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# Alcohol and other drug treatment and diversion from the Australian criminal justice system

## 2012–13



bulletin 125

### Key findings

In the 10 years to 2012–13, the number of treatment episodes provided to clients diverted from the criminal justice system into alcohol and other drug (AOD) treatment for drug or drug-related offences more than doubled, while treatment episodes for other clients increased only marginally.

This bulletin assesses the nature of diversion clients referred to AOD treatment services, how they compare with non-diversion clients receiving AOD treatment, and the treatment they receive.

#### About 1 in 4 clients had been diverted from the criminal justice system

Nationally, there were 24,069 clients who had been diverted into AOD treatment, comprising 24% of all clients.

#### Diversion clients were younger and more likely to be male than non-diversion clients, and less likely to be Indigenous

Among diversion clients:

- 25% were aged 10–19 compared with 11% for non-diversion clients
- 80% were male compared with 67% of non-diversion clients
- 12% were Indigenous compared with 15% for non-diversion clients.

### Among diversion clients, about 1 in 7 also received non-diversion treatment during 2012–13

While there are client data for just 1 collection year, about 1 in 7 (3,640) diversion clients also received non-diversion episodes during 2012–13 (4% of total clients).

### Diversion treatment episodes were about twice as likely to involve cannabis as the principal drug of concern compared with episodes for non-diversion clients

Diversion episodes were most likely to be for cannabis (43% compared with 20% for non-diversion episodes). This was followed by alcohol (21% compared with 46%), amphetamines (18% compared with 13%) and heroin (7% compared with 8%).

### Police diversion episodes had less intensive treatment types compared with court diversion episodes

Police diversion episodes were far less likely than court diversion episodes to involve counselling (21% compared with 54%) and support and case management only (1% compared with 15%) as main treatment types, and much more likely to involve information and education only (46% compared with 20%) and assessment only (31% compared with 5%).



## Contents

## Introduction

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 people receiving drug treatment services. This report briefly outlines the nature of drug diversion programs in Australia before examining the treatment episodes provided to clients who have been referred to treatment agencies as part of a drug diversion program. It also contrasts those clients with other clients receiving drug treatment. Information on drug treatment services provided in this bulletin is based on data from the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS).

Alcohol and other drug (AOD) use is recognised as a major social problem in Australia. Due to the severity and scope of impacts, there are stringent legislative, regulatory and policy frameworks related to drugs and drug use.

While some drugs can be used legally, such as alcohol and tobacco, many are illicit. The term 'illicit drug' can encompass a number of broad concepts including:

- illegal drugs—a drug that is prohibited from manufacture, sale or possession in Australia (for example, cannabis, cocaine, heroin and 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 (for example, opioid-based pain relief medications, opioid substitution therapies, benzodiazepines, over-the-counter codeine, and steroids)
- other psychoactive substances—legal or illegal, potentially used in a harmful way (for example, kava or inhalants [such as petrol, paint or glue], but not including tobacco or alcohol) (MCDS 2011).



In the 10 years to 2012–13, annual illicit drug offences increased by around 25% nationally, to just over 100,000 (ACC 2014:9).

Use of alcohol and other drugs is a substantial contributor to drug-related crime, for example, burglary, assault and public disorder. In a 2009 survey of police detainees, for example, 29% of charges were reported as being attributable to alcohol and 23% to illicit drugs (Payne & Gaffney 2012:4).

Drug-related offenders are subject to a range of penalties within the Australian criminal justice system, ranging from cautions and fines to custodial sentences. While differences exist between states and territories for illicit drug offences, personal or consumer-based offences are generally distinguished from trafficking or producer-based offences. In 2012–13, 82% of illicit drug arrests applied to consumers (83,062 arrests) and 18% to providers (17,120 arrests) (ACC 2014: 230).

## Drug diversion programs in Australia

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. Implementation of drug diversion programs in Australia over the last 3 decades coincides with the international growth of diversion programs. Bull (2003) attributes this growth to a number of factors, including increased levels of incarcerated drug-related offenders, evidence of the shortcomings associated with punitive measures for preventing illicit drug use and associated crime, and awareness of harms associated with custodial sentences for people who use drugs.

In general terms, drug diversion programs involve 'the redirection of offenders away from conventional criminal justice processes, with the aim of minimising their level of contact with the formal system' (Payne et al. 2008:2). Drug diversion programs come in three 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.
- **Custodial diversion** occurs as part of a custodial sentence and may include treatment attendance as a condition of parole. Not widely used in Australia, custodial diversion generally applies to offenders with an established criminal history and long-term drug dependence.



Police and court drug diversion programs expanded markedly in Australia from 1999 when the Australian, state and territory governments established the Illicit Drug Diversion Initiative (IDDI). Supported by Australian Government funding and a national framework, the IDDI enabled new and/or expanded drug diversion programs to be set in place in all states and territories and led to the 'development of a more systematic approach to diversion' (Hughes & Ritter 2008:4). From its inception, the IDDI has primarily targeted people apprehended for use or possession of small quantities of illicit drugs who have had minimal or no past contact with the criminal justice system for drug offences (MCDS 1999 cited in AIHW 2008). Some states and territories have additional drug diversion programs that have different priorities and target groups, including alcohol-related offenders (Table 1). For further information on jurisdictional drug diversion programs, see Supplementary Table S1.

Information from the Australian Crime Commission (2014:230) shows that, in 2012–13, police diversion for cannabis applied to at least 65% of all illicit drug arrests in South Australia, 40% in the Northern Territory, 21% in the Australian Capital Territory, and 12% in Western Australia.

**Table 1: Summary of major Australian drug diversion programs, states and territories, August 2014**

| State/territory | Diversion program |
|---|---|
| New South Wales | Cannabis Cautioning Scheme |
| | Magistrates Early Referral Into Treatment (MERIT) |
| | Diversion under the *Young Offenders Act 1997* (NSW) |
| | Adult Drug Court |
| Victoria | Cannabis Cautioning Program |
| | Drug Diversion Program |
| | Court Referral Education, Drug Intervention and Treatment (CREDIT) |
| | Court diversion—deferred sentencing |
| | Drug Court |
| Queensland | Queensland Early Intervention Pilot Project (QEIPP) |
| | Police Drug Diversion Programme (PDDP) |
| | Queensland Drug Court Program |
| | Illicit Drugs Court Diversion Program |
| | Queensland Magistrates Early Referral into Treatment (QMERIT) Program |
| Western Australia | Police Diversion |
| | Juvenile Justice Team Diversion |
| | Court Diversion |
| South Australia | Cannabis Expiation Notice (CEN) Scheme |
| | Police Drug Diversion Initiative (PDDI) |
| | Court Intervention Programs |
| Tasmania | Tasmanian Early Intervention Pilot Project (TEIPP) |
| | Court Mandated Diversion |
| Australian Capital Territory | Youth Alcohol Diversion |
| | Simple Cannabis Offence Notice (SCON) |
| | Illicit Drug Diversion |
| | Court Alcohol and Drug Assessment Service (CADAS) |
| | Youth Drug and Alcohol Court (YDAC) |
| Northern Territory | Northern Territory Early Intervention Pilot Program (NTEIPP) |
| | Northern Territory Illicit Drug Pre Court Diversion Program (NTIDPCDP) |
| | Court Referral and Evaluation for Drug Intervention and Treatment Program (CREDIT NT) |
| | Cannabis Expiation Notice (CEN) Scheme |

*Note:* Some diversion programs included in this table result in fines or cautions (not referral to AOD treatment) and so are not reflected in AODTS NMDS data.
*Source:* Supplementary Table S1.

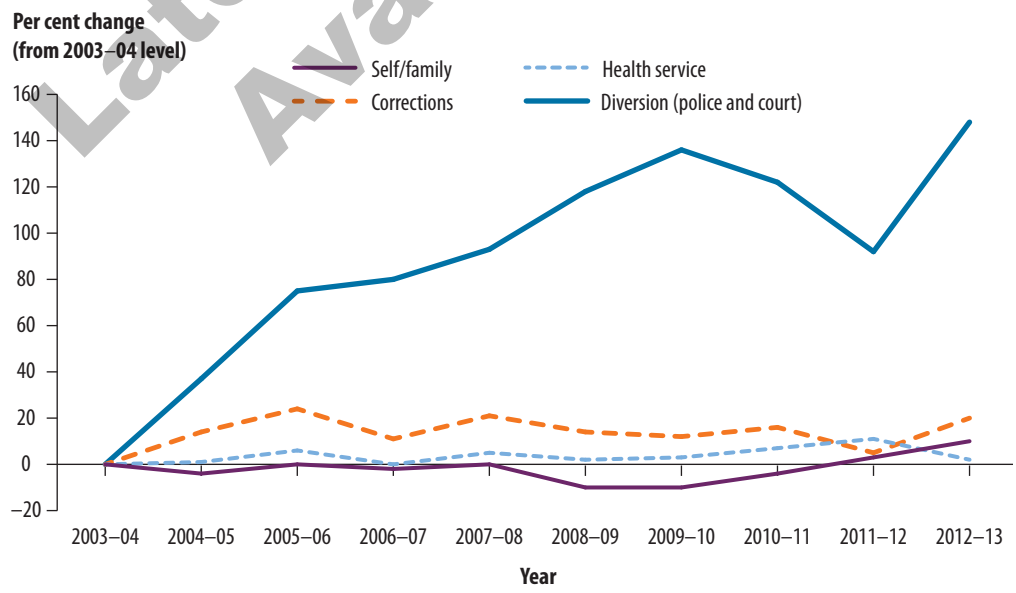
## Diversion and drug treatment services

Traditionally, drug diversion programs diverted offenders away from the criminal justice system altogether. More recently, however, diversion programs have shown 'greater emphasis on diverting individuals to an alternative program rather than simply diverting them from the system' (Payne et al. 2008:2). In the Australian context, Hughes and Ritter (2008:3) observe that 'diversion is predominantly used for therapeutic purposes—to divert drug and drug-related offenders *into* drug education and treatment, rather than *out* of the criminal justice system'.

With this therapeutic emphasis, AOD treatment agencies are fundamental to drug diversion programs in Australia. Such agencies provide a range of services for offenders in order to fulfil the requirements placed upon them (sometimes referred to as 'expiation' conditions). Services vary widely, ranging from short-term assessment, information or education sessions to longer term treatments such as counselling and withdrawal management.

Importantly, people diverted from the criminal justice system represent a substantial share of clients treated by AOD agencies. Data from the AODTS NMDS show that clients referred from police or court diversion programs received 28,025 treatment episodes in 2012–13, accounting for 17% of all treatment episodes provided by AOD treatment agencies. In the 10 years to 2012–13, the number of treatment episodes provided to clients referred from diversion programs more than doubled, whereas numbers of treatment episodes for other clients were about constant (Figure 1).






*Notes*
1. Based on clients receiving treatment for their own drug use with 1 or more closed treatment episodes in the respective collection years.
2. Referral category 'Other' is not included.

*Source:* Supplementary Table S6.17 in *Alcohol and other drug treatment services in Australia 2012–13* (AIHW 2014).

**Figure 1: Percentage change of episodes for clients receiving treatment for their own drug use, by source of referral, from 2003–04 to 2012–13**

This provision of diversion services for AOD agencies, policy makers and researchers is important. Despite this, there has been no national information available to date either on the number of clients receiving treatment for diversion or on whether diversion clients were a discrete client group compared with non-diversion AOD clients—and, if so, how these groups and their treatment needs differ.

A statistical linkage key (SLK, see below) was introduced into the 2012–13 AODTS NMDS to allow counting of the number of clients receiving treatment. This bulletin presents analyses of the AODTS NMDS using the SLK and addresses the following questions:

- Is there any overlap between diversion and non-diversion clients?
- What are the differences between diversion clients and non-diversion clients and the treatment episodes they receive?
- Are there differences between clients subject to police and court diversion and the treatment episodes they receive?
- What policy implications should be considered relating to these differences?
- What data quality issues need to be addressed?



## Alcohol and Other Drug Treatment Services National Minimum Data Set

The Australian, state and territory governments fund a range of AOD treatment services provided by non-government and government treatment agencies. The AODTS NMDS contains information on publicly funded AOD treatment agencies. These agencies provide services both to people seeking assistance for their own drug use and to those seeking assistance for someone else's drug use. Given that most clients diverted from the criminal justice system in 2012–13 received treatment for their own drug use (over 97%), this bulletin focuses only on those clients.

The AODTS NMDS is an annual collection of data from publicly funded treatment services in all states and territories, including those services directly funded by the Australian Government Department of Health. It includes information on treatment agencies, clients and episodes, with its basic unit of analysis being the 'closed treatment episode'. To be included in the AODTS NMDS collection, an episode of treatment needs to have concluded within the given collection year (either because treatment has ended, lapsed or substantially changed).

Note that the AODTS NMDS does not include data relating to those people who were fined or cautioned but not referred to AOD treatment.

The SLK introduced into the 2012–13 collection allowed for analysis of data about clients. Before 2012–13, analysis had been possible based only on treatment episodes (clients can receive more than one treatment episode). There were a number of records that had missing or invalid SLK data that cannot be attributed to a client. These records were removed from the analysis. Where the demographic characteristics of a client differed over the collection period—for example, the client moved from one age group to the next due to a birthday—the characteristics from the first episode of treatment were reported.

This bulletin includes both client-based and episode-based analyses.

### Box 1: Key concepts

A number of concepts used in this bulletin have a specific meaning, including:

**Source of referral**—the source from which a person was referred to an AOD treatment agency. Referral sources include 'self/family', 'medical practitioner', 'correctional service', 'police diversion' and 'court diversion', among others.

**Diversion client type**—in this bulletin, there are two main diversion client types:

- **Diversion clients** are clients who received at least 1 AOD treatment episode during a collection year resulting from a referral by a police or court diversion program (a diversion episode). Within this group, there are two subtypes. **Diversion only clients** received treatment as a result of diversion referrals only. **Diversion clients with non-diversion episodes** received at least 1 episode of treatment resulting from a diversion referral but also received at least 1 treatment episode resulting from a non-diversion referral in a collection year.
- **Non-diversion clients** are clients who received at least 1 AOD treatment episode during a collection year, but were not referred by a diversion program (that is, they received only non-diversion episodes).

**Diversion referral type**—describes clients and treatment episodes with a diversion-based source of referral into AOD treatment. The two diversion types included in the AODTS NMDS are **police diversion** and **court diversion**.

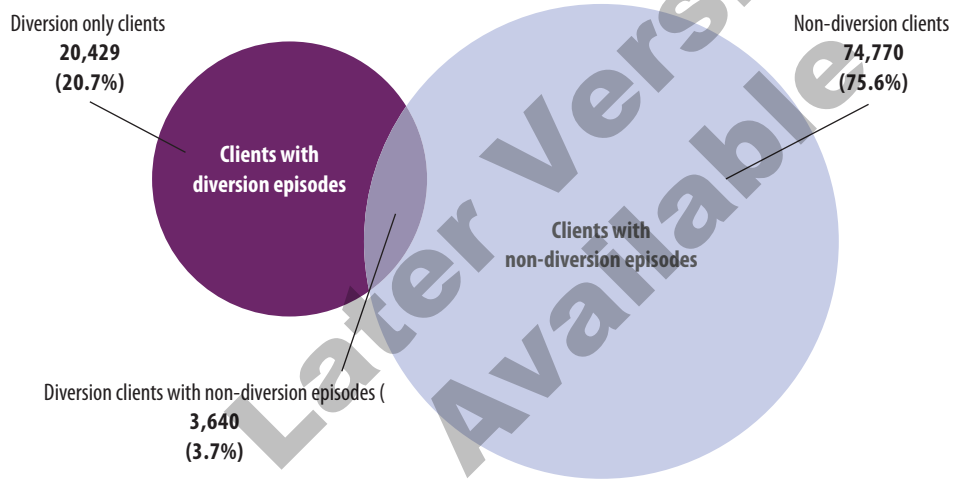
**Reason for cessation**—the reason a client ceases to receive a treatment episode; reasons include 'treatment completed', 'change in treatment type', 'ceased to participate without notice' and 'ceased to participate at expiation', among others.

**Principal drug of concern**—the main drug that led a person to seek/receive treatment, as stated by the client or specified as part of a client's diversion program. Common principal drugs of concern include alcohol, cannabis, amphetamines and heroin.

**Main treatment type**—the main activity determined at assessment by the treatment provider to treat the client's drug problem for the principal drug of concern. Main treatment types include 'withdrawal management (detoxification)', 'counselling', 'rehabilitation', 'pharmacotherapy', 'support and case management only', 'information and education only' and 'assessment only'.

## Are diversion clients a distinct client group among AOD clients?

Nationally, there were 24,069 clients in the AODTS NMDS data who were diverted from the criminal justice system into AOD treatment in 2012–13; this comprises 24% of all clients (Figure 2). Clients who received diversion episodes only accounted for 21% (20,429 clients) of all clients, while clients who received diversion and non-diversion episodes accounted for 4% (3,640 clients). Although diversion clients comprised a large proportion of clients in treatment, the extent to which diversion clients were also part of the broader group of clients receiving non-diversion treatment was minimal. Among diversion clients, about 1 in 7 (15%) also received AOD treatment outside of their diversion program commitments in 2012–13. This suggests that diversion clients are fairly distinct from the non-diversion client group over the short term (within a single year).





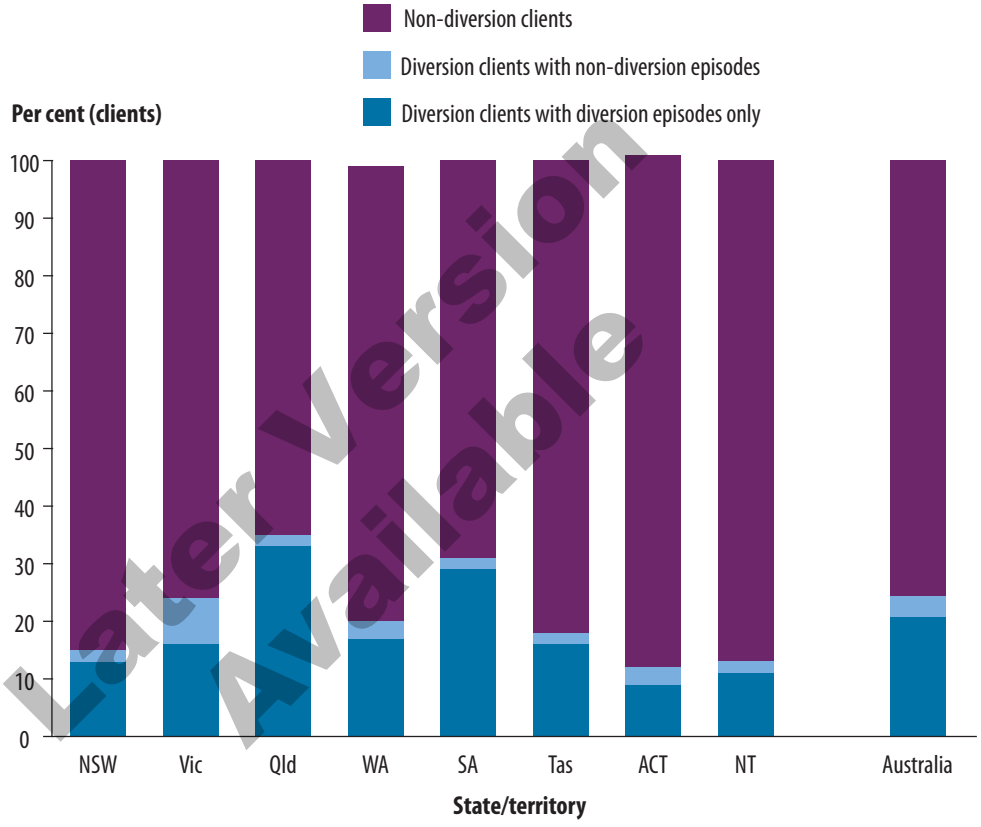

*Note:* Data are based on the number of distinct clients (from valid statistical linkage key information) in the AODTS NMDS 2012–13 collection. Only clients receiving treatment for their own drug use with 1 or more closed treatment episodes in 2012–13 are included.

*Source:* Supplementary Table S2.

**Figure 2: Clients receiving alcohol and other drug treatment, by diversion client status, 2012–13**

Client data are available only for 2012–13. Hence, it is possible that there may be less separation between the diversion client group and the non-diversion client group in the medium and long term, as diversion clients may go on to access non-diversion AOD treatment in the years after their diversion episodes.

At the state and territory level, the proportion of diversion clients varied (Figure 3). Queensland had the highest proportion of diversion clients, comprising 35% of all AOD treatment clients in 2012–13, while the Australian Capital Territory had the lowest, with 11%. Victoria had the largest overlap between diversion and non-diversion clients for 2012–13 (32%)—that is, the highest proportion of diversion clients with non-diversion episodes—and Queensland the lowest (5%).




*Note:* Based on clients receiving treatment for their own drug use with 1 or more closed treatment episodes in 2012–13.

*Source:* Supplementary Table S2.

**Figure 3: Clients receiving alcohol and other drug treatment, by diversion client type, states and territories, 2012–13**

## Are diversion clients different from non-diversion clients?

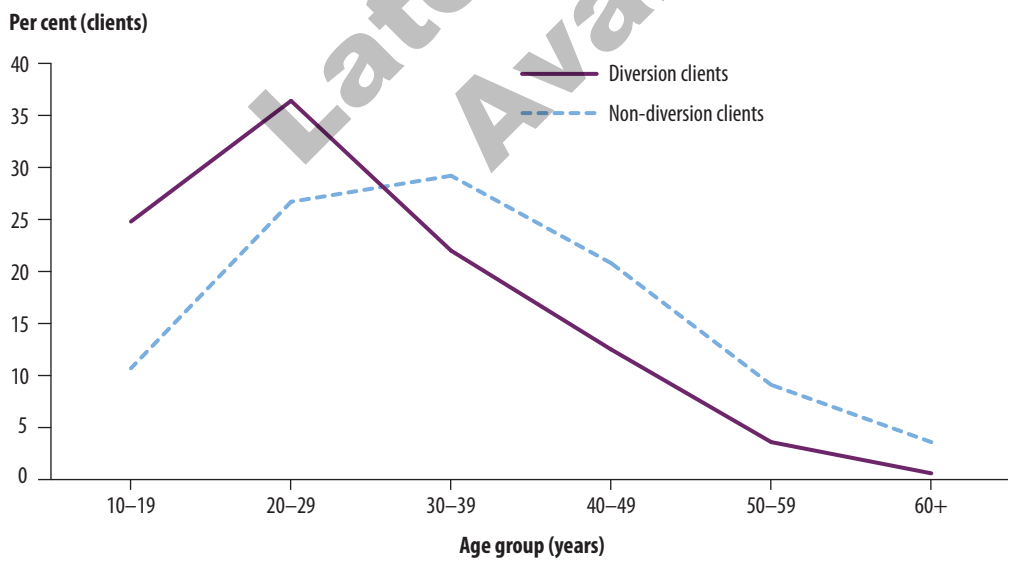
### Demographics

When compared with non-diversion clients, diversion clients:

- were more likely to be male (80% compared with 67%) (Supplementary Table S3)
- tended to be younger (25% aged 10–19 compared with 11%; 39% aged 30 and over compared with 63%) (Figure 4)
- were less likely to be Indigenous (12% compared with 15%) (Supplementary Table S5).

It should be noted that the number of treatment episodes reported through the AODTS NMDS for Aboriginal and Torres Strait Islander people does not represent all AOD treatments provided to Indigenous people in Australia for 2012–13. The Online Services Report data collection contains information about substance use services provided by the Australian Government that are specific to Aboriginal and Torres Strait Islanders. These services include those provided to diversion clients (for more information on the relationship between the AODTS NMDS and the Online Services Report, see Appendix B in AIHW 2014). In 2012–13, 4% of substance-use clients were referred from the justice system or police court (AIHW unpublished. Online Services Report data collection 2012–13).






*Notes*
1. Based on clients receiving treatment for their own drug use with 1 or more closed treatment episodes in 2012–13.
2. Diversion clients include those clients who also received non-diversion episodes.

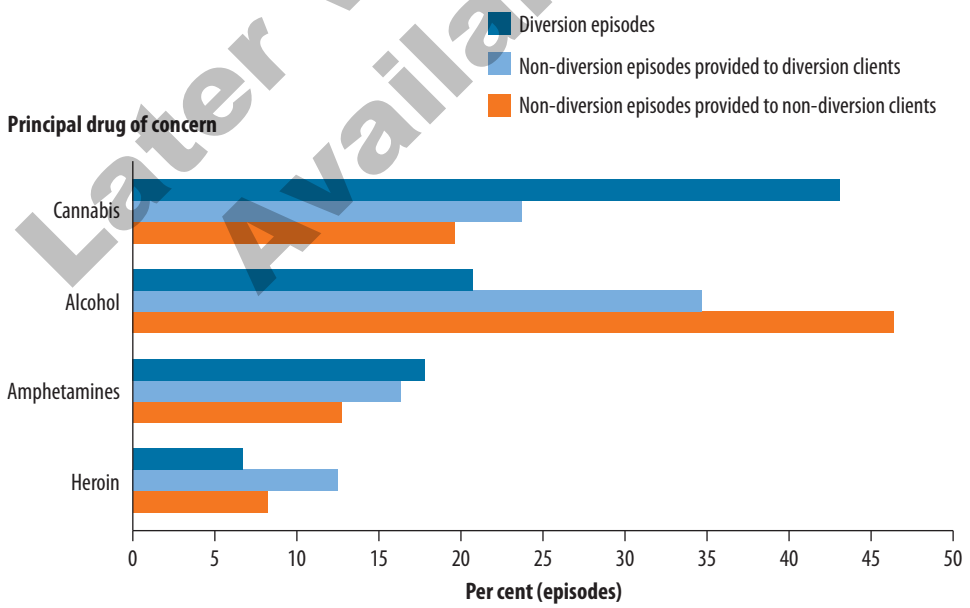
*Source:* Supplementary Table S4.

**Figure 4: Clients receiving alcohol and other drug treatment, by age group and diversion client type, 2012–13**

## Treatment episodes

Clients receive treatment for many different drugs of concern, with alcohol, cannabis, amphetamines and heroin generally being the most common principal drugs of concern (AIHW 2014). For non-diversion clients in 2012–13, almost half (46%) of their episodes involved alcohol as the principal drug of concern, followed by cannabis (20%), amphetamines (13%) and heroin (8%) (Figure 5). Among diversion clients, diversion episodes were most likely to be for cannabis (43%), followed by alcohol (21%), amphetamines (18%) and heroin (7%). A relatively small proportion of diversion episodes had a principal drug of concern of nicotine (4%), ecstasy (MDMA) (3%), benzodiazepines (1%), volatile solvents (1%) and cocaine (1%). A number of factors may influence these findings, such as the principal drug of concern reported may be the one of most concern to the client and/or the drug recorded on the diversion notice. These factors may vary by jurisdiction and should be considered when interpreting these findings. Lower levels of diversion episodes for some drugs may also reflect the levels of use of these drugs. For the small number (5,830) of non-diversion treatment episodes provided to diversion clients in 2012–13, alcohol (35%) was the most common principal drug of concern, followed by cannabis (24%) and amphetamines (16%).



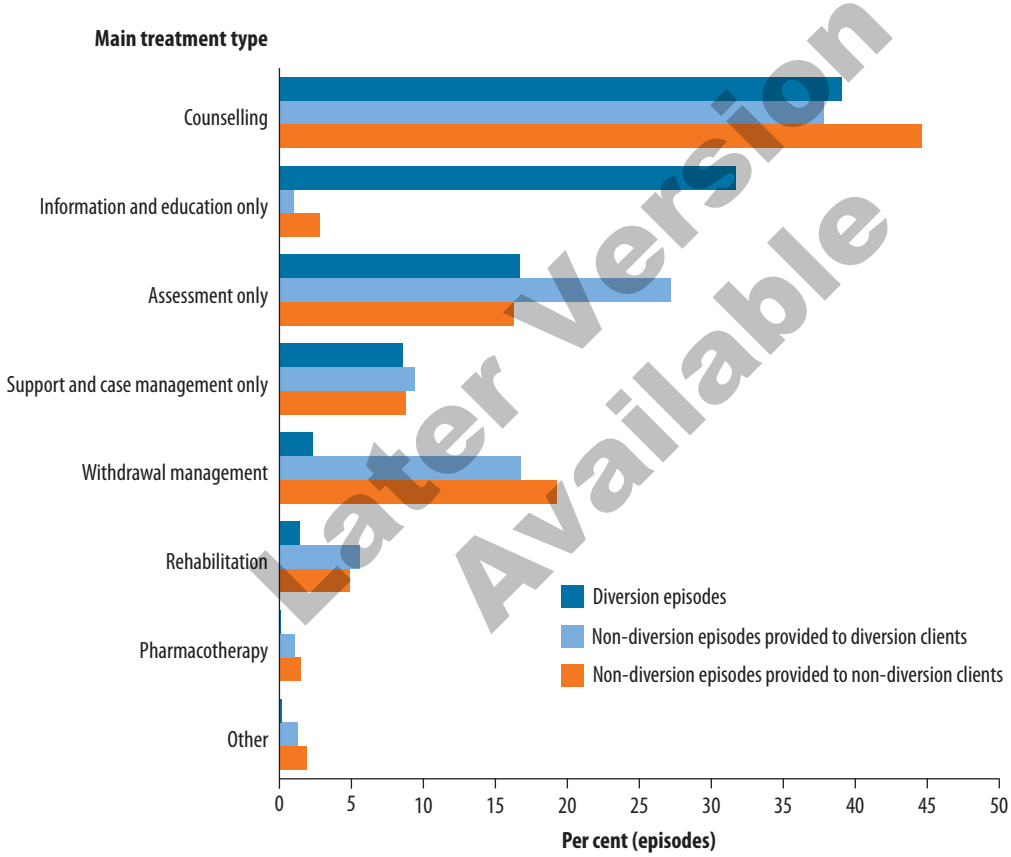



*Note:* Based on clients receiving treatment for their own drug use with 1 or more closed treatment episodes in 2012–13.

*Source:* Supplementary Table S6.

**Figure 5: Episodes provided to clients receiving alcohol and other drug treatment, by selected principal drug of concern and diversion client type, 2012–13**

Counselling was the most common main treatment type for diversion and non-diversion clients alike (Figure 6), accounting for 39% of diversion episodes and 44% of non-diversion episodes. Information and education only was far more common for diversion episodes (32%) than for non-diversion episodes (3%), while withdrawal management was much less common (2% compared with 19%). The emphasis on less intensive treatment types for diversion episodes may reflect the requirements of diversion programs and the drug types (particularly cannabis) for which clients are referred. It may also reflect early intervention approaches, especially those focused on young offenders and/or the younger age profile of diversion clients.



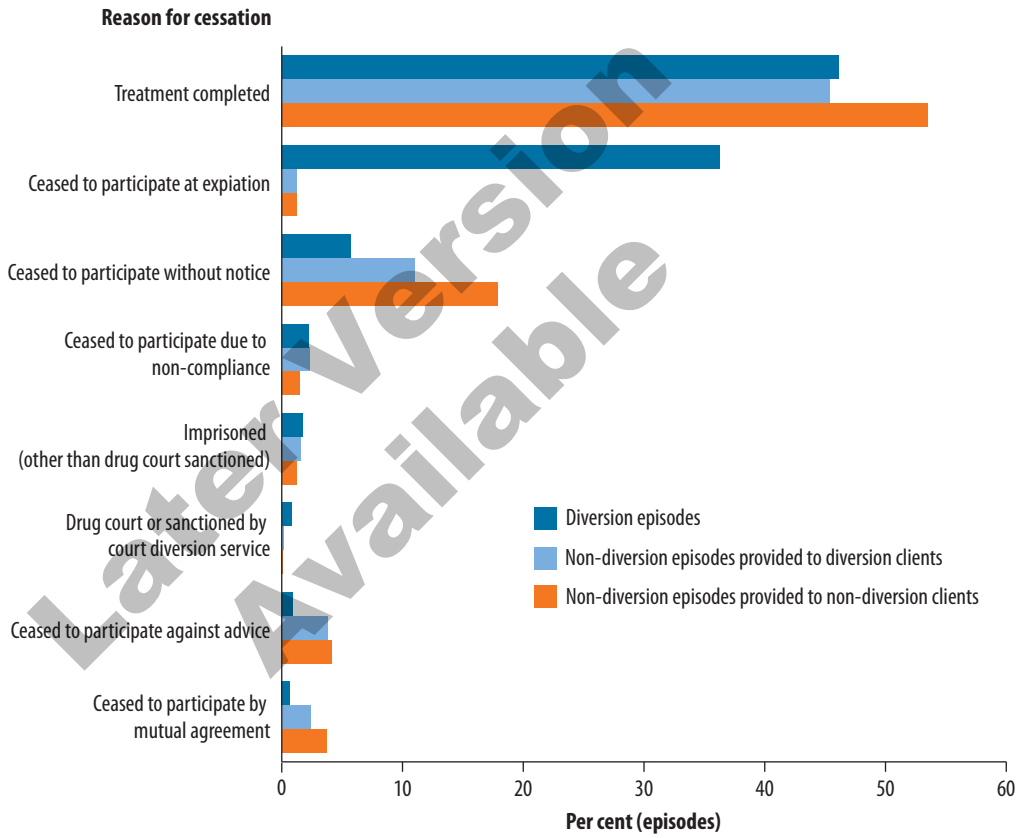



*Note:* Based on clients receiving treatment for their own drug use with 1 or more closed treatment episodes in 2012–13.

*Source:* Supplementary Table S7.

**Figure 6: Episodes provided to clients receiving alcohol and other drug treatment, by main treatment type and diversion client type, 2012–13**

For diversion clients, 4 in 5 (82%) diversion episodes were completed successfully in 2012–13, either because treatment was completed or treatment conditions expiated (that is, diversion program conditions had been met) (Figure 7). For non-diversion clients, about half of their episodes (55%) ceased because treatment had been completed or expiated. It seems unlikely that expiation is a valid cessation reason for non-diversion episodes and, while this number is small (1% of non-diversion episodes), it is a data quality issue worth further investigation.




*Note:* Based on clients receiving treatment for their own drug use with 1 or more closed treatment episodes in 2012–13.

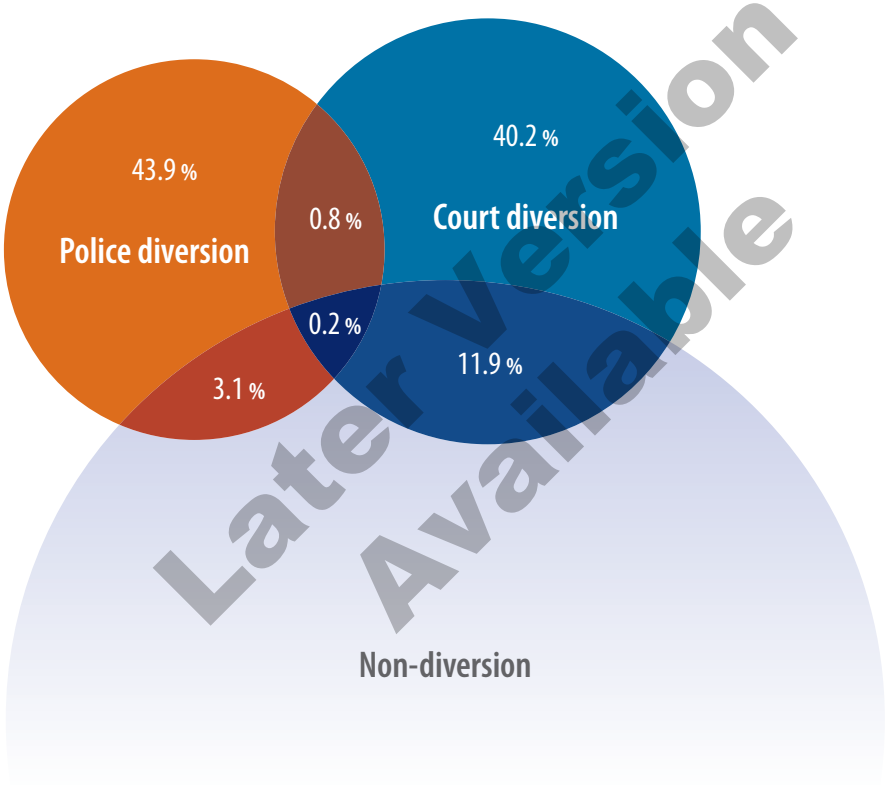
*Source:* Supplementary Table S8.

**Figure 7: Episodes provided to clients receiving alcohol and other drug treatment, by selected reason for cessation of treatment and diversion client type, 2012–13**

## Are there differences between clients subject to police diversion and to court diversion?

### Overlap between police and court diversion

While some clients receive police diversion or court diversion episodes only, clients may receive a combination of police and court diversion episodes, as well as non-diversion episodes. This means that police diversion, court diversion and non-diversion client groups can overlap in a number of ways (Figure 8).






*Notes*
1. Based on clients receiving treatment for their own drug use with 1 or more closed treatment episodes.
2. The circles represent the different diversion client types, while the percentages represent how diversion episodes are apportioned.
3. Percentages do not add to 100% due to the overlap between diversion clients.

*Source:* Supplementary Table S9.

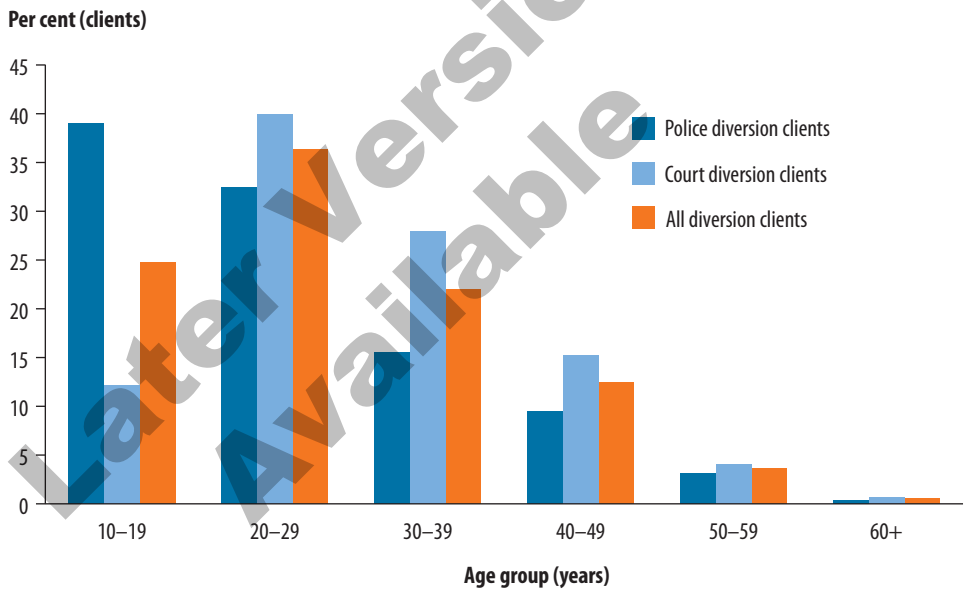
**Figure 8: Overlap between diversion client types, 2012–13**

Figure 8 shows that of all diversion clients, 53% had at least 1 court diversion episode and 48% had at least 1 police diversion episode, with 1% of diversion clients receiving both police and court diversion episodes in 2012–13. Within the 2012–13 collection period, clients with court diversion episodes were more likely to receive treatment not related to diversion than clients with police diversion episodes (12% compared with 3%).

Given the small overlap between police and court diversion clients, clients with both diversion types are not presented separately in the following analysis. Rather, the information relates, respectively, to police diversion clients, court diversion clients and 'all diversion clients' (that is, clients with police and/or court diversion episodes). Due to this overlap, the numbers of police diversion clients and court diversion clients will not equal the reported number of 'all diversion clients' when added.

## Demographics

In 2012–13, the majority (61%) of diversion clients were aged under 30, with 25% aged 10–19 and 36% aged 20–29 (Figure 9). Comparing diversion types, police diversion clients tended to be younger than court diversion clients.






*Note:* Based on clients receiving treatment for their own drug use with 1 or more closed treatment episodes in 2012–13.

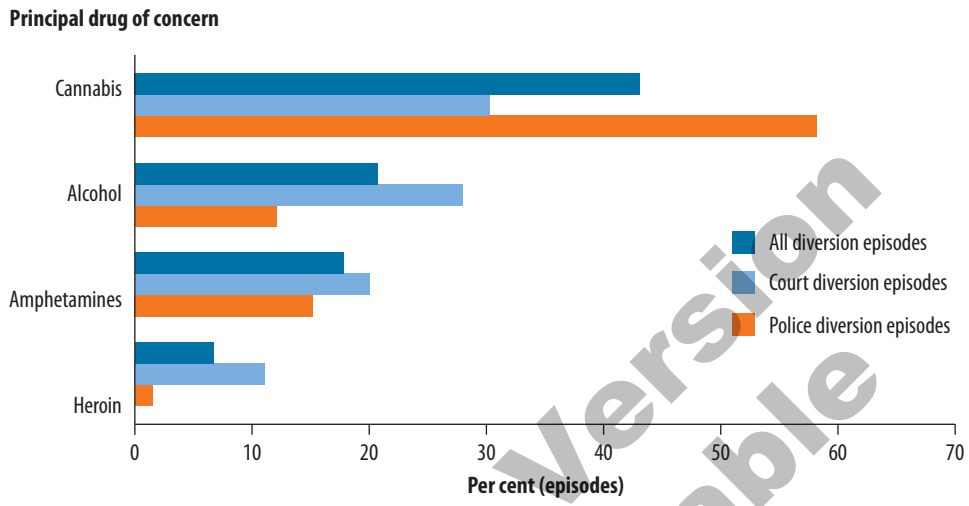
*Source:* Supplementary Table S10.

**Figure 9: Clients receiving alcohol and other drug treatment, by age group and diversion client type, 2012–13**

Court diversion clients (82%) were marginally more likely to be male than police diversion clients (78%), while the proportion of Indigenous people in police diversion clients and court diversion clients was similar (12% each) (supplementary tables S11 and S12).

## Treatment episodes

Police diversion episodes were more likely than court diversion episodes to be for cannabis (58% compared with 30%), while court diversion episodes were more likely to be for alcohol (28% compared with 12%) and heroin (11% compared with 2%) (Figure 10).



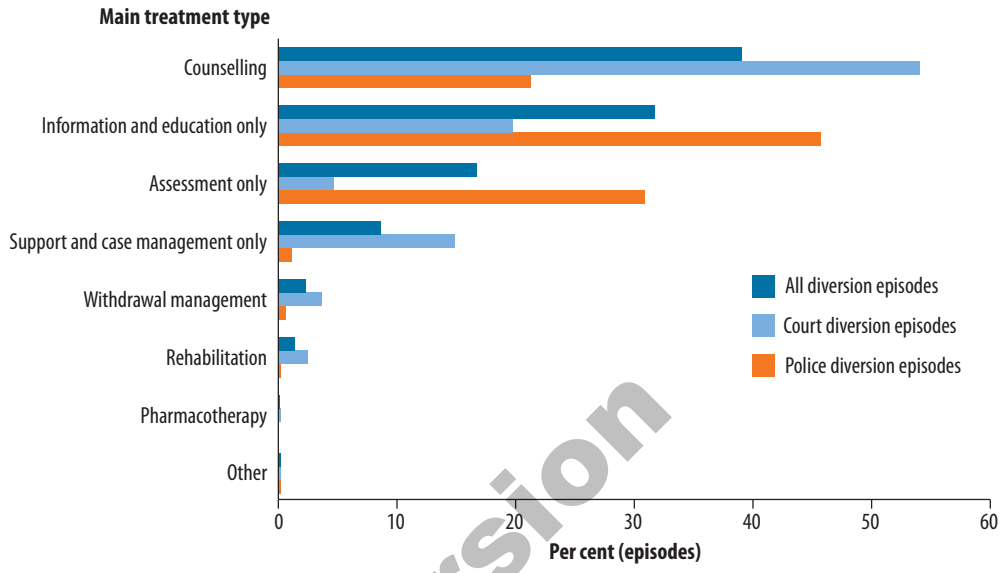



*Note:* Based on clients receiving treatment for their own drug use with 1 or more closed treatment episodes in 2012–13.

*Source:* Supplementary Table S13.

**Figure 10: Episodes provided to clients receiving alcohol and other drug treatment, by selected principal drug of concern and diversion type, 2012–13**

In general, police diversion episodes tended to involve shorter, less intensive treatment types and court diversion episodes tended towards longer, more intensive treatment types (Figure 11). More specifically, police diversion episodes were far less likely than court diversion episodes to involve counselling (21% compared with 54%) and support and case management only (1% compared with 15%) as main treatment types, but much more likely to involve information and education only (46% compared with 20%) and assessment only (31% compared with 5%).



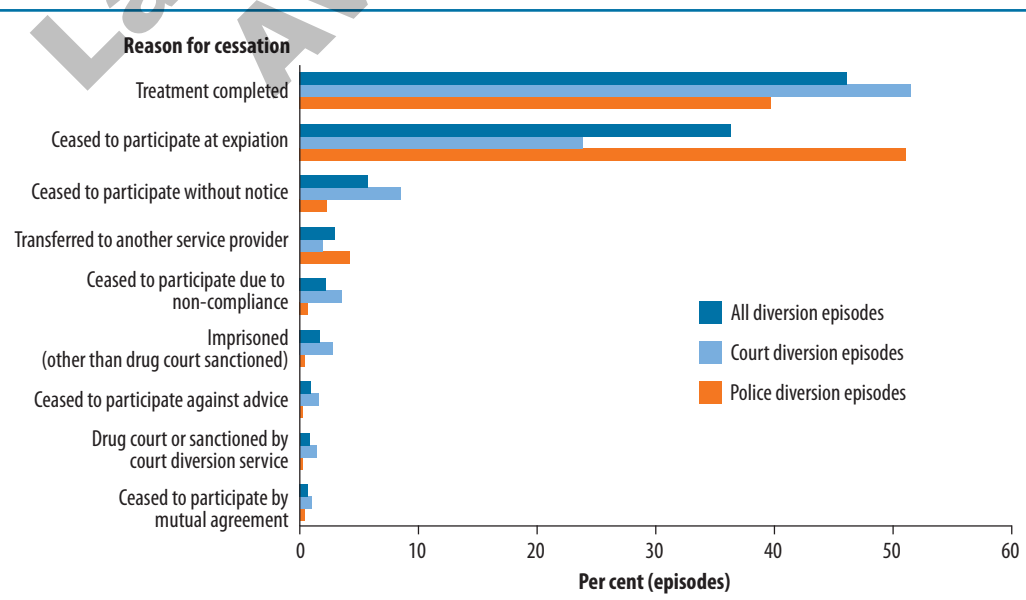

*Note:* Based on clients receiving treatment for their own drug use with 1 or more closed treatment episodes in 2012–13.

*Source:* Supplementary Table S14.

**Figure 11: Episodes provided to clients receiving alcohol and other drug treatment, by main treatment type and diversion type, 2012–13**



Police diversion episodes (91%) were more likely to have been completed successfully (treatment completed or expiation conditions met) than court diversion episodes (75%) (Figure 12).

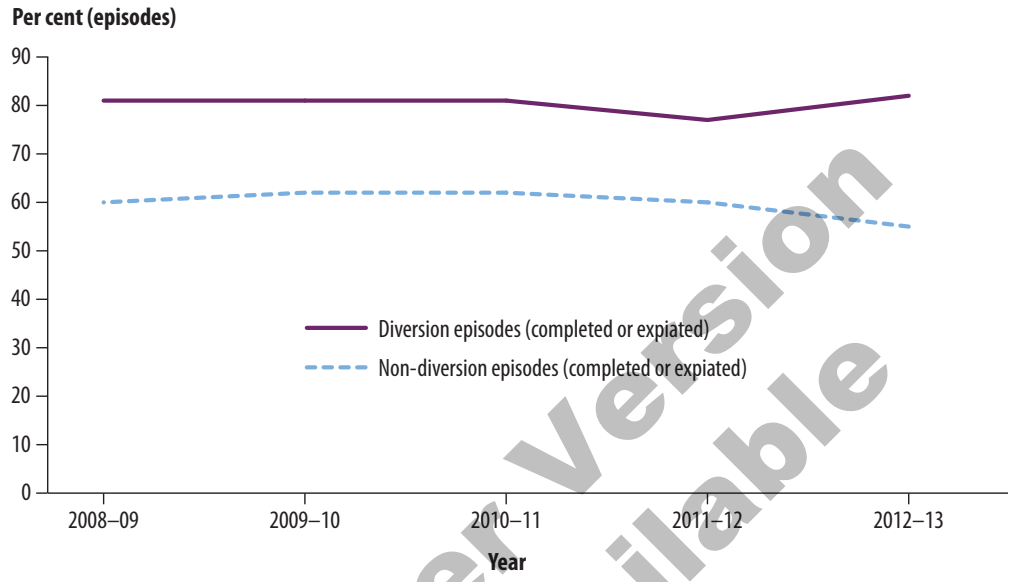



*Note:* Based on clients receiving treatment for their own drug use with 1 or more closed treatment episodes in 2012–13.

*Source:* Supplementary Table S15.

**Figure 12: Episodes provided to clients receiving alcohol and other drug treatment, by selected reason for cessation and diversion type, 2012–13**

Over the 5 years to 2012–13, as expected, diversion episodes were more likely to have been completed successfully than non-diversion episodes (Figure 13). During that period, the proportion of diversion episodes that ended because either treatment was completed or expiation conditions had been met ranged between 77–82%, compared with between 55–62% for non-diversion episodes.






*Note:* Based on clients receiving treatment for their own drug use with 1 or more closed treatment episodes in the respective collection years.
*Source:* Supplementary Table S16.

**Figure 13: Completed or expiated episodes provided to clients receiving alcohol and other drug treatment, by diversion client type, 2008–09 to 2012–13**

## Key issues for diversion policy

Diversion and non-diversion client groups differ according to their demographic and treatment characteristics, particularly relating to the age and sex of clients, their drugs of concern and treatment types. Further differences exist between police diversion and court diversion clients and the treatment they receive. All these differences are likely to have implications for clients' treatment needs and, in turn, may be important for AOD sector planning and treatment provision.

One important difference relates to more frequent and/or more intensive treatment service use patterns for court diversion clients compared with police diversion clients. In 2012–13, court diversion clients were much more likely to have also received non-diversion treatment episodes than police diversion clients. In addition, court diversion clients tended to receive more intensive and, typically, longer lasting treatment types (for example, counselling and withdrawal management).

Further analysis of diversion clients could include the differences in the duration of episodes between police diversion clients and court diversion clients.

This bulletin presents client-based data for 2012–13 only. Future AODTS NMDS data will allow for identification of clients over a longer period of time, which will provide important insights into diversion clients' characteristics and their longer term interactions with AOD treatment. These data will give a more detailed and comprehensive picture of diversion clients and their AOD treatment.

## Data quality issues

This bulletin sought to assess the nature of diversion clients and their interactions with AOD treatment. A number of data quality issues were identified during the development of the report including those below:

- About 2% of clients referred to AOD treatment agencies by diversion programs were recorded as 'seeking treatment for someone else's drug use'. This should be investigated in order to find out if there are circumstances where this is legitimate and, if not, how data validation checks can be introduced to flag such occurrences.
- Analysis of AODTS NMDS time series episode data indicated that (as reasons for cessation of treatment) 'completed treatment' and 'ceased to participate at expiation' have tended to fluctuate in equal and opposite directions. This suggests that the two codes may have been used as substitutes for one another. Further investigation into coding practices is needed, with coding rules possibly clarified for future years.
- One per cent (1%) of non-diversion episodes had 'ceased to participate at expiation' (as the reason for cessation). This seems unlikely to be legitimate and data validation checks should be introduced to flag such episodes.
- Investigation should be undertaken to determine whether a client's recorded principal drug of concern is the drug listed on their diversion notice, or the client's own nomination (self-selected principal drug of concern).

For further information on data quality of the AODTS NMDS, see Appendix A in AIHW 2014.

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## Abbreviations

| | |
|---|---|
| AOD | alcohol and other drugs |
| AODTS NMDS | Alcohol and Other Drug Treatment Services National Minimum Data Set |
| IDDI | Illicit Drug Diversion Initiative |
| MDMA | 3,4-methylenedioxy-N-methylamphetamine (or ecstasy) |
| SLK | statistical linkage key |

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## More information and related publications

Supplementary data tables containing the information referred to in this bulletin are part of this release and can be downloaded free of charge from <http://www.aihw.gov.au/publication-detail/?id=60129548946>.

For more information on alcohol and other drug use and treatment services in Australia, see the AIHW website <www.aihw.gov.au/alcohol-and-other-drugs>.

As well as *Alcohol and other drug treatment services in Australia 2012–13*, which contains further information on clients receiving AOD treatment, the following AIHW publications also contain information on drug use and treatment:

- *National Drugs Strategy Household Surveys (NDSHS)* <www.aihw.gov.au/alcohol-and-other-drugs/ndshs/>
- *National opioid pharmacotherapy statistics 2013* <www.aihw.gov.au/publication-detail/?id=60129547308>
- *The health of Australia's prisoners 2012* <www.aihw.gov.au/publication-detail/?id=60129543948>.

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