



Alcohol and other drug treatment services in Victoria 2008–09

Findings from the National Minimum Data Set (NMDS)

Highlights

In Victoria, 136 publicly funded alcohol and other drug treatment agencies and outlets supplying data provided 47,089 treatment episodes in 2008–09. This represented a decrease of 2 agencies and around 500 treatment episodes compared with 2007–08. The median¹ age of persons receiving treatment for their own drug use and those seeking treatment for someone else's drug use (31 years and 33 years, respectively) was similar to 2007–08.

Alcohol (44%), cannabis (24%), opioids (19%, with heroin alone accounting for 15%), and amphetamines (7%) were again the most common principal drugs of concern.

Counselling was the most common form of main treatment provided (accounting for 47% of episodes, the same as 2007–08), followed by withdrawal management (detoxification) (21%) and support and case management only (14%).

1 The median is the midpoint of a list of observations ranked from the smallest to the largest.

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About this bulletin

This bulletin summarises the main findings from the 2008–09 Alcohol and Other Drug Treatment Services (AODTS) NMDS data for Victoria. More detailed information about the 2008–09 collection and its findings can be found in the publication *Alcohol and other drug treatment services in Australia 2008–09: report on the national minimum data set* (AIHW 2010). This report, together with further publications and interactive data, can be accessed online at <www.aihw.gov.au/drugs>.

Scope of the AODTS–NMDS

The agencies and clients that were in scope for the 2008–09 AODTS–NMDS collection were:

- 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
- all clients who had completed one or more treatment episodes at an alcohol and other drug treatment service that was in scope during the period 1 July 2008 to 30 June 2009.

It is important to note that the AODTS–NMDS collection includes pharmacotherapy clients only when they receive both pharmacotherapy and another type of treatment (from the same treatment agency). Pharmacotherapy-only clients are reported under the National Opioid Pharmacotherapy Statistics Annual Data collection (NOPSAD).

For a complete list of clients and agencies excluded from the AODTS–NMDS, see Section 1.2 of the *Alcohol and other drug treatment services in Australia 2008–09: report on the national minimum data set* (AIHW 2010). Collection count: closed treatment episodes

The unit of measurement in this bulletin is the ‘closed treatment episode’. A closed treatment episode refers to a period of contact, with defined start and end dates, between a client and a treatment agency. It is possible that more than one treatment episode may be in progress for a client at any one time; therefore the number of closed treatment episodes captured in the AODTS–NMDS does not equate to the total number of persons in Australia receiving treatment for alcohol and other drugs.

Treatment agencies

Throughout Australia, a total of 653 publicly funded alcohol and other drug treatment agencies supplied data for 2008–09. Of these agencies, 136 were located in Victoria, of which all were non-government agencies.

Treatment agencies in Victoria were most likely to be located in *Major cities* (68%), followed by *Inner regional* (27%) and *Outer regional* areas (6%).

Client profile

In Victoria, there were 47,089 closed treatment episodes reported in the 2008–09 AODTS–NMDS collection. The vast majority (95%) of episodes in Victoria involved clients seeking treatment for their own drug use. The remaining 5% involved clients seeking treatment related to another person's alcohol or other drug use.

Age and sex

The overall proportions of male and female clients in Victoria (65% and 35%, respectively) were similar to the national proportions (67% and 33%, respectively). However, of those treatment episodes reported for someone else's drug use in Victoria, female clients accounted for the majority (55%).

In Victoria, the median age of persons receiving treatment for their own drug use was 31 years. Of people seeking treatment for someone else's drug use, the median age was 33 years.

Almost one-third (31%) of treatment episodes in Victoria were for clients aged 20–29 years, while 27% were for clients aged 30–39 years.

Special population groups

The proportion of treatment episodes involving clients who identified as Aboriginal and Torres Strait Islander people was lower in Victoria than the national figure (6% and 12%, respectively). These figures need to be interpreted with caution due to the fact that the majority of Australian Government-funded Aboriginal and Torres Strait Islander substance use specific services and primary health-care services are not included in the AODTS–NMDS collection. Furthermore, Indigenous status was not stated in 10% of episodes in Victoria.

The majority (87%) of treatment episodes in Victoria were for clients born in Australia and 92% of treatment episodes were for clients whose preferred language was English.

Drugs of concern

This section reports on the 44,691 episodes where clients were seeking treatment for their own alcohol or other drug use in Victoria.

Principal drug of concern

The principal drug of concern refers to the main substance that the client stated led them to seek treatment from an alcohol and drug treatment agency. In Victoria in 2008–09, alcohol was the most common principal drug of concern in closed treatment episodes (44%), followed by cannabis (24%), reflecting the national trend— alcohol made up 46% of episodes across Australia and cannabis 23% (see Table 1). The third most common principal drug of concern for which treatment was sought in Victoria was heroin at 15%.

Table 1: Principal drug of concern^(a), Victoria and Australia, 2001–02 to 2008–09 (per cent)

Principal drug of concern	Victoria								Total (Australia) 2008–09	
	2001–02	2002–03	2003–04	2004–05 ^(b)	2005–06	2006–07	2007–08	2008–09	Per cent	Number
Alcohol	35.3	36.6	37.1	36.8	38.1	42.4	44.2	43.8	45.8	63,272
Amphetamines	6.2	6.1	6.5	6.1	6.3	7.5	7.5	6.6	9.2	12,739
Benzodiazepines	2.9	2.5	2.4	2.4	2.2	2.1	2.0	1.8	1.5	2,080
Cannabis	21.9	21.6	22.3	23.3	24.8	23.9	22.2	23.6	22.5	31,100
Cocaine	0.2	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.3	479
Ecstasy	0.4	0.4	0.4	0.4	0.7	0.7	0.8	0.8	1.0	1,397
Nicotine	0.7	0.7	0.8	0.6	0.6	0.8	0.6	0.8	1.8	2,461
Opioids										
Heroin	24.5	24.9	23.3	22.4	18.3	13.9	14.6	14.9	10.3	14,222
Methadone	1.9	1.4	1.2	1.5	1.5	1.4	1.0	1.1	1.5	2,136
Morphine	0.1	0.5	—	—	—	—	—	1.1	1.4	1,877
Total opioids ^(c)	26.6	27.2	24.5	24.2	20.5	16.2	16.5	19.1	15.1	20,890
All other drugs ^(d)	5.8	4.8	5.8	5.9	6.5	6.3	6.0	3.2	2.6	3,609
Not stated	—	—	—	—	—	—	—	—	—	—
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	..
Total (number)	41,861	43,048	45,030	44,150	46,759	45,769	45,104	44,691	..	138,027

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

(b) The total number of closed treatment episodes for Victoria in this collection year may be undercounted due to a change in reporting practices introduced in 2004–05.

(c) 'Total opioids' includes the balance of opioids according to the Australian Standard Classification of Drugs of Concern (ASDCD).

(d) Includes balance of principal drugs of concern coded according to the ASCDC.

The proportion of episodes related to heroin remained stable in Victoria between 2007–08 and 2008–09 at 15%. However, Victoria's heroin treatment levels were proportionally greater than the national average and did not decrease in line with the national trend (down from 11% in 2007–08 to 10% in 2008–09).

There was no change in the proportion of alcohol-related episodes in Victoria (stable at 44%), compared with the slight national trend increase (from 45% in 2007–08 to 46% in 2008–09).

Age and sex

The principal drug of concern varied by age in Victoria. For clients aged 10–19 years, cannabis was the most common principal drug of concern (45% of episodes). For clients aged 20–29 years, alcohol was less prevalent as a principal drug of concern, although it was the most common principal drug (32% of episodes), followed closely by cannabis (30%) and heroin (19%). For clients aged 30 years and over, alcohol was the principal drug of concern for the majority of episodes (53%)—and was highest for clients 60 years and over (76% of episodes).

All drugs of concern

Clients can report the principal drug of concern and other drugs of concern (up to five). Over half (63%) of all episodes in Victoria involved at least one other drug of concern in addition to the principal drug. In these episodes, 44,691 other drugs of concern were recorded.

A breakdown of all drugs of concern by drug type is presented in Figure 1. For example, nicotine was reported as the principal drug of concern in less than 1% of episodes, but was reported as a drug of concern (either principal or other) in 19% of treatment episodes.

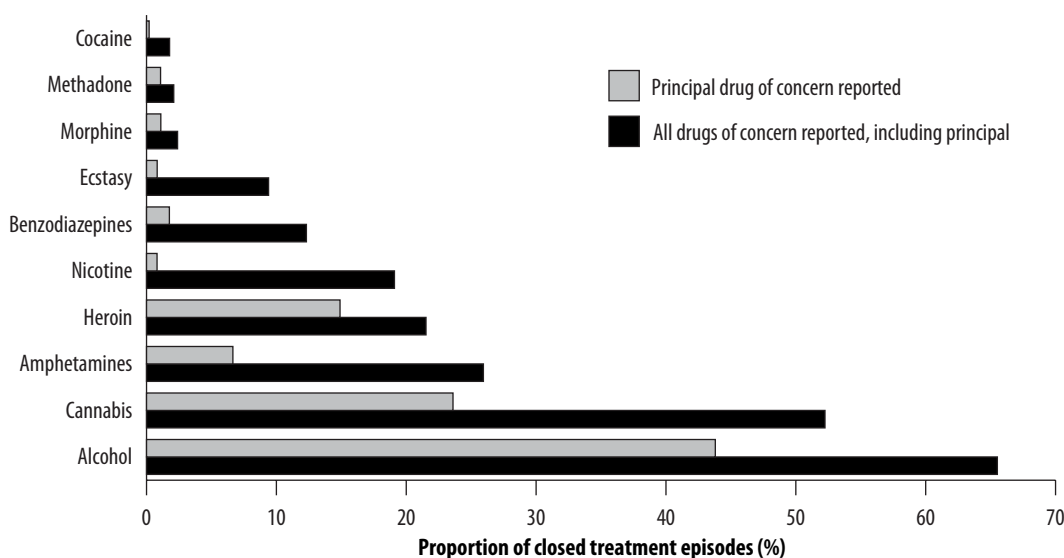


Figure 1: Principal drug of concern and all drugs of concern, Victoria, 2008–09

Alcohol

In Victoria, alcohol was the most common principal drug of concern for which treatment was sought, accounting for 44% of closed treatment episodes in 2008–09. When all drugs of concern are considered (that is, the principal drug and all other drugs of concern nominated by the client), 66% of episodes included alcohol.

Of the 19,588 episodes where alcohol was nominated as the principal drug of concern in 2008–09, the client, drug and treatment profiles were as follows:

Client profile

- The majority (69%) of episodes were for male clients.
- The median age of persons receiving treatment was 36 years (males 35 years; females 37 years).
- 6% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people (but for 10% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (37% of episodes), followed by referrals from correctional settings at 15%.

Drug profile

- 54% included at least one other drug of concern. From these episodes, 18,877 other drugs of concern were recorded—37% were for cannabis, 18% nicotine, and 15% amphetamines.
- The majority (59%) of episodes involved clients who reported never having injected drugs. Around 5% of episodes involved clients who reported as currently injecting, while 16% involved clients who reported they had injected drugs in the past. However, caution should be exercised when interpreting data for injecting drug use due to the high not stated response for this item (20% of episodes).

Treatment profile

- Counselling was the most common main treatment type received (48% of episodes), followed by withdrawal management (detoxification) (24%) and assessment only (12%).
- Treatment was most likely to occur in a non-residential treatment facility (59% of episodes), followed by a residential treatment facility (15%).
- The median number of days for a treatment episode was 35.

Cannabis

In Victoria, cannabis was the second most common principal drug of concern for which treatment was sought, accounting for 24% of closed treatment episodes in 2008–09. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 52% of episodes included cannabis.

Of the 10,552 episodes where cannabis was nominated as the principal drug of concern in 2008–09, the client, drug and treatment profiles were as follows:

Client profile

- The majority (65%) of episodes were for male clients.
- The median age of persons receiving treatment was 24 years (for both males and females).
- 9% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people (but for 13% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (33% of episodes), followed by referrals from alcohol and other drug treatment services (15%) and correctional services (13%).

Drug profile

- Smoking was the most common usual method of use (79% of episodes), followed by inhaling (11%).
- 7,514 episodes included at least one other drug of concern. In these episodes, 15,598 other drugs of concern were recorded—34% were for alcohol, 19% amphetamines and 15% nicotine.
- Half (50%) of all episodes involved clients who reported never having injected drugs. Nine per cent of episodes involved clients who reported as currently injecting, while 19% involved clients who reported they had injected drugs in the past. However, caution should be exercised when interpreting data for injecting drug use due to the high not stated response for this item (23% of episodes).

Treatment profile

- Counselling was the most common main treatment received (42% of episodes), followed by withdrawal management (22%), and support and case management only (21%).
- Treatment was most likely to occur in a non-residential treatment facility (54% of episodes), followed by an outreach setting (19%).
- The median number of days for a treatment episode was 34.

Heroin

In Victoria, heroin was the third most common principal drug of concern for which treatment was sought, accounting for 15% of closed treatment episodes in 2008–09. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 22% of episodes included heroin.

Of the 6,668 episodes where heroin was nominated as the principal drug of concern in 2008–09, the client, drug and treatment profiles were as follows:

Client profile

- The majority (65%) of episodes were for male clients.
- The median age of persons receiving treatment was 31 years (males 31 years; females 29 years).
- 5% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people (but for 8% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (35% of episodes), followed by referrals from correctional services (17%), court diversion (16%) and other drug treatment services (16%).

Drug profile

- Injecting was the most common method of use (88% of episodes), followed by smoking (5%).
- 4,905 episodes included at least one other drug of concern. In these episodes, 11,049 other drugs of concern were recorded—27% were for cannabis, 18% amphetamines and 17% alcohol.
- Over half (52%) of episodes involved clients who reported as currently injecting, while 37% involved clients who injected drugs in the past (26% between 3 and 12 months ago and the remainder 12 or more months ago).

Treatment profile

- Counselling was the most common main treatment type received (43% of episodes), followed by withdrawal management (18%) and assessment only (15%).
- Treatment was most likely to occur in a non-residential treatment facility (57% of episodes—down from 72% in 2007–08), followed by a residential treatment facility (19%).
- The median number of days for a treatment episode was 36.

Benzodiazepines

Benzodiazepines can have a substantially different client profile compared with other drugs. In Victoria, benzodiazepines were the fifth most common discrete principal drug of concern for which treatment was sought, accounting for 2% of closed treatment episodes in 2008–09. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 12% of episodes included benzodiazepines.

Of the 787 episodes where benzodiazepines were nominated as the principal drug of concern in 2008–09, the client, drug and treatment profiles were as follows:

Client profile

- The episodes were split equally between male and female clients.
- The median age of persons receiving treatment was 36 years (males 34 years; females 38 years).
- 3% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people (but for 7% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (44% of episodes), followed by referrals from other drug treatment services (13%) and medical practitioners (9%).

Drug profile

- Ingesting was the most common method of use (92% of episodes), followed by injecting (3%).
- 536 episodes included at least one other drug of concern. In these episodes, 1,109 instances of other drugs of concern were recorded—20% were for alcohol, 19% cannabis, 12% heroin and 12% amphetamines.
- One sixth (16%) of episodes involved clients who reported as currently injecting, while 31% involved clients who injected drugs in the past (15% between 3 and 12 months ago and 16% 12 or more months ago).

Treatment profile

- Counselling was the most common main treatment type received (47% of episodes), followed by withdrawal management (detoxification) (33%) and assessment only (7%).
- Treatment was most likely to occur in a non-residential treatment facility (70% of episodes), followed by a residential treatment facility (12%).
- The median number of days for a treatment episode was 39.

Treatment programs

The main treatment type is the principal activity that the treatment provider considers necessary for the client to complete their treatment plan for the principal drug of concern. Data presented in this section relate to clients seeking treatment related to their own or someone else's alcohol or other drug use, except for the sub-sections relating to principal drug of concern and treatment programs (which only apply to the client's own drug use).

Of all episodes in Victoria, counselling was the most common form of main treatment provided (47% of episodes), followed by withdrawal management (21%) and support and case management only (14%) (Table 2). Nationally, counselling was the most common treatment provided (37% of episodes), followed by withdrawal management (16%) and assessment only (15%).

Table 2: Main treatment type, Victoria^(a) and Australia, 2001–02 to 2008–09 (per cent)

Main treatment type	Victoria								Total (Australia) 2008–09	
	2001–02	2002–03	2003–04	2004–05 ^(b)	2005–06	2006–07	2007–08	2008–09	Per cent	Number
Withdrawal management (detoxification)	21.9	21.0	22.2	22.5	21.8	22.5	21.4	21.1	16.4	23,599
Counselling	47.2	48.6	47.1	46.9	47.5	49.0	46.8	46.7	37.4	53,787
Rehabilitation	2.8	3.7	3.8	3.7	3.6	3.9	3.9	3.9	6.7	9,667
Support and case management only	11.0	11.2	13.0	12.9	13.2	13.4	13.4	13.7	8.9	12,740
Information and education only	0.1	0.3	0.7	0.7	0.4	0.5	0.8	0.8	9.2	13,283
Assessment only	13.1	10.6	10.2	9.9	10.0	7.8	10.5	10.6	14.7	21,172
Other ^(c)	3.9	4.6 ^(d)	1.8	3.4	3.3	2.8	3.1	3.2	6.6	9,424
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	..
Total (number)	44,824	45,306	47,638	46,369	48,999	48,668	47,538	47,089	..	143,672

(a) Victoria reports separate treatment episodes for main treatments and additional treatments, whereas other jurisdictions report episodes containing both main and additional treatment treatments where appropriate.

(b) The total number of closed treatment episodes for 2004–05 may have been undercounted due to a change in reporting practices introduced that year.

(c) 'Other' includes treatment episodes where the main treatment type was reported as pharmacotherapy.

(d) This figure has been revised from previous publications.

The balance of treatment types provided by Victoria has been generally stable in the period between 2001–02 and 2008–09. There has been a small decrease in counselling episodes since 2006–07, and an increase in assessment only episodes.

Victoria has provided proportionally less treatment as information and education only and rehabilitation over time compared with the national trends, but more counselling, withdrawal management and support and case management.

Counselling

Counselling was the most common main treatment type reported in Victoria in 2008–09, accounting for 47% of closed treatment episodes. Of the 21,994 episodes where counselling was nominated as the main treatment type received, the client, drug and treatment profiles were as follows:

Client profile

- About 91% of episodes were for clients seeking treatment for their own drug use.
- The majority (64%) of episodes were for male clients.
- The median age of persons receiving treatment was 33 years (males 33 years; females 34 years).
- 7% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people (but for 10% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (39% of episodes), followed by referrals from court diversion (21%).

Treatment profile

- Almost all episodes occurred in a non-residential treatment facility.
- The majority (67%) of episodes ended because the treatment was completed. The next most common reason for episodes to end was that the client ceased to participate without notifying the service provider (13% of episodes ended this way).
- The median number of days for a treatment episode was 51.

Principal drug profile

- Alcohol was the most common principal drug of concern reported (46% of episodes) by people who received counselling for their own drug use, followed by cannabis (22%) and heroin (14%).

Withdrawal management (detoxification)

Withdrawal management was the second most common main treatment type reported in Victoria in 2008–09, accounting for 21% of closed treatment episodes. Of the 9,915 episodes where withdrawal management was nominated as the main treatment received in 2008–09, the client, drug and treatment profiles were as follows:

Client profile

- All episodes were for clients seeking treatment for their own drug use.
- The majority (61%) of episodes were for male clients.
- The median age of persons receiving treatment was 34 years (males 35 years; females 34 years).
- 5% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people (but for 9% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (45% of episodes), followed by referrals from alcohol and drug treatment services (22%).

Treatment profile

- Treatment was most likely to take place in a residential treatment facility (49% of episodes), followed by a non-residential treatment facility (34%).
- The majority (71%) of episodes ended because the treatment was completed. The next most common reason for ending a treatment episode was that the client ceased to participate against advice (7% of episodes ended this way).
- The median number of days for a treatment episode was 12.

Principal drug profile

- Alcohol was the most common principal drug of concern reported (47% of episodes), followed by cannabis (23%) and heroin (12%).

Support and case management only

Support and case management only was the third most common main treatment provided in Victoria in 2008–09, accounting for 14% of closed treatment episodes. Of the 6,454 episodes where support and case management only was nominated as the main treatment type received in 2008–09, the client, drug and treatment profiles were as follows:

Client profile

- 94% of episodes were for clients seeking treatment for their own drug use.
- The majority (62%) of episodes were for male clients.
- The median age of persons receiving treatment was 20 years (for both males and females).
- 6% of episodes involved clients who identified as Aboriginal and/or Torres Strait Islander people (but for 7% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (38% of episodes), followed by other alcohol and drug treatment services (12%).

Treatment profile

- Treatment was most likely to occur in an outreach setting (85% of episodes), followed by a non-residential treatment facility (15%).
- The majority (73%) of episodes ended because the treatment was completed. The next most common reason for a treatment episode to end was that the client ceased to participate without notifying the service provider (9% of episodes ended this way).
- The median number of days for a treatment episode was 43.

Principal drug profile

- Alcohol was the most common principal drug of concern reported (37% of episodes) by people who received support and case management only for their own drug use, followed by cannabis (36%), and heroin (9%).

Symbols

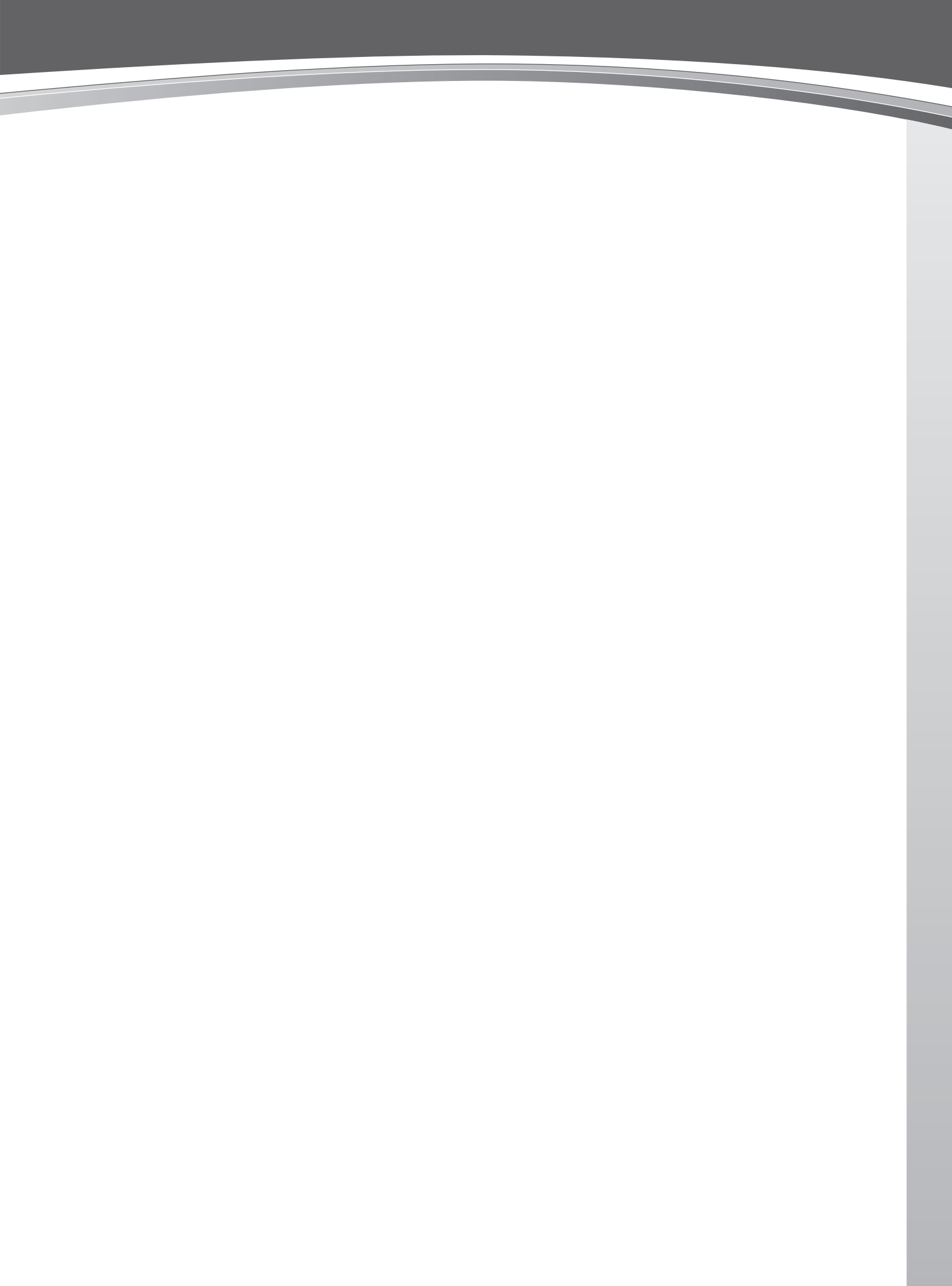
- nil or rounded to zero
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How to find out more

If you would like more detailed data about Victoria's alcohol and other treatment services please contact the AIHW to discuss your needs. The document *Alcohol and other drug treatment services NMDS Specifications 2010–11* outlines the process to be followed for unpublished data requests. This document is available from the AIHW web site at <<http://www.aihw.gov.au/publications/index.cfm/title/11461>>.

Reference

Australian Institute of Health and Welfare 2010. Alcohol and other drug treatment services in Australia 2008–09: report on the National Minimum Data Set. Drug treatment series no. 10. Cat. no. HSE 92. Canberra: AIHW.



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