



Alcohol and other drug treatment services in New South Wales 2008–09

Findings from the National Minimum Data Set (NMDS)

Highlights

In New South Wales (NSW) in 2008–09, 250 government-funded alcohol and other drug treatment agencies and outlets provided 34,893 treatment episodes. This represented a decrease of 18 treatment agencies and around 7,000 episodes compared with 2007–08. A large proportion of this decrease can be explained by the NSW data collection issues in 2008–09 detailed in the box below.

The median¹ ages of persons receiving treatment for their own drug use and those seeking treatment in relation to someone else's drug use were similar to 2007–08 (35 years and 48 years, respectively).

Alcohol was the most common principal drug of concern, rising from 49% of episodes in 2007–08 to 51% of episodes in 2008–09. Cannabis accounted for 18% and heroin for 11% of episodes. The proportion of amphetamine-related episodes fell slightly from 11% to 9%.

The episode profile of main treatment type followed the 2007–08 pattern, with some small changes in proportions. Counselling was the most common form of main treatment provided (30% of episodes), followed by withdrawal management (20%) and assessment only (16%).

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 New South Wales. 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>.

New South Wales data issues for 2008–09

Due to data collection system issues, New South Wales was unable to submit data from a specific area of the state in 2008–09. This non-submission equates to around 50 agencies and approximately 5,000 treatment episodes, and has consequences for the presentation and interpretation of the data contained in this bulletin. The following points should be borne in mind when considering the data contained in this bulletin:

- The system issues leading to under-reporting in the state affected both government and non-government agencies.
- The agencies affected were located in Inner regional locations, consequently the number and proportion of agencies in Inner regional areas of both New South Wales, and Australia, may be under-reported.
- The location of agencies affected by data system issues has a greater than average population prevalence of Indigenous Australians, so national Indigenous treatment may be under-reported.
- The age and sex breakdown of the missing 5,000 episodes is unknown.
- The proportion of episodes for the treatment of amphetamine use may be under-reported because other sources indicate a relatively high incidence of meth/amphetamine clients in the non-submitting health area.

For more information about these data and potential impacts on the national collection, please contact the AIHW using the details on the back page of this publication.

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 government-funded alcohol and other drug treatment agencies supplied data for 2008–09. Of these agencies, 250 outlets were located in New South Wales, of which 188 were government agencies and 62 were non-government agencies. Approximately 50 agencies from one area did not submit data for the 2008–09 collection and, consequently, this was an under-representation of the treatment agencies in the state.

Treatment agencies in New South Wales were most likely to be located in *Major cities* (60%), followed by *Inner regional* (32%) and *Outer regional* areas (8%). The area of the state not submitting to the collection was located in an *Inner regional* area and therefore the proportion for *Inner regional* agencies was lower than would otherwise be expected.

Client profile

In New South Wales there were 34,893 closed treatment episodes in alcohol and other drug treatment services reported in the 2008–09 AODTS–NMDS collection. This represents a 17% decrease from 2007–08, largely accounted for by the non-submission of data from one area due to data collection system issues, although the decline may also have reflected actual changes in activity. The vast majority (98%) of closed treatment episodes involved clients seeking treatment for their own drug use. The remaining 2% involved clients seeking treatment for another person's alcohol or other drug use.

Age and sex

Males accounted for 68% of treatment episodes. This reflects the national pattern, where two-thirds of treatment episodes were provided to males. For those treatment episodes reported for someone else's drug use in New South Wales, female clients accounted for the majority (73%) of episodes.

In New South Wales, the median age of persons receiving treatment for their own drug use was 35 years. Of people seeking treatment in relation to someone else's drug use, the median age was 48 years.

Almost one-third (31%) of closed treatment episodes in the state were for clients aged 30–39 years, while 27% were for clients aged 20–29 years and 22% were for clients aged 40–49 years.

Special population groups

The proportion of closed treatment episodes involving clients who identified as Aboriginal and Torres Strait Islander people in New South Wales (11%) was similar to the national figure (12%). It is important to keep in mind 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 2% of episodes in the state.

The majority (89%) of closed treatment episodes in the state were for clients born in Australia and 98% of treatment episodes were for clients whose preferred language was English.

Drugs of concern

This section reports on the 34,250 treatment episodes in New South Wales where clients sought treatment for their own alcohol or other drug use.

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 New South Wales in 2008–09, alcohol was the most common principal drug of concern in closed treatment episodes (51%), followed by cannabis (18%), heroin (11%) and amphetamines (9%) (Table 1). The national patterns were similar to the state, with alcohol also the most common principal drug of concern (46% of treatment episodes), followed by cannabis (23%), opioids (15%, with heroin accounting for 10%) and amphetamines (9%).

The proportion of treatment episodes for each drug type has been generally stable over time in New South Wales. The proportion of cannabis-related episodes increased until 2005–06, then decreased over the subsequent 2 years. In 2008–09, cannabis episodes increased slightly to 18%. Heroin-related episodes have decreased in the last 3 years, while alcohol-related episodes have increased as a proportion of treatments provided over the same time period.

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

Principal drug of concern	New South Wales								Total (Australia) 2008–09	
	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09 ^(b)	Per cent	Number
Alcohol	42.7	42.1	41.2	41.5	43.0	45.0	49.3	51.0	45.8	63,272
Amphetamines	10.7	10.9	10.9	11.3	11.2	13.3	10.8	8.5	9.2	12,739
Benzodiazepines	2.7	2.4	2.5	2.1	2.2	2.0	2.0	2.0	1.5	2,080
Cannabis	14.3	15.4	16.1	17.4	20.2	19.0	17.1	18.4	22.5	31,100
Cocaine	1.8	0.5	0.4	0.6	0.6	0.7	0.6	0.8	0.4	479
Ecstasy	—	0.3	0.3	0.3	0.3	0.4	0.4	0.4	1.0	1,397
Nicotine	1.9	1.2	1.3	1.3	1.2	0.7	1.1	1.1	1.8	2,461
Opioids										
Heroin	18.7	21.4	21.4	20.1	15.6	13.0	12.0	10.8	10.3	14,222
Methadone	3.4	2.5	2.5	2.4	2.2	2.0	2.5	2.4	1.6	2,136
Morphine	—	0.3	0.5	0.7	0.8	1.1	1.0	0.9	1.4	1,877
Total opioids ^(c)	23.7	25.4	25.5	24.5	20.2	17.8	17.7	16.5	15.1	20,890
All other drugs ^(d)	2.2	0.5	0.4	1.1	1.0	1.1	1.1	1.3	2.6	3,609
Not stated	—	1.3	1.4	—	—	—	—	—	—	—
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	..
Total (number)	38,111	40,002	41,426	41,789	42,589	36,967	41,277	34,250	..	138,027

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

(b) Due to data collection system issues, NSW treatment episodes were under-reported in 2008–09.

(c) The total opioids row includes the balance of opioids according to the Australian Standard Classification of Drugs of Concern (ASDC).

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

Age and sex

In New South Wales, the principal drug of concern nominated by clients varied by age. For clients aged 10–19 years, cannabis was the most common principal drug of concern (46% of episodes). For clients aged 20–29 years, the most common principal drug of concern was alcohol (36% of episodes), followed by cannabis (28%). For clients aged 30 years and over, alcohol was the most common principal drug of concern and was the highest for clients 60 years and over (89% of episodes).

All drugs of concern

All drugs of concern refers to all drugs reported by clients, including the principal drug of concern and all other drugs of concern (clients can report up to five other drugs of concern). Over half (51%) of all treatment episodes in New South Wales involved at least one other drug of concern in addition to the principal drug.

- 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 1% of episodes, but was reported as a drug of concern (either 'principal' or 'other') in 17% of treatment episodes.

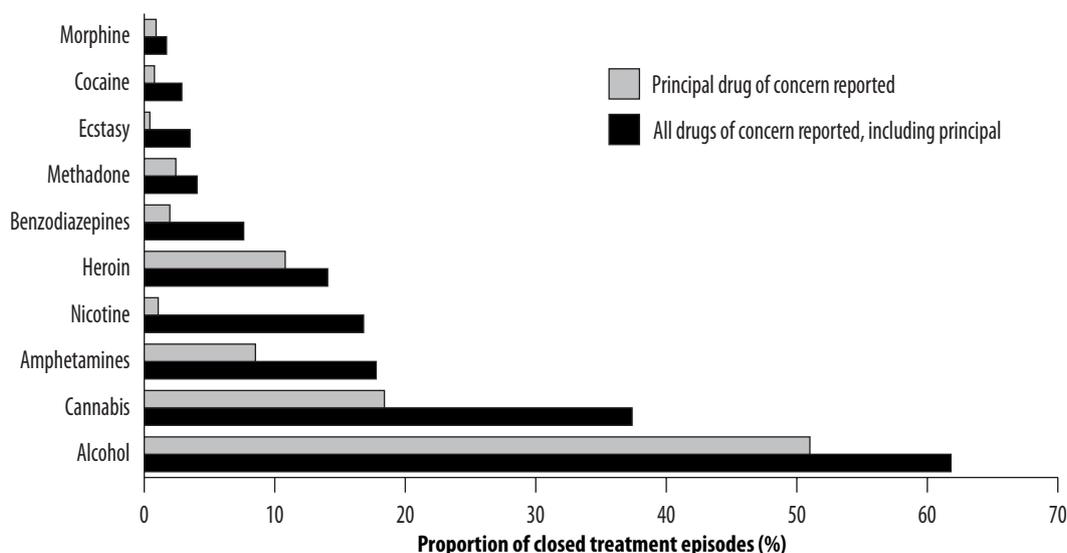


Figure 1: Principal drug of concern and all drugs of concern, New South Wales, 2008–09

Alcohol

In New South Wales, alcohol was the most common principal drug of concern for which treatment was sought, accounting for just over half (51%) 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), 62% of episodes included alcohol.

Of the 17,476 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 (71%) of episodes were for male clients.
- The median age of persons receiving treatment was 39 years (males 39 years; females 40 years).
- Around 10% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people.
- Self-referral was the most common source of referral (37% of episodes), followed by referrals from a medical practitioner (17%).

Drug profile

- 43% of episodes included at least one other drug of concern. In these episodes, 36% of other drugs of concern were cannabis, 30% nicotine and 12% amphetamines.
- The majority (72%) of episodes involved clients who reported never having injected drugs. About 6% involved currently injecting clients. Around 8% of episodes did not record injecting drug use status.

Treatment profile

- Counselling was the most common main treatment type received (31% of episodes), followed by withdrawal management (23%) and 'other' (17%).
- Treatment was most likely to occur in a non-residential treatment facility (58% of episodes), followed by a residential treatment facility (38%).
- The median number of days for a treatment episode was 7.

Cannabis

In New South Wales, cannabis was the second most common principal drug of concern for which treatment was sought, accounting for 18% 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), 37% of episodes included cannabis.

Of the 6,316 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 (70%) of episodes were for male clients.
- The median age of persons receiving treatment was 28 years (for both males and females).
- 14% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people.
- Self-referral was the most common source of referral (32% of episodes), followed by referrals from court diversion programs designed to direct people charged with drug-related offences into treatment (16%).

Drug profile

- Smoking was the most common usual method of use (almost 100% of episodes).
- 57% of episodes included at least one other drug of concern—39% were alcohol, followed by nicotine and amphetamines (19% each).
- Around two-thirds (64%) of cannabis episodes involved clients who reported never having injected drugs.

Treatment profile

- Counselling was the most common main treatment type received (35% of episodes), followed by assessment only and support and case management only (both 17%).
- Treatment was most likely to occur in a non-residential treatment facility (77% of episodes), followed by a residential treatment setting (20%).
- The median number of days for a treatment episode was 20.

Heroin

In New South Wales, heroin was the third most common principal drug of concern for which treatment was sought, accounting for 11% 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), 14% of episodes included heroin.

Of the 3,706 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 (70%) of episodes were for male clients.
- The median age of persons receiving treatment was 32 years (males 32 years; females 31 years).
- 11% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people.
- Self-referral was the most common source of referral (45% of episodes). Around 13% of referrals were from alcohol and other drug treatment services.

Drug profile

- Injecting was the most common method of use (90% of episodes), followed by smoking (8%).
- 62% of episodes included at least one other drug of concern—26% of other drugs of concern were cannabis, 15% amphetamines and 13% for both nicotine and benzodiazepines.
- The majority (71%) of episodes involved clients who reported currently injecting drugs.

Treatment profile

- Withdrawal management (27%) was the most common main treatment type received, followed by support and case management only (20%).
- Treatment was most likely to occur in a non-residential treatment facility (67% of episodes), followed by a residential treatment facility (31%).
- The median number of days for a treatment episode was 15.

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 for their own or someone else's alcohol or other drug use (apart from the section on principal drug of concern, which does not apply to clients seeking treatment in relation to someone else's drug use).

Of all closed treatment episodes in New South Wales, counselling was the most common form of main treatment provided (30% of episodes), followed by withdrawal management (20%) and assessment only (16%) (Table 2). Nationally counselling was the most common treatment type (37%), followed by withdrawal management (16%) and assessment only (15%).

The proportion of treatment episodes involving each treatment type has been relatively stable over time in the state; however, there was an increase in the proportion of 'other' main treatment types in 2007–08, which persisted in 2008–09. This increase was related to the reporting of services not included in previous years.

Table 2: Main treatment type, New South Wales and Australia, 2001–02 to 2008–09 (per cent)

Main treatment type	New South Wales								Total (Australia) 2008–09	
	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07 ^(a)	2007–08 ^(b)	2008–09 ^(c)	Per cent	Number
Withdrawal management (detoxification)	21.0	22.6	23.3	22.2	20.9	21.0	19.7	20.4	16.4	23,599
Counselling	27.1	37.9	28.9	34.3	32.5	32.0	29.1	30.0	37.4	53,787
Rehabilitation	8.9	9.0	10.0	10.4	10.2	9.7	8.8	7.2	6.7	9,667
Support and case management only	1.9	6.0	8.3	8.4	9.8	9.7	8.4	9.7	8.9	12,740
Information and education only	13.0	2.8	2.0	2.3	1.6	1.6	1.2	1.3	9.2	13,283
Assessment only	23.0	17.3	22.3	16.0	20.6	19.0	16.2	16.3	14.7	21,172
Other ^(d)	5.1	4.4	5.1	6.4	4.4	7.0	16.5	15.2	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)	39,348	41,166	42,529	43,079	43,798	37,945	42,078	34,893	..	143,672

(a) NSW encountered collection system issues that affected a number of Area Health Services, which in turn caused a reduction in the total collection in 2006–07.

(b) In NSW, the 'Other' category includes outreach services provided to hospital patients by community-based alcohol and other drug treatment agencies. These 'consultation liaison' activities were excluded from the data in 2006–07. Consultation liaison was included in earlier years of the collection but increased substantially in 2007–08.

(c) Due to data collection system issues, NSW was unable to submit data from an entire Area Health Service in 2008–09.

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

Counselling

Counselling was the most common main treatment type reported in New South Wales in 2008–09, accounting for 30% of closed treatment episodes. Of the 10,457 episodes where counselling was nominated as the main treatment type received, the client, drug and treatment profiles were as follows:

Client profile

- The vast majority (95%) of episodes were for clients seeking treatment for their own drug use.
- Two-thirds (66%) of episodes were for male clients.
- The median age of persons receiving treatment was 35 years (males 34 years; females 37 years).
- 9% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people.
- Self-referral was the most common source of referral (43% of episodes).

Treatment profile

- The majority (94%) of episodes occurred in a non-residential treatment facility.
- Approximately half of episodes (53%) 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 (27% of episodes ended this way).
- The median number of days for a treatment episode was 50 (a decrease from 54 in 2007–08).

Principal drug profile

- Alcohol was the most common principal drug of concern reported (55% of episodes) by people seeking counselling for their own drug use, followed by cannabis (22%) and amphetamines (8%).

Withdrawal management (detoxification)

Withdrawal management (detoxification) was the second most common main treatment type reported in New South Wales in 2008–09, accounting for 20% of closed treatment episodes. Of the 7,124 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

- Given the nature of the treatment, all episodes were for clients seeking treatment for their own drug use.
- The majority (73%) of episodes were for male clients.
- The median age of persons receiving treatment was 37 years (males 37 years; females 36 years).
- 10% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people.
- Self-referral was the most common source of referral (60% of episodes), followed by referrals from medical practitioners and alcohol and other drug services (both 12%).

Treatment profile

- Treatment was most likely to take place in a residential treatment facility (78% of episodes), followed by a non-residential treatment facility (21%).
- The majority (68%) of episodes ended because the treatment was completed. The next most common reason for treatment episodes ending was that the client ceased to participate against advice (15% of episodes ended this way).
- The median number of days for a treatment episode was 6.

Principal drug profile

- Alcohol was the most common principal drug of concern reported (56% of episodes), followed by heroin (14%) and cannabis (13%).

Assessment only

Assessment only was the third largest treatment category provided in New South Wales in 2008–09, accounting for 16% of closed treatment episodes. Of the 5,673 episodes where assessment only was nominated as the main treatment type received in 2008–09, the client, drug and treatment profiles were as follows:

Client profile

- Almost all episodes (99%) were for clients seeking treatment for their own drug use.
- The majority (71%) of episodes were for male clients.
- The median age of persons receiving treatment was 32 years (males 32 years; females 34 years).
- 16% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people.
- Self referral was the most common source of referral (34% of episodes), followed by referrals from correctional services (18%).

Treatment profile

- Treatment was most likely to occur in a non-residential treatment setting (94% of episodes), followed by 'other' settings (4%).
- The majority (96%) of episodes ended because the treatment was completed. The next most common reason for ending a treatment episode was the client ceased to participate without notice (3% of episodes ended this way).
- The median number of days for a treatment episode was 1.

Principal drug profile

- Alcohol was the most common principal drug of concern reported by people who received assessment only for their own drug use (50% of episodes), followed by cannabis (19%) and heroin (10%).

Symbols

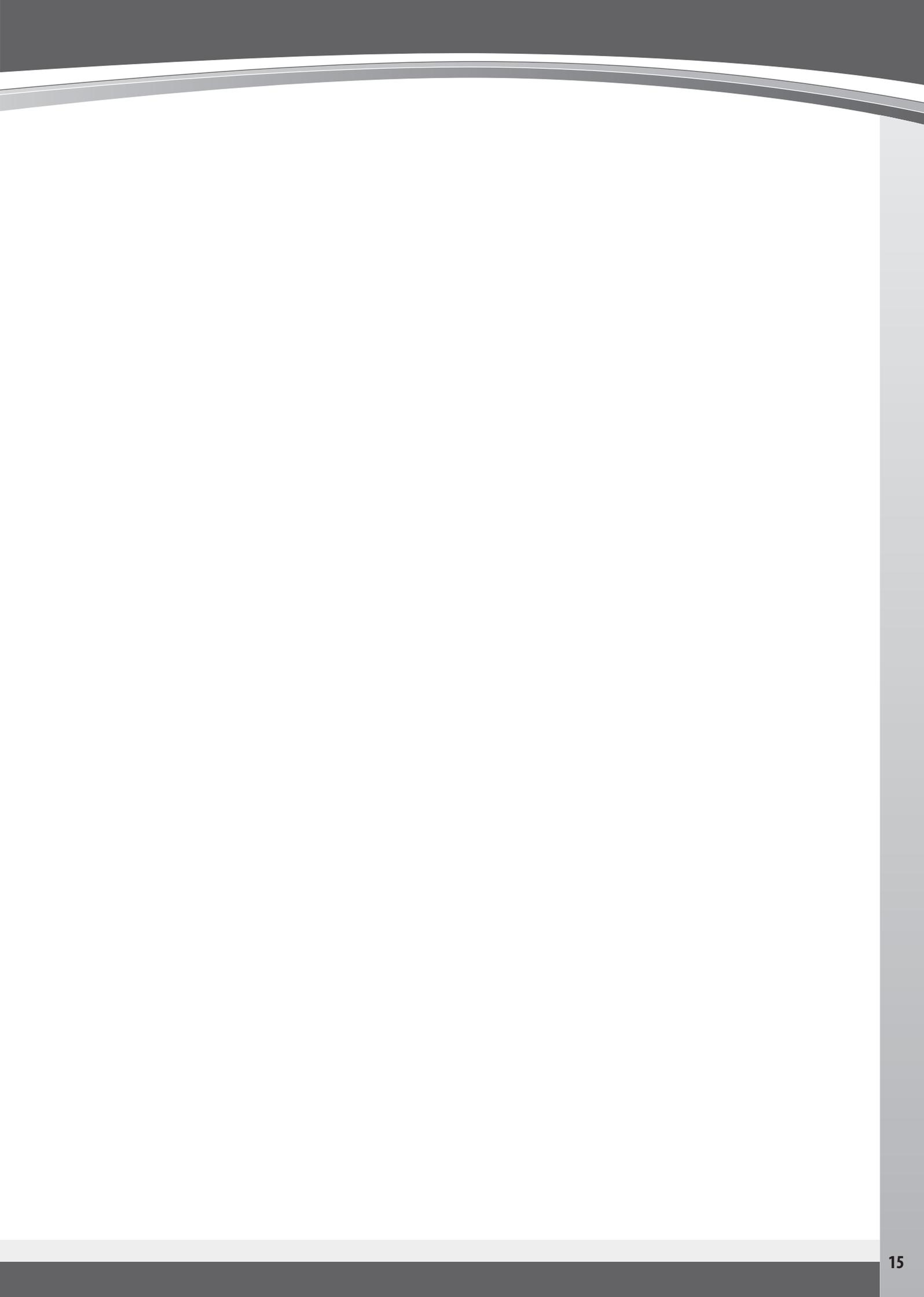
- nil or rounded to zero
- .. not applicable

How to find out more

If you would like more detailed data about New South Wales'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 website 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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