

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.



DRUG AND ALCOHOL
OFFICE

WA participation in the national collection

The Western Australian Health Department participated in this national collection and contributed data to the NMDS.

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

Highlights

- In Western Australia (WA), 26 government-funded alcohol and other drug treatment agencies supplied data for 2001–02; of these 22 were non-government agencies.
- These alcohol and other drug treatment agencies provided 15,232 ‘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 (58%), with over one-third of all treatment episodes (35%) provided for clients in the 20–29 year age group.
- Male clients in WA accounted for nearly two-thirds (64%) of all closed treatment episodes.
- In WA, alcohol (34%) and amphetamines (26%) were the most common principal drugs of concern in closed treatment episodes, followed by cannabis (22%).
- Of all closed treatment episodes in WA, counselling was the most common form of main treatment provided (61%), followed by withdrawal management (detoxification) (12%) and rehabilitation (9%).
- In WA, 30% 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 Western Australia (WA). Throughout this briefing, data from WA 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, 26 were located in WA. Of the agencies in WA, 22 were non-government agencies.

Client profile

- In WA, the majority of closed treatment episodes were for clients aged between 20 and 39 years of age (58%), with over one-third of all treatment episodes (35%) provided for clients in the 20–29 year age group (Table 1).
- The proportions of treatment episodes involving male and female clients in WA (64% and 36% respectively) were very similar to the national proportions (65% and 35% respectively).

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

Age group (years)	Western Australia			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
	(per cent)					
10–19	12.7	4.7	17.4	8.5	4.6	13.1
20–29	23.5	11.4	35.0	22.9	11.3	34.2
30–39	14.2	8.9	23.2	17.3	9.2	26.5
40–49	8.1	6.7	14.9	9.8	6.1	15.9
50–59	4.2	3.7	7.8	4.1	2.5	6.6
60+	1.0	0.7	1.8	1.5	0.8	2.3
Total^(b) (per cent)	63.8	36.1	100.0	64.8	35.1	100.0
Total^(b) (number)	9,718	5,496	15,232	78,323	42,415	120,869

(a) Includes not stated for Sex.

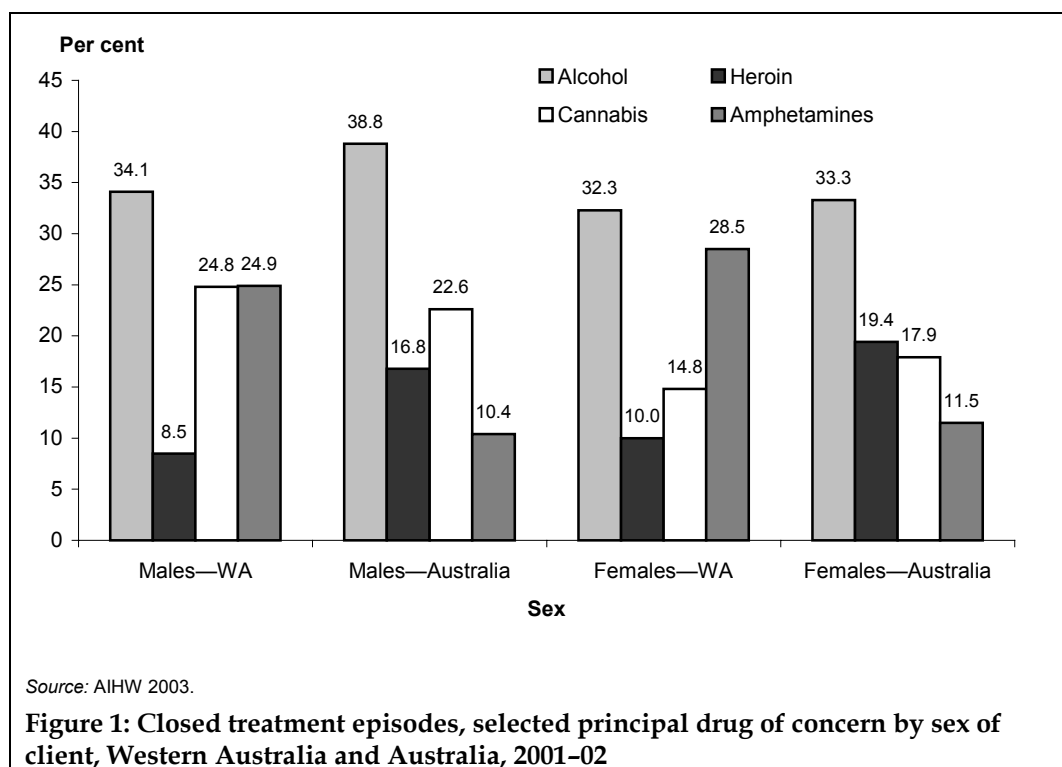
(b) Includes not stated for Age.

Source: AIHW 2003.

- Eighty-five per cent of closed treatment episodes in WA, involved clients seeking treatment for their own drug use. Nearly three-quarters (73%) of treatment episodes involving someone else's drug use (e.g. a spouse seeking treatment for their partner or a parent seeking treatment for their child), were for female clients.
- The proportion of closed treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin was higher in WA (15%) 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 (82%) and 91% were for clients whose preferred language was English.
- Thirty-two per cent of closed treatment episodes in WA involved clients who were self-referred; this compares to 35% of closed treatment episodes nationally. In WA, community-based corrections (16%) were the next most common source of referral.

Principal drug of concern

- In WA, alcohol (34%) and amphetamines (26%) were the most common principal drugs of concern in closed treatment episodes, followed by cannabis (22%). Nationally, alcohol and cannabis were 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 WA (34% for males and 32% for females). This was followed by amphetamines and cannabis for males (both 25%) and amphetamines for females (29%) (Figure 1).



- In WA, the principal drug of concern varied by age. For clients in older age groups, alcohol was the most common principal drug in closed treatment episodes: highest for clients aged 60 years and over (82%) and those aged between 50 and 59 years (80%) (Table 2). Similarly, at the national level, alcohol was the most common principal drug in older age groups (80% for clients aged 60 years and over and 79% for clients aged between 50–59 years).
- For clients aged between 10 and 19 years in WA, cannabis was the most common principal drug (50%) for closed treatment episodes. Nationally, cannabis was also the most common principal drug for this age group (46%).
- For closed treatment episodes involving clients aged 20–29 years in WA, amphetamines were reported as the most common principal drug of concern (39%). Nationally, heroin was the more common principal drug in this age group (26%).

Table 2: Closed treatment episodes, principal drug of concern by age group of client, Western Australia and Australia, 2001–02^(a)

Principal drug	Western Australia (per cent)							Total (Australia)	
	10–19	20–29	30–39	40–49	50–59	60+	Total ^(b)	Per cent	Number
Alcohol	15.5	19.8	41.8	65.9	80.2	81.7	33.6	37.0	41,886
Amphetamines	20.6	39.0	24.3	8.1	3.0	1.4	26.0	10.8	12,211
Benzodiazepines	1.0	1.4	1.9	1.8	1.3	1.4	1.5	2.4	2,745
Cannabis	50.3	20.4	13.1	7.5	5.8	1.4	21.8	21.0	23,826
Cocaine	—	0.1	—	0.2	—	—	0.1	0.7	804
Ecstasy	0.3	0.3	0.1	0.1	—	—	0.2	0.2	253
Heroin	3.6	13.1	10.0	5.6	1.7	0.7	8.9	17.7	20,027
Methadone	0.1	0.9	1.5	1.3	0.2	0.7	0.9	2.3	2,570
Nicotine	0.4	0.3	0.6	1.5	2.0	5.6	0.7	1.4	1,602
Other ^(c)	6.5	3.4	5.4	6.4	4.5	5.6	4.9	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)	2,516	5,134	3,218	1,649	640	142	13,303	—	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.

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

Source: AIHW 2003.

- In WA, alcohol was more likely to be the principal drug in closed treatment episodes involving Indigenous clients (47%) than for other clients (32%). There was a similar pattern at the national level (46% and 37% respectively).
- For closed treatment episodes in WA involving Indigenous clients, amphetamines were less likely to be nominated as the principal drug of concern (17%) than in treatment episodes involving other clients (28%). Although similar, this pattern was less pronounced at the national level (10% Indigenous clients and 11% other clients).
- Thirty-nine per cent of treatment episodes in WA involved clients who reported never having injected drugs. Of the 36% who reported they were 'current injectors', 54% were aged between 20 and 29 years. Care should be taken when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (15% not stated response for both WA and nationally).

Treatment programs

- Of all closed treatment episodes in WA, counselling was the most common form of main treatment provided (61%), followed by withdrawal management (detoxification) (12%) and rehabilitation (9%). Similarly, at the national level, 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%) were the next most common (Table 3).
- Female clients in WA reported a higher proportion of treatment episodes where counselling was the main treatment (65%) compared to male clients (59%). This was also the case nationally (44% females and 36% males).
- Counselling was the most common main treatment in all age groups.

Table 3: Closed treatment episodes, main treatment type by sex of client, Western Australia and Australia^(a), 2001-02

Main treatment type	Western Australia			Australia		
	Males	Females	Persons ^(b)	Males	Females	Persons ^(b)
	(per cent)					
Withdrawal management (detoxification)	12.9	9.8	11.8	19.7	18.2	19.1
Counselling	59.3	65.0	61.4	36.0	44.1	38.9
Rehabilitation	8.8	8.0	8.5	6.4	6.1	6.3
Pharmacotherapy ^(c)	1.3	1.7	1.4	1.0	1.5	1.2
Support & case management only	0.3	0.5	0.3	5.7	6.9	6.1
Information and education only	7.6	4.8	6.6	11.1	7.6	9.8
Assessment only	6.5	6.5	6.5	16.9	10.5	14.6
Other	3.3	3.8	3.5	3.2	5.1	3.9
Total (percent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	9,718	5,496	15,232	73,657	39,917	113,705

(a) Excludes South Australia.

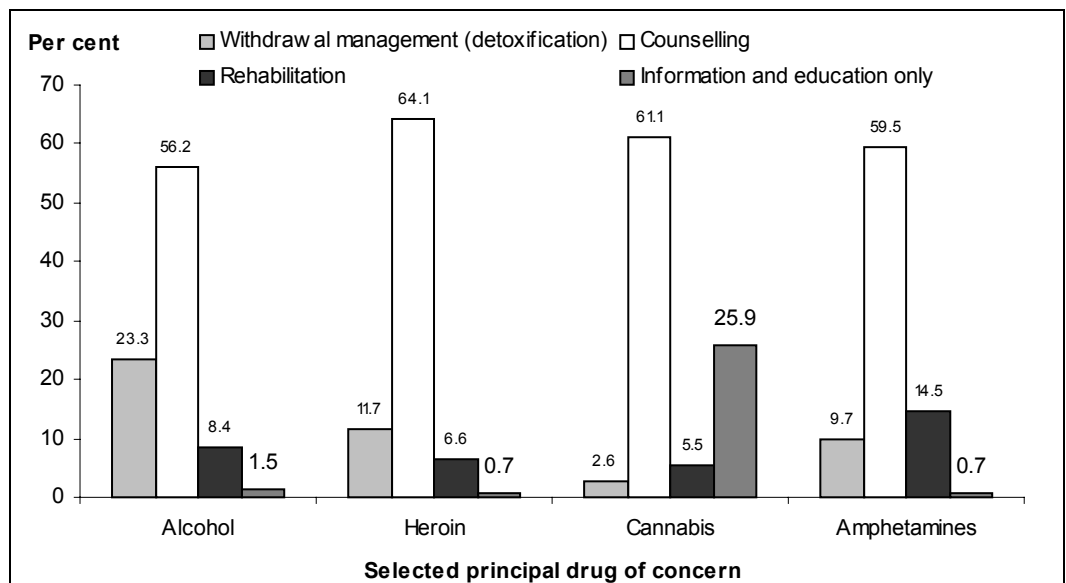
(b) Includes not stated for Sex.

(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

- Closed treatment episodes in WA where the principal drug was alcohol were more likely to involve counselling (56%) and withdrawal management (detoxification) as the main treatment (23%) than treatment episodes for clients seeking treatment for cannabis use (3%) (Figure 2).
- Closed treatment episodes where the principal drug was heroin were more likely to involve counselling as the main treatment (64%) than treatment episodes for clients seeking treatment for alcohol use (56%).
- Where cannabis was nominated as the principal drug of concern, 26% of closed treatment episodes involved information and education programs, compared to 1% of episodes where the principal drug was either heroin or amphetamines.
- Closed treatment episodes where the principal drug was amphetamines were more likely to involve rehabilitation (15%) as the main treatment than treatment where the principal drug was cannabis (6%).



Source: AIHW 2003.

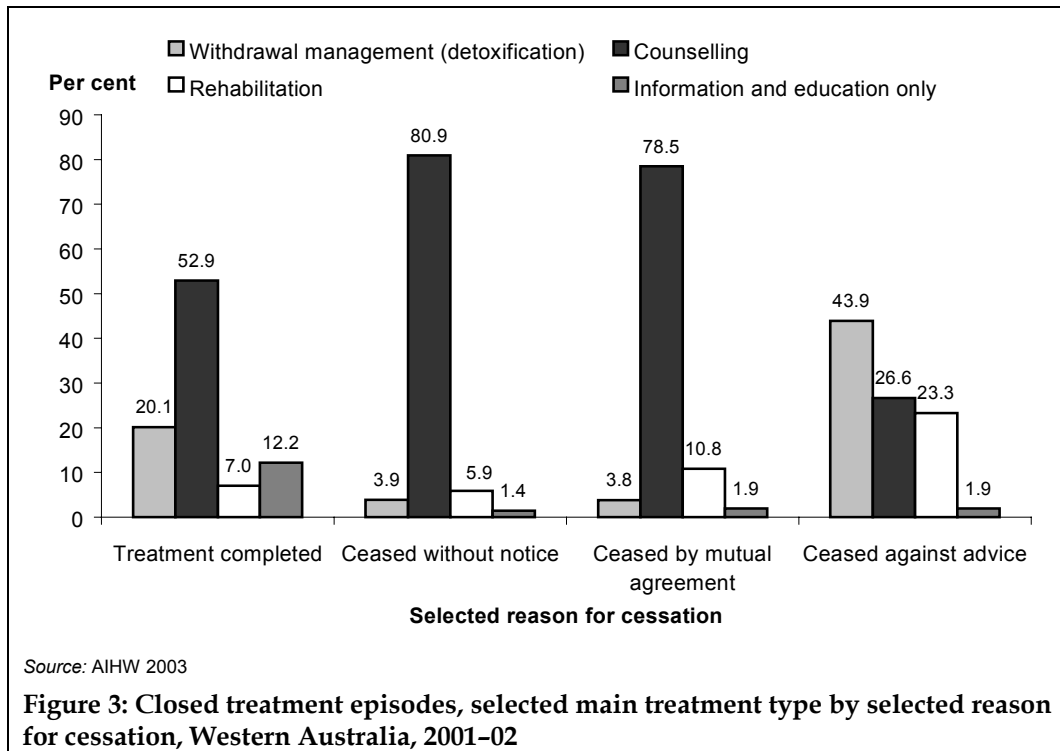
Figure 2: Closed treatment episodes, selected main treatment type by selected principal drug of concern, Western Australia, 2001-02

- Seventy-three per cent of all closed treatment episodes in WA occurred at a non-residential treatment facility, 19% in a residential facility and a further 7% in an outreach setting.
- In WA, the median number of days for a treatment episode was 34. The highest median number of treatment days occurred at the client's home (94 days) and in non-residential treatment facilities (56 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 settings (36 days) and in non-residential treatment facilities (28 days).

When treatment ceases

- In WA, the most common reason for the cessation of a client's treatment was that the treatment had been completed (40%). Other common reasons included the client ceased to participate without notice (27%) or the client ceased to participate by mutual agreement with the agency (7%). Nationally, the treatment being completed was also the most common reason for a treatment episode ceasing (54%).
- In WA, for closed treatment episodes that ended because the treatment had been completed, 53% were for counselling, 20% for withdrawal management (detoxification) and 12% for information and education only programs (Figure 3).

- Eighty-one per cent of closed treatment episodes that ended because the client ceased to participate without notice were for counselling and 6% for rehabilitation.
- For closed treatment episodes that ended because the client ceased by mutual agreement with the agency, 79% were for counselling and 11% for rehabilitation.
- Where clients ceased to participate against advice of the clinician, 44% of these closed treatment episodes occurred during withdrawal management, 27% while undertaking counselling and 23% for rehabilitation.



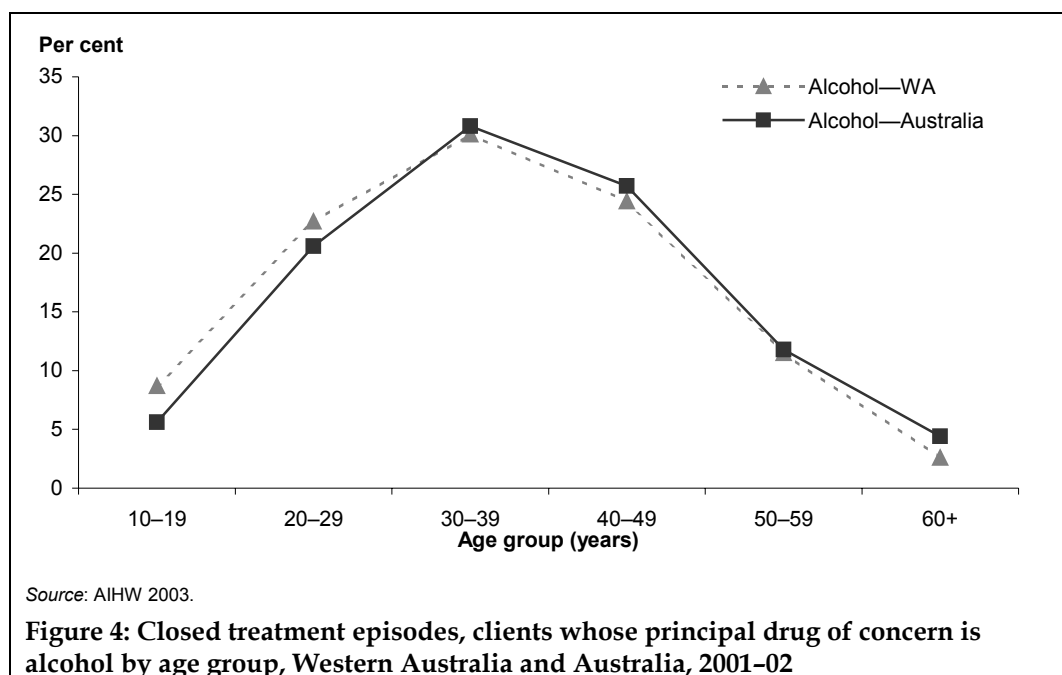
Special theme—Alcohol

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* where agencies reported this area as being of high interest to the field.

Closed treatment episodes in WA for clients who reported alcohol as their principal drug of concern numbered 4,464.

Client profile

- In WA, for closed treatment episodes involving a principal drug of alcohol, clients had a similar age profile to those at the national level – 14% were aged 50 years and over compared to 16% in this age group nationally (Figure 4).
- Of clients in WA who nominated alcohol as their principal drug of concern, 30% of closed treatment episodes involved clients aged between 30 and 39 years, similar to the national average (31% for clients aged 30-39 years) (Figure 4).
- For closed treatment episodes in WA involving female clients with a principal drug of alcohol, a higher proportion were in the 30 to 49 year age group (62%) compared to treatment episodes for males (52%) in the same age group.



Treatment programs

- For clients in WA whose principal drug of concern was alcohol, counselling and withdrawal management (detoxification) were the most common treatments completed (41% and 39% respectively) (Table 4).
- Clients who ceased to participate without notice were more likely to have received counselling (82% of closed treatment episodes).
- 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 (32%).

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

Main treatment	Western Australia						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)	(number)
Withdrawal management (detoxification)	38.9	22.6	5.5	—	18.4	23.3	24.7	9,642
Counselling	41.4	55.7	81.7	85.7	50.1	56.2	39.7	15,525
Rehabilitation	8.6	8.7	5.5	14.3	11.9	8.4	6.3	2,456
Pharmacotherapy	0.4	—	3.4	—	1.3	1.7	0.6	254
Support and case management only	0.3	4.3	0.2	—	0.2	0.3	3.6	1,407
Information and education only	2.6	0.9	0.6	—	0.7	1.5	6.7	2,620
Assessment only	6.5	7.0	1.7	—	8.3	5.4	14.5	5,650
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	—
Total (number)	1,967	115	1,172	7	1,001	4,464	—	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 & Died.

(d) Includes not stated for Reason for cessation and other Main treatment.

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

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