



Australian Government

Australian Institute of  
Health and Welfare



# Alcohol and other drug treatment services in Victoria 2007–08

*Findings from the National Minimum Data Set (NMDS)*

## Highlights

In Victoria in 2007–08, 138 publicly funded alcohol and other drug treatment agencies and outlets provided 47,538 treatment episodes. This represented an increase of 2 agencies and a decrease of around 1000 treatment episodes compared to 2006–07. The median age of persons receiving treatment for their own drug use and those seeking treatment for someone else's drug use was similar to 2006–07 (31 years and 32 years respectively).

Alcohol (44%), cannabis (22%), opioids (16%, with heroin alone accounting for 15%) and amphetamines (8%) were again the most common principal drugs of concern.

Counselling was the most common form of main treatment provided (accounting for 47% of episodes compared to 49% in 2006–07), followed by withdrawal management (detoxification) (21%) and support and case management only (13%).

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### **About this bulletin**

This bulletin summarises the main findings from the 2007–08 Alcohol and Other Drug Treatment Services (AODTS) NMDS data for Victoria. More detailed information about the 2007–08 collection and its findings can be found in the publication *Alcohol and other drug treatment services in Australia 2007–08: report on the National Minimum Data Set* (AIHW 2009). This report, together with further publications and interactive data, can be accessed online at <[www.aihw.gov.au/drugs](http://www.aihw.gov.au/drugs)>.

### **Scope of the AODTS–NMDS**

The agencies and clients that were in scope for the 2007–08 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 2007 to 30 June 2008.

It is important to note that the AODTS–NMDS collection only includes pharmacotherapy clients 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 1.3 of the AODTS–NMDS 2007–08 annual report (AIHW 2009).

### **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 AODT–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 658 publicly funded alcohol and other drug treatment agencies supplied data for 2007–08. Of these agencies, 138 outlets were located in Victoria, of which all were non-government agencies.

Treatment agencies in Victoria were most likely to be located in *Major cities* (65%), followed by *Inner regional* (28%) and *Outer regional* areas (7%).

## Client profile

In Victoria there were 47,538 ‘closed treatment episodes’ in alcohol and other drug treatment services reported in the 2007–08 AODTS–NMDS collection. The vast majority (95%) of closed treatment episodes in Victoria involved clients seeking treatment for their own drug use. The remaining 5% involved clients seeking treatment for 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 (66% and 34% respectively). However, of those treatment episodes reported for someone else’s drug use in Victoria, female clients accounted for the majority (57%).

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 32 years.

Almost one-third (31%) of closed treatment episodes in Victoria were for clients aged 20–29, while 28% were for clients aged 30–39 years.

### Special population groups

The proportion of closed treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin was slightly lower in Victoria than the national figure (6% and 11% 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 services and primary health care services are not included in the AODTS–NMDS collection.

The majority (86%) of closed treatment episodes in Victoria were for clients born in Australia and 95% of treatment episodes were for clients whose preferred language was English.

## Drugs of concern

This section reports on the 45,104 closed treatment 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 states led them to seek treatment from an alcohol and drug treatment agency. In Victoria in 2007–08, alcohol was the most common principal drug of concern in closed treatment episodes (44%) followed by cannabis (22%), reflecting the national trend with alcohol making up 45% of episodes across Australia and cannabis 22%. The third most common principal drug of concern for which treatment was sought in Victoria was heroin at 15%.

The proportion of episodes related to heroin remained relatively stable in Victoria between 2006–07 (14%) and 2007–08 (15%). This trend was also apparent nationally in 2006–07 and 2007–08 (both remaining at 11%).

There was also an increase in the proportion of alcohol-related episodes in Victoria (from 42% to 44%), reflecting the increase nationally between 2006–07 and 2007–08.

**Table 1: Closed treatment episodes<sup>(a)</sup> by principal drug of concern, Victoria and Australia, 2001–02 to 2007–08 (per cent)**

Principal drug of concern	Victoria							Total (Australia) 2007–08	
	2001–02	2002–03	2003–04	2004–05 <sup>(b)</sup>	2005–06	2006–07	2007–08	Per cent	Number
Alcohol	35.3	36.6	37.1	36.8	38.1	42.4	44.2	44.5	65,702
Amphetamines	6.2	6.1	6.5	6.1	6.3	7.5	7.5	11.2	16,588
Benzodiazepines	2.9	2.5	2.4	2.4	2.2	2.1	2.0	1.7	2,487
Cannabis	21.9	21.6	22.3	23.3	24.8	23.9	22.2	21.6	31,864
Cocaine	0.2	0.1	0.1	0.2	0.2	0.2	0.2	0.3	457
Ecstasy	0.4	0.4	0.4	0.4	0.7	0.7	0.8	0.9	1,321
Nicotine	0.7	0.7	0.8	0.6	0.6	0.8	0.6	1.7	2,548
Opioids									
Heroin	24.5	24.9	23.3	22.4	18.3	13.9	14.6	10.5	15,571
Methadone	1.9	1.4	1.2	1.5	1.5	1.4	1.0	1.5	2,296
Morphine	0.1	0.5	—	—	—	—	—	0.9	1,390
Total opioids <sup>(c)</sup>	26.6	27.2	24.5	24.2	20.5	16.2	16.5	14.3	21,380
All other drugs <sup>(d)</sup>	5.8	4.8	5.8	5.9	6.5	6.3	6.0	3.6	5,374
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>..</b>
<b>Total (number)</b>	<b>41,861</b>	<b>43,048</b>	<b>45,030</b>	<b>44,150</b>	<b>46,759</b>	<b>45,769</b>	<b>45,104</b>	<b>..</b>	<b>147,721</b>

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

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

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

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

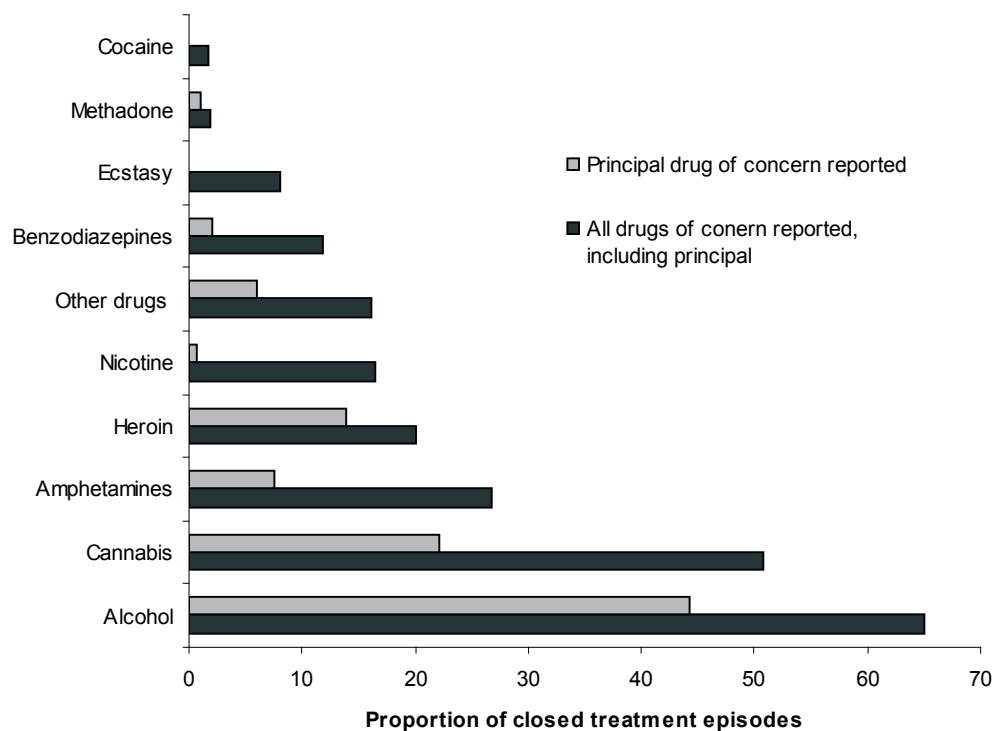
## Age and sex

The principal drug of concern nominated by clients varied by age in Victoria. For clients aged 10–19 years, cannabis was the most common principal drug of concern (41% of episodes). For clients aged 20–29 years, the principal drugs of concern were more evenly distributed with alcohol being the most commonly nominated drug (32% of episodes), followed closely by cannabis (27%) and heroin (19%). For clients aged 30 years and over, alcohol was the most common principal drug of concern (53%)—highest for clients 60 years and over (81% 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 (61% or 27,594) of all treatment episodes in Victoria involved at least one other drug of concern in addition to the principal drug. From these episodes, 54,939 other drugs of concern were recorded.

A break down of all drugs of concern by drug type is presented below (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 17% of treatment episodes.



**Figure 1: Closed treatment episodes by principal drug of concern and all drugs of concern, Victoria, 2007–08**

### 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 2007–08. When all drugs of concern are considered (that is, the principal drug and all other drugs of concern nominated by the client), 65% of episodes included alcohol.

Of the 19,928 episodes where alcohol was nominated as the principal drug of concern in 2007–08:

#### *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).
- ✦ About 6% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (for 7% of episodes, Indigenous status was not reported).
- ✦ Self-referral was the most common source of referral (38% of episodes), followed by referrals from correctional settings and referrals from 'other' sources (both at 15%).

### ***Drug profile***

- 51% included at least one other drug of concern. From these episodes, 17,627 instances of other drugs of concern were recorded—38% were cannabis, 17% nicotine and 16% amphetamines.
- The majority (62%) of episodes involved clients who reported never having injected drugs. Around 5% of episodes involved clients who reported being current injectors, while 16% involved clients who reported they had injected drugs in the past. Caution should be taken, however, when interpreting data for injecting drug use due to the high 'not stated' response for this item (17% 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 (72% of episodes), followed by a residential treatment facility (16%).
- The median number of days for a treatment episode was 36.

## **Cannabis**

In Victoria, cannabis was the second most common principal drug of concern for which treatment was sought, accounting for 22% of closed treatment episodes in 2007–08. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 51% of episodes included cannabis.

Of the 9,993 episodes where cannabis was nominated as the principal drug of concern in 2007–08:

### ***Client profile***

- The majority (65%) of episodes were for male clients.
- The median age of persons receiving treatment was 25 years (both males and females 25 years).
- Around 7% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (for 9% of episodes, Indigenous status was not reported).
- Self-referral was the most common source of referral (34% of episodes), followed by referrals from 'other' sources (16%) and alcohol and other drug treatment services (14%).

### ***Drug profile***

- Smoking was the most common usual method of use (80% of episodes), followed by inhaling (12%).
- 6,959 episodes included at least one other drug of concern. From these episodes, 14,117 instances of 'other drugs of concern' were recorded—34% were for alcohol, 21% amphetamines and 14% nicotine.

- Half (50%) of all episodes involved clients who reported never having injected drugs. Ten per cent of episodes involved clients who reported being current injectors, while 20% involved clients who reported they had injected drugs in the past. Caution should be taken, however, 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 (41% of episodes), followed by withdrawal management (detoxification) (22%) and support and case management only (20%).
- Treatment was most likely to occur in a non-residential treatment facility (63% of episodes), followed by an outreach setting (18%).
- The median number of days for a treatment episode was 35.

#### **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 2007–08. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 21% of episodes included heroin.

Of the 6,589 episodes where heroin was nominated as the principal drug of concern in 2007–08:

#### *Client profile*

- The majority (65%) of episodes were for male clients.
- The median age of persons receiving treatment was 30 years (males 31 years; females 28 years).
- Around 4% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (for 8% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (33% of episodes), followed by referrals from 'other' sources (18%).

#### *Drug profile*

- Injecting was the most common method of use (92% of episodes), followed by smoking (5%).
- 4,751 episodes included at least one other drug of concern. From these episodes, 10,634 instances of other drugs of concern were recorded—28% were for cannabis, 19% amphetamines and 17% alcohol.
- Half (50%) of episodes involved clients who reported being current injectors, while 40% involved clients who injected drugs in the past (27% between 3 and 12 months ago and 13% 12 or more months ago).



### Treatment profile

- Counselling was the most common main treatment type received (46% of episodes), followed by withdrawal management (detoxification) (19%) and assessment only (14%).
- Treatment was most likely to occur in a non-residential treatment facility (72% of episodes), followed by a residential treatment facility (20%).
- The median number of days for a treatment episode was 42.

## Treatment programs

'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, except for the sub-sections relating to principal drug of concern and treatment programs.

**Table 2: Closed treatment episodes by main treatment type, Victoria<sup>(a)</sup> and Australia, 2001–02 to 2007–08 (per cent)**

Main treatment type	Victoria							Total (Australia) 2006–07	
	2001–02	2002–03	2003–04	2004–05 <sup>(b)</sup>	2005–06	2006–07	2007–08	Per cent	Number
Withdrawal management (detoxification)	21.9	21.0	22.2	22.5	21.8	22.5	21.4	16.2	24,999
Counselling	47.2	48.6	47.1	46.9	47.5	49.0	46.8	37.3	57,470
Rehabilitation	2.8	3.7	3.8	3.7	3.6	3.9	3.9	7.2	11,099
Support & case management only	11.0	11.2	13.0	12.9	13.2	13.4	13.4	8.0	12,279
Information and education only	0.1	0.3	0.7	0.7	0.4	0.5	0.8	9.8	15,086
Assessment only	13.1	10.6	10.2	9.9	10.0	7.8	10.5	14.3	21,976
Other <sup>(c)</sup>	3.9	2.0	1.8	3.4	3.3	2.8	3.1	7.2	11,089
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>..</b>
<b>Total (number)</b>	<b>44,824</b>	<b>45,306</b>	<b>47,638</b>	<b>46,369</b>	<b>48,999</b>	<b>48,668</b>	<b>47,538</b>	<b>..</b>	<b>153,998</b>

(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 practice introduced that year.

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

Of all closed treatment episodes in Victoria, counselling was the most common form of main treatment provided (47% of episodes), followed by withdrawal management (detoxification) (21%) and support and case management only (13%) (Table 2). Nationally, counselling was the most common treatment provided (37% of episodes), followed by withdrawal management (detoxification) (16%) and assessment only (14%).

The balance of treatment types provided in Victoria has been reasonably stable in the period between 2001–02 and 2007–08. There was a small decrease in counselling episodes between 2006–07 and 2007–08; 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 (detoxification) and support and case management.

## Counselling

Counselling was the most common main treatment type reported in Victoria in 2007–08, accounting for 47% of closed treatment episodes. Of the 22,269 episodes where counselling was nominated as the main treatment type received:

### *Client profile*

- About 92% 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).
- Around 6% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (for 8% of episodes, Indigenous status was not reported).
- Self-referral was the most common source of referral (40% of episodes), followed by referrals from 'other' sources (24%).

### *Treatment profile*

- Almost all episodes occurred in a non-residential treatment facility.
- The majority (69%) 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 (15% of episodes ended this way).
- The median number of days for a treatment episode was 57.

### *Principal drug profile*

- Alcohol was the most common principal drug of concern reported (47% of episodes) by people who received counselling for their own drug use, followed by cannabis (20%) and heroin (15%).

## Withdrawal management (detoxification)

Withdrawal management (detoxification) was the second most common main treatment type reported in Victoria in 2007–08, accounting for 21% of closed treatment episodes. Of the 10,194 episodes where withdrawal management (detoxification) was nominated as the main treatment received in 2007–08:

### *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 33 years).
- 5% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (for 6% of episodes, Indigenous status was not reported).
- Self-referral was the most common source of referral (46% of episodes), followed by referrals from alcohol and drug treatment services (20%).

### *Treatment profile*

- Treatment was most likely to take place in a residential treatment facility (52% of episodes), followed by a non-residential treatment facility (32%).
- The majority (72%) 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 11.

### *Principal drug profile*

- Alcohol was the most common principal drug of concern reported (47% of episodes), followed by cannabis (21%) and heroin (12%).

## **Support and case management only**

Support and case management only was the third most common main treatment provided in Victoria in 2007–08, accounting for 13% of closed treatment episodes. Of the 6,365 episodes where support and case management only was nominated as the main treatment type received in 2007–08:

### *Client profile*

- 91% of episodes were for clients seeking treatment for their own drug use.
- The majority (60%) of episodes were for male clients.
- The median age of persons receiving treatment was 20 years (males 20 years and females 20 years).
- Around 5% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (for 6% of episodes, Indigenous status was not reported).
- Self-referral was the most common source of referral (36% of episodes), followed by referrals from 'other' sources (22%).

## **Treatment profile**

- Treatment was most likely to occur in an outreach setting (86% of episodes), followed by a non-residential treatment facility (14%).
- The majority (74%) 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 notifying the service provider (9% of episodes ended this way).
- The median number of days for a treatment episode was 46.

## **Principal drug profile**

- Alcohol was the most common principal drug of concern reported (38% of episodes) by people who received support and case management only for their own drug use, followed by cannabis (34%) and other drugs (10%).

## **How to find out more**

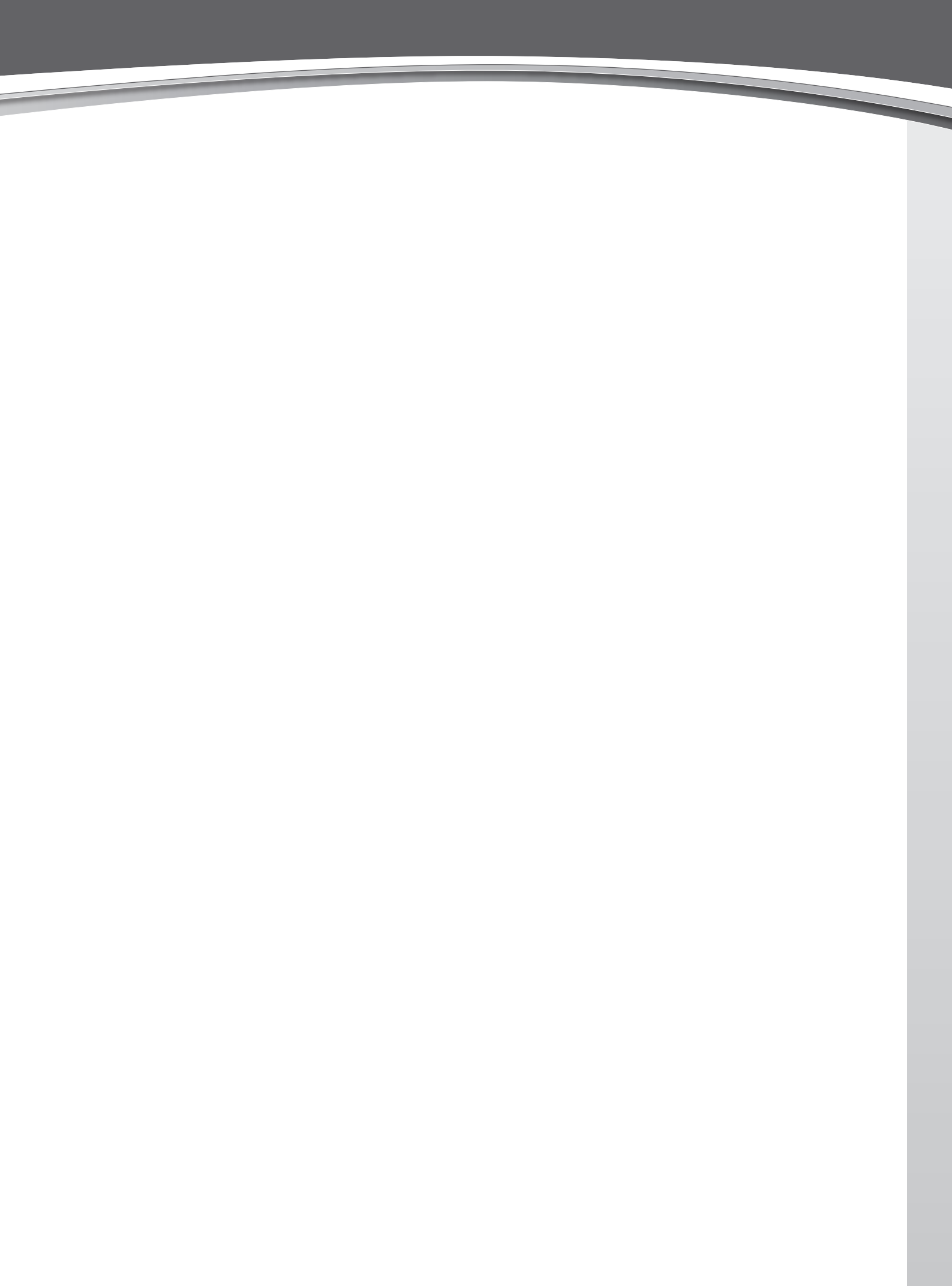
If you would like more detailed data about Victoria's alcohol and other treatment services please contact the AIHW to discuss your needs. The document *Alcohol and other drug treatment services NMDS Specifications 2009–10* outlines the process to be followed for unpublished data requests. This document is available from the AIHW web site at <[www.aihw.gov.au/publications/index.cfm/title/10726](http://www.aihw.gov.au/publications/index.cfm/title/10726)>.

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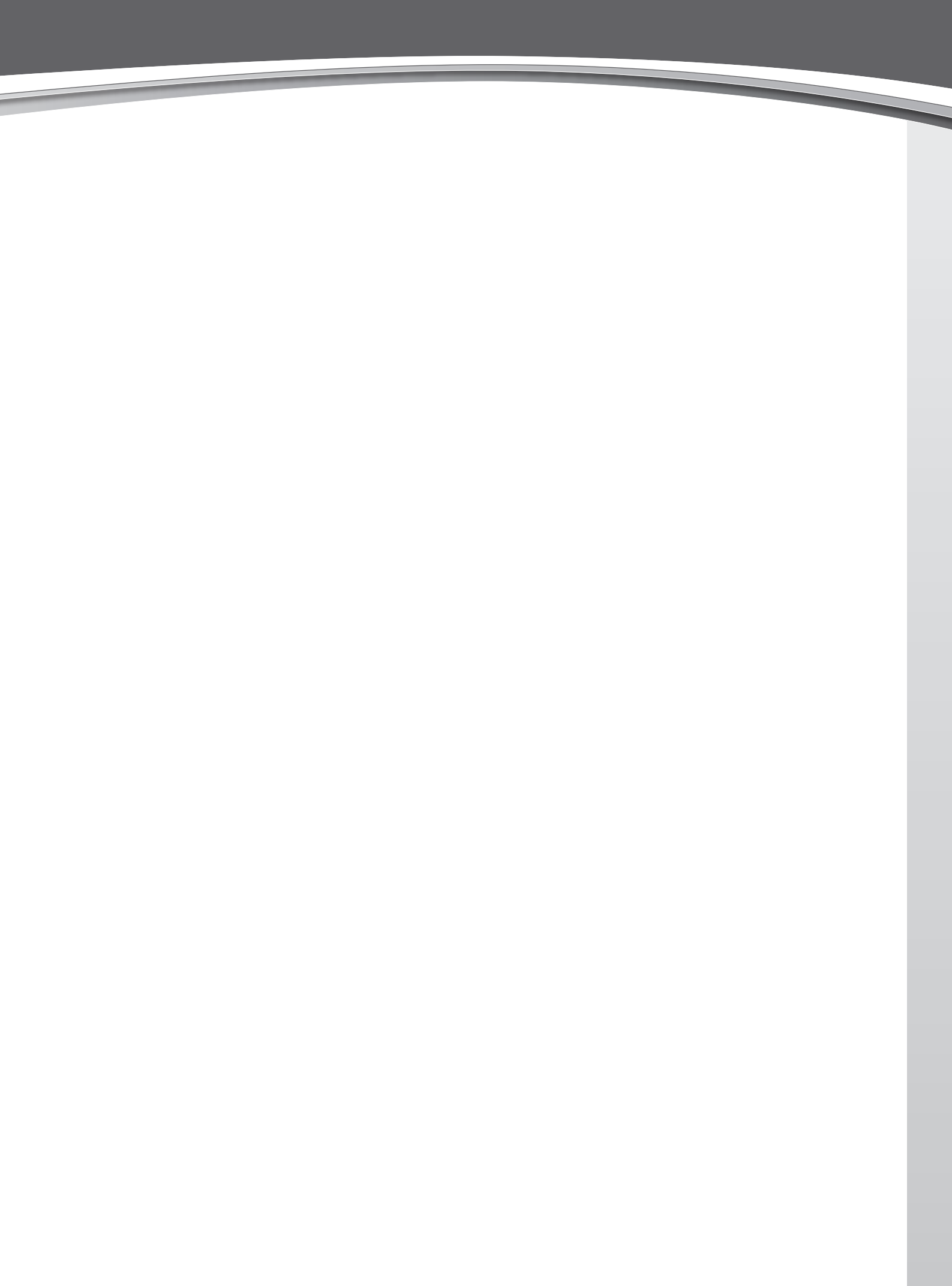
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## **Reference**

AIHW 2009. Alcohol and other drug treatment services in Australia 2007–08: report on the national minimum data set. Drug treatment series no. 9. Cat. no. HSE 73. Canberra: AIHW.







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