

Alcohol and other drug treatment services in South Australia 2004–05

Findings from the National Minimum Data Set (NMDS)



Australian Government

Australian Institute of Health and Welfare

AODTS-NMDS collection

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

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Highlights

In South Australia (SA) in 2004–05:

- 46 government-funded alcohol and other drug treatment agencies provided 7,952 'closed treatment episodes' (see below for definition).
- More than one-quarter (29%) of closed treatment episodes were for clients aged 20–29 years, and almost one-third (31%) were for clients aged 30–39 years.
- Male clients accounted for about two-thirds (67%) of all closed treatment episodes.
- Alcohol (43%) and opioids (21%, with heroin accounting for 13%) were the most common principal drugs of concern in closed treatment episodes, followed by amphetamines (18%) and cannabis (12%).
- Of all closed treatment episodes, counselling was the most common main treatment provided (25%), followed by assessment only (23%) and withdrawal management (detoxification) (21%).
- Treatment episodes most commonly ceased because the treatment was completed (56%).

Contents of this data briefing

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

National AODTS-NMDS data reports

More detailed information about the 2004–05 collection and its findings can be found in the publication *Alcohol and other drug treatment services in Australia 2004–05: report on the National Minimum Data Set* (AIHW 2006). This report, together with further publications and AODTS-NMDS interactive data, can be accessed online at <www.aihw.gov.au/drugs>.

Data count in the collection: closed treatment episodes

The analysis in this briefing is based on 'closed treatment episodes'. These refer to a period of contact, with defined start and end dates, between a client and a treatment agency. A closed treatment episode may be for a specific treatment, such as information and education only, that is not part of a larger treatment plan; or it may be for a specific treatment, such as withdrawal management (detoxification), that is part of a long-term treatment plan.

Scope: exclusion of opioid pharmacotherapy

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

Treatment agencies

- Throughout Australia, a total of 635 government-funded alcohol and other drug treatment agencies supplied data for 2004–05. Of these agencies, 46 were located in SA, of which 20% were non-government agencies.
- Treatment agencies in SA were most likely to be located in major cities (67%), followed by inner regional and outer regional areas (15% each) and remote areas (2%).

Client profile

- In SA, there were 7,952 ‘closed treatment episodes’ in alcohol and other drug treatment services reported in the 2004–05 AODTS–NMDS collection.
- Ninety-six per cent of closed treatment episodes in SA involved clients seeking treatment for their own drug use.
- In SA, more than one-quarter (29%) of closed treatment episodes were for clients aged 20–29 years, and almost one-third (31%) were for clients aged 30–39 years (Table 1).
- The overall proportions of male and female clients in SA (67% and 33% respectively) were similar to the national proportions (66% and 34% respectively), however varied between age groups.

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

Age group (years)	South Australia			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
10–19	5.5	3.1	8.6	8.1	4.1	12.2
20–29	19.6	9.2	28.8	22.1	10.3	32.5
30–39	20.9	10.0	30.9	18.7	9.4	28.2
40–49	13.5	6.5	20.1	10.6	6.2	16.9
50–59	5.1	3.2	8.3	4.0	2.8	6.7
60+	2.2	1.1	3.3	1.4	0.9	2.3
Total^(b) (per cent)	66.9	33.1	100.0	65.5	34.2	100.0
Total^(b) (number)	5,317	2,631	7,952	93,088	48,579	142,144

(a) Includes not stated for sex.

(b) Includes not stated for age.

Source: AIHW 2006.

- The proportion of closed treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin was slightly lower in SA than nationally (7%, compared with 10%), but higher than the overall proportion of Aboriginal and Torres Strait Islander peoples, aged 10 years and over, in the Australian population (2.1%; ABS 2004). These figures need to be interpreted with caution due to the high number of ‘not stated’ responses for Indigenous status and the fact that the majority of Australian Government-funded Indigenous substance use services or Aboriginal primary health care services are not included in the AODTS–NMDS collection.
- The majority of closed treatment episodes in SA were for clients born in Australia (86%) and 97% were for clients whose preferred language was English.
- Thirty-six per cent of all treatment episodes in SA involved clients who were self-referred, followed by ‘other’ referrals (15%), referrals from hospitals (10%) and referrals from alcohol and other drug treatment services (8%).

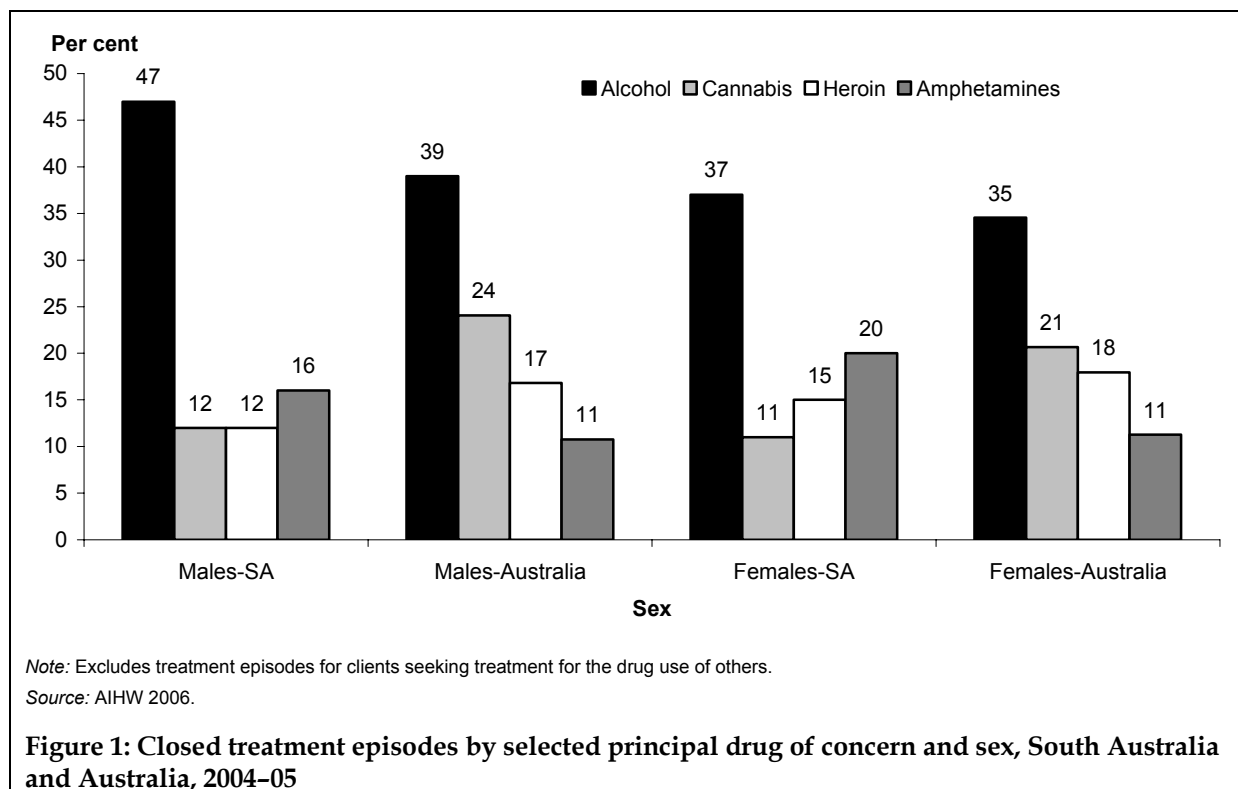
Principal drug of concern

The principal drug of concern refers to the main substance that the client states led them to seek treatment from the alcohol and other drug treatment agency. This section of the briefing reports only on the 7,591 episodes where clients were seeking treatment for their own alcohol or other drug use.

- In SA, alcohol (43%) and opioids (21%, with heroin accounting for 13%) were the most common principal drugs of concern in closed treatment episodes, followed by amphetamines (18%) and cannabis (12%). Nationally, alcohol and cannabis were the most common principal drugs of concern (37% and 23% respectively), followed by opioids (21%, with heroin accounting for 17%) and amphetamines (11%).

Client profile and principal drug of concern

- Alcohol was the drug most commonly recorded in closed treatment episodes for both sexes in SA (47% of males and 37% of females), followed by amphetamines (16% and 20% respectively) (Figure 1).
- The proportion of treatment episodes for males nominating either alcohol or amphetamines as their principal drug of concern was higher in SA than nationally – 47% of males in SA nominated alcohol and 16% amphetamines, compared with the national proportions of 39% and 11% respectively. This was also the case for treatment episodes for female clients – 37% of females in SA nominated alcohol and 20% nominated amphetamines, while nationally these proportions were 35% and 11% respectively.



- In SA and nationally, the principal drug of concern varied with age. For clients aged 20 years and over in SA, alcohol was the most common principal drug of concern in closed treatment episodes – highest for clients aged 60 years and over (90%) (Table 2). At the national level, alcohol was the most common principal drug for clients aged 30 years and over, with the highest proportion among those aged 60 years and over (81%). Nationally, cannabis was the most common principal drug for clients aged 20–29 years (28%).

- In treatment episodes involving clients aged 10-19 years in SA, cannabis was the most common principal drug of concern (47%), followed by alcohol (19%). This was also the case nationally (50% for cannabis and 21% for alcohol in this age group).

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

Principal drug	South Australia							Total (Australia)	
	10–19	20–29	30–39	40–49	50–59	60+	Total ^(b)	Per cent	Number
Alcohol	19.4	30.8	38.5	61.4	80.5	90.0	43.4	37.2	50,324
Amphetamines	15.6	25.3	20.7	8.9	2.4	0.5	17.5	10.9	14,780
Benzodiazepines	1.2	3.1	2.7	2.0	2.0	0.9	2.5	1.9	2,538
Cannabis	46.7	13.3	7.2	4.9	1.6	0.5	11.5	23.0	31,044
Cocaine	0.0	0.2	0.5	0.1	0.0	0.0	0.3	0.3	400
Ecstasy	0.9	1.0	0.4	0.1	0.0	0.0	0.5	0.4	580
Nicotine	7.9	1.0	0.2	0.4	0.5	0.0	1.2	1.8	2,478
Opioids									
Heroin	5.8	16.5	17.0	10.0	4.2	0.5	13.1	17.2	23,193
Methadone	0.4	2.1	2.9	2.1	0.5	0.0	2.0	1.8	2,454
Morphine	0.9	3.1	4.9	4.3	2.4	0.0	3.6	1.0	1,389
<i>Total opioids^(c)</i>	7.3	23.5	27.6	19.3	8.7	0.9	20.8	20.7	28,025
All other drugs ^(d)	1.0	1.9	2.2	3.0	4.2	7.3	2.4	3.7	5,033
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	—
Total (number)	674	2,273	2,416	1,457	549	219	7,591	—	135,202

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

(b) Includes not stated for age.

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

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

Source: AIHW 2006.

Injecting drug use and method of use

- Forty-six per cent of treatment episodes in SA involved clients who reported never having injected drugs. Of the 32% of treatment episodes where the client reported they were 'current injectors', 42% were aged 30–39 years. Care should be taken when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (6% not stated response for SA).
- Ingestion (57% of treatment episodes), followed by injection (27%) and smoking (13%) were the most common methods of using the principal drug of concern in SA.

Treatment programs

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

- Of all closed treatment episodes in SA, counselling was the most common form of main treatment provided (25%), followed by assessment only (23%) and withdrawal management (detoxification) (21%) (Table 3). Nationally, counselling was the most common form of main treatment provided (40%), followed by withdrawal management (detoxification) (18%) and assessment only (12%).

Client profile and treatment programs

- Closed treatment episodes for female clients in SA were more likely to involve counselling as the main treatment (30%) than treatment episodes for male clients (23%). This was also the case nationally (45% and 38% respectively). In contrast, male clients were more likely than female clients to receive assessment only as the main treatment (27% compared with 14% in SA, and 14% compared with 9% nationally).
- In SA, the main treatment type varied with age. Counselling was the most common treatment type for most age groups – 30% of treatment episodes for clients aged 10–19 years, 26% for clients aged 40–49 years, 30% for clients aged 50–59 years and 27% for clients aged 60 years and over.
- For clients in the 20–29 year age group, the most common treatment type was assessment only (27%), while withdrawal management (detoxification) was the most common treatment type for clients in the 30–39 year age group (24%).

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

Main treatment type	South Australia			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
Withdrawal management (detoxification)	19.7	23.0	20.8	17.9	18.1	17.9
Counselling	22.9	29.7	25.2	37.6	44.7	40.2
Rehabilitation	19.3	17.8	18.8	8.2	6.8	7.7
Support & case management only	1.2	1.1	1.2	7.5	8.7	7.9
Information and education only	1.4	1.2	1.3	9.9	7.0	8.9
Assessment only	27.0	14.4	22.8	14.4	8.7	12.4
Other ^(b)	8.6	12.7	9.9	4.6	6.0	5.0
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	5,317	2,631	7,952	93,088	48,579	142,144

(a) Includes not stated for sex.

(b) 'Other' includes 632 treatment episodes in SA and 4,299 treatment episodes nationally where the main treatment type was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are excluded from the AODTS–NMDS.

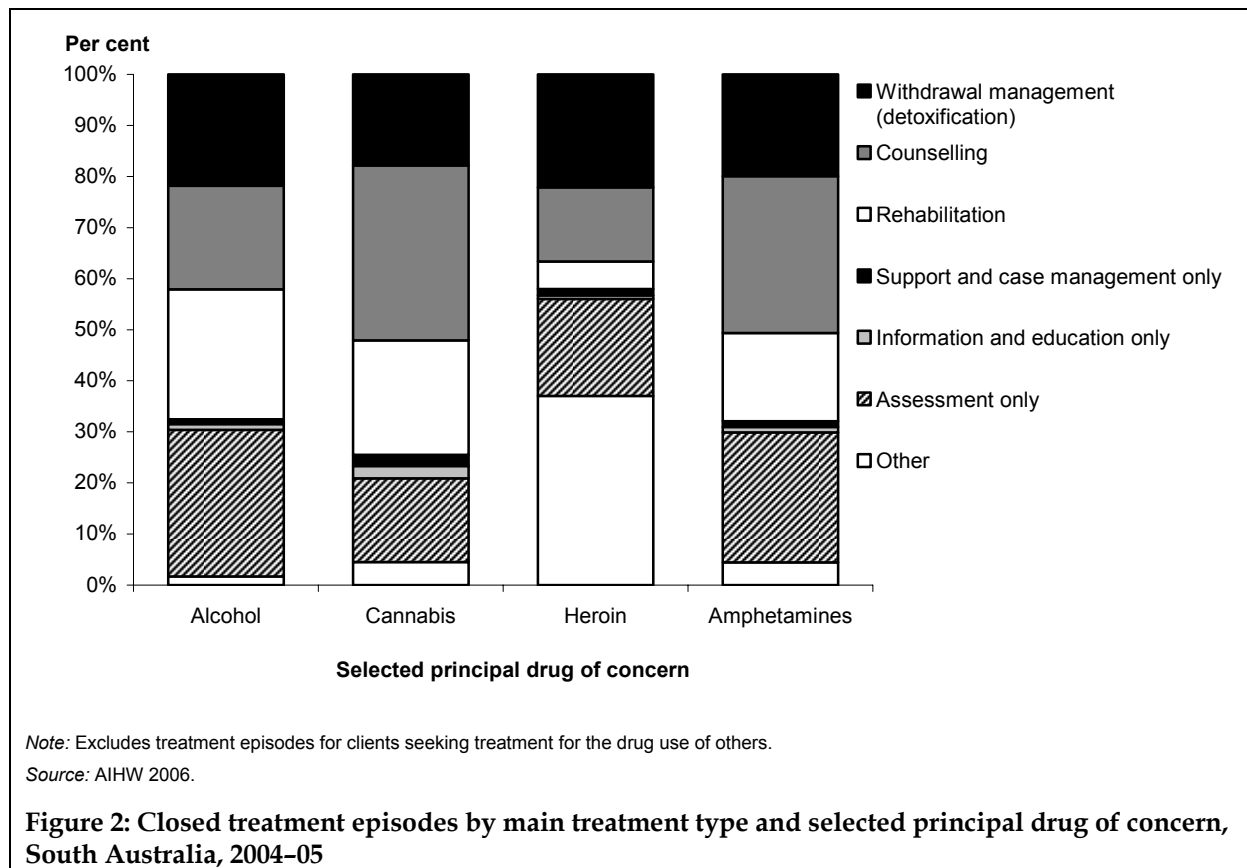
Source: AIHW 2006.

Principal drug of concern and treatment programs

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

- In SA, the main treatment type varied depending on the principal drug of concern the client sought treatment for. Where alcohol was the principal drug of concern, assessment only accounted for the highest proportion of main treatment types (29% of treatment episodes), followed by rehabilitation (26%) and withdrawal management (detoxification) (22%) (Figure 2).

- Where cannabis was the principal drug of concern, the most common main treatment type was counselling (34%), followed by rehabilitation (22%) and withdrawal management (detoxification) (18%).
- Counselling was also the most common main treatment type where amphetamines were the principal drug of concern (31%), followed by assessment only (25%) and withdrawal management (detoxification) (20%).



- In SA, the median number of days for a treatment episode was 8. When the principal drug of concern was heroin, the median number of days for a treatment episode increased to 13 days. The main treatment type with the highest median number of treatment days per episode was ‘other’ which includes opioid pharmacotherapy (97), followed by counselling and rehabilitation (36 each).

Treatment delivery setting and treatment programs

- Four-fifths (80%) of all closed treatment episodes in SA occurred at a non-residential treatment facility and 18% in a residential facility. Nationally, 70% of all treatment episodes occurred at a non-residential treatment facility setting and 18% in a residential facility.

Ceasing treatment and treatment programs

- In SA, the most common reason for the cessation of a client’s treatment was that the treatment had been completed (56%), followed by clients ceasing to participate without notice to the treatment agency (19%).
- The reason for cessation of a treatment episode varied by main treatment type in SA. Treatment was more likely to be completed where the main treatment type was assessment only (73%),

withdrawal management (detoxification) (70%) and information and education only (68%), and less likely where the main treatment type was counselling (43%).

- Where the main treatment type was counselling, just over one-third (34%) of treatment episodes ended because the client ceased to participate without notice to the treatment agency.

Special theme—cannabis

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

Cannabis use

Cannabis is the most widely used illicit drug in Australia. It is estimated that of Australians aged 14 years and over in 2004, about one in three (33.6%) had used cannabis at some stage in their lifetime and one in nine (11.3%) had used it at least once in the previous 12 months (AIHW 2005a). In SA, 11.7% of people aged 14 years and over reported using cannabis in the 12 months preceding the survey (AIHW 2005b).

Treatment services relating to cannabis

In SA, cannabis was the principal drug of concern in 12% of treatment episodes in 2004–05, compared with 23% nationally. Of the 871 closed treatment episodes in SA where cannabis was the principal drug of concern:

- 70% of treatment episodes related to male clients and 30% to female clients – similar to the pattern for all other principal drugs of concern (68% and 32% respectively).
- A higher proportion of episodes involved clients in the 10–19 and 20–29 year age groups (36% and 35% respectively), compared with episodes for all other principal drugs of concern (5% and 29% respectively).
- Smoking as a method of use accounted for 89% of closed treatment episodes within this group.
- Self-referring to treatment was the most common source of referral (31%), at a proportion lower than for clients who nominated a principal drug other than cannabis (36%).
- Clients were more likely to have been referred to treatment by a family member or friend (11%) or through police diversion (19%), compared with clients who nominated a principal drug other than cannabis (6% and 3% respectively), and less likely to be referred to treatment by a hospital (4%, compared with 12%).
- Clients were more likely to receive counselling (34%) and rehabilitation (22%), compared with clients who nominated a principal drug other than cannabis (20% and 19% respectively).

In SA in 2004–05, among closed treatment episodes where a client was seeking treatment for their own drug use, and where cannabis was the principal drug of concern, 57% of episodes ceased because the treatment was completed, compared with 55% for all other principal drugs of concern. The next most common reason for ceasing treatment for both groups was where the client ceased to participate without notice to the treatment agency (22% and 18% respectively).

Agencies and clients within scope

All publicly funded (at state, territory and/or Australian Government level) government and non-government agencies that provide one or more specialist alcohol and/or other drug treatment services, including residential and non-residential agencies, were in scope for the national data set. Specialist alcohol and drug units based in acute care hospitals or psychiatric hospitals were included if they provided treatment to non-admitted patients (e.g. outpatient services). For a list of exclusions to the scope see Section 1.3 of the report *Alcohol and other drug treatment services in Australia 2004–05: report on the National Minimum Data Set* (AIHW 2006).

All clients who had completed one or more treatment episodes from an alcohol and other drug treatment service within scope during the reporting period (1 July 2004 to 30 June 2005) were included.

Caveats

Of data in scope, the following caveats must be observed as they may influence the distribution of some variables at a national level:

- Reported numbers for each state/territory include services provided under the National Illicit Drug Strategy Non-Government Organisation Treatment Grants Programme (funded by the Australian Government).
- Queensland Health supplied data from Queensland government alcohol and other drug services agencies and from police diversion processes (all with cannabis as the principal drug of concern) but not for other non-government agencies.
- The number of Aboriginal and Torres Strait Islander clients may be undercounted as the majority of Australian Government-funded Indigenous substance use services or Aboriginal primary health care services that provide treatment for alcohol and other drug problems do not supply data to the AODTS–NMDS. Furthermore, at the national level Indigenous status was ‘not stated’ for 5% of all treatment episodes.

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

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