



# Alcohol and other drug treatment services in South Australia

*Findings from the National Minimum Data Set (NMDS)  
2006–07*

## Highlights

In South Australia (SA) in 2006–07:

- 44 government-funded alcohol and other drug treatment agencies provided 9,020 closed treatment episodes.
- 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 46 years.
- Alcohol was the most common principal drug of concern in closed treatment episodes (49%), followed by amphetamines (19%), opioids (14%, with heroin accounting for 8%) and cannabis (10%).
- Counselling was the most common form of main treatment provided (29% of episodes), followed by assessment only (25%), withdrawal management (detoxification) (20%) and rehabilitation (13%).

## Contents

Highlights.....	1
Treatment agencies.....	3
Client profile.....	3
Drugs of concern.....	4
Treatment programs.....	8
How to find out more.....	11

## **About this bulletin**

This bulletin summarises the main findings from the 2006–07 Alcohol and Other Drug Treatment Services (AODTS) NMDS data for South Australia. More detailed information about the 2006–07 collection and its findings can be found in the publication *Alcohol and other drug treatment services in Australia 2006–07: report on the National Minimum Data Set* (AIHW 2008). 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 2006–07 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 2006 to 30 June 2007.

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 2006–07 annual report (AIHW 2008).

## **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 633 government-funded alcohol and other drug treatment agencies supplied data for 2006–07. Of these agencies, 44 were located in SA, of which 35 were government agencies.
- Treatment agencies in SA were most likely to be located in Major Cities (64%), followed by Inner Regional and Outer Regional areas (both 16%).

## Client profile

- In SA, there were 9,020 closed treatment episodes in alcohol and other drug treatment services reported in the 2006–07 AODTS–NMDS collection.
- The vast majority (97%) of closed treatment episodes in SA involved clients seeking treatment for their own drug use. The remaining 3% involved clients seeking treatment in relation to another person's alcohol or other drug use.
- The overall proportions of male and female clients in SA (67% and 33% respectively) were similar to the national proportions (66% and 34% respectively). However, of those treatment episodes reported in relation to someone else's drug use in SA, female clients accounted for the majority (71%).
- In SA, 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 46 years.
- Persons aged 20–29 and 30–39 years accounted for the greatest proportion of episodes in SA (27% and 32% respectively).
- The proportion of closed treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin was slightly lower in SA than nationally (9% compared with 10%), but still higher than the overall proportion of Aboriginal and Torres Strait Islander peoples, aged 10 years and over, in the Australian population (2.5%) (ABS & AIHW 2008). 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 or primary health care services are not included in the AODTS–NMDS collection.
- The majority (85%) of closed treatment episodes in SA were for clients born in Australia and 95% of treatment episodes were for clients whose preferred language was English.
- Self-referral was the most common source of referral to treatment services in SA (33% of episodes), followed by referrals from 'other' sources (14%) and hospitals (13%).

## Drugs of concern

This section reports only on the 8,709 closed treatment episodes where clients were seeking treatment for their own alcohol or other drug use in SA.

### Principal drug of concern

The principal drug of concern refers to the main substance that the client states led them to seek treatment from the alcohol and other drug treatment agency.

- In SA in 2006–07, alcohol was the most common principal drug of concern in closed treatment episodes (49%, similar to 42% nationally), followed by amphetamines (19%), opioids (14%, with heroin accounting for 8%) and cannabis (10%) (Table 1). Compared with the national figures, SA had proportionally more episodes for amphetamines and fewer for cannabis.
- Over time the episodes for each drug type has remained reasonably stable proportionately in South Australia, albeit with an apparent drop in cannabis-related episodes between 2005–06 and 2006–07.

**Table 1: Closed treatment episodes<sup>(a)</sup> by principal drug of concern, South Australia and Australia, 2001–02 to 2006–07 (per cent)**

Principal drug of concern	South Australia						Total (Australia) 2006–07	
	2001–02 <sup>(b)</sup>	2002–03	2003–04	2004–05	2005–06	2006–07	Per cent	Number
Alcohol	41.9	47.4	46.6	43.4	44.7	49.3	42.3	59,480
Amphetamines	14.0	19.6	17.3	17.5	17.6	18.7	12.3	17,292
Benzodiazepines	1.9	2.3	2.1	2.5	1.9	1.9	1.6	2,298
Cannabis	11.6	10.1	10.2	11.5	14.4	10.1	22.8	31,980
Cocaine	0.4	0.3	0.1	0.3	0.2	0.3	0.3	448
Ecstasy	0.1	0.3	0.4	0.5	0.7	0.7	0.7	1,010
Nicotine	1.5	0.1	0.4	1.2	0.8	0.6	1.7	2,450
Opioids								
Heroin	10.5	13.2	14.7	13.1	9.4	8.3	10.6	14,870
Methadone	3.9	1.6	1.6	2.0	2.2	2.5	1.6	2,268
Morphine	1.8	2.9	3.9	3.6	2.7	3.1	0.9	1,299
<i>Total opioids</i>	20.7	18.8	22.1	22.2	16.2	13.9	14.4	20,196
All other drugs <sup>(c)</sup>	2.4	1.0	0.6	1.1	3.6	4.6	3.8	5,321
Not stated	5.5	—	—	—	—	—	—	—
<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>..</b>
<b>Total (number)</b>	<b>6,699</b>	<b>6,946</b>	<b>7,234</b>	<b>7,591</b>	<b>8,766</b>	<b>8,709</b>	<b>..</b>	<b>140,475</b>

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

(b) In 2001–02 South Australia supplied client registration data rather than treatment episode data, therefore the percentages are based on clients, not treatment episodes.

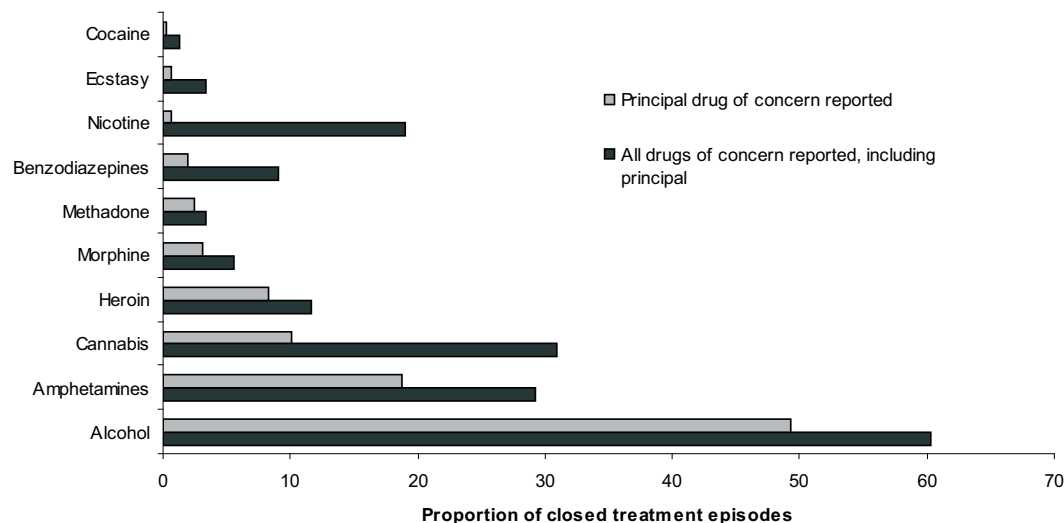
(c) Includes balance of principal drugs of concern coded according to the Australian Standard Classification of Drugs of Concern.

- The principal drug of concern varied by age in SA. For clients aged 10–19 years, cannabis was the most common principal drug of concern nominated (38% of episodes), while for clients aged 20 years and over alcohol was the most common principal drug of concern—highest among those aged 60 years and over (90%).

### 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).

- One half (55%) of all treatment episodes in SA involved at least one other drug of concern (in addition to the principal drug of concern). From these episodes, 7,331 instances of other drugs of concern were recorded.
- A breakdown 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 19% of treatment episodes.



**Figure 1: Closed treatment episodes by principal drug of concern and all drugs of concern, South Australia, 2006–07**

## Alcohol

In SA, alcohol was the most common principal drug of concern for which treatment was sought, accounting for 49% of closed treatment episodes in 2006–07. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 60% of episodes included alcohol.

Of the 4,294 episodes where alcohol was nominated as the principal drug of concern in 2006–07:

### *Client profile*

- The majority (71%) of episodes were for male clients.
- The median age of persons receiving treatment was 38 years (for both males and females).
- Around 9% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (for 5% of episodes Indigenous status was not stated).
- Self-referral was the most common source of referral (27% of episodes), followed by referrals from 'other' sources (26%) and hospitals (19%).

### *Drug profile*

- 46% of episodes included at least one other drug of concern. From these episodes, 2,556 instances of other drugs of concern were recorded—36% were for nicotine, 30% cannabis and 12% amphetamines.
- The majority (69%) of episodes involved clients who reported never having injected drugs. Another 7% of episodes involved clients who reported being current injectors, while 14% involved clients who reported they had injected drugs in the past. Caution should be used, however, when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (10% of episodes).

### *Treatment profile*

- The most common main treatment type received was assessment only (29% of episodes), followed by withdrawal management (detoxification) (25%) and counselling (24%).
- Treatment was most likely to occur in a non-residential treatment facility (78% of episodes), followed by a residential treatment facility (18%).
- The median number of days for a treatment episode was 5.

## Amphetamines

In SA, amphetamines were the second most common principal drug of concern for which treatment was sought, accounting for 19% of closed treatment episodes in 2006–07.

When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 30% of episodes included amphetamines.

Of the 1,630 episodes where amphetamines were nominated as the principal drug of concern in 2006–07:

#### *Client profile*

- The majority (67%) of episodes were for male clients.
- The median age of persons receiving treatment was 30 years (males 31 years; females 29 years).
- Around 6% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (for 6% of episodes Indigenous status was not stated).
- Self-referral was the most common source of referral (39% of episodes), followed by referrals from police diversion programs designed to direct people charged with drug-related crimes to treatment (14%).

#### *Drug profile*

- Injecting was the usual method of use (66% of episodes), followed by ingestion (18%).
- 65% of episodes included at least one other drug of concern. From these episodes, 1,783 instances of other drugs of concern were recorded—34% were for cannabis, 23% alcohol and 15% nicotine.
- The majority (63%) of episodes involved clients who reported being current injectors, while 16% involved clients who had injected drugs in the past (9% between 3 and 12 months ago and 7% 12 or more months ago). The remaining 19% of episodes involved clients who reported never having injected drugs.

#### *Treatment profile*

- Counselling was the most common main treatment type received (39% of episodes), followed by assessment only (25%) and rehabilitation (15%).
- Treatment was most likely to take place in a non-residential treatment facility (81%), followed by a residential treatment facility (15%).
- The median number of days for a treatment episode was 10.

### **Cannabis**

In SA, cannabis was the third most common principal drug of concern for which treatment was sought, accounting for 10% of closed treatment episodes in 2006–07. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 31% of episodes included cannabis.

Of the 876 episodes where cannabis was nominated as the principal drug of concern in 2006–07:

#### *Client profile*

- The majority (74%) of episodes were for male clients.

- The median age of clients receiving treatment was 24 years (24 years for both males and females).
- Around 9% 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 (32% of episodes), followed by referrals from police diversions (12%) and family members/friends (11%).

#### *Drug profile*

- Smoking was the most common method of use (91% of episodes), followed by ingestion (8%).
- 60% of episodes included at least one other drug of concern. From these episodes, 763 instances of other drugs of concern were recorded—37% were for alcohol, 25% nicotine and 24% amphetamines.
- The majority (58%) of episodes involved clients who reported never having injected drugs. A further 13% 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 (8% of episodes).

#### *Treatment profile*

- Counselling was the most common main treatment type received (39% of episodes), followed by assessment only (20%) and rehabilitation (18%).
- Treatment was most likely to occur in a non-residential treatment facility (75% of episodes) followed by a residential treatment facility (16%).
- The median number of days for a treatment episode was 15.

## **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 (which only include episodes for people seeking treatment for themselves).

- Of all closed treatment episodes in SA in 2006–07, counselling was the most common form of main treatment provided (29% of episodes), followed by assessment only (25%), withdrawal management (detoxification) (20%) and rehabilitation (13%) (Table 2).
- Nationally, counselling accounted for proportionally more episodes but was also the most common treatment provided (39%). SA provided proportionally more episodes for assessment, withdrawal management, rehabilitation and pharmacotherapy than the whole of Australia and less information and education.



- The balance of treatment types provided in South Australia has been reasonably stable over time.

**Table 2: Closed treatment episodes by main treatment type, South Australia and Australia, 2002–03 to 2006–07 (per cent)**

Main treatment type	South Australia					Total (Australia) 2006–07	
	2002–03	2003–04	2004–05	2005–06	2006–07	Per cent	Number
Withdrawal management (detoxification)	21.6	19.8	20.8	18.5	20.3	16.6	24,467
Counselling	23.3	22.7	25.2	27.2	29.4	38.7	57,017
Rehabilitation	22.6	20.8	18.8	13.4	13.1	7.4	10,950
Support & case management only	2.5	3.8	1.2	5.1	3.2	8.3	12,290
Information and education only	1.9	1.3	1.3	4.4	1.7	9.3	13,723
Assessment only	21.8	22.8	22.8	24.0	24.7	15.1	22,295
Pharmacotherapy <sup>(a)</sup>	5.5	7.9	7.9	5.7	5.2	2.2	3,219
Other	0.8	1.0	2.0	1.7	2.4	2.3	3,364
<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>..</b>
<b>Total (number)</b>	<b>7,440</b>	<b>7,613</b>	<b>7,952</b>	<b>9,100</b>	<b>9,020</b>	<b>..</b>	<b>147,325</b>

(a) The total for pharmacotherapy as the main treatment type represents a small proportion of pharmacotherapy treatment in South Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are excluded from the AODTS–NMDS.

Note: South Australia did not provide data for main treatment in 2001–02.

## Counselling

Counselling was the most common main treatment type reported in SA in 2006–07, accounting for 29% of closed treatment episodes. Of the 2,650 episodes where counselling was nominated as the main treatment type received:

### Client profile

- The vast majority (90%) of episodes were for clients seeking treatment for their own drug use.
- Over half (61%) of episodes were for male clients.
- The median age of persons receiving treatment was 33 years (males 32 years; females 34 years).
- Around 6% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (for 5% of episodes, Indigenous status was not stated).
- Self-referral was the most common source of referral (33% of episodes), followed by referrals from family members/friends (10%) and alcohol and other drug treatment services (10%).

### Treatment profile

- Close to all (93%) episodes took place in a non-residential treatment facility.

- The most common reason for treatment episodes to end was because the treatment was completed (42%) or because the client ceased to participate without notifying the service provider (35%).
- The median number of days for a treatment episode was 43.

#### *Principal drug profile*

- Alcohol was the most common principal drug of concern reported (44% of episodes) by people seeking counselling for their own drug use, followed by amphetamines (27%) and cannabis (14%).

#### **Assessment only**

Assessment only was the second most common main treatment type reported in SA in 2006–07, accounting for 25% of closed treatment episodes. Of the 2,230 episodes where assessment only was nominated as the main treatment received in 2006–07:

#### *Client profile*

- Almost all episodes were for clients seeking treatment for their own drug use.
- The majority (77%) of episodes were for male clients.
- The median age of persons receiving treatment was 33 years (males 33 years; females 31 years).
- Around 7% of episodes involved clients who identified as being of Aboriginal and Torres Strait Islander origin (for 5% of episodes, Indigenous status was not reported).
- 'Other' referrals were the most common source of referral (40% of episodes), followed by self-referrals (38%).

#### *Treatment profile*

- Treatment was most likely to occur in a non-residential treatment facility (97% of episodes).
- The majority of episodes ended because the treatment was completed (72%). The next most common reason for ending a treatment episode was the client ceased to participate without notifying the service provider (10% 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 (56% of episodes) by people who received assessment only, followed by amphetamines (19%) and cannabis (8%).

#### **Withdrawal management (detoxification)**

Withdrawal management (detoxification) was the third most common main treatment provided in SA in 2006–07, accounting for 20% of closed treatment episodes. Of the 1,835 episodes where withdrawal management (detoxification) was nominated as the main treatment type received in 2006–07:

### *Client profile*

- All episodes were for clients seeking treatment for their own drug use.
- The majority (65%) of episodes were for male clients.
- The median age of persons receiving treatment was 37 years (males 38 years; females 37 years).
- Around 9% 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 (52% of episodes), followed by referrals from hospitals (28%).

### *Treatment profile*

- Treatment was most likely to occur in a residential treatment facility (63% of episodes), followed by a non-residential treatment facility (36%).
- The majority (68%) 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 (14% 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 (58% of episodes) by people who received withdrawal management, followed by amphetamines (13%) and cannabis (7%).

## **How to find out more**

If you would like more detailed data about South Australia's alcohol and other treatment services please contact the AIHW to discuss your needs. The document *Alcohol and other drug treatment services NMDS Specifications 2008–09* outlines the process to be followed for unpublished data requests. This document is available from the AIHW website at <[www.aihw.gov.au/publications/index.cfm/title/10575](http://www.aihw.gov.au/publications/index.cfm/title/10575)>.

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## **References**

- ABS (Australian Bureau of Statistics) & AIHW (Australian Institute of Health and Welfare) 2008. *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*. ABS cat. no. 4704.0. AIHW cat. no. IHW 21. Canberra: ABS & AIHW.
- AIHW 2008. *Alcohol and other drug treatment services in Australia 2006–07: report on the National Minimum Data Set. Drug treatment series no. 8*. Cat. no. HSE 59. Canberra: AIHW.

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