

Alcohol and other drug treatment services in Victoria

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.

Victoria's participation in the national collection

The Victorian Department of Human Services participated in this national collection and contributed data to the NMDS.

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

- In Victoria, 86 government-funded alcohol and other drug treatment agencies supplied data for 2001–02; all were non-government agencies.
- These alcohol and other drug treatment agencies provided 44,824 '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 (62%), with over one-third of all treatment episodes (36%) provided for clients in the 20–29 year age group
- Male clients in Victoria accounted for nearly two-thirds (62%) of all closed treatment episodes.
- In Victoria, alcohol (35%) and heroin (25%) were the most common principal drugs of concern in closed treatment episodes, followed by cannabis (22%).
- Of all treatment episodes in Victoria, counselling was the most common form of main treatment provided (47%), followed by withdrawal management (detoxification) (22%) and assessment only (13%).
- In Victoria, 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 Victoria. Throughout this briefing, data from Victoria 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>.

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, 86 were located in Victoria. All the agencies in Victoria were non-government agencies.

Client profile

- In Victoria, the majority of closed treatment episodes were for clients aged between 20 and 39 years of age (62%), with over one-third of all treatment episodes (36%) provided for clients in the 20–29 year age group (Table 1). Nationally, 34% of treatment episodes were for clients aged 20 to 29 years.
- The proportions of closed treatment episodes for male and female clients in Victoria (62% and 38% respectively) were similar to the national proportions (65% and 35% respectively).

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

Age group (years)	Victoria			Australia		
	Males	Females	Persons ^(a)	Males	Females	Persons ^(a)
	(per cent)					
10–19	9.0	5.8	14.7	8.5	4.6	13.1
20–29	23.2	12.6	35.9	22.9	11.3	34.2
30–39	16.1	9.5	25.7	17.3	9.2	26.5
40–49	8.2	5.7	13.9	9.8	6.1	15.9
50–59	3.0	2.2	5.2	4.1	2.5	6.6
60+	0.9	0.6	1.5	1.5	0.8	2.3
Total^(b) (per cent)	61.9	37.9	100.0	64.8	35.1	100.0
Total^(b) (number)	27,745	17,000	44,824	78,323	42,415	120,869

(a) Includes not stated for Sex.

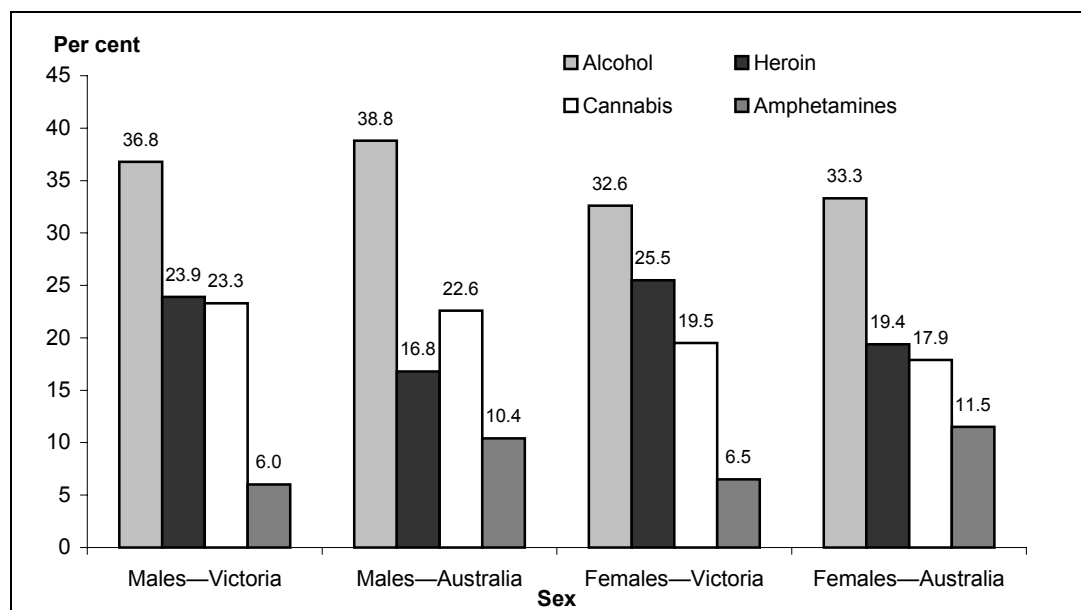
(b) Includes not stated for Age.

Source: AIHW 2003.

- Ninety per cent of closed treatment episodes in Victoria 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 Victoria (5%) than nationally (8%). However, both of these proportions were higher than the proportion of the Australian population who identify as Indigenous (2.4%: ABS unpublished 2001 Census data).
- The majority of treatment episodes were for clients born in Australia (84%) and 92% were for clients whose preferred language was English.
- Thirty-five per cent of closed treatment episodes in both Victoria and Australia involved clients who were self-referred. In Victoria, alcohol and other drug treatment services (15%) and community-based corrections (14%) were the next most common sources of referral.

Principal drug of concern

- In Victoria, alcohol (35%) and heroin (25%) were the most common principal drugs of concern in treatment episodes, followed by cannabis (22%). 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 Victoria (37% for males and 33% for females). This was followed by heroin for both sexes (24% males and 26% females) (Figure 1).



Source: AIHW 2003.

Figure 1: Closed treatment episodes, selected principal drug of concern by sex of client, Victoria and Australia, 2001-02

- In Victoria, alcohol was the most common principal drug of concern for treatment episodes where clients were aged 30 years or more (Table 2). The proportion of treatment episodes where the principal drug was alcohol was highest for clients aged 60 years and over (84%), followed by clients aged between 50 and 59 years (82%).
- In treatment episodes involving clients aged between 10 and 19 in Victoria, cannabis was the most common principal drug (40%), and for clients aged 20-29 years the most common was heroin (35%). Nationally, cannabis was also the most common drug for clients aged 10-19 years, and heroin the most common for those aged 20-29 years.

Table 2: Closed treatment episodes, principal drug of concern by age group of client, Victoria and Australia, 2001-02^(a)

Principal drug	Victoria (per cent)							Total (Australia)	
	10-19	20-29	30-39	40-49	50-59	60+	Total ^(b)	Per cent	Number
Alcohol	16.9	19.7	42.3	63.8	81.6	84.3	35.3	37.0	41,886
Amphetamines	6.5	8.1	6.2	2.9	0.5	0.2	6.2	10.8	12,211
Benzodiazepines	1.6	2.5	3.5	3.1	4.7	9.6	2.9	2.4	2,745
Cannabis	40.0	26.4	17.2	7.8	3.7	0.6	21.9	21.0	23,826
Cocaine	0.1	0.2	0.2	0.1	—	—	0.2	0.7	804
Ecstasy	0.7	0.7	0.2	0.1	—	—	0.4	0.2	253
Heroin	20.7	35.1	22.2	14.2	4.4	0.4	24.5	17.7	20,027
Methadone	1.0	2.3	2.5	1.6	0.2	1.1	1.9	2.3	2,570
Nicotine	2.1	0.2	0.3	0.5	0.9	1.0	0.7	1.4	1,602
Other ^(c)	10.4	4.8	5.3	5.9	4.1	2.9	5.9	5.7	6,482
Total^(d) (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	—
Total^(d) (number)	6,250	15,460	11,025	5,673	1,882	522	41,861	—	113,231

(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.

- In Victoria, alcohol was more likely to be the principal drug in closed treatment episodes involving Indigenous clients (42%) than other clients (35%). Nationally, the proportions were slightly higher but the pattern was the same (46% treatment episodes involving Indigenous clients and 37% involving others).
- In Victoria, heroin was less likely to be the principal drug of concern in closed treatment episodes involving indigenous clients (18%) than for other clients (25%). There was a similar pattern at the national level (11% and 19% respectively).
- Thirty-eight per cent of treatment episodes in Victoria involved clients who reported never having injected drugs. Of the 21% who reported they were 'current injectors', 51% 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 (14% 'not stated' response in Victoria and 15% nationally).

Treatment programs

- Of all closed treatment episodes in Victoria, counselling was the most common form of main treatment provided (47%), followed by withdrawal management (detoxification) (22%) and assessment only (13%) (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%).
- Male clients in Victoria reported a higher proportion of treatment episodes where assessment only was the main treatment (18%) compared to female clients (5%). Nationally, male clients also had a higher proportion of episodes where assessment only was the main treatment (17%) compared to female clients (11%).
- In Victoria, the main treatment type varied with age. For treatment episodes involving clients aged 10–19 years, support and case management only was the most common main treatment (38%). Counselling was the most common treatment for the remaining age groups.

Table 3: Closed treatment episodes, main treatment type by sex of client, Victoria and Australia^(a), 2001–02

Main treatment type	Victoria			Australia		
	Males	Females	Persons ^(b)	Males	Females	Persons ^(b)
	(per cent)					
Withdrawal management (detoxification)	21.7	22.1	21.9	19.7	18.2	19.1
Counselling	44.9	50.9	47.2	36.0	44.1	38.9
Rehabilitation	2.2	3.9	2.8	6.4	6.1	6.3
Pharmacotherapy ^(c)	1.6	2.4	1.9	1.0	1.5	1.2
Support & case management only	10.4	12.0	11.0	5.7	6.9	6.1
Information and education only	0.1	—	0.1	11.1	7.6	9.8
Assessment only	18.1	4.9	13.1	16.9	10.5	14.6
Other	1.0	3.6	2.0	3.2	5.1	3.9
Total (percent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	27,745	17,000	44,824	73,657	39,917	113,705

(a) Excludes South Australia.

(b) Includes not stated for Sex.

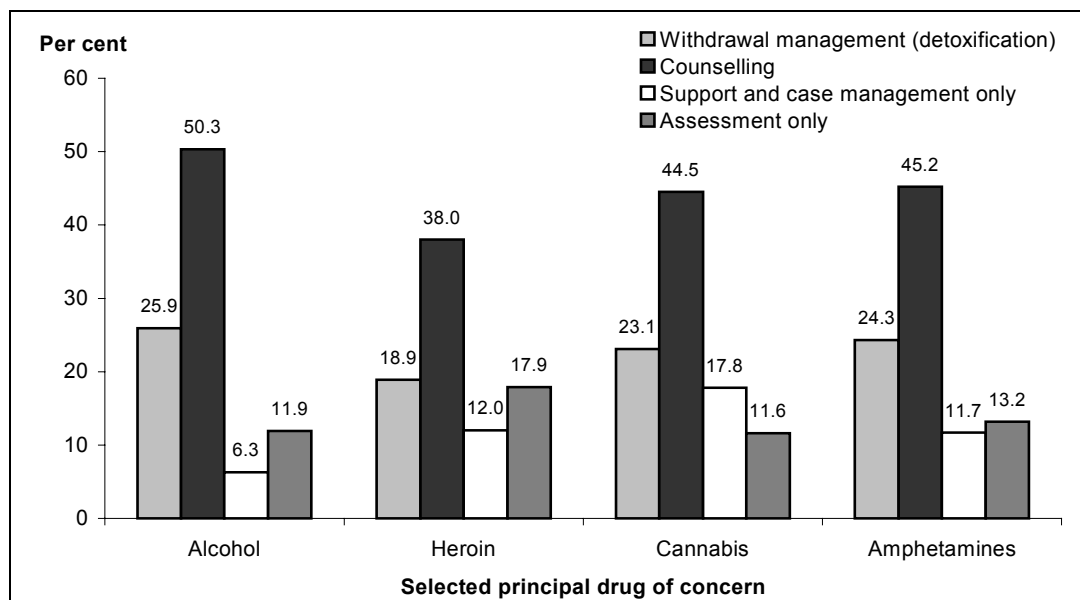
(c) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

Source: AIHW 2003.

- Seventy-one per cent of all treatment episodes in Victoria occurred at a non-residential treatment setting, 16% in a residential setting and a further 9% at an outreach setting such as a mobile van service.
- In Victoria, the median number of days for a closed treatment episode was 29. The highest median number of treatment days occurred at an outreach setting (44 days) and in a non-residential treatment setting (35 days). Nationally, the median number of days for a closed treatment episode was lower (20 days): the highest median number of treatment days occurred in outreach settings (36 days) and in non-residential treatment settings (28 days).

Main treatment and principal drug

- In Victoria, closed treatment episodes where the principal drug was alcohol were more likely to involve counselling as the main treatment (50%) than treatment episodes for clients seeking treatment for heroin use (38%) (Figure 2).
- Where the principal drug was alcohol, treatment episodes were more likely to involve withdrawal management (detoxification) as the main treatment (26%) than those involving heroin (19%).
- Closed treatment episodes where the principal drug was cannabis were more likely to involve support and case management only (18%) as the main treatment than treatment episodes where the principal drug was alcohol (6%).



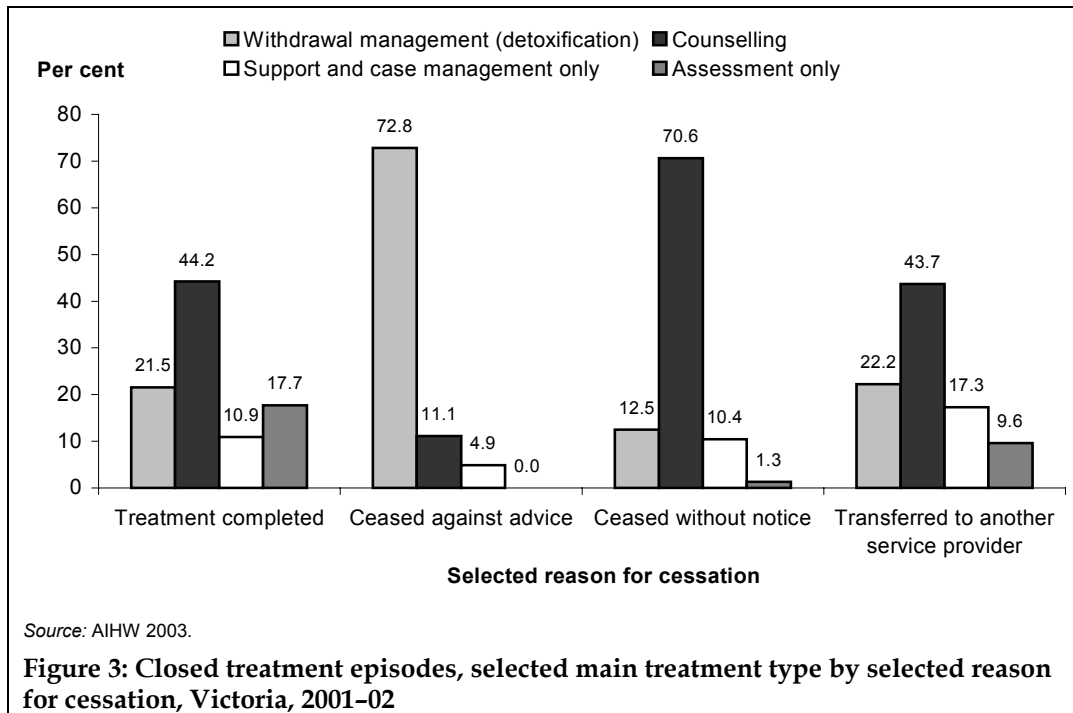
Source: AIHW 2003.

Figure 2: Closed treatment episodes, selected main treatment type by selected principal drug of concern, Victoria, 2001-02

When treatment ceases

- In Victoria, the most common reason for the cessation of a client's treatment was that the treatment had been completed (71%). Other common reasons included the client ceased to participate without notice (11%) or the client transferred to another service provider (4%). Nationally, the treatment being completed was the most common reason for a treatment episode ceasing (54%).
- In Victoria, for closed treatment episodes that ended because the treatment had been completed, 44% were for counselling, 22% for withdrawal management (detoxification) and 11% for support and case management only programs (Figure 3).

- Seventy-three per cent of treatment episodes that ended because the client ceased to participate against the advice of the clinician were for withdrawal management (detoxification), a further 11% were for counselling.
- For treatment episodes that ended where the client ceased to participate without notice to the clinician, 71% were for counselling, 13% for withdrawal management (detoxification) and 10% for support and case management.
- Where clients ceased to participate because they transferred to another service provider, 44% of these episodes occurred during counselling and 10% while undertaking assessment only.



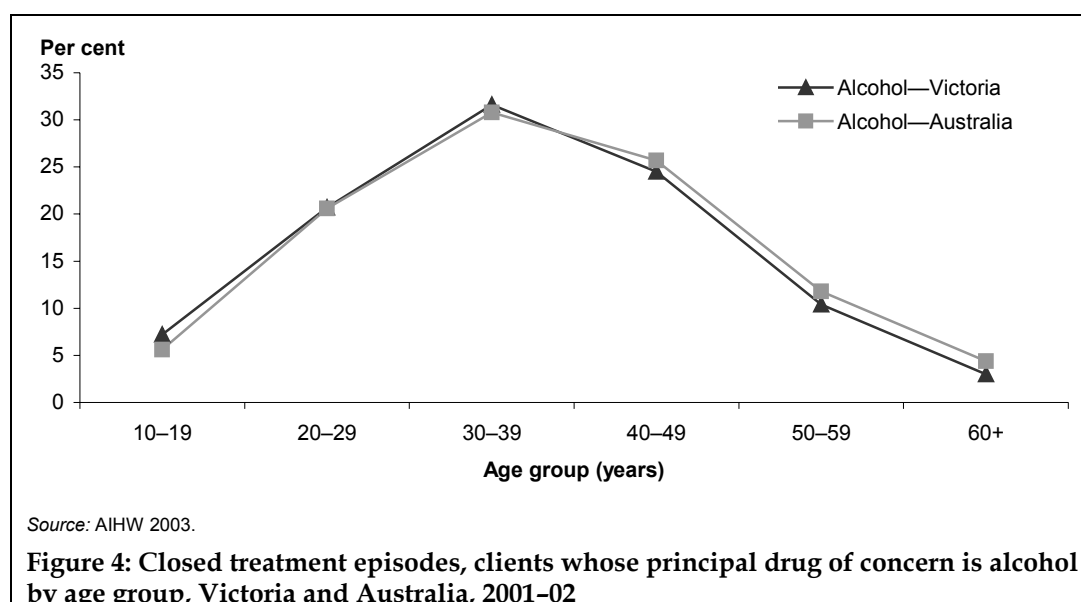
Special theme—Alcohol

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*, in response to which agencies reported this area as being of high interest to the field.

Closed treatment episodes in Victoria for clients who reported alcohol as their principal drug of concern numbered 14,770.

Client profile

- In Victoria, for closed treatment episodes involving a principal drug of alcohol, clients had a similar age profile to those at the national level—13% were aged 50 years and over compared to 16% in this age group nationally (Figure 4).
- Of the treatment episodes in Victoria where clients nominated alcohol as their principal drug of concern, 32% involved clients aged between 30 and 39 years, similar to the national peak (31% for clients aged 30-39 years).
- For treatment episodes in Victoria involving females with a principal drug of alcohol, the highest proportions were in the 30-49 year age group (60%): higher than males in the same age group (54%).



Treatment programs

- In Victoria, for closed treatment episodes involving a principal drug of alcohol, counselling and withdrawal management (detoxification) were the most common treatments completed (47% and 27% respectively) (Table 4).
- Clients who transferred to another service provider were most likely to have received counselling (44% of these closed treatment episodes) or withdrawal management (detoxification) (30%) before they transferred.
- The majority of closed treatment episodes, for those who nominated alcohol as their principal drug of concern, occurred in non-residential treatment facilities (76%).

Table 4: Closed treatment episodes where alcohol is the principal drug of concern, main treatment type by selected reason for cessation, Victoria and Australia^(a), 2001-02^(b)

Main treatment type	Victoria						Australia	
	Treatment completed	Transferred to another service provider	Ceased without notice	Ceased at expiration	Other ^(c)	Total ^(d)	Total ^(d) (per cent)	Total ^(d) (number)
	(per cent)							
Withdrawal management (detoxification)	26.8	29.9	11.0	26.8	32.9	25.9	24.7	9,642
Counselling	46.5	43.5	78.4	62.9	50.2	50.3	39.7	15,525
Rehabilitation	1.8	5.2	1.7	2.1	8.5	2.6	6.3	2,456
Pharmacotherapy	0.1	—	0.5	—	0.2	0.2	0.6	254
Support and case management only	6.0	18.2	5.5	5.2	5.1	6.3	3.6	1,407
Information and education only	—	—	—	—	—	—	6.7	2,620
Assessment only	15.7	3.0	1.3	—	1.2	11.9	14.5	5,650
Other	3.2	0.2	1.6	3.1	2.0	2.8	3.9	1,523
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	—
Total (number)	10,889	561	1,557	97	1,639	14,770	—	39,077

(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 and Died.

(d) Includes not stated for Reason for cessation.

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>. 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>.

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