–21, increasing by 2.3% from the previous year (237,545 in 2019–20). The number of clients treated by publicly funded AOD treatment services was similar (139,295 clients in 2019–20 and 139,271 in 2020–21). Taking into consideration population growth, this equates to 623 clients per 100,000 people in 2019–20, falling to 618 clients per 100,000 people in 2020–21.

From March 2020 onwards, states and territories reported that specialised treatments provided by AOD services were affected by the introduction of public health regulations. This included social distancing measures, which led to a reduction in the availability of treatment as the number of people that could be accommodated or assessed in each treatment setting was reduced to comply with this public health guideline. In response to the health regulations, treatment services adapted practices, for example by expanding access to online services and telehealth appointments.

Health regulations continued into 2021, and some jurisdictions experienced localised lockdowns. Viewing quarterly trends provides insights into when and how services adapted. Nationally, the general pattern of AOD treatment showed an initial drop across most main treatments in wave 1 (Apr-Jun 2020) followed by increases in subsequent months. This quarterly pattern is consistent with the total annual numbers of treatment episodes and clients remaining steady in 2020–21 compared with previous years.

The type of main AOD treatment and where it is delivered are intricately linked. Some examples of this association are provided, to better understand how changes in one can affect the other as services adapted to delivering AOD treatment in a pandemic. For example:

- adapting service delivery for treatment types such as assessments, counselling, and support and case management to better suit online or offsite (home) treatment settings. The increased reporting of 'other' treatment settings may reflect agencies adapting to telephone/video conference consultations
- treatment types provided by outreach services were limited due to the face-to-face nature of this service delivery
- an increase in treatment types provided in non-residential treatment settings and the decreases in other delivery settings reflects services adapting to where some treatments were being provided in different settings
- decreases in treatment services for rehabilitation in bed-based settings were due to continued public health restrictions which reduced client capacity and thus availability of treatment places. Rehabilitation is mainly provided in residential settings
- changes in treatment provided and where it was delivered during the first three waves of COVID-19 were more noticable in *Major cities* and *Inner regional* areas than in other areas. The greater volume of clients and services in these areas contributed to these observed changes.

Note that the trends have been identified nationally and by remoteness areas; individual jurisdiction trends may differ.

Technical notes: Reporting of Alcohol and other drug treatment services quarterly data

The collection period for the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) is by financial year. To examine the impact of the pandemic, closed treatment episode data from 2018–19, 2019–20 and 2020–21 were analysed by quarterly periods and compared.

Data collected for 2020–21 contains closed treatment episodes up to 30 June 2021 which provided early reporting for Wave 3 of COVID-19. Treatment episode data for Wave 4 of COVID-19 has not been collected yet.

Comparison of quarterly financial year episode data allows for data collected for the first three waves of COVID-19 to be compared across 2018–19 (prior to COVID-19), 2019–20 and 2020–21 collection periods (Figure COVID1).

Financial year data include treatment episodes that ended within the period and excludes those that were ongoing or new (not closed) within the reporting year. This will lead to an underestimation of the number of treatment episodes presented in this analysis. Quarters are presented as financial year quarters in this analysis; Q1=Jul-Sep, Q2=Oct-Dec, Q3=Jan-Mar, Q4=Apr-Jun. See Key terminology and glossary.

Last updated 8/07/2022 v97.0

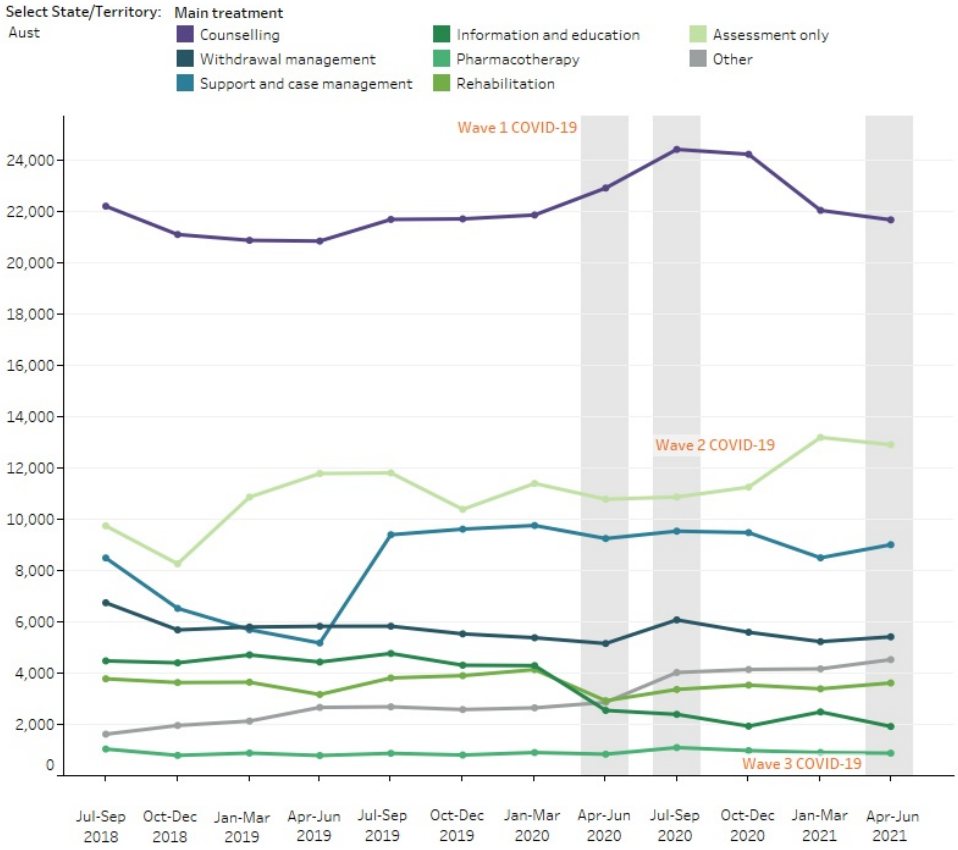
COVID-19 impact

Variation in main treatment type

Nationally, between 2018–19, 2019–20 and 2020–21 there were some notable changes in treatment service types, particularly treatment services involving groups of people or those requiring tailored physical settings.

Figure COVID TREATMENT1: Treatment episodes, by main treatment type, state and territory, quarterly data, 2018-19 to 2020-21

The line graph shows that counselling remained the most common main treatment type between July–September 2018 and April–June 2021. Treatment episodes for counselling increased from 21,833 in January–March 2020 (pre-COVID) to 22,936 in April–June 2020 (Wave 1), peaking at 24,443 episodes in July–September 2020 (Wave 2) before decreasing to 21,964 in April–June 2021 (Wave 3). Assessment only remained the second most common main treatment type across the period (12,917 episodes in April–June 2021). A filter allows the user to view data for Australia or by state/territory.



Title: Figure COVID TREATMENT1: Treatment episodes, by main treatment type, state and territory, quarterly data, 2018–19 to 2020–21
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Tables COVID.3-COVID.11.
www.aihw.gov.au

See notes >

Nationally, variation was observed in main treatment types during the first three waves of COVID-19 and as services adapted to public health regulations. For example:

- **Counselling:**
  - treatment episodes showed notable increases between Apr and Dec 2020 coinciding with the first and second waves of the pandemic followed by declines over the subsequent first 6 months of 2021
  - despite services adapting for example, to telehealth models, a decrease in episodes from Jan 2021 indicates additional constraints to service delivery. Such constraints included client ability to access telehealth services and impacts on the workforce with service staff becoming either unwell with COVID-19 or restricted because of others' COVID-19 status.
- **Rehabilitation:**
  - in Apr-Jun 2020, there was a drop in treatment episodes for rehabilitation as a main treatment coinciding with the first wave of the pandemic and numbers remained low over the next 12 months from Jul 2020 to Jun 2021
  - bed-based residential units were operating at reduced capacity during 2020 and 2021 in some states and territories to ensure social distancing guidelines were met. Most rehabilitation treatment is provided in residential settings.

Last updated 5/07/2022 v7.0

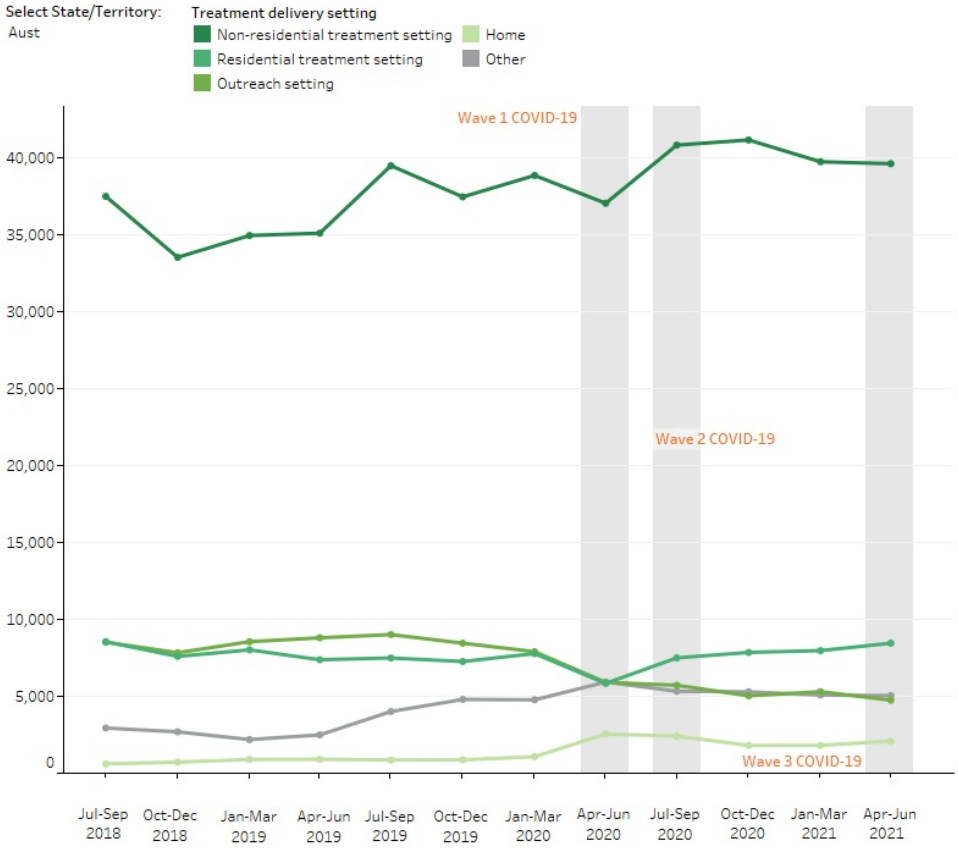
COVID-19 impact

Variation in AOD treatment delivery settings

Some types of treatment provided to AOD clients require specific settings. For example, withdrawal (detox) and rehabilitation treatment service types are mostly provided in residential settings whereas counselling, and support and case management can be provided in most settings.

Figure COVID DELIVERYSETTTING1: Treatment episodes, by treatment delivery setting, state and territory, quarterly data, 2018-19 to 2020-21

The line graph shows that non-residential treatment settings remained the most common delivery setting between July–September 2018 and April–June 2021. Episodes provided in non-residential treatment settings fluctuated over the period, decreasing from 38,883 episodes in January–March 2020 (pre-COVID) to 37,072 in April–June 2020 (Wave 1). Episodes then increased to 40,857 in July–September 2020 (Wave 2) but then decreased to 39,646 in April–June 2021 (Wave 3). A filter allows the user to view data for Australia or by state/territory.



Title: Figure COVID DELIVERYSETTING1: Treatment episodes, by treatment delivery setting, state and territory, quarterly data, 2018–19 to 2020–21
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Tables COVID.12-COVID.20.
www.aihw.gov.au

See notes >

A comparison of national quarterly trends in AOD service delivery settings between 2018–19 and 2020–21 showed variation across the first three waves of COVID-19 and the implementation of public health restrictions. For example:

- for **Residential treatment settings:**
  - there was a drop in treatment episodes in Apr-Jun 2020, which coincided with the first wave of the pandemic
  - treatment episodes over the next 12 months to Jun 2021 steadily increased, indicating easing of localised lockdown restrictions in some states and territories as well as services adapting to health restrictions.
- for **Outreach settings:**
  - there was a notable decrease in Apr-Jun 2020 treatment episodes, coinciding with the first wave of the pandemic
  - this decrease continued from Jul 2020 to Jun 2021, coinciding with the second wave and the beginning of the third wave of the pandemic
  - most services providing external visits discontinued face-to-face contact with clients, moving to telehealth options.

- for **Home settings:**
  - there was a substantial increase in some treatment episodes provided in Apr-Jun 2020 coinciding with the first wave of the pandemic. This may reflect AOD services providing Telehealth services in the home
  - treatment episodes decreased between Jul 2020 and Jun 2021 but remained higher than pre pandemic levels (Figure COVID DELIVERYSETTTING1, tables COVID.13-COVID.21).

Last updated 7/07/2022 v8.0

COVID-19 impact

AOD treatment variation by remoteness areas

Nationally, between 2018–19, 2019–20 and 2020–21 there were notable changes in treatment service types delivered within remoteness areas, particularly treatment requiring tailored physical settings.

Figure COVID REMOTENESS1: Treatment episodes, by main treatment type and remoteness area, quarterly data, 2018-19 to 2020-21

The line graph shows the number of episodes with counselling as the main treatment type, by remoteness area. Most episodes were provided in *Major cities* across the period July–September 2018 to April–June 2021. The number of counselling episodes in *Major cities* increased from 13,870 in January–March 2020 (pre-COVID) to 14,882 in April–June 2020 (Wave 1) and 16,122 in July–September 2020 (Wave 2). Episodes then decreased 14,695 in April–June 2020, or Wave 3). A filter allows the user to view data for each main treatment type.

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Main treatment across remoteness areas

Changes in trends for main treatment delivered within remoteness areas are likely to be associated with the main waves of the COVID-19 pandemic:

- **Counselling** provided in *Major cities* and *Inner regional* areas increased in Apr-Sep 2020 coinciding with the first and second waves of the pandemic. This continued into Oct-Dec 2020 before decreasing from Jan to Jun 2021.
- for **Rehabilitation**:
  - treatment episodes provided in *Major cities* dropped from Jan 2020 to Sep 2020 coinciding with the first and second waves of the pandemic
  - treatment episodes remained low from Oct 2020 to Jun 2021 and did not return to pre-pandemic levels. This decrease likely reflects the continuation of health regulations during the second wave and beginning of the third wave of the pandemic, limiting bed capacity for services
  - *Inner regional* and *Outer regional* areas also showed similar variance in treatment episodes over the same period.

Treatment delivery settings across remoteness areas

Some treatment delivery settings in remoteness areas were impacted more than others likely due, in part, to the first three waves of COVID-19 public health restrictions and lockdown measures.

Figure COVID REMOTENESS2: Treatment episodes, by treatment delivery setting and remoteness area, quarterly data, 2018-19 to 2020-21

The line graph shows that most treatment episodes provided in non-residential treatment settings occurred in *Major cities* across the period June–September 2018 to April–June 2021. The number of episodes provided in non-residential settings in *Major cities* overall decreased from 26,113 in January–March 2020 to 25,228 in April–June 2020 (Wave 1), then increased in Waves 2 and 3 (28,154 in July–September 2020 and 27,307 in April–June 2021, respectively). A filter allows the user to view data for each treatment delivery setting.

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Changes in treatment settings within remoteness areas observed include:

- **Non-residential treatment settings:**
  - are the most common setting for AOD treatments. Services located in *Major cities* were most impacted, with treatment episodes falling between Jan-Jun 2020 coinciding with the first wave of the pandemic
  - episodes between Jul 2020 and Jun 2021 increased in *Major cities*, reflecting provision of various treatment types adapting to different settings in some states and territories
  - minor variance in treatment episodes occurred in *Inner regional* and *Outer regional* areas over the same period.
- **Residential treatment settings**:
  - located in *Major cities* were most impacted, with treatment episodes falling between Jan-Jun 2020 coinciding with the first wave of the pandemic
  - treatment episodes between Jul 2020 and Jun 2021 steadily increased, indicating easing of restrictions in some states and/or services adapting to pandemic restrictions
  - similar variance in treatment episodes occurred in *Inner regional* areas over the same period.
- for **Outreach settings**:
  - treatment episodes provided in *Major cities*, *Inner regional* and *Outer regional* areas showed a notable decrease in Apr-Jun 2020, coinciding with the first wave of the pandemic
  - this decrease continued from Jul 2020 to Jun 2021, coinciding with the second wave of the pandemic.

- **Home settings** located in *Major cities* and *Inner regional* areas showed the greatest increases in episodes provided in Apr-Jun 2020 compared with previous time periods, coinciding with the first wave of the pandemic and potentially reflects services adapting to Telehealth services. Episodes decreased between Jul 2020 and Jun 2021 (Figure Figure COVID REMOTENESS2, tables COVID.12-COVID.20).

Last updated 8/07/2022 v26.0

COVID-19 impact

COVID-19 impact on state and territory AOD treatment services

On this page:

Summary information provided by states and territories, regarding the AODTS NMDS data collection:

New South Wales

2019-20

In 2019–20, COVID–19 restrictions impacted delivery of services including withdrawal management and residential rehabilitation. Some services closed for a short period of time, and adapted service operations once they re-opened, due to limited bed capacity in accordance with social distancing guidelines. Face-to-face services were reduced and services transitioned to the use of telehealth (primarily telephone or video conference), group counselling sessions were moved online.

Increases in AOD service demand during COVID may have been due to:

- people seeking assistance due to unavailability of other services or inability to access services (e.g. cross border communities, rural and remote communities unable to get to metropolitan services)
- more people were at home due to employment changes or job loss, travel restrictions including border closures, this increased isolation and mental health issues and increased the need for local services
- increased online services offered by some agencies; easier for younger people to manage and engage in services
- increased services provided by phone improved access to treatment and support.

Decreases in AOD services may have been affected by:

- fewer people seeking treatment during the COVID lockdown period - not wanting to go out
- group treatment work cancelled
- access for agencies regarding ICT infrastructure and internet capacity highlighted a divide for regional and rural services; weak connectivity contributed to potential decline of some service delivery
- all home visits and external (outreach) service visits were suspended for a period of time
- regional and rural services less affected, however access to metropolitan services by rural clients was affected, movement to and from "hotspots" was problematic
- difficulty accessing technology for some clients
- new client assessments decreased as treatment places were limited
- decreased availability of withdrawal detox/residential rehabilitation services.

2020-21

During 2020–21, large areas of NSW continued to be affected by COVID-19. The impact of COVID-19 overall, saw services in metropolitan or rural and remote areas utilise telehealth, primarily telephone.

Some treatment services such as, withdrawal management and residential rehabilitation services, were impacted due to social distancing rules and continued to have limited occupancy rates and bed capacity in both non-government and government services. These constraints meant services had to reduce the availability of treatment places. Whilst there were constraints, services continued to adopt new approaches which meant that clients were still able to receive treatment even when places were decreased.

Constraints to service delivery also had an impact on data collection including:

- Staff were working from home with less timely data loads due to constraints.
- Some Local Health Districts reported unexpected data system loading issues during the months following the reporting period which in turn affected the data that was available for the reporting period.

- Staff reported that risk management practices and PPE wearing saw an increase in workload for staff and mask wearing provided a barrier to engaging with clients and seeing nonverbal cues.

Victoria

2019-20

In 2019–20, COVID-19 restrictions impacted the main treatment types including withdrawal management (detoxification) and residential rehabilitation, as bed-based units were operating at reduced capacity to ensure social distancing guidelines were met; bed-based occupancy decreased compared to pre-COVID occupancy.

The number of treatment referrals decreased, and the number of admission cancellations increased for residential withdrawal and rehabilitation services.

The majority of AOD service providers moved to a telehealth model and discontinued face-to-face contact with clients unless the client received withdrawal or residential rehabilitation services. Due to reduced capacity for residential services, wait times between referrals and admissions increased.

2020-21

In 2020–21, COVID-19 restrictions impacted withdrawal management and rehabilitation services as bed-based units were operating at reduced capacity to ensure social distancing guidelines were met. As a result:

- bed occupancy across all residential services fell compared to pre-COVID-19 as a result of social distancing requirements
- COVID-19 restrictions also reduced the number of referrals and increased the number of admission cancelations to residential withdrawal and rehabilitation services
- Wait times between referrals and admissions also increased due to reduced treatment capacity.

While the number of non-residential withdrawal events increased slightly from the previous financial year, during extensive COVID-19 lockdowns:

- non-residential withdrawal service contacts included an electronic process rather than face-to-face which may have been coded ‘other’ setting by some clinicians rather than a non-residential treatment facility setting
- the majority of providers moved to a telehealth model, discontinuing face-to-face contact with clients unless they received residential withdrawal or rehabilitation services.

Queensland

2019-20

In 2019–20, there was an overall decrease in closed treatment episodes across all treatment types for the period of March-June 2020. The treatment types of counselling and information and education decreased from March to June 2020 compared to the same period in the previous year. There was also a decrease in the reporting of diversion referrals from the justice system due to public restrictions being in place and restricted operation of the Magistrates Courts.

During the March to June 2020 period, diversion episodes (both public and private) decreased. Diversion treatment that is provided as part of police and court diversion has been steadily declining since 2015–16, but experienced a large decrease in 2019–20 due to the impact of COVID-19 and public health restrictions. Specifically, the public health restrictions substantially reduced and restricted the operation of Magistrates Courts between March 2020 and June 2020. From March to August 2020, most police and court diversion appointments were scheduled to occur by telephone, with only a few providers offering face-to-face appointments.

2020-21

In 2020–21, there was an increase in the reporting of diversion referral episodes from the justice system compared to 2019–20, potentially due to the easing of public restrictions. There were also more treatment episodes provided for diversion via telephone. This included sessions that were postponed due to the public restrictions and services sought to reduce the backlog of these sessions.

Western Australia

2019-20

As a result of COVID–19 restrictions during 2019–20, services offered more telehealth appointments and decreased bed capacity across residential services, reducing the amount of people accessing AOD services.

2020-21

As a result of COVID–19 during 2020–21, services offered more telehealth appointments and also decreased bed capacity across residential services including rehabilitation and low/high medical withdrawal services reducing the amount of people accessing these services.

South Australia

2019–20

As a result of COVID–19 restrictions in 2019–20, AOD services offered more telehealth appointments in place of face-to-face treatment. Medically Assisted Treatment for Opioid Dependence prescription review periods were increased from 3 to 6 months during COVID restrictions.

2020–21

In 2020–21, the impacts for treatment service delivery due to the COVID-19 included:

- The Drug and Alcohol Services SA (DASSA) were asked to implement a Work from Home (WFH) mandate.
- A proportion of counselling services shifted from face-to-face appointments to Telehealth and telephone clinical support to clients in treatment.
- Some decreased bed capacity across residential services and withdrawal services reducing the amount of people accessing these services.
- Eligibility criteria for entry into DASSA's inpatient withdrawal management facility was reviewed during COVID-19 resulting in Cannabis and amphetamine withdrawal management clients being referred to outpatients and SA's Non-Government sector.

Tasmania

2019–20

There was an overall reduction in the number of closed AOD treatment episodes in Tasmania, from April 2020 as a result of COVID-19 restrictions. The main treatment types of rehabilitation and counselling declined over the April to June 2020 period and face-to-face outreach services moved to providing telehealth services.

2020–21

COVID-19 restrictions (lockdown) in Tasmania had eased around the start of the reporting period in mid-July 2020. In-person service delivery resumed from a telehealth model however social-distancing measures remained. This resulted in a minor reduction in capacity for some bed-based services. A small decrease in the average new referrals (episode) totals for non-residential settings was noted in July 2020, potentially due to client hesitancy to access health settings however this temporary trend reversed by August 2020.

Australian Capital Territory

2019–20

As a result of COVID-19 restrictions, non-residential face-to-face and group treatment changed to telehealth services. There was also decreased bed capacity in residential rehabilitation and withdrawal services, as well as decreased intake of new clients to residential and non-residential services.

2020–21

In late March 2020, the impacts for treatment service delivery due to the COVID-19 included:

- agency staff relocating to work from home
- reduction in service operating hours
- decreased bed capacity in residential rehabilitation and withdrawal services
- switching treatment delivery modes, from face to face to non-contact delivery
- ceased or reduced intake of new clients to residential and non-residential treatment services.

Northern Territory

2019–20

As a result of COVID-19 restrictions, there was a decrease in the number of closed treatment episodes for treatment provided in residential rehabilitation to ensure social distancing guidelines were adhered to. Outreach services increased to compensate for reduced residential services.

For the April to June 2020 period, closed episodes where main treatment type was residential rehabilitation decreased compared to the same period in the previous year.

2020–21

COVID-19 safe procedures in residential rehabilitation resulted in a decrease in the number of people that could be accommodated in each facility (e.g. one person per room).

Last updated 8/07/2022 v8.0

Clients

On this page:

People may receive treatment for their own or someone else's alcohol or drug use (see Key terminology and glossary). Characteristics of all clients are described below, including client's principal drugs of concern by age group and clients receiving treatment in multiple collection years.

The Alcohol and Other Drug Treatment Services (AODTS) collection captures information on treatment services accessed by clients. It does not measure the underlying need for treatment or level of problematic alcohol or drug use in the community. Changes in client numbers may be due to clients' access to treatment, treatment availability and/or funding available for alcohol and other drug treatment services.

Key findings

In 2020–21:

- Around 139,300 people aged 10 and over were treated by publicly funded AOD treatment services, equating to 618 clients per 100,000 people.
- Nearly 243,000 treatment episodes were provided to clients.
- An average of 1.7 treatment episodes were provided to people receiving treatment for their own alcohol or drug use.
- Over 6 in 10 people were male (62%), and over half (52%) were aged 20–39.
- 1 in 6 (17%) people aged 10 and over identified as Aboriginal and/or Torres Strait Islander.

Clients over time:

- Over the past 5 years, around 470,000 Australians have received treatment for alcohol or drug use (2016–17 to 2020–21), some having sought treatment in more than one year.
- Nearly half (46%) of the 139,300 clients who received treatment in 2020–21 had previously received treatment at some point since 2016–17.
- There has been a 22% increase in client numbers from 2013–14, from around 114,400 to 139,300. Adjusting for population growth, this equates to an increase in the rate of service use from 564 clients per 100,000 population to 618 over this period.

Characteristics of clients

The number of people treated by publicly funded alcohol and other drug treatment agencies increased from 114,436 in 2013–14 to 139,271 in 2020–21. The number of clients increased by 22% over this period and the rate of people accessing services has also increased when taking into consideration population growth; from 564 clients per 100,000 population in 2013–14 to 618 clients per 100,000 population (Figure CLIENTS1, Table SCR.21).

In 2020–21, 131,173 people received treatment for their own alcohol or drug use and a further 13,972 sought treatment in relation to someone else's alcohol or drug use. A small proportion (4.2% or 5,874 treatment episodes) of clients sought treatment for their own alcohol or drug use as well as for someone else's alcohol or drug use (Table SCR.27).

Figure CLIENTS1: AODTS clients and treatment episodes, by state and territory, 2013–14 to 2020–21

The line chart shows that there were 618 clients per 100,000 population in Australia in 2020–21, up from 564 per 100,000 in 2013–14. Across the period 2013–14 to 2020–21, the rate of clients was highest in the Northern Territory (1,764 per 100,000 in 2020–21) and lowest in New South Wales (453 per 100,000 in 2020–21). A filter allows the user to view by rate of clients, number of clients or number of treatment episodes.

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Client profile

In 2020–21:

- most people (93%) received treatment for their own alcohol or drug use and were likely to be male (64% of clients)

- in contrast, of the 7.4% of people who received treatment for someone else's alcohol or drug use; almost half were female (46%), with 37% reporting as male (17% reported not stated for sex) (Tables SC.1–2)
- the rate of clients receiving AOD services was highest for those that lived in *Very remote* areas (1,755 people per 100,000 population) and lowest for those in *Major cities* (526 per 100,000; Table SCR.29)
- almost 4 in 5 (79%) people received treatment at a single agency, 14% at 2 agencies, and 6.7% of clients received treatment at 3 or more agencies (Table SCR.23).

Age and sex

Clients who received treatment for their own alcohol or drug use tended to be younger than those who received treatment for someone else's alcohol or drug use.

In 2020–21, client characteristics revealed:

- the majority of all clients were male (62%) and over half (52%) were aged 20–39
- almost two thirds (64%) of people receiving treatment for their own alcohol or drug use were aged under 40, compared with half (52%) of those who sought treatment for someone else's alcohol or drug use
- people aged 60 and over accounted for 5% of clients who received treatment for their own alcohol or drug use, compared with 10% of clients who sought treatment for someone else's alcohol or drug use (Figure CLIENTS2, Table SC.3).

Figure CLIENTS2: Proportion of clients by client type, sex and age group (years), 2020–21

The butterfly bar chart shows that the most common age group for both male and female clients in 2020–21 was 30–39 (27% of males and 26% of females), followed by 20–29 (26% of males and 25% of females). A filter allows the user to view data for all clients, clients seeking treatment for their own drug use, or clients seeking treatment for someone else's drug use.

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Treatment episodes from 2011–12 to 2020–21 revealed:

- the median (midpoint) age for all treatment episodes rose from 33 to 35 years
- for episodes related to another's alcohol or drug use; clients were generally older than those receiving treatment for their own drug use, with the median age fluctuating from 42 years in 2011–12 down to 39 years in 2014–15, rising to 44 years in 2016–17 and 2017–18, then dropping to 38 years in 2020–21 (Table Ov.2).

Client service use over multiple years

Nationally, an estimated 470,085 people have sought AOD treatment, receiving one or more treatment episodes since 2016–17 (Figure CLIENTS3; Table SCR.28).

Of these clients, over the 5 years to 2020–21:

- The majority received treatment in a single year (71%):
  - 16% (75,722) of people received treatment for the first time in 2020–21
  - a further 55% (258,904) of people received treatment in only 1 of the 4 collection periods (excluding 2020–21).
- Nearly half (46%) of the 139,300 clients who received treatment in 2020–21 had previously received treatment at some point since 2016–17.

Figure CLIENTS3: Client service use over multiple years, 2016–17 to 2020–21 (per cent)

The chart shows the proportion of clients who received treatment in a single year only, 2 of the 5 years, 3 of the 5 years, 4 of the 5 years or all 5 years between 2016–17 and 2020–21. Most clients received treatment in a single year only (16.1% for 2020–21), 14.9% received treatment in 2 years, 5.2% in 3 years, 1.8% in 4 years and 0.8% received treatment in all 5 years.

Visualisation not available for printing

Clients and drugs of concern

AOD treatment services provide treatment for the client's drug that is of most concern for them, this is referred to as their principal drug of concern.

Different age groups sought treatment for different principal drugs of concern. For people who received treatment for their own alcohol or drug use in 2020–21:

- Alcohol was the most common principal drug of concern in the older age groups: almost 3 in 5 people aged 50–59 (59%) and over 7 in 10 people aged 60 and over (74%) received treatment for alcohol as a principal drug of concern.
- Cannabis was the most common principal drug of concern in young clients: 3 in 5 people aged 10–19 (60%).
- Amphetamines were the most common principal drug of concern in the middle age groups for those aged 20–29 and 30–39 (27% and 34% respectively) (Figure CLIENTS4, Table SC.10).

Figure CLIENTS4: Clients who received treatment for their own drug use, by age group (years) and principal drug of concern, 2013–14 to 2020–21

The stacked horizontal bar chart shows that the most common principal drug of concern (PDOC) differed with age in 2020–21. Cannabis was the most common PDOC for clients aged 10–19 (60.0% of clients) or 20–29 (31.4%). Amphetamines was the most common PDOC for clients aged 30–39 (33.7%), and alcohol was the most common principal drug of concern among clients aged 40–49 (45.1% of clients), 50–59 (59.2%) or 60+ (73.6%). A filter allows the user to view different years of data.

Visualisation not available for printing

The age and sex profiles of the clients for the different principal drugs of concern varied. For people who received treatment for their own alcohol or drug use in 2020–21:

- where heroin was the principal drug of concern, treatment was most common for people aged over 30 (83% of clients). Where people were aged over 30, 35% were aged 30–39 and 34% were aged 40–49 (Table SC.10)
- over half (52%) of all people receiving treatment for codeine as the principal drug of concern were female clients
- males were 6 times more likely to receive treatment for cocaine as a principal drug of concern than females (84% of episodes for males; 15% for females)
- almost three-quarters (74%) of clients receiving treatment for volatile solvents as a principal drug of concern were Indigenous Australians (Table SC.11).

Usual accommodation type for client

The collection of information about a person's usual type of accommodation where they lived prior to the start of their AOD treatment, enables AOD services to identify people who may be vulnerable, such as those from custodial settings or people at risk of homelessness. This information may help identify people living in a public place or homeless, supporting the 'no exit to homelessness' policy where agencies can only discharge a client to safe, stable housing (Department of Social Services 2020).

Usual accommodation type for the client prior to treatment is reported for selected jurisdictions: New South Wales, Queensland, Western Australia, South Australia and the Northern Territory. As data quality improves additional jurisdictional data will be reported. The following analysis includes 59% of all treatment episodes (143,054) (Figure CLIENTS5, Table OV.13).

In 2020–21, treatment episodes reporting the usual accommodation type for AOD clients from New South Wales, Queensland, Western Australia, South Australia and the Northern Territory revealed in all selected jurisdictions:

- The most common accommodation prior to the start of treatment was an Independent residential accommodation (e.g., private residence, boarding house, private hotel or informal housing).
  - Independent residential accommodation ranged from 59% in the Northern Territory to 87% in Western Australia.
- The Northern Territory reported the highest proportion of episodes with usual accommodation types as custodial (Prison/remand centre/youth training centre) and supported independent living.
- South Australia reported the highest proportion of episodes with usual accommodation types as none/homeless/public place (Figure CLIENTS5; Table OV.13).

Figure CLIENTS5: Treatment episodes by client's accommodation type prior to treatment service, selected states and territories, 2017–18 to 2020–21

The stacked horizontal bar chart shows client accommodation type prior to treatment service for New South Wales, Queensland, Western Australia, South Australia and the Northern Territory in 2020–21. Independent residential accommodation was the most common accommodation type prior to treatment service across all included states/territories, ranging from 58.9% of clients in the Northern Territory to 87.2% in Western Australia. A filter allows the user to view different years of data.

Visualisation not available for printing

Last updated 12/07/2022 v41.0

Clients

Indigenous Australians

On this page:

In 2020–21, Indigenous Australians accounted for 17% (24,328) of people aged 10 and over receiving treatment or support for their own or someone else's alcohol or other drug use (Table SCR.26).

Nationally, the rate of Indigenous Australian people receiving treatment remains high:

- in 2020–21, Indigenous Australians were more than 6 times as likely to receive treatment for alcohol or drug use as non-Indigenous Australians after adjusting for differences in age-structure (3,462 per 100,000 compared with 534 per 100,000) (age standardised rate ratio for clients aged 10 and over)
- the rate of Indigenous Australians receiving treatment for alcohol or drug use fluctuated over time; from 2,829 per 100,000 people in 2013–14 to 3,581 in 2020–21 (crude rate for clients aged 10 and over) (Figure CLIENTS3, Table SCR.26).

Figure INDIGENOUS1: Estimated number and rate of clients, by Indigenous status, 2013-14 to 2020-21

The line graph shows that the age-standardised rate of clients was consistently higher for Indigenous Australians than non-Indigenous Australians across the period 2013–14 to 2020-21. In 2020–21, the age-standardised rate of clients was 3,462 per 100,000 population for Indigenous Australians compared with 534 per 100,000 for non-Indigenous Australians. A filter allows the user to view data for age-standardised rate, crude rate or number of clients.

Visualisation not available for printing

Client profile

In 2020–21:

- one in 6 (18% or 22,702) people who received treatment for their own alcohol or drug use were Indigenous Australians aged 10 and over
- around 1 in 10 (8.5% or 883) people who sought treatment for someone else's alcohol or drug use were Indigenous Australians
- just over 3 in 5 (61%) Indigenous clients were male and just under 2 in 5 (39%) were female
- over 7 in 10 (74%) Indigenous clients were aged 10 to 40 years
- Indigenous status was not reported for 5.5% of clients (Figure CLIENTS4, tables SC.5-SC.8, table SC.11).

Figure INDIGENOUS2: Proportion of Indigenous Australians by sex and age group (10 years and over), 2020-21

The butterfly bar chart shows that the most common age group for both male and female Indigenous Australian clients in 2020–21 was 20–29 (30% of both males and females), followed by 30–39 (28% of males and 29% of females).

Visualisation not available for printing

Principal drug of concern

The main principal drugs of concern that led Indigenous Australians to seek treatment were alcohol (34%), amphetamines (25%), cannabis (24%), heroin (4.5%) and volatile solvents (1.2%) (Figure CLIENTS5, Table SC.11).

Nationally, the rate of Indigenous Australians receiving treatment for alcohol decreased from 1,299 people per 100,000 in 2013–14 to 1,260 in 2020–21 (crude rate). Over the same period, the rate of Indigenous Australians receiving treatment for amphetamines increased 1.5-fold, from 399 people per 100,000 to 981 people per 100,000.

In 2020–21, after adjusting for differences in age-structure, Indigenous Australians were:

- Eight times as likely to receive treatment for heroin (age standardised rate ratio) as non-Indigenous Australians (200 per 100,000 compared with 25 per 100,000).
- Seven times as likely to receive treatment for alcohol or amphetamines as non-Indigenous Australians.
- Six times as likely to receive treatment for cannabis as non-Indigenous Australians (Figure CLIENTS5, Table SCR. 26).

Figure INDIGENOUS3: Proportion and rate of Indigenous Australian AODTS clients, by principal drug of concern, 2013-14 to 2020-21

The visualisation includes 2 charts. The top chart is a stacked horizontal bar chart that shows the most common principal drug of concern among Indigenous Australian clients in 2020–21 was alcohol (35%), followed by amphetamines (25%). The bottom chart is a line chart that shows that alcohol has remained the most common principal drug of concern among Indigenous Australian clients across the period 2013–14. Two filters for the bottom chart allow the user to view data for Indigenous or non-Indigenous clients and as a crude or age-standardised rate.

Visualisation not available for printing

Main treatment

For Indigenous Australians receiving treatment for their own alcohol or drug use, counselling was the most common main treatment type (43%), followed by assessment only (21%). Similarly, for Indigenous Australians seeking treatment for another person's alcohol or drug use, counselling was the most common treatment type (45%), followed by support and case management (31%, Table SC.20).

The treatment setting and referral into treatment for Indigenous Australians receiving treatment for their own or another person's alcohol or drug use varied by the treatment type:

- Indigenous Australians who received withdrawal management (50%) or pharmacotherapy (63%) as a treatment type were most commonly referred by a family member or a self-referral.
- Almost one-third (31%) of all referrals for Indigenous Australiansinto treatment were referred from a health service.
- Over 4 in 5 (82%) Indigenous Australians received counselling or pharmacotherapy (96%) in a non-residential setting.
- For treatment in a residential setting, over three-quarters (76%) of Indigenous Australians received residential rehabilitation or withdrawal management (72%) (Figure CLIENTS6 and CLIENTS7, tables SC.21 and SC.22).

Figure INDIGENOUS4: Proportion of Indigenous Australian AODTS clients, by main treatment type and referral source for all clients, 2020-21

The stacked horizontal bar chart shows that the 2 most common sources of referral for Indigenous Australian AODTS clients were self/family and health service. This was consistent across all main treatment types. The proportion of clients who were referred via self/family ranged from 24.7% of clients receiving assessment only as the main treatment type to 63.1% for clients receiving pharmacotherapy. The proportion of clients who were referred via a health service ranged from 18.7% for clients receiving pharmacotherapy to 39.3% for clients receiving information and education.

Visualisation not available for printing

Figure INDIGENOUS5: Proportion of Indigenous Australian AODTS clients, by main treatment type and delivery setting for all clients, 2020-21

The stacked horizontal bar chart shows that non-residential treatment settings were the most common delivery setting among Indigenous Australian clients receiving counselling, assessment only, support and case management, pharmacotherapy, information and education, or 'Other' as the main treatment type in 2020–21 (ranging from 55.1% to 95.7% of clients). Residential treatment settings were the most common delivery setting for clients receiving withdrawal management or rehabilitation (71.9% and 75.7% of clients, respectively).

Visualisation not available for printing

Australian Government-funded Aboriginal and Torres Strait Islander AOD reporting

The Australian Government funds primary healthcare services and substance use services specifically for Indigenous Australians. These services previously reported reported via the Australian Government-funded Aboriginal and Torres Strait Islander substance use services, via the Online Services Report (OSR) data collection. The substance use services program was transferred to the Department of Prime Minister and Cabinet and then to the National Indigenous Australian Agency and ceased in 2019.

Last updated 8/07/2022 v24.0

Drugs of concern

On this page:

People may seek alcohol and other drug (AOD) treatment services for use of one or several substances (including alcohol). The principal drug of concern (PDOC) is the main substance that the client stated led them to seek treatment. Clients can also nominate up to 5 additional drugs of concern, though these are not necessarily the subject of any treatment within the episode.

This section presents information on treatment episodes provided to clients for their own AOD use only. It is assumed that only the person using a substance themselves can accurately report their principal drug of concern. Therefore, these data are not collected for people who are seeking treatment for someone else's drug use.

This section focuses on treatment episodes provided for alcohol, amphetamines, cannabis and heroin as the PDOC. These 4 drugs were consistently the most common principal drugs of concern across Australia in the 10-year period up to 2020–21. For detailed information on each drug of concern, refer to the technical notes.

Key findings

In 2020–21:

- The most common principal drug of concern was alcohol (37% of episodes), followed by amphetamines (24%), cannabis (19%) and heroin (4.6%).
- Around 4 in 5 treatment episodes for amphetamines were for methamphetamine as the principal drug of concern (79% or 42,700 episodes).

Over the 10-year period to 2020–21:

- The top 4 principal drugs of concern remained consistent over the 10 years to 2020–21, with amphetamines replacing cannabis as the second most common principal drug of concern from 2015–16.
- While the number of treatment episodes for alcohol as the principal drug of concern increased from 67,400 to 83,600 over this period, proportionally, treatment episodes for alcohol (in relation to all drugs) decreased from 46% to 37%.
- Treatment episodes for amphetamines increased by 220% since 2011–12 (16,900 to 54,300), although this has declined since 2019–20 (61,000).
- Treatment episodes for heroin fell from 8.8% to 6.1% (or 12,900 to 10,300 episodes).

Drugs of concern and treatment provided

In 2020–21, over 9 in 10 treatment episodes provided to clients were for their own AOD use (92% or around 224,000 episodes) (Table OV.1). Among these episodes:

- The most common principal drugs of concern were alcohol (37% of treatment episodes), amphetamines (24%), cannabis (19%) and heroin (4.6%) (Table Drg.1).
- Clients reported at least 1 additional drug of concern in almost one-third of treatment episodes (31%).
  - The number of additional drugs reported was most commonly 1 (19% of episodes) or 2 drugs (7.5%).
  - Cannabis (12% of episodes), nicotine (10%) and alcohol (8.2%) were the most common additional drugs of concern (tables Drg.1, Drg.2, Drg.3).
- For the 4 most common principal drugs of concern, the most common treatment setting was non-residential treatment facilities (ranging from 64% to 71%) (tables Drg.19, Drg.27, Drg.35 and Drg.51).

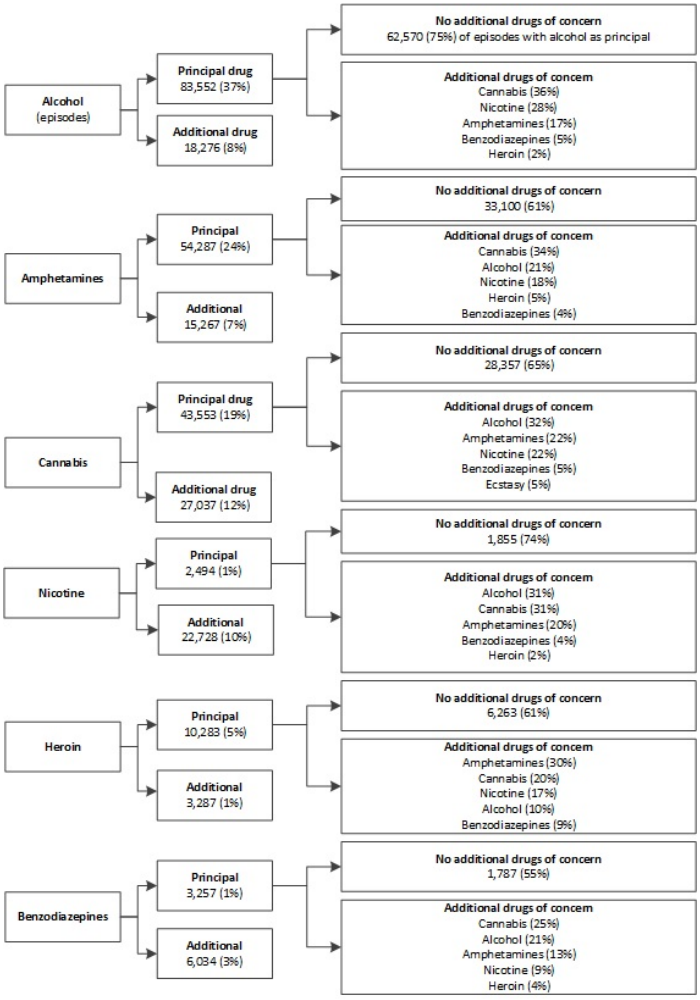
In the 10 years to 2020–21, the total number of treatment episodes for clients' own drug use increased from 147,000 to 224,000 episodes (Table OV.1). Among these episodes across the period:

- Alcohol remained the most common principal drug of concern each year, and treatment episodes increased by 24% over this period (from 67,400 to 83,600 episodes). However, proportionally, treatment episodes for alcohol in relation to all other drugs of concern fell from 46% to 37%.
- Treatment episodes for amphetamines as a principal drug of concern increased by more than 3 times since 2011–12 (16,900 to 54,300 episodes), although this has declined since 2019–20.
  - Around 4 in 5 (79%) episodes for amphetamines were for methamphetamine as the principal drug of concern, increasing from 16% since 2011–12 (from 2,800 to 42,700 episodes).
- Treatment episodes for heroin as the principal drug of concern fell from 8.8% to 4.6% (or 12,900 to 10,300 episodes).

- Treatment episodes for cannabis fluctuated, peaking at 45,000 episodes in 2015–16. In relation to all other drugs of concern, cannabis treatment episodes were most prominent in 2014–15 when they constituted 24% of all episodes (Table Drg.5).

Fluctuations in certain principal drug treatment episodes in particular years may be due to administrative anomalies in the data. For example, the drop in all treatment episodes in the 2014–15 and 2016–17 collection years may be partly related to system changes resulting in under-reporting or partial reporting of the number of episodes in some jurisdictions (See the Data quality statement for further details).

Figure DRUGS1: Closed treatment episodes for own alcohol or drug use, by principal drug of concern and additional drugs of concern, 2020–21



Note: Totals might not add to 100% due to rounding.

Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Dataset Tables Drg1, Drg.2 and Drg.3.

Explore drugs of concern:

- Alcohol
- Amphetamines
- Cannabis
- Heroin
- Pharmaceuticals
- Selected other drugs

Last updated 7/07/2022 v26.0

Drugs of concern

Alcohol: client demographics and treatment

On this page:

In 2020–21, alcohol was reported as a drug of concern (either principal or additional) in almost half of all treatment episodes (45% or 101,800 episodes) (Table Drg.5).

Alcohol was the most common principal drug of concern in 2020–21, recorded in over 1 in 3 treatment episodes (37% or 83,600 episodes) (Table Drg.5). Alcohol has remained the most common PDOC since 2011–12 (Table Drg.1). Between 2011–12 and 2020–21, there was an overall increase in the number of alcohol-related treatment episodes (from 67,400 to 83,600 episodes) although the proportion of episodes for alcohol in relation to all other drugs decreased from 46% to 37% (Table Drg.1).

In 2020–21, at least 1 additional drug of concern was recorded in 1 in 4 alcohol-related treatment episodes (25% or 21,000 episodes) (Table Drg.2). The most common additional drugs of concern were cannabis (36% or 10,900 episodes), nicotine (28% or 8,500 episodes) and amphetamines (17% or 5,100 episodes) (Figure DRUGS1; Table Drg.3). These drugs may not have been the subject of any treatment in the episode.

For information on alcohol use and harms, please see:

- Tobacco, alcohol and other drugs in Australia: Alcohol
- National Drug Strategy Household Survey 2019 (Chapter 3: Alcohol)

Client demographics

In 2020–21, 45,900 clients received treatment for their own use of alcohol as a principal drug of concern. Of these clients:

- Just under 2 in 3 were male (64% of clients) (Table SC.9).
- Around 1 in 2 were aged either 30–39 (25% of clients) or 40–49 (26%) (Table SC.10). This was consistent for both males and females (Figure ALCOHOL1).
- One in 6 were Indigenous Australians (17% or 7,800 clients) (Table SC.11). This represents a crude rate of 1,260 Indigenous clients per 100,000 population (crude rate) (Table SCR.26).

Figure ALCOHOL1: Clients with alcohol as a principal drug of concern, by sex and age group, 2020–21(%)

The butterfly bar chart shows that male clients receiving treatment for alcohol as the principal drug of concern were most likely to be aged 30–39 (25.7% of clients) or 40–49 years (25.3%) in 2020–21. This was similar for female clients (23.9% aged 30–39 and 27.3% aged 40–49).

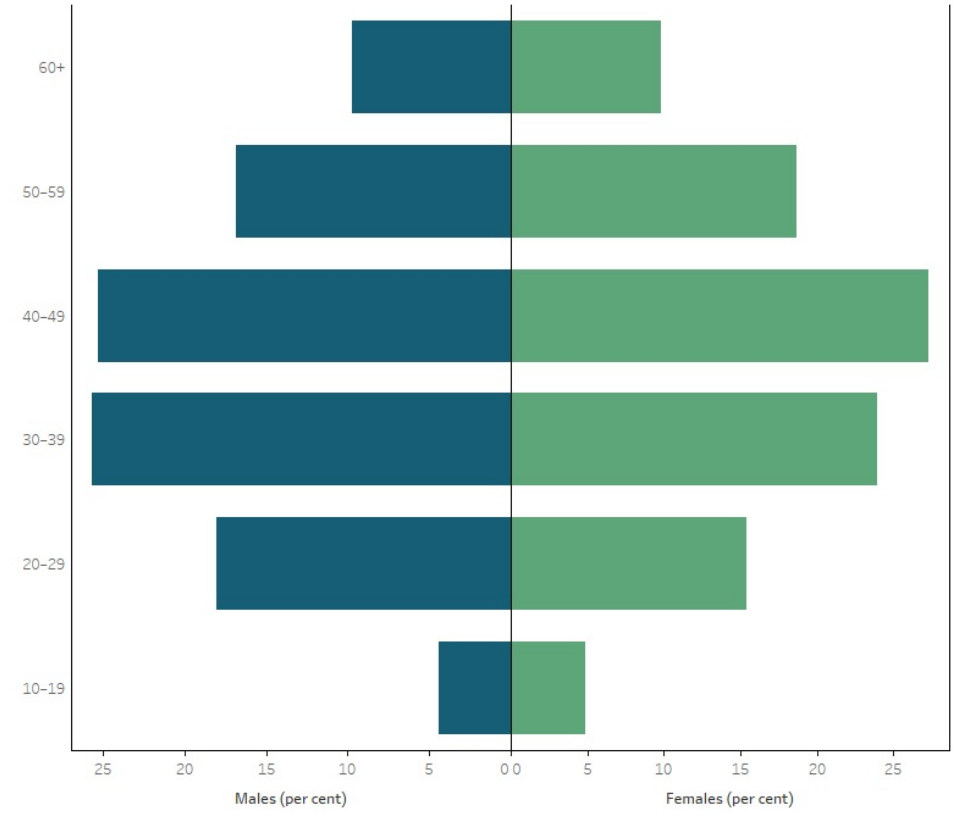


Figure ALCOHOL1: Clients with alcohol as the principal drug of concern, by sex and age group, 2020–21 (per cent)
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
http://www.aihw.gov.au

See notes >

Treatment

In 2020–21, 83,600 treatment episodes were provided to clients for alcohol as the principal drug of concern (Table Drg.5). The median duration of these treatment episodes was just under 4 weeks (26 days) (Table Drg.21). One in 3 (33%) treatment episodes lasted 2 days to 1 month, and 25% lasted 1–3 months (Table OV.12).

Among alcohol-related treatment episodes in 2020–21:

- The most common source of referral was health services (43% or 36,000 episodes), followed by self/family (42%) (Figure ALCOHOL2; Table Drg.13).
  - Across the 10 years to 2020–21, referral from a health service increased while referral from the criminal justice system (diversion) fell.
- The most common main treatment type was counselling (36% or 29,900 episodes), followed by assessment only (20%) and withdrawal management (14%) (Figure ALCOHOL2; Table Drg.18).
  - Counselling, withdrawal management and assessment only remained the most common treatment types across the 10 years to 2020-21, although the proportion of episodes for each treatment type varied over time.
- Almost 2 in 3 episodes were provided in non-residential treatment settings (64% of episodes). A further 17% were provided in residential treatment settings and 9.4% were provided in outreach settings (Table Drg.20).
- Almost 2 in 3 episodes ended with a planned completion (63% of episodes), while 20% ended unexpectedly (that is, the client ceased to participate against advice, without notice or due to non-compliance) (Figure ALCOHOL2; Table Drg.19).

Figure ALCOHOL2: Treatment episodes with alcohol as the principal drug of concern, by main treatment type, reason for cessation or source of referral, 2011-12 to 2020-21 (number or per cent)

The line graph shows that counselling was the most common main treatment type among treatment episodes for alcohol across the 10 years to 2020–21, accounting for 29,857 episodes in 2020–21. Withdrawal management and assessment only remained the second and third most common main treatment types across the period. Filters allow the user to view data as the number or per cent of episodes for main treatment type, reason for cessation or source of referral.

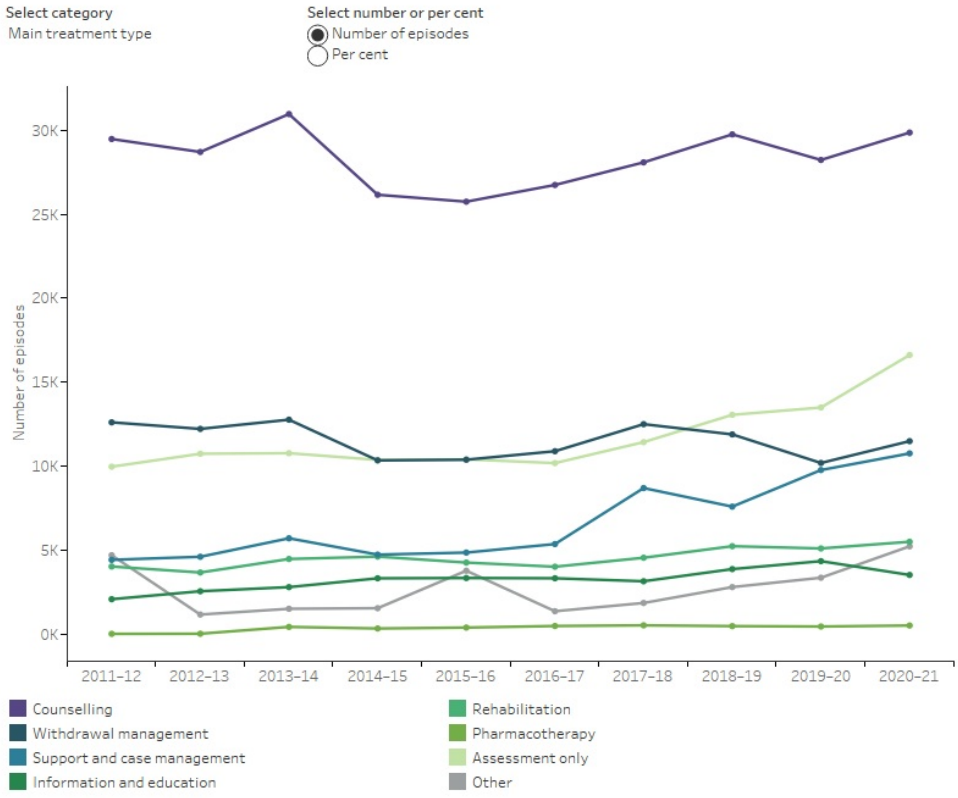


Figure ALCOHOL2: Treatment episodes with alcohol as the principal drug of concern, by main treatment type, reason for cessation or source of referral, 2011–12 to 2020–21 (number or per cent)
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Tables Drg.12, Drg.13 and Drg.18.
http://www.aihw.gov.au

See notes >

Last updated 7/07/2022 v38.0

Drugs of concern

Amphetamines: client demographics and treatment

On this page:

In 2020–21, amphetamines were reported as a drug of concern (either principal or additional) in 3 in 10 treatment episodes (31% or 69,600 episodes) (Table Drg.4).

Classification of amphetamines in the AODTS NMDS

AODTS NMDS data for amphetamines correspond to the Australian Standard Classification of Drugs of Concern (ASCDC) for the general 'amphetamines' classification, in which methamphetamine is a sub-classification (ABS 2011).

The ASCDC is set up with 3 levels of classification which includes the broad group (e.g. Stimulants and hallucinogens), narrow group and base-level categories (which are the most detailed). Data available in the AODTS NMDS report the narrow group 'amphetamines' classification. Base-level categories within this narrow group include:

- Amphetamine
- Dexamphetamine
- Methamphetamine
- Amphetamine analogues
- Amphetamines, not elsewhere classified (nec)
- Amphetamines, not further defined (nfd).

Changes to coding for methamphetamines has been difficult due to jurisdictional differences in client management systems, and the use of only broad or narrow group coding by some agencies. This has improved over time due to advancements in workforce training, agency coding practices and new system updates.

Data on different forms of amphetamines—methamphetamine specifically—have not been separately reported over time due to the nature of the classification structure used in this collection. Information on methamphetamines as a principal drug of concern was reported for the first time in the 2019–20 AODTS NMDS report.
Amphetamines was the second most common principal drug of concern, recorded in almost 1 in 4 treatment episodes (24% or 54,300 episodes) (Table Drg.4). Amphetamines has remained the second most common PDOC since 2015–16, when it surpassed cannabis for the first time (Table Drg.5). Treatment episodes for amphetamines have increased by 220% since 2011–12 (16,900 to 54,300 episodes), although this has declined since 2019–20. Proportionally, treatment episodes for amphetamine-related treatment steadily rose (in relation to all drugs) between 2011–12 (11%) and 2019–20 (28%) but declined in 2020–21 (Figure AMPHET2; Table Drg.1).

In 2020–21, 2 in 5 amphetamine-related treatment episodes had at least 1 additional drug of concern recorded (39% or 21,200 episodes) (Table Drg.2). The most common additional drugs of concern were cannabis (34% or 12,000 episodes), alcohol (21% or 7,400 episodes) and nicotine (18% or 6,500 episodes) (Figure DRUGS1; Table Drg.3). These drugs may not have been the subject of any treatment in the episode.

For information on amphetamine use and harms, please see:

- Tobacco, alcohol and other drugs in Australia: Meth/amphetamine and other stimulants
- National Drug Strategy Household Survey 2019 (Chapter 4: Illicit use of drugs)

Client demographics

In 2020–21, 30,200 clients received treatment for amphetamines as the principal drug of concern. Of these clients:

- Just under 2 in 3 were male (64% of clients) (Table SC.9).
- Almost 7 in 10 were aged 20–29 (30% of clients) or 30–39 years (39%) (Table SC.10). This was consistent for both males and females (Figure AMPHET1).
- Around 1 in 5 were Indigenous Australians (19% or 5,700 clients) (Table SC.11). This represents a crude rate of 981 Indigenous clients per 100,000 population (crude rate) (Table SCR.26).

Figure AMPHET1: Clients with amphetamines as the principal drug of concern, by sex and age group, 2020–21 (per cent)

The butterfly bar chart shows that male clients receiving treatment for amphetamines as the principal drug of concern were most likely to be aged 20–29 (28.1% of clients) or 30–39 (38.7%) in 2020–21. This was similar for female clients (33.5% aged 20–29 and 39.9% aged 30–39).

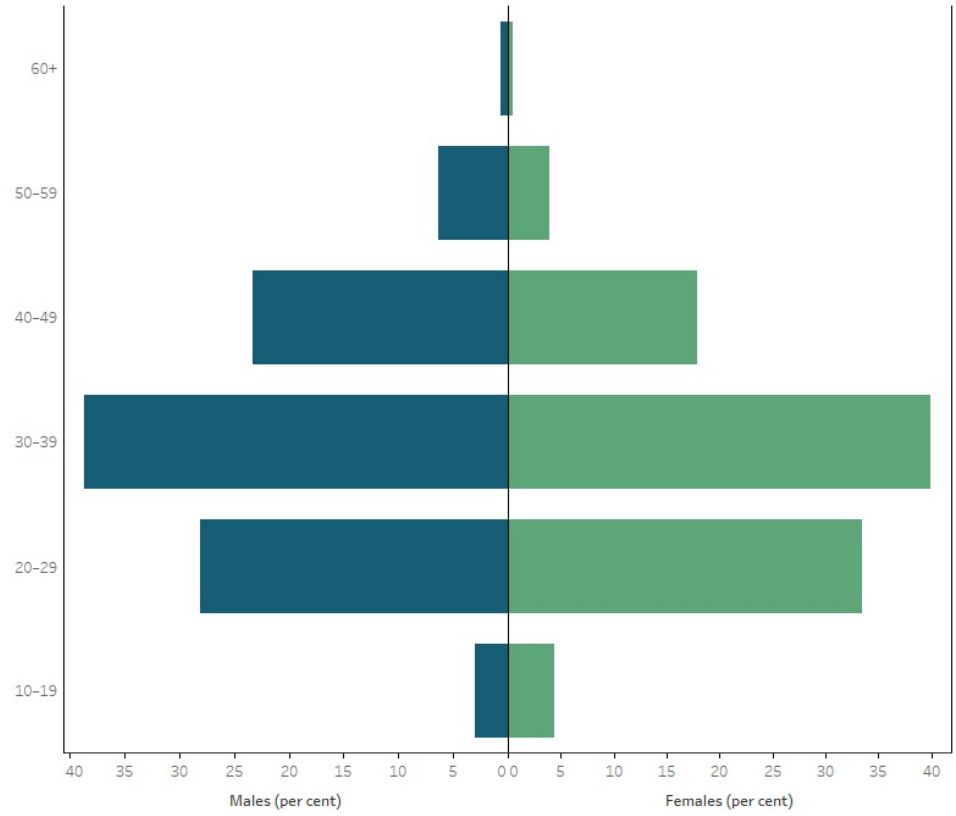


Figure AMPHET1: Clients with amphetamines as the principal drug of concern, by sex and age group, 2020–21 (per cent)
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
http://www.aihw.gov.au

See notes >

Treatment

In 2020–21, 54,300 treatment episodes were provided to clients for amphetamines as the principal drug of concern (Table Drg.4). The median duration of these treatment episodes was just over 5 weeks (36 days) (Table Drg.39). Episode duration varied by main treatment type, with the longest median duration being around 10 weeks (72 days) for counselling (Table Drg.41). Nearly 3 in 10 (28%) treatment episodes lasted 1 to 3 months; a further 26% lasted 2–29 days (Table OV.12).

Among amphetamine-related treatment episodes in 2020–21:

- The most common source of referral was self/family (36% or 19,500 episodes), followed by health services (29%) (Figure AMPHET2; Table Drg.37).
  - Across the 10 years to 2020–21, self/family remained the most common source of referral.
  - Referrals from health services have been increasing over this period, and as the second most common referral source, are 29% of episodes (Figure AMPHET2; Table Drg.37).
- The most common main treatment type was counselling (41% of episodes), followed by assessment only (20%) (Figure AMPHET2; Table Drg.36). This is consistent with previous years, although the proportion of counselling episodes has fluctuated in the 10 years to 2020–21.
- Almost 2 in 3 treatment episodes took place in a non-residential treatment facility (64% of episodes) (Table Drg.38).
- Around 1 in 2 episodes ended with a planned completion (52% of episodes), while 26% ended unexpectedly (Figure AMPHET2; Table Drg.38).

Figure AMPHET2: Treatment episodes with amphetamines as the principal drug of concern, by main treatment type, reason for cessation or source of referral, 2011–12 to 2020–21 (number or per cent)

The line graph shows that counselling was the most common main treatment type among treatment episodes for amphetamines across the 10 years to 2020–21, rising from 7,522 episodes in 2011–12 to for 21,997 in 2020–21. Assessment only remained the second most common main treatment types across the period, accounting for 11,122 episodes in 2020–21. Filters allow the user to view data as the number or per cent of episodes for main treatment type, reason for cessation or source of referral.

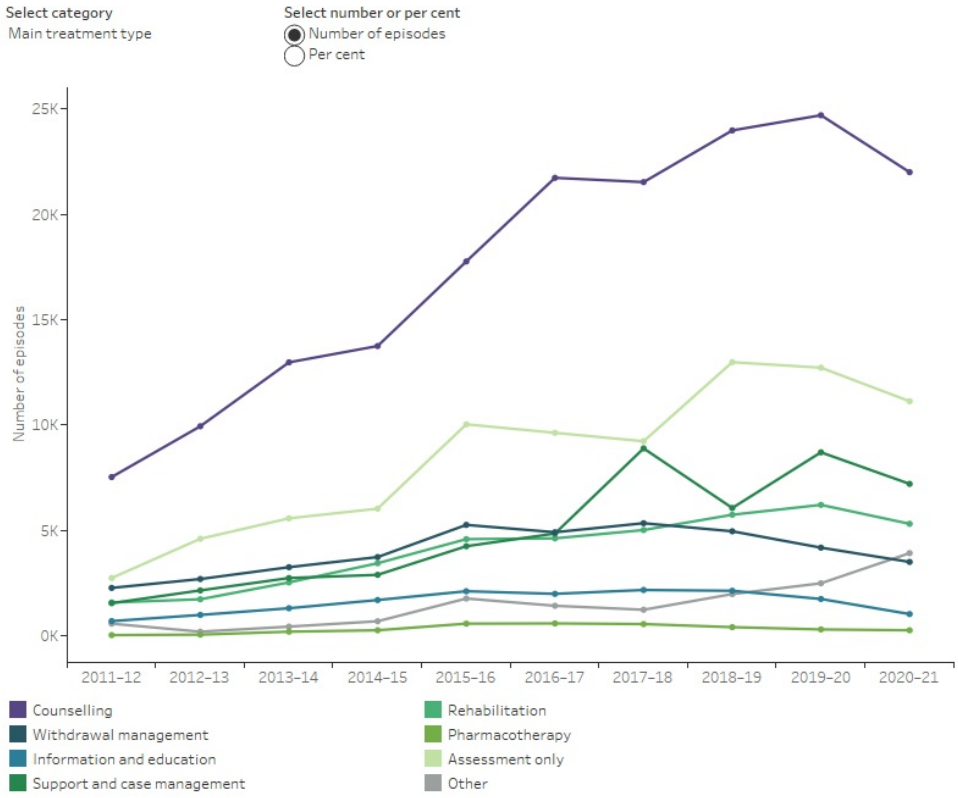


Figure AMPHET2: Treatment episodes with amphetamines as the principal drug of concern, by main treatment type, reason for cessation or source of referral, 2011–12 to 2020–21 (number or per cent).
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Tables Drg.12, Drg.13 and Drg.36.
http://www.aihw.gov.au

See notes >

Methamphetamine-related treatment episodes

In 2020–21, almost 4 in 5 (79%) amphetamine-related treatment episodes were for methamphetamine as the principal drug of concern (Table Drg.5). Treatment episodes increased from 16% to 79% since 2011–12 (from 2,800 to 42,700 episodes) (Figure AMPHET3).

Figure AMPHET3: Treatment episodes with amphetamines as the principal drug of concern, by amphetamine type, 2011–12 to 2020–21 (number or per cent)

The line graph shows that methamphetamine has remained the most common amphetamine type among treatment episodes for amphetamines since 2015–16, when it overtook ‘Amphetamines not further defined’. Methamphetamine accounted for 42,659 treatment episodes in 2020–21. A filter allows the user to view data as the number or per cent of episodes.

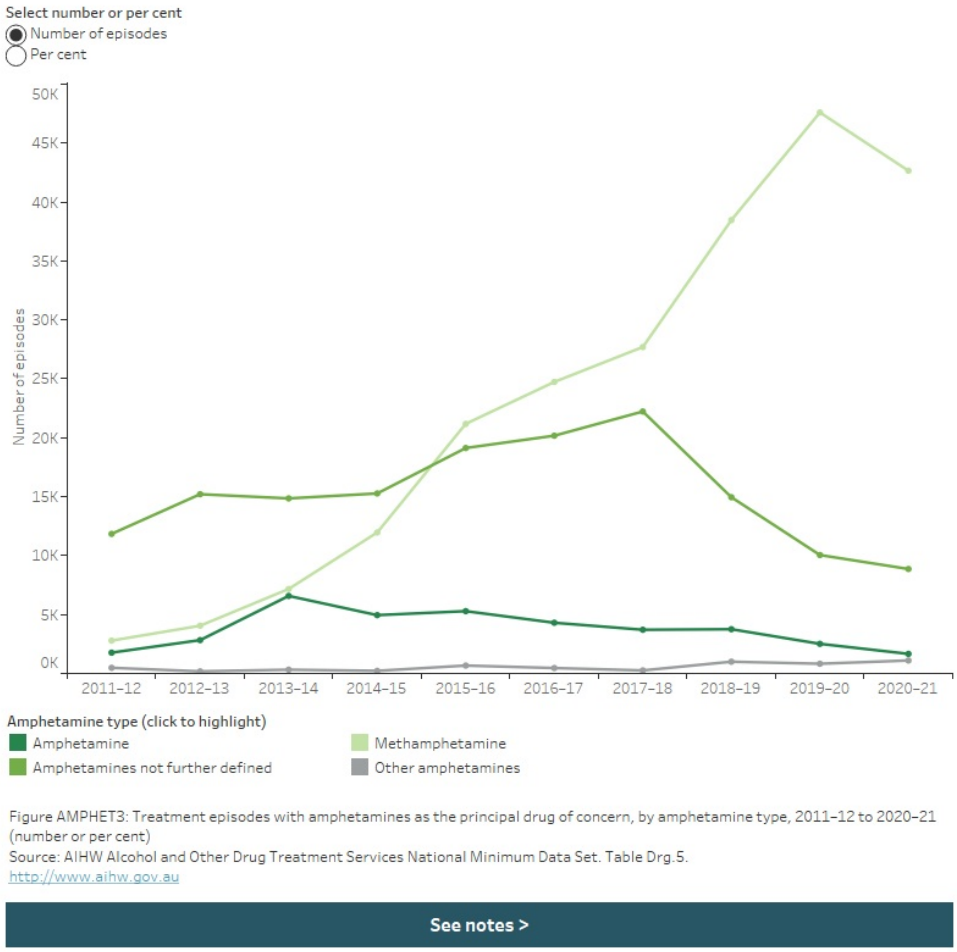


Figure AMPHET3: Treatment episodes with amphetamines as the principal drug of concern, by amphetamine type, 2011–12 to 2020–21 (number or per cent)
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Table Drg.5.
http://www.aihw.gov.au

See notes >

The rise in reported episodes for methamphetamine may be due to a combination of factors including improvements in agency coding practices for methamphetamine, treatment system updates and increases in funded treatment services.

Additionally, National Drug and Alcohol Research Centre (NDARC) analysis of AODTS NMDS data indicates that increased treatment episodes for methamphetamine since 2002–03 is due to smoking as a method of use. Treatment for this method of use occurred among younger clients (median age 30 years) whose main treatment type was either assessment only or support and case management (McKetin et al. 2021).

Increases in AODTS NMDS treatment episodes for smoking methamphetamine from 2010 onwards coincides with increases in importation of smokable, high purity methamphetamine into Australia (Degenhardt et al. 2017).

Method of use

How does a client's method of use relate to the form of amphetamine used?

A client's usual method of administering their principal drug of concern may indicate the form of drug used, particularly for amphetamines. For example:

- Clients who report smoking or inhaling amphetamines are most likely to be using amphetamines in crystal form.
- Clients who report ingesting or snorting are most likely to be using a powder form.
- Clients who report injecting amphetamines may be using any form of amphetamines, as each form (base, crystal and powder) can be injected. However, recent data from the Illicit Drug Reporting System (an annual survey of people who inject drugs) indicate that crystal and powder are the most common forms used among people who inject methamphetamine (Sutherland et al. 2021).

Among all amphetamine-related treatment episodes in 2020–21:

- Smoking/inhaling was the most common method of use (51% of episodes), followed by injecting (35%) (Figure AMPHET4; Table Drg.6). This was similar for methamphetamine (52% and 37% for smoking/inhaling and injecting, respectively) (Table Drg.6).

Between 2011–12 and 2020–21:

- The number of episodes where clients reported smoking/inhaling amphetamines increased from 5,281 episodes in 2011–12 to 29,162 episodes in 2020–21 (Figure AMPHET4; Table Drg.6). This declined from 32,231 episodes in 2019–20, reflecting the overall decline in treatment episodes for amphetamines in the past year.
- The number of episodes where clients injected amphetamines increased almost 4-fold, from 8,638 to 22,375 in 2019–20, falling to 18,732 in 2020–21 (Figure AMPHET4; Table Drg.6).

Figure AMPHET4: Treatment episodes with amphetamines as the principal drug of concern, by method of use, 2011-12 to 2020-21 (number)

The line graph shows that ‘Smokes or inhales’ has remained the most common method of use among treatment episodes for amphetamines since 2014–15, when it overtook ‘Injects’ for the first time. ‘Smokes or inhales’ was the method of use in 29,162 episodes for amphetamines in 2020–21, while ‘Injects’ was the second most common method of use in 18,732 episodes.

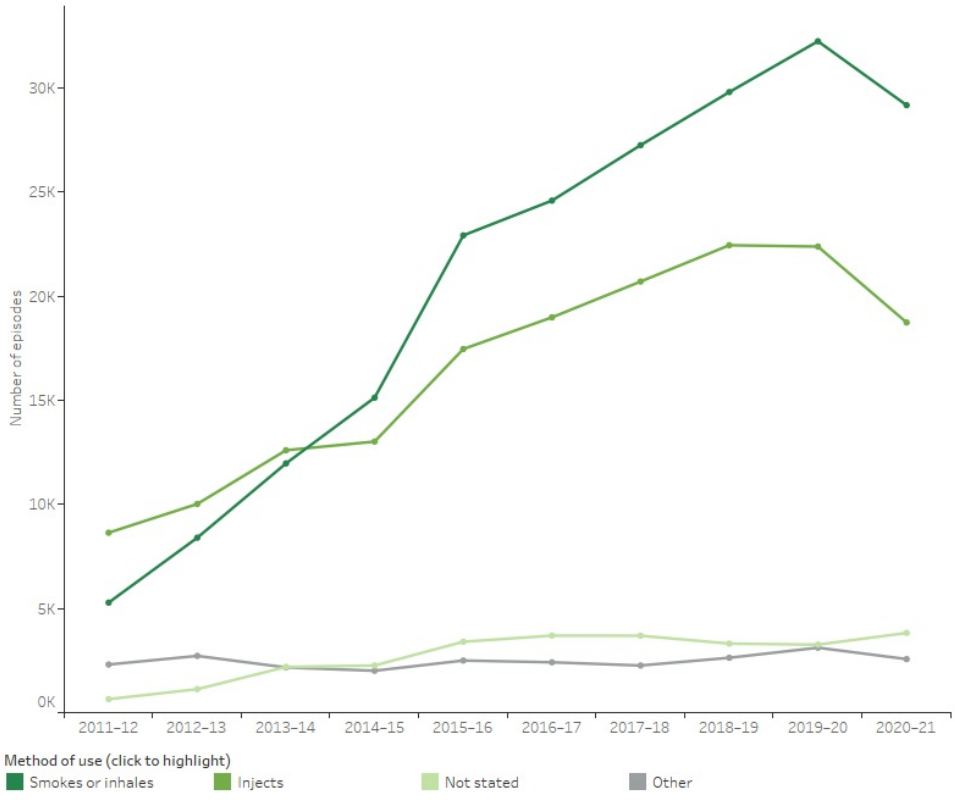


Figure AMPHET4: Treatment episodes with amphetamines as the principal drug of concern, by method of use, 2011–12 to 2020–21 (number)
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Table Drg.35.
http://www.aihw.gov.au

See notes >

References

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Last updated 11/07/2022 v53.0

Drugs of concern

Cannabis: client demographics and treatment

On this page:

In 2020–21, cannabis was reported as a drug of concern (either principal or additional) in 3 in 10 treatment episodes (31% or 70,600 episodes) (Table Drg.4).

Cannabis was the third most common principal drug of concern, recorded in nearly 1 in 5 treatment episodes (19% or 43,600 episodes) (Table Drg.4). This has remained consistent since 2015–16, when cannabis was surpassed by amphetamines as the second most common PDOC (Table Drg.5). In the 10 years to 2020–21, treatment episodes for cannabis fluctuated, peaking at 45,000 episodes in 2015–16. In relation to all other drugs of concern cannabis treatment episodes were most prominent in 2014–15 when they constituted 24% of all episodes (Table Drg.5).

In 2020–21, over 1 in 3 cannabis-related treatment episodes had at least 1 additional drug of concern recorded (35% or 15,200 episodes) (Table Drg.2). The most common additional drugs of concern were alcohol (32% or 7,700 episodes), amphetamines (22% or 5,300 episodes) and nicotine (22% or 5,200 episodes) (Figure DRUGS1; Table Drg.3). These drugs may not have been the subject of any treatment within the episode.

For information on cannabis use and harms, please see:

- Tobacco, alcohol and other drugs in Australia: Cannabis
- National Drug Strategy Household Survey 2019 (Chapter 4: Illicit use of drugs)

Client demographics

In 2020–21, 28,500 clients received treatment for cannabis as the principal drug of concern. Of these clients:

- Nearly 2 in 3 were male (64% of clients) (Table SC.9).
- Over 2 in 3 people were aged either 10–19 (30% of clients) or 20–29 years (37%) (Table SC.10). This was consistent for both males and females (Figure CANNABIS1).
- Nearly 1 in 5 were Indigenous Australians (19% or 5,500 clients) (Table SC.11). This represents a crude rate of 929 Indigenous clients per 100,000 population (Table SCR.26).

Figure CANNABIS1: Clients with cannabis as the principal drug of concern, by sex and age group, 2020–21 (per cent)

The butterfly bar chart shows that male clients receiving treatment for cannabis as the principal drug of concern were most likely to be aged 10–19 (30.8% of clients) or 20–29 (36.4%) in 2020–21. This was similar for female clients (29.3% aged 10–19 and 37.6% aged 20–29).

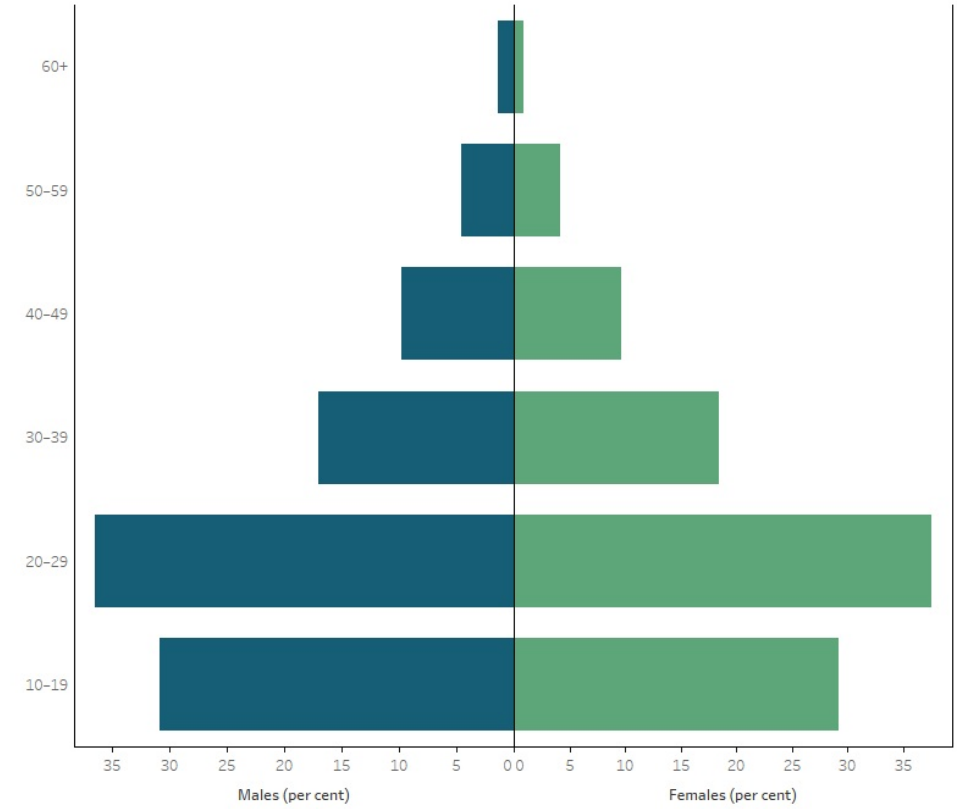


Figure CANNABIS1: Clients with cannabis as the principal drug of concern, by sex and age group, 2020–21 (per cent)
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
http://www.aihw.gov.au

See notes >

Treatment

In 2020–21, 43,600 treatment episodes were provided to clients for cannabis as the principal drug of concern (Table Drg.4). The median duration of these treatment episodes was just under 3 weeks (20 days) (Table Drg.30).

Among cannabis-related treatment episodes in 2020–21:

- The most common source of referral was health services (30% of episodes), followed by self/family (27%) and diversion from the criminal justice system (25%) (Figure CANNABIS2; Table Drg.28). For more information on diversion clients, see Source of referral and diversion clients.
- The most common main treatment type was counselling (48% of episodes), followed by assessment only (17%) (Figure CANNABIS2; Table Drg.27). Counselling remained the most common main treatment type between 2011–12 and 2020–21.
- Over 7 in 10 treatment episodes took place in a non-residential treatment facility (71% of episodes) (Table Drg.29).
- 2 in 3 episodes ended with a planned completion (66% of episodes), while 20% ended unexpectedly (Figure CANNABIS2; Table Drg.29).

Figure CANNABIS2: Treatment episodes with cannabis as the principal drug of concern, by main treatment type, reason for cessation or source of referral, 2011-12 to 2020-21 (number or per cent)

The line graph shows that counselling was the most common main treatment type among treatment episodes for cannabis across the 10 years to 2020–21, rising from 14,056 episodes in 2011–12 to 20,756 in 2020–21. Assessment only was the second most common main treatment type in 2020–21 (7,215 episodes), though this fluctuated over time. Filters allow the user to view data as the number or per cent of episodes for main treatment type, reason for cessation or source of referral.

Visualisation not available for printing

Clients referred via diversion programs

Diversion treatment programs

Throughout Australia, diversion programs have been developed to divert people who were apprehended or sentenced for minor drug offences away from the criminal justice system into drug treatment. Treatment services range from short-term assessment, information or education sessions to longer-term treatments such as counselling and withdrawal management. For more information, refer to the Key terminology and glossary.

Most treatment episodes provided to clients diverted from the criminal justice system are for cannabis, followed by amphetamines. Clients who are referred via diversion may also receive other treatment episodes with a source of referral other than diversion.

In 2020–21, just over 1 in 10 clients receiving treatment for their own drug use were referred via police or court diversion programs (13% or 16,500 clients) (Table SC.13).

Among these clients:

- over 1 in 2 listed cannabis as the principal drug of concern that led them to seek treatment (54% of clients)
- around 1 in 4 treatment episodes for cannabis as the principal drug of concern were provided to clients who had been referred via diversion (25% or 10,700 episodes) (Table Drg.26)
- among diversion clients receiving treatment for cannabis, 17% of these clients also received referrals to treatment that were not related to diversion (Table OV.14).

Clients who are referred to AOD treatment via diversion (diversion clients) may receive multiple treatment episodes during a colleciton period. Some diversion clients may receive treatment with a different source of referral (non-diversion episodes) in addition to the episode where they were referred via diversion (diversion episodes).

In 2020–21:

- more than 57% of diversion treatment episodes and 21% of non-diversion episodes provided to diversion clients were for cannabis (Figure CANNABIS3; Table OV.14)
- this was followed by amphetamines (16% of diversion episodes and 36% of non-diversion episodes provided to diversion clients), alcohol (9.0% of diversion episodes and 19% of non-diversion episodes) and heroin (1.5% of diversion episodes and 5.1% of non-diversion episodes) (Figure CANNABIS3; Table OV.14) (see Key terminology and glossary).

Figure CANNABIS3: Diversion treatment episodes, by client's source of referral, episode type and selected principal drug of concern, 2020–21 (per cent)

The stacked horizontal bar graph shows that cannabis was the most common principal drug of concern (PDOC) among treatment episodes provided to clients referred via diversion in 2020–21 (57.5% of episodes). By comparison, amphetamines was the most common PDOC among non-diversion episodes provided to diversion clients (36.3% of episodes) and alcohol was the most common PDOC among non-diversion episodes provided to non-diversion clients (40.5%).

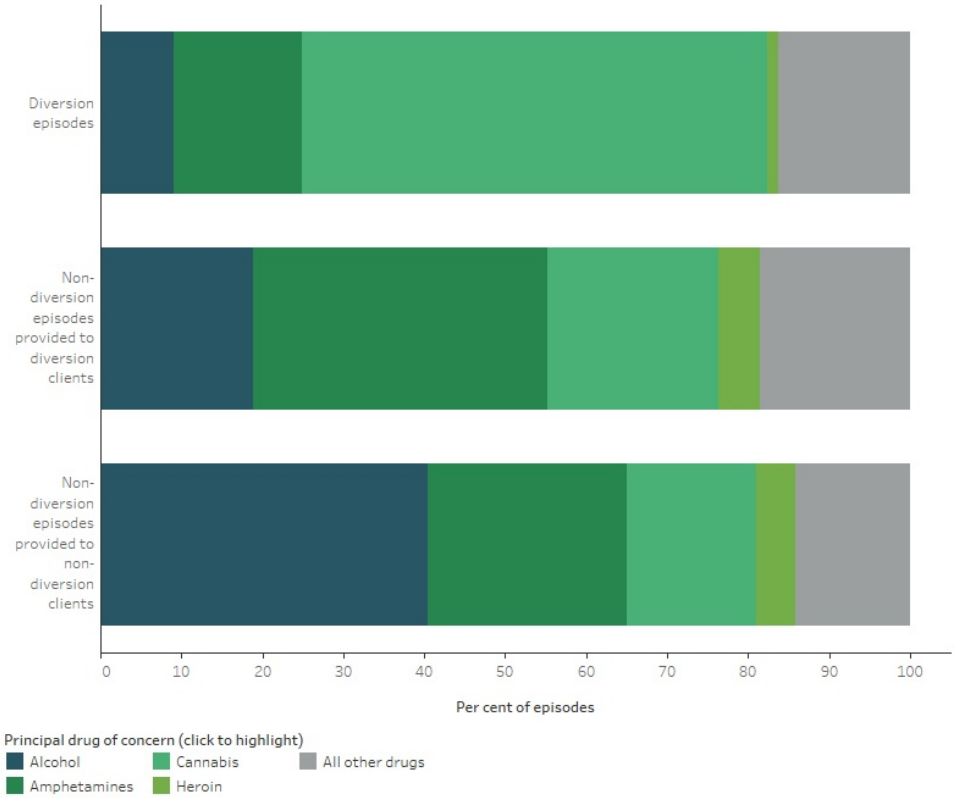


Figure CANNABIS3: Diversion treatment episodes, by client's source of referral, episode type and selected principal drug of concern, 2020–21 (per cent)
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Table OV.14.
http://www.aihw.gov.au

See notes >

Last updated 7/07/2022 v39.0

Drugs of concern

Heroin: client demographics and treatment

On this page:

In 2020–21, heroin was reported as a drug of concern (either principal or additional) in 6.1% of all treatment episodes (13,600 episodes) (Table Drg.4).

Heroin was the fourth most common principal drug of concern, recorded in 4.6% of treatment episodes (10,300 episodes) (Table Drg.4). This has remained consistent across the 10 years to 2020–21, although the proportion of heroin-related episodes has declined from a peak of 8.8% (12,900 episodes) in 2011–12 across that period (Table Drg.5).

In 2020–21, around 2 in 5 heroin-related treatment episodes listed at least 1 additional drug of concern (39% or 4,000 episodes) (Table Drg.2). The most common additional drugs of concern were amphetamines (30% or 2,100 episodes), cannabis (20% or 1,400 episodes) and nicotine (17% or 1,200 episodes) (Figure DRUGS1; Table Drg.3). These drugs may not have been the subject of any treatment within the episode.

Treatment for heroin use in the AODTS NMDS collection

People who seek treatment for heroin use have several options for treatment, including withdrawal programs (called detoxification) and abstinence-based treatment (for example, residential rehabilitation in a therapeutic community) (O'Brien 2004).

In Australia, one of the most common treatments for heroin use is opioid pharmacotherapy treatment (also known as opioid agonist therapy). Opioid pharmacotherapy involves replacing opioid drugs, including heroin, with a longer-lasting, medically prescribed opioid.

Agencies whose sole function is to prescribe or provide dosing services for opioid pharmacotherapy are excluded from the AODTS NMDS. Data from these agencies are captured in the National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection (AIHW 2022). For more information, please see the 2021 NOPSAD report.

For information on heroin use and harms, please see:

- Tobacco, alcohol and other drugs in Australia: Illicit opioids, including heroin
- National Drug Strategy Household Survey 2019 (Chapter 4: Illicit use of drugs)

Client demographics

In 2020–21, 5,400 clients received treatment for heroin as the principal drug of concern. Of these clients:

- Over 2 in 3 were male (69% of clients) (Table SC.9).
- Over 2 in 3 were aged either 30–39 (35% of clients) or 40–49 (34%) (Table SC.10). This was consistent for both males and females (Figure HEROIN1).
- Nearly 1 in 5 were Indigenous Australians (19% or 1,000 clients) (Table SC.11). This represents a crude rate of 185 Indigenous clients per 100,000 population (Table SCR.26).

Figure HEROIN1: Clients with heroin as the principal drug of concern, by sex and age group, 2020–21 (per cent)

The butterfly bar chart shows that male clients receiving treatment for heroin as the principal drug of concern were most likely to be aged 30–39 (33.8% of clients) or 40–49 (35.4%) in 2020–21. This was similar for female clients (37.0% aged 30–39 and 30.3% aged 40–49).

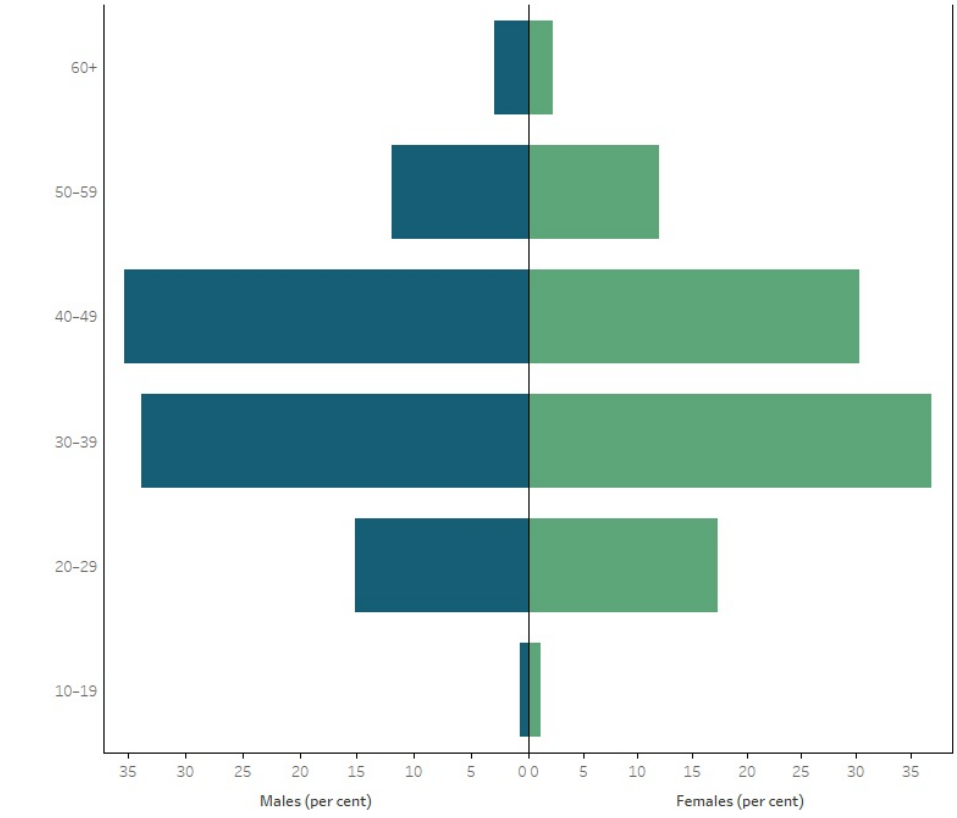


Figure HEROIN1: Clients with heroin as the principal drug of concern, by sex and age group, 2020–21 (per cent)
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
http://www.aihw.gov.au

See notes >

Treatment

In 2020–21, 10,300 treatment episodes were provided to clients for heroin as the principal drug of concern (Table Drg.4). The median duration of these treatment episodes was just under 4 weeks (27 days) (Table Drg.58).

Among heroin-related treatment episodes in 2020–21:

- The most common source of referral was self/family (42% of episodes), followed by health services (33%) (Figure HEROIN2; Table Drg.55).
- The most common main treatment type was counselling (23% of episodes), followed by support and case management (20%) and pharmacotherapy (17%) (Figure HEROIN2; Table Drg.54). In the 10 years to 2020–21, main treatment types for heroin have fluctuated:
  - Treatment episodes with withdrawal management as the treatment type decreased from 26% to 7.6% (or from 3,300 to 790 episodes).
  - Conversely, pharmacotherapy episodes increased from 3% to 17% (or from 410 to 1,800 episodes). Fluctuations in pharmacotherapy treatment episodes over time can be attributed to changes to jurisdictional coding practices and systems, resulting in under-reporting of pharmacotherapy at the national level.
- Over 7 in 10 treatment episodes took place in a non-residential treatment facility (71% of episodes) (Table Drg.56).
- Nearly 3 in 5 treatment episodes ended with a planned completion (58% of episodes), while 20% ended unexpectedly (Figure HEROIN2; Table Drg.56).

Figure HEROIN2: Treatment episodes with heroin as the principal drug of concern, by main treatment type, reason for cessation or source of referral, 2011-12 to 2020-21 (number or per cent)

The line graph shows that counselling was the most common main treatment type among treatment episodes for cannabis across the 10 years to 2020–21, although the number of counselling episodes fell from 4,377 in 2011–12 to 2,385 in 2020–21. Other treatment types fluctuated across time, with assessment only being the second most common main treatment type in 2020–21 (2,056 episodes). Filters allow the user to view data as the number or per cent of episodes for main treatment type, reason for cessation or source of referral.

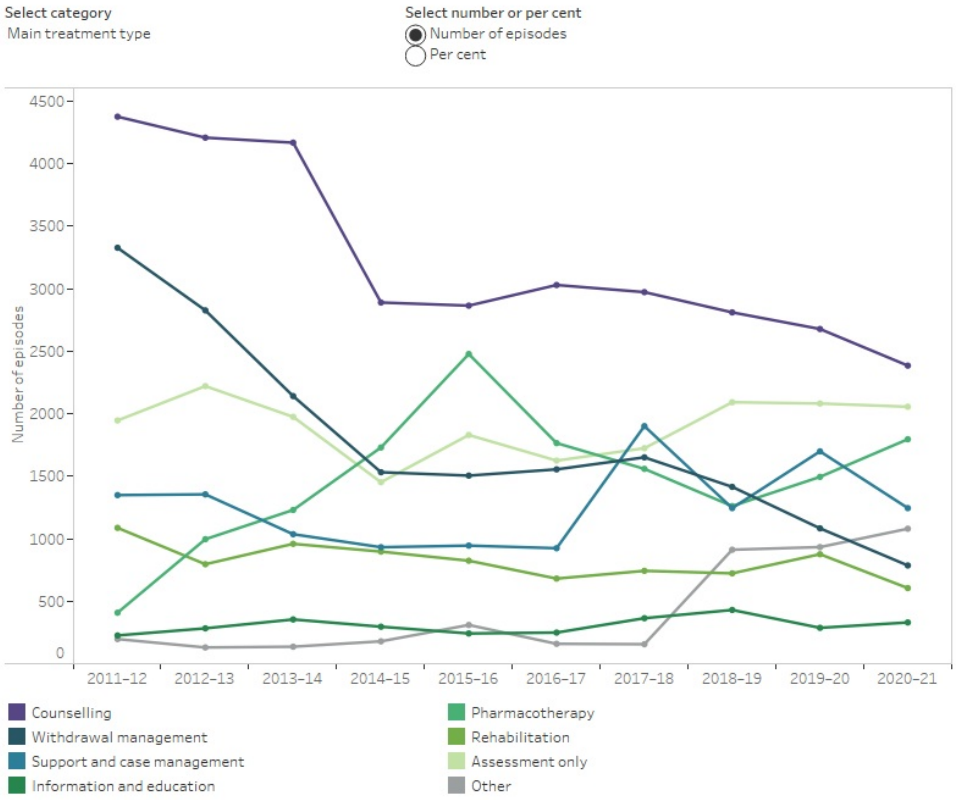


Figure HEROIN2: Treatment episodes with heroin as the principal drug of concern, by main treatment type, reason for cessation or source of referral, 2011–12 to 2020–21 (number or per cent)
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Tables Drg.12, Drg.13 and Drg.54.
http://www.aihw.gov.au

See notes >

In 2020–21, injecting remained the most common method of use in heroin-related treatment episodes (74% of episodes) (Table Drg.6). Clients reported injecting drugs in the past 3 months in nearly 1 in 2 treatment episodes (49% of episodes). In a further 12% of episodes, clients reported that they last injected 3–12 months ago (Table Drg.52).

However, the proportion of treatment episodes where clients reported that they had never injected drugs increased 4-fold between 2011-12 and 2020–21, rising from 4.9% (630 episodes) to 18% (1,800 episodes) (Table Drg.52).

Last updated 6/07/2022 v30.0

Drugs of concern

Pharmaceuticals: client demographics and treatment

On this page:

In 2020–21, pharmaceuticals were reported as a drug of concern (either principal or additional) in 11% of all treatment episodes (24,200 episodes) (Table Drg.87).

- Pharmaceuticals was the principal drug of concern in 4.8% of treatment episodes (10,800 episodes) (Table Drg.87). This proportion relative to all drugs of concern has declined from 7.7% in 2011–12 (11,300 episodes).
- Consistent with previous years, pharmaceuticals were more likely to be reported as an additional rather than principal drug of concern (13,400 episodes or 6.0%) (Table Drg.87). The most common additional drugs of concern reported with pharmaceuticals were amphetamines (16% or 1,700 episodes), cannabis (15% or 1,600 episodes) and alcohol (12% or 1,300 episodes) (Figure DRUGS1; Table Drg.89).

Classification of pharmaceutical drugs in the AODTS NMDS

Pharmaceuticals are drugs that are available from a pharmacy—over the counter or by prescription—including opioids (such as codeine and oxycodone) and benzodiazepines (such as diazepam). Some pharmaceutical drug use is for non-medical purposes (MCDS 2011).

Pharmaceuticals are not listed as a broad drug group in the Australian Standard Classification of Drugs of Concern (ASCDC) classification. In the AODTS NMDS report, the 'pharmaceuticals' drug classification includes the following 10 drug types: codeine, morphine, buprenorphine, oxycodone, methadone, benzodiazepines, steroids, other opioids, other analgesics, and other sedatives and hypnotics. Refer to the Technical notes and Key terminology and glossary for more information.

For information on pharmaceutical drug use and harms, please see:

Tobacco, alcohol and other drugs in Australia: Non-medical use of pharmaceutical drugs

National Drug Strategy Household Survey 2019 (Chapter 5: Non-medical use of pharmaceuticals)

Pharmaceuticals by drug type

In 2020–21, opioids and benzodiazepines accounted for 3 in 4 episodes provided for a pharmaceutical drug as the PDOC (74% or 8,000 episodes) (Table Drg.87). 'Opioids' includes codeine, morphine, buprenorphine, oxycodone, methadone and other opioids.

- Opioids as a group, were a principal drug of concern in 2.1% of all treatment episodes and an additional drug of concern in 1.7% (4,800 and 3,700 episodes, respectively). Buprenorphine (1,200 episodes), methadone (910) and oxycodone (890) were the most common drug types recorded in opioid-related treatment episodes.
- Benzodiazepine was a principal drug of concern in 1.5% of treatment episodes and an additional drug of concern in 2.7% (3,300 and 6,000 episodes, respectively).

Over the 10 years to 2020–21:

- The number of treatment episodes with pharmaceuticals as the principal drug of concern decreased slightly, from 11,300 to 10,800 episodes. Proportionally, episodes for pharmaceuticals fell from 7.7% to 4.8%.
- The number of treatment episodes for benzodiazepines initially decreased from 2,500 episodes from 2011–12 to 1,700 episodes in 2015–16, increasing to 3,300 in 2020–21.
- The number of episodes for opioids peaked at 7,700 in 2013–14 before falling to 4,800 episodes in 2020–21 but fluctuated over time by drug type (Figure PHARMS1; Table Drg.90).

Figure PHARMS1: Treatment episodes with pharmaceuticals as the principal drug of concern, relative to most common principal drugs of concern or by selected pharmaceutical drug types, 2011–12 to 2020–21 (number or per cent)

The line graph shows that pharmaceutical drugs remained the 5th most common principal drug of concern between 2011–12 and 2019–20, following alcohol, cannabis, amphetamines and heroin. In 2020–21, the number of episodes for pharmaceuticals overtook the number for heroin (10,817 episodes compared with 10,283, respectively). Filters allow the user to view the data as the number or per cent of episodes, and as the 5 most common principal drugs of concern or by selected drug types within the pharmaceuticals category.

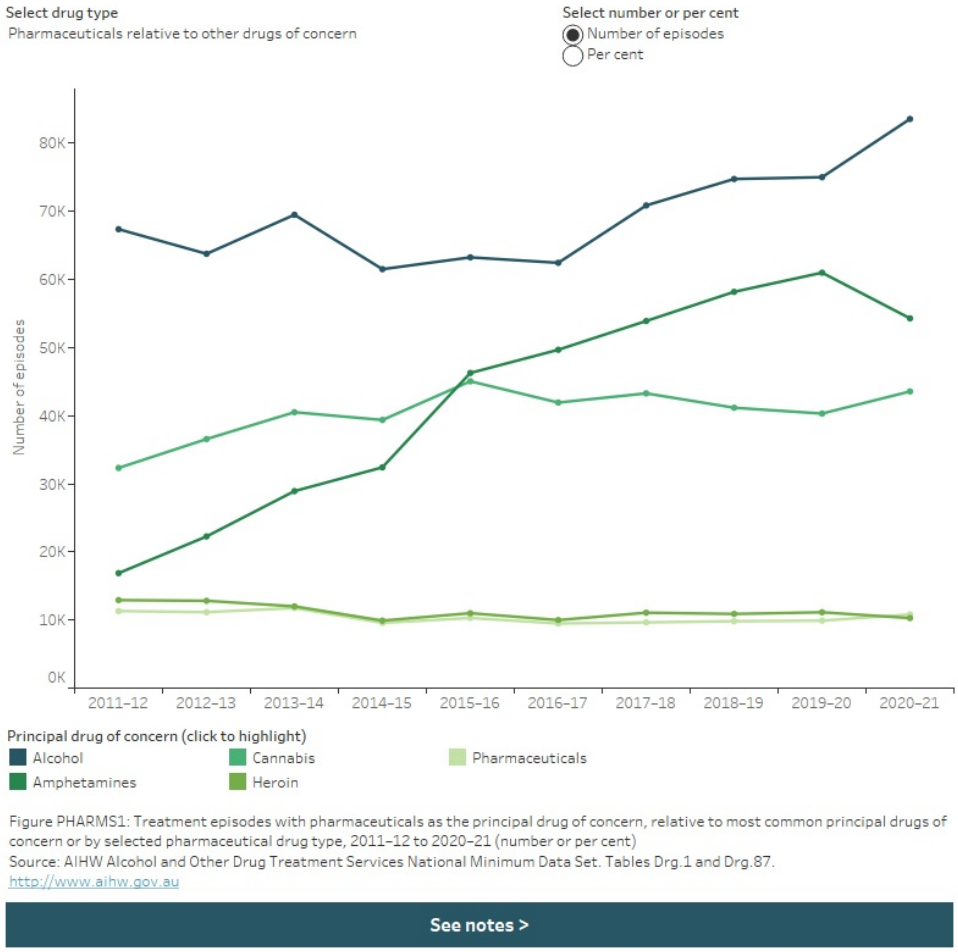


Figure PHARMS1: Treatment episodes with pharmaceuticals as the principal drug of concern, relative to most common principal drugs of concern or by selected pharmaceutical drug type, 2011–12 to 2020–21 (number or per cent)
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Tables Drg.1 and Drg.87.
http://www.aihw.gov.au

See notes >

Client demographics

In 2020–21, around 6,200 clients received treatment for any pharmaceutical drug as the principal drug of concern (Table SC.30). Of these clients:

- Around 3 in 5 were male (62% of clients). The proportion of male clients ranged from 48% for codeine to 94% for steroids (Table SC.30).
- Over 1 in 2 were aged 20–29 (26% of clients) or 30–39 (28%). The proportion of clients in each age group varied by PDOC:
  - Clients receiving treatment for benzodiazepines had the highest proportion of people aged 10–19 (22% of clients).
  - Most clients receiving treatment for opioids were aged either 30–39 or 40–49, ranging from 51% for oxycodone to 66% for methadone (Table SC.31).
- Around 1 in 7 were Indigenous Australians (14% of clients). The proportion of Indigenous clients was highest for buprenorphine (24% of clients) (Table SC.32).

Treatment

In 2020–21, around 10,800 treatment episodes were provided to clients for pharmaceuticals as the principal drug of concern (Table Drg.87).

- The most common sources of referral were health services (42% of episodes) and self/family (40%). This was relatively consistent across drug types, but diversion was the most common referral source for steroid-related treatment episodes (38% of episodes) (Table Drg.92).
- The most common main treatment types were counselling (24% of episodes) and assessment only (23%) (Figure PHARMS2; Table Drg.91). Counselling was the most common main treatment across most drug types, although assessment only was the most common main treatment in treatment episodes for most opioid drugs (except codeine).
- Most episodes took place in non-residential treatment facilities (71% of episodes); this was the most common treatment setting across drug types (Figure PHARMS2; Table Drg.94).
- Almost 3 in 5 treatment episodes ended with a planned completion (58% of episodes, ranging from 46% for morphine as the PDOC to 69% for steroids). One in 5 episodes ended unexpectedly (20%) (Figure PHARMS2; Table Drg.93).

Figure PHARMS2: Treatment episodes with selected pharmaceutical drugs as the principal drug of concern, by main treatment type, reason for cessation or treatment delivery setting, 2020–21 (per cent)

The stacked horizontal bar chart shows that counselling was the most common main treatment type in episodes provided to clients with benzodiazepines (30.0% of episodes) or codeine (34.2%) as the principal drug of concern in 2020–21. Assessment only was the most common main treatment type among episodes where the principal drug of concern was buprenorphine, methadone, morphine, oxycodone or other opioids, ranging from 22.6% for methadone to 37.1% for buprenorphine. A filter allows the user to view data for main treatment type, reason for cessation or treatment delivery setting.

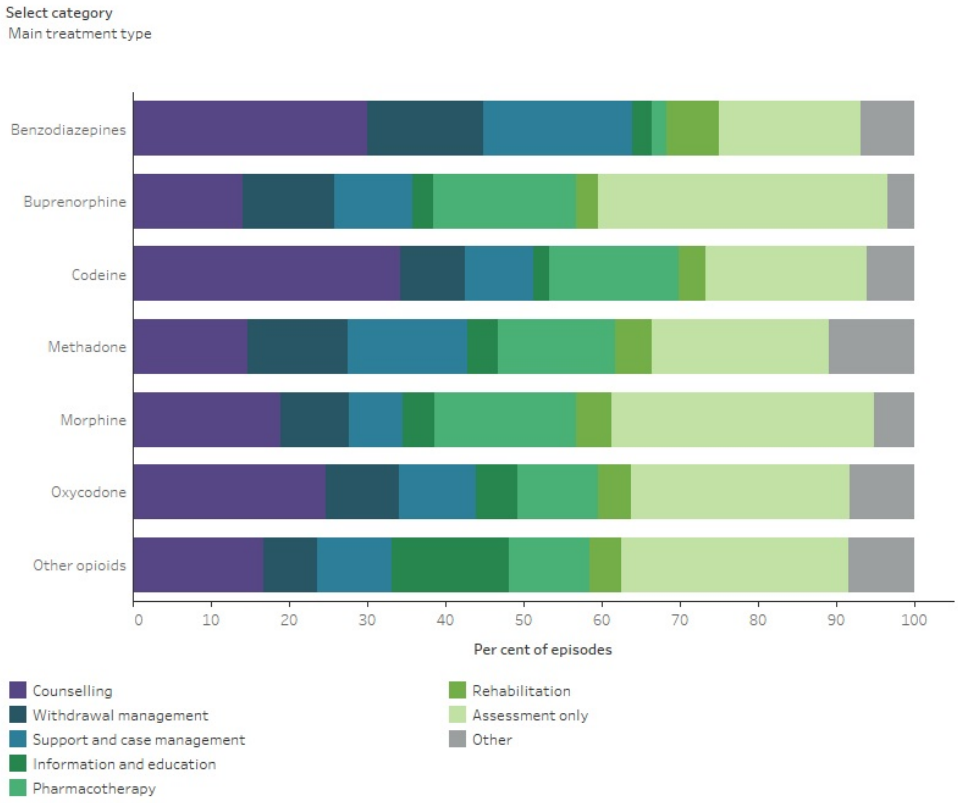


Figure PHARMS2: Treatment episodes with selected pharmaceuticals as the principal drug of concern, by main treatment type, reason for cessation or treatment delivery setting, 2020–21 (per cent)
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Tables Drg.91, Drg.92 and Drg.93.
http://www.aihw.gov.au

See notes >

For information on selected other drug use and harms, please see:

Tobacco, alcohol and other drugs in Australia: Tobacco

Tobacco, alcohol and other drugs in Australia: Meth/amphetamine and other stimulants

National Drug Strategy Household Survey 2019 (Chapter 2: Tobacco smoking; Chapter 4: Illicit use of drugs)

References

ABS 2011. Australian Standard Classification of Drugs of Concern, 2011. ABS cat. no. 1248.0. Canberra: ABS.

MCDS (Ministerial Council on Drug Strategy) 2011. National Drug Strategy 2010–2015. Canberra: Commonwealth of Australia.

Last updated 8/07/2022 v28.0

Drugs of concern

Selected other drugs: client demographics and treatment

On this page:

In addition to the most common principal drugs of concern, the AODTS NMDS report includes information on selected other drug types: nicotine, ecstasy and cocaine. These drugs may be commonly used in the community or linked to increased risk of harm. Treatment captured through the AODTS NMDS for these drugs may be less prominent than for other drugs as they are relatively uncommon, or people who use them are less likely to seek treatment than people who use other drugs. See the Key terminology and glossary for further information.

Together, nicotine, ecstasy and cocaine have contributed around 2–3% of all treatment episodes each year since 2011–12 (tables AODTS Selected drugs.1, Drg.5). Individually, the proportion of treatment episodes for each of these drugs has remained at less than 2% per year across the period (Table SD.9).

Nicotine, ecstasy and cocaine are more likely to be reported as an additional rather than principal drug of concern. For example, nicotine was reported as a principal drug of concern in only 1.1% of treatment episodes in 2020–21 but was an additional drug of concern in 10% of episodes (Table Drg.4).

Nicotine

In 2020–21, nicotine was reported as a drug of concern (either principal or additional) in 11% of all treatment episodes (25,222 episodes) (Table Drg.4). In 2020–21:

- Nicotine was the principal drug of concern in just 1.1% of treatment episodes (2,494 episodes) (tables AODTS Selected drugs.1, Drg.4). This proportion has remained relatively stable since 2011–12 (1.2% or 1,722 episodes) (Table Drg.5).
- Nicotine was an additional drug of concern in 1 in 10 treatment episodes (10% or 22,728 episodes) (Table Drg.4). Most treatment episodes with nicotine as an additional drug of concern were for alcohol (37% of episodes), amphetamines (29%) or cannabis (23%) as the principal drug of concern (Table Drg.3).

The low proportion of episodes for nicotine as the principal drug of concern in the AODTS NMDS collection may be due to the existence of numerous alternative support options within the community (for example, general practitioners, pharmacies, helplines, and web services). Additionally, people may view AOD treatment services as being most appropriate for drug use that is beyond the expertise of general practitioners. However, therapy to quit smoking is becoming an integral part of some AOD services as a parallel treatment with other drugs of concern.

Client demographics

In 2020–21, 1,924 clients received treatment for nicotine as the principal drug of concern (Table SC.9). Of these clients:

- Over 1 in 2 were male (55% of clients) (Table SC.9).
- Over 1 in 2 were aged 10–19 (35% of clients) or 20–29 (17%) years (Table SC.10).
- Around 1 in 4 were Indigenous Australians (26% or 508 clients) (Table SC.11).

Treatment

In 2020–21, 2,494 treatment episodes were provided to clients for nicotine as the principal drug of concern. The median duration of these treatment episodes was 2 days (Table Drg.44). Half of all episodes ended within 1 day (50% of episodes) and 33% lasted between 2 days and 3 months (Table OV.12).

Among nicotine-related episodes in 2020–21:

- The most common source of referral was self/family (31% of episodes), followed by health services (29%) (Table Drg.46).
- The most common main treatment types were assessment only (47% of episodes and, counselling (25%) (Table Drg.45).
- Around 4 in 5 treatment episodes took place in a non-residential treatment facility (81% of episodes), and 10% took place in an outreach setting (Table Drg.47).
- Almost 3 in 4 episodes ended with a planned completion (73% of episodes), while 11% ended unexpectedly (Table Drg.47).

Ecstasy

In 2020–21, ecstasy was reported as a drug of concern (either principal or additional) in 1.5% of all treatment episodes (3,343 episodes) (Table Drg.4). In 2020–21:

- Ecstasy was the principal drug of concern in just 0.3% of treatment episodes (742 episodes) (Table Drg.5). This proportion has remained relatively stable since 2011–12 (0.4% or 550 episodes) (Table Drg.5).
- Ecstasy was an additional drug of concern in 1.2% of treatment episodes (2,601 episodes), down from 2.8% in 2011–12 (4,096 episodes) (tables Drg.4 and Drg.5). Most treatment episodes with ecstasy as an additional drug of concern were for cannabis (42% of episodes), amphetamines (26%) or alcohol (19%) (Table Drg.3).

Client demographics

In 2020–21, 546 clients received treatment for ecstasy as the principal drug of concern. Among these clients:

- 2 in 3 were male (66% of clients) (Table SC.9).
- Over 4 in 5 were aged 10–19 (40% of clients) or 20–29 (45%) (Table SC.10).
- Fewer than 1 in 10 were Indigenous Australians (8.1%) (Table SC.11).

Treatment

In 2020–21, 742 treatment episodes were provided to clients for ecstasy as the principal drug of concern (Table Drg.4). The median duration of these treatment episodes was just under 4 weeks (26 days), up from 1 day the previous year (Table Drg.75). Over 1 in 3 episodes ended within 1 day (37% of episodes) and 40% lasted between 2 days and 3 months (Table OV.12).

Among ecstasy-related treatment episodes in 2020–21:

- The most common source of referral was diversion from the criminal justice system (31% of episodes), followed by self/family (25%) (Table Drg.73).
- The most common main treatment types were counselling (51% of episodes) and assessment only (17%) (Table Drg.72).
- Almost three-quarters of treatment episodes took place in a non-residential treatment setting (74% of episodes) (Table Drg.74).
- Just over 7 in 10 treatment episodes ended with a planned completion (71% of episodes), while 17% ended unexpectedly. The proportion of episodes with a planned completion ranged from 37% for episodes with rehabilitation as the main treatment to 89% for information and education (Table Drg.74).

Cocaine

In 2020–21, cocaine was reported as a drug of concern (either principal or additional) in 2.6% of all closed treatment episodes (5,800 episodes) (Table Drg.4). In 2020–21:

- Cocaine was the principal drug of concern in 1.1% of treatment episodes (2,500 episodes), rising from 0.4% of episodes in 2011–12 (415 episodes) (Table Drg.5).
- Cocaine was an additional drug of concern in 1.5% of treatment episodes (3,300 episodes). This has remained relatively stable since 2011–12 (1.5%), although the number of treatment episodes increased from 2,200 to 3,300 across the period (Table Drg.5). Most treatment episodes with cocaine as an additional drug of concern were for alcohol (37% of episodes), amphetamines (28%) or cannabis (21%) (Table Drg.3).

Client demographics

Around 1,800 clients received treatment for cocaine as the principal drug of concern in 2020–21 (Table SC.9). Among these clients:

- Over 4 in 5 were male (85% of clients) (Table SC.9).
- 1 in 2 were aged 20–29 years (50% of clients) and a further 28% were aged 30–39 (Table SC.10).
- Just 5.4% were Indigenous Australians (Table SC.11).

Treatment

In 2020–21, around 2,500 treatment episodes were provided to clients for cocaine as the principal drug of concern (Table Drg.4). The median duration of these treatment episodes was just over 4 weeks (29 days), down from 36 days the previous year (Table Drg.84). Around 1 in 4 episodes ended within 1 day (26% of episodes) and 52% lasted between 2 days and 3 months (Table OV.12).

Among cocaine-related treatment episodes in 2020–21:

- The most common source of referral was self/family (37% of episodes), followed by health services (24%) and diversion (21%) (Table Drg.82).
- The most common main treatment types were counselling (49% of episodes) and assessment only (21%) (Table Drg.81).
- Around 4 in 5 treatment episodes took place in non-residential treatment facilities (78% of episodes) (Table Drg.83).
- Nearly 2 in 3 treatment episodes ended with a planned completion (65% of episodes), while 19% ended unexpectedly. Expected cessations were most common where the main treatment type was information and education (88% of episodes) (Table Drg.82).

Last updated 8/07/2022 v30.0

Treatment provided

On this page:

There are a number of treatment types available to assist people experiencing problematic drug use, most of which aim to reduce the harm of drug use through services such as counselling or information and education. Additionally, some treatments use abstinence-oriented interventions to aid in short-term cessation or reduction of heavy or prolonged alcohol or other drug use in a safe, structured and supportive environment, to assist clients in developing skills to facilitate substance-free lifestyles.

Key findings

In 2020–21:

- around 243,000 treatment episodes were provided to 139,300 clients
- clients received an average of 1.7 treatment episodes nationally
- 92% (224,100) of all treatment episodes were provided to people receiving treatment for their own drug use while a further 7.8% (18,800) episodes were provided to people seeking treatment for someone else's alcohol or drug use
- counselling was the most common treatment type provided to all clients in 2020–21 (38% of all treatment episodes), followed by assessment only (20%)
- for someone else's alcohol or drug use the most common treatment type was counselling (44% of treatment episodes), followed by support and case management (31%).

Over the 10-year period to 2020–21:

- the proportion of episodes with withdrawal management for own drug use fell from 18% to 10%, and counselling treatment episodes for all clients fell from 43% to 38%
- the proportion of episodes with a main treatment type of support and case management increased from 8.8% in 2011–12 to 15% in 2020–21.

Treatment types

People can receive treatment for their own or someone else's alcohol or drug use (see Key terminology and glossary). Rehabilitation, withdrawal management (detoxification) and pharmacotherapy are not available for people seeking treatment for someone else's alcohol or drug use.

A total of 242,980 treatment episodes were provided to people for their own or someone else's alcohol or drug use. Treatment episodes increased by 58% since 2011–12 (from 153,668) and 2.3% from the previous year (237,545 in 2019–20). Clients received an average of 1.7 treatment episodes nationally.

Clients own drug or alcohol use and clients seeking support for someone else's alcohol or drug use

In 2020–21:

- over 9 in 10 treatment episodes (92% or 224,135) were provided for a client's own alcohol or drug use, and 7.8% (18,845) of treatment episodes were in relation to someone else's alcohol or drug use (Table Trt.2)
- around 131,173 people received treatment for their own alcohol or drug use and 13,972 people sought treatment in relation to someone else's alcohol or drug use (Tables SCR.27)
- among clients receiving treatment for their own alcohol or drug use:
  - counselling was the most common main treatment type followed by assessment only across all age groups
  - 1 in 5 clients (19%) aged 10–19 received support and case management as a treatment type, while older clients aged 40 and over were more likely to receive withdrawal management as a main treatment type.
- among clients seeking support for someone else's alcohol or drug use, the age of clients varied by main treatment type:
  - Over half of clients (55%) aged 40 and over received counselling for someone else's alcohol or drug use.
  - Over one third of clients aged 10–19 (33%) and 20–29 (31%) received support and case management for someone else's alcohol or drug use (Figure TREATMENTCLIENTS1; Table SC.19).

Figure TREATMENTCLIENTS1: Clients by client type, main treatment type and age group, 2020–21 (per cent)

The stacked horizontal bar chart shows that counselling was the most common main treatment type provided to all clients across all age groups, ranging from 40.0% for all clients aged 60+ years to 47.6% for all clients aged 10–19 years in 2020–21. A filter allows the user to view data for all clients, clients seeking treatment for their own drug use or clients seeking treatment for someone else's drug use.

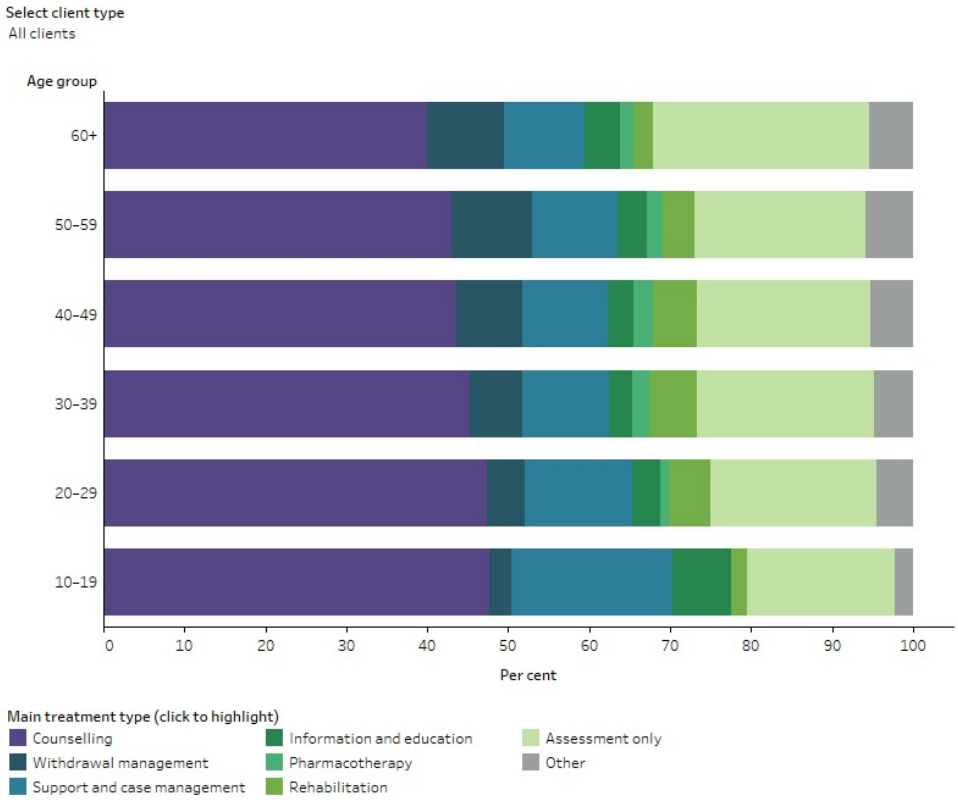


Figure TREATMENTCLIENTS1: Clients by client type, main treatment type and age group, 2020–21 (per cent)
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Table SC.19.
http://www.aihw.gov.au

See notes >

For treatment episodes provided for a client's own alcohol or drug use over the 10-year period to 2020–21:

- the proportion of episodes with counselling as the main treatment type fell from 41% in 2011–12 to 35% in 2015–16, but then rose to 38% in 2020–21
- the proportion of main treatment episodes with withdrawal management dropped from 2011–12 (18%) to 2015–16 (12%), falling to 10.0% in 2020–21.

For treatment episodes provided for those seeking support for someone else's alcohol or drug use:

- the proportion of counselling as the main treatment type decreased over 10 years; from 79% in 2011–12, decreasing to 43% in 2019–20 and 44% in 2020–21
- the proportion for support and case management as a main treatment tripled, rising from 10% in 2011–12 to 31% in 2020–21 (Figure TREATMENTCLIENTS2; Table Trt.3).

Figure TREATMENTCLIENTS2: Treatment episodes, by client type and main treatment type, 2011-12 to 2020-21 (per cent)

The line graph shows that counselling has remained the most common main treatment type among episodes provided to all clients across the period 2011–12 to 2020–21, accounting for 38.1% of episodes in 2020–21. In 2020–21, assessment only was the second most common main treatment type (19.9% of episodes), followed by support and case management (15.0%). A filter allows the user to view data for all clients, clients seeking treatment for their own drug use or clients seeking treatment for someone else's drug use.

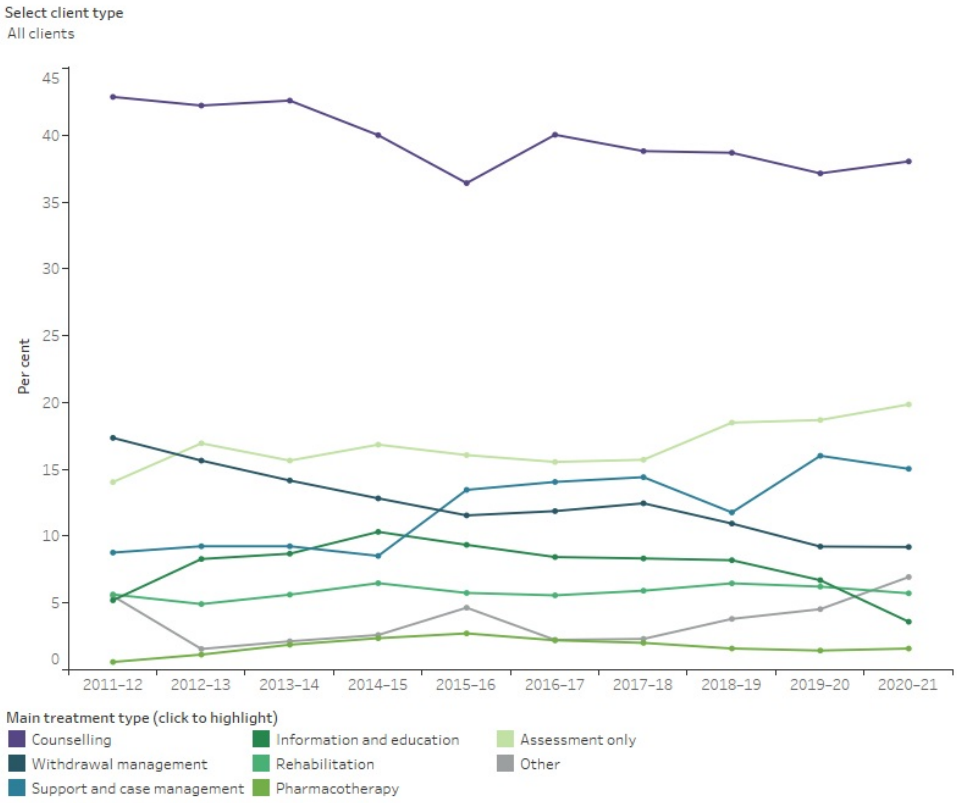
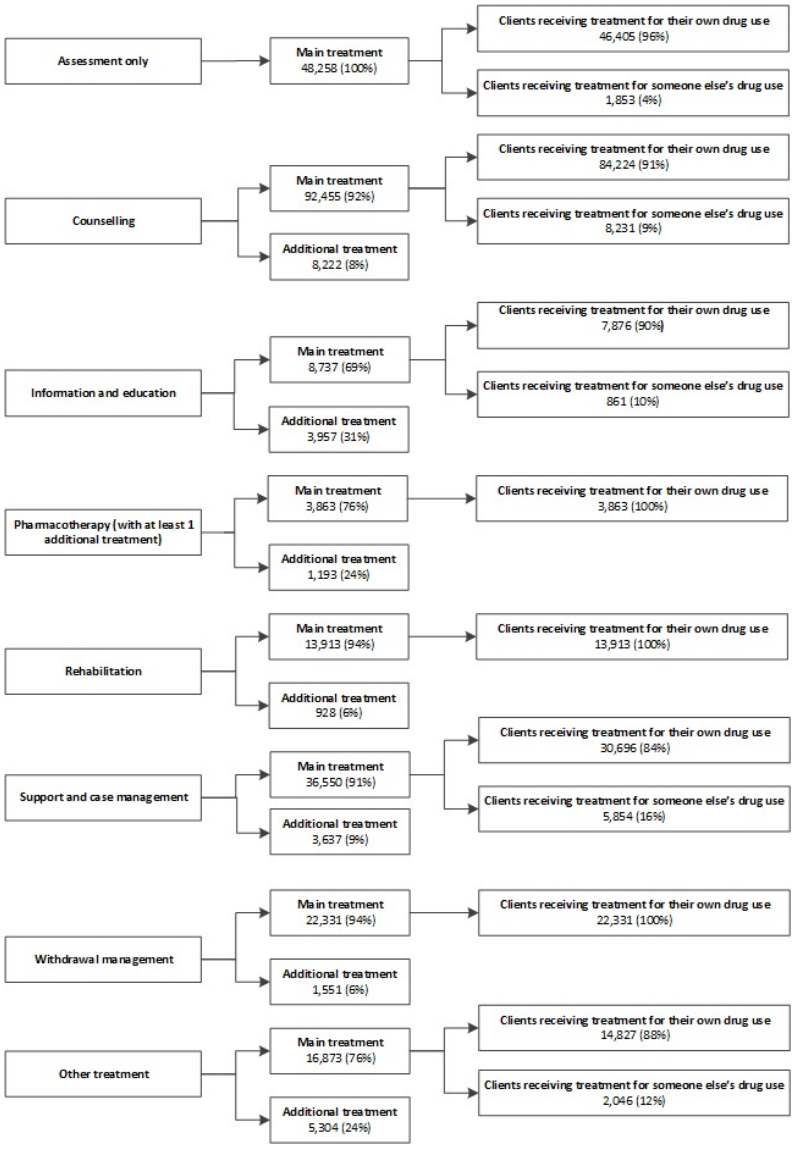


Figure TREATMENTCLIENTS2: Treatment episodes, by client type and main treatment type, 2011–12 to 2020–21 (per cent)
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Table Trt.3.
http://www.aihw.gov.au

See notes >

Figure TREATMENTTYPES1: Summary treatment characteristics (main and additional) of closed episodes, 2020-21



Source: Tables Trt.3 and Trt.4.

Explore treatment provided:

- Assessment only
- Counselling
- Information and education
- Pharmacotherapy
- Rehabilitation
- Support and case management
- Withdrawal management
- Other main treatment

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Treatment provided

Assessment only

Although all service providers would normally include an assessment component in all treatment types, assessment only episodes are those for which only an assessment has been provided to the client. Assessment interventions aim to reduce immediate or short-term harms; engage and support people; and refer people into treatment. For more information on assessment only see glossary.

In 2020–21:

- one in 5 (20% or 48,258) of all treatment episodes were reported as an assessment only
- around 21% of treatment episodes for people receiving help for their own alcohol or drug use received an assessment only as a main treatment; and 9.8% of treatment episodes were for people seeking help for someone else's alcohol or drug use
- assessment only treatment episodes were most commonly provided to people whose principal drug of concern was either alcohol (36%) or amphetamines (24%) (tables Trt.3, Trt.32).

Client profile

In 2020–21, for clients whose main treatment was assessment only:

- almost 7 in 10 (68%) people who received an assessment for their own alcohol or drug use were male
- over 2 in 5 (44%) people who received assistance for someone else's alcohol or drug use were male
- around 1 in 6 (17%) people who received an assessment for their own alcohol or drug use identified as Indigenous Australians, and 8% of people who sought support for someone else's alcohol or drug use (tables SC.18, SC.20).

Last updated 7/07/2022 v11.0

Treatment provided

Counselling

Counselling is the most common treatment type for problematic alcohol or other drug use. Psycho-social counselling refers to evidence-informed talking therapies, aimed at helping the person develop skills (whether that be psychological skills, and/or practical skills) to reduce alcohol or other drug consumption and/or harms, in line with the person's own goals. For more information on Counselling see glossary.

In 2020–21:

- counselling was reported as a main treatment type in 38% (92,455) of all treatment episodes
- Almost 2 in 5 (38%) treatment episodes for people receiving support for their own alcohol or drug use involved counselling as the main treatment
- for treatment episodes where the client sought support for someone else's drug use, over 2 in 5 (44%) episodes were for counselling; a decline from 52% in 2018–19
- counselling as a main treatment was most commonly provided to clients for their own drug use, whose principal drug of concern was alcohol (36%), amphetamines (25%), or cannabis (24%) (tables Trt.3, Trt.16).

Client profile

In 2020–21, for clients whose main treatment was counselling:

- almost two-thirds (64%) of people receiving counselling for their own alcohol or drug use were male, while 52% of people seeking treatment for someone else's alcohol or drug use were female (18% reported not stated)
- over half (55%) of people receiving counselling for their own alcohol or drug use were aged 20–39, while over half (55%) of people who sought counselling for someone else's alcohol or drug use were aged over 40
- for people receiving treatment for their own alcohol or drug use, 17% identified as Indigenous Australians, compared with 7% of people who received counselling for someone else's alcohol or drug use (tables SC.18–20).

Treatment profile

Counselling treatment is provided for a clients' own alcohol or drug use, or those seeking support for someone else's drug use, treatment episodes for counselling were longer than all other treatment types, with a median length of 64 days (over 9 weeks) (Table OV.11).

Over the 10-year period to 2020–21 for clients who received counselling:

- for their own alcohol or drug use, the proportion of treatment episodes that ended within 1 month fell from 20% to 15%
- for someone else's alcohol or drug use, the proportion of treatment episodes ending within 1 month fell from 22% to 17%. In contrast, the proportion lasting 3 to 6 months increased, from 17% in 2011–12 to 25% in 2020–21 (tables Ov.11, Trt.21).

Last updated 6/07/2022 v10.0

Treatment provided

Information and education

Information and education can be provided to clients as written information or a psycho-educational intervention program. See glossary for further information.

In 2020–21, information and education as a main treatment was reported for 3.6% (8,737) of all treatment episodes—3.5% of episodes for clients receiving help for their own alcohol or drug use were for information and education and 4.6% for those seeking treatment for someone else's alcohol or drug use.

Most information and education episodes were provided to clients whose principal drug of concern was alcohol (45%) or cannabis (28%) (tables Trt.3, Trt.42).

Client profile

In 2020–21, for clients whose main treatment was information and education:

- for their own alcohol or drug use were male (65%), while most people who sought support for someone else's alcohol or drug use were female (70%)
- 7 in 10 (70%) of all people receiving information and education for their own alcohol or drug use were aged 10–39 (23% of clients aged 10–19, 27% aged 20–29 and 20% aged 30–39). In contrast, 55% of people who sought treatment for someone else's alcohol or drug use were aged 40 and over
- almost 1 in 4 (22%) people receiving treatment for their own alcohol or drug use identified as Indigenous Australians, compared with 7% of people seeking treatment for someone else's alcohol or drug use (tables SC.18–20).

Treatment profile

Among treatment episodes in 2020–21 with information and education as the main treatment, over half (53%) of treatment episodes lasted just 1 day for clients receiving treatment for their own alcohol or drug use; for those seeking treatment for someone else's use, this proportion was 24% (Table Trt.44).

Over the 10-year period to 2020–21 for clients who received information and education:

- for their own alcohol or drug use, the proportion of treatment episodes that lasted just one day increased from 65% in 2011–12 to 82% in 2012–13, decreasing over time to 73% in 2019–20 down to 53% in 2020–21. These recent decreases were due to Covid-19 restrictions and reduction in programs
- for someone else's alcohol or drug use, the proportion of treatment episodes that lasted just one day increased from 65% in 2011–12 to 77% in 2012–13, decreasing over time to 51% in 2019–20, dropping to 24% in 2020–21
- the proportion of treatment episodes for all clients lasting from 2 days to 3 months increased from 17% in 2011–12 to 26% in 2020–21 (Table Trt.44).

It is important to note that information and education treatment trends are influenced by differences in jurisdictional program practices over time.

Last updated 7/07/2022 v5.0

Treatment provided

Pharmacotherapy

There are several medications (pharmacotherapies) used to treat problems with alcohol, tobacco and other drugs. These pharmacotherapies can be prescribed for a short, medium or long-term duration, depending on the person's goals.

In the AODTS NMDS, only episodes where pharmacotherapy was either an additional treatment, or where it was the main treatment with an additional treatment provided, are included. Episodes where pharmacotherapy was the main treatment only and no additional treatment was provided are excluded. Pharmacotherapy is only available to people receiving treatment for their own drug use. As most pharmacotherapy services are outside the scope of the AODTS NMDS, the data presented here are a substantial under-representation.

More information on opioid pharmacotherapy in Australia is available from the AIHW's National Opioid Pharmacotherapy Statistics; see the glossary for full description. The latest data indicate that on a snapshot day in 2021, over 47,500 people received pharmacotherapy for opioid dependence, as reported in the National Opioid Pharmacotherapy Statistics Annual Data report (NOPSAD) (AIHW 2021).

For services that were in scope of the AODTS NMDS in 2020–21:

- pharmacotherapy treatment accounted for 1.9% (5,056) of total episodes for a clients' own alcohol or drug use
- of these episodes, 24% (1,193) reported pharmacotherapy as an additional treatment (tables Trt.4, Trt.54).

Client profile

In 2020–21, for clients whose main treatment was pharmacotherapy:

- almost 7 in 10 (68%) people receiving treatment for their own alcohol or drug use were male
- 1 in 6 (16%) people identified as Indigenous Australians
- around two-thirds (65%) of all people were aged 30–49 and 18% were aged 50 and over (tables SC.18–20).

Treatment profile

For treatment episodes involving pharmacotherapy for a client's own alcohol or drug use:

- two in 5 (41%) episodes lasted over 3 months, while 25% lasted 2–29 days and 14% of treatment episodes lasted over 12 months
- where pharmacotherapy treatment was provided as a main treatment type, the most common principal drugs of concern were heroin (46%) and alcohol (14%), (tables Trt.55, Trt59).

Last updated 7/07/2022 v12.0

Treatment provided

Rehabilitation

Rehabilitation is an intensive treatment program that integrates a range of services and therapeutic activities, including counselling, behavioural treatment, social and community living skills, relapse prevention and recreational activities. This type of treatment is not available for people seeking treatment for someone else's alcohol or drug use. See glossary for further information on Rehabilitation.

In 2020–21, for a clients' own alcohol or drug use:

- one in 17 (6.2% or 13,913) treatment episodes included rehabilitation as the main treatment type
- the most common principal drugs of concern were alcohol (40%) or amphetamines (38%) (Tables Trt.3, Trt.47).

Client profile

In 2020–21, for clients whose main treatment was rehabilitation:

- 2 in 3 (63%) people were male, and 28% of people identified as Indigenous Australians
- over 1 in 3 people were aged 30–39 (33%), followed by people aged 20–29 (27%), and 40–49 (23%) (tables SC.18–20).

Treatment profile

Among rehabilitation treatment episodes for a client's own alcohol or drug use:

- nearly 2 in 5 (37%) episodes lasted 1–3 months, while a further 31% lasted between 2-29 days in 2020–21
- over the 10-year period to 2020–21, the duration of episodes of rehabilitation remained relatively stable, except for changes in the proportion of episodes that lasted 2 to 29 days (from 35% in 2011–12, dropping to 29% in 2019–20, then increasing to 31% in 2020–21) (Table Trt.52)
- median treatment duration for own alcohol or drug use increased between 2011–12 and 2014–15 from 44 days to a peak of 57 days before dropping to 43 days in 2020–21 (Table OV.11) .

Last updated 7/07/2022 v12.0

Treatment provided

Support and case management

Support includes activities such as providing emotional support to a client who occasionally calls an agency worker. Case management is usually more structured than support; it can assume a more holistic approach, taking into account all client needs (including general welfare needs) and it encompasses assessment, planning, linking, monitoring and advocacy (Vanderplaschen et al. 2007). See glossary for further information on support and case management.

In 2020–21,

- around 1 in 7 (15% or 36,550) treatment episodes reported a main treatment of support and case management
- over 1 in 7 (14%) treatment episodes included support and case management for own alcohol or drug use
- over 3 in 10 (31%) treatment episodes were for clients seeking treatment for someone else's alcohol or drug use
- most support and case management treatment episodes for a client's own alcohol or drug use were for people whose principal drug of concern was alcohol (35%), amphetamines (23%) or cannabis (21%) (tables Trt.3, Trt.37).

Client profile

In 2020–21, for clients whose main treatment was support and case management:

- for clients receiving treatment for their own alcohol or drug use, 3 in 5 (60%) clients were male, and clients seeking treatment for someone else's alcohol or drug use, over one-third (36%) were female
- almost 7 in 10 (69%) people receiving treatment for their own alcohol or drug use, were aged 10–39; similarly for people seeking treatment for someone else's use, 67% were aged 10–39
- for people receiving treatment for their own alcohol or drug use, 18% identified as Indigenous Australians, compared with 12% of people who received support and case management for someone else's use (tables SC.18–20).

Treatment profile

Among support and case management treatment episodes for clients' own alcohol or drug use and someone else's alcohol or drug use:

- the proportion of episodes lasting 1 day was higher for clients receiving treatment for someone else's alcohol or drug use (47%) than for their own alcohol or drug use (18%)
- Most (77%) treatment episodes for support and case management lasted from one day to 3 months.

Over the 10-year period to 2020–21:

- for clients receiving treatment for their own alcohol or drug use, treatment episodes lasting one day increased from 6% in 2011–12 to 18% in 2020–21, while episodes lasting one to 3 months fell from 36% in 2011–12 to 28% in 2020–21
- the proportion of treatment episodes for someone else's alcohol or drug use that lasted 1 day rose substantially from 2011–12 (24%) to 2018–19 (87%) before falling in 2020–21 (47%)
- median treatment duration for own alcohol or drug use dropped over this period from 56 days to 34 days since 2011–12, and for someone else's alcohol or drug use median treatment duration dropped from 29 days to 5 days since 2011–12 (tables Ov.11, Trt.39).

Last updated 7/07/2022 v10.0

Treatment provided

Withdrawal management

Withdrawal management (detoxification) includes medicated and non-medicated treatment in a residential or non-residential setting, to help manage, reduce or stop the use of a drug of concern. This type of treatment is not available for people seeking treatment for someone else's alcohol or drug use). See glossary for further information on withdrawal management.

In 2020–21,

- One in 10 (10% or 22,331) treatment episodes for a clients' own alcohol or drug use involved withdrawal management as the main treatment.
- Of these, most treatment episodes were for alcohol (51%) or amphetamines (16%) (tables Trt.3, Trt.24).

Client profile

In 2020–21, for clients whose main treatment was withdrawal management:

- 3 in 5 (59%) of all people receiving treatment for their own alcohol or drug use were male
- around 1 in 8 (13%) people identified as Indigenous Australians
- over one-quarter (27%) of clients were aged 30–39 and 26% were aged 40–49 (tables SC.18–20).

Treatment profile

Among withdrawal management treatment episodes as a main treatment type:

- three-quarters of all treatment episodes for own alcohol or drug use (75%) lasted from 2-29 days, followed by 1 in 8 (12%) treatment episodes lasting 1-3 months.

Over the 10-year period to 2020–21:

- the proportion of withdrawal management episodes lasting 2-29 days rose from 71% in 2011–12 to 75% in 2020–21
- median treatment duration has remained stable at 8 days since 2011–12 (tables Ov.11, Trt.29).

Last updated 7/07/2022 v9.0

Treatment provided

Other main treatment

Other main treatment types are modes of treatment that do not fit the descriptions of the main treatment types. Examples of other main treatment types may be living skills classes, outdoor therapy, relapse prevention and safe using or drug use reduction education and support.

In 2020–21,

- Other treatment accounted for 8.3% (22,177) of all treatment episodes.
- Of these episodes, 24% (5,304) reported other treatment as an additional treatment (tables Trt.4, Trt.61).
- Most other treatment episodes for a clients' own alcohol or drug use were for alcohol (35%), amphetamines (26%) or cannabis (16%) (tables Trt.4, Trt.61, Trt.63).

Over the 10-year period to 2020–21:

- for clients receiving treatment for their own alcohol or drug use, other treatment episodes lasting one to 3 months increased from 9.3% in 2011–12 to 33% in 2020–21, while episodes lasting one day fell from 37% in 2011–12 to 16% in 2020–21
- the proportion of other treatment episodes for someone else's alcohol or drug use that lasted 2-29 days fell from 40% in 2011–12 to 26% in 2020–2, while episodes lasting one to 3 months increased from 15% to 41% since 2011–12
- median treatment duration for other treatment ranged from 5 days to 43 days for all clients over this period (tables Ov.11, Trt.68).

Last updated 5/07/2022 v3.0

Treatment referral and completion

Treatment referrals are part of treatment interventions that aim to reduce immediate or short-term harms; engage and support people; and refer people into treatment. As part of care co-ordination case management involves ongoing treatment planning, goal setting, review and facilitation for the client to achieve their goals including a supported referral and system navigation support to other services, as required. It includes ensuring links are made with health or social welfare services, and that care is coordinated across care settings and systems (Department of Health 2019).

Key findings

In 2020–21:

- self/family was the most common source of referral (35%)
- over three quarters (77%) of episodes ended within 3 months
- around 3 in 5 (59%) treatment episodes had an expected/planned completion
- the median duration of episodes for a clients' own alcohol or drug use was almost 4 weeks (27 days), while support for someone else's alcohol or drug use was longer, 5 weeks (37 days).

Over the 10-year period to 2020–21:

- source of referral episodes for self/family decreased from 42% in 2011–12 to 35% in 2020–21
- the proportion of episodes with an expected cessation decreased from 68% to 59%.

In 2020–21, for all clients:

- the most common source of referral treatment episodes was self/family (35% or 84,524 episodes) followed by health services (33% or 80,422 episodes);
  - this referral pattern was consistent for most treatment types
  - health services being the most common referrals for withdrawal management (43%), other treatment (43%) and support and case management (36%) (Table Trt.11).
- where a referral came from an 'other' referral source, treatment episodes increased from 8% in 2011–12 to 16% in 2020–21, and diversion referrals fell from 14% to 9% over the same period (Table Trt.11).

The most common source of referrals for a client's own alcohol or drug use and someone else's alcohol or drug use were similar in 2020–21:

- self/family (35%) was most common for a client's own alcohol or drug use, followed by health service (34%)
- whereas 'other' referral (36%) was most common for clients receiving treatment for someone else's alcohol or drug use followed by self/family referrals (34%).

Over the 10-year period to 2020–21, treatment episodes where the referral source was:

- self/family referrals decreased from 42% in 2011–12 to 35% in 2020–21
- health service referrals increased from 27% to 33% over this time as well as 'other' referrals from 8% to 16% (tables Trt.10, Trt.11).

The source of referral varied according to clients' principal drug of concern. In 2020–21, for example, among episodes for a client's own alcohol or drug use (Figure TREATMENT1):

- for episodes where the principal drug of concern was alcohol, referrals from health service increased from 31% in 2011–12 to 43% in 2020–21
- for episodes where amphetamines were the principal drug of concern referrals from health service increased from 21% to 28% since 2011–12 and referrals for self/family decreased from 43% to 36%
- where cannabis was reported as the principal drug of concern, the proportion of diversion (police or court diversion program) referrals increased from 2011–12 (25%) to 2015–16 (38%) falling to 21% in 2019–20 then rising to 25% in 2020–21. Over half of all diversion treatment episodes were for Cannabis (52%)
- diversion as a referral source was less common among clients receiving treatment for alcohol (2% of episodes), heroin (4%) and most common for ecstasy (31%) and cannabis (25%) (Table Drg.13).

Figure TREATMENT1: Treatment episodes for own drug use, by principal drug of concern and grouped referral source, 2011–12 to 2020–21 (per cent)

The line graph shows the proportion of episodes by source of referral among treatment episodes with alcohol as the principal drug of concern. Self/family was the most common source of referral from 2011–12 to 2019–20, but was overtaken by health services in 2020–21 (43.1% for health services and 41.8% for self/family). A filter allows the user to view data for different principal drugs of concern.

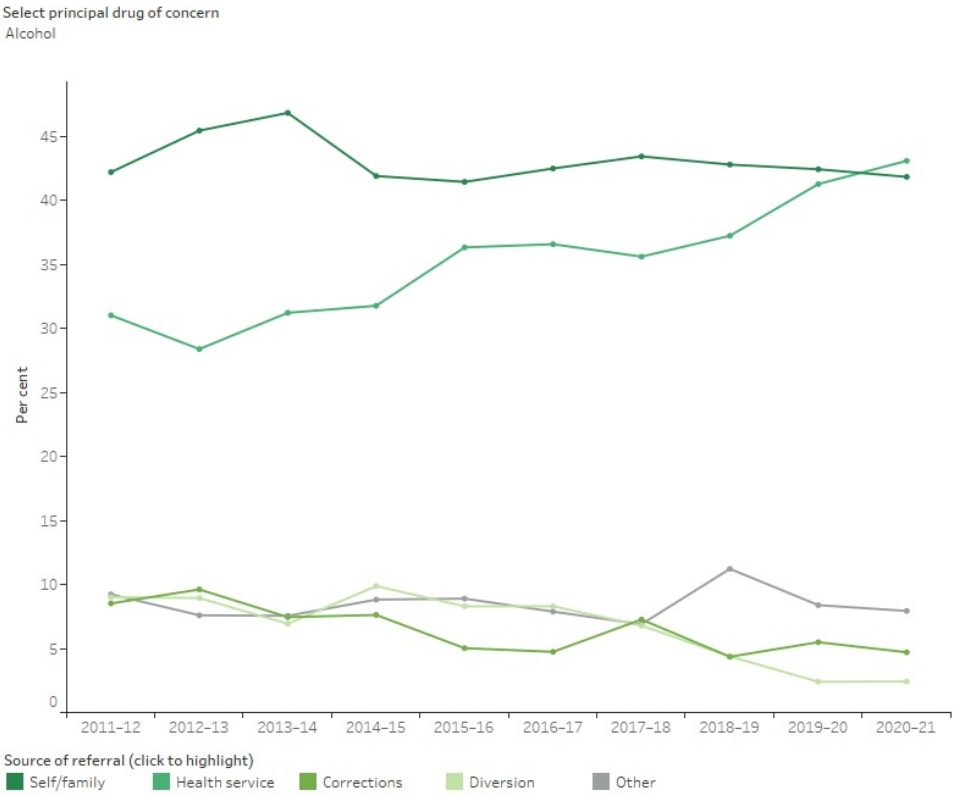


Figure TREATMENT1: Treatment episodes for own drug use, by principal drug of concern and grouped referral source, 2011–12 to 2020–21 (per cent)
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Table Drg.13.
http://www.aihw.gov.au

See notes >

References

Department of Health 2019. National Framework for Alcohol, Tobacco and Other Drug Treatment 2019-29. Canberra: Department of Health. Viewed 23 April 2021.

Last updated 7/07/2022 v20.0

Treatment referral and completion

Duration of treatment

In 2020–21:

- around 3 in 4 treatment episodes ended within 3 months for all clients receiving treatment for their own alcohol or drug use and for someone else's alcohol or drug use (77% and 73%, respectively) (Table Ov.9)
- the median duration of treatment episodes was almost 4 weeks (27 days) for clients' own alcohol or drug use and 5 weeks (37 days) for clients receiving support for someone else's alcohol or drug use (Table Ov.10)
- for clients' own alcohol or drug use counselling treatment had the longest median duration, 63 days; assessment only and information and education the shortest (1 day) (Figure DURATION1) (Table Ov.11).

Over the 10 years to 2020–21:

- the proportion of treatment episodes for a clients' own alcohol or drug use that ended within 3 months remained at 77%
- for a clients' own alcohol or drug use, the median duration of treatment episodes fluctuated, falling from 25 days in 2011–12 to 16 days in 2015–16 before rising to 27 days in 2020–21
- for clients seeking support for someone else's alcohol or drug use, the median duration has fluctuated more widely, falling from 42 days in 2011–12 to a low of 14 days in 2018–19 before rising to 37 days in 2020–21 (tables Trt.13, Ov.11).

Figure DURATION1: Median duration of treatment episodes, by client type and main treatment type, 2011–12 to 2020–21

The line graph shows that the median duration of treatment episodes provided to all clients was longest for episodes with counselling as the main treatment type across most years between 2011–12 and 2020–21. In 2020–21, counselling episodes had a median duration of 64 days, compared with 43 days for rehabilitation and 29 days for support and case management. A filter allows the user to view data for all clients, clients seeking treatment for their own drug use or clients seeking treatment for someone else's drug use.

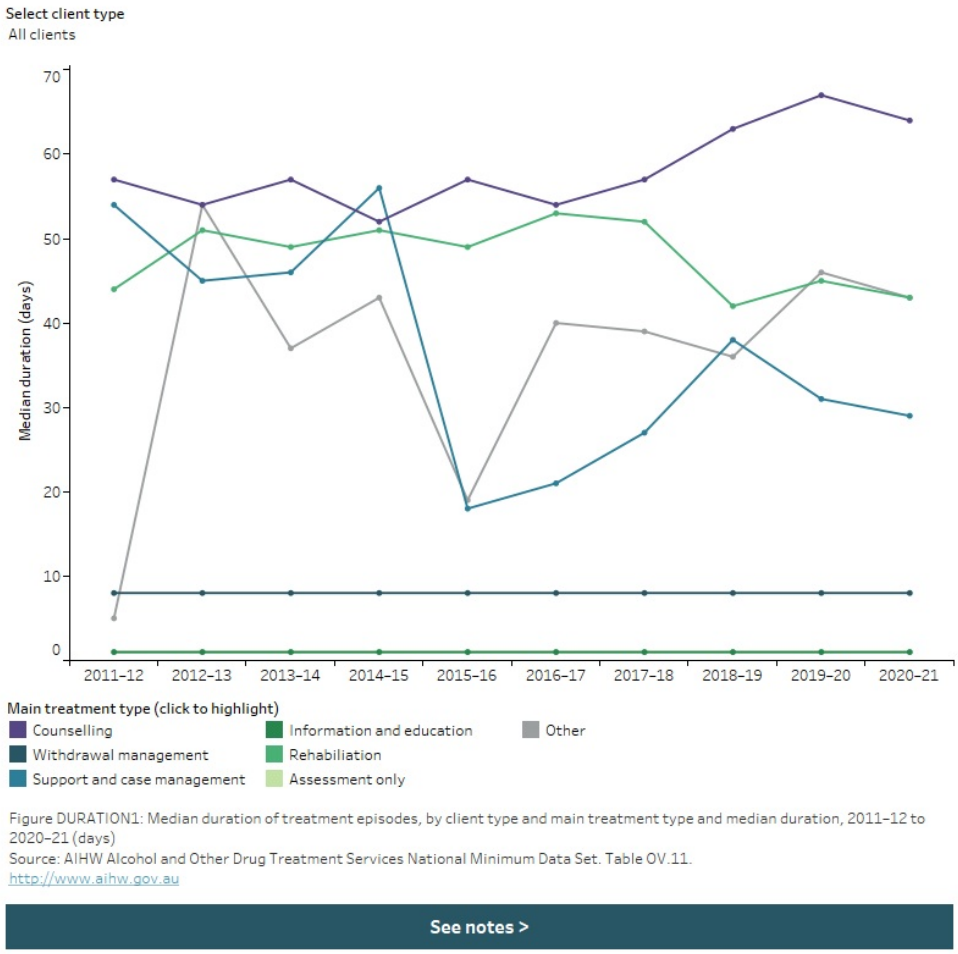


Figure DURATION1: Median duration of treatment episodes, by client type and main treatment type and median duration, 2011–12 to 2020–21 (days)
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Table OV.11.
http://www.aihw.gov.au

See notes >

Treatment referral and completion

Completion of treatment

Reasons for clients no longer receiving treatment from an AOD treatment service include expected cessations (for example, treatment program completed), unplanned cessations (for example, the client ceased to participate in the treatment program without notice) and administrative cessation (for example, client transferred to another service provider) (see Key terminology and glossary).

In 2020–21:

- treatment episodes for a client's own alcohol or drug use:
  - 3 in 5 (60%) treatment episodes ended as expected (planned) completions
  - around 1 in 5 (21%) of treatment episodes ended due to an unplanned completion
  - 1 in 12 (7.9%) treatment episodes were referred to another service or changed treatment mode, and the remaining 11% of treatment episodes ended for other reasons (Table Ov.7).
- This pattern differed slightly for clients who received support for someone else's alcohol or drug use; the proportion of treatment episodes that ended due to unplanned completion was lower (13%) than for a client's own alcohol or drug use (Figure COMPLETION1) (Table Ov.7).

Figure COMPLETION1: Treatment episodes, by client type and grouped reason for cessation, 2011–12 to 2020–21 (per cent)

The stacked horizontal bar graph shows that most treatment episodes in 2020–21 ended with an expected/planned completion, regardless of client type. Treatment episodes provided to clients for their own drug use were more likely to end with an expected completion than were episodes provided to clients for someone else's drug use (60.1% compared with 50.9%, respectively). A filter allows the user to view data for different years.

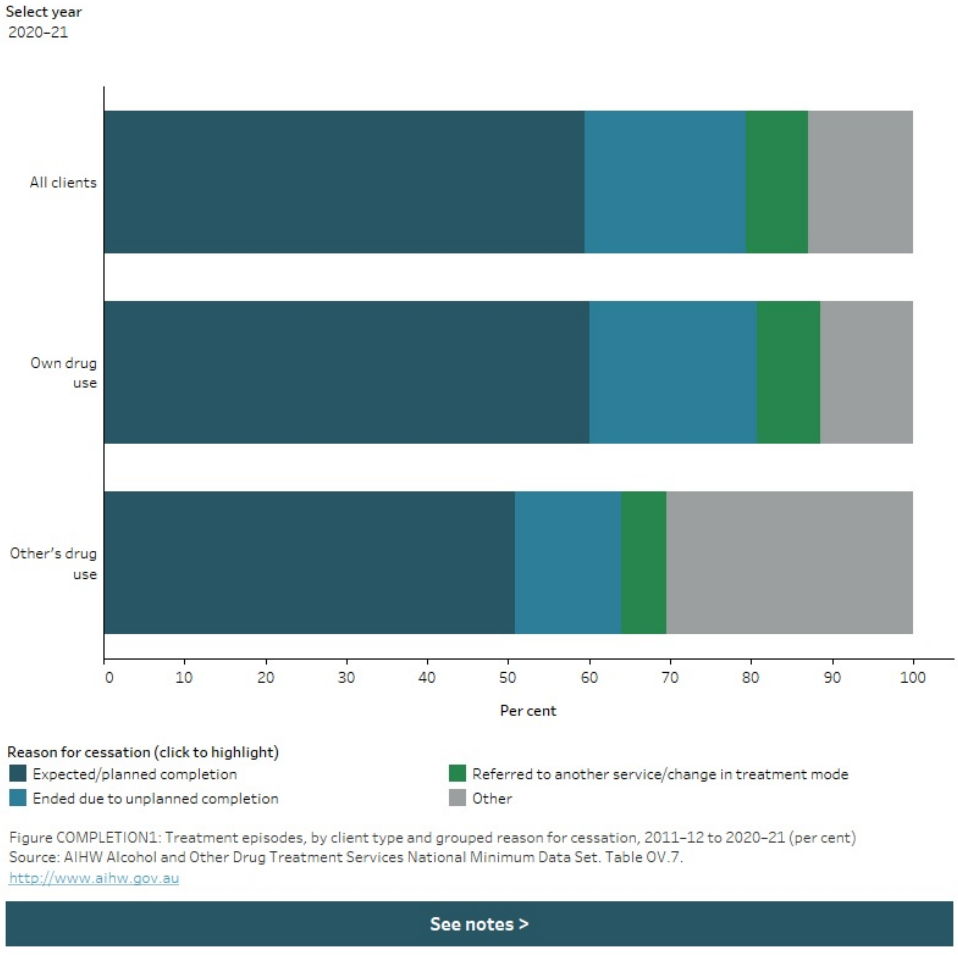


Figure COMPLETION1: Treatment episodes, by client type and grouped reason for cessation, 2011–12 to 2020–21 (per cent)
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Table OV.7.
http://www.aihw.gov.au

See notes >

In 2020–21, completion of treatment episodes for a client's own alcohol or drug use varied by principal drug of concern. For example, episodes of treatment for:

- nicotine (73%), volatile solvents (72%) and ecstasy (71%) had the highest proportion of treatment episodes ending with an expected cessation

- morphine (46%) or buprenorphine (50%) as the principal drug of concern had the lowest proportion of episodes for an expected cessation
- amphetamines had the highest proportion of episodes for unplanned cessations (26%), followed by morphine (25%) and Benzodiazepines (21%) (Table Drg.14) (Figure COMPLETION2).

Figure COMPLETION2: Treatment episodes for selected drugs, by principal drug of concern and reason for cessation, 2014–15 to 2020–21 (per cent)

The stacked horizontal bar chart shows that expected/planned completion was the most common reason for cessation in treatment episodes for all selected principal drugs of concern in 2020–21. The proportion of episodes that ended with an expected completion ranged from 46.1% for morphine as the principal drug of concern to 73.2% for nicotine. A filter allows the user to view data for different years.

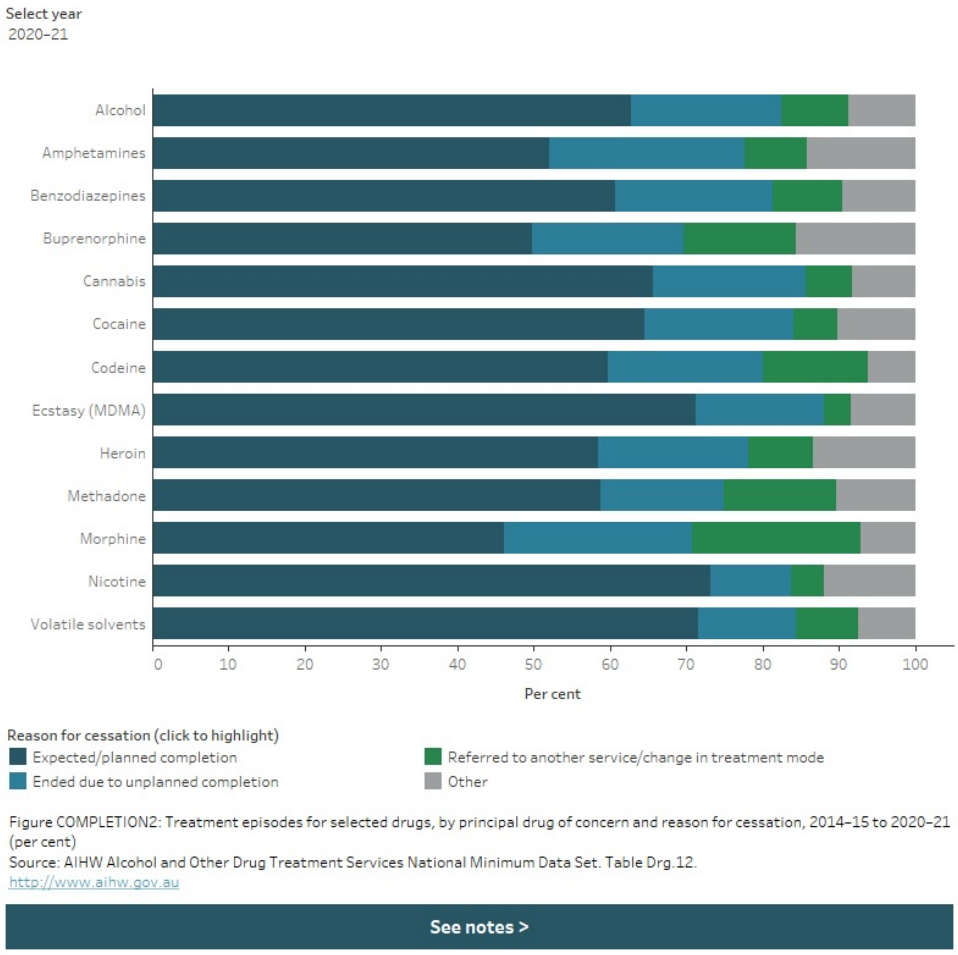


Figure COMPLETION2: Treatment episodes for selected drugs, by principal drug of concern and reason for cessation, 2014–15 to 2020–21 (per cent)
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Table Drg.12.
http://www.aihw.gov.au

See notes >

Over the 10 years to 2020–21, for a client's own alcohol or drug use:

- the proportion of treatment episodes that ended in an expected cessation decreased overall, falling by 5 percentage points to 60% (Table Ov.7)
- decreases in expected cessation were highest for treatment episodes where the principal drug of concern was ecstasy: (down 18 percentage points to 71%), and amphetamines (down 10 percentage points to 52%), whereas volatile solvents increased over this time (by 16 percentage points) (Table Drg.12).

Over the 10 years to 2020–21, for someone else's alcohol or drug use:

- the proportion of treatment episodes with an expected cessation decreased from 2011–12 (71%) to 2018–19 (55%), down to 51% in 2020–21. Whereas 'other' as a reason for ceasing treatment increased from 13% in 2011–12 to 30% in 2020–21 (Table Ov.7).

Agencies

The Australian Government and state and territory governments fund both government and non-government organisations to provide a range of Alcohol and Other Drug (AOD) treatment services (see Key terminology and glossary). Services are delivered in residential and non-residential settings and include treatments such as detoxification, rehabilitation, counselling and pharmacotherapy.

The AODTS NMDS contains information on a subset of publicly funded AOD treatment services (see Policy Framework for details of collection scope).

Key findings

In 2020–21:

- around 1,300 publicly funded agencies provided data about their treatment services to the AODTS NMDS
- over 2 in 3 (68%) agencies were non-government
- nearly 3 in 5 (57%) agencies were located in *Major cities*
- nationally, counselling was the most common main treatment type provided by agencies across all remoteness areas except for *Very remote* areas where it was information and education.

Nationally, over the 10-year period to 2020–21:

- the total number of publicly funded agencies providing AOD treatment almost doubled from 660 in 2011–12 to around 1,300 in 2020–21.

The Australian Government and state and territory governments fund non-government and government agencies to provide a range of alcohol and other drug (AOD) treatment services. Treatment services are delivered in residential and non-residential settings, and often include treatments such as detoxification, rehabilitation, counselling and pharmacotherapy.

The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) contains information on publicly funded AOD treatment agencies and their service delivery outlets. An agency can have more than one service delivery outlet, located in different areas.

In 2020–21, 1,300 publicly funded alcohol and other drug treatment agencies provided services in Australia.

In 2020–21, 1,279 publicly funded AOD treatment agencies reported to the AODTS NMDS. The number of agencies in each jurisdiction ranged from 16 in the Australian Capital Territory to 485 in New South Wales. The number of agencies reporting to the AODTS NMDS in 2020–21 increased from 1,258 in 2019–20 (Figure AODTSAGENCIES.1).

Over the last 10 years, the total number of AOD treatment agencies almost doubled (from 659 in 2011–12 to 1,278 in 2020–21). This has been driven by increases in New South Wales, Victoria, Queensland, and Western Australia. The expansion in the sector has seen a growth in the number of non-government AOD treatment services (from 342 in 2011–12 to 868 in 2020–21). The expansion has included new funding arrangements for existing AOD programs to increase service, collaboration across agencies and new treatment services. See the Alcohol and other drug treatment services NMDS Data Quality Statement, 2020–21 for further information.

Last updated 6/07/2022 v26.0

Agencies

Service sector

A mix of government and non-government agencies deliver publicly funded AOD treatment services. Nationally in 2020–21, over two-thirds (68%) of AOD treatment agencies were non-government, and these agencies provided 72% of all treatment episodes. In the decade from 2011–12, the proportion of non-government services has increased from 52% to 68% nationally.

Across most of Australia in 2020–21, the majority of AOD treatment agencies were non-government services, with proportions ranging from 63% in South Australia to 99% in Victoria. The exception was New South Wales, where the majority (62%) of AOD treatment agencies were government services (Figure AGENCIES.1).

In 2020–21, almost 3 in 5 (57%) agencies were located in *Major cities*. Almost 7 in 10 (69%) agencies located in *Major cities* were non-government agencies, compared with 62% in 2016–17 (tables Agcy.1, Agcy.3).

Figure AGENCIES1: Publicly funded AOD treatment agencies by service sector, states and territories, 2011–12 to 2020–21(%)

The horizontal bar chart shows that 68% of treatment agencies in Australia were non-government in 2020–21. New South Wales had the highest proportion of government agencies (62%), while Victoria had the highest proportion of non-government agencies (99%). A filter allows the user to view different years of data.

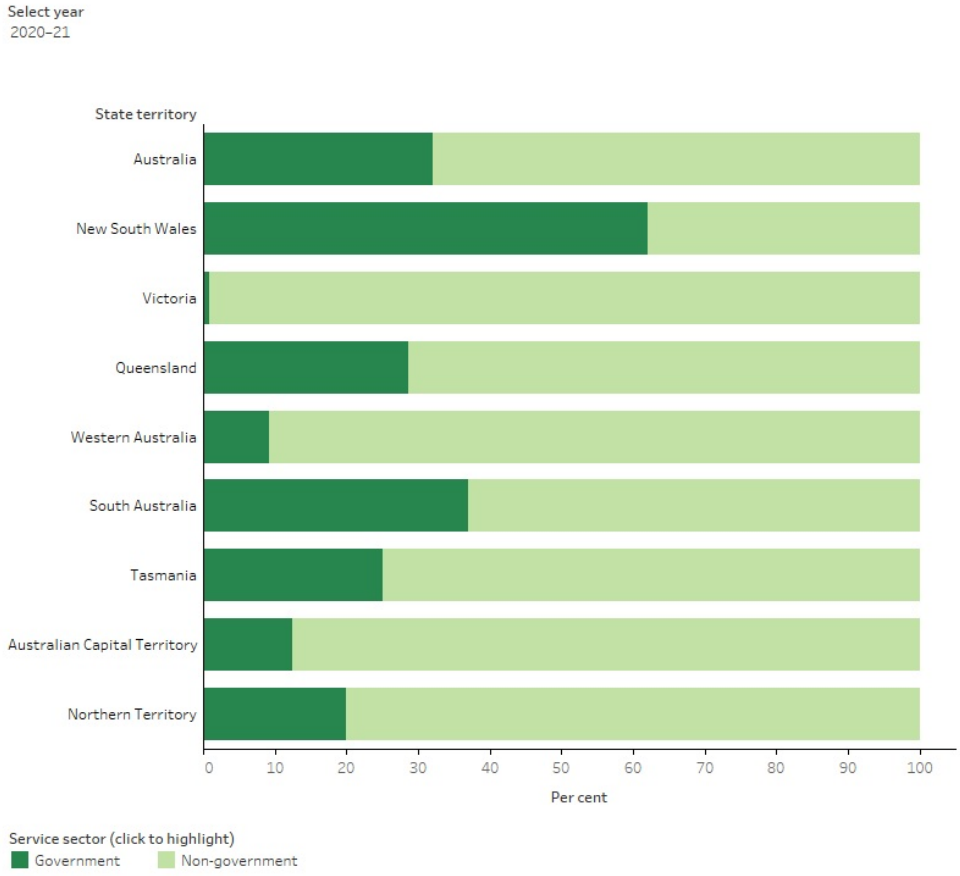


Figure AGENCIES1: Treatment agencies, by service sector and state or territory, 2011–12 to 2020–21 (per cent)
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Table Agcy.1.
http://www.aihw.gov.au

Agencies

Location of agencies

In 2020–21:

- Nearly 3 in 5 (57% or 732) treatment agencies were located in *Major cities* and a quarter (25% or 323) were in *Inner regional* areas. Agencies in these two areas provided 89% of all treatment episodes (Figure AGENCIES REMOTENESS1; tables Agcy.3-Agcy.4).
- Relatively few treatment agencies were located in *Remote* and *Very remote* areas (5.1% in total).
- This pattern was similar across most states and territories, except for Northern Territory where over half (52%) of all agencies were located in *Remote* (32%) and in *Very remote* (20%) areas (Table Agcy.3).

Over the 5-year period to 2020–21:

- Nationally, the total number of agencies has increased, rising from 659 agencies in 2016–17 to 1,279 agencies in 2020–21.
- The majority of agencies were located in *Major cities*: this trend was similar for most states and territories but does not apply to the Northern Territory and Tasmania which do not have these areas.

Figure AGENCIES REMOTENESS1: Treatment agencies by remoteness area and state or territory, 2016-17 to 2020-21 (per cent)

The horizontal bar chart shows that 57% of treatment agencies in Australia were located in *Major cities* in 2020–21. Most agencies in New South Wales (63%), Victoria (62%), Western Australia (61%) and the Australian Capital Territory (100%) were located in *Major cities*. Tasmania and Northern Territory do not have any areas classified as *Major cities*. A filter allows the user to view different years of data.

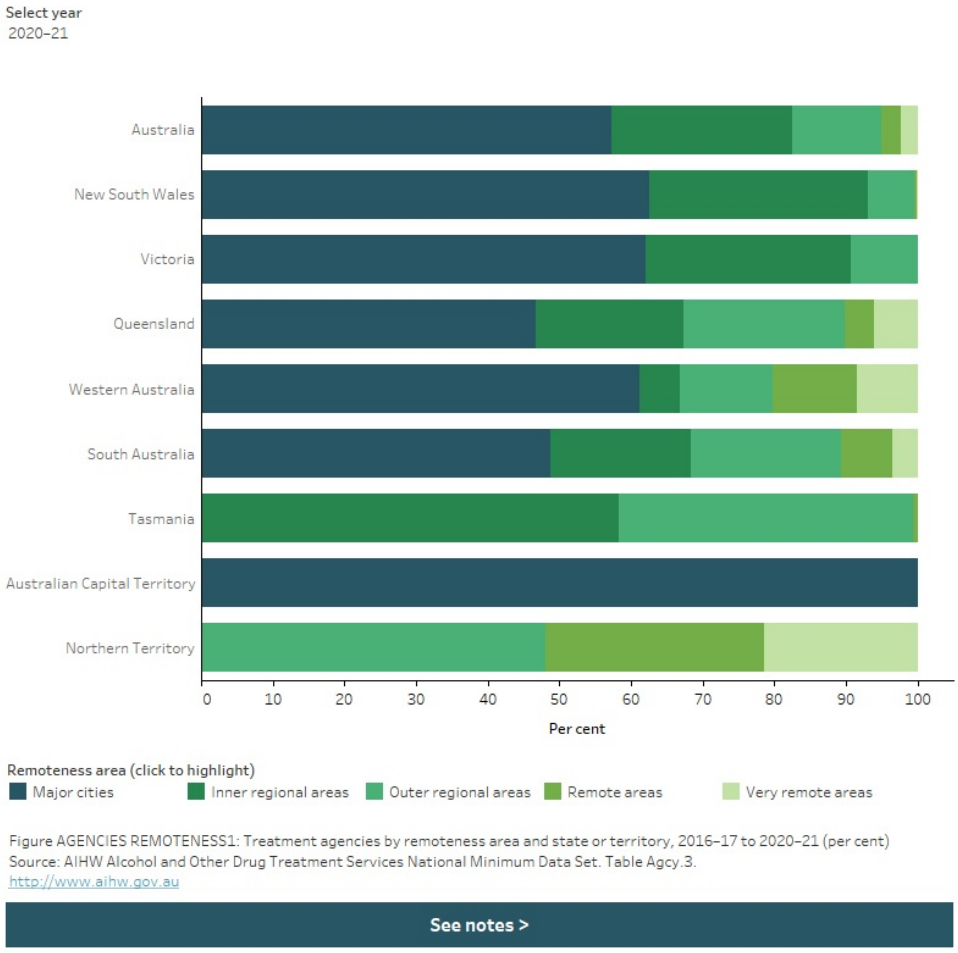


Figure AGENCIES REMOTENESS1: Treatment agencies by remoteness area and state or territory, 2016–17 to 2020–21 (per cent)
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Table Agcy.3.
http://www.aihw.gov.au

See notes >

There was slight variation across remoteness areas based on the type of main treatment provided. Nationally, in 2020–21:

- Counselling was the most common main treatment type provided by treatment agencies across all remoteness areas except for *Very remote* areas.
- The proportion of treatment episodes for counselling ranged from as high as 45% in *Remote* areas to 37% in *Major cities* (Figure AGENCIES REMOTENESS2; Table Agcy.6).

At a jurisdictional level, variation was also apparent. In 2020–21:

- Agencies across all remoteness areas in New South Wales most commonly provided counselling, ranging from 41% of treatment episodes in *Major cities* to 100% in *Very remote* areas.
  - Withdrawal management treatment provided by agencies in *Major cities* accounted for 15% of their treatment episodes; whereas support and case management was more common in *Inner regional* and *Outer regional* areas (17% and 23% respectively).
- In Victoria agencies in *Major cities* most commonly provided counselling and support and case management (both 26% episodes), *Inner regional* agencies most commonly provided assessment only (29%) and Outer regional counselling (38%) as a treatment.
- In Queensland, Western Australia, South Australia and Northern Territory agencies across *remote* and *very remote* areas most commonly provided treatment episodes for counselling, support and case management, and information and education (Figure AGENCIES REMOTENESS2; Table Agcy.6).
- Note that remoteness categories are derived by applying a correspondence based on the agency's Statistical Area level 2 code (SA2). See technical notes for information on how this affects the reporting of the number of agencies in a particular remoteness category.

Figure AGENCIES REMOTENESS2: Treatment episodes by states and territories, treatment type and remoteness of agency 2018-19 to 2020-21(%)

The horizontal bar chart shows that counselling was the most common main treatment type in *Major cities* (37% of episodes), *Inner regional areas* (38%), *Outer regional areas* (43%) and *Remote areas* (45%) nationally in 2020-21. In *Very remote areas*, the most common main treatment type was information and education (42%) followed by counselling (34%). Filters allow the user to view data for different years and by state/territory.

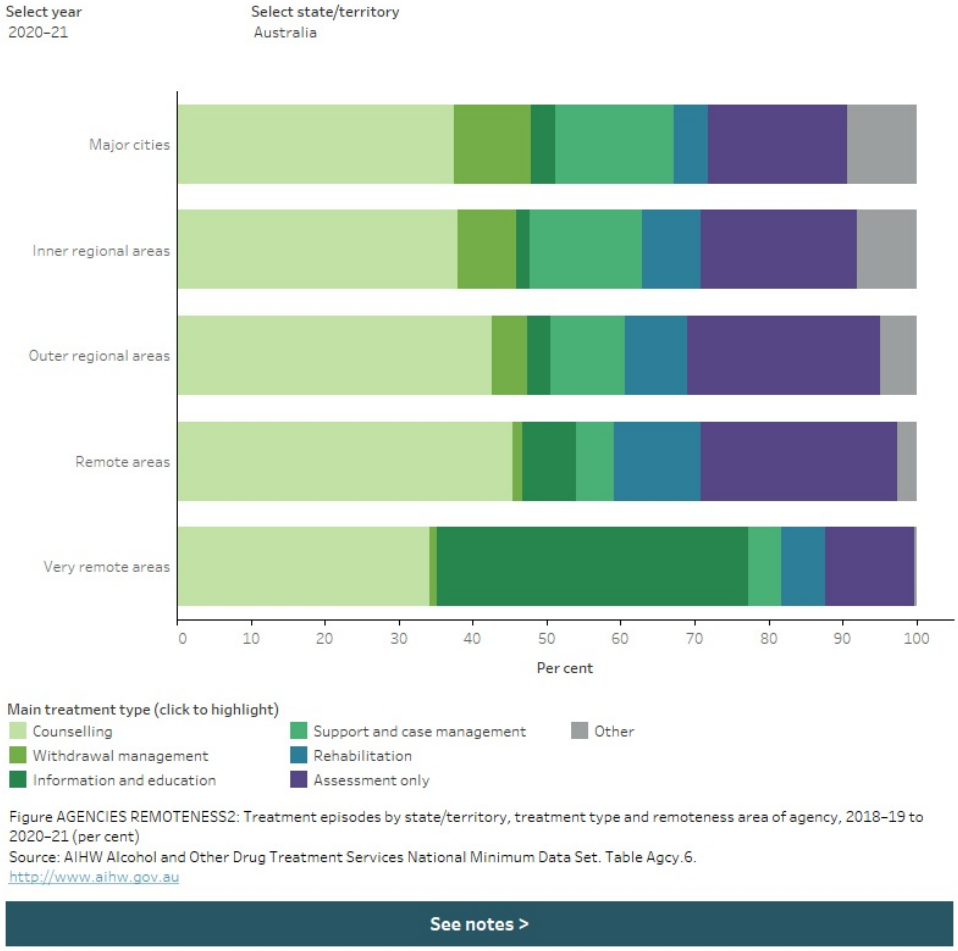


Figure AGENCIES REMOTENESS2: Treatment episodes by state/territory, treatment type and remoteness area of agency, 2018–19 to 2020–21 (per cent)
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Table Agcy.6.
http://www.aihw.gov.au

See notes >

Last updated 6/07/2022 v10.0

State and territory summaries

On this page:

This section presents key state and territory findings on specialist alcohol and other drug treatment service agencies, the people they treat, and the treatment provided in 2020–21.

The technical notes page provides details on the data, with further information available in the Alcohol and other drug treatment services NMDS 2020–21 Quality Statement. In addition, a series of state and territory *supplementary tables* accompanying the annual report are also available.

Key findings

In 2020-21:

- around 1,300 publicly funded agencies provided services for clients seeking AOD treatment in Australia, ranging from 16 in the Australian Capital Territory to 485 in New South Wales
- **alcohol** was the most common principal drug of concern for all states and territories; Northern Territory (72%), Tasmania (45%), Australian Capital Territory (44%), New South Wales (41%), Western Australia (40%), South Australia (37%), Queensland (36%) and Victoria (31%) (nationally 37% of treatment episodes)
- **amphetamines** were the second most common principal drug of concern in most states except for Queensland and Northern Territory. Treatment episodes for amphetamines ranged from 20% in the Australian Capital Territory to 33% in South Australia (nationally the second most common drug of concern; 24%)
- **counselling** was the most common main treatment type nationally (38%), and the most common in all states except the Australian Capital Territory and Northern Territory.

Over the period 2011-12 to 2020-21:

- the **number of publicly funded agencies** rose from 659 to 1,279 in 2020–21, an increase that was largely driven by increases in New South Wales (from 263 to 485) and Victoria (from 136 to 354)
- the 4 **most common principal drugs of concern** were the most common in 5 of the 8 states and territories; these were alcohol, amphetamines, cannabis and heroin
- **counselling** was the most common main treatment type in the 6 states until 2019–20 (except the Australian Capital Territory and Northern Territory) and 5 states in 2020–21 (excluding South Australia and territories).

State and territory client rates

The rate of clients treated by publicly funded AOD treatment agencies in each state and territory varied over time.

Over the period from 2013–14 to 2020–21:

- in 4 of 8 states and territories the rate of clients remained consistently higher than the rate of clients nationally (564 per 100,000 in 2013–14 and 618 per 100,000 in 2020–21):
  - the **Northern Territory** rate of clients increased from 1,397 clients per 100,000 in 2013–14 to 1,765 per 100,000 in 2020–21
  - the **Australian Capital Territory** rate of clients ranged from 877 clients per 100,000 in 2013–14 to 1,141 per 100,000 in 2017–18, falling to 966 clients per 100,000 in 2020–21
  - the **Western Australian** rate of clients increased between 2013–14 and 2019–20 from 697 per 100,000 to 832 per 100,000, then falling to 740 clients per 100,000 in 2020–21
  - the **Queensland** rate of clients fluctuated between from 714 clients per 100,000 in 2013–14, to 855 per 100,00 in 2015–16, falling to 793 clients per 100,000 in 2020–21.
- **New South Wales'** rate of clients remained consistently lower than the rate of clients nationally, ranging from 350 clients per 100,000 to 453 per 100,000.
- **Victoria's** rate of clients fluctuated in comparison to the national rate, ranging from 490 clients per 100,000 in 2014–15 to 634 per 100,000 in 2020–21.
- **South Australia's** rate of clients mostly remained below the national rate of clients, ranging from 624 clients per 100,000 in 2013–14 to 469 per 100,000 in 2020–21.
- **Tasmania's** rate of clients also mostly remained below the national rate of clients, ranging from 540 clients per 100,000 in 2013–14, rising to 648 per 100,000 in 2015–16, falling to 580 clients per 100,000 in 2020–21.

For more information see the Data quality statement

Explore state and territory summaries:

- New South Wales
- Victoria
- Queensland
- Western Australia
- South Australia
- Tasmania
- Australian Capital Territory
- Northern Territory
- Technical notes - state and territory summaries

Last updated 27/07/2022 v40.0

State and territory summaries

New South Wales

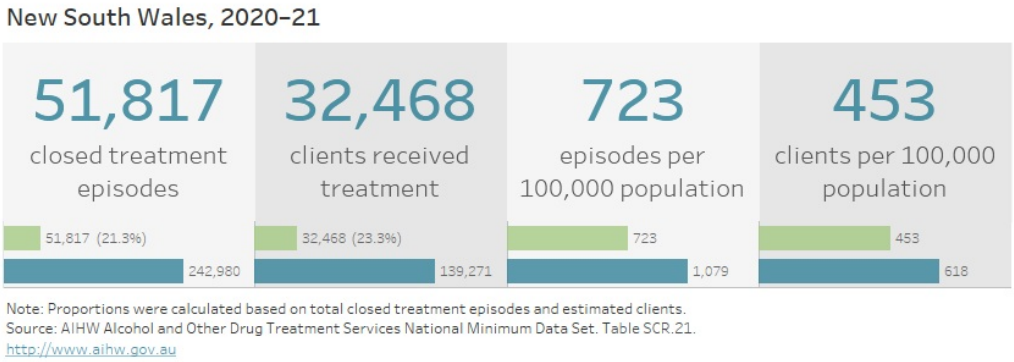
On this page:

In 2020–21, 485 publicly funded alcohol and other drug treatment agencies in New South Wales provided over 51,800 treatment episodes to around 32,500 clients (tables ST NSW.1, Agcy.1, SCR.21).

New South Wales reported:

- the number of treatment episodes remained relatively stable between 2019–20 and 2020–21 (51,500 and 51,800 episodes, respectively), although there has been a 35% increase in treatment episodes over the 10 years since 2011–12 (38,300 episodes) (Table ST NSW.2)
- more clients are using AOD services in 2020–21 than 2013–14, after adjusting for population growth (453 clients per 100,000 population compared with 372 per 100,000, respectively)
- client numbers have increased from 24,200 in 2013–14 to 32,500 in 2020–21 (Table SCR.21).

The visualisation shows that 51,451 closed treatment episodes were provided to an estimated 31,549 clients in New South Wales in 2019–20. This equates to a rate of 723 episodes and 443 clients per 100,000 population, which is lower than the national rate (1,064 episodes and 624 clients per 100,000 population).



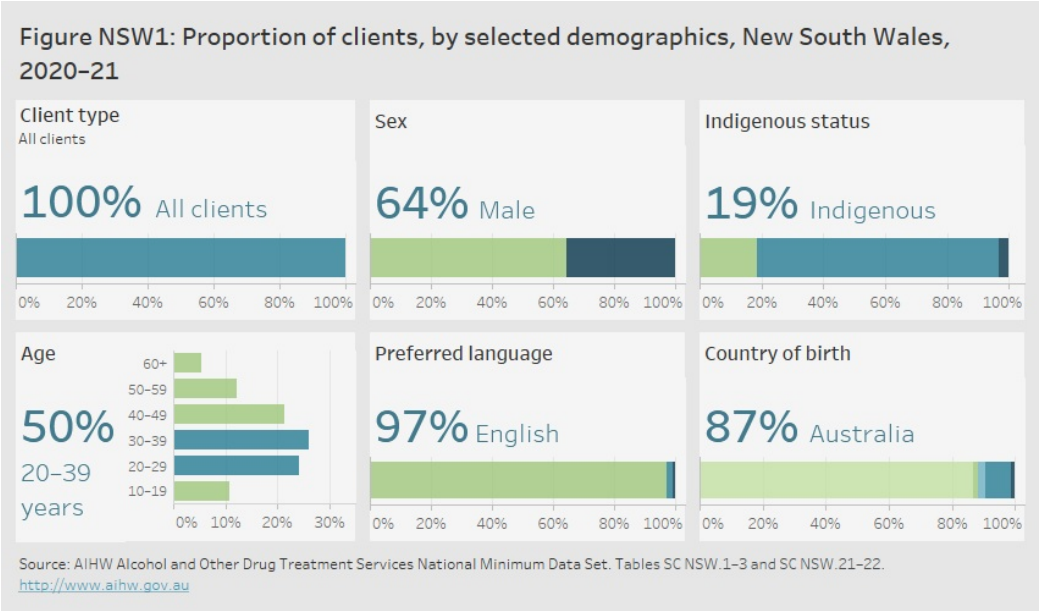
In 2020–21, most clients in New South Wales attended 1 agency (78% of clients) (Table SCR.23). Clients received an average of 1.6 treatment episodes each, similar to the national average (1.7 episodes each) (Table SCR.21).

Client demographics

In 2020–21:

- nearly all (98%) clients in New South Wales received treatment for their own alcohol or drug use, of which almost 2 in 3 people were male (65%) (Figure NSW1)
- people who received treatment or support for someone else's alcohol or drug use were more likely to be female than male (59% of female clients compared with 40% of male clients)
- one in 2 (50%) people were aged 20–39 years
- almost 1 in 5 (19%) of all clients identified as Indigenous Australians. This is consistent with the national proportion (17%)
- the majority (87%) of all people were born in Australia and nearly all (97%) reported English as their preferred language (tables SC.4, SC NSW.1–3, SC NSW.21–22).

The visualisation includes a series of horizontal bar graphs showing that, in 2019–20, nearly all (98%) clients in New South Wales received treatment for their own drug use. Of these clients, around two-thirds (66%) were male, 52% were aged 20–39, and 18% were Indigenous Australians. Nearly all clients (97%) listed English as their preferred language and most (87%) were born in Australia.



Patterns of service use

Over the period 2016–17 to 2020–21, 102,900 clients received treatment in New South Wales (Table SCR.28). Of these clients:

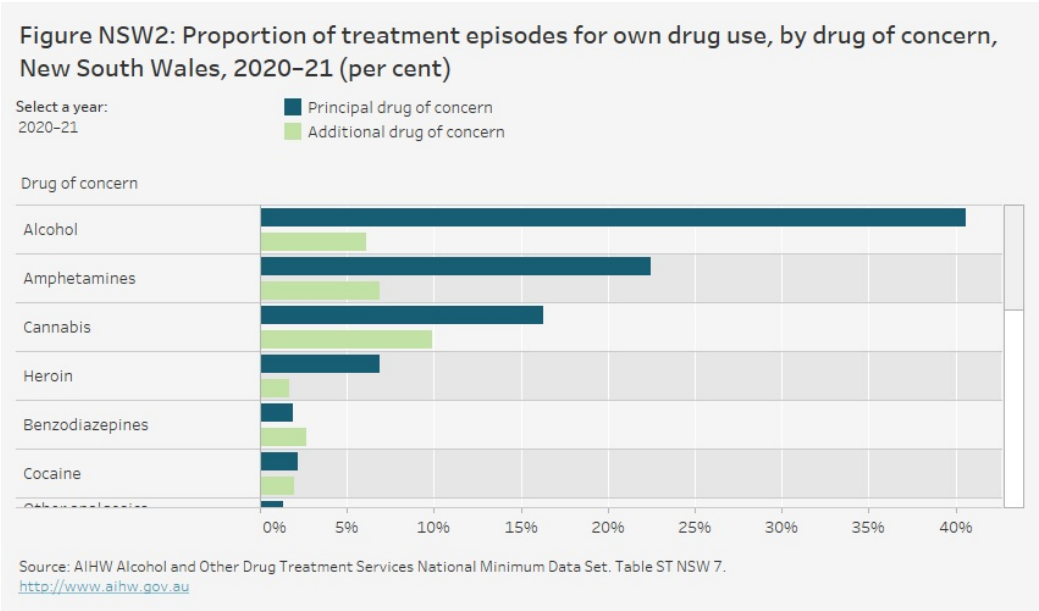
- the majority received treatment in a single year (71%):
  - 18% (18,200) received treatment for the first time in 2020–21
  - a further 53% (54,900) received treatment in only one of the four collection periods (excluding 2020–21)
- 19% (19,500) of clients received treatment in any 2 of the 5 years
- 6.8% (7,000) of clients received treatment in any 3 of the 5 years
- 2.5% (2,600) of clients received treatment in any 4 of the 5 years
- 0.7% (730) of clients received treatment in all 5 collection years (Table SCR.28).

Drugs of concern

In 2020–21, for clients in New South Wales receiving treatment episodes for their own alcohol or drug use:

- alcohol was the most common principal drug of concern (41% or 20,686 episodes)
- amphetamines as a principal drug of concern accounted for over 1 in 5 episodes (23% or 11,474), followed by cannabis (16% or 8,277) (Figure NSW2; Table ST NSW.6).

The grouped horizontal bar chart shows that, in 2020–21, alcohol was the most common principal drug of concern in treatment episodes provided to clients in New South Wales for their own drug use (40.6%). This was followed by amphetamines (22.5%), cannabis (16.3%), and heroin (6.9%). Nicotine and cannabis were the most common additional drugs of concern (10% and 9.9% of episodes, respectively), followed by amphetamines (6.9%) and alcohol (6.1%).



In 2020–21, for clients receiving treatment for their own use of amphetamines:

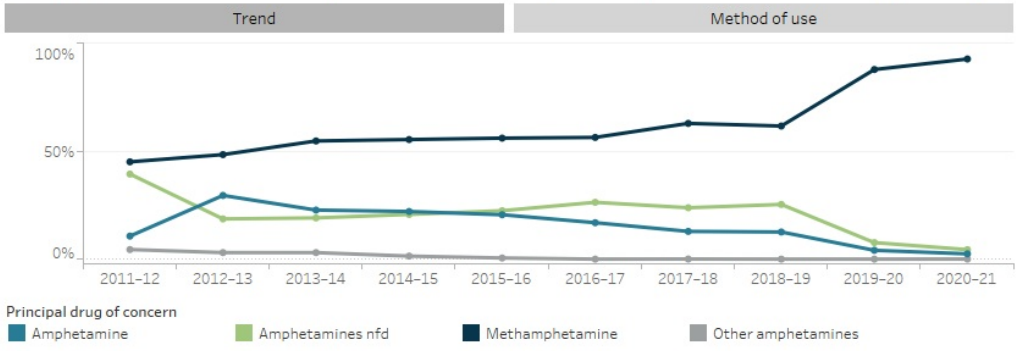
- methamphetamine was reported as a principal drug of concern in 93% of treatment episodes (Table Drg.4)

- in over half (53%) of the treatment episodes where methamphetamine was the principal drug of concern, smoking was the most common method of use, followed by injecting (37%) (Figures NSW3a, 3b).

Some jurisdictions are working with service providers to encourage more specific reporting of amphetamine use (i.e. to reduce the use of 'amphetamines not further defined' code where possible).
The line graph shows that, between 2011–12 and 2020–21, methamphetamine has remained the most common drug of concern among amphetamine-related treatment episodes for clients' own drug use. The proportion of methamphetamine-related episodes increased from 45.1% of amphetamine-related episodes in 2011–12 to 92.6% in 2020–21.

The stacked horizontal bar chart shows the method of use for treatment episodes related to clients' own use of methamphetamine, amphetamine, amphetamines not further defined, and other amphetamines in New South Wales in 2020–21. Smoking was the most common method of use across all amphetamine codes (ranging from 37.5% to 52.6% of episodes).

Figure NSW3a: Proportion of treatment episodes for own drug use, by amphetamine group (2011–12 to 2020–21) or method of use (2020–21), New South Wales (per cent)



Notes
1. Other amphetamines includes Dexamphetamine, Amphetamine analogues and Amphetamines nec.
2. Amphetamines nfd are amphetamines not further defined.
3. Coding of methamphetamines has improved over time due to advancements in workforce training, agency coding practices and new system updates.
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. ST NSW.6.
http://www.aihw.gov.au

Clients can nominate up to 5 additional drugs of concern, these drugs are not necessarily the subject of any treatment within the episode (see technical notes).

In 2020–21, when the client reported additional drugs of concern:

- nicotine and cannabis were the most common additional drugs of concern (10% of episodes each), followed by amphetamines (6.9%) and alcohol (6.1%) (Table ST NSW.7).

Over the period 2011–12 to 2020–21:

- alcohol treatment episodes showed a variance in treatment activity during this time, but remain the top drug of concern, fluctuating from 17,786 to 20,686 over this period; however, the actual proportion of treatment episodes has gradually declined from 47% to 41%, relative to the number of other principal drugs of concern
- amphetamines were the second most common principal drug of concern in 2020–21 and have increased since 2011–12 (from 11% or 4,043 episodes to 23% or 11,474 episodes) (ST NSW.6)
  - within the amphetamines group, methamphetamine was reported as the principal drug of concern in almost half (45%) of episodes in 2011–12, rising to 63% in 2017–18 before a considerable increase to 93% in 2020–21 (Figure NSW3a); the rise in episodes may be related to increases in funded treatment services and/or improvement in agency coding practices for methamphetamines (Table ST NSW.6)
- cannabis is now the third most common principal drug of concern, decreasing from 20% to 16% in 2020–21 (ST NSW.6)
- these trends are consistent with the national picture (Table Drg.1).

Treatment

In 2020–21, for treatment episodes in New South Wales:

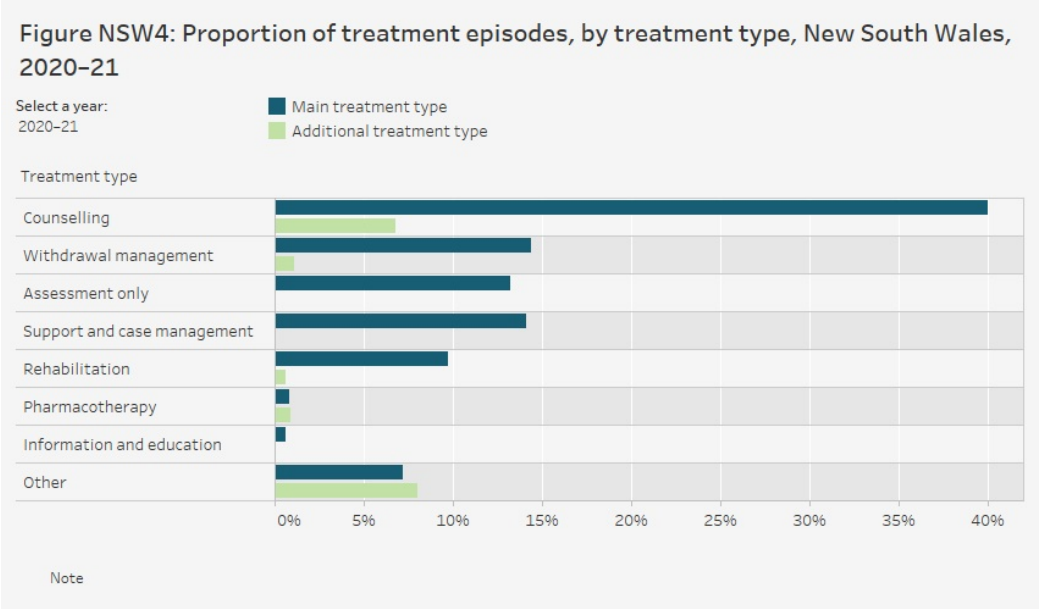
- counselling was the most common main treatment provided (40% of episodes), followed by withdrawal management, and support and case management (both 14%)
- where an additional treatment was provided as a supplementary to the main treatment, 'other' treatment (8.0%) was the most common followed by counselling (6.8%) (Table ST NSW.13). See technical notes for further information on calculating proportions for additional treatment type.

Over the period 2011–12 to 2020–21:

- counselling remained the most common treatment type for all episodes and showed a variance in treatment activity, rising from 31% (11,729 episodes) in 2011–12 to 42% (16,090) in 2016–17, dropping to 40% (20,722) in 2020–21, relative to the other treatment types

- treatment episodes for withdrawal management fluctuated over the 10-year period from 6,933 in 2011–12 peaking in 2017–18 (8,232) before decreasing in 2020–21 (7,450 episodes) (Table ST NSW.13, NSW.15).

The grouped horizontal bar chart shows that, in 2020–21, the most common main treatment type provided to clients in New South Wales for their own drug use was counselling (40.0% of episodes). This was followed by withdrawal management (14.4%) and support and case management (14.1%). 'Other' was the most common additional treatment type (8.0%), followed by counselling (6.8%).

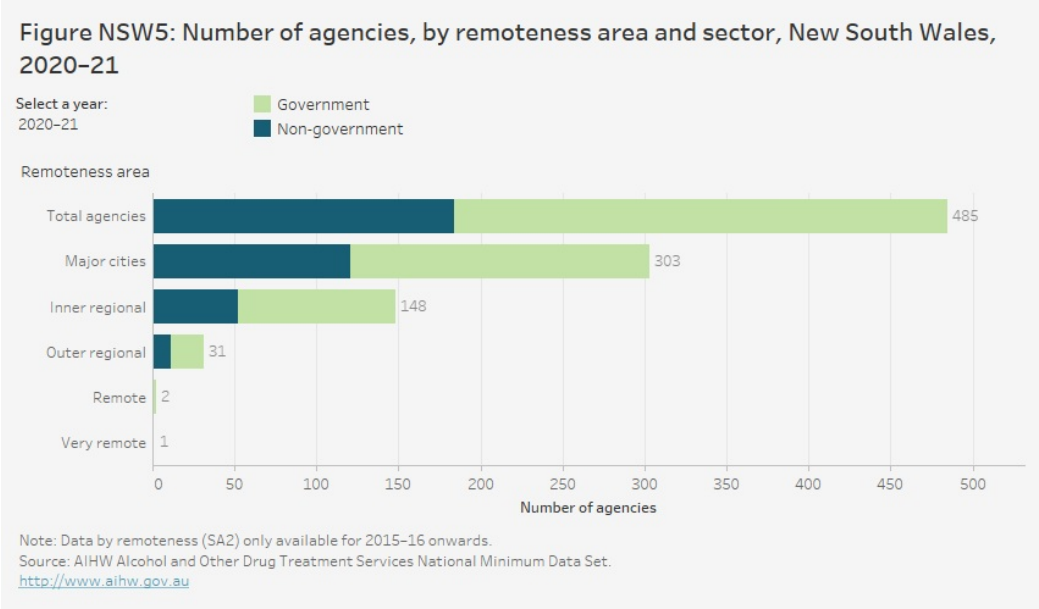


Agencies

In 2020–21, in New South Wales:

- over 6 in 10 (62%) AOD agencies were government treatment agencies
- the majority (62%) of the 485 publicly funded treatment agencies were located in *Major cities*, followed by *Inner regional* areas (31%)
- agencies located in *Major cities* provided almost 7 in 10 (69%) of all treatment episodes
- less than 1% of treatment agencies were located in *Remote/Very remote* areas – these provided less than 1% of all treatment episodes (28 episodes)
- across all remoteness areas, the majority of agencies were government agencies, ranging from 60% in *Major cities* to 100% in *Very remote* areas (Figure NSW5; tables Agcy.1, Agcy.3–4).

In the period 2011–12 to 2020–21, the number of publicly funded treatment agencies in New South Wales rose from 263 to 485 (Table Agcy.1). The horizontal bar chart shows that most treatment agencies in New South Wales in 2020–21 were located in *Major cities* (303 agencies), followed by *Inner regional areas* (148 agencies) and *Outer regional areas* (31 agencies). Relatively fewer treatment agencies were located in *Remote* and *Very remote* areas (3 agencies). Of the total 485 treatment agencies, most (301 agencies) were government agencies.



Last updated 12/07/2022 v37.0

State and territory summaries

Victoria

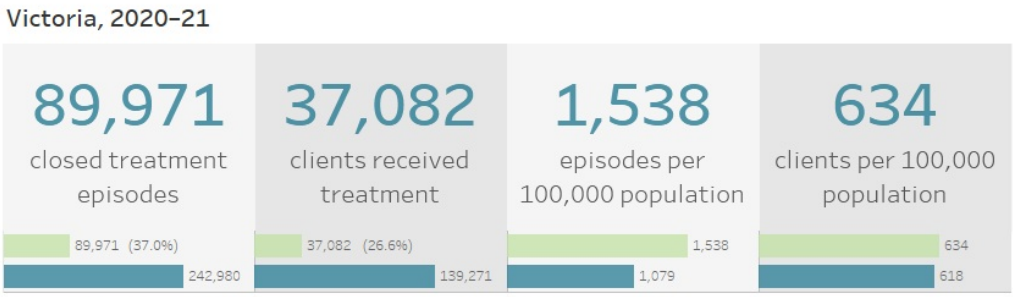
On this page:

In 2020–21, 354 publicly funded alcohol and other drug treatment agencies in Victoria provided over 90,000 treatment episodes to around 37,100 people (tables Agcy.1, SCR.21).

Victoria reported:

- a 39% increase in treatment episodes from 64,546 in 2018–19 to 89,971 in 2020–21 due to a new collection system capturing additional service types that were not able to be reported previously (such as assessments and support); and a 68% increase in treatment episodes compared with 2011–12 (53,574) (Table ST VIC.2)
- more clients are using AOD services in 2020–21 than 2013–14, after adjusting for population growth (634 clients per 100,000 population compared with 580 per 100,000, respectively)
- there was a 10% increase in clients between 2018–19 (33,699) to 2020–21 (37,082), due to flexible AOD treatment delivery with improved reporting and some system changes. Client numbers increased gradually from 2013–14 (29,548) (Table SCR.21).

The visualisation shows that 89,971 treatment episodes were provided to 37,082 clients in Victoria in 2020–21. This equates to a rate of 1,538 episodes and 634 clients per 100,000 population, which is higher than the national rate (1,079 episodes and 618 clients per 100,000 population).



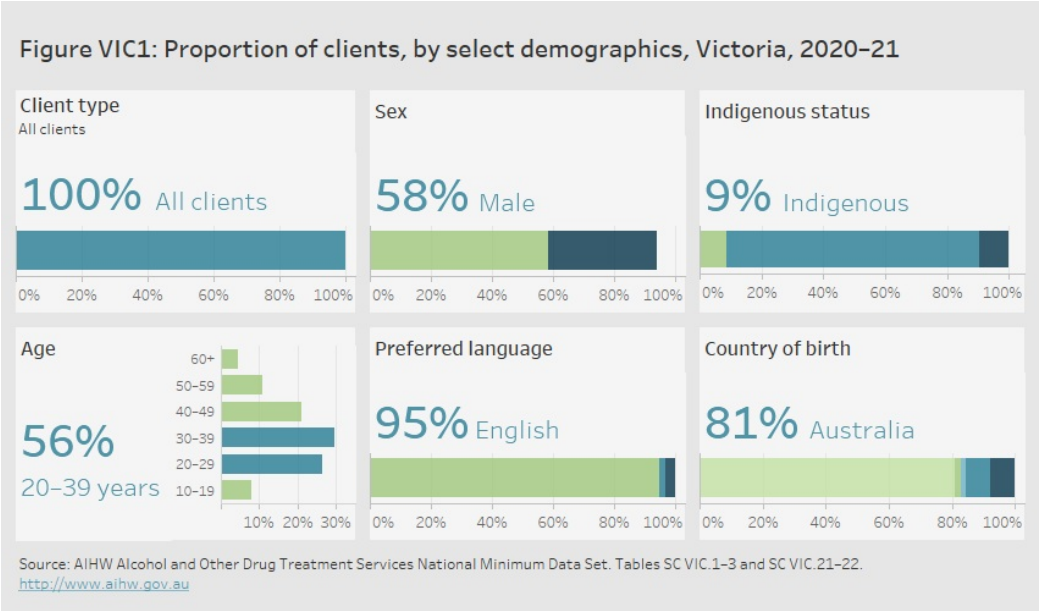
In 2020–21, nearly 7 in 10 (69%) clients in Victoria attended 1 agency and received an average of 2.4 treatment episodes, which is higher than the national average of 1.7 treatment episodes (tables SCR.21, SCR.23). This is due to the nuances of Victoria's data collection system, where each type of treatment results in a separate treatment episode.

Client demographics

In 2020–21:

- over 8 in 10 (81% or 32,142) clients in Victoria received treatment for their own alcohol or drug use, of which over 3 in 5 (62%) people were male (Figure VIC1; Table SC VIC.1, SCR.27)
- 0.3% (113) of all clients reported sex as 'other', the highest proportion reported across all states and territories in the collection period. This category was collected for the first time in 2018–19 (Table SC.VIC.1)
- nearly 3 in 5 (56%) of all people were aged 20–39 years
- 8.8% of all clients identified as Indigenous Australians, which is lower than the national proportion (17%)
- the majority (81%) of all clients were born in Australia and mostly (95%) reported English as their preferred language (tables SC VIC.1–3, SC.4, SC VIC.21–22).

The visualisation includes a series of horizontal bar graphs showing that, in 2020–21, just under three in five (58%) of all clients were male, 56% were aged 20–39 and 9% were Indigenous Australians in Victoria. Nearly all clients (95%) listed English as their preferred language and most (81%) were born in Australia.



Patterns of service use

Over the period 2016–17 to 2020–21, 112,884 clients received treatment in Victoria.

Of these clients:

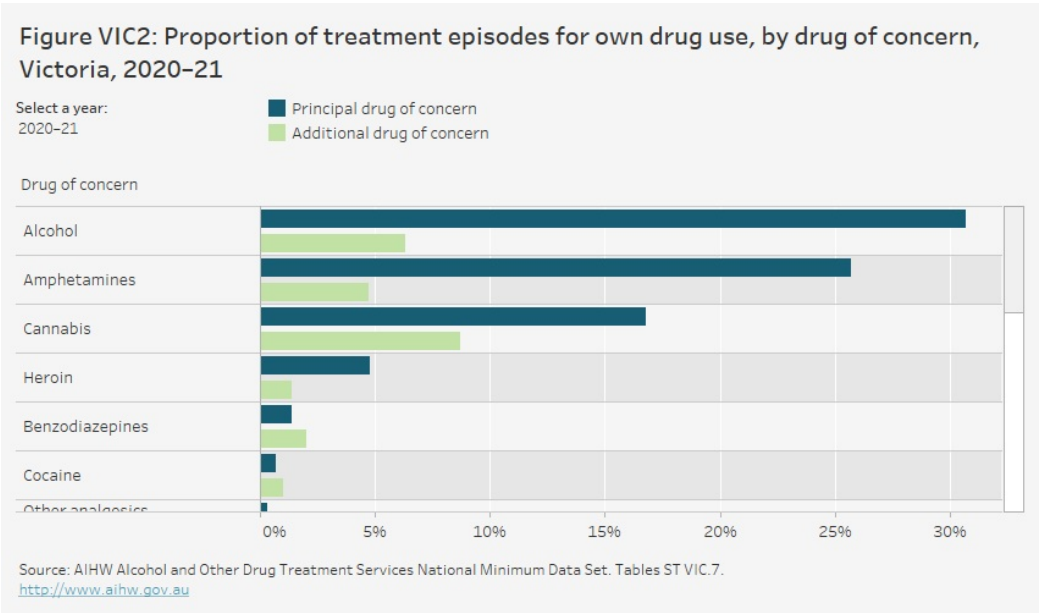
- the majority received treatment in a single year (65%)
  - 16% (17,579) received treatment for the first time in 2020–21
  - a further 49% (55,391) received treatment in only one of the four collection periods (excluding 2020–21)
- 22% (24,985) of clients received treatment in any 2 of the 5 years
- 8.3% (9,375) of clients received treatment in any 3 of the 5 years
- 3.6% (4,047) of clients received treatment in any 4 of the 5 years
- 1.3% (1,507) of clients received treatment in all 5 collection years (Table SCR.28).

Drugs of concern

In 2020–21, for clients in Victoria receiving treatment episodes for their own alcohol or drug use:

- alcohol was the most common principal drug of concern in 2020–21, accounting for 31% (23,039) of treatment episodes, overtaking amphetamines (26% or 19,255), which was the most common principal drug of concern in 2019–20 (29%) (Figure VIC2; Table ST VIC.6).

The grouped horizontal bar chart shows that, in 2019–20, the most common principal drug of concern in treatment episodes provided to clients in Victoria for their own drug use was amphetamines (29%). This was followed by alcohol (28%), cannabis (16%), and heroin (5.3%). Cannabis was the most common additional drug of concern (10%), followed by nicotine (9.6%), alcohol (8.1%), and amphetamines (5.5%).



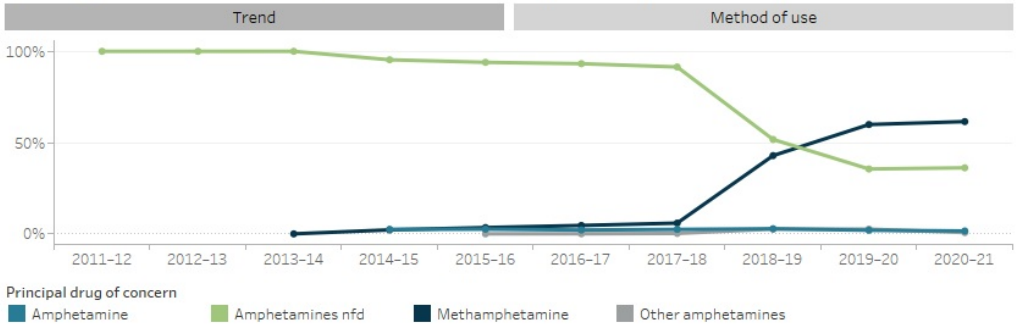
In 2020–21, for clients receiving treatment for their own use of amphetamines:

- methamphetamine was reported as a principal drug of concern in over 3 in 5 (62%) of treatment episodes (Figure VIC3a)
- smoking was the most common method of use in 60% of episodes where methamphetamine was the principal drug of concern, followed by injecting (19%) (Figure VIC3b).

Victoria is working with service providers to encourage more specific reporting of amphetamine use (for example, to reduce the use of 'amphetamines not further defined' code where possible).
The line graph shows that, from 2011–12 to 2018–19, 'amphetamines not further defined' was the most common drug of concern among amphetamine-related treatment episodes for clients' own drug use. In 2019–20, methamphetamine became the most common drug of concern. The proportion of episodes for amphetamines not further defined decreased from 2017–18 (91% of amphetamine-related episodes) to 2020–21 (36.2%), while episodes increased for methamphetamines (from 5.9% to 61.5%).

The stacked horizontal bar chart shows the method of use for treatment episodes related to clients' own use of methamphetamine, amphetamine, amphetamines not further defined, and other amphetamines in Victoria in 2020–21. Smoking was the most common method of use across all amphetamine codes (ranging from 52.0% to 63.9% of episodes), followed by injecting (ranging from 15.6% to 25.9% of episodes).

Figure VIC3a: Proportion of treatment episodes for own drug use, by amphetamine group (2011–12 to 2020–21) or method of use (2020–21), Victoria (per cent)



Notes
1. Other amphetamines includes Dexamphetamine, Amphetamine analogues and Amphetamines nec.
2. Amphetamines nfd are amphetamines not further defined.
3. Coding of methamphetamines has improved over time due to advancements in workforce training, agency coding practices and new system updates.
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Table ST VIC.6.
http://www.aihw.gov.au

Victoria reported comparatively high incidences of 'Not stated drugs' in 2019–20 (15%) as the drug of concern. This proportion decreased in 2020–21 (2%), due to the work with service providers to encourage more specific reporting of drug of concern. For more information see the Data quality statement.

Clients can nominate up to 5 additional drugs of concern; these drugs are not necessarily the subject of any treatment within the episode (see technical notes).

In 2020–21, when the client reported additional drugs of concern:

- cannabis was the most common (8.7% of episodes), followed by nicotine and alcohol (6.4% and 6.3% respectively) (Table ST VIC.7).

Over the period 2011–12 to 2020–21:

- treatment episodes for alcohol replaced amphetamines as the most common principal drug of concern. The proportion of episodes have been gradually declining from 45% in 2011–12 to 31% in 2020–21, relative to all other principal drugs of concern. The number of episodes varied from 22,678 in 2011–12, falling to 15,820 in 2014–15 and rising to 23,039 episodes in 2020–21 (Table ST VIC.7)
- amphetamines was the second most common principal drug of concern (26% or 19,255 episodes). The proportion of episodes with a principal drug of concern for amphetamines has increased from 10% in 2011–12 peaking at 30% in 2018–19, decreasing in 2020–21 (26%)
  - within the amphetamines group, methamphetamine was reported as the principal drug of concern for the first time in 2014–15 (2% of episodes), increasing to 6% in 2017–18. This was followed by a large increase in 2018–19 (43%), again increasing to 62% in 2020–21 (Figure VIC3a). The rise in episodes for methamphetamine is mainly due to improvements in agency coding practices for methamphetamines, although some of the increase in episodes could be related to increases in funded treatment services.
- the proportion of treatment episodes for cannabis decreased from 23% in 2011–12 to 17% in 2020–21 (Figure VIC2; Table ST VIC.7).

Treatment

In 2020–21, for treatment episodes in Victoria:

- counselling was the most common treatment type (27% of episodes) followed by support and case management (24%) (Figure VIC4; Table ST VIC.13).

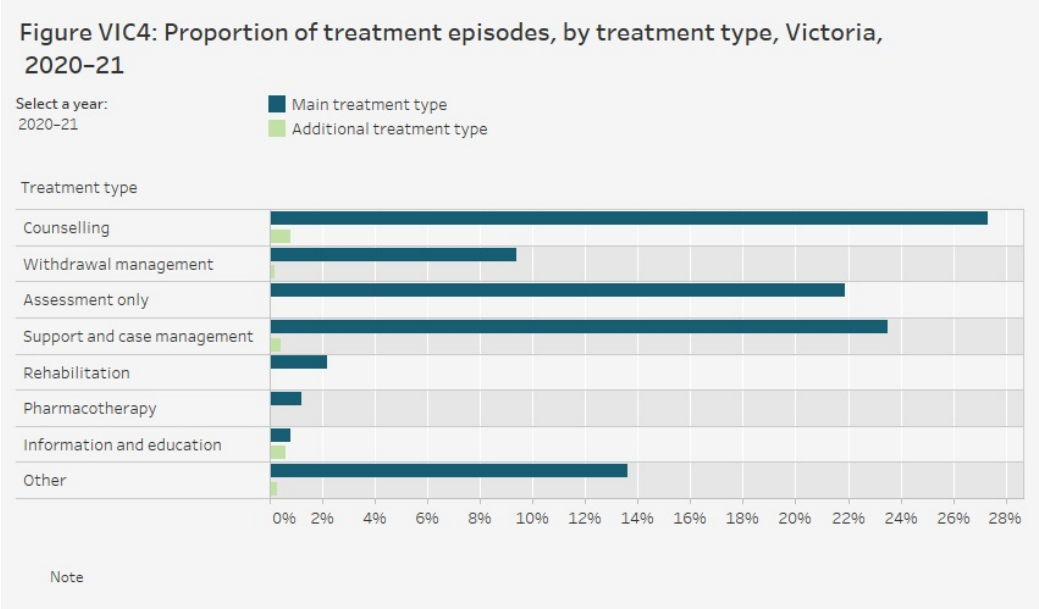
In 2019–20, Victoria finalised implementation of a new data collection system (VADC) which allows agencies to report additional treatment types against the AODTS NMDS. As a result, there will be differences in the proportion of additional treatment types reported prior to 2019–20.

Over the period from 2011–12 to 2020–21:

- counselling remained one of the most common main treatments for all episodes in 2020–21 (27%), albeit decreasing from 54% in 2011–12

- support and case management as a main treatment increased from 12% in 2011–12, peaking in 2015–16 (30%) and falling to 24% in 2020–21
- withdrawal management decreased from 21% to 9% and 'other' treatment increased from 1% to 14% over the same period (Figure VIC4; Table ST VIC.13).

The grouped horizontal bar chart shows that, in 2020–21, the most common main treatment type provided to clients in Victoria for their own drug use was counselling (27.3% of episodes). This was followed by support and case management (23.5%), and assessment only (21.9%). Counselling was the most common additional treatment type (0.8%), followed by information and education (0.6%).



Agencies

In 2020–21, in Victoria:

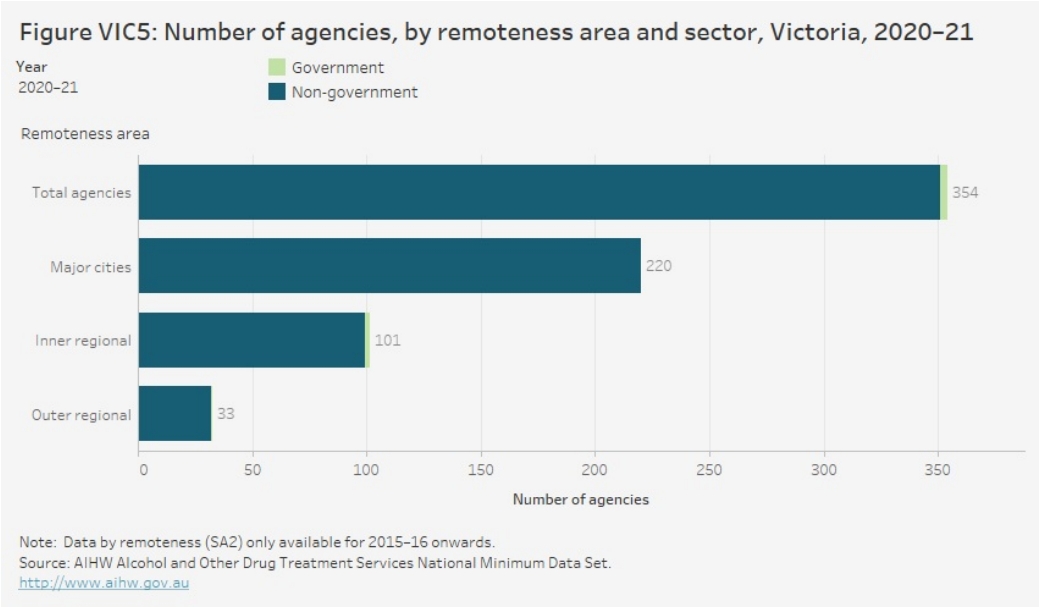
- only 3 of the 354 AOD agencies that received public funding were government treatment agencies
- over 6 in 10 (62%) treatment agencies were located in *Major cities*, followed by *Inner regional* areas (29%) (Figure VIC5; Table Agcy.3)
- Victoria does not have any areas classified as *Remote* or *Very remote*.

In the period from 2011–11 to 2020–21:

- the number of publicly funded treatment agencies in Victoria increased from 136 in 2011–12 to 404 in 2018–19 dropping to 354 in 2020–21 (Table Agcy.1).

The increase in agency numbers over time in Victoria is attributed to counting each location of a service delivery outlet, which may be located in different areas for a single agency.

The horizontal bar chart shows that most treatment agencies in Victoria were located in *Major cities* (220 agencies), followed by *Inner regional areas* (101 agencies) and *Outer regional areas* (33 agencies) in 2020–21. Of the total 354 treatment agencies, most (351 agencies) were non-government agencies.



Last updated 12/07/2022 v40.0

State and territory summaries

Queensland

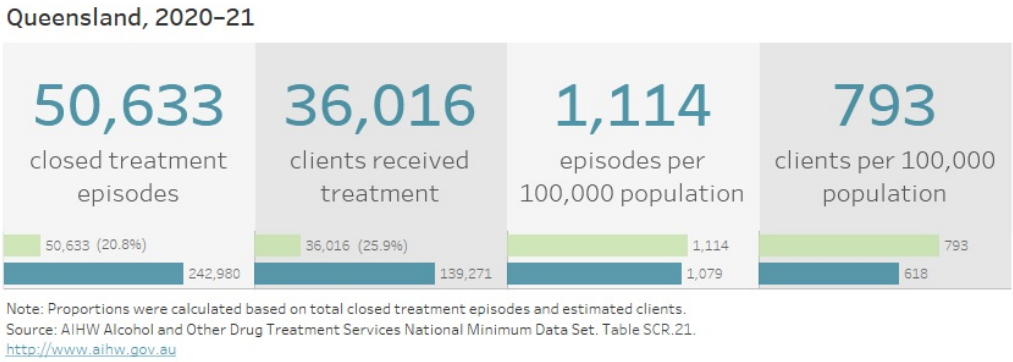
On this page:

In 2020–21, 182 publicly funded alcohol and other drug treatment agencies in Queensland provided over 50,600 treatment episodes to around 36,000 clients (tables Agcy.1, SCR.21).

Queensland reported:

- a 9.0% increase in treatment episodes from 46,454 in 2019–20 to 50,633 in 2020–21, and a 100% increase in treatment episodes since 2011–12 (25,284) (Table QLD.2)
- more clients are using AOD services in 2020–21 than 2013–14, after adjusting for population growth (793 clients per 100,000 population compared with 714 per 100,000, respectively)
- client numbers increased from 28,960 in 2013–14 to 36,016 in 2020–21 (Table SCR.21).

The visualisation shows that 50,633 treatment episodes were provided to 36,016 clients in Queensland in 2020–21. This equates to a rate of 1,114 episodes and 793 clients per 100,000 population, which is higher than the national rate (1,079 episodes and 618 clients per 100,000 population).



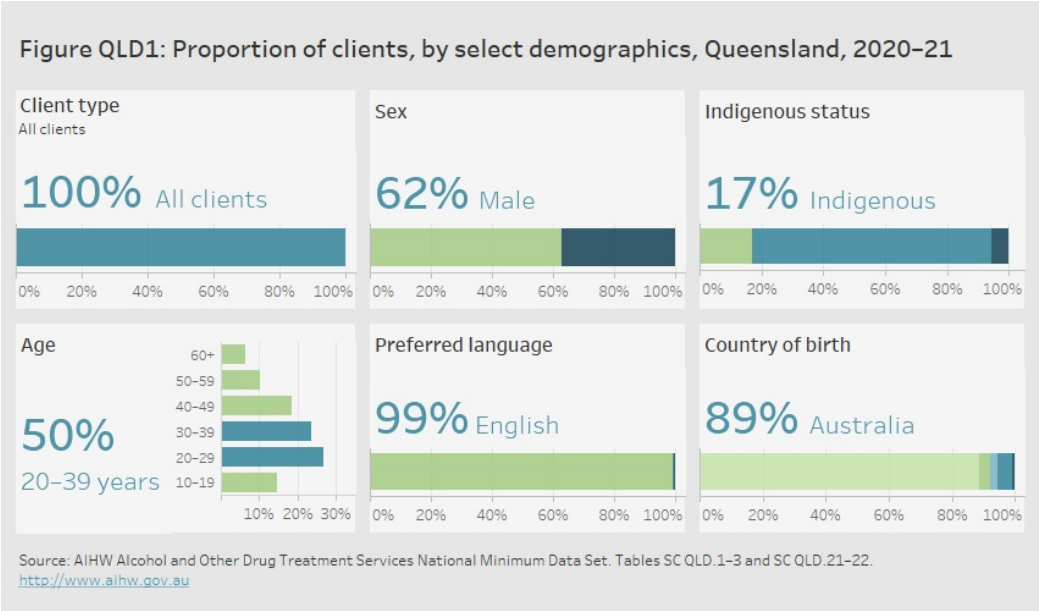
In 2020–21, most (87%) clients in Queensland attended 1 agency, and received an average of 1.4 treatment episodes, which is lower than the national average of 1.7 treatment episodes (tables SCR.21, SCR.23). In 2020–21, most (87%) clients in Queensland attended 1 agency, and received an average of 1.4 treatment episodes, which is lower than the national average of 1.7 treatment episodes (tables SCR.21, SCR.23).

Client demographics

In 2020–21:

- nearly all (97%) clients in Queensland received treatment for their own alcohol or drug use, of which over 6 in 10 (63%) people were male (Figure QLD1)
- over 7 in 10 people seeking treatment for someone else's alcohol or drug use were more likely to be female (72%)
- one in 2 (50%) people were aged 20–39 years, and 14% were aged 10–19 years which is higher than the national proportion (11%)
- about 1 in 6 (17%) of all clients identified as Indigenous Australians, which is consistent with the national proportion (17%)
- the majority (89%) of all clients were born in Australia and nearly all (99%) reported English as their preferred language (tables SC QLD.1-3, SC.3–4, SC QLD.21–22).

The grouped horizontal bar chart shows that, in 2020–21, alcohol was the most common principal drug of concern in treatment episodes provided to clients in Queensland for their own drug use (35.9%). This was followed by cannabis (28.8%) and amphetamines (23.3%). Cannabis was the most common additional drug of concern (11.4% of episodes), followed by alcohol (9.5%) and nicotine (9.0%).



Patterns of service use

Over the period 2016–17 to 2020–21, 131,546 clients received treatment in Queensland. Of these clients:

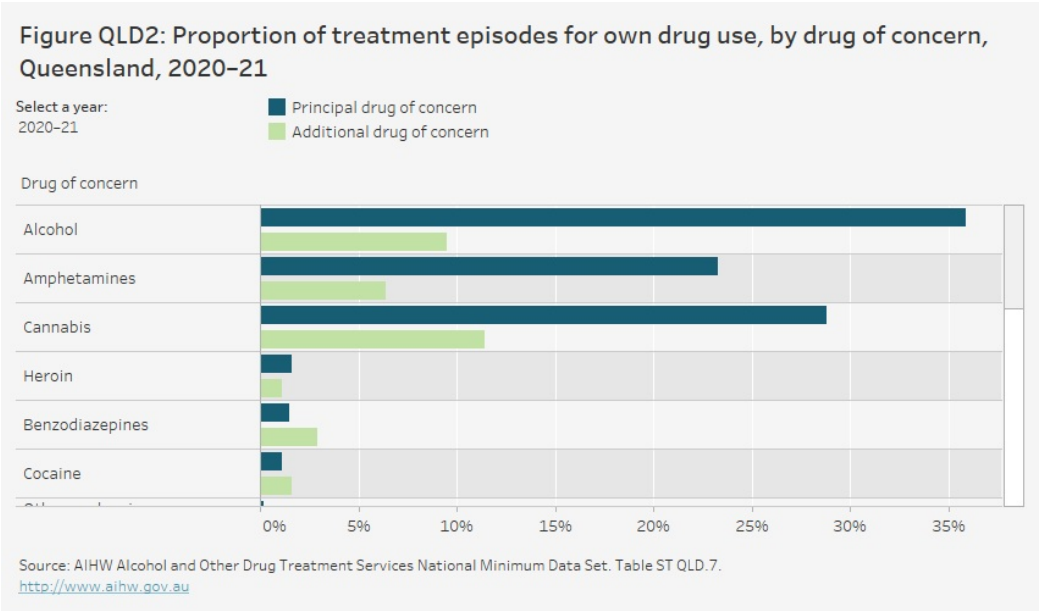
- the majority received treatment in a single year (78%):
  - 17% (22,918) received treatment for the first time in 2020–21
  - a further 60% (79,521) received treatment in only one of the four collection periods (excluding 2020–21)
- 15% (20,111) of clients received treatment in any 2 of the 5 years
- 4.8% (6,308) of clients received treatment in any 3 of the 5 years
- 1.6% (2,112) of clients received treatment in any 4 of the 5 years
- 0.4% (576) of clients received treatment in all 5 collection years (Table SCR.28).

Drugs of concern

In 2020–21, for clients in Queensland receiving treatment episodes for their own alcohol or drug use:

- alcohol was the most common principal drug of concern (36% or 17,742 episodes) (Figure QLD2; Table ST QLD.6)
- cannabis was the second most common principal drug of concern (29% or 14,237 episodes), followed by amphetamines (23% or 11,525). In Queensland, the level of cannabis reported as the principal drug of concern is a result of the police and illicit drug court diversion programs operating in the state (Table SE QLD.12).

The grouped horizontal bar chart shows that, in 2019–20, alcohol was the most common principal drug of concern in treatment episodes provided to clients in Queensland for their own drug use (34%). This was followed by cannabis and amphetamines (both 27%), and heroin (1.9%). Cannabis was the most common additional drug of concern (19%), followed by nicotine (16%) and alcohol (15%).



In 2020–21, for clients receiving treatment for their own use of amphetamines:

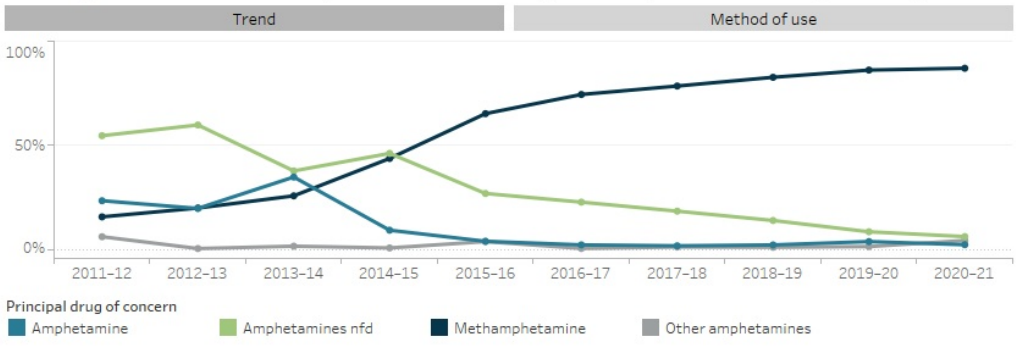
- methamphetamine was reported as a principal drug of concern in over 4 in 5 (87%) treatment episodes (Figure QLD3a)

- almost half (48%) of treatment episodes where methamphetamine was the principal drug of concern, injecting was the most common method of use, followed by smoking (41%) (Figure QLD3b).

Queensland is working with service providers to encourage more specific reporting of amphetamine use (i.e. to reduce the use of 'amphetamines not further defined' code where possible).
The line graph shows that, from 2011–12 to 2014–15, 'amphetamines not further defined' was the most common drug of concern among amphetamine-related treatment episodes for clients' own drug use. In 2015–16, methamphetamine became the most common drug of concern. The proportion of episodes for amphetamines not further defined decreased from 2014–15 (46.2% of amphetamine-related episodes) to 2020–21 (6.2%), while episodes increased for methamphetamines (from 43.7% to 87.1%).

The stacked horizontal bar chart shows the method of use for treatment episodes related to clients' own use of methamphetamine, amphetamine, amphetamines not further defined, and other amphetamines in Queensland in 2020–21. Injecting was the most common method of use for amphetamine, methamphetamine and amphetamines not further defined (ranging from 42.4% to 47.9% of episodes), while smoking was the most common method of use for other amphetamines (49.9% of episodes).

Figure QLD3a: Proportion of treatment episodes for own drug use, by amphetamine group (2011–12 to 2020–21) or method of use (2020–21), Queensland (per cent)



Notes
1. Other amphetamines includes Dexamphetamine, Amphetamine analogues and Amphetamines nec.
2. Amphetamines nfd are amphetamines not further defined.
3. Coding of methamphetamines has improved over time due to advancements in workforce training, agency coding practices and new system updates.
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Table ST QLD.6.
http://www.aihw.gov.au

Clients can nominate up to 5 additional drugs of concern; these drugs are not necessarily the subject of any treatment within the episode (see technical notes).

When the client reported additional drugs of concern:

- cannabis was the most common additional drug (11% of episodes), followed by alcohol (9.5%) and nicotine (9.0%) (Table ST QLD.7).

Over the period 2011–12 to 2020–21:

- alcohol was the most common principal drug of concern from 2011–12 to 2013–14, and in 2018–19 alcohol replaced cannabis as the most common principal drug of concern (Table ST QLD.7)
- the proportion of episodes for alcohol as a principal drug of concern, fell from 43% in 2011–12 to 36% in 2020–21, relative to all other principal drugs of concern. However, the actual number of treatment episodes increased over this period from 10,519 episodes to 17,742
- cannabis was the second most common principal drugs of concern, with treatment episodes increasing from 29% in 2011–12, peaking at 39% in 2015–16 and falling to 29% in 2020–21. From 2011–12 treatment episodes increased from 7,243 to 14,237 over this period
- the proportion of episodes for amphetamines as a principal drug of concern doubled since 2011–12 (11% to 23%), with the number of treatment episodes increasing from 2,674 to 11,525 over this period
  - within the amphetamines group, methamphetamine was reported as the principal drug of concern in 16% of episodes in 2011–12, rising to 65% in 2015–16, then 87% in 2020–21 (Figure QLD3a). The rise in episodes where methamphetamines were the principal drug of concern may be related to increases in funded treatment services and improvements in agency coding practices for methamphetamines
- the proportion of treatment episodes in Queensland where cannabis was the principal drug of concern was higher than the national proportion in 2020–21 (29% compared with 19%) (Table Drg.1). This trend has been consistent for the 10-year period.

Treatment

In 2020–21, Queensland Health transitioned to an integrated public AOD and mental health system for reporting. Due to the use of this integrated system, there was an improvement in the capability to report assessment only as a main treatment type. This resulted in increases in treatment episodes with assessment only as a main treatment type and is considered as a more accurate representation of the treatment being provided by the sector.

Prior to 2020–21, treatment episodes provided to people diverted into AOD services by police and court diversion programs were recorded as information and education. This resulted in a high proportion of information and education treatment episodes in Queensland. From 2020–21, the police and court diversion programs are now reported as counselling which is a more accurate representation of the treatment being

provided. See Data Quality Statement for further information.

In 2020–21, for treatment episodes in Queensland:

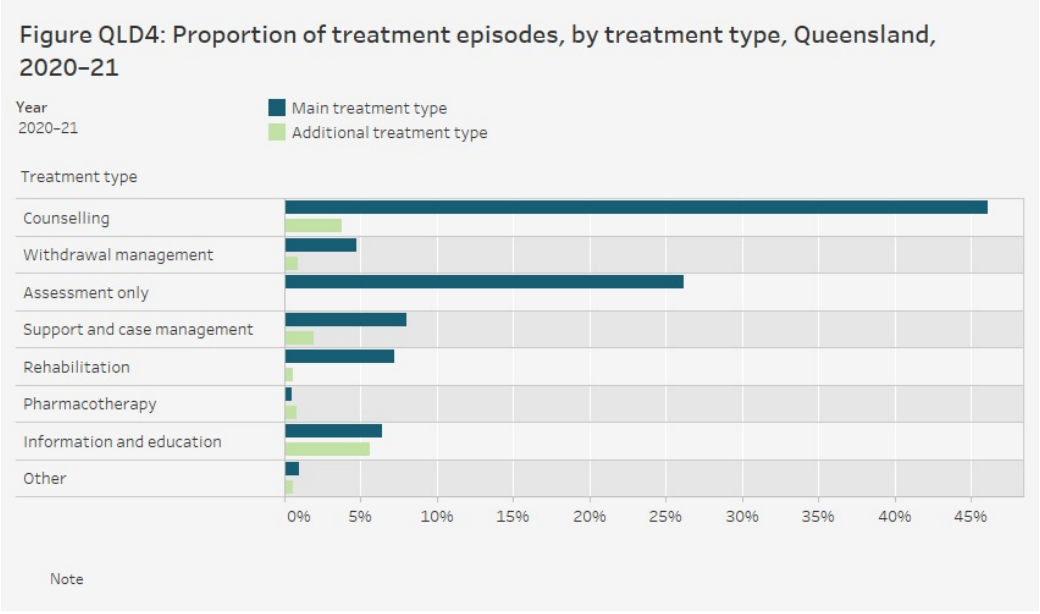
- counselling was the most common main treatment (46% of episodes), followed by assessment only (26%) (Figure QLD4)
- the proportion of episodes for information and education as a main treatment dropped 15 percentage points from 2019–20 (21%) to 6% in 2020–21, due to a review of coding practices and are now coded as counselling (Table ST QLD.13)
- where an additional treatment was provided as supplementary to the main treatment, information and education (6%) was also the most common type of additional treatment, followed by counselling (4%). See technical notes for further information on calculating proportions for additional treatment type.

Over the period 2011–12 to 2020–21:

- the proportion of all treatment episodes where counselling was the main treatment type increased from 2011–12 (35%) to 46% in 2020–21. Counselling replaced information and education as the most common treatment since 2016–17
- the proportion of withdrawal management as a main treatment type decreased in 2020–21, dropping from 11% in 2011–12 down to 5%.

The grouped horizontal bar chart shows that, in 2020–21, the most common main treatment type provided to clients in Queensland for their own drug use was counselling (46.1% of episodes). This was followed by assessment only (26.2%) and support and case management (8.0%). Information and education was the most common additional treatment type (5.6%), followed by counselling (3.8%).

Figure QLD4: Proportion of treatment episodes, by treatment type, Queensland, 2020–21



Agencies

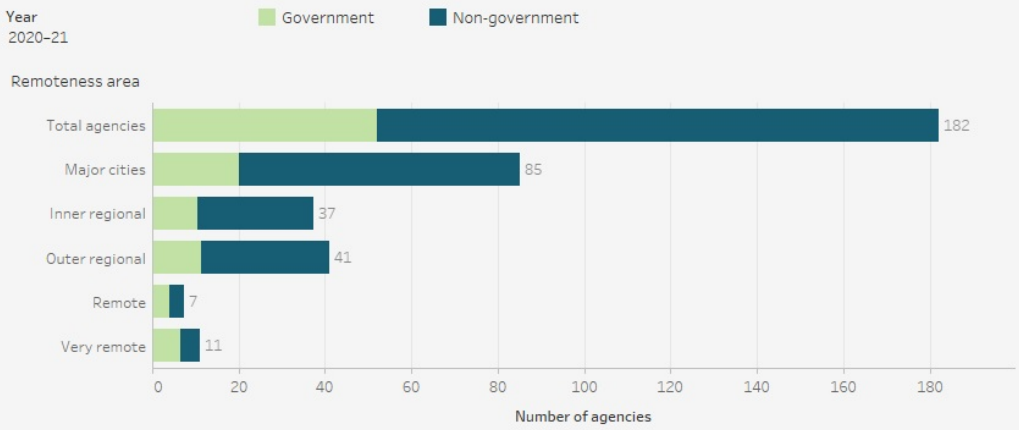
In 2020–21, in Queensland:

- more than 7 in 10 (71%) AOD agencies that received public funding were non-government treatment agencies
- almost half (47%) of the 182 treatment agencies were located in *Major cities*, followed by *Outer regional* (23%) and *Inner regional* (20%) areas
- around 10% of all government treatment agencies were located in *Remote* and *Very remote* areas (Figure QLD5; Table Agcy.3).

In the 10 years to 2020–21, the number of publicly funded treatment agencies in Queensland steadily increased from 97 in 2011–12 to 194 in 2019–20, falling to 182 in 2020–21. The recent change in agency numbers is attributed to a review of the agency coding structure in the public sector. As a result, there have been significant agency identifier changes which have been constructed to align with the Queensland Health Corporate Reference Database System, providing a more accurate representation of number of agencies reporting at the service outlet level (Table Agcy.1).

The horizontal bar chart shows that most treatment agencies in Queensland were located in *Major cities* (85 agencies), followed by *Outer regional areas* (41 agencies) and *Inner regional areas* (37 agencies) in 2020–21. Relatively fewer agencies were located in *Remote* and *Very remote* areas (18 agencies). Of the total 182 treatment agencies, most (130 agencies) were non-government agencies.

Figure QLD5: Number of agencies, by remoteness area and sector, Queensland, 2020–21



Note: Data by remoteness (SA2) only available for 2015–16 onwards.
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
http://www.aihw.gov.au

Last updated 12/07/2022 v29.0

State and territory summaries

Western Australia

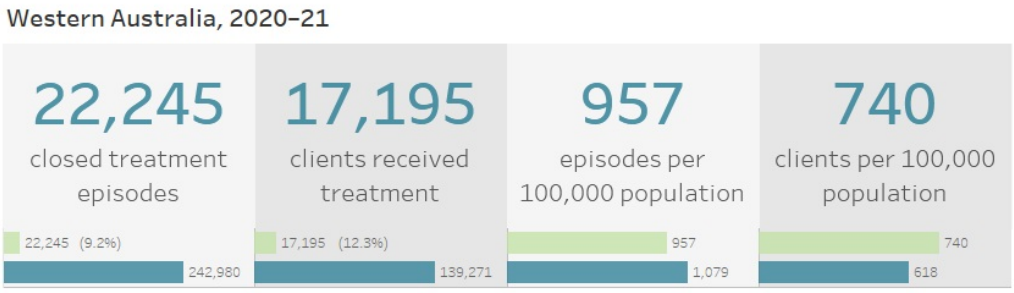
On this page:

In 2020–21, 109 publicly funded alcohol and other drug treatment agencies in Western Australia provided over 22,200 treatment episodes to just under 17,200 clients (tables Agcy.1, SCR.21). Western Australia submitted revised data in April 2022 due to services transitioning to new systems after WA decommissioned their central client management system impacting the total of treatment episodes and clients.

Western Australia reported:

- an 11% decrease in treatment episodes from 25,090 in 2019–20 to 22,245 in 2020–21, and a 20% increase in episodes since 2011–12 (18,501) (Table ST WA.2)
- more clients are using AOD services in 2020–21 than 2013–14, after adjusting for population growth (740 clients per 100,000 population compared with 697 per 100,000, respectively)
- client numbers increased from 2013–14 (15,146) to 2018–19 (19,348), decreasing to 19,133 in 2019–20, with a further decrease in 2020–21 (17,195) (Table SCR.21).

The visualisation shows that 22,245 treatment episodes were provided to 17,195 clients in Western Australia in 2020–21. This equates to a rate of 957 episodes and 740 clients per 100,000 population, compared with the national rate of 1,079 episodes and 618 clients per 100,000 population.



Note: Proportions were calculated based on total closed treatment episodes and estimated clients.
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Table SCR.21.
http://www.aihw.gov.au

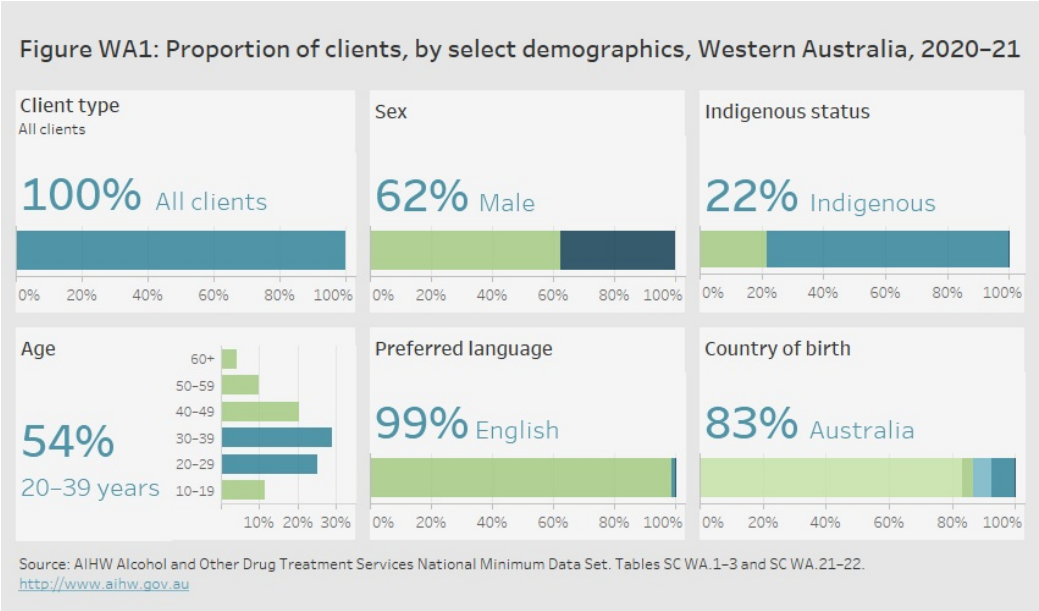
In 2020–21, most (86%) clients in Western Australia attended 1 agency, and received an average of 1.3 treatment episodes, which is lower than the national average of 1.7 treatment episodes (tables SCR.21, SCR.23).

Client demographics

In 2020–21:

- most (94%) clients in Western Australia received treatment for their own alcohol or drug use, of which, most (64%) were male (Figure WA1)
- almost 8 in 10 people seeking treatment for someone else's alcohol or drug use were female (77%)
- 0.2% (26) of people receiving treatment for their own alcohol or drug use reported sex as 'other'
- over half (56%) of the people receiving treatment for their own alcohol or drug use were aged 20–39 years; in contrast, people seeking treatment for someone else's alcohol or drug use were more likely to be aged 50 and over (49%)
- over 1 in 5 (22%) of all clients identified as Indigenous Australians, which is higher than the national proportion (17%)
- the majority (83%) of all clients were born in Australia and nearly all (99%) reported English as their preferred language (tables SC WA.1-3, SC.4, SC WA.21 -22).

The visualisation includes a series of horizontal bar graphs showing that, in 2020–21, just under two-thirds (62%) of all clients were male, 54% were aged 20–39 and 22% were Indigenous Australians in Western Australia. Nearly all clients (99%) listed English as their preferred language and most (83%) were born in Australia.



Patterns of service use

Over the period 2016–17 to 2020–21, 66,974 clients received treatment in Western Australia. Of these clients:

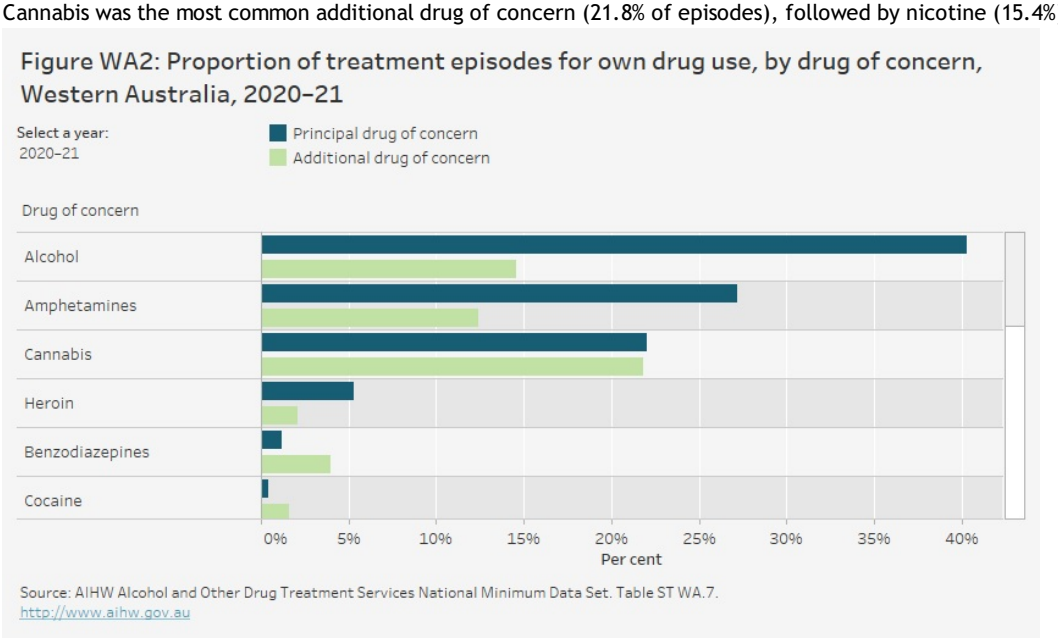
- the majority received treatment in a single year (73%):
  - 14% (9,604) received treatment for the first time in 2020–21
  - a further 59% (39,516) received treatment in only one of the four collection periods (excluding 2020–21)
- 18% (12,292) of clients received treatment in any 2 of the 5 years
- 5.9% (3,925) of clients received treatment in any 3 of the 5 years
- 1.9% (1,300) of clients received treatment in any 4 of the 5 years
- 0.5% (337) of clients received treatment in all 5 collection years (Table SCR.28).

Drugs of concern

In 2020–21, for clients in Western Australia receiving treatment episodes for their own alcohol or drug use:

- alcohol was the most common principal drug of concern (40% or 8,548 episodes), followed by amphetamines (27% or 5,764) (Figure WA2; Table ST WA.6)

The grouped horizontal bar chart shows that, in 2020–21, alcohol was the most common principal drug of concern in treatment episodes provided to clients in Western Australia for their own drug use (40.3%). This was followed by amphetamines (27.2%) and cannabis (22.0%). Cannabis was the most common additional drug of concern (21.8% of episodes), followed by nicotine (15.4%) and alcohol (14.6%).



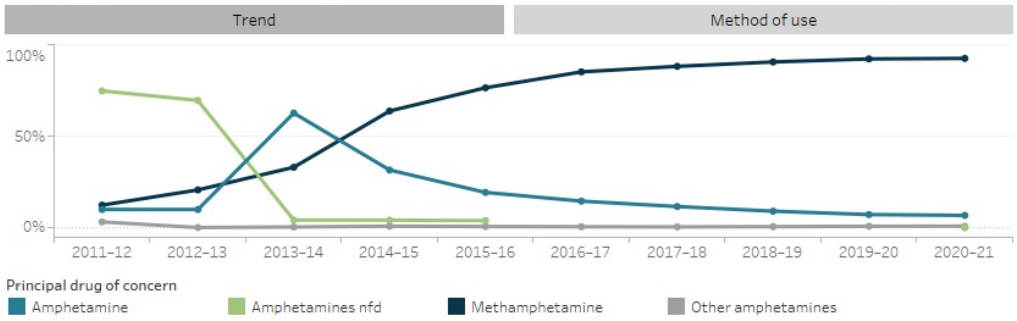
In 2020–21, for clients receiving treatment for their own use of amphetamines:

- methamphetamine was reported as a principal drug of concern in over 9 in 10 (92%) treatment episodes
- in over half (56%) of treatment episodes where methamphetamine was the principal drug of concern, injecting was the most common method of use, followed by smoking (42%) (Figures WA3a, WA3b).

The line graph shows that, from 2011–12 to 2013–14, amphetamine and 'amphetamines not further defined' were the most common drugs of concern among amphetamine-related treatment episodes for clients' own drug use. In 2014–15, methamphetamine became the most common drug of concern. The proportion of episodes for methamphetamine increased from 12.3% in 2011–12 to 92.5% in 2020–21.

The stacked horizontal bar chart shows the method of use for treatment episodes related to clients' own use of methamphetamine, amphetamine, amphetamines not further defined, and other amphetamines in Western Australia in 2020–21. Injecting was the most common method of use for amphetamine and methamphetamine (56.1% and 56.3% of episodes, respectively), while ingesting was the most common method of use for other amphetamines (100.0% of episodes).

Figure WA3a: Proportion of treatment episodes for own drug use, by amphetamine group (2011–12 to 2020–21) or method of use (2020–21), Western Australia (per cent)



Notes
1. Other amphetamines includes Dexamphetamine, Amphetamine analogues and Amphetamines nec.
2. Amphetamines nfd are amphetamines not further defined.
3. Amphetampines nfd were not reported from 2016–17 to 2019–20.
4. Coding of methamphetamines has improved over time due to advancements in workforce training, agency coding practices and new system updates.
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Table ST WA.6.
http://www.aihw.gov.au

Clients can nominate up to 5 additional drugs of concern, but these drugs are not necessarily the subject of any treatment within the episode (see Technical notes). In 2020–21, when the client reported additional drugs of concern:

- cannabis was the most common additional drug (22% of episodes), followed by nicotine and alcohol (both 15%) and amphetamines (12%) (Table ST WA.7).

Over the period 2011–12 to 2020–21:

- the proportion of treatment episodes for alcohol as a principal drug of concern fell from 43% (7,478) in 2011–12 to 29% in 2016–17 (6,723), rising to 34% (7,919) in 2019–20 and then 40% (8,548 episodes) in 2020–21, relative to all other principal drugs of concern, even though episode numbers increased over this time
- the proportion of treatment for amphetamines as a principal drug of concern increased from 18% in 2011–12, peaking at 36% in 2016–17 with slight variations until 2019–20 (34%), then falling to 27% in 2020–21, in relation to all other principal drugs of concern; however, treatment episodes increased from 3,155 to 5,764 over this period (Table ST WA.6)
  - within the amphetamines group, methamphetamine was reported as the principal drug of concern in 12% of episodes in 2011–12 rising to (76%) in 2015–16, increasing further to 92% in 2020–21 (Figure WA3a).
- cannabis fluctuated from being the second then third most common principal drug of concern over this period, ranging from 21% in 2011–12, peaking at 25% in 2013–14 and falling to 22% in 2020–21.

Treatment

In 2020–21, for treatment episodes in Western Australia:

- counselling was the most common main treatment (70% of episodes), followed by support and case management 8.0% (Figure WA4; Table ST WA.13).

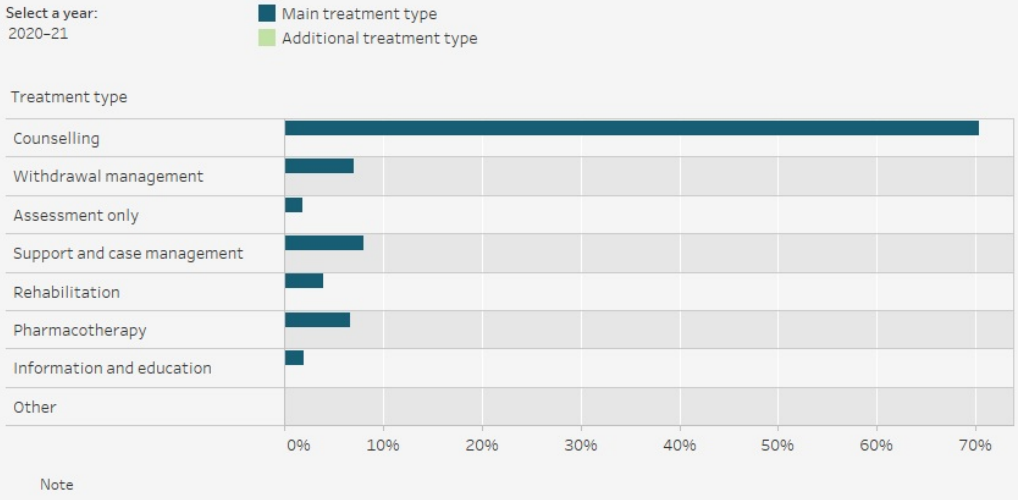
Western Australia does not differentiate between main and other treatment types.

Over the period 2011–12 to 2020–21:

- counselling remained the most common main treatment for all episodes. The proportion of episodes where counselling was a main treatment type remained substantially higher in Western Australia than nationally over the period, ranging from 60% to 70% in Western Australia compared with 43% to 38% nationally (Tables ST WA.13, Trt.4)
- the second most common main treatment type varied between support and case management ranging from 4.4% to 5.6% of episodes and withdrawal management which ranged from 7.1% to 14% over the period.

The grouped horizontal bar chart shows that, in 2020–21, the most common main treatment type provided to clients in Western Australia for their own drug use was counselling (70.3% of episodes). This was followed by support and case management (8.0%) and withdrawal management (7.1%).

Figure WA4: Proportion of treatment episodes, by treatment type, Western Australia, 2020–21



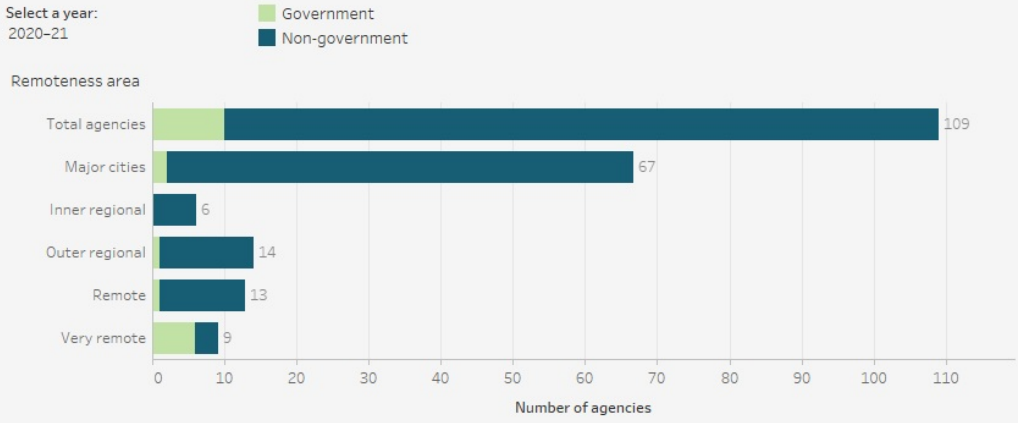
Agencies

In 2020–21, in Western Australia:

- over 9 in 10 (91%) AOD agencies that received public funding were non-government treatment agencies
- over 3 in 5 (61%) of the 109 treatment agencies were located in *Major cities* (Figure WA5; Table Agcy.3)
- *Very remote* areas were the only areas where there were more government than non-government agencies (6 and 3, respectively).

In the 10 years to 2020–21, the number of publicly funded treatment agencies in Western Australia rose from 63 to 109 (Table Agcy.1). The horizontal bar chart shows that most treatment agencies in Western Australia were located in *Major cities* (67 agencies), followed by *Outer regional areas* (14 agencies) and *Remote areas* (13 agencies) in 2020–21. Relatively fewer agencies were located in *Inner regional areas* (6 agencies) and *Very remote* areas (9 agencies). Of the total 109 treatment agencies, most (99 agencies) were non-government agencies.

Figure WA5: Number of agencies, by remoteness area and sector, Western Australia, 2020–21



Note: Data by remoteness (SA2) only available for 2015–16 onwards.
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
http://www.aihw.gov.au

State and territory summaries

South Australia

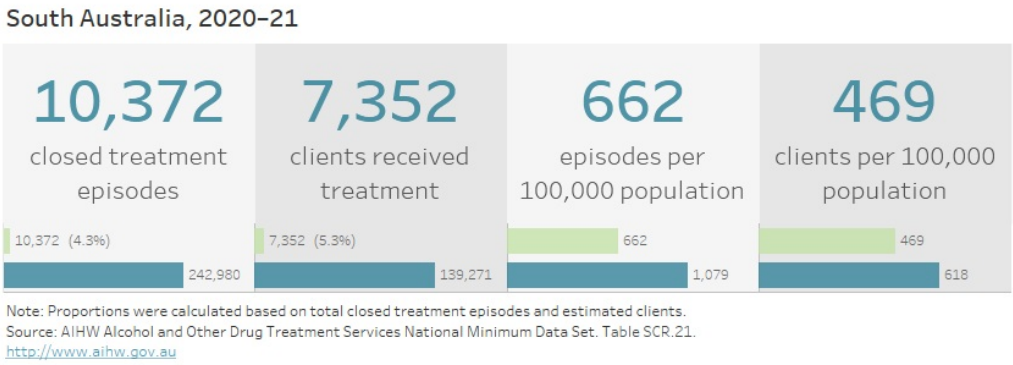
On this page:

In 2020–21, 84 publicly funded alcohol and other drug treatment agencies in South Australia provided around 10,400 treatment episodes to just under 7,400 clients (tables Agcy.1, SCR.21).

South Australia reported:

- a 37% increase in treatment episodes from 2011–12 (8,711 episodes) to 2018–19 (11,934), then decreasing by 19% in 2019–20 (9,690), rising to 10,372 in 2020–21 (Table ST SA.1)
- fewer clients are using AOD services in 2020–21 than 2013–14, after adjusting for population growth (469 clients per 100,000 population compared with 624 per 100,000, respectively)
- client numbers decreased from 9,215 in 2013–14 to 7,352 in 2020–21 (Table SCR.21).

The visualisation shows that 10,372 treatment episodes were provided to 7,352 clients in South Australia in 2020–21. This equates to a rate of 662 episodes and 469 clients per 100,000 population, lower than the national rate (1,079 episodes and 618 clients per 100,000 population).



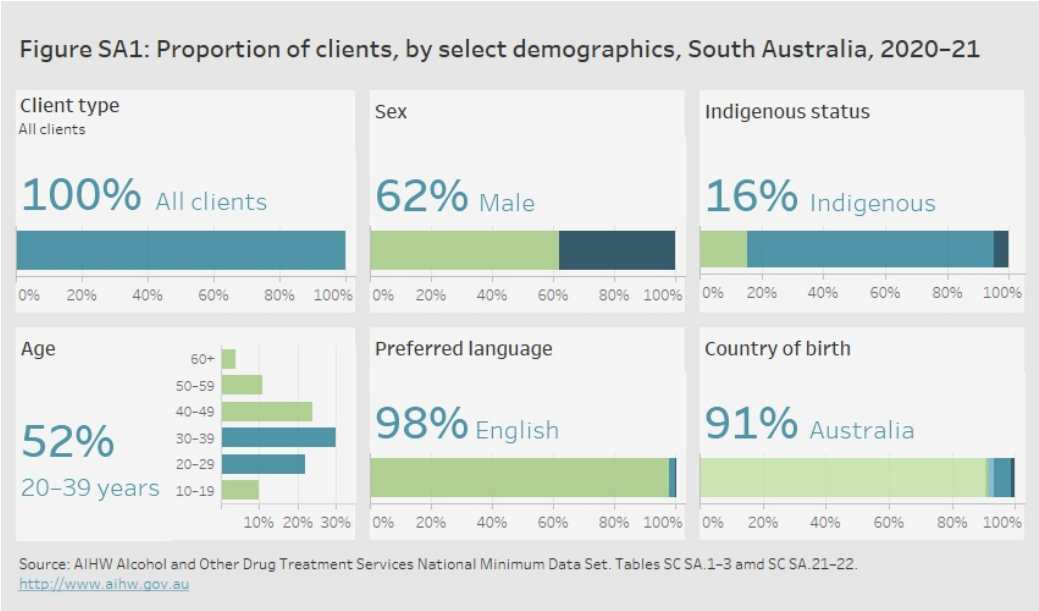
In 2020–21, most (87%) clients in South Australia attended 1 agency, and received an average of 1.4 treatment episodes, which is lower than the national average of 1.7 treatment episodes (tables SCR.21, SCR.23).

Client demographics

In 2020–21:

- nearly all (99%) clients in South Australia received treatment for their own alcohol or drug use, of which, over 3 in 5 (62%) people were male (Figure SA1)
- people seeking treatment for someone else's alcohol or drug use were mostly female (90%)
- over half (54%) of all people were aged 30–49 years
- over 1 in 6 (16%) people identified as Indigenous Australians, which is lower than the national proportion (17%)
- the majority (91%) of clients were born in Australia and nearly all (98%) reported English as their preferred language (tables SC SA.1–3, SC.4, SC SA.21–22).

The visualisation includes a series of horizontal bar graphs showing that, in 2020–21, just under two-thirds (62%) of all clients were male, 52% were aged 20–39 and 16% were Indigenous Australians in South Australia. Nearly all clients (98%) listed English as their preferred language and most (91%) were born in Australia.



Patterns of service use

Over the period 2016–17 to 2020–21, 29,593 clients received treatment in South Australia. Of these clients:

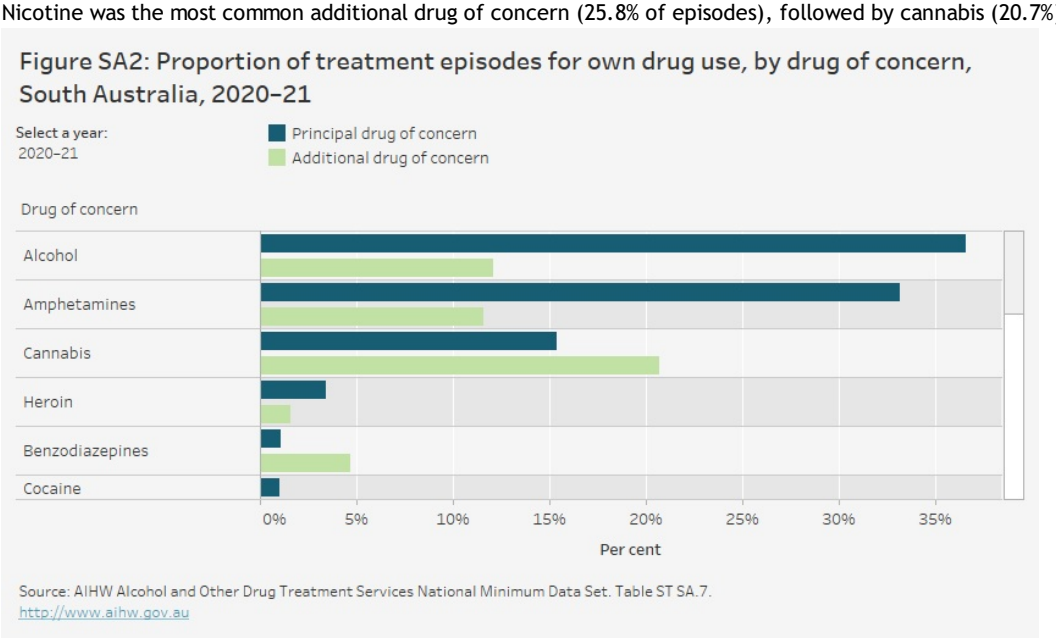
- the majority of clients received treatment in a single year (76%):
  - 15% (4,547) received treatment for the first time in 2020–21
  - a further 61% (18,055) received treatment in only one of the four collection periods (excluding 2020–21)
- 17% (5,043) of clients received treatment in any 2 of the 5 years
- 4.8% (1,422) of clients received treatment in any 3 of the 5 years
- 1.4% (413) of clients received treatment in any 4 of the 5 years
- 0.4% (113) of clients received treatment in all 5 collection years (Table SCR.28).

Drugs of concern

In 2020–21, for clients in South Australia receiving treatment episodes for their own alcohol or drug use:

- alcohol was the most common principal drug of concern for clients (37% or 3,756 episodes) (Figure SA2)
- amphetamines accounted for one-third of treatment episodes (33% or 3,411), followed by cannabis (15% or 1,586).

The grouped horizontal bar chart shows that, in 2020–21, alcohol was the most common principal drug of concern in treatment episodes provided to clients in South Australia for their own drug use (36.6%). This was followed by amphetamines (33.2%) and cannabis (15.4%). Nicotine was the most common additional drug of concern (25.8% of episodes), followed by cannabis (20.7%) and alcohol (12.1%).



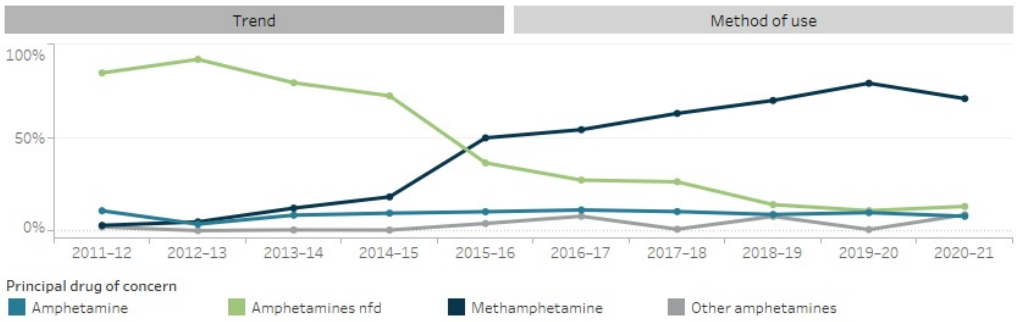
In 2020–21, for clients receiving treatment for their own use of amphetamines:

- methamphetamine was reported as a principal drug of concern in approximately 71% of treatment episodes (Figure SA3a)
- in 58% of treatment episodes where methamphetamine was the principal drug of concern, smoking was the most common method of use, followed by injecting (32%) (Figure SA3b).

The line graph shows that, from 2011–12 to 2014–15, 'amphetamines not further defined' was the most common drug of concern among amphetamine-related treatment episodes for clients' own drug use. In 2015–16, methamphetamine became the most common drug of concern. The proportion of episodes for methamphetamine increased from 2.8% in 2011–12 to 70.7% in 2020–21, while episodes for amphetamines not further defined decreased from 84.5% to 13.0% over the same period.

The stacked horizontal bar chart shows the method of use for treatment episodes related to clients' own use of methamphetamine, amphetamine, amphetamines not further defined, and other amphetamines in South Australia in 2020–21. Smoking was the most common method of use across all amphetamine types (ranging from 51.7% to 59.2% of episodes), while injecting was the second most common method of use (ranging from 23.3% to 34.9% of episodes).

Figure SA3a: Proportion of treatment episodes for own drug use, by amphetamine group (2011–12 to 2020–21) or method of use (2020–21), South Australia (per cent)



Notes
1. Other amphetamines includes Dexamphetamine, Amphetamine analogues and Amphetamines nec.
2. Amphetamines nfd are amphetamines not further defined.
3. Coding of methamphetamines has improved over time due to advancements in workforce training, agency coding practices and new system updates.
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Table ST SA.6.
http://www.aihw.gov.au

Clients can nominate up to 5 additional drugs of concern; these drugs are not necessarily the subject of any treatment within the episode (see technical notes).

In 2020–21, when the client reported additional drugs of concern:

- nicotine was the most common (26% of episodes), followed by cannabis (21%) (Table ST SA.7).

Over the period 2011–12 to 2020–21:

- alcohol replaced amphetamines as the most common principal drug of concern for clients in 2020–21 (37%). However, the proportion of alcohol as a principal drug of concern decreased from 50% (4,337) of episodes in 2011–12 to 27% (3,059) in 2016–17, rising to 37% (3,756) in 2020–21, relative to all other principal drugs of concern (Table ST SA.7)
- amphetamines as a principal drug of concern have increased over this period from 16% in 2011–12 and have fluctuated between 34–37% of episodes from 2016–17. Amphetamine treatment episodes increased over this period from 1,414 in 2011–12, peaking at 4,288 in 2018–19, falling to 3,411 in 2020–21
  - for episodes where amphetamines was the principal drug of concern, methamphetamine was reported in 2.0% of treatment episodes in 2011–12 rising to 18% in 2014–15, then 50% in the next year, increasing to 79% in 2019–20 and falling to 71% in 2020–21 (Figure SA3a). The rise in episodes may be related to increases in funded treatment services and/or improvement in agency coding practices for methamphetamines.

The proportion of treatment episodes for amphetamines as a principal drug of concern has been consistently higher in South Australia than the national proportion (33% and 24% respectively). This is related to a state Government legislated program regarding assessments provided under a Police Drug Diversion initiative. The program results in comparatively high proportions of engagement with methamphetamine users. In addition, due to the Cannabis Expiation Notice legislation in South Australia, adult simple cannabis offences are not diverted to treatment and so are not included in the data (see the Data Quality Statement).

Treatment

In 2020–21, for treatment episodes in South Australia:

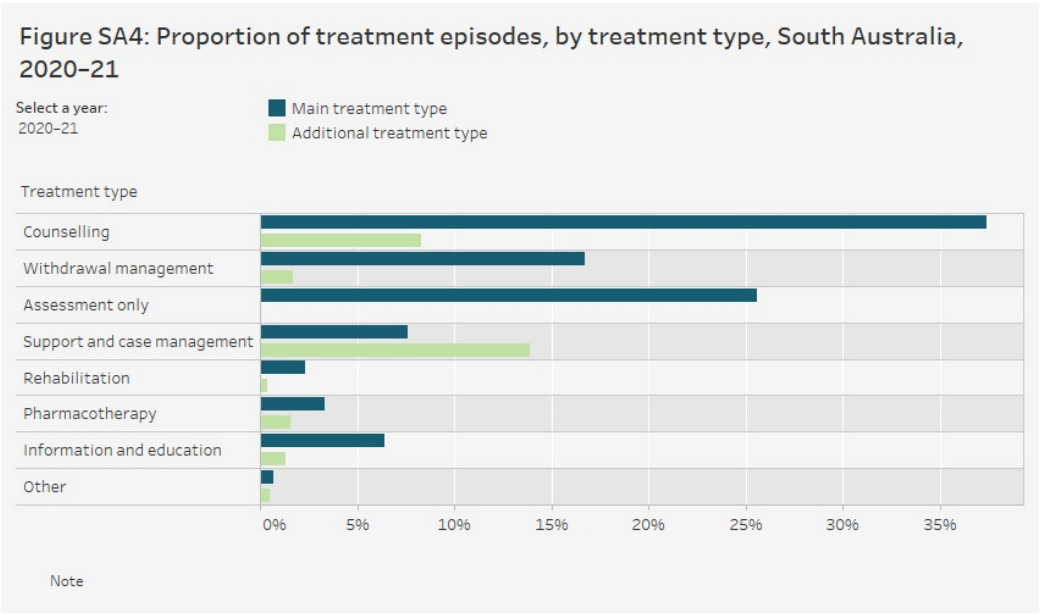
- counselling was the most common main treatment (37% of episodes), followed by assessment only (26%) and withdrawal management (17%) (Figure SA4; Table ST SA.13)
- where an additional treatment was provided as a supplementary to the main treatment, support and case management (14%) was the most common additional treatment, followed by counselling (8%). See technical notes for further information on calculating proportions for additional treatment type.

Over the period 2011–12 to 2020–21:

- counselling as a main treatment fluctuated from 28% in 2011–12, to 21% in 2017–18 rising to 37% in 2020–21

- withdrawal management fell from 22% in 2011–12 to 17% in 2020–21 and rehabilitation also fell from 12% to 2% over the same period
- the proportion of episodes where assessment only was the main treatment (fluctuating from 44% in 2013–14 to 32% in 2019–20 then falling to 26% in 2020–21) remained considerably higher than the national proportion (ranging from 14% to 20%) (Tables ST SA.13, Trt.4).

South Australia reported a high proportion of treatment episodes where assessment only is the most common treatment type, relating in part to the SA Police Drug Diversion Initiative (PDDI).
The grouped horizontal bar chart shows that, in 2020–21, the most common main treatment type provided to clients in South Australia for their own drug use was counselling (37.4% of episodes). This was followed by assessment only (25.6%) and withdrawal management (16.7%). Support and case management was the most common additional treatment type (13.9% of episodes), followed by counselling (8.3%).

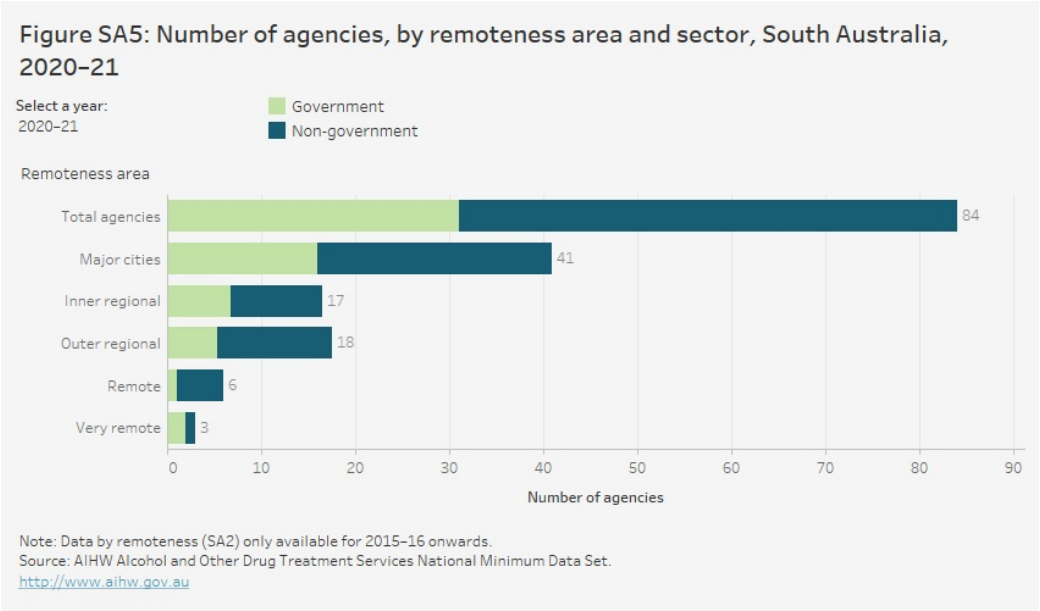


Agencies

In 2020–21, in South Australia:

- almost two-thirds (63%) of 84 AOD agencies that received public funding were non-government treatment agencies
- under half (49%) of all treatment agencies were located in *Major cities*, followed by *Outer regional areas* (21%) and *Inner regional* areas (20%) (Figure SA5; Table Agcy.3)
- In *Very Remote* areas 2 in 3 treatment agencies were Government organisations.

Over the 10 years to 2020–21, the number of publicly funded treatment agencies in South Australia increased from 56 to 84 (Table Agcy.1). The horizontal bar chart shows that most treatment agencies in South Australia were located in *Major cities* (41 agencies), followed by *Outer regional areas* (18 agencies) and *Inner regional* (17 agencies) in 2020–21. Relatively fewer agencies were located in *Remote* (6 agencies) and *Very remote* areas (3 agencies). Of the total 84 treatment agencies, most (53 agencies) were non-government agencies.



Last updated 12/07/2022 v23.0

State and territory summaries

Tasmania

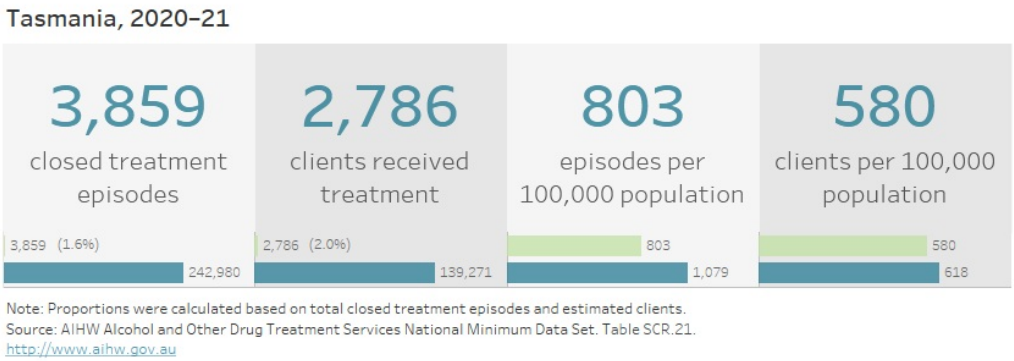
On this page:

In 2020–21, 24 publicly funded alcohol and other drug treatment agencies in Tasmania provided around 3,900 treatment episodes to just under 2,800 clients (tables Agcy.1, SCR.21).

Tasmania reported:

- a 3.9% increase in treatment episodes from 3,715 in 2019–20 to 3,859 in 2020–21, and a 131% increase in treatment episodes since 2011–12 (1,672) (Table ST TAS.2)
- more clients are using AOD services in 2020–21 than 2013–14, after adjusting for population growth (580 clients per 100,000 population compared with 540 per 100,000, respectively)
- client numbers increased from 2,432 in 2013–14 to 2,786 in 2020–21 (Table SCR.21).

The visualisation shows that 3,859 treatment episodes were provided to 2,786 clients in Tasmania in 2020–21. This equates to a rate of 803 episodes and 580 clients per 100,000 population, lower than the national rate (1,079 episodes and 618 clients per 100,000 population).



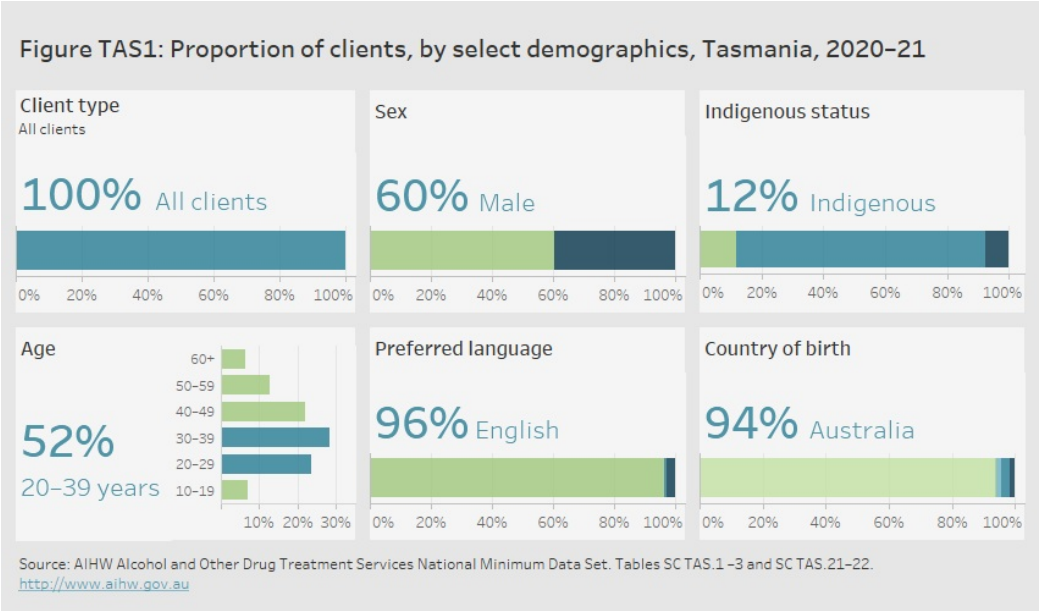
In 2020–21, most (83%) clients in Tasmania attended 1 agency, and received an average of 1.4 treatment episodes, which is lower than national average of 1.7 treatment episodes (tables SCR.21, SCR.23).

Client demographics

In 2020–21:

- most (93%) clients in Tasmania received treatment for their own alcohol or drug use, of which, over 3 in 5 (63%) people were male (Figure TAS1)
- people seeking treatment for someone else's alcohol or drug use were most likely to be female (72%)
- over half (52%) of all clients were aged 20–39 years
- around 1 in 8 (12%) of all clients identified as Indigenous Australians, which is lower than the national proportion (17%)
- the majority (94%) of all clients were born in Australia and nearly all (96%) reported English as their preferred language (tables SC Tas.1–3, SC.4, SC TAS.21–22).

The visualisation includes a series of horizontal bar graphs showing that, in 2019–20, over 9 in 10 (93%) clients in Tasmania received treatment for their own drug use. Of these clients, two-thirds (66%) were male, 54% were aged 20–39, and 12% were Indigenous Australians. Nearly all clients (96%) listed English as their preferred language and were born in Australia (95%).



Patterns of service use

Over the period 2016–17 to 2020–21, 9,716 clients received treatment in Tasmania. Of these clients:

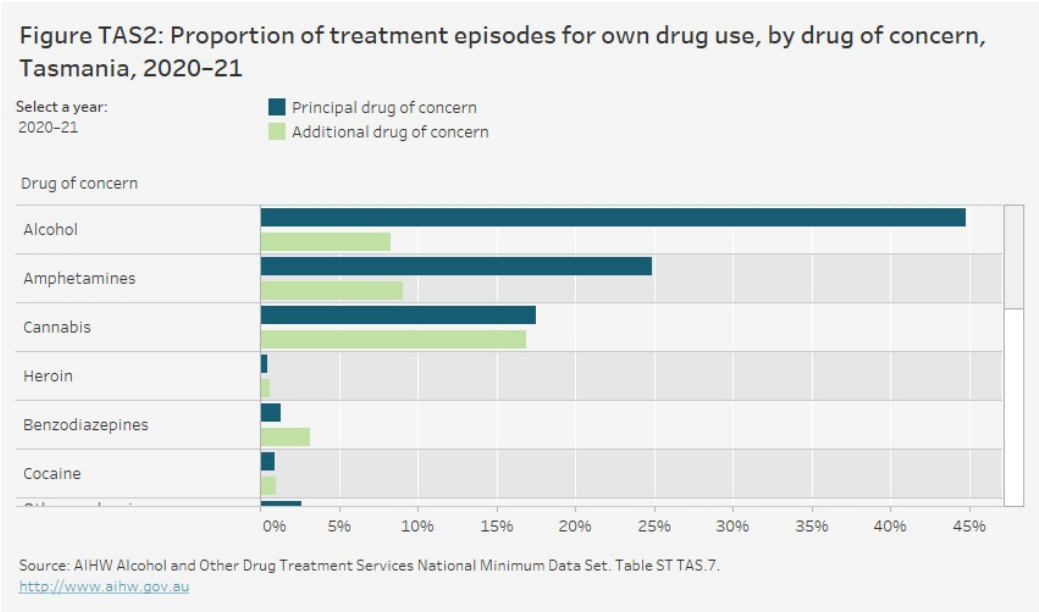
- the majority received treatment in a single year (74%):
  - 17% (1,611) received treatment for the first time in 2020–21
  - a further 57% (5,573) received treatment in only one of the four collection periods (excluding 2020–21)
- 17% (1,662) of clients received treatment in any 2 of the 5 years
- 6.0% (581) of clients received treatment in any 3 of the 5 years
- 2.4% (232) of clients received treatment in any 4 of the 5 years
- 0.6% (57) of clients received treatment in all 5 collection years (Table SCR.28).

Drugs of concern

In 2020–21, for clients in Tasmania receiving treatment episodes for their own alcohol or drug use:

- alcohol was the most common principal drug of concern (45% or 1,626 episodes) (Figure TAS2; Table ST TAS.7).
- amphetamines as a principal drug of concern accounted for 1 in 4 treatment episodes (25% or 903 episodes)

The grouped horizontal bar chart shows that, in 2020–21, alcohol was the most common principal drug of concern in treatment episodes provided to clients in Tasmania for their own drug use (44.8%). This was followed by amphetamines (24.9%) and cannabis (17.5%). Cannabis was the most common additional drug of concern (16.9% of episodes), followed by amphetamines (9.1%) and alcohol (8.3%).



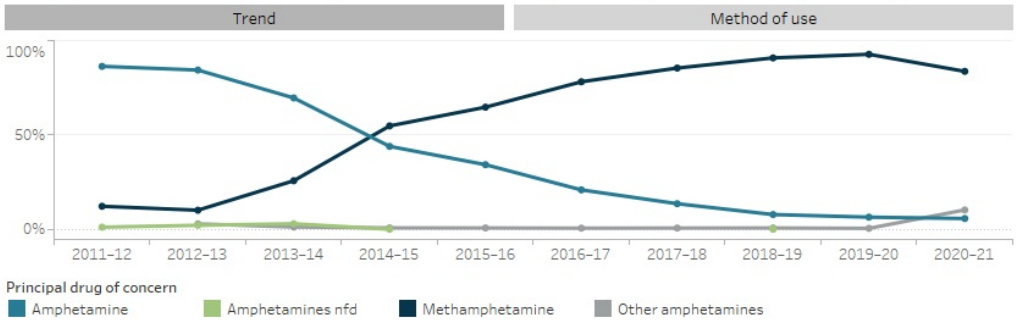
In 2020–21, for clients receiving treatment for their own use of amphetamines:

- methamphetamine was reported as a principal drug of concern in over 8 in 10 (84%) treatment episodes (Figure TAS3a)
- in over half (53%) of treatment episodes where methamphetamine was a principal drug of concern, injecting was the most common method of use, followed by smoking (35%) (Figure TAS3b).

The line graph shows that, from 2011–12 to 2013–14, amphetamine was the most common drug of concern among amphetamine-related treatment episodes for clients' own drug use. In 2014–15, methamphetamine became the most common drug of concern. The proportion of episodes for methamphetamine increased from 12.3% in 2011–12 to 83.7% in 2020–21, while episodes for amphetamine decreased from 86.4% to 5.9% over the same period.

The stacked horizontal bar chart shows the method of use for treatment episodes related to clients' own use of methamphetamine, amphetamine, amphetamines not further defined, and other amphetamines in Tasmania in 2020–21. Injecting was the most common method of use across all amphetamine types (ranging from 47.9% to 52.8% of episodes).

Figure TAS3a: Proportion of treatment episodes for own drug use, by amphetamine group (2011–12 to 2020–21) or method of use (2020–21), Tasmania (per cent)



Notes:
1. Other amphetamines includes Dexamphetamine, Amphetamine analogues and Amphetamines nec.
2. Amphetamines nfd are amphetamines not further defined.
3. Amphetamines nfd were not reported in 2015–16, 2016–17, 2017–18 and 2019–20.
4. Coding of methamphetamines has improved over time due to advancements in workforce training, agency coding practices and new system updates.
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Table ST TAS.6.
http://www.aihw.gov.au

Clients can nominate up to 5 additional drugs of concern; these drugs are not necessarily the subject of any treatment within the episode (see technical notes).

In 2020–21, when the client reported additional drugs of concern:

- cannabis was the most common additional drug of concern (17% of episodes), followed by amphetamines (9%), alcohol and nicotine (both 8%) (Table ST TAS.7).

Over the period 2011–12 to 2020–21:

- treatment episodes were the most common for alcohol as a principal drug of concern, fluctuating from 40% in 2011–12 (619 episodes) to 38% (1,226) in 2016–17 up to 45% (1,626) in 2020–21, relative to all other principal drugs of concern (Table SE TAS.10)
- treatment episodes for amphetamines increased from 10% (154 episodes) to 25% (903) over the period
- treatment episodes for cannabis decreased from 35% (540) to 17% (633). While the number of treatment episodes increased, the proportion decreased in relation to all principal drugs of concern
- within the amphetamines group, methamphetamine was reported as the principal drug of concern in 12% of episodes in 2011–12, rising to 55% in 2014–15 and continuing to rise to 93% in 2019–20, falling to 84% in 2020–21 (Figure TAS3a). The rise in episodes may be related to increases in funded treatment services and/or improvement in agency coding practices for methamphetamines.

Treatment

In 2020–21, for treatment episodes in Tasmania:

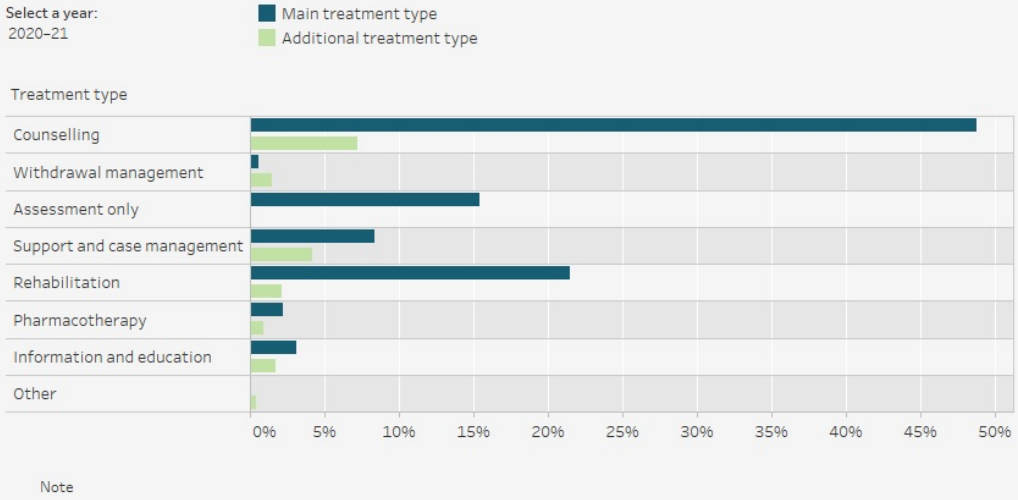
- counselling was the most common main treatment (49% of episodes), followed by rehabilitation (21%) (Figure TAS4; Table ST TAS.13)
- where an additional treatment was provided as a supplementary to the main treatment, counselling (7%) was the most common type of additional treatment, followed by support and case management (4%) and rehabilitation (2%). See technical notes for further information on calculating proportions for additional treatment type.

Over the period 2011–12 to 2020–21:

- counselling remained the most common main treatment, with the proportion of episodes falling from 62% in 2011–12 to 49% in 2020–21
- rehabilitation increased from 2011–12 (8%) peaking in 2016–17 (24%) before decreasing in 2019–20 (20%) and 2020–21 (21%); the proportion of episodes for rehabilitation is higher than the national proportion over this period (Table ST TAS.13).

The grouped horizontal bar chart shows that, in 2020–21, the most common main treatment type provided to clients in Tasmania for their own drug use was counselling (48.8% of episodes). This was followed by rehabilitation (21.5%) and assessment only (15.4%). Counselling was the most common additional treatment type (7.2% of episodes), followed by support and case management (4.2%).

Figure TAS4: Proportion of treatment episodes, by treatment type, Tasmania, 2020–21



Note

Agencies

Tasmania only has the geographical classifications of *Inner regional*, *Outer regional* and *Remote* areas.

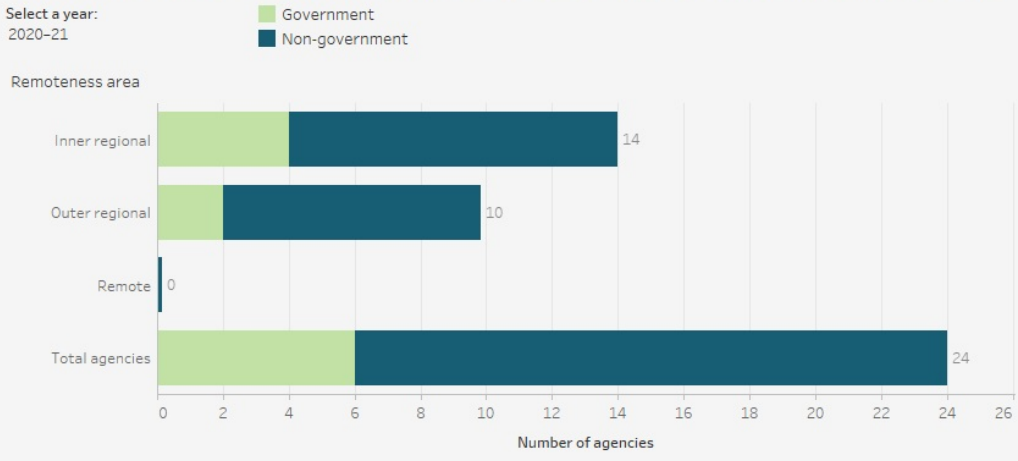
In 2020–21, in Tasmania:

- three-quarters (75%) of the 24 AOD agencies that received public funding were non-government treatment agencies
- 58% of agencies were located in *Inner regional* areas, followed by *Outer regional* (42%) (Figure TAS5; Table Agcy.3)
- agencies located in *Inner regional* and *Outer regional* areas were more likely to be non-government organisations.

In the 10 years to 2020–21, the number of publicly funded treatment agencies in Tasmania rose from 16 in 2011–12 to 24 in 2020–21 (Table Agcy.1).

Note that remoteness categories are derived by applying a correspondence based on the agency's Statistical Area level 2 code (SA2). Not all SA2 codes fit neatly within a single remoteness category, and a ratio is applied to reapportion each SA2 to the applicable remoteness categories. As a result, it is possible that the number of agencies in a particular remoteness category is not a whole number. After rounding, this can result in there being '<0.5%' agencies in a remoteness area, due to the agency's SA2 partially crossing into the remoteness area. See technical notes for further details.
The horizontal bar chart shows that most treatment agencies in Tasmania were located in *Inner regional areas* (14 agencies), followed by *Outer regional areas* (10 agencies) in 2020–21. Of the total 24 treatment agencies, most (18 agencies) were non-government agencies.

Figure TAS5: Number of agencies, by remoteness area and sector, Tasmania, 2020–21



Note: Data by remoteness (SA2) only available for 2015–16 onwards.
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set.
http://www.aihw.gov.au

Last updated 12/07/2022 v25.0

State and territory summaries

Australian Capital Territory

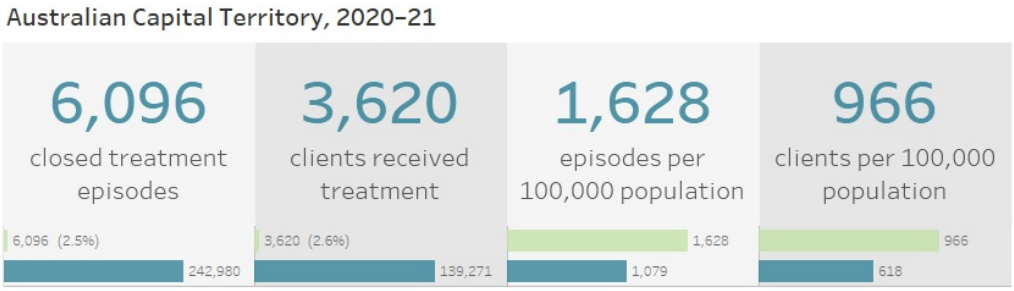
On this page:

In 2020–21, 16 publicly funded alcohol and other drug treatment agencies in the Australian Capital Territory provided around 6,100 treatment episodes to over 3,600 clients (tables Agcy.1, SCR.21).

The Australian Capital Territory reported:

- a 58% increase in treatment episodes from 4,080 in 2011–12 to 6,438 in 2019–20, and a 5.3% decrease in treatment episodes to 2020–21 (6,096) (Table ST ACT.2)
- more clients are using AOD services in 2020–21 than 2013–14, after adjusting for population growth (966 clients per 100,000 population compared with 877 per 100,000, respectively)
- client numbers increased from 2,949 in 2013–14 to 4,080 in 2019–20, then fell to 3,620 in 2020–21 (Table SCR.21).

The visualisation shows that 6,096 treatment episodes were provided to 3,620 clients in the Australian Capital Territory in 2020–21. This equates to a rate of 1,627 episodes and 966 clients per 100,000 population, which is higher than the national rate (1,079 episodes and 618 clients per 100,000 population).



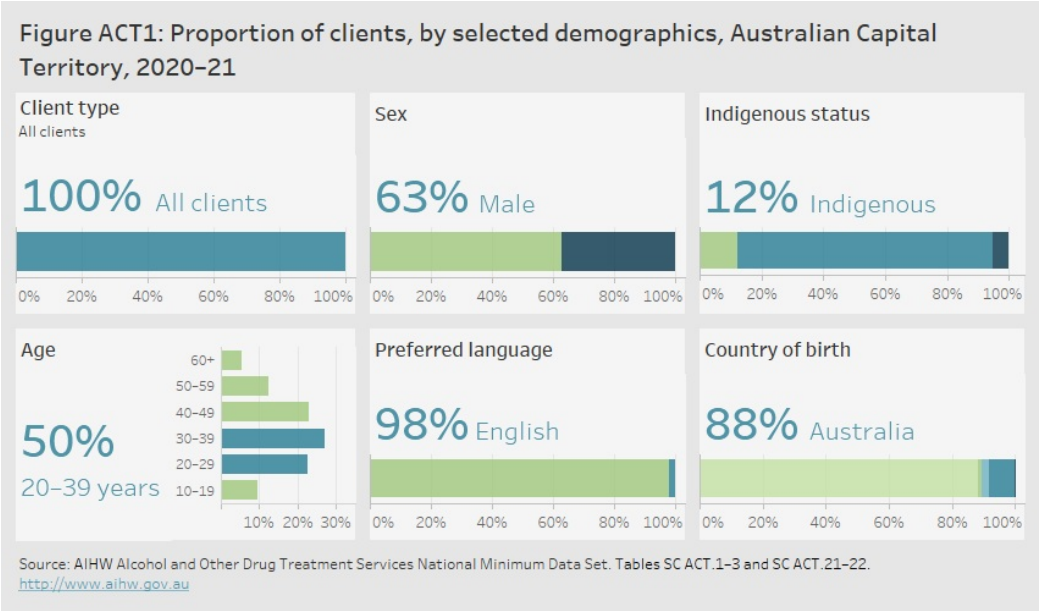
In 2020–21, most (78%) clients in the Australian Capital Territory attended 1 agency, and received an average of 1.7 treatment episodes, the same as the national average of 1.7 treatment episodes (tables SCR.21, SCR.23).

Client demographics

In 2020–21:

- nearly all (96%) clients in the Australian Capital Territory received treatment for their own alcohol or drug use, of which, almost 2 in 3 (64%) people were male (Figure ACT1)
- people seeking treatment for someone else's alcohol or drug use were mostly female (74%)
- one in 2 (50%) of all clients were aged 20–39 years
- over 1 in 8 (12%) of all clients identified as Indigenous Australians, which is lower than the national proportion (17%)
- the majority (88%) of all clients were born in Australia and nearly all (98%) reported English as their preferred language (tables SC ACT.1-3, SC.4, SC ACT.21–22).

The visualisation includes a series of horizontal bar graphs showing that, in 2020–21, just under two-thirds (63%) of all clients were male, 50% were aged 20–39 and 12% were Indigenous Australians in Australian Capital Territory. Nearly all clients (98%) listed English as their preferred language and most (89%) were born in Australia.



Patterns of service use

Over the period 2016–17 to 2020–21, 13,474 clients received treatment in the Australian Capital Territory. Of these clients:

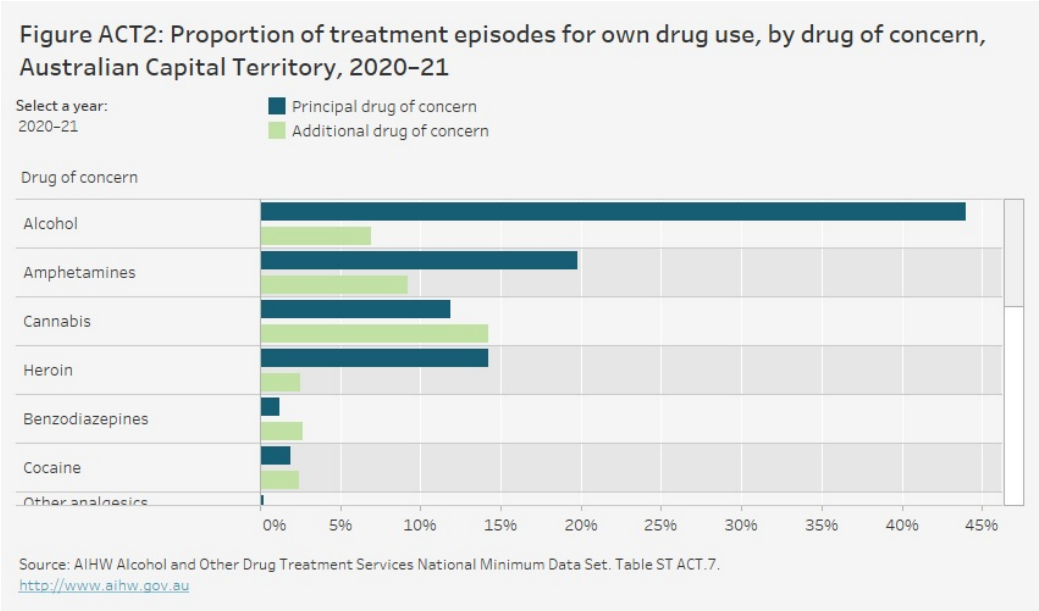
- the majority received treatment in a single year (71%):
  - 13% (1,782) received treatment for the first time in 2020–21
  - a further 58% (7,837) received treatment in only one of the four collection periods (excluding 2020–21)
- 17% (2,247) of clients received treatment in any 2 of the 5 years
- 7.1% (964) of clients received treatment in any 3 of the 5 years
- 3.3% (441) of clients received treatment in any 4 of the 5 years
- 1.5% (205) of clients received treatment in all 5 collection years (Table SCR.28).

Drugs of concern

In 2020–21, for clients in the Australian Capital Territory receiving treatment episodes for their own alcohol or drug use:

- alcohol was the most common principal drug of concern for clients (44% or 2,624 episodes) (Figure ACT2; Tables ST ACT.7)
- amphetamines was also common as a principal drug, accounting for 1 in 5 (20% or 1,178) treatment episodes.

The grouped horizontal bar chart shows that, in 2020–21, alcohol was the most common principal drug of concern in treatment episodes provided to clients in the Australian Capital Territory for their own drug use (44.0%). This was followed by amphetamines (19.8%), heroin (14.2%) and cannabis (11.9%). Nicotine was the most common additional drug of concern (14.7% of episodes), followed by cannabis (14.2%) and amphetamines (9.2%).



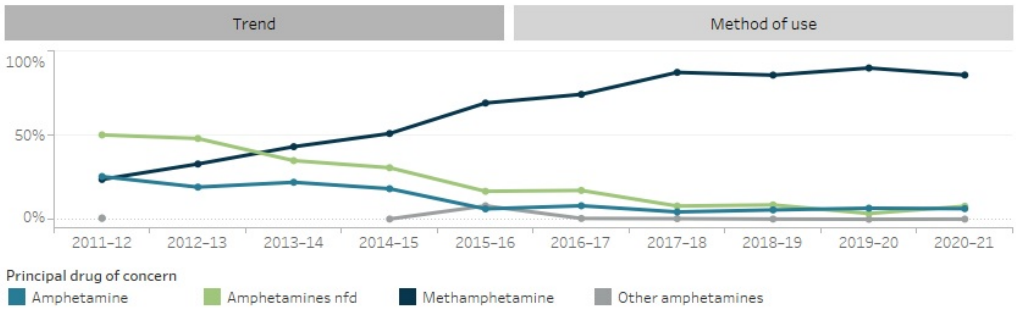
In 2020–21, for clients receiving treatment for their own use of amphetamines:

- methamphetamine was reported as a principal drug of concern for over 8 in 10 (86%) treatment episodes (Figure ACT3a)
- in almost half (44%) of the treatment episodes where methamphetamine was the principal drug of concern injecting was the most common method of use, followed by smoking (41%) (Figure ACT3b).

Some jurisdictions are working with service providers to encourage more specific reporting of amphetamine use (i.e. to reduce the use of 'amphetamines not further defined' code where possible).
The line graph shows that, between 2011–12 and 2012–13, amphetamines not further defined was the most common drug of concern among amphetamine-related treatment episodes for clients' own drug use. In 2013–14, methamphetamine became the most common principal drug of concern within the amphetamines group. The proportion of methamphetamine-related episodes increased from 23.7% of amphetamine-related episodes in 2011–12 to 85.7% in 2020–21, while the proportion of episodes for amphetamines not further defined decreased from 50.1% to 7.8% over the same period.

The stacked horizontal bar chart shows the method of use for treatment episodes related to clients' own use of methamphetamine, amphetamine, amphetamines not further defined, and other amphetamines in the Australian Capital Territory in 2020–21. Injecting was the most common method of use for methamphetamine, amphetamines not further defined and other amphetamines (ranging from 38.0% to 50.0% of episodes), while smoking was the most common method of use for amphetamine (42.7%).

Figure ACT3a: Proportion of treatment episodes for own drug use, by amphetamine group (2011–12 to 2020–21) or method of use (2020–21), Australian Capital Territory (per cent)



Notes
1. Other amphetamines includes Dexamphetamine, Amphetamine analogues and Amphetamines nec.
2. Amphetamines nfd are amphetamines not further defined.
3. Coding of methamphetamines has improved over time due to advancements in workforce training, agency coding practices and new system updates.
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Table ST ACT.6.
http://www.aihw.gov.au

Clients can nominate up to 5 additional drugs of concern; these drugs are not necessarily the subject of any treatment within the episode (see technical notes).

In 2020–21, when the client reported additional drugs of concern:

- nicotine was the most common additional drug (15%), followed by cannabis (14%) (Table ST ACT.7).

Over the period 2011–12 to 2020–21:

- treatment episodes were the most common where alcohol was the principal drug of concern, fluctuating between 2011–12 (48% or 1,935) to 2020–21 (44% or 2,624 episodes), relative to the proportion of all other principal drugs of concern (Table ST ACT.7)
- amphetamines increased from 10% in 2011–12, peaking in 2016–17 (25%) before falling to 20% in 2020–21, relative to the proportion of all other principal drugs of concern. The number of treatment episodes fluctuated from 409 in 2011–12 to 1,626 in 2016–17 down to 1,178 in 2020–21
  - within the amphetamines group, methamphetamine was reported as the principal drug of concern in 24% of episodes in 2011–12, rising to 86% in 2020–21 (Figure ACT3a). The rise in episodes may be related increases in funded treatment services and/or improvement in agency coding practices for methamphetamines
- heroin has replaced cannabis as the third most common principal drug of concern in 2020–21 (14%), peaking at 16% in 2012–13 and falling in 2016–17 (8%). Treatment episodes for heroin as a principal drug of concern over the period in ACT was higher than the national proportion (14% compared with 4.6% nationally) (Table Drg.5)
- the proportion of episodes for cannabis as the principal drug of concern has steadily declined from 2011–12 (17% to 12%).

Treatment

In 2020–21, for treatment episodes in the Australian Capital Territory:

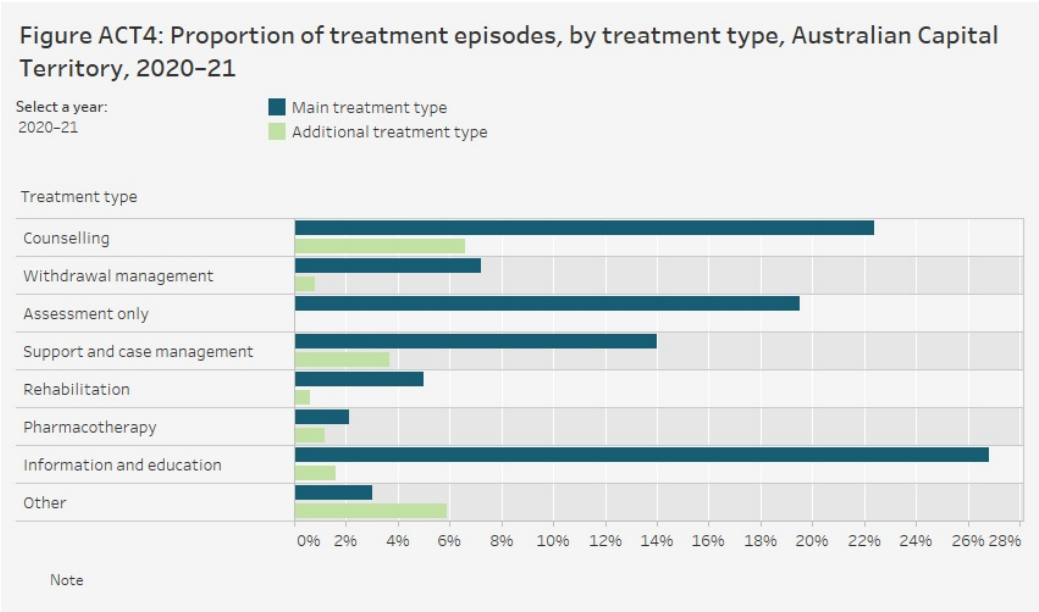
- information and education was the most common main treatment (27% of episodes) (Figure ACT4; Table ST ACT.13)
- counselling was the second most common treatment (22%), followed by assessment only (19%)
- where an additional treatment was provided as a supplementary to the main treatment, counselling (6.6%) was the most common additional treatment. See technical notes for further information on calculating proportions for additional treatment type.

Over the period 2011–12 to 2020–21:

- the most common main treatment for clients has remained information and education, ranging from 13% in 2011–12 to 32% in 2017–18 before decreasing to 27% in 2020–21 (ST ACT.13)

- treatment agencies provided proportionally less counselling than nationally (ranging from 17% to 28% in the ACT compared with 38% to 43% nationally) and proportionally more information and education than nationally (ranging from 13% to 32% in the ACT compared with 4% to 5%) (Tables ST ACT.13 and Trt.3).

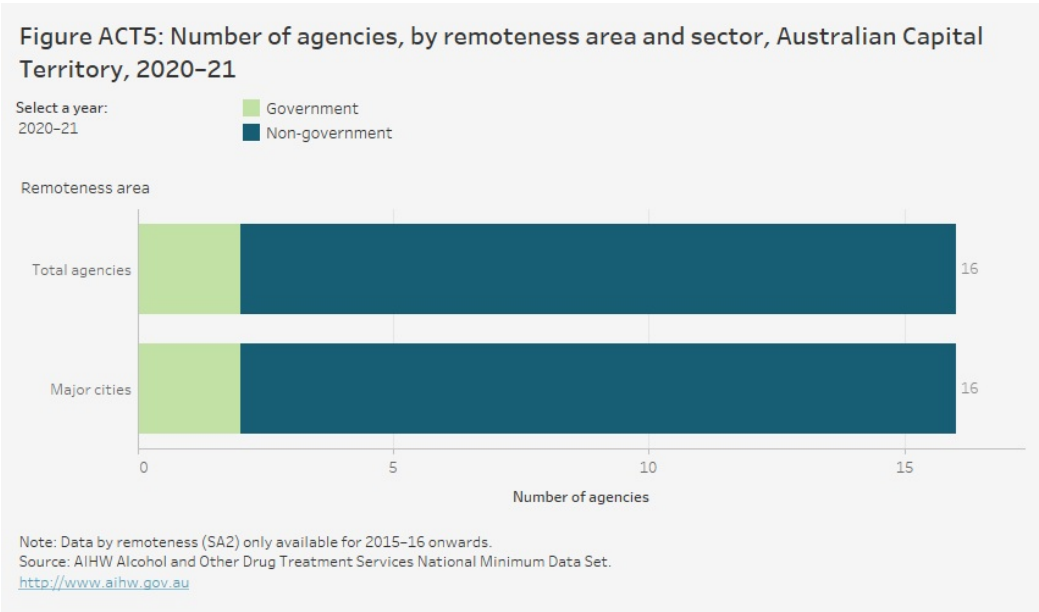
The grouped horizontal bar chart shows that, in 2020–21, the most common main treatment type provided to clients in the Australian Capital Territory for their own drug use was information and education (26.8% of episodes). This was followed by counselling (22.4%) and assessment only (19.5%). Counselling was the most common additional treatment type (6.6% of episodes), followed by 'Other' (5.9%).



Agencies

The Australian Capital Territory only has the one geographical classification of *Major city* (no areas are classified as *Inner regional*, *Outer regional*, *Remote* or *Very remote)*, and the majority of treatment agencies are non-government organisations (88%) (Figure ACT5; Table Agcy.3).

Over the period 2011–12 to 2020–21, the number of publicly funded treatment agencies rose from 9 to 16 agencies (Table Agcy.1).
The horizontal bar chart shows that all treatment agencies in the Australian Capital Territory were located in *Major cities* (16 agencies) in 2020–21. Of the total 16 treatment agencies, most (14 agencies) were non-government agencies.



Last updated 12/07/2022 v28.0

State and territory summaries

Northern Territory

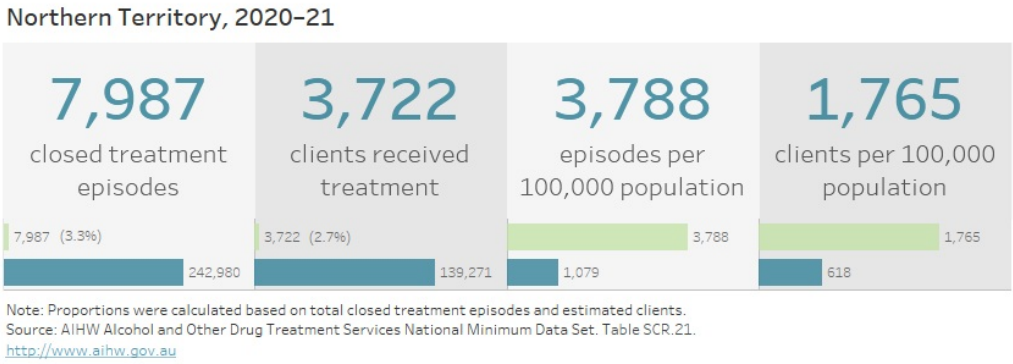
On this page:

In 2020–21, 25 publicly funded alcohol and other drug treatment agencies in the Northern Territory provided around 8,000 treatment episodes to over 3,700 clients (tables Agcy.1–2, SCR.21).

The Northern Territory reported:

- a 6.7% decrease in treatment episodes from 8,565 in 2019–20 to 7,987 in 2020–21, and a 127% increase in treatment episodes since 2011–12 (3,525) (Table ST NT.2)
- more clients are using AOD services in 2020–21 than 2013–14, after adjusting for population growth (1,765 clients per 100,000 population compared with 1,397 per 100,000, respectively)
- client numbers increased from 2,870 in 2013–14 to 3,776 in 2019–20 then dropping to 3,722 in 2020–21 (Table SCR.21).

The visualisation shows that 7,987 treatment episodes were provided to 3,722 clients in the Northern Territory in 2020–21. This equates to a rate of 3,786 episodes and 1,764 clients per 100,000 population, which is higher than the national rate (1,079 episodes and 618 clients per 100,000 population).



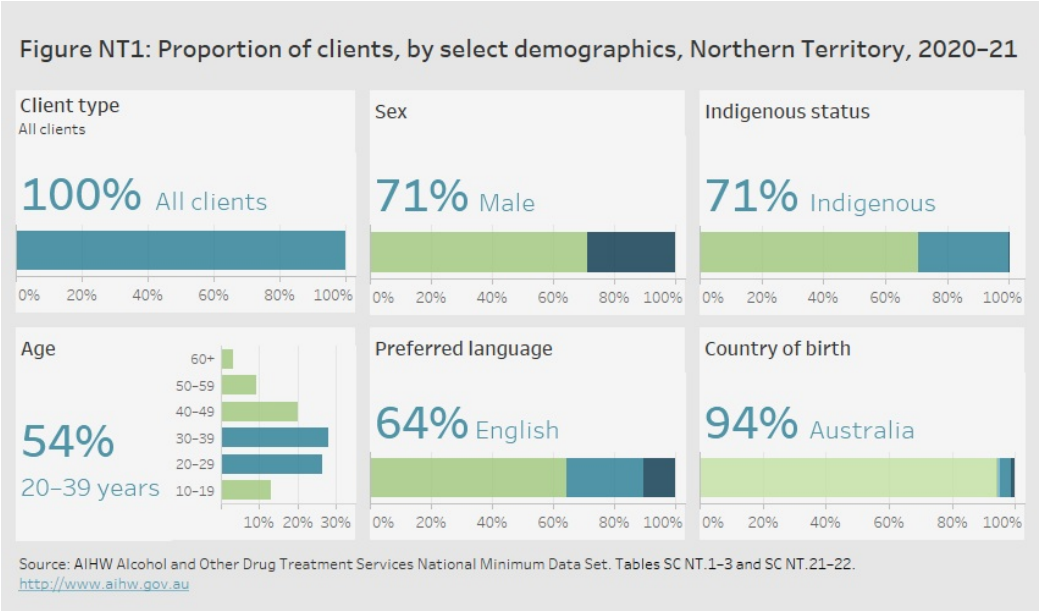
In 2020–21, most (79%) clients in the Northern Territory attended 1 agency, and received an average of 2.1 treatment episodes, which is higher than the national average of 1.7 treatment episodes (tables SCR.21, SCR.23).

Client demographics

In 2020–21:

- most (96%) clients in the Northern Territory received treatment for their own alcohol or drug use, of which, over 7 in 10 (72%) people were male (Figure NT.1)
- people seeking treatment for someone else's alcohol or drug use were more likely to be female (61%)
- over half (54%) of all people were aged 20–39 years, and 13% of people were aged 10–19 years which is higher the national proportion (11%)
- 7 in 10 (71%) of all clients identified as Indigenous Australians, higher than the national proportion (17%)
- nearly all (94%) people were born in Australia and nearly two thirds (64%) reported English as their preferred language, with nearly a quarter (24%) reporting Indigenous languages as their preferred language (tables SC NT.1–3, SC.3–4, SC NT.21–22).

The visualisation includes a series of horizontal bar graphs showing that, in 2020–21, over two-thirds (71%) of all clients were male, 54% were aged 20–39 and 71% were Indigenous Australians in the Australian Capital Territory. Around two-thirds (64%) listed English as their preferred language and most (94%) were born in Australia.



Patterns of service use

Over the period 2016–17 to 2020–21, 12,430 clients received treatment in the Northern Territory. Of these clients:

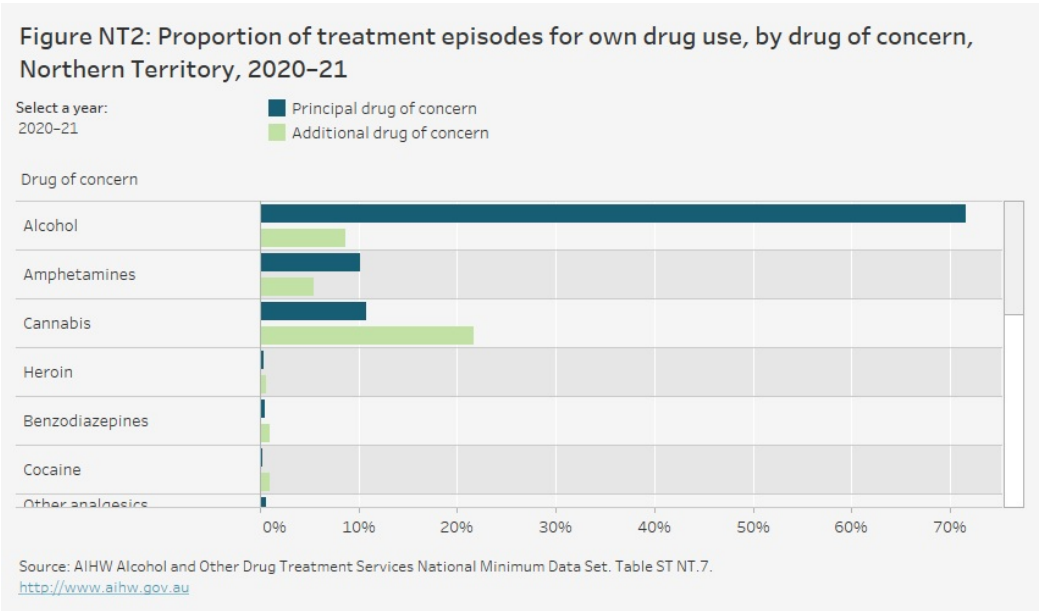
- the majority received treatment in a single year (68%):
  - 15% (1,883) received treatment for the first time in 2020–21
  - a further 53% (6,567) received treatment in only one of the four collection periods (excluding 2020–21)
- 21% (2079) of clients received treatment in any 2 of the 5 years
- 6.9% (665) of clients received treatment in any 3 of the 5 years
- 2.9% (247) of clients received treatment in any 4 of the 5 years
- 0.9% (108) of clients received treatment in all 5 collection years (Table SCR.28).

Drugs of concern

In 2020–21, for clients in the Northern Territory receiving treatment episodes for their own alcohol or drug use:

- alcohol was the most common principal drug of concern for clients (72% or 5,531 episodes) (Figure NT2; Tables ST NT.7)
- cannabis (11% or 834 episodes) and amphetamines (10% or 777 episodes) were the second and third most common principal drugs, followed by volatile solvents (3% or 262 episodes), which is greater than the national proportion (less than 1%) (Table Drg.1).

The grouped horizontal bar chart shows that, in 2020–21, alcohol was the most common principal drug of concern in treatment episodes provided to clients in the Northern Territory for their own drug use (71.6%). This was followed by cannabis (10.8%) and amphetamines (10.1%). Cannabis was the most common additional drug of concern (21.7% of episodes), followed by nicotine (17.0%) and alcohol (8.7%).



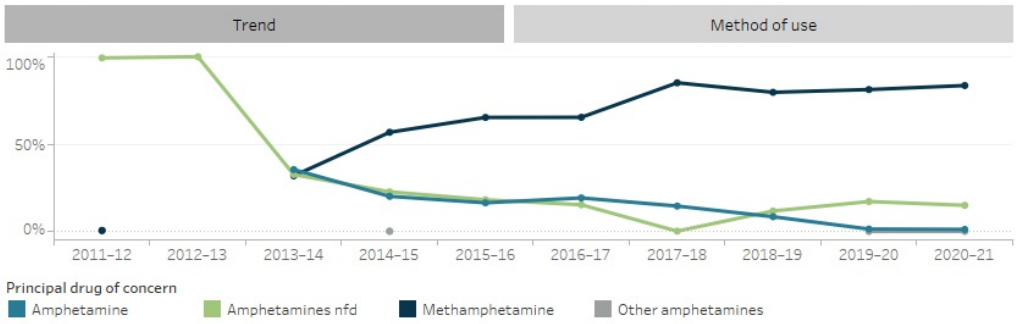
In 2020–21, for clients receiving treatment for their own use of amphetamines:

- methamphetamine was reported as a principal drug of concern in around 4 in 5 (84%) treatment episodes (Figure NT3a)
- in just under half (49%) of treatment episodes where methamphetamine was a principal drug of concern smoking was the most common method of use, followed by injecting (44%) (Figure NT3b).

The line graph shows that, between 2011–12 and 2013–14, amphetamine and amphetamines not further defined were the most common drugs of concern among amphetamine-related treatment episodes for clients' own drug use. In 2014–15, methamphetamine became the most common principal drug of concern within the amphetamines group. The proportion of methamphetamine-related episodes increased from 0.7% of amphetamine-related episodes in 2011–12 to 83.5% in 2020–21, while the proportion of episodes for amphetamines not further defined decreased from 99.3% to 15.1% over the same period.

The stacked horizontal bar chart shows the method of use for treatment episodes related to clients' own use of methamphetamine, amphetamine, amphetamines not further defined, and other amphetamines in the Northern Territory in 2020–21. Injecting was the most common method of use for amphetamine and amphetamines not further defined (40.0% and 54.7% of episodes, respectively). Smoking was the most common method of use for methamphetamine (48.7% of episodes), while 'Other methods' was the most common method of use for other amphetamines (100.0%).

Figure NT3a: Proportion of treatment episodes for own drug use, by amphetamine group (2011–12 to 2020–21) or method of use (2020–21), Northern Territory (per cent)



Notes
1. Other amphetamines includes Dexamphetamine, Amphetamine analogues and Amphetamines nec.
2. Amphetamines nfd are amphetamines not further defined.
3. Other amphetamines not reported from 2015–16 to 2018–19.
4. Coding of methamphetamines has improved over time due to advancements in workforce training, agency coding practices and new system updates.
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set. Table ST ACT.6.
http://www.aihw.gov.au

Clients can nominate up to 5 additional drugs of concern; these drugs are not necessarily the subject of any treatment within the episode (see technical notes).

In 2020–21, when the client reported additional drugs of concern:

- cannabis was the most common additional drug (22% of episodes), followed by nicotine (17%) (Table ST NT.7).

Over the period 2011–12 to 2020–21:

- alcohol remained the most common principal drug of concern ranging from 60% (2,008 episodes in 2012–13) to 72% (5,531) over the period. The proportion of episodes for alcohol, relative to all other principal drugs of concern, remains consistently higher than the national proportion (for example, 72% compared with 37% nationally in 2020–21) (Table Drg.1).
- treatment for amphetamines as a principal drug increased over this period (5% to 10%) and cannabis decreased from 12% to 11%, as a proportion relative to all other principal drugs of concern.
  - within the amphetamines group, treatment for methamphetamine as a principal drug of concern was reported as the principal drug of concern in less than 1% (0.7%) in 2011–12, rising to 85% in 2017–18, dropping to 84% in 2020–21 (Figure NT3a). The rise in methamphetamine episodes may be related to changes in the illicit drug market and/or changes in service provider practices.
- the proportion of treatment episodes for volatile solvents as a principal drug of concern decreased from 7% in 2011–12 to 3% in 2020–21 (Table Drg.1).

Treatment

In 2020–21, for treatment episodes in the Northern Territory:

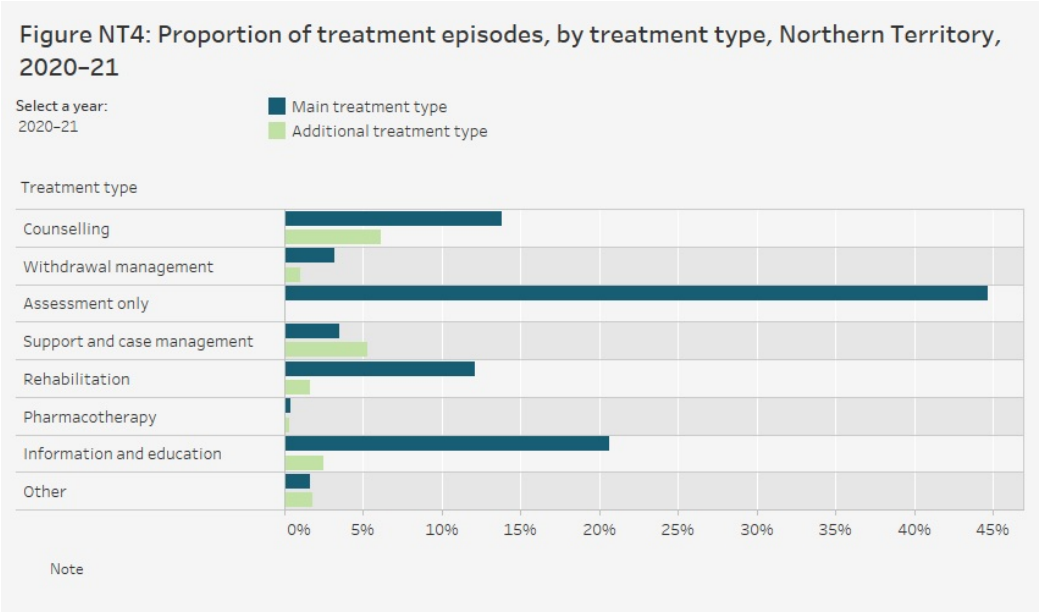
- assessment only was the most common main treatment (45% of episodes), followed by information and education (21%) (Figure NT4; Table ST NT.13)
- where an additional treatment was provided as a supplementary to the main treatment, counselling (6.1%) was the most common additional treatment, followed by support and case management (5.3%) (Table ST NT.13). See technical notes for further information on calculating proportions for additional treatment type.

All agencies in the Northern Territory are required to complete a separate assessment only episode prior to the commencement of treatment. This is due to a policy of monitoring the volume of assessment work performed by agencies and understanding the relationship between assessment and subsequent treatment, particularly in relation to certain alcohol-related legislative-based programs. This policy was introduced in 2018 (reported in the 2017–18 collection year).

Over the period 2011–12 to 2020–21:

- assessment only remained the most common main treatment, although the proportion of episodes fluctuated (increasing from 37% in 2011–12 to 47% in 2017–18 before falling to 45% in 2020–21)
- the proportion of episodes where counselling was the main treatment fell from 25% in 2011–12 to 14% of episodes in 2020–21
- the proportion of treatment episodes where rehabilitation was the main treatment fluctuated since 2011–12, rising from 14% to 25% in 2016–17 then falling to 12% in 2020–21 (Table ST NT.13).

The grouped horizontal bar chart shows that, in 2020–21, the most common main treatment type provided to clients in the Northern Territory for their own drug use was assessment only (44.7% of episodes). This was followed by information and education (20.6%) and counselling (13.8%). Counselling was the most common additional treatment type (6.1% of episodes), followed by support and case management (5.3%).



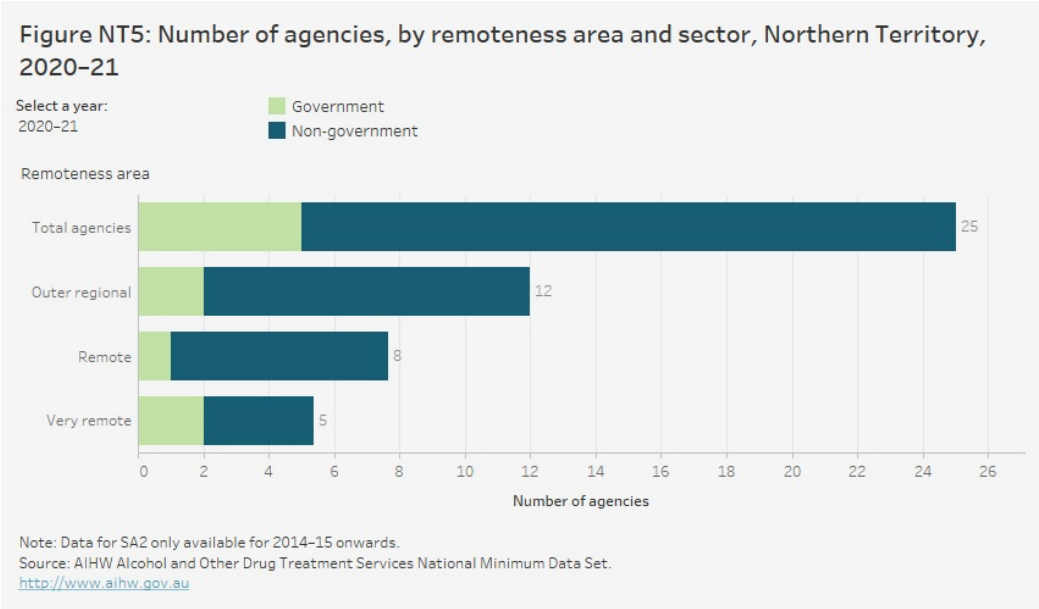
Agencies

The Northern Territory does not have any areas classified as *Major city* or *Inner regional*. It only has locations classified as *Outer regional*, *Remote* or *Very remote*.

In 2020–21:

- the majority of the 25 treatment agencies were in the non-government sector (80%)
- *Outer regional* areas contained the most treatment agencies (48%), followed by *Remote* areas (32%) (Figure NT5; Table Agcy.3).

In the 10 years to 2020–21, the number of publicly funded treatment agencies rose from 19 to 25 (Table Agcy.1).
The horizontal bar chart shows that all treatment agencies in the Northern Territory were located in *Outer regional areas* (12 agencies), followed by *Remote areas* (8 agencies) and *Very remote areas* (5 agencies) in 2020–21. Of the total 25 treatment agencies, most (20 agencies) were non-government agencies.



State and territory summaries

Technical notes - state and territory summaries

On this page

General notes

1. Data are subject to minor revisions over time.
2. Components of figures may not sum to totals due to rounding.

Client demographics

1. Data are based on client records with a valid Statistical Linkage Key (SLK-581).
2. Client data exists from the 2013–14 collection onwards.
3. The client data used in these visualisations is not imputed. Therefore, these numbers may differ from what have been previously published.
4. Rates are crude rates based on the Australian estimated resident population as at 31 December of the reference year. Rates for previous years may differ to those previously reported due to updated estimated resident populations.
5. Proportions are calculated based on overlapping unit record data sorted by state/territory. As clients can receive treatment in multiple states/territories within the same collection period, the number of clients for Australia is less than the summed number of clients for each state/territory. Therefore, the proportions by each state/territory may differ from those reported elsewhere as they are calculated from the summed number of clients in each state/territory.
6. The COVID-19 pandemic and the resulting Australian Government closure of the international border from 20 March 2020, caused significant disruptions to the usual Australian population trends. This report uses Australian Estimated Resident Population (ERP) estimates that reflect these disruptions.

   In the year July 2020 to June 2021, the overall population growth was much smaller than the years prior and in particular, there was a relatively large decline in the population of Victoria. ABS reporting indicates these were primarily due to net-negative international migration (National, state and territory population, June 2021 | Australian Bureau of Statistics (abs.gov.au)).

   Please be aware that this change in the usual population trends may complicate your interpretation of statistics calculated from these ERPs. For example, rates and proportions may be greater than in previous years due to decreases in the denominator (population size) of some sub-populations.

Drugs of concern

1. Unlike the principal drug of concern, additional/other drug/s of concern is not necessarily the subject of any treatment within the episode.
2. The proportion of episodes for an additional drug of concern is calculated by the number of closed treatment episodes for that particular additional drug (up to 5 drug types can be reported) divided by the total number of closed treatment episodes for clients receiving treatment for their own alcohol or drug use in the collection year.
3. The AODTS NMDS contains data on drugs of concern that are coded using the ABS's Australian Standard Classification of Drugs of Concern (ASCDC) (ABS 2011). Pharmaceuticals were grouped using the following 10 drug categories and ASCDC codes:

Drug Category	ASCDC CODE
Codeine	1101
Morphine	1102
Buprenorphine	1201
Oxycodone	1203
Methadone	1305

Benzodiazepines	2400–2499
Steroids	4000–4999
Other opioids	1100, 1199, 1200, 1299, 1300–1304, 1306–1399
Other analgesics	0005, 1000, 1400–1499
Other sedatives and hypnotics	2000, 2200–2299, 2300–2399, 2500–2599, 2900–2999

Jurisdictional notes regarding principal drug of concern

Victoria reported comparatively high incidences of 'Not stated drugs' (15%) as the drug of concern. This is in part due to service providers adjusting to changes in reporting practices associated with the implementation of a new data collection system in 2019–20. In 2020–21, these drugs of concern were coded as 'Other drugs of concern' (14%) to realign with previous coding practices for Victoria. Victoria is working with service providers to encourage more specific reporting of drug of concern.

In Queensland, the level of cannabis reported as the principal drug of concern is a result of the police and illicit drug court diversion programs operating in the state.

South Australia reports a high proportion of treatment episodes where amphetamines are the principal drug of concern due to the SA Police Drug Diversion Initiative (PDDI). In addition, adult cannabis offences are not included in the PDDI due to the SA Cannabis Expiation Notice legislation.

Treatment

1. The proportion of episodes for an additional treatment type is calculated by the number of closed treatment episodes for that particular additional treatment type divided by the total number of closed treatment episodes for main treatment type in the collection year.
2. Rehabilitation, withdrawal management (detoxification), and pharmacotherapy are not available for clients who received treatment for someone else's alcohol or other drug use.
3. The main treatment type of 'other' includes pharmacotherapy. In 2019–20, changes were made to categories under Main Treatment; the word 'only' was removed from code 5 (support and case management) and code 6 (information and education). The removal of the word 'only' from support and case management and information and education, changed reporting rules for agencies; allowing agencies to be able to report and more accurately capture these items as an additional treatment in conjunction with a main treatment type. Main treatment code for 'Other' changed from 8 to 88.
4. Changes were also made to Other Treatment type (or additional treatment) categories, which added the codes 5 (Support and case management) and code 6 (Information and education) as categories to allow agencies to better reflect and record the current use of these treatment types in services. Other treatment type coding for the category 'Other' changed from 5 to 88.
5. In 2019–20 and 2020–21, unprecedented restrictions related to the COVID-19 pandemic impacted delivery of some AOD services including withdrawal management, residential rehabilitation, counselling and face-to-face outreach services, which moved to providing telehealth services to ensure social distancing guidelines were met. Withdrawal and rehabilitation bed-based occupancy decreased compared to pre-COVID occupancy in most states.

Agencies

1. An agency's remoteness area is derived by applying an ABS Australian Statistical Geography Standard (ASGS) Remoteness Structure 2011 to Statistical Area Level 2 code (SA2) correspondence. Some SA2s are split between multiple remoteness areas. Where this is the case, the data are weighted according to the proportion of the population of the SA2 in each remoteness area. As a result, it is possible that the number of agencies in a particular remoteness area is not a whole number. After rounding, this can result in there being '<0.5' or '<0.5%' of agencies in a remoteness area due to the agency's SA2 partially crossing into the remoteness area.
2. The number of agencies by remoteness or sector may not sum to the total number of agencies due to rounding.
3. The number of agencies is not an accurate reflection of all in-scope AOD specialist treatment services in Australia, as some agencies fail to report data during a collection for various reasons. See the Alcohol and other drug treatment services NMDS 2020–21 data quality statement for further details.
4. In 2018–19, the AOD treatment agency counting methodology was revised to better reflect the number of unique AOD treatment service outlets. There is a level of agency duplication, due to agencies splitting out episode data related to the funding source for that program/service. A small number of agencies split their data submission according to state funded service episodes, which are reported to relevant state or territory departments; and Commonwealth funded service episodes are reported to a peak body or directly to the AIHW. This has resulted in the double counting of some services over time. This revision has been applied to all time-series; the main changes in data related to AOD service counts are from 2014–15 to 2017–18.
5. Data for SA2 only available for 2014–15 collection onwards.

For further Technical information regarding the AODTS NMDS see (Annual report technical notes).

Data quality statement

AODTS NMDS 2020–21 data quality statement

Data

2020–21 States and territories (episodes) data tables

2020–21 Clients (states and territories) data tables

References

ABS (Australian Bureau of Statistics) 2006. Statistical geography: volume 1—Australian Standard Geographical Classification (ASGC). ABS cat. no. 1216.0. Canberra: ABS.

ABS 2011. Australian Standard Classification of Drugs of Concern, 2011. ABS cat. no. 1248.0. Canberra: ABS.

ABS 2016a. Estimates of Aboriginal and Torres Strait Islander Australians, July 2016. ABS cat. no.1270.0.55.005. Canberra: ABS.

ABS 2016b. Australian Statistical Geography Standard (ASGS): volume 5—remoteness structure, July 2011. ABS cat. no. 1270.0.55.005. Canberra: ABS.

Last updated 7/07/2022 v18.0

Primary Health Network (PHN) Data

On this page:

In December 2015, the Australian Government announced the release of the *Australian Government Response to the National Ice Taskforce Final Report* (the Response). The Response underpinned the National Ice Action Strategy (NIAS), which was endorsed by the Council of Australian Governments (COAG) on 11 December 2016.

An evaluation of the NIAS commenced in January 2020 with the development of an Evaluation Framework. The evaluation itself commenced in June 2020 and was completed in March 2021. An interim report, submitted to the Department of Health in January 2021, included interim findings for selected NIAS activities. A final report was submitted July 2021 providing a comprehensive assessment including initiatives designed to achieve demand reduction, supply reduction and harm reduction across a wide range of sectors including government, community, law enforcement, justice and regulation, policy, and research.

The Australian Government has invested approximately $561 million over four years from 1 July 2016 in drug and alcohol treatment services, as part of a $713 million investment in reducing the impact of drug and alcohol misuse on individuals, families and communities under the *Drug and Alcohol Program*.

Approximately $412.1 million of this investment was provided to Primary Health Networks (PHNs) to commission locally based treatment in line with community need. This includes the $241.5 million committed under the NIAS. This funding was delivered through the Australian Government's *Drug and Alcohol Program* and aims to improve the access to, and effectiveness of drug and alcohol treatment services in the community.

In April 2020, the Australian Government announced an additional $6 million would be invested in online and phone support services for people experiencing substance issues during the COVID-19 pandemic.

The main source of data about specialist drug and alcohol treatment services in Australia is the Alcohol and Other Drug Treatment Services National Minimum Data Set (the AODTS NMDS), compiled on an annual basis from administrative data by the Australian Institute of Health and Welfare (AIHW).

PHN-commissioned specialist alcohol and other drug treatment providers collect data, in accordance with the AODTS NMDS, on in-scope specialist treatment services and provide it to the AIHW. Alcohol and other drug treatment agencies funded by PHN organisations under the *Drug and Alcohol Program* submitted data to the AODTS NMDS for the first time in 2016–17.

The following set of data visualisations present information at PHN geographic areas. The data presented are from all publicly funded AOD treatment services (which includes PHN-commissioned services) that have reported to the AODTS NMDS (see technical notes for more details).

PHNs are organisations that connect health services across a specific geographic area (PHN areas). There are 31 PHN areas that cover the whole of Australia with the boundaries defined by the Australian Government Department of Health. Some states/territories consist of a single PHN area, while others are made up of multiple PHN areas.

Alcohol and other drug treatment agencies

The following data visualisation shows:

- Number of agencies, by PHN area, 2020–21.
- Number of agencies, by sector and PHN area, 2016–17 to 2020–21.

Figure AODTSPHN1: Alcohol and other drug treatment agencies, 2016–17 to 2020–21

A map and horizontal bar chart show that the number of agencies in each Primary Health Network ranged from 16 agencies in the Gold Coast to 112 in North Western Melbourne in 2020–21. A line graph shows the number of agencies by sector in Australia, 2016–17 to 2020–21. There was a higher number of non-government agencies than government agencies across the period (938 non-government agencies and 439 government agencies in 2020–21).

Visualisation not available for printing

Alcohol and other drug treatment

The following data visualisation shows:

- Treatment episodes, by PHN area of client and main treatment type, 2016–17 to 2020–21.
- Treatment episodes, by PHN area of client and source of referral, 2020–21.
- Treatment episodes, by PHN area of client and treatment delivery setting, 2020–21.

Figure AODTSPHN2: Alcohol and other drug treatment, 2016–17 to 2020–21

The interactive data dashboard shows that there were 242,980 treatment episodes provided to clients in Australia in 2020–21. A horizontal bar chart and line graph show the proportion of treatment episodes by main treatment type in 2020–21 (bar chart) and between 2016–17 and 2020–21 (line graph). Counselling remained the most common main treatment type between 2016–17 and 2020–21, accounting for 38.1% of episodes in 2020–21.

A horizontal bar chart and a donut chart show the proportion of treatment episodes by treatment delivery setting in 2020–21. Most episodes were delivered in non-residential treatment settings (66.5%) and the most common sources of referral were self/family (34.8% of episodes) and health services (33.1%). A filter allows the user to view data for Australia or by Primary Health Network area.

Visualisation not available for printing

Alcohol and other drug treatment map

The following data visualisation shows:

- Treatment episodes, by PHN area of client and main treatment type, 2016–17 to 2020–21.

Figure AODTSPHN3: Alcohol and other drug treatment map, 2016–17 to 2020–21

The map shows that number of treatment episodes in 2020–21 with withdrawal management as the main treatment type ranged from 13 episodes in Western Queensland to 2,120 episodes in North Western Melbourne. Filters allow the user to view data for each main treatment type and for different years of data from 2016–17 to 2020–21.

Visualisation not available for printing

Client demographics

The following data visualisation shows:

- Clients by PHN area of client, client type and sex, 2020–21.
- Clients by PHN area of client, client type and age group, 2020–21.
- Clients by PHN area of client, client type and Indigenous status, 2020–21.

Figure AODTSPHN4: Client demographics, 2020–21

The interactive data dashboard shows that there were 145,837 estimated clients in Australia in 2020–21. A horizontal bar chart shows that most clients in 2020–21 sought treatment for their own drug use (92.69%, compared with 7.31% of clients seeking treatment for someone else's drug use).

A vertical bar chart shows the proportion of clients by age group in 2020–21. Most clients were aged 20–29 (25.6% of clients) or 30–39 (27.3%).

Two donut charts show the proportion of clients by sex and Indigenous status in 2020–21, respectively. Most clients were male (61.9%, compared with 36.4% for females) and 17.1% were Indigenous.

A filter allows the user to view data for Australia or by Primary Health Network area.

Visualisation not available for printing

Principal drug of concern

The following data visualisation shows:

- Treatment episodes for clients who received treatment for their own drug use by PHN area of client and principal drug of concern, 2016–17 to 2020–21.
- Treatment episodes for clients who received treatment for their own drug use by PHN area of client and main treatment type, 2020–21.
- Treatment episodes for clients who received treatment for their own drug use by PHN area of client and source of referral, 2020–21.

Figure AODTSPHN5: Principal drug of concern, 2016–17 to 2020–21

The interactive data dashboard shows that there were 224,135 treatment episodes provided to clients for their own drug use in Australia in 2020–21.

A horizontal bar chart and a line graph show the 4 most common principal drugs of concern among these episodes in 2020–21 (bar chart) and between 2016–17 and 2020–21 (line graph). Alcohol was the most common principal drug of concern across the period, accounting for 37.3% of episodes in 2020–21. This was followed by amphetamines (24.2% of episodes in 2020–21) and cannabis (19.4%).

A horizontal bar chart shows the proportion of treatment episodes provided to clients for their own drug use in 2020–21 by main treatment type. Counselling was the most common main treatment type (36.6% of episodes), followed by assessment only (19.3%).

A donut chart shows that proportion of treatment episodes by source of referral in 2020–21. The most common source of referral was self/family (35.2% of episodes), followed by health services (33.1%).

A filter allows the user to view data for Australia or by Primary Health Network.

Visualisation not available for printing

Principal drug of concern map

The following data visualisation shows:

- Treatment episodes by PHN area of client and principal drug of concern, 2016–17 to 2020–21.

Figure AODTSPHN6: Principal drug of concern map, 2016–17 to 2020–21

The map shows that the number of treatment episodes with alcohol as the principal drug of concern in 2020–21 ranged from 657 episodes in Western Queensland to 6,979 in North Western Melbourne. Filters allow the user to view data for different principal drugs of concern and different years from 2016–17 to 2020–21.

Visualisation not available for printing

Data tables

PHN AODTS NMDS data tables

Last updated 8/07/2022 v22.0

Pharmacotherapy in Australia Data

Opioid pharmacotherapy is one of the main treatment options for dependence on opioid drugs, such as heroin and morphine. Treatment involves replacing the opioid drug of dependence with a legally obtained, longer-lasting opioid. In Australia, clients attend dosing point sites (for example, pharmacies) regularly to take the dose of their prescribed medication under the supervision of a pharmacist or other health professional.

Clients who receive pharmacotherapy treatment can be captured in various data sources. The two national sources presented in this report are:

- Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS).
- National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) Collection.

Due to the specifications of these collections, it is not possible to directly compare or identify people who received pharmacotherapy treatment via dosing point site as well as treatment from a publicly funded alcohol and other drug (AOD) service (see technical notes for more details). However, exploring this information in parallel can provide a more detailed picture about pharmacotherapy treatment in Australia.
The interactive data dashboard provides an overview of pharmacotherapy treatment in AODTS NMDS in 2020–21 and in the NOPSAD collection on a snapshot day in June 2021 (NOPSAD data does not include Queensland).

In 2020–21, 1.7% of AODTS NMDS treatment episodes provided to clients for their own drug use involved pharmacotherapy as the main treatment type. Among these episodes, the most common principal drug of concern was heroin (46.5% of AODTS NMDS pharmacotherapy episodes).

On a snapshot day in June 2021, 47,563 clients received opioid pharmacotherapy in the NOPSAD collection. The most common pharmacotherapy treatment type was methadone (58.3% of clients) and the most common opioid drug of dependence was heroin (44.3% of NOPSAD clients).

Navigation buttons allow the user to navigate between the following tabs: Overview, Client age and sex, and Treatment.

Visualisation not available for printing

Data tables

Data tables (AODTS NMDS)

Data tables (NOPSAD collection)

Last updated 7/07/2022 v13.0

Diversion programs in Australia Data

On this page:

What are drug diversion programs?

In Australia, drug diversion treatment programs (diversion programs) divert people who have been apprehended or sentenced for a minor drugs offence from the criminal justice system. Diversions often result in clients being referred to drug treatment agencies, including publicly funded AOD treatment agencies captured in Alcohol and Other Drug Treatment Services National Minimum Dataset (AODTS NMDS) data. Treatment services for clients referred via diversion programs range from short-term assessment (such as information or education sessions) to longer-term treatments (such as counselling or withdrawal management).

There are 2 key types of diversion programs in Australia that are captured in AODTS NMDS data:

- **Police diversion** occurs when an offence is first detected by a law enforcement officer. This typically applies for minor drug offences (for example, drug possession or use), often relating to cannabis. The offender may receive a caution or fine and will sometimes be required to attend mandatory drug assessment or education sessions.
- **Court diversion** occurs after a charge has been laid. It is usually applied for offences where criminal behaviour was related to drug use (for example, burglary or public order offence). Bail-based programs generally involve drug assessment and treatment, while pre- and post-sentence programs (such as drug courts) are aimed at repeat offenders and may involve more intensive treatment.

For more information on diversion programs, refer to the Key terminology and glossary.

Diversion has several objectives, including:

- Avoiding the negative labelling and stigma associated with criminal conduct and contact with the criminal justice system.
- Preventing further offending by minimising a person's contact with, and progression through, the criminal justice system.
- Reducing the number of people reaching the courts and prisons, thereby lightening the heavy caseload of courts and reducing delays as well as in costs of court processes and incarceration.
- Reducing unnecessary social controls.
- Providing appropriate interventions to those offenders who are in need of treatment or other services.

About the diversion client data visualisation

This interactive data visualisation is based on data from the AODTS NMDS about clients who are referred to treatment via police or court diversion programs. It includes all clients with a valid statistical linkage key (SLK) who received at least 1 treatment episode for their own drug use with diversion as the referral source in a given collection period (that is, financial year). In this visualisation:

- **Diversion clients** include all clients who were referred to treatment via a diversion program (police or court) in at least 1 treatment episode in the collection period. For example, where clients received more than 1 treatment episode in the same collection period, if at least 1 had a diversion referral source then they are counted as 'Diversion clients' for the purpose of this analysis.
- **Non-diversion clients** include all clients who did not receive any episodes with a diversion referral source in the collection period.

Diversion clients are reported overall and separately by police or court diversion. The sum of clients for police and court diversion exceeds the total number of diversion clients reported due to overlap where, for example, clients received at least 2 treatment episodes with referrals from police and court diversion in the same collection period.

How do we count treatment episodes provided to diversion clients?

Standard AODTS NMDS reporting counts diversion treatment episodes as the total number of episodes in which the source of referral was listed as 'diversion'. For this feature diversion report, treatment episodes are counted as follows:

- **Treatment episodes provided to non-diversion clients** include all treatment episodes provided to non-diversion clients in the collection period.
- **Treatment episodes provided to diversion clients** include all treatment episodes provided to diversion clients (police or court). Where diversion clients received multiple treatment episodes in the collection period, all episodes related to these clients are counted as 'diversion treatment episodes' regardless of the referral source. For example, if a client received 2 treatment episodes in 2020–21 and 1 of these listed 'diversion' as the referral source, both episodes are counted as diversion treatment episodes even if the second episode did not list diversion as the referral source.

Treatment episodes in this visualisation are only included for clients with a valid SLK. The total number of treatment episodes reported is lower here than in the standard AODTS NMDS report, where all treatment episodes are counted regardless of client SLK.

The interactive data dashboard provides an overview of treatment episodes provided to diversion clients in Australia in 2020–21.

A series of tiles show that, in 2020–21, 195,171 treatment episodes were provided to non-diversion clients, 26,606 episodes were provided to all diversion clients, 14,724 episodes were provided to court diversion clients and 12,556 episodes were provided to police diversion clients.

A stacked horizontal bar graph shows that alcohol was the most common principal drug of concern (PDOC) in treatment episodes provided to non-diversion clients (40.5% of episodes), while cannabis was the most common PDOC among episodes provided to all diversion clients (44.4% of episodes). The proportion of episodes with cannabis as the PDOC was higher for police diversion clients (61.5% of episodes) than court diversion clients (31.0%).

Filters allow the user to view data by year (2016–17 to 2020–21) and by state or territory. Navigation buttons allow the user to navigate between the following tabs: Overview, Clients and Treatment episodes.

Visualisation not available for printing

Last updated 7/07/2022 v15.0

Technical notes

Policy framework for alcohol and other drugs and service response

On this page:

Drug use in Australia

Health impacts

The health impacts associated with alcohol and other drug (AOD) use include hospitalisation, mental health conditions, physical injury, overdose and mortality. Tobacco, alcohol and illicit drug use together account for 16.5% of the burden of disease in Australia (AIHW 2019).

Social impacts

The social impacts of AOD use in Australia include involvement in criminal activity, engagement in risky behaviours, victimisation and road trauma. In 2016, 1 in 10 (9.9%) recent drinkers and 15.1% of people who had recently used illicit drugs had driven while intoxicated (AIHW 2017). In 2019, 1 in 5 (21%) Australians aged 14 and over were victims of an alcohol-related incident and 10.5% were victims of an illicit drug-related incident (AIHW 2020).

Economic impacts

The use and misuse of licit and illicit drugs imposes a heavy financial cost on the Australian community. In recent years, the separate costs of tobacco ($136.9 billion in 2015–16), opioid ($15.76 billion in 2015–16), methamphetamine (over $5 billion in 2013–14) and alcohol use ($14.35 billion in 2010) in Australia have been estimated, utilising different methodologies (Whetton et al. 2020; Whetton et al. 2019; Whetton et al. 2016; Manning, Smith & Mazerolle 2013).

Alcohol and tobacco are two of the most widely used drugs in Australia. The most recent 2019 National Drug Strategy Household Survey reported that of Australians aged 14 and over:

- 77% drank alcohol in the previous 12 months and 14.0% were current smokers (AIHW 2020).
- Around 1 in 6 (16.8%) drank at levels that increased the risk of alcohol-related harms over their lifetime (more than 2 standard drinks per day on average: NHMRC 2009), a decrease from 21% in 2001.
- 25% of people drank at levels that put them at an increased risk of accident or injury (more than 4 standard drinks in a session: NHMRC 2009) at least monthly. This is a decrease from 26% in 2016 and 30% in 2001.

In 2019, illicit drug use was relatively common among Australians aged 14 and over (AIHW 2020):

- 43% self-reported they had illicitly used a drug at some point in their life (including pharmaceuticals used for non-medical purposes) and 16.4% had done so in the last 12 months.
- Cannabis continued to be the most commonly used illicit drug with more than 1 in 3 (36%) having used it in their lifetime and 11.6% using it in the previous 12 months.
- Ecstasy and cocaine were the second and third most common illicit drugs used in a lifetime (12.5% and 11.2%, respectively) and in the last 12 months (3.0% and 4.2%, respectively).

The National Drug Strategy

Australia has had a coordinated approach to dealing with alcohol and other drugs since 1985. The National Drug Strategy (NDS) 2017–2026 is the 7th and latest iteration of the cooperative strategy between the Australian Government, state and territory governments, and the non-government sector. The NDS provides a framework that identifies national priorities relating to alcohol, tobacco and other drugs, guides action by governments—in partnership with service providers and the community—and outlines a national commitment to harm minimisation through balanced adoption of effective demand, supply, and harm reduction strategies.

The objective of the NDS

The NDS has an overarching approach of harm minimisation and encompasses 3 pillars, each with specific objectives (NDSC 2017):

- **demand reduction:** to prevent the uptake and/or delay the onset of use of alcohol, tobacco, and other drugs; reduce the misuse of alcohol, tobacco, and other drugs in the community; and support people to recover from dependence through evidence-informed treatment
- **supply reduction:** to prevent, stop, disrupt, or otherwise reduce the production and supply of illegal drugs; and to control, manage, and/or regulate the availability of illegal drugs

- **harm reduction:** to reduce the adverse health, social and economic consequences of the use of drugs for consumers, their families, and the wider community.

The collection of treatment services data, for example in the AODTS NMDS, forms part of the evidence base reinforcing harm reduction actions in the strategy, which include (NDSC 2017):

- increasing access to pharmacotherapy treatment to reduce drug dependence and reduce the health, social, and economic harms to individuals and the community that arise from misuse of opioids
- monitoring emerging drug issues to provide advice to the health, law enforcement, education, and social services sectors to inform individuals and the community regarding risky behaviours
- developing and promoting culturally appropriate alcohol, tobacco, and other drug information and support resources for individuals, families, communities, and professionals in contact with people at increased risk of harm from alcohol, tobacco, and other drugs
- providing opportunities for intervention among high-prevalence or high-risk groups and locations, including the implementation of settings-based approaches to modify risk behaviours
- enhancing systems to facilitate greater diversion into health interventions from the criminal justice system, particularly for Aboriginal and Torres Strait Islander people, young people, and other at risk populations who may be experiencing disproportionate harm.

Alcohol and other drug treatment services

AOD treatment services provide support to people regarding their use of alcohol or drugs through a range of treatments. Treatment objectives can include reduction or cessation of substance use, as well as improving social and personal functioning. Treatment and assistance may also be provided to support the family and friends of people who have problems with alcohol or drug use. Treatment services include detoxification and rehabilitation, counselling, and pharmacotherapy, and are delivered in residential and non-residential settings.

In Australia, publicly funded treatment services for AOD use are available in all states and territories. Most of these services are funded by state and territory governments, while some are funded by the Australian Government. Information on publicly funded AOD treatment services in Australia, clients, and drug treatment are collected through the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS).

Other available data sources that support a more complete picture of AOD treatment in Australia include:

- the National Opioid Pharmacotherapy Statistics Annual Data collection
- the National Hospital Morbidity Database
- the Specialist Homelessness Services collection
- the National Prisoner Health Data collection.

The AODTS NMDS

The AODTS NMDS contains information on treatment provided to clients by publicly funded AOD treatment services, including government and non-government organisations. Information on clients and treatment services are included in the AODTS NMDS when a treatment episode provided to a client is closed (see glossary).

Information on the following types of treatment are reported:

- assessment only
- counselling
- information and education
- pharmacotherapy
- rehabilitation
- support and case management
- withdrawal management (see glossary).

The AODTS NMDS collects data about services provided to people who are seeking assistance for their own alcohol or drug use and those seeking assistance for someone else’s alcohol or drug use.

Client information is collected at the episode level in the AODTS NMDS. Further details on the estimation of client numbers and the imputation methodology can be found in the technical notes.

Data collected by treatment agencies are forwarded to the relevant state and territory health departments, who then extract required data according the specifications in the AODTS NMDS. Data are submitted to the AIHW annually for national collation and reporting.

Coverage and data quality

Although the AODTS NMDS collection covers the majority of publicly funded AOD treatment services, including government and non-government organisations, it is difficult to fully quantify the scope of AOD services in Australia.

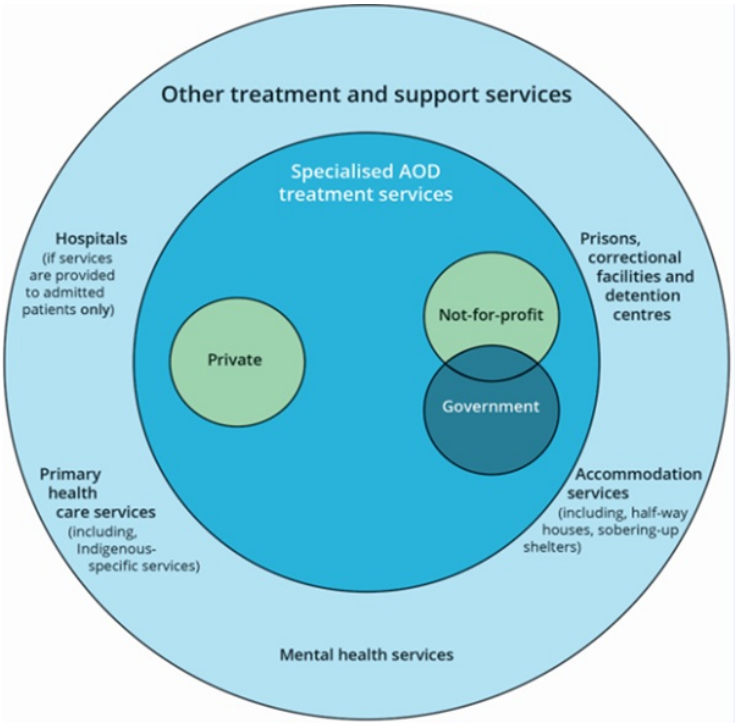
People receive treatment for alcohol and other drug-related issues in a variety of settings not in scope for the AODTS NMDS. These include:

- services provided by other not-for-profit organisations and private treatment agencies that do not receive public funding
- alcohol and other drug treatment units in acute care or psychiatric hospitals that provide treatment only to admitted patients

- prisons, correctional facilities and detention centres
- primary health-care services, including general practitioner settings, community-based care, Indigenous Australian-specific primary health-care services and dedicated substance use services
- health promotion services (for example, needle and syringe programs)
- accommodation services (for example, halfway houses and sobering-up shelters) (Figure AODTS1).

In addition, agencies whose sole function is prescribing or providing dosing services for opioid pharmacotherapy are excluded from the AODTS NMDS. These data are captured in the AIHW's National Opioid Pharmacotherapy Statistics Annual Data collection.

Figure AODTS1: Alcohol and other drug treatment and support services in Australia



Note: Those in scope for the AODTS NMDS are shaded darker blue.

The Australian Government funds primary healthcare services and substance use services specifically for Indigenous Australians. These services previously reported reported via the Australian Government-funded Aboriginal and Torres Strait Islander substance use services, via the Online Services Report (OSR) data collection. The substance use services program was transferred to the Department of Prime Minister and Cabinet and then to the National Indigenous Australian Agency and ceased in 2019.

In 2020–21, 96% (1,279) of in-scope agencies submitted data to the AODTS NMDS. Overall, from 2019–20 to 2020–21, there was a decrease of 2 percentage points in the proportion of in-scope agencies that reported to the collection. For the 2014–15 and 2015–16 reporting periods, sector reforms and system issues in some jurisdictions affected the number of in-scope agencies that reported. This led to an under-count of the number of closed treatment episodes reported for these years, so results, especially across reporting years, should be interpreted with caution.

Further details on scope, coverage and data quality are available from the AODTS NMDS Data Quality Statement.

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Technical notes

Data and methods

On this page:

For technical notes on the state and territory summaries refer to Technical notes - state and territory summaries.

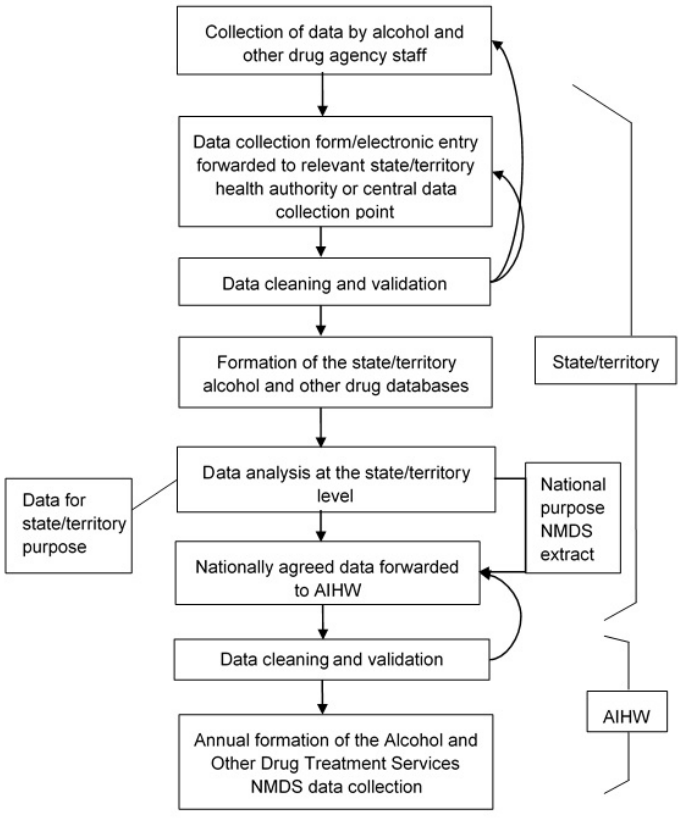
Age

Age is calculated as at the start of the episode.

Data collection process

For most states and territories, the data provided for the national collection are a subset of a more detailed jurisdictional data set used for planning and policy. Figure A1 shows the processes involved in constructing the national data.

Figure A1: Alcohol and other drug treatment data collection flowchart



Drugs of concern

The AODTS NMDS contains data on drugs of concern that are coded using the ABS's Australian Standard Classification of Drugs of Concern (ASCDC) (ABS 2011). In this report, these drugs are grouped (Table A1).

Table A1: Groupings of drugs of concern

Group	ASCDC codes	Category	Includes
Analgesics	1000–1999	Codeine	
		Morphine	
		Buprenorphine	
		Heroin	
		Methadone	
		Other opioids	Oxycodone, fentanyl, pethidine
		Other analgesics	Paracetamol
Sedatives and hypnotics	2000–2999	Alcohol	Ethanol, methanol and other alcohols
		Benzodiazepines	Clonazepam, diazepam and temazepam
		Other sedatives and hypnotics	Ketamine, nitrous oxide, barbiturates and kava
Stimulants and hallucinogens	3000–3999	Amphetamines	Amphetamine, dexamphetamine and methamphetamine
		Ecstasy (MDMA)	
		Cocaine	
		Nicotine	
		Other stimulants and hallucinogens	Volatile nitrates, ephedra alkaloids, phenethylamines, tryptamines and caffeine
Cannabinoids	7000–7199	Cannabis	
Other	4000–6999 9000–9999	Other	Anabolic agents and selected hormones, antidepressants and antipsychotics, volatile solvents, diuretics and opioid antagonists
Not stated	0000–0002	Not stated	

In this report, pharmaceutical drugs were grouped using 10 drug types, making up the pharmaceuticals group for the purposes of the analysis. These drugs correspond to the ASCDC codes and classifications (Table A2).

Table A2: Pharmaceutical drugs of concern, ASCDC codes and classifications

Drug category	ASCDC code	ASCDC classification (broad group and narrow group/s)	Drug description (ASCDC base level unit/s)
Codeine	1101	Analgesics Organic opiate analgesics	Codeine
Morphine	1102	Analgesics Organic opiate analgesics	Morphine
Buprenorphine	1201	Analgesics Semisynthetic opioid analgesics	Buprenorphine

Oxycodone	1203	Analgesics Semisynthetic opioid analgesics	Oxycodone
Methadone	1305	Analgesics Synthetic opioid analgesics	Methadone
Benzodiazepines	2400–2499	Sedatives and hypnotics Benzodiazepines	Benzodiazepines n.f.d., alprazolam, clonazepam, diazepam, flunitrazepam, lorazepam, nitrazepam, oxazepam, temazepam, benzodiazepines n.e.c.
Steroids	4000–4999	Anabolic agents and selected hormones Anabolic androgenic steroids Beta2 agonists Peptide hormones, mimetics and analogues Other anabolic agents and selected hormones Not further defined	Anabolic agents and selected hormones n.f.d., anabolic androgenic steroids n.f.d., boldene, dehydroepiandrosterone, fluoxymesterone, mesterolone, methandriol, methenolone, nandrolone, oxandrolone, stanozolol, testosterone, anabolic androgenic steroids n.e.c., beta2 agonists n.f.d., eformoterol, fenoterol, salbutamol, beta2 agonists n.e.c., peptide hormones, mimetics and analogues n.f.d., chorionic gonadotrophin, corticotrophin, erythropoietin, growth hormone, insulin, peptide hormones, mimetics and analogues n.e.c., other anabolic agents and selected hormones n.f.d., sulfonylurea hypoglycaemic agents, tamoxifen, thyroxine, other anabolic agents and selected hormones n.e.c.
Other opioids	1100, 1199, 1200, 1299, 1300–1304, 1306–1399	Analgesics Organic opiate analgesics Semisynthetic opioid analgesics Synthetic opioid analgesics Not further defined	Organic opiate analgesics n.f.d., organic opiate analgesics n.e.c., semisynthetic opioid analgesics n.f.d., semisynthetic opioid analgesics n.e.c., synthetic opioid analgesics n.f.d., fentanyl, fentanyl analogues, levomethadyl acetate hydrochloride, meperidine analogues, pethidine, tramadol, synthetic opioid analgesics n.e.c.
Other analgesics	0005, 1000, 1400–1499	Analgesics Non-opioid analgesics Not further defined	Analgesics n.f.d., non-opioid analgesics n.f.d., acetylsalicylic acid, paracetamol, ibuprofen, non-opioid analgesics n.e.c.

Other sedatives and hypnotics	2000, 2200–2299, 2300–2399, 2500–2599, 2900–2999	Sedatives and hypnotics Anaesthetics Barbiturates Gamma-hydroxybutyrate (GHB) type drugs and analogues Other sedatives and hypnotics	Sedatives and hypnotics n.f.d., anaesthetics n.f.d., ketamine, nitrous oxide, phencyclidine, propofol, anaesthetics n.e.c., barbiturates n.f.d., amylobarbitone, methylphenobarbitone, phenobarbitone, barbiturates n.e.c., GHB-type drugs and analogues n.f.d., GHB, gamma-butyrolactone, 1,4-butanediol, GHB-type drugs and analogues n.e.c., other sedatives and hypnotics n.f.d., chlormethiazole, kava lactones, zopclone, doxylamine, promethazine, zolpidem, other sedatives and hypnotics n.e.c.

n.f.d—not further defined; n.e.c—not elsewhere classified.

Duration

Duration is calculated in whole days, and only for closed episodes.

Population rates

In this publication, crude rates were calculated using the ABS's estimated resident population at the midpoint of the data range: that is, rates for 2020–21 data were calculated using the estimated resident population at 31 December 2020.

The COVID-19 pandemic and the resulting Australian Government closure of the international border from 20 March 2020, caused significant disruptions to the usual Australian population trends. This report uses Australian Estimated Resident Population (ERP) estimates that reflect these disruptions.

In the year July 2020 to June 2021, the overall population growth was much smaller than the years prior and in particular, there was a relatively large decline in the population of Victoria. ABS reporting indicates these were primarily due to net-negative international migration (National, state and territory population, June 2021 | Australian Bureau of Statistics (abs.gov.au)).

Please be aware that this change in the usual population trends may complicate your interpretation of statistics calculated from these ERPs. For example, rates and proportions may be greater than in previous years due to decreases in the denominator (population size) of some sub-populations.

Reason for cessation

The AODTS NMDS contains data on the reason an episode ended (reason for cessation). In this report, these reasons are grouped (Table A3), but data for the individual end reasons are available in the online supplementary tables.

A different method was used for grouping end reasons in reports released before 2014, so trend comparisons across reports should be made with caution. It is possible to compare data at the individual end reasons using the supplementary tables.

Table A3: Grouping of cessation reasons, by indicative outcome type

Outcome type	**Reason for cessation**
Expected/planned completion	Treatment completed
	Ceased to participate at expiation
	Ceased to participate by mutual agreement
Ended due to unplanned completion	Ceased to participate against advice
	Ceased to participate without notice
	Ceased to participate due to non-compliance
Referred to another service/change in treatment mode	Change in main treatment type
	Change in delivery setting
	Change in principal drug of concern
	Transferred to another service provider
	Drug court or sanctioned by court diversion service

Other	Imprisoned (other than drug court sanctioned)
	Died
	Other
	Not stated

Remoteness area

This report uses the ABS's Australian Statistical Geography Standard (ASGS) Remoteness Structure 2016 (ABS 2016b) to analyse the proportion of AOD treatment agencies by remoteness area. This structure allows areas that share common characteristics of remoteness to be classified into broad geographic regions of Australia. These areas are:

- *Major cities*
- *Remote*
- *Inner regional*
- *Very remote*
- *Outer regional*

The remoteness structure divides each state and territory into several regions based on their relative access to services.

Examples of urban centres in each remoteness area are:

- *Major cities* Canberra, Newcastle
- *Inner regional* Hobart, Bendigo
- *Outer regional* Cairns, Darwin
- *Remote* Katherine, Mount Isa
- *Very remote* Tennant Creek, Meekatharra.

For this report, the remoteness area of the agency was determined using the Statistical Area Level 2 (SA2) of the agency. Not all SA2 codes fit neatly within a single remoteness category, and a ratio is applied to reapportion each SA2 to the applicable remoteness categories. As a result, it is possible that the number of agencies in a particular remoteness category is not a whole number. After rounding, this can result in there being '<0.5%' agencies in a remoteness area, due to the agency's SA2 partially crossing into the remoteness area.

The Australian Statistical Geography Standard ASGS has replaced the Australian Standard Geographical Classification 2006 (ABS 2006), which was used in previous reports to calculate remoteness areas. Therefore, remoteness data for 2011–12 and previous years are not comparable with those for 2012–13 and subsequent years.

Service sectors

From 2008–09, agencies funded by the Department of Health under the Non-Government Organisation Treatment Grants Program (NGOTGP) were classified as non-government agencies. Before this, many of these agencies were classified as government agencies. As a result, trends in service sectors of agencies should be interpreted with caution.

Source of referral: diversion

Throughout Australia, there are programs that divert people who have been apprehended or sentenced for a minor drugs offence from the criminal justice system. Many of these diversions result in clients receiving drug treatment services, who have been referred to treatment agencies as part of a drug diversion program. Since the 1980s, Australian governments have supported programs aimed at diverting from the criminal justice system people who have been apprehended or sentenced with a minor drugs offence.

In Australia, drug diversion program come in two main forms:

- **Police diversion** occurs when an offence is first detected by a law enforcement officer. It usually applies for minor use or possession offences, often relating to cannabis, and can involve the offender being cautioned, receiving a fine and/or having to attend education or assessment sessions.
- **Court diversion** occurs after a charge is laid. It usually applies for offences where criminal behaviour was related to drug use (for example, burglary or public order offence). Bail-based programs generally involve assessment and treatment, while pre- and post-sentence programs (including drug courts) tend to involve intensive treatment and are aimed at repeat offenders.

Treatment

The number of closed treatment episodes for counselling as a main treatment type has remained the most common treatment type for all clients over all collection years. Fluctuations over time in closed treatment episodes for particular treatment types may be influenced by coding practices, increased funding or changes in treatment policies/ capacity to provide specialised alcohol and other drug treatment services, which may contribute to variation in treatment types over time.

Trends

Trend data may differ from data published in previous versions of *Alcohol and other drug treatment services in Australia*, due to data revisions.

Imputation methodology for AOD clients

From the inception of the AODTS NMDS, data have been collected only about treatment episodes provided by AOD treatment services. Data about the clients those episodes relate to have not been available at a national level. An SLK was introduced into the AODTS NMDS for the 2012–13 collection to enable the number of clients receiving treatment to be counted, while continuing to ensure the privacy of these individuals receiving treatment.

An imputation strategy for the collection was developed to correct for the impact of invalid or missing SLKs on the total number of clients. This strategy takes into account several factors relating to the number of episodes per client and makes assumptions relating to spread across agencies. It also takes into consideration the likelihood that an episode with a missing SLK relates to a client that has already been counted through other episodes with a valid SLK.

To ensure an accurate representation of the AODTS client population, imputation was applied to the 2012–13, 2013–14 and 2015–16 AODTS NMDS to account for the proportion of valid SLKs being less than 95% for these years. The national rate of valid SLKs for these years was largely affected by low proportions of valid SLKs in New South Wales.

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Technical notes

Key terminology and glossary

Key terminology

Closed treatment episode

An episode of treatment for alcohol and other drugs is the period of contact, with defined dates of commencement and cessation, between a client and a treatment provider or team of providers in which there is no change in the main treatment type or the principal drug of concern, and there has not been a non-planned absence of contact for greater than 3 months.

A treatment episode is considered closed where any of the following occurs: treatment is completed or has ceased; there has been no contact between the client and treatment provider for 3 months; or there is a change in the main treatment type, principal drug of concern or delivery setting.

Treatment episodes are excluded from the AODTS NMDS for a reporting year if they:

- are not closed in the relevant financial year
- are for clients who are receiving pharmacotherapy (through an opioid substitution therapy program) and not receiving any other form of treatment that falls within the scope of the collection
- include only activities relating to needle and syringe exchange, or
- are for a client aged under 10.

Drugs of concern

The **principal drug of concern** is the main substance that the client stated led them to seek treatment from the AOD treatment agency. In this report, only clients seeking treatment for their own substance use are included in analyses of principal drug of concern. It is assumed that only the person using the substance themselves can accurately report principal drug of concern; therefore, these data are not collected from those who seek treatment for someone else's drug use.

Additional drugs of concern refers to any other drugs the client reports using in addition to the principal drug of concern. Clients can nominate up to 5 additional drugs of concern, but these drugs are not necessarily the subject of any treatment within the episode.

All drugs of concern refers to all drugs reported by clients, including the principal drug of concern and any additional drugs of concern.

Reasons for cessation

The reasons for a client ceasing to receive a treatment episode from an AOD treatment service include:

- expected/planned completion: episodes where the treatment was completed, or where the client ceased to participate at expiation or by mutual agreement
- ended due to unplanned completion: episodes where the client ceased to participate against advice, without notice or due to non-compliance
- referred to another service/change in treatment mode: episodes that ended due to a change in main treatment type, delivery setting or principal drug of concern, or where the client was transferred to another service provider.

Treatment types

Treatment type refers to the type of activity used to treat the client's alcohol or other drug problem. Rehabilitation, withdrawal management (detoxification) and pharmacotherapy are not available for clients seeking treatment for someone else's drug use. See glossary for more information on treatment types and definitions.

The **main treatment type** is the principal activity that is determined at assessment by the treatment provider to be necessary for the completion of the treatment plan for the client's alcohol or other drug problem for their principal drug of concern. One main treatment type is reported for each treatment episode. 'Assessment only', 'support and case management' and 'information and education' can be reported only as main treatment types.

In 2019–20, changes were made to categories under Main Treatment; the word 'only' was removed from support and case management and information and education. The removal of the word 'only' from support and case management and information and education, changed reporting rules for agencies; allowing agencies to be able to report and more accurately capture these items as an additional treatment in conjunction with a main treatment type.

Other treatment types refer to other treatment types provided to the client, in addition to their main treatment type. Up to 4 additional treatment types can be reported.

Note that Victoria and Western Australia do not supply data on additional treatment types. In these jurisdictions, each type of treatment (main or additional) results in a separate episode.

Glossary

additional drugs: Clients receiving treatment for their own drug use nominate a principal drug of concern that has led them to seek treatment and additional drugs of concern, of which up to 5 are recorded in the AODTS NMDS. Clients receiving treatment for someone else's drug use do not nominate drugs of concern.

additional treatment type: Clients receive 1 main treatment type in each episode and additional treatment types as appropriate, of which up to 4 are recorded in the AODTS NMDS.

alcohol: A central nervous system depressant made from fermented starches. Alcohol inhibits brain functions, dampens the motor and sensory centres and makes judgement, coordination and balance more difficult.

amphetamines: Stimulants that include methamphetamine, also known as methylamphetamine. Amphetamines speed up the messages going between the brain and the body. Common names are speed, fast, up, uppers, louee, goey and whiz. Crystal methamphetamine is also known as ice, shabu, crystal meth, base, whiz, goey or glass.

Australian Standard Geographical Classification (ASGC): Common framework defined by the Australian Bureau of Statistics for collection and dissemination of geographically classified statistics. The ASGC was implemented in 1984 and the final release was in 2011. It has been replaced by the Australian Statistical Geography Standard (ASGS).

Australian Statistical Geography Standard (ASGS): Common framework defined by the Australian Bureau of Statistics for collection and dissemination of geographically classified statistics. The ASGS replaced the ASGC in July 2011.

benzodiazepines: Also known as minor tranquillisers, these drugs are most commonly prescribed by doctors to relieve stress and anxiety, and to help people sleep. Common names include benzos, tranx, sleepers, downers, pills, serras (Serepax®), moggies (Mogadon®) and normies (Normison®).

client type: The status of a person in terms of whether the treatment episode concerns their own alcohol and/or other drug use or that of another person. Clients may seek treatment or assistance concerning their own alcohol and/or other drug use, or treatment and/or assistance in relation to the alcohol and/or other drug use of another person.

client counts: Includes:

- distinct clients—where the total number refers to the actual number of clients counted
- estimated clients—where the number of clients is estimated using imputed numbers (see imputation methodology).

closed treatment episode: A period of contact between a client and a treatment provider, or team of providers. An episode is closed when treatment is completed, there has been no further contact between the client and the treatment provider for 3 months, when treatment is ceased (see reason for cessation) or there is a change in the main treatment type, principal drug of concern or delivery setting.

cocaine: A drug that belongs to a group of drugs known as stimulants. Cocaine is extracted from the leaves of the coca bush (*Erythroxylum coca*). Some of the common names for cocaine include C, coke, nose candy, snow, white lady, toot, Charlie, blow, white dust and stardust.

diversion client type: Clients who received at least 1 AOD treatment episode during a collection year resulting from a referral by a police or court diversion program. The 2 subtypes in this group are:

- diversion only clients—received treatment as a result of diversion referrals only
- diversion client with non-diversion episodes—received at least 1 treatment episode resulting from a diversion referral, but also received at least 1 treatment episode resulting from a non-diversion referral in a collection year.

ecstasy (MDMA): The popular street name for a range of drugs containing the substance 3, 4-methylenedioxymethamphetamine (MDMA)—a stimulant with hallucinogenic properties. Common names for ecstasy include Adam, Eve, MDMA, X, E, the X, XTC and the love drug.

GHB: stands for gamma hydroxybutyrate, which is a central nervous system depressant. Common names for GHB include, G, Grievous Bodily Harm, fantasy, liquid E, liquid ecstasy and blue nitro.

government agency: An agency that operates from the public accounts of the Australian Government or a state or territory government, is part of the general government sector and is financed mainly from taxation.

heroin: One of a group of drugs known as opioids, which are strong pain-killers with addictive properties. Heroin and other opioids are classified as depressant drugs. Common names for heroin include smack, skag, dope, H, junk, hammer, slow, gear, harry, big harry, horse, black tar, China white, Chinese H, white dynamite, dragon, elephant, boy, home-bake or poison.

illicit drug use: Includes:

- the use of illegal drugs—drugs that are prohibited from manufacture, sale or possession in Australia, such as cannabis, cocaine, heroin and MDMA (ecstasy)
- misuse, non-medical or extra-medical use of pharmaceuticals—drugs that are available from a pharmacy, over-the-counter or by prescription, which may be subject to misuse, such as opioid-based pain relief medications, opioid substitution therapies, benzodiazepines, over-the-counter codeine and steroids
- use of other psychoactive substances—legal or illegal, potentially used in a harmful way, such as kava, or inhalants such as petrol, paint or glue (but not including tobacco or alcohol).

licit drug use: The use of legal drugs in a legal manner, including tobacco smoking and alcohol consumption.

main treatment type: The principal activity that is determined at assessment by the treatment provider to treat the client's alcohol or other drug use for the principal drug of concern.

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

method of use for principal drug of concern: The client's usual method of administering the principal drug of concern as stated by the client. Includes: ingests, smokes, injects, sniffs (powder), inhales (vapour), other and not stated.

nicotine: The highly addictive stimulant drug in tobacco.

non-government agency: An agency that receives some government funding, but is not controlled by the government, and is directed by a group of officers or an executive committee. A non-government agency may be an income tax-exempt charity.

principal drug of concern: The main substance that the client stated led them to seek treatment from an alcohol and drug treatment agency.

reason for cessation: The reason the client ceased to receive a treatment episode from an alcohol and other drug treatment service. The client can have:

- completed treatment—where the treatment was completed as planned
- a change in the main treatment type
- a change in the delivery setting
- a change in the principal drug of concern
- been transferred to another service provider—including where the service provider is no longer the most appropriate, and the client is transferred or referred to another service. For example, transfers could occur for clients between non-residential and residential services, or between residential services and a hospital—excludes situations where the original treatment was completed before the client transferred to a different provider for other treatment
- ceased to participate against advice—here the service provider is aware of the client's intention to stop participating in treatment, and the client ceases despite advice from staff that such action is against the client's best interest
- ceased to participate without notice
- ceased to participate involuntarily—where the service provider stops the treatment due to non-compliance with the rules or conditions of the program
- ceased to participate at expiation—where the client has fulfilled their obligation to satisfy expiation requirements (for example, participation in a treatment program to avoid having a criminal conviction being recorded against them) as part of a police or court diversion scheme and chooses not to continue with further treatment
- ceased to participate by mutual agreement—where the client ceases participation by mutual agreement with the service provider, even though the treatment plan has not been completed. This may include situations where the client has moved out of the area
- been to a drug court or sanctioned by court diversion service—where the client is returned to court or jail due to non-compliance with the program
- been imprisoned (other than sanctioned by a drug court or diversion service)
- died.

The grouped categories used in the report for **reason for cessation**:

- referred to another service/change in treatment mode: includes episodes that ended due to a change in main treatment type, delivery setting or principal drug of concern, or where the client was transferred to another service provider
- ended due to planned completion: Includes episodes where the client completed treatment—ceased to participate at expiation or by mutual agreement
- ended due to unplanned completion: Includes episodes where the client ceased to participate against advice, without notice, or due to non-compliance.

referral source: The source from which the client was transferred or referred to the alcohol and other drug treatment service.

standard drink: Contains 10 grams of alcohol (equivalent to 12.5 millilitres of alcohol). Also referred to as a full serve.

tobacco: A plant, *Nicotiana tabacum*, whose leaves are dried and used for smoking and chewing and in snuff. Its major pharmacologically active substance is the alkaloid nicotine (see nicotine).

treatment episode: The period of contact between a client and a treatment provider or a team of providers. Each treatment episode has 1 principal drug of concern and 1 main treatment type. If the principal drug or main treatment changes, then a new episode is recorded.

treatment type: The type of activity that is used to treat the client's alcohol or other drug use, which includes:

- assessment only—where only assessment is provided to the client (service providers would normally include an assessment component in all treatment types)
- counselling—can include cognitive behaviour therapy, brief intervention, relapse intervention and motivational interviewing
- information and education—where information and education is provided to the client (service providers would normally include an information and education component in all treatment types)

- pharmacotherapy—where the client receives another type of treatment in the same treatment episode and includes drugs such as naltrexone, buprenorphine and methadone used as maintenance therapies or relapse prevention for people who experience dependence on certain types of opioids. Where a pharmacotherapy is used for withdrawal, it is included in the withdrawal category. Due to the complexity of the pharmacotherapy sector, this report provides only limited information on agencies whose sole function is to provide pharmacotherapy
- rehabilitation—focuses on supporting clients in stopping their drug use, and to prevent psychological, legal, financial, social and physical consequences of problematic drug use. Rehabilitation can be delivered in several ways, including residential treatment services, therapeutic communities and community-based rehabilitation services
- support and case management—support includes helping a client who occasionally calls an agency worker for emotional support, while case management is usually more structured than 'support'. It can assume a more holistic approach, taking into account all client needs (including general welfare needs) and it includes assessment, planning, linking, monitoring and advocacy
- withdrawal management (detoxification)—includes medicated and non-medicated treatment to help manage, reduce or stop the use of a drug of concern.

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Technical notes

Acronyms

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and other drugs
AODTS NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
ASCDC	Australian Standard Classification of Drugs of Concern
ASGC	Australian Standard Geographical Classification
ASGS	Australian Statistical Geography Standard
GHB	gamma hydroxybutyrate
MDMA	3, 4-methylenedioxymethamphetamine
NA	Not applicable
NDS	National Drug Strategy
NGOs	Non-Government Organisations
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
SLK	statistical linkage key
Tas	Tasmania
Vic	Victoria
WA	Western Australia

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Technical notes

Primary Health Network (PHN)

General notes:

- The Australian Government commissioned Primary Health Networks (PHNs) from 1 July 2015, to provide funding for locally based AOD treatment services in line with community need. This funding is delivered through the Australian Government's *Drug and Alcohol Program,* and aims to improve the access to, and effectiveness of drug and alcohol treatment services in the community.
- Data presented in the dashboards are from all publicly funded AOD treatment services (which include PHN-commissioned services) that have reported to the AODTS NMDS.
- AOD treatment agencies funded by their PHN under the Australian Government Department of Health's Drug and Alcohol Program (DAP) submitted data to the AODTS NMDS for the first time in 2016–17.
- In these dashboards, data are presented from the 2016–17 collection year to show the trends in each PHN prior to the establishment of the boundaries.
- Financial year data from agencies include treatment episodes that ended within the period (closed treatment episodes) and excludes those that were ongoing or new (not closed) within the reporting year.

Agencies dashboard:

- The PHN of the agency was assigned based on the Statistical Area Level 2 (SA2) of the treatment agency using the Australian Bureau of Statistics' (ABS) SA2 2016 to Primary Health Network 2017 concordance file.
- As SA2 2016 boundaries may not correspond to PHN 2017 boundaries, some agencies may be captured in a neighbouring PHN including those in a neighbouring jurisdiction.

Main treatment for client dashboards:

- The PHN of the client was based on the postcode of the client using the Australian Bureau of Statistics' (ABS) Postal Area 2016 to Primary Health Network 2017 concordance file. Clients reporting an invalid postcode were assigned: 'PHN Unallocated' and removed from analysis. In 2020–21, 10,587 records contained invalid postcodes.
- Results with cell sizes less than 5 have been presented as '<5' (in some cases the value is null), due to this adjustment some values may not sum to the total or 100%.
- Data collection and reporting practices in Western Australia and Victoria are not directly comparable with data for other jurisdictions because every treatment type provided is reported as a separate episode.

Client demographics dashboard:

- Client numbers are based on records with a valid statistical linkage key (SLK-581).
- Client numbers are not comparable to client data published in the AODTS in Australia 2020–21 report; these dashboards present clients that attended treatment in multiple PHN locations in the collection year. The total client numbers at the PHN level are greater than the state/territory results due to finer geographic granularity of PHNs compared to the state/territory level.
- Results with cell sizes less than 5 have been presented as '<5' (in some cases the value is null), due to this adjustment some values may not sum to the total or 100%.
- Clients who lived in multiple PHN areas over the collection period are counted in each. Therefore the total of clients is greater than the national distinct client total for 2020–21.

Principal drug of concern dashboards:

- The PHN of the client was based on the postcode of the client using the Australian Bureau of Statistics' (ABS) Postal Area 2016 to Primary Health Network 2017 concordance file. Clients reporting an invalid postcode were assigned: 'PHN Unallocated' and removed from analysis. In 2020–21, 9,625 records contained invalid postcodes.
- Results with cell sizes less than 5 have been presented as '<5' (in some cases the value is null), due to this adjustment some values may not sum to the total or 100%.

Jurisdiction-specific notes:

- Victoria reported comparatively high incidences of 'Not stated drugs' (15%) as the drug of concern. This is in part due to service providers adjusting to changes in reporting practices associated with the implementation of a new data collection system in 2019–20. In 2020–21, these drugs of concern were coded as 'Other drugs of concern' (14%) to realign with previous coding practices for Victoria. Victoria is working with service providers to encourage more specific reporting of drug of concern.
- In Queensland, the level of cannabis reported as the principal drug of concern is a result of police and illicit drug court diversion programs operating in the state.
- South Australia reports a high proportion of treatment episodes where amphetamines are the principal drug of concern due to the SA Police Drug Diversion Initiative (PDDI). In addition, adult cannabis offences are not included in the PDDI due to the SA Cannabis Expiation Notice legislation.

Last updated 7/07/2022 v5.0

Technical notes

Pharmacotherapy in Australia

AODTS NMDS

The AODTS NMDS visualisations are based on episode data reported during the 2020–21 collection cycle, and contains information on treatment provided to clients by publicly funded AOD treatment services. Only episodes where pharmacotherapy was an additional treatment, or a main treatment with an additional treatment provided are included in the AODTS NMDS. Episodes where pharmacotherapy and no additional treatment was provided are excluded.

NOPSAD collection

The NOPSAD Collection visualisations are based on client data reported on a snapshot day in June 2021. This collection contains information on clients receiving opioid pharmacotherapy treatment, prescribers of opioid drugs and the dosing points that clients attend to receive their medication.

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Data

Data tables: 2020–21 Agcy.Agency (episodes)
Data
Download Data tables: 2020–21 Agcy.Agency (episodes). Format: XLSX 136Kb XLSX 136Kb

Data tables: 2020–21 SC.Clients (national)
Data
Download Data tables: 2020–21 SC.Clients (national). Format: XLSX 149Kb XLSX 149Kb

Data tables: 2020–21 SC.Clients (state and territories)
Data
Download Data tables: 2020–21 SC.Clients (state and territories). Format: XLSX 638Kb XLSX 638Kb

Data tables: 2020–21 SCR.Clients rates and multiple years
Data
Download Data tables: 2020–21 SCR.Clients rates and multiple years. Format: XLS 472Kb XLS 472Kb

Data tables: 2020–21 Drg.Drugs (episodes)
Data
Download Data tables: 2020–21 Drg.Drugs (episodes). Format: XLSX 487Kb XLSX 487Kb

Data tables: 2020–21 OV.Overview (episodes)
Data
Download Data tables: 2020–21 OV.Overview (episodes). Format: XLSX 112Kb XLSX 112Kb

Data tables: 2020–21 ST.State and territories (episodes)
Data
Download Data tables: 2020–21 ST.State and territories (episodes). Format: XLSX 623Kb XLSX 623Kb

Data tables: 2020–21 Trt.Treatment (episodes)
Data
Download Data tables: 2020–21 Trt.Treatment (episodes). Format: XLSX 290Kb XLSX 290Kb

Data tables: 2020–21 Primary Health Network (PHN) geography (episodes)
Data
Download Data tables: 2020–21 Primary Health Network (PHN) geography (episodes). Format: XLS 448Kb XLS 448Kb

Data tables: 2020–21 Quarterly and monthly data (national episodes)
Data
Download Data tables: 2020–21 Quarterly and monthly data (national episodes). Format: XLS 994Kb XLS 994Kb

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Report editions

This release

Alcohol and other drug treatment services in Australia annual report | 27 Jul 2022

Previous releases

- Alcohol and other drug treatment services in Australia 2018–19 | **Publication** | 26 Jun 2020
- Alcohol and other drug treatment services in Australia 2017–18 | **Publication** | 25 Jul 2019
- Alcohol and other drug treatment services in Australia 2016–17 | **Publication** | 22 Jun 2018
- Alcohol and other drug treatment services in Australia 2015–16 | **Publication** | 28 Jun 2017
- Alcohol and other drug treatment services in Australia 2014–15 | **Publication** | 15 Jun 2016
- Alcohol and other drug treatment services in Australia 2013–14 | **Publication** | 18 Jun 2015
- Alcohol and other drug treatment services in Australia 2012-13 | **Publication** | 12 Aug 2014
- Alcohol and other drug treatment services in Australia 2011-12 | **Publication** | 28 Aug 2013
- Alcohol and other drug treatment services in Australia 2010-11: report on the National Minimum Data Set | **Publication** | 16 Nov 2012

Last updated 22/06/2021 v1.0

Related material

Resources

Alcohol and other drug treatment services in Australia: early insights
Resource

High-level information for 2020–21 about publicly funded AOD treatment services, the people they treated, and the treatment provided.
View

Alcohol, tobacco & other drugs in Australia
Resource

Key trends in availability, consumption, harms and treatment of alcohol, tobacco and other drug use for vulnerable populations.
View

National Opioid Pharmacotherapy Statistics Annual Data collection
Resource

Information about the clients who access opioid pharmacotherapy, the health professionals who provide pharmacotherapy, and dosing points.
View

National Drug Strategy Household Survey 2019
Resource

Information about drug use trends over time, how these patterns have changed over time and opinions on a range of initiatives designed to reduce the harm caused by tobacco, alcohol and illicit drug use.
View

Australia's health snapshot

Snapshots are brief summaries that present easily digestible, interactive information on health and welfare topics.

Snapshot: Alcohol and other drug treatment services

Last updated 7/07/2021 v1.0

Archived content

Alcohol and other drug treatment services in Australia annual report 2019-20
Resource from report: Alcohol and other drug treatment services in Australia annual report |
27 Jul 2022

In 2019–20, around 139,300 clients aged 10 and over received AOD treatment. The four most common drugs that led clients to seek treatment were alcohol (34%), amphetamines (28%), cannabis (18%) and heroin (5.1%). The median age of clients was 35 years. Early responses of AOD services to the COVID-19 pandemic are seen in the last quarter of 2019–20, impacting some treatment types and service delivery settings.
Download Alcohol and other drug treatment services in Australia annual report 2019-20 . Format: PDF 3.9Mb PDF 3.9Mb

Last updated 1/07/2022 v2.0