

# Alcohol and other drug treatment services in Tasmania

## AODTS–NMDS collection

The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS) is a nationally agreed set of common data items collected by government funded service providers for clients who used alcohol and other drug treatment.



**Tasmania**

DEPARTMENT of  
COMMUNITY and  
HEALTH SERVICES

## Tasmania's participation in the national collection

Tasmania's Department of Community and Health Services participated in this national collection and contributed data to the NMDS.

## Findings from the National Minimum Data Set (NMDS) 2001–02 for Tasmania

### Highlights

- In Tasmania, 14 government-funded alcohol and other drug treatment agencies supplied data for 2001–02; of these 10 were non-government agencies.
- These alcohol and other drug treatment agencies provided 2,015 'closed treatment episodes' during 2001–02 (see below for the definition of 'closed treatment episodes').
- The majority of closed treatment episodes were for clients aged between 20 and 39 years of age (58%), with one-third of all treatment episodes (33%) provided for clients in the 20–29 year age group.
- Male clients in Tasmania accounted for two-thirds (66%) of all closed treatment episodes.
- In Tasmania, alcohol (39%) and cannabis (25%) were the most common principal drugs of concern in closed treatment episodes, followed by nicotine (15%).
- Of all closed treatment episodes in Tasmania, counselling was the most common form of main treatment provided (57%), followed by withdrawal management (detoxification) (19%) and assessment only (10%).
- In Tasmania, 32% of closed treatment episodes where alcohol was nominated as the principal drug were for clients aged between 30 and 39 years.

### Contents of this data briefing

This data briefing summarises the main findings from the 2001–02 alcohol and other drug treatment services (AODTS) NMDS data for Tasmania. Throughout this briefing, data from Tasmania are presented along with national AODTS data.

### National AODTS–NMDS data reports

More detailed information about the 2001–02 collection and its findings can be found in the publication 'Alcohol and other drug treatment services in Australia 2001–02: report on the National Minimum Data Set'. This report, together with further publications and AODTS–NMDS interactive data can be accessed online at <[www.aihw.gov.au/drugs](http://www.aihw.gov.au/drugs)>.

### Data count in the collection: closed treatment episodes

The analysis in this briefing is based on 'closed treatment episodes'. A closed treatment episode refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. For example, a closed treatment episode could be for one specific treatment, such as withdrawal management (detoxification), that is part of an overall long-term treatment plan.

## Treatment agencies

- Throughout Australia, a total of 505 government-funded alcohol and other drug treatment agencies supplied data for 2001–02, of these, 14 were located in Tasmania. Of the agencies in Tasmania, 10 were non-government agencies.

## Client profile

- The majority of closed treatment episodes were for clients aged between 20 and 39 years of age (58%), with one-third of all treatment episodes (33%) provided for clients in the 20–29 year age group (Table 1).
- The proportions of male and female clients in Tasmania (66% and 34% respectively) were very similar to the national proportions (65% and 35% respectively).

**Table 1: Closed treatment episodes, sex by age group of client, Tasmania and Australia, 2001–02.**

Age group (years)	Tasmania			Australia		
	Males	Females	Persons <sup>(a)</sup>	Males	Females	Persons <sup>(a)</sup>
	(per cent)					
10–19	9.3	5.2	14.5	8.5	4.6	13.1
20–29	22.0	10.5	32.6	22.9	11.3	34.2
30–39	17.7	7.3	25.0	17.3	9.2	26.5
40–49	9.2	5.8	15.0	9.8	6.1	15.9
50–59	4.9	3.5	8.4	4.1	2.5	6.6
60+	2.3	2.1	4.4	1.5	0.8	2.3
<b>Total<sup>(b)</sup> (per cent)</b>	<b>65.5</b>	<b>34.4</b>	<b>100.0</b>	<b>64.8</b>	<b>35.1</b>	<b>100.0</b>
<b>Total<sup>(b)</sup> (number)</b>	<b>1,320</b>	<b>694</b>	<b>2,015</b>	<b>78,323</b>	<b>42,415</b>	<b>120,869</b>

(a) Includes not stated for Sex.

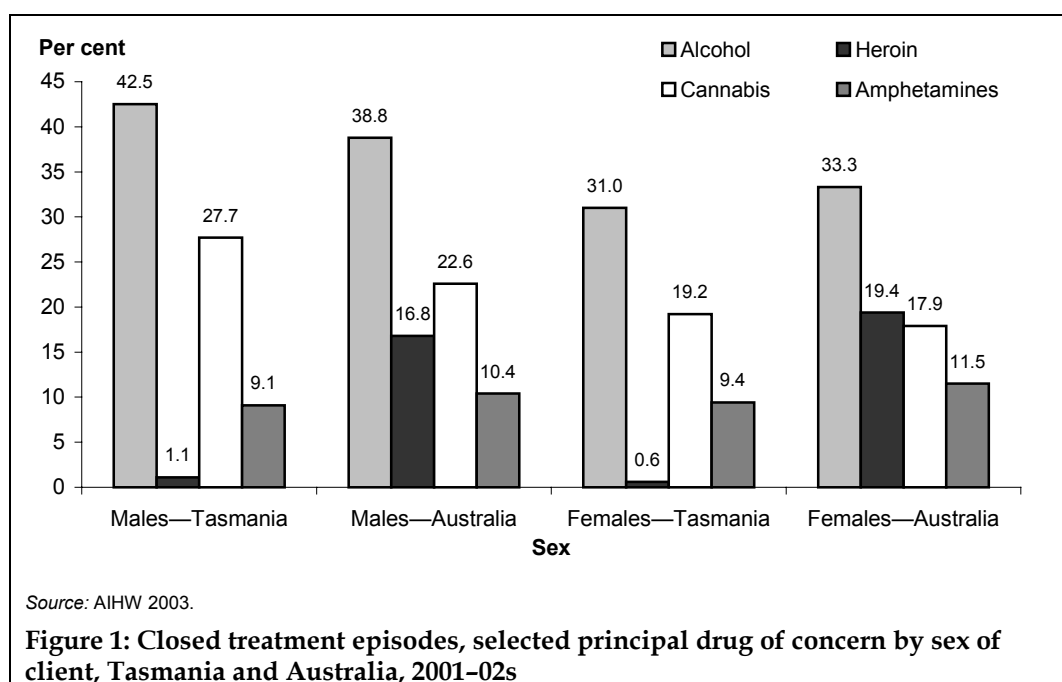
(b) Includes not stated for Age.

Source: AIHW 2003.

- Ninety-eight per cent of closed treatment episodes involved clients seeking treatment for their own drug use.
- The proportion of closed treatment episodes involving clients who identified as being of Aboriginal and/or Torres Strait Islander origin was lower in Tasmania (7%) than nationally (8%). However, both of these proportions were higher than the proportion of the entire Australian population who identify as Indigenous (2.4%: ABS unpublished 2001 Census data).
- The majority of closed treatment episodes were for clients born in Australia (95%) and nearly all treatment episodes were for clients whose preferred language was English.
- Fifty-three per cent of closed treatment episodes in Tasmania involved clients who were self-referred; this compares to 35% of closed treatment episodes nationally.

## Principal drug of concern

- In Tasmania, alcohol (39%) and cannabis (25%) were the most common principal drugs of concern in closed treatment episodes, followed by nicotine (15%). Nationally, alcohol and cannabis were the most common principal drugs of concern (37% and 21% respectively), followed by heroin (18%) (see caveat on page 8).
- Alcohol was the drug most commonly recorded in closed treatment episodes for both sexes in Tasmania (43% for males and 31% for females) (Figure 1).



- Male clients in Tasmania recorded a higher proportion of treatment episodes where cannabis was the principal drug (28%) compared to female clients (19%). Males in Tasmania were more likely to report cannabis as their principal drug also than males nationally (28% and 23% respectively).
- In Tasmania, in treatment episodes involving clients aged 40 to 49 years, alcohol was the most common principal drug of concern (59%) followed by clients aged between 30 and 39 years and 50 to 59 years (49% each) (Table 2). Nationally, alcohol was the most common principal drug of concern for clients aged 60 years and over (80%), and for clients aged between 50 and 59 years (79%).

**Table 2: Closed treatment episodes, principal drug of concern by age of client, Tasmania and Australia, 2001-02<sup>(a)</sup>**

Principal drug	Tasmania (per cent)							Total (Australia)	
	10-19	20-29	30-39	40-49	50-59	60+	Total <sup>(b)</sup>	Per cent	Number
Alcohol	25.9	25.5	49.4	59.3	48.8	27.9	38.6	37.0	41,886
Amphetamines	9.4	16.6	8.5	1.7	—	—	9.2	10.8	12,211
Benzodiazepines	1.7	2.5	1.0	0.3	—	—	1.4	2.4	2,745
Cannabis	47.6	33.9	21.2	9.8	0.6	—	24.8	21.0	23,826
Cocaine	—	—	—	—	—	—	—	0.7	804
Ecstasy	—	0.2	0.4	0.3	—	—	0.2	0.2	253
Heroin	0.3	1.9	1.2	—	—	—	1.0	17.7	20,027
Methadone	—	—	0.4	0.3	0.6	—	0.2	2.3	2,570
Nicotine	5.6	4.8	8.5	24.1	48.1	72.1	15.3	1.4	1,602
Other <sup>(c)</sup>	6.6	13.2	9.3	3.7	1.9	—	8.3	5.7	6,482
<b>Total<sup>(d)</sup> (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<sup>(d)</sup> (number)</b>	<b>286</b>	<b>646</b>	<b>496</b>	<b>295</b>	<b>162</b>	<b>86</b>	<b>1,972</b>	<b>—</b>	<b>113,231</b>

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

(b) Includes not stated for Age.

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

(d) Includes not stated for Principal drug of concern.

Source: AIHW 2003.

- For closed treatment episodes involving clients aged 10–19 years in Tasmania, cannabis was reported as the most common principal drug of concern (48%). Nationally, cannabis was also the most common principal drug in this age group (46%).
- In Tasmania, cannabis was more likely to be the principal drug in closed treatment episodes involving Indigenous clients (34%) than other clients (25%). At the national level, the proportions of treatment episodes for Indigenous and other clients reporting cannabis as their principal drug were similar (22% for Indigenous clients and 21% for other clients).
- In Tasmania, treatment episodes for other clients were more likely to involve alcohol as the principal drug of concern (41%) than those for Indigenous clients (36%). Nationally, the reverse of this is true: closed treatment episodes for Indigenous clients were more likely to involve alcohol (46%) than episodes for other clients (37%).
- Thirty-nine per cent of treatment episodes in Tasmania involved clients who reported never having injected drugs. Of the 18% who reported they were ‘current injectors’, 53% were aged between 20 and 29 years. Care should be taken when interpreting data for ‘injecting drug use’ due to the high ‘not stated’ response for this item (32% not stated response in Tasmania and 15% nationally).

## Treatment programs

- Of all closed treatment episodes in Tasmania, counselling was the most common form of main treatment provided (57%), followed by withdrawal management (detoxification) (19%) and assessment only (10%) (Table 3). Similarly, at the national level, counselling was the most common form of main treatment provided (39%), followed by withdrawal management (detoxification) (19%), and assessment only (15%).
- Female clients in Tasmania reported a higher proportion of treatment episodes where counselling was the main treatment (68%) compared to male clients (52%). This was also the case nationally (44% of females and 36% of males).
- Counselling was the most common main treatment in all age groups.

**Table 3: Closed treatment episodes, main treatment type by sex of client, Tasmania and Australia<sup>(a)</sup>, 2001–02**

Main treatment type	Tasmania			Australia		
	Males	Females	Persons <sup>(b)</sup>	Males	Females	Persons <sup>(b)</sup>
	(per cent)					
Withdrawal management (detoxification)	22.7	11.7	18.9	19.7	18.2	19.1
Counselling	51.6	68.4	57.4	36.0	44.1	38.9
Rehabilitation	3.1	2.0	2.7	6.4	6.1	6.3
Pharmacotherapy <sup>(c)</sup>	0.9	2.0	1.3	1.0	1.5	1.2
Support & case management only	4.2	3.2	3.9	5.7	6.9	6.1
Information and education only	0.2	—	0.1	11.1	7.6	9.8
Assessment only	11.2	8.1	10.1	16.9	10.5	14.6
Other	6.1	4.6	5.6	3.2	5.1	3.9
<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>Total (number)</b>	<b>1,320</b>	<b>694</b>	<b>2,015</b>	<b>73,657</b>	<b>39,917</b>	<b>113,705</b>

(a) Excludes South Australia.

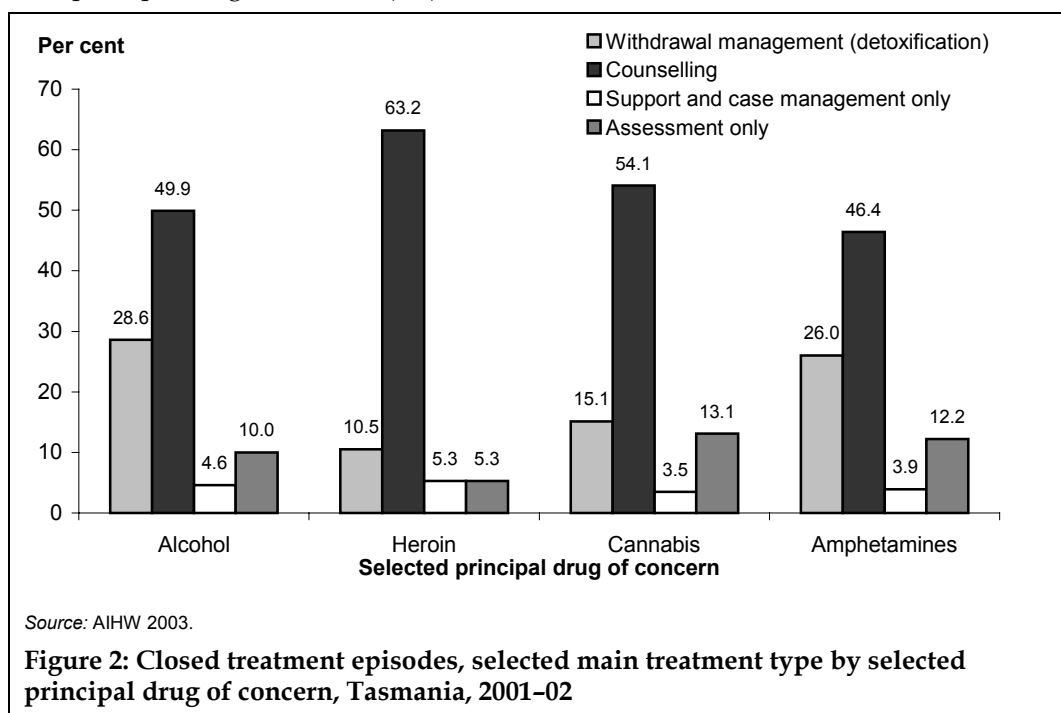
(b) Includes not stated for Sex.

(c) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS-NMDS.

Source: AIHW 2003.

### Main treatment and principal drug

- In Tasmania, where the principal drug was alcohol, closed treatment episodes were more likely to involve withdrawal management (detoxification) as the main treatment (29%) than episodes involving heroin (11%) (Figure 2).
- Closed treatment episodes where the principal drug was heroin were more likely to involve counselling as the main treatment (63%) than treatment episodes for clients seeking treatment for amphetamines use (46%).
- Closed treatment episodes where the principal drug was cannabis were more likely to involve assessment only (13%) as the main treatment than episodes where the principal drug was heroin (5%).

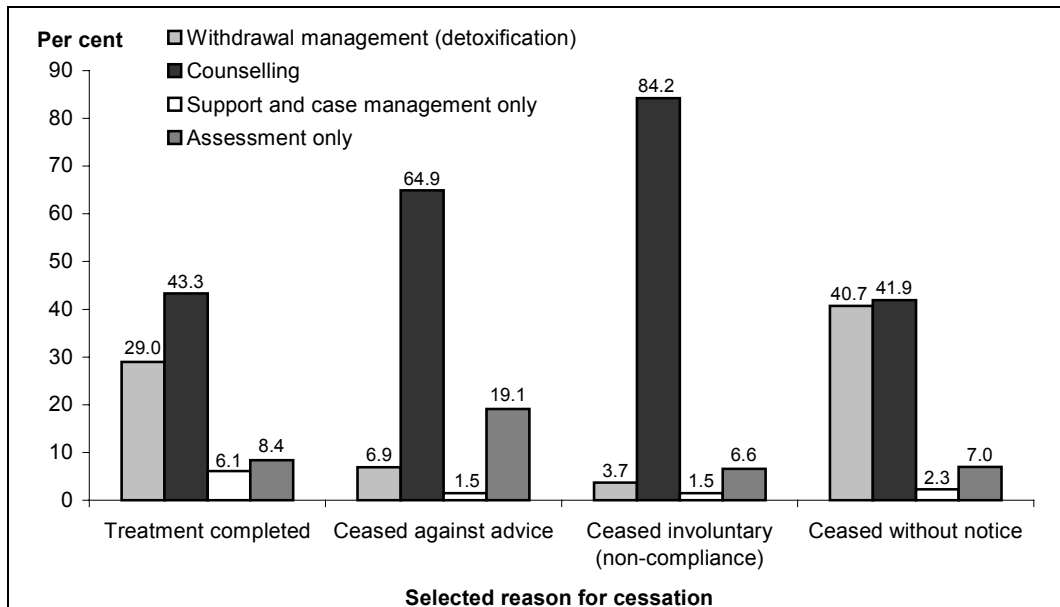


- Fifty-four per cent of all closed treatment episodes in Tasmania occurred at a non-residential treatment facility, 23% in a residential facility and a further 22% at an outreach setting such as a mobile van service.
- In Tasmania, the median number of days for a closed treatment episode was 6 days. The highest median number of treatment days occurred at the client's home (16 days) and in a non-residential treatment facility or outreach setting (14 days each). Nationally, the median number of days for a closed treatment episode was much higher (20 days): the highest median number of treatment days occurred in outreach settings (36 days) and in non-residential treatment facilities (28 days).

### When treatment ceases

- In Tasmania, the most common reason for the cessation of a client's treatment was that the treatment had been completed (33%). Other common reasons included the client ceased to participate against advice (7%) or the client ceased to participate without notice (4%). Nationally, the treatment being completed was the most common reason for a treatment episode ceasing (54%).
- In Tasmania, for closed treatment episodes that ended because the treatment had been completed, 43% were for counselling, 29% for withdrawal management (detoxification) and 8% for assessment only (Figure 3).
- Sixty-five per cent of closed treatment episodes that ended because the client ceased to participate against the advice of the clinician were for counselling and 19% for assessment only.

- Where the client's participation had been ceased by the clinician due to non-compliance with the rules or conditions of the program, 84% of these closed treatment episodes occurred during counselling and 7% for assessment only.
- For closed treatment episodes that ended because the client ceased to participate without notice, 42% were for counselling and 41% for withdrawal management (detoxification).



Source: AIHW 2003

**Figure 3: Closed treatment episodes, selected main treatment type by selected reason for cessation, Tasmania, 2001-02**

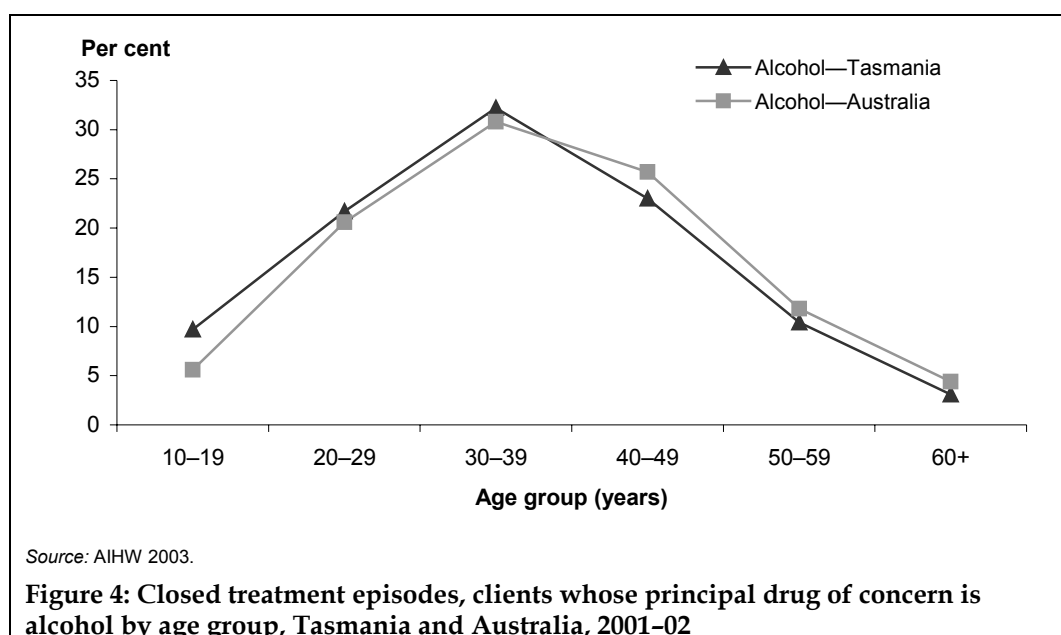
## Special theme—Alcohol

This section examines more closely the clients who reported 'Alcohol' as their principal drug of concern and the treatment programs used by them. This theme was selected following the *Survey of Treatment Agencies 2002* where agencies reported this area as being of high interest to the field.

Closed treatment episodes in Tasmania for clients who reported alcohol as their principal drug of concern numbered 762.

### Client profile

- In Tasmania, for treatment episodes involving a principal drug of alcohol, clients had a similar age profile to those at the national level—14% were aged 50 years and over compared to 16% nationally (Figure 4).
- Of treatment episodes in Tasmania where clients nominated alcohol as their principal drug of concern 32% were aged between 30 and 39 years, similar to the national peak (31% for clients aged 30-39 years).
- For closed treatment episodes in Tasmania involving males with a principal drug of alcohol, the highest proportions were in the 20-39 year age group (56%) higher than females in the same age group (48%).



### Treatment programs

- For clients in Tasmania whose principal drug of concern was alcohol, withdrawal management (detoxification) and counselling were the most common treatments completed (41% and 39% respectively) (Table 4).
- Clients who ceased treatment without notice were most likely to have received withdrawal management (detoxification) (53% of these closed treatment episodes) or counselling (21%).
- The majority of closed treatment episodes, for those who nominated alcohol as their principal drug of concern, occurred in non-residential treatment facilities (54%) and in residential facilities (35%).

**Table 4: Closed treatment episodes where Alcohol is the principal drug of concern by main treatment type and selected reason for cessation, Tasmania and Australia<sup>(a)</sup>, 2001-02<sup>(b)</sup>**

Main treatment	Tasmania						Australia	
	Completed	Transferred to another service provider	Ceased without notice	Ceased at expiration	Other <sup>(c)</sup>	Total <sup>(d)</sup>	Total <sup>(d)</sup>	Total <sup>(d)</sup>
	(Per cent)						(per cent)	(number)
Withdrawal management (detoxification)	41.4	11.1	52.9	11.1	15.6	28.6	24.7	9,642
Counselling	39.3	33.3	20.6	11.1	60.9	49.9	39.7	15,525
Rehabilitation	3.4	—	8.8	77.8	2.8	4.7	6.3	2,456
Support and case management only	6.4	11.1	5.9	—	3.5	4.6	3.6	1,407
Information and education only	0.3	—	—	—	0.3	0.3	6.7	2,620
Assessment only	7.5	44.4	11.8	—	14.2	10.0	14.5	5,650
<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>295</b>	<b>9</b>	<b>34</b>	<b>9</b>	<b>289</b>	<b>762</b>	<b>—</b>	<b>39,077</b>

(a) Excludes South Australia.

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

(c) Includes Change in main treatment type, delivery setting or principal drug of concern, all other Ceased to participate categories, Drug court &/or sanctioned by court diversion service, Imprisoned other than drug court sanctioned & Died.

(d) Includes not stated for Reason for cessation and other main treatment types.

Source: AIHW 2003.

## Agencies and clients within scope

All publicly funded (State or Commonwealth) government and non-government agencies that provide one or more specialist alcohol and/or other drug treatment services, including residential and non-residential agencies, were in scope for the national data set. Specialist alcohol and drug units based in acute care hospitals or psychiatric hospitals were included if they provided treatment to non-admitted patients (e.g. outpatient services).

All clients who had completed one or more treatment episodes from an alcohol and other drug treatment service within scope during the reporting period (1 July 2001 to 30 June 2002) were included.

## Exclusions to scope

- Agencies whose sole activity is to prescribe and/or dose for opioid pharmacotherapy maintenance treatment.
- Halfway houses and sobering-up shelters, correctional institutions, health promotion services (e.g. needle and syringe exchange programs).
- Alcohol and drug treatment units in acute care or psychiatric hospitals that only provide treatment to admitted patients.
- Private treatment agencies that do not receive public funding.

## Caveats

Of data in scope, the following caveats must be observed:

- Queensland Health supplied police diversion data only, all with principal drug of cannabis. As a result, nationally, cannabis as a proportion of all principal drugs is over represented.
- South Australia supplied client registration data only with no data for main treatment type or other treatment related items.
- The number of Indigenous clients may be under-counted as most Commonwealth-funded Indigenous substance-use services and Aboriginal health services that provide treatment for alcohol and other drug problems did not supply data for 2001-02. In addition, at the national level 8% of clients did not state their Indigenous status.

## Source

Australian Institute of Health and Welfare 2003. Alcohol and other drug treatment services in Australia 2001-02: Report on the national minimum data set. AIHW cat. no. HSE 28. Canberra: AIHW.

## Interactive alcohol and other drug treatment data

The AIHW has an interactive alcohol and other drug treatment data site containing subsets of national information on alcohol and other drug treatment services from the 2001-02 collection. This site allows anyone who has access to the Internet to view AODTS-NMDS data via a web interface. The datacubes can be found at: <[www.aihw.gov.au/drugs/datacubes/index.html](http://www.aihw.gov.au/drugs/datacubes/index.html)>. Users of the datacubes can look up data and present them in a way meaningful to their needs.

For further information visit our website where a number of the recent alcohol and other drug publications are available in full <[www.aihw.gov.au/drugs](http://www.aihw.gov.au/drugs)>.

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### Queries or comments

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