

Alcohol and other drug treatment services in the Australian Capital Territory

AODTS–NMDS collection

The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS) is a nationally agreed set of common data items collected by government funded service providers for clients who used alcohol and other drug treatment.

ACT participation in the national collection

The Australian Capital Territory's Department of Health participated in this national collection and contributed data to the NMDS.

Findings from the National Minimum Data Set (NMDS) 2001–02 for the ACT

Highlights

- In the Australian Capital Territory (ACT) 8 government-funded alcohol and other drug treatment agencies supplied data for 2001–02; of these, 7 were non-government agencies.
- These alcohol and other drug treatment agencies provided 2,824 'closed treatment episodes' during 2001–02 (see below for the definition of 'closed treatment episodes').
- The majority of closed treatment episodes were for clients aged between 20 and 39 years of age (64%), with one-third of all treatment episodes (33%) provided for clients in the 20–29 year age group.
- Male clients in the ACT accounted for two-thirds (66%) of all closed treatment episodes.
- In the ACT, alcohol (42%) and cannabis (11%) were the most common principal drugs of concern to clients in closed treatment episodes, followed by amphetamines (9%).
- Of all closed treatment episodes in the ACT, withdrawal management (detoxification) was the most common form of main treatment provided (34%), followed by support and case management only (25%) and counselling (15%).
- In the ACT, 32% of closed treatment episodes where alcohol was nominated as the principal drug were for clients aged between 30 and 39 years.

Contents of this data briefing

This data briefing summarises the main findings from the 2001–02 alcohol and other drug treatment services (AODTS) NMDS data for the Australian Capital Territory (ACT). Throughout this briefing, data from the ACT are presented along with national AODTS data.

National AODTS-NMDS data reports

More detailed information about the 2001–02 collection and its findings can be found in the publication 'Alcohol and other drug treatment services in Australia 2001–02: report on the National Minimum Data Set'. This report, together with further publications and AODTS–NMDS interactive data can be accessed online at <www.aihw.gov.au/drugs>.

Data count in the collection: closed treatment episodes

The analysis in this briefing is based on 'closed treatment episodes'. A closed treatment episode refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. For example, a closed treatment episode could be for one specific treatment, such as withdrawal management (detoxification), that is part of an overall long-term treatment plan.

Treatment agencies

- Throughout Australia a total of 505 government-funded alcohol and other drug treatment agencies supplied data for 2001–02, of these, 8 were located in the ACT. Of the agencies in the ACT, 7 were non-government agencies.

Client profile

- The majority of closed treatment episodes were for clients aged between 20 and 39 years of age (64%), with one-third of all treatment episodes (33%) provided for clients in the 20–29 year age group (Table 1).
- The proportion of treatment episodes involving male and female clients in the ACT (66% and 34% respectively) were very similar to the national proportions (65% and 35% respectively).

Table 1: Closed treatment episodes, sex by age group of client, Australian Capital Territory and Australia, 2001–02

Age group (years)	Australian Capital Territory			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
	(per cent)					
10–19	6.8	4.9	11.7	8.5	4.6	13.1
20–29	22.2	11.1	33.4	22.9	11.3	34.2
30–39	20.6	9.4	30.1	17.3	9.2	26.5
40–49	11.2	4.6	15.8	9.8	6.1	15.9
50–59	3.1	1.8	5.0	4.1	2.5	6.6
60+	1.1	0.7	1.8	1.5	0.8	2.3
Total^(b) (per cent)	66.2	33.6	100.0	64.8	35.1	100.0
Total^(b) (number)	1,870	948	2,824	78,323	42,415	120,869

(a) Includes not stated for Sex.

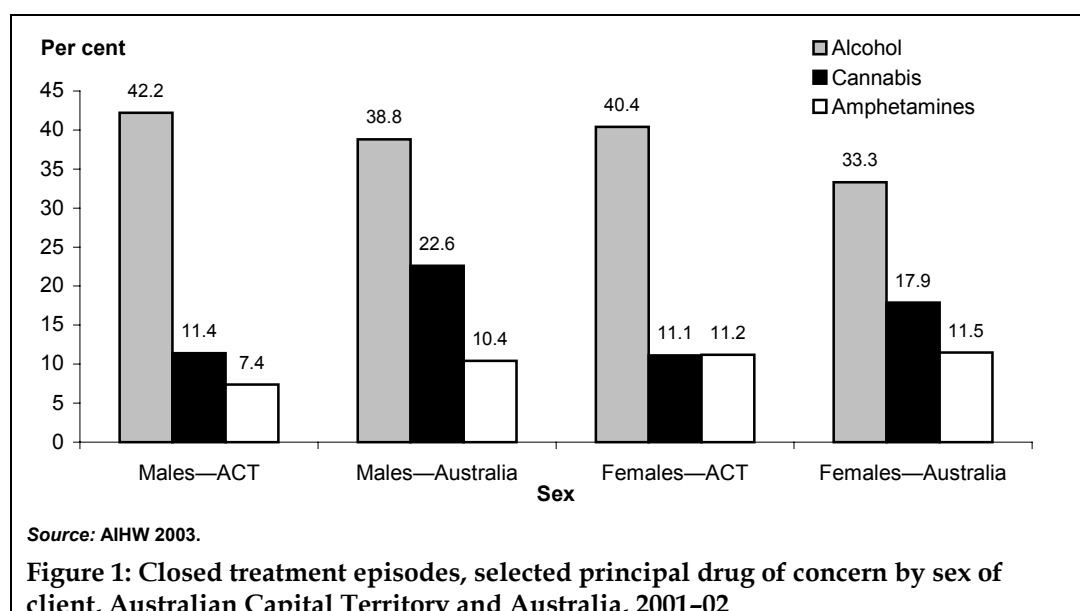
(b) Includes not stated for Age.

Source: AIHW 2003.

- Ninety-nine per cent of closed treatment episodes in the ACT involved clients seeking treatment for their own drug use.
- The proportion of closed treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin was lower in the ACT (6%) than nationally (8%). However, both of these proportions were higher than the proportion of the entire Australian population who identify as Indigenous (2.4%: ABS unpublished 2001 Census data).
- The majority of closed treatment episodes were for clients born in Australia (96%) and 97% were for clients whose preferred language was English.
- Eighty-one per cent of closed treatment episodes in the ACT involved clients who were self-referred; this compares to 35% of treatment episodes nationally. In the ACT, family members and/or friends (4%) were the next most common source of referral.

Principal drug of concern

- In the ACT, alcohol (42%) and cannabis (11%) were the most common principal drugs of concern in closed treatment episodes, followed by amphetamines (9%). Nationally, alcohol and cannabis were also the most common principal drugs of concern (37% and 21% respectively), followed by heroin (18%), then amphetamines (11%) (see caveat on page 8).
- Alcohol was the drug most commonly recorded in closed treatment episodes for both sexes in the ACT (42% for males and 40% for females). This was followed by cannabis for males (11%) and amphetamines and cannabis for females (both 11%) (Figure 1).



- In the ACT, alcohol was the most common principal drug of concern for all age groups (Table 2). The proportion of closed treatment episodes where the principal drug was alcohol was highest for clients aged 60 years and over (52%), followed by clients in the 40 to 49 years age group (50%) and 50 to 59 year age group (46%).
- For clients aged between 10 and 19 years in the ACT, cannabis was the next most common principal drug (23%) for closed treatment episodes after alcohol. Nationally, cannabis was the most common principal drug for this age group.

Table 2: Closed treatment episodes, principal drug of concern by age group of client, Australian Capital Territory and Australia, 2001-02^(a)

Principal drug	Australian Capital Territory (per cent)							Total (Australia)	
	10-19	20-29	30-39	40-49	50-59	60+	Total ^(b)	Per cent	Number
Alcohol	29.6	38.0	44.7	50.1	45.7	52.0	41.6	37.0	41,886
Amphetamines	13.1	11.6	7.4	4.7	2.9	4.0	8.7	10.8	12,211
Benzodiazepines	2.1	1.5	2.3	3.4	3.6	—	2.1	2.4	2,745
Cannabis	22.9	10.9	9.2	8.8	8.7	6.0	11.3	21.0	23,826
Cocaine	0.6	—	0.2	0.2	—	—	0.2	0.7	804
Ecstasy	0.6	0.3	0.1	—	—	—	0.2	0.2	253
Heroin	12.5	12.4	5.6	2.7	—	—	8.3	17.7	20,027
Methadone	0.6	0.5	1.6	0.7	—	—	0.8	2.3	2,570
Nicotine	—	0.1	0.2	—	—	—	0.1	1.4	1,602
Other ^(c)	18.0	24.7	28.6	29.3	39.1	38.0	26.7	5.7	6,482
Total^(d) (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	—
Total^(d) (number)	328	937	838	443	138	50	2,800	—	113,231

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

(b) Includes not stated for Age.

(c) Includes balance of Principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern. The majority (89%) of this category is comprised of Opioid analgesics n.f.d.

(d) Includes not stated for Principal drug of concern.

Source: AIHW 2003.

In the ACT, alcohol was less likely to be the principal drug in closed treatment episodes involving Indigenous clients (31%) than other clients (42%). In contrast, at the national level, alcohol was more likely to be the principal drug in episodes involving Indigenous clients (46%) than for other clients (37%).

- For closed treatment episodes in the ACT involving Indigenous clients, heroin (30%) was almost as likely to be nominated as alcohol (31%) as the principal drug of concern. For treatment episodes involving Indigenous male clients, heroin (34%) was more common as a principal drug than alcohol (29%), but less common in treatment episodes involving Indigenous female clients (25% and 34% respectively).
- Forty-nine per cent of treatment episodes in the ACT involved clients who reported never having injected drugs. Of the 39% who reported they were 'current injectors', 36% were aged between 20 and 29 years.
- A high proportion of closed treatment episodes for both male and female 'current injectors' involved those in the 20–29 year age group (35% males and 37% females) and the 30–39 year age group (33% and 26% respectively).

Treatment programs

- Of all closed treatment episodes in the ACT, withdrawal management (detoxification) was the most common form of main treatment provided (34%), followed by support and case management only (25%) and counselling (15%) (Table 3). Nationally, counselling was the most common form of main treatment provided (39%), followed by withdrawal management (detoxification) (19%), assessment only (15%) and information and education only (10%).
- In the ACT, closed treatment episodes for female clients were more likely to be for withdrawal management (detoxification) (35%) than for male clients (33%), and less likely to be for information and education only (3% females and 4% males).
- Withdrawal management was the most common main treatment, in both the younger and older age groups.

Table 3: Closed treatment episodes, main treatment type by sex of client, Australian Capital Territory and Australia^(a), 2001–02

Main treatment type	Australian Capital Territory			Australia		
	Males	Females	Persons ^(b)	Males	Females	Persons ^(b)
	(per cent)					
Withdrawal management (detoxification)	33.3	34.6	33.7	19.7	18.2	19.1
Counselling	12.9	18.6	14.8	36.0	44.1	38.9
Rehabilitation	10.3	7.9	9.5	6.4	6.1	6.3
Pharmacotherapy ^(c)	8.4	10.1	9.0	1.0	1.5	1.2
Support & case management only	26.0	22.2	24.8	5.7	6.9	6.1
Information and education only	4.2	2.5	3.6	11.1	7.6	9.8
Assessment only	4.8	4.1	4.6	16.9	10.5	14.6
Other	—	—	—	3.2	5.1	3.9
Total (percent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	1,870	948	2,824	73,657	39,917	113,705

(a) Excludes South Australia.

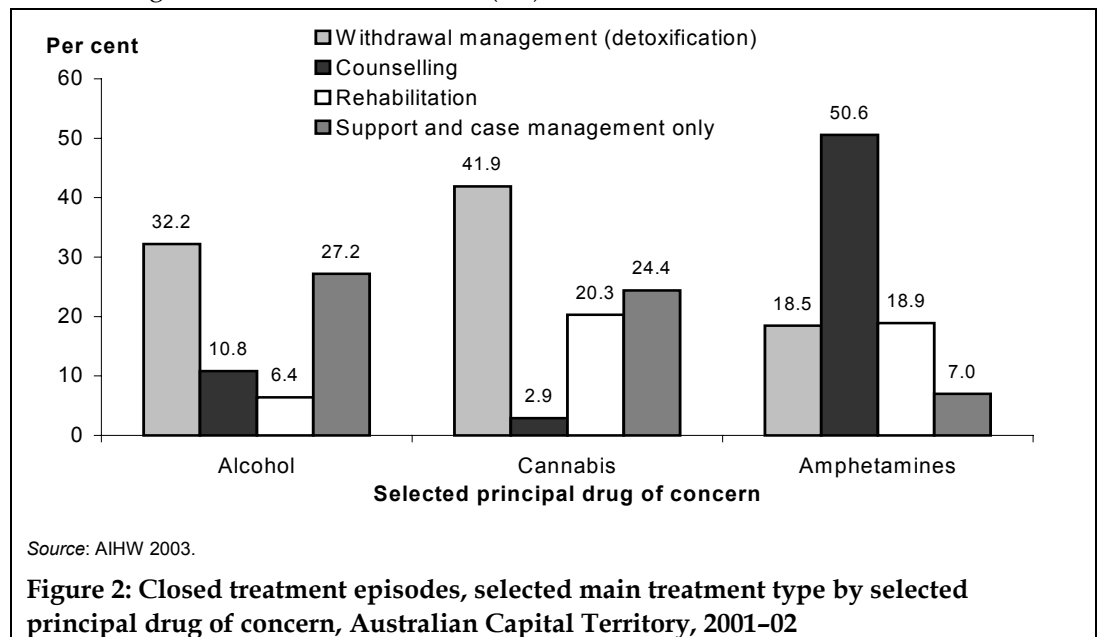
(b) Includes not stated for Sex.

(c) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

Source: AIHW 2003.

Main treatment and principal drug

- In the ACT, closed treatment episodes where the principal drug was alcohol were more likely to involve support and case management programs (27%) as the main treatment than treatment episodes where the principal drug was amphetamines (7%) (Figure 2).
- Where the principal drug was cannabis closed treatment episodes were more likely to involve withdrawal management (detoxification) treatment as the main treatment (42%) than episodes for clients seeking treatment for amphetamine use (19%).
- Where cannabis was nominated as the principal drug of concern, 20% of closed treatment episodes involved rehabilitation treatment, compared to 6% of treatment episodes where the principal drug was alcohol.
- Closed treatment episodes where the principal drug was amphetamines were more likely to involve counselling as the main treatment (51%) than episodes for clients seeking treatment for cannabis use (3%).

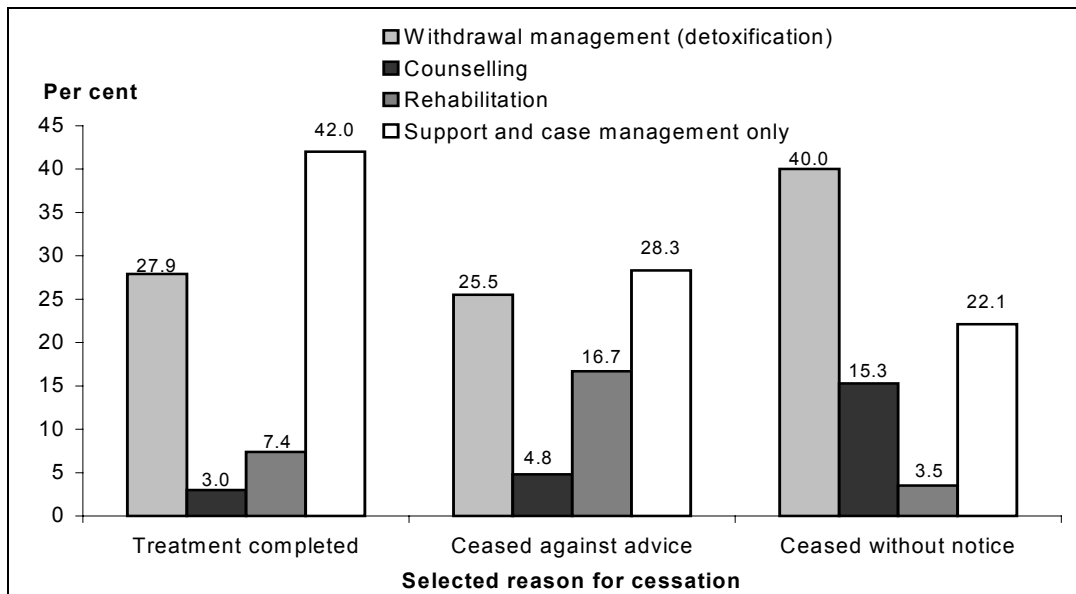


- Fifty-eight per cent of all closed treatment episodes in the ACT occurred at a non-residential treatment facility, the remaining 42% occurred in a residential facility.
- In the ACT, the median number of days for a closed treatment episode was 56 days. The highest median number of treatment days occurred in non-residential treatment facilities (74 days) and residential treatment facilities (40 days). Nationally, the median number of days for a closed treatment episode was much lower (20 days): the highest median number of treatment days occurred in outreach setting (36 days) and in non-residential facilities (28 days).

When treatment ceases

- In the ACT, the most common reason for the cessation of a client's treatment was that the treatment ceased without notice (47%). Other common reasons included the treatment had been completed (26%) or the client ceased against the advice of the agency (9%). Nationally, the treatment being completed was the most common reason for a treatment episode ceasing (54%).
- In the ACT, for closed treatment episodes where the treatment was completed, 42% were for support and case management only, 28% for withdrawal management (detoxification) and 7% for rehabilitation (Figure 3).
- Of closed treatment episodes where a client ceased to participate against advice of the agency, 28% were for support and case management only and 26% for withdrawal management (detoxification).

- Forty per cent of closed treatment episodes that ended because the client ceased to participate without notice were for withdrawal management (detoxification), 22% for support and case management only and 15% for counselling.



Source: AIHW 2003.

Figure 3: Closed treatment episodes, selected main treatment type by selected reason for cessation, Australian Capital Territory, 2001–02

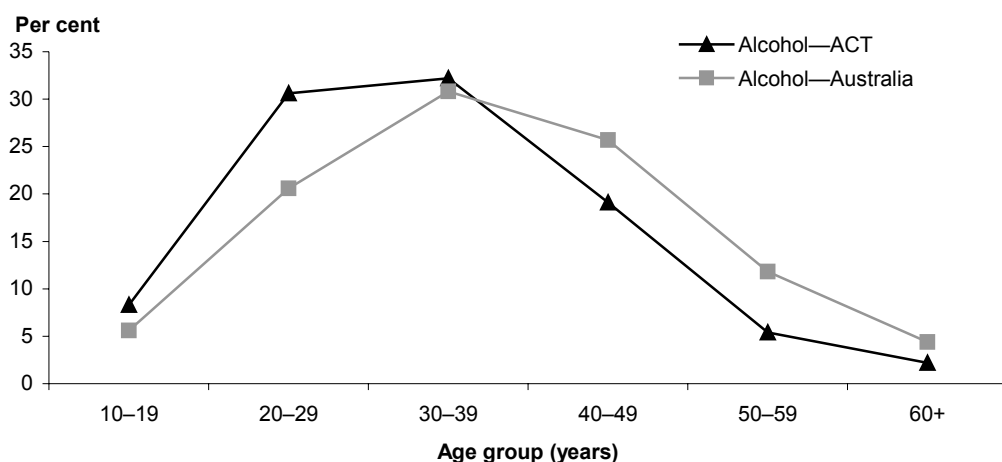
Special theme—Alcohol

This section examines more closely the clients who reported ‘Alcohol’ as their principal drug of concern and the treatment programs used by them. This theme was selected following the *Survey of Treatment Agencies 2002*, in response to which agencies reported this area as being of high interest to the field.

Closed treatment episodes in the ACT for clients who reported alcohol as their principal drug of concern numbered 1,164.

Client profile

- In ACT, for closed treatment episodes involving a principal drug of alcohol, clients tended to be younger than those at the national level – 27% were aged 40 years and over compared to 42% in this age group nationally (Figure 4).
- Thirty-two per cent of treatment episodes in the ACT where alcohol was the principal drug of concern, involved clients aged between 30 and 39 years, similar to the national peak (31% for clients aged 30–39 years). This was followed closely, in the ACT, by clients aged between 20 and 29 years who accounted for 31% of closed treatment episodes where alcohol is the principal drug. Nationally, clients in this age group accounted for 21% of such treatment episodes.
- For treatment episodes in the ACT involving males with a principal drug of alcohol, higher proportions were in the 20 to 49 year age group (85%) compared to females in the same age group (76%), but there were lower proportions of males aged 50 years or more (7%) compared to females (9%).



Source: AIHW 2003.

Figure 4: Closed treatment episodes, clients whose principal drug of concern is alcohol by age, Australian Capital Territory and Australia, 2001-02

Treatment programs

- For clients in the ACT whose principal drug of concern was alcohol, support and case management only and withdrawal management (detoxification) were the most common treatments that were completed (41% and 22% respectively) (Table 4).
- Clients who ceased treatment without notice were most likely to have received withdrawal management (detoxification) (41% of these closed treatment episodes) or support and case management only (23%).
- The majority of closed treatment episodes, for those who nominated alcohol as their principal drug of concern, occurred in non-residential treatment facilities (62%) and in residential facilities (39%).

Table 4: Closed treatment episodes where alcohol is the principal drug of concern, main treatment type by selected reason for cessation, Australian Capital Territory and Australia^(a), 2001-02^(b)

Main treatment	Australian Capital Territory						Australia	
	Treatment completed	Transferred to another service provider	Ceased without notice	Ceased at expiation	Other ^(c)	Total ^(d)	Total ^(d) (per cent)	Total ^(d) (number)
			(Per cent)					
Withdrawal management (detoxification)	21.8	25.0	41.0	100.0	27.0	32.2	24.7	9,642
Counselling	5.4	—	11.5	—	4.6	10.8	39.7	15,525
Rehabilitation	5.7	75.0	1.7	—	17.3	6.4	6.3	2,456
Pharmacotherapy	15.8	—	13.1	—	12.2	13.1	0.6	254
Support and case management only	40.8	—	22.6	—	26.5	27.2	3.6	1,407
Information and education only	6.0	—	3.0	—	5.6	4.1	6.7	2,620
Assessment only	4.4	—	7.1	—	6.6	6.0	14.5	5,650
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	—
Total (number)	316	16	602	1	196	1,164	—	39,077

(a) Excludes South Australia.

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

(c) Includes Change in main treatment type, delivery setting or principal drug of concern, all other Ceased to participate categories, Drug court &/or sanctioned by court diversion service, Imprisoned other than drug court sanctioned and Died.

(d) Includes not stated for Reason for cessation.

Source: AIHW 2003.

Agencies and clients within scope

All publicly funded (State or Commonwealth) government and non-government agencies that provide one or more specialist alcohol and/or other drug treatment services, including residential and non-residential agencies, were in scope for the national data set. Specialist alcohol and drug units based in acute care hospitals or psychiatric hospitals were included if they provided treatment to non-admitted patients (e.g. outpatient services).

All clients who had completed one or more treatment episodes from an alcohol and other drug treatment service within scope during the reporting period (1 July 2001 to 30 June 2002) were included.

Exclusions to scope

- Agencies whose sole activity is to prescribe and/or dose for opioid pharmacotherapy maintenance treatment.
- Halfway houses and sobering-up shelters, correctional institutions, health promotion services (e.g. needle and syringe exchange programs).
- Alcohol and drug treatment units in acute care or psychiatric hospitals that only provide treatment to admitted patients.
- Private treatment agencies that do not receive public funding.

Caveats

Of data in scope, the following caveats must be observed:

- Queensland Health supplied police diversion data only, all with principal drug of cannabis. As a result, nationally, cannabis as a proportion of all principal drugs is over represented.
- South Australia supplied client registration data only with no data for main treatment type or other treatment related items.
- The number of Indigenous clients may be under-counted as most Commonwealth-funded Indigenous substance-use services and Aboriginal health services that provide treatment for alcohol and other drug problems did not supply data for 2001-02. In addition, at the national level 8% of clients did not state their Indigenous status.

Source

Australian Institute of Health and Welfare 2003. Alcohol and other drug treatment services in Australia 2001-02: Report on the national minimum data set. AIHW cat. no. HSE 28. Canberra: AIHW.

Interactive alcohol and other drug treatment data

The AIHW has an interactive alcohol and other drug treatment data site containing subsets of national information on alcohol and other drug treatment services from the 2001-02 collection. This site allows anyone who has access to the Internet to view AODTS-NMDS data via a web interface. The datacubes can be found at: <www.aihw.gov.au/drugs/datacubes/index.html>. Users of the datacubes can look up data and present them in a way meaningful to their needs.

For further information visit our website where a number of the recent alcohol and other drug publications are available in full <www.aihw.gov.au/drugs>.

Queries or comments should be directed to the Australian Institute of Health and Welfare:

Ms Gail Weaving
p: 02 6244 1050
e: gail.weaving@aihw.gov.au

Ms Chrysanthe Psychogios
p: 02 6244 1068
e: chrysanthe.psychogios@aihw.gov.au
