



Australian Government

**Australian Institute of
Health and Welfare**

Alcohol and other drug treatment services in Australia 2010–11

State and territory findings

DRUG TREATMENT SERIES NO. 19



Australian Government

**Australian Institute of
Health and Welfare**

*Authoritative information and statistics
to promote better health and wellbeing*

DRUG TREATMENT SERIES

Number 19

Alcohol and other drug treatment services in Australia 2010–11

State and territory findings

Australian Institute of Health and Welfare
Canberra

Cat. no. HSE 132

The Australian Institute of Health and Welfare is a major national agency which provides reliable, regular and relevant information and statistics on Australia's health and welfare. The Institute's mission is authoritative information and statistics to promote better health and wellbeing.

© Australian Institute of Health and Welfare 2013



This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 3.0 (CC-BY 3.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build upon this work. However, you must attribute the AIHW as the copyright holder of the work in compliance with our attribution policy available at <www.aihw.gov.au/copyright/>. The full terms and conditions of this licence are available at <<http://creativecommons.org/licenses/by/3.0/au/>>.

Enquiries relating to copyright should be addressed to the Head of the Communications, Media and Marketing Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

This publication is part of the Australian Institute of Health and Welfare's Drug Treatment series. A complete list of the Institute's publications is available from the Institute's website <www.aihw.gov.au>.

ISSN 1447-6746

ISBN 978-1-74249-408-1

Suggested citation

Australian Institute of Health and Welfare 2013. Alcohol and other drug treatment services in Australia 2010–11: state and territory findings. Drug treatment series no. 19. Cat. no. HSE 132. Canberra: AIHW.

Australian Institute of Health and Welfare

Board Chair

Dr Andrew Refshauge

Director

David Kalisch

Any enquiries about or comments on this publication should be directed to:

Communications, Media and Marketing Unit

Australian Institute of Health and Welfare

GPO Box 570

Canberra ACT 2601

Tel: (02) 6244 1032

Email: info@aihw.gov.au

Published by the Australian Institute of Health and Welfare

Please note that there is the potential for minor revisions of data in this report. Please check the online version at <www.aihw.gov.au> for any amendments.

Contents

Acknowledgments.....	v
Abbreviations.....	vi
Summary	vii
1 Introduction.....	1
1.1 Data on treatment episodes provided by alcohol and other treatment services.....	1
1.2 Data limitations	2
1.3 Data quality and coverage	2
2 New South Wales	3
2.1 Key findings.....	3
2.2 Treatment agencies	3
2.3 Clients	3
2.4 Drugs of concern	4
2.5 Treatment	8
3 Victoria	13
3.1 Key findings.....	13
3.2 Treatment agencies	13
3.3 Clients	13
3.4 Drugs of concern	14
3.5 Treatment	19
4 Queensland.....	23
4.1 Key findings.....	23
4.2 Treatment agencies	23
4.3 Clients	23
4.4 Drugs of concern	24
4.5 Treatment	29
5 Western Australia.....	33
5.1 Key findings.....	33
5.2 Treatment agencies	33
5.3 Clients	33
5.4 Drugs of concern	34
5.5 Treatment	38
6 South Australia.....	43

6.1	Key findings.....	43
6.2	Treatment agencies	43
6.3	Clients	43
6.4	Drugs of concern	44
6.5	Treatment	48
7	Tasmania.....	53
7.1	Key findings.....	53
7.2	Treatment agencies	53
7.3	Clients	53
7.4	Drugs of concern	54
7.5	Treatment	58
8	Australian Capital Territory.....	62
8.1	Key findings.....	62
8.2	Treatment agencies	62
8.3	Clients	62
8.4	Drugs of concern	63
8.5	Treatment	67
9	Northern Territory	72
9.1	Key findings.....	72
9.2	Treatment agencies	72
9.3	Clients	72
9.4	Drugs of concern	73
9.5	Treatment	77
	Glossary.....	82
	References	84
	List of tables	85
	List of figures	86
	Related publications.....	87

Acknowledgments

The authors of this report were Rachel Aalders and Kristina Da Silva. Karen Webber and Alex Grove assisted with data analysis and Justin Harvey and Brent Diverty provided essential advice and guidance. The contributions, comments and advice from the Alcohol and Other Drug Treatment Services National Minimum Data Set Working Group are gratefully acknowledged.

The Australian Government Department of Health and Ageing provided funding for this report.

Thanks are extended to data managers and staff in the following departments:

Department of Health and Ageing, Australian Government.

Ministry of Health, New South Wales

Department of Health, Victoria

Department of Health, Queensland

Department of Health, Western Australia

Department of Health, South Australia

Department of Health and Human Services, Tasmania

Health Directorate, Australian Capital Territory

Department of Health, Northern Territory.

Abbreviations

AIHW	Australian Institute of Health and Welfare
AODTS-NMDS	Alcohol and Other Drug Treatment Services–National Minimum Data Set
NMDS	National Minimum Data Set
OATSIH	Office for Aboriginal and Torres Strait Islander Health

Symbols

–	nil or rounded to zero
..	not applicable
n.a.	not available
n.p.	not publishable because of small numbers, confidentiality or other concerns about the quality of the data

Summary

Publicly funded alcohol and other drug treatment services are available to people seeking treatment for their own drug use and people seeking assistance for someone else's drug use. Three-quarters (76%) of these services are in New South Wales, Victoria and Queensland. This report provides additional information at the state and territory level – for key national findings, see AIHW 2012.

Most episodes were provided to clients receiving treatment for own drug use

Nearly all of the treatment episodes closed in 2010–11 were for clients receiving treatment for their own drug use. Among states and territories, this ranged from 90% in the Northern Territory to 98% in New South Wales and the Australian Capital Territory. The client was male in most of these episodes: this ranged from 65% of episodes in Victoria to 75% in Tasmania. In contrast, it was more common for the client to be female in the small number of episodes where the client was receiving assistance for someone else's drug use, and this ranged from 56% of these episodes in the Northern Territory to 87% in Tasmania.

Alcohol was the most common principal drug of concern in most states and territories

For episodes where the client was receiving treatment for their own drug use, alcohol was the most common principal drug of concern in all states and territories, except Tasmania where alcohol and cannabis were equally common. The proportion of episodes in 2010–11 where alcohol was the principal drug of concern ranged from 38% in Queensland to 64% in the Northern Territory.

In most episodes where alcohol was the principal drug of concern, the client was male: this ranged from 67% of episodes in Victoria to 72% in the Northern Territory. The median age of clients in these episodes ranged from 33 in Queensland and Western Australia to 40 in New South Wales. Self-referral was a common method of referral, ranging from 23% of episodes in South Australia to 69% in Tasmania.

Counselling was the most common type of main treatment in most states and territories

Counselling was the most common type of main treatment in New South Wales, Victoria, Western Australia, South Australia and Tasmania. It was the second most common main treatment in the remaining state and territories. Information and education only was the most common type of treatment in Queensland and assessment only was the most common type in the Australian Capital Territory and the Northern Territory. Counselling can be provided to both clients receiving treatment for their own drug use and clients receiving assistance for someone else's drug use. The use of counselling as the main type of treatment ranged from 17% of episodes in the Australian Capital Territory to 66% in Tasmania. The median length of episodes where counselling was the main treatment ranged from 6 weeks in Queensland to 12 weeks in South Australia.

1 Introduction

Publicly funded alcohol and other drug treatment services in Australia provide services to people seeking treatment for their own drug use and people seeking assistance for someone else's drug use.

Main findings on alcohol and other drug treatment services in 2010–11, including information on clients, principal drugs of concern and treatment types, are available from *Alcohol and other drug treatment services in Australia 2010–11: report on the National Minimum Data Set* (AIHW 2012). This supplementary report presents key state and territory findings on the treatment episodes closed in 2010–11.

1.1 Data on treatment episodes provided by alcohol and other treatment services

This report contains data from the Australian Institute of Health and Welfare's (AIHW) 2010–11 Alcohol and Other Drug Treatment Services–National Minimum Data Set (AODTS–NMDS). This data set contains information on closed treatment episodes that were provided by a publicly funded agency. A number of agencies and clients are excluded from this data set:

Excluded agencies

- Agencies whose sole activity is to prescribe or dose for opioid pharmacotherapy treatment.
- Agencies whose main function is to provide health promotion services, such as needle and syringe exchange programs.
- Agencies based in correctional institutions.
- Agencies that do not receive public funding.
- Agencies that are solely funded by the Australian Government Office for Aboriginal or Torres Strait Islander Health (OATSIH).
- Agencies whose main function is to provide accommodation.

Excluded clients

- Clients who are on an opioid pharmacotherapy program and are not receiving any other form of treatment. These clients are included in the AIHW's National Opioid Pharmacotherapy Statistics Annual Data collection.
- Clients aged under 10.
- Admitted patients in acute care or psychiatric hospitals.
- People who seek advice or information but who are not formally assessed or provided with treatment.

1.2 Data limitations

There are a number of limitations to the data from the AODTS-NMDS and these are outlined below.

Clients are not counted

The AODTS-NMDS contains information on closed treatment episodes. As people may complete more than one treatment episode in a collection period, the number of treatment episodes does not equal the number of distinct clients.

It will be possible to count the number of distinct clients in future years.

Coverage of treatment episodes provided to Indigenous Australians is limited

Alcohol and other drug treatment agencies that receiving funding from the OATSIH are not included in the AODTS-NMDS. Therefore, data on Indigenous clients in this report relate only to Indigenous Australians who received treatment from agencies that are not funded by OATSIH.

Funding source cannot be identified

Agencies can be funded under a state, territory or Australian Government program. In this report, agencies are identified by the state or territory in which they operate.

1.3 Data quality and coverage

In 2010–11, data were provided for 86% of the agencies that were in scope for the AODTS-NMDS. Overall, the coverage is good for the data that are included in the AODTS-NMDS, although the proportion of ‘not stated’ for method of drug use and injecting drug use is relatively high. See *Alcohol and other drug treatment services in Australia 2010–11: report on the National Minimum Data Set* (AIHW 2012) for more information on data quality and coverage, including the data quality statement for the AODTS-NMDS.

2 New South Wales

2.1 Key findings

In New South Wales, 262 publicly funded government and other drug treatment agencies provided 36,040 treatment episodes that were completed in 2010–11. Almost all (98%) episodes were provided to clients who received treatment for their own drug use, and in just over two-thirds (68%) of these the client was male. The remaining episodes were provided to people who received assistance for someone else's drug use, and in just over two-thirds (68%) of these the client was female. People receiving treatment for their own drug use tended to be younger (median age of 36) than those receiving assistance for someone else's drug use (median age of 46).

Alcohol was the most common principal drug of concern for clients receiving treatment for their own drug use, accounting for half (51%) of episodes closed in 2010–11. The next most common principal drugs of concern were cannabis (20%), heroin (9%) and amphetamines (8%).

Counselling was the most common main treatment type provided to clients receiving treatment for their own drug use (31% of closed episodes), followed by withdrawal management (21%), assessment only and 'other' treatment, which includes outpatient consultation (excluding withdrawal management) and outreach to hospital inpatients (both 15%). Counselling was also the most common type of main treatment for clients receiving treatment for someone else's drug use (78%), followed by assessment only (13%).

2.2 Treatment agencies

Of the 666 publicly funded alcohol and other drug treatment agencies in Australia that supplied data for 2010–11, 39% (262) were in New South Wales. Three-quarters (75%) of these were government agencies and the rest were non-government.

Treatment agencies in New South Wales were mostly in *Major cities* (50%), followed by *Inner regional* (37%) and *Outer regional* areas (13%).

2.3 Clients

Nearly all (98%) of the 36,040 episodes closed in 2010–11 in New South Wales were for clients receiving treatment for their own drug use. The rest were for clients receiving assistance for someone else's drug use.

Similar to the national findings, in two-thirds (67%) of episodes the client was male. For episodes where the client was receiving treatment for their own drug use, just over two-thirds (68%) were for male clients. However, where the episode was for a client receiving assistance for someone else's drug use, just over two-thirds (68%) were for female clients.

Clients receiving treatment for their own drug or alcohol use tended to be younger (median age of 36) than clients receiving assistance for someone else's drug or alcohol use (median age of 46). Overall, one-quarter of episodes closed in 2010–11 were for clients aged 20–29, while 29% were for clients aged 30–39.

The proportion of closed episodes for Indigenous clients in New South Wales was similar to the national average (12% and 13%, respectively). These numbers need to be interpreted with caution because the majority of services funded by the Australian Government for Aboriginal and Torres Strait Islander substance use are not included in the AODTS-NMDS. Indigenous status was not stated for 2% of closed episodes in New South Wales.

Nearly all (99%) episodes closed in 2010–11 in New South Wales were for clients whose preferred language was English, and most (89%) were for clients born in Australia.

2.4 Drugs of concern

Of the 35,365 closed episodes where clients were seeking treatment for their own alcohol or other drug use in New South Wales, alcohol was the principal drug of concern for half (51%), while cannabis was the principal drug of concern for one-fifth (20%) (Table 2.1). Note that drugs of concern are not recorded for clients seeking assistance for someone else's drug use. Heroin and amphetamines each accounted for 9% of episodes.

Cannabis was the principal drug of concern for more than half (53%) of closed episodes for clients aged 10–19, while for those aged 20 and older alcohol was the most common principal drug. The likelihood of alcohol being the principal drug increased with each age group, rising from 36% of episodes for those aged 20–29 to 85% of episodes for those aged 60 and older.

Table 2.1: Principal drug of concern for closed episodes where the client was seeking treatment for their own drug use, New South Wales 2002–03 to 2010–11 (per cent)

Principal drug	New South Wales									Australia
	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2010–11
Alcohol	42.1	41.2	41.5	43.0	45.0	49.3	51.0	53.9	50.6	47.3
Amphetamines	10.9	10.9	11.3	11.2	13.3	10.8	8.5	6.8	8.3	8.7
Benzodiazepines	2.4	2.5	2.1	2.2	2.0	2.0	2.0	2.1	2.2	1.7
Cannabis	15.4	16.1	17.4	20.2	19	17.1	18.4	18.4	19.6	22.1
Cocaine	0.5	0.4	0.6	0.6	0.7	0.6	0.8	0.9	0.7	0.3
Ecstasy	0.3	0.3	0.3	0.3	0.4	0.4	0.4	0.4	0.2	0.5
Nicotine	1.2	1.3	1.3	1.2	0.7	1.1	1.1	1.1	1.4	1.3
Opioids										
Heroin	21.4	21.4	20.1	15.6	13.0	12.0	10.8	9.6	8.9	9.3
Methadone	2.5	2.5	2.4	2.2	2	2.5	2.4	2.0	2.1	1.4
Morphine	0.3	0.5	0.7	0.8	1.1	1.0	0.9	1.1	1.2	1.2
<i>Total opioids</i>	<i>25.4</i>	<i>25.5</i>	<i>24.5</i>	<i>20.2</i>	<i>17.8</i>	<i>17.7</i>	<i>16.5</i>	<i>19.7</i>	<i>15.1</i>	<i>13.8</i>
All other drugs	0.5	0.4	1.1	1.0	1.1	1.1	1.3	0.3	1.9	4.2
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Total (number)	40,002	41,426	41,789	42,589	36,967	41,277	34,250	34,469	35,365	144,002

Notes

1. The total number of closed treatment episodes for New South Wales in 2008–09 may be an undercount due to data collection issues.
2. Total opioids includes other opioids.

In addition to the principal drug of concern, clients receiving treatment for their own drug use can report up to five other drugs of concern. Just under half (48%) of closed episodes for clients seeking treatment for their own drug use involved at least one additional drug of concern. As with the principal drug of concern, alcohol (61%) and cannabis (37%) were the most common drugs of concern (either principal or other) (Figure 2.1). Nicotine (19% of episodes) and amphetamines (17%) were also common drugs of concern, although nicotine was the principal drug of concern in only 1% of episodes.

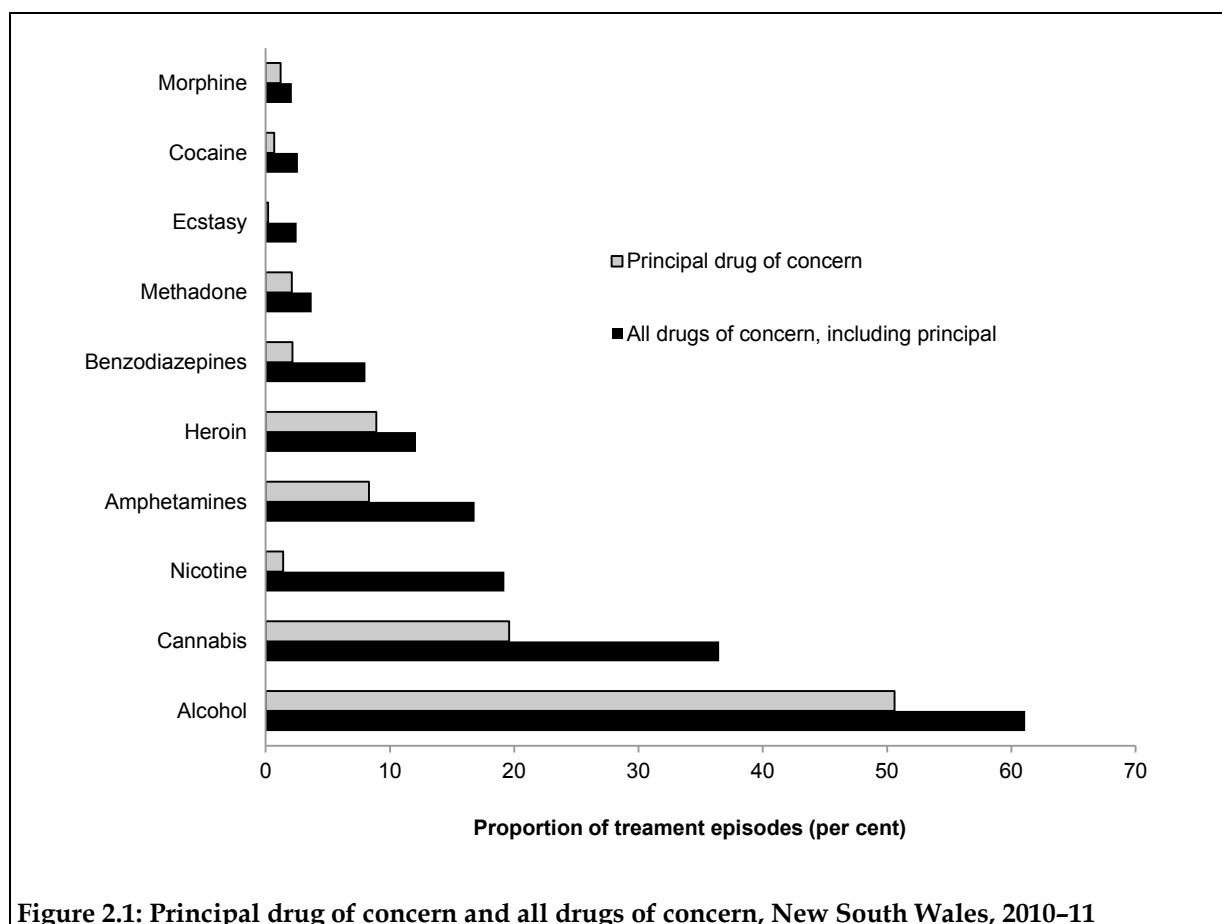


Figure 2.1: Principal drug of concern and all drugs of concern, New South Wales, 2010–11

Alcohol

Alcohol was the most common principal drug of concern, accounting for half (51%, or 17,904) of episodes closed in 2010–11 in New South Wales where the client was receiving treatment for their own drug use. This was higher than the national proportion of 47%. Alcohol was also the most common drug of concern when additional drugs of concern were considered, with 61% of closed episodes having it as one of the drugs of concern.

Clients

- More than two-thirds (70%) of closed episodes where the principal drug was alcohol involved male clients.
- The median age of clients in these treatment episodes was 40 (males 40, females 41).
- One in 9 (11%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 2% of closed episodes).

- Self-referral was the most common source of referral (40% of closed episodes), followed by referrals from a medical practitioner (14%) and other alcohol and drug treatment services (10%).

Drugs

- Four in 10 (42%) closed episodes where the principal drug was alcohol also had at least one other drug of concern.
- Seven in 10 (70%) closed episodes were for clients who reported never having injected drugs (injecting history was not reported for 11% of episodes).

Treatment

- Counselling was the most common main treatment provided for closed episodes where the principal drug was alcohol (32%), followed by withdrawal management (24%) and other treatment (19%).
- Treatment was most likely to occur in a non-residential treatment facility (57%), followed by a residential treatment facility (40%).
- The median length of closed episodes was 8 days.

Cannabis

Cannabis was the second most common principal drug of concern in 2010–11 – it was the principal drug of concern for one-fifth (20%, or 6,933) of closed episodes where the client was seeking treatment for their own drug use. This was similar to the national average (22%). Cannabis was also the second most common drug of concern when additional drugs of concern were considered, with 37% of closed episodes having it as one of the drugs of concern (either principal or other).

Clients

- Seven in 10 (71%) closed episodes where the principal drug was cannabis were for male clients.
- The median age of clients in these treatment episodes was 28 (males 27, females 28).
- Fifteen per cent of episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 2% of closed episodes).
- Self-referral was the most common source of referral (35% of episodes), followed by referrals from court diversion programs (17%) and other alcohol and drug treatment services (10%).

Drugs

- Almost three-fifths (56%) of closed episodes where cannabis was the principal drug also had at least one other drug of concern.
- Smoking cannabis was the most common method of use (98%).
- Almost two-thirds (66%) of closed episodes were for clients who reported never having injected drugs (injecting history was not reported for 21% of closed episodes).

Treatment

- Counselling was the most common treatment provided where cannabis was the principal drug (36% of closed episodes), followed by assessment only (17%) and support and case management only (16%).
- Treatment was most likely to occur in a non-residential treatment facility (77% of episodes), followed by a residential treatment setting (21%).
- The median length of closed episodes was 26 days.

Heroin

Heroin was the third most common principal drug of concern, accounting for 9% (3,157) of episodes closed in New South Wales in 2010–11 where the client was receiving treatment for their own drug use. One in 8 (12%) of closed episodes had heroin as either a principal or other drug of concern.

Clients

- Just over two-thirds (68%) of closed episodes where heroin was the principal drug involved male clients.
- The median age of clients in these treatment episodes was 33 (males 34, females 31).
- One in 8 (12%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 3% of closed episodes).
- Self-referral was the most common source of referral (49%), followed by court diversion (14%) and other alcohol and drug treatment services (11%).

Drugs

- Injection was the most common method of use for clients whose principal drug was heroin (89% of closed episodes) followed by smoking (8%) (method of use was not reported for 2% of episodes).
- Two-thirds (64%) of closed episodes included at least one other drug of concern.
- In 7 out of every 10 (71%) episodes, the client reported that they currently injected drugs, while for 18% of episodes the client reported that they had injected drugs in the past (injecting status was not reported for 5% of episodes).

Treatment

- Withdrawal management was the most common treatment type provided in episodes where heroin was the principal drug (28% of closed episodes), followed by support and case management only (22%) and counselling (18%).
- Treatment mostly occurred in a non-residential treatment facility (61% of episodes), followed by a residential treatment facility (38%).
- The median length of closed episodes was 13 days.

2.5 Treatment

For all 36,040 episodes closed in New South Wales in 2010–11, counselling was the most common main treatment (31%), followed by withdrawal management (21%), assessment only (15%) and other treatment (15%) (Table 2.2). New South Wales provided proportionally

more episodes with withdrawal management, rehabilitation, other treatment and assessment only as the main treatment in 2010–11 than the national average.

The proportion of treatment episodes involving each treatment type in New South Wales remained relatively stable from 2002–03 to 2010–11, although there was an increase in support and case management from 6% to 10% and in ‘other’ treatment types from 4% to 15%.

Table 2.2: Main treatment type for all closed episodes, New South Wales 2002–03 to 2010–11 (per cent)

Main treatment type	New South Wales									Australia
	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2010–11
Withdrawal management	21.0	22.6	23.3	22.2	20.9	21.0	19.7	20.4	19.8	15.8
Counselling	48.6	37.9	28.9	34.3	32.5	32.0	29.1	30.0	34.1	41.2
Rehabilitation	3.7	9.0	10.0	10.4	10.2	9.7	8.8	7.2	6.3	5.2
Support and case management only	11.2	6.0	8.3	8.4	9.8	9.7	8.4	9.7	9.9	9.1
Information and education only	0.3	2.8	2.0	2.3	1.6	1.6	1.2	1.3	1.2	7.7
Assessment only	10.6	17.3	22.3	16.0	20.6	19.0	16.2	16.3	15.5	13.6
Other	4.6	4.4	5.1	6.4	4.4	7.0	16.5	15.2	13.2	7.4
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	45,306	41,166	42,529	43,079	43,798	37,945	42,078	34,893	35,202	150,488

Notes

1. Due to data collection system issues, New South Wales was unable to submit data for one Area Health Service in 2008–09.
2. Outreach to hospital in-patients was included in the 'other' category from 2007–08

Counselling

Counselling can be provided both to clients receiving treatment for their own drug use and to clients receiving assistance for someone else's drug use. It was the most common treatment type in New South Wales, accounting for almost one-third (31%, or 11,303) of treatment episodes closed in 2010–11, which is 10 percentage points lower than the national average (41%).

Clients

- Almost all (95%) episodes where counselling was the main treatment were for clients receiving treatment for their own drug use.
- Two-thirds (66%) of episodes involved male clients.
- The median age of clients was 34 (males 33, females 35).
- One in 9 (11%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 2% of closed episodes).
- Self-referral was the most common source of referral (49% of episodes), followed by correctional services (10%) and other alcohol and drug treatment services, and 'other' services (both 8%).

Treatment

- Nearly all (95%) episodes where counselling was the main treatment occurred in a non-residential treatment facility.
- One in 2 (52%) episodes ended because the treatment was completed. The next most common end reason was the client ceasing to participate without notifying the service provider (29%). Another 6% of episodes ended because the client transferred to another service provider.
- The median length of closed episodes was 64 days.

Principal drug

For the 10,777 episodes where clients received counselling for their own drug use, alcohol was the most common principal drug of concern (53% of episodes), followed by cannabis (23%) and amphetamines (8%).

Withdrawal management

Withdrawal management is not available to clients receiving assistance for someone else's drug use. It was the second most common treatment in New South Wales in 2010–11, accounting for 21%, or 7,425, of closed treatment episodes (higher than the national proportion of 16%).

Clients

- This treatment type is only available to clients receiving treatment for their own drug use.
- Seven in 10 (70%) closed episodes where withdrawal management was the main treatment type were for male clients.
- The median age of clients was 35 (males 35, females 36).

- One in 10 (10%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 3% of episodes).
- Self-referral was the most common source of referral (63%), followed by referrals from other alcohol and drug treatment services (14%) and medical practitioners (8%).

Treatment

- Withdrawal management was most likely to take place in a residential treatment facility (79% of episodes), followed by a non-residential treatment facility (21%).
- Two in 3 (66%) episodes ended because the treatment was completed. A further 14% of episodes ended because the client ceased to participate against advice, while the client transferring to another service provider and the client ceasing to participate without notice each accounted for 7% of episodes.
- The median length of completed episodes was 7 days.

Principal drug

For these episodes where withdrawal management was the main treatment provided, alcohol was the most common principal drug of concern (57%), followed by cannabis (14%) and heroin (12%).

Other treatment

Other treatment only was the third most common type of main treatment provided in New South Wales in 2010–11, accounting for 15%, or 5,512, of closed episodes.

Client

- All episodes where other treatment was provided were for clients seeking treatment for their own drug use.
- Almost two-thirds of episodes (64%) involved male clients.
- The median age of clients in these treatment episodes was 42 (males 42, females 41).
- Seven per cent of episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 3% of episodes).
- Referral by a medical practitioner was the most common source of referral (44%), followed by referrals from hospitals (28%) and 'other' types of referrals (8%).

Treatment

- These episodes mostly occurred in a residential treatment setting (79% of episodes) or a non-residential treatment facility (19%).
- Nearly 4 in 5 (78%) episodes ended because the treatment was completed. The next most common reason for treatment ending was that the client transferred to another service provider (13%).
- The median length of closed episodes was 2 days.

Principal drug

For the 5,511 episodes where clients received other treatment for their own drug use, alcohol was the most common principal drug of concern (61%), followed by cannabis (11%) and heroin (6%).

3 Victoria

3.1 Key findings

In Victoria, 136 publicly funded alcohol and other drug treatment agencies provided 52,885 treatment episodes that were completed in 2010–11. Most (94%) episodes were provided to clients who received treatment for their own drug use, and in almost two-thirds (65%) of these the client was male. The remaining episodes were provided to people who received assistance for someone else's drug use, and in three-fifths (60%) of these the client was female. People receiving treatment for their own drug use tended to be younger (median age of 32) than those receiving assistance for someone else's drug use (median age of 39).

Alcohol was the most common principal drug of concern for clients receiving treatment for their own drug use, accounting for just under half (47%) of episodes closed in 2010–11. The next most common principal drugs were cannabis (23% of episodes), opioids (15%, with heroin alone accounting for 13%) and amphetamines (7%).

Counselling was the most common main treatment type provided to clients receiving treatment for their own drug use (49% of closed episodes), followed by withdrawal management (20%) and support and case management only (13%). Counselling was also the most common type of main treatment for clients receiving treatment for someone else's drug use (80% of closed episodes), followed by support and case management only (18%).

3.2 Treatment agencies

Of the 666 publicly funded alcohol and other drug treatment agencies in Australia that supplied data for 2010–11, 20% (136) were in Victoria. All of these were non-government agencies.

Treatment agencies in Victoria were mostly in *Major cities* (65%), followed by *Inner regional* (29%) and *Outer regional* areas (7%).

3.3 Clients

Nearly all (94%) of the 52,885 episodes closed in 2010–11 in Victoria were for clients receiving treatment for their own drug use. The rest were for clients receiving assistance for someone else's drug use.

Similar to the national findings, in almost two-thirds (64%) of episodes the client was male. For episodes where the client was receiving treatment for their own drug use, almost two-thirds (65%) were for male clients. However, where the episode was for a client receiving assistance for someone else's drug use, the majority (60%) were for female clients.

Clients receiving treatment for their own drug or alcohol use tended to be younger (median age of 32) than clients receiving assistance for someone else's drug or alcohol use (median age of 39). Overall, almost 3 in 10 (29%) episodes closed in 2010–11 were for clients aged 20–29, while 27% were for clients aged 30–39.

The proportion of closed episodes for Indigenous clients was lower in Victoria than the national average (6% and 13%, respectively). These numbers need to be interpreted with caution because the majority of services funded by the Australian Government for

Aboriginal and Torres Strait Islander substance use are not included in the AODTS–NMDS. Indigenous status was not stated for 9% of closed episodes in Victoria.

Nearly all (94%) episodes closed in 2010–11 in Victoria were for clients whose preferred language was English, and most (86%) treatment episodes were for clients born in Australia.

3.4 Drugs of concern

Of the 49,974 closed episodes where clients were seeking treatment for their own alcohol or other drug use in Victoria, alcohol was the principal drug of concern for nearly half (47%) of these episodes, while cannabis was the principal drug of concern for almost one-quarter (23%) (Table 3.1). Note that drugs of concern are not recorded for clients seeking assistance for someone else's drug use. The third most common principal drug of concern was heroin with 13% of closed episodes – higher than the national average of 9% of closed episodes.

For clients aged 10–19, cannabis was the most common principal drug of concern (49% of closed episodes). For clients aged 20–29, alcohol was the most common principal drug (36%), followed by cannabis (30%) and heroin (14%). For clients aged 30 and over, alcohol was the principal drug of concern for the majority of episodes (55%) – and was highest for clients aged 60 and over (83%).

Over the 9 years from 2002–03, the proportion of closed episodes where alcohol was a principal drug of concern increased by 10 percentage points from 37%, while heroin as the principal drug decreased by 12 percentage points from 25%. There was little change in the proportion of closed episodes with cannabis as the principal drug of concern (Table 3.1).

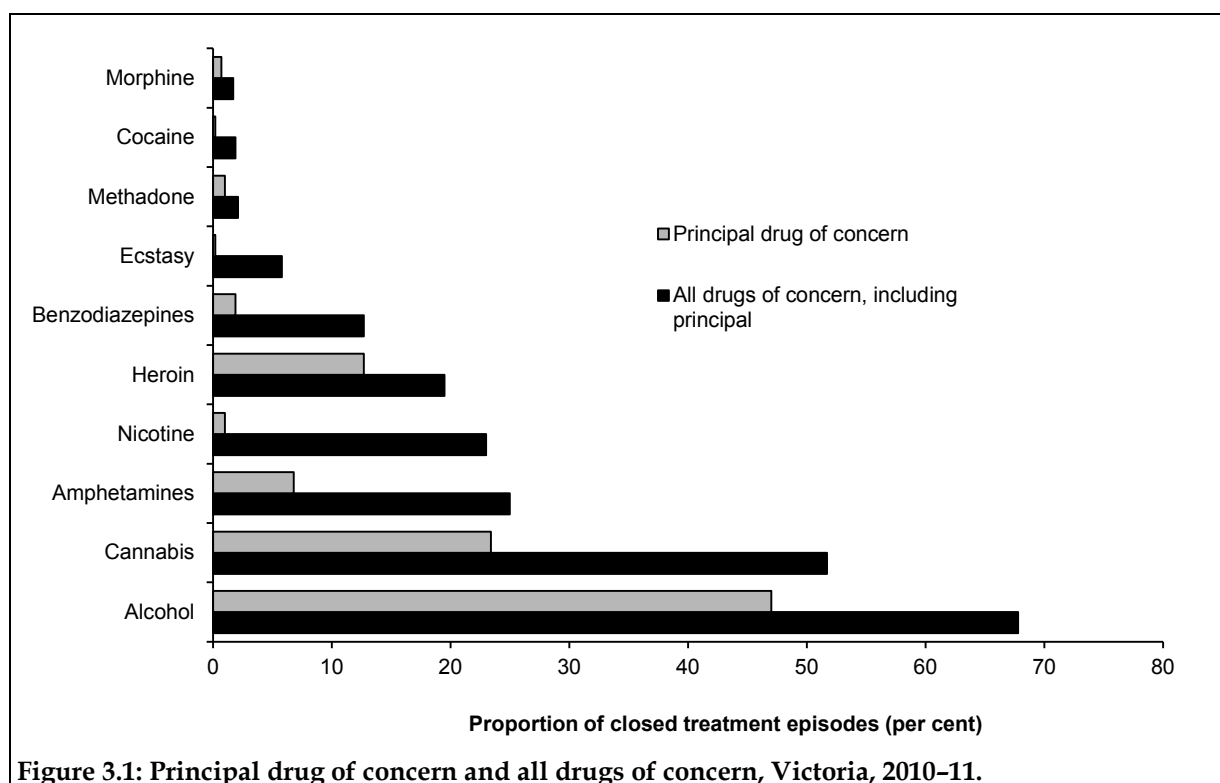
Table 3.1: Principal drug of concern for closed episodes where the client was seeking treatment for their own drug use, Victoria 2002–03 to 2010–11 (per cent)

Principal drug	Victoria									Australia
	2002–03	2003–04	2004–05 ^(a)	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2010–11
Alcohol	36.6	37.1	36.8	38.1	42.4	44.2	43.8	46.2	47.0	47.3
Amphetamines	6.1	6.5	6.1	6.3	7.5	7.5	6.6	5.4	6.8	8.7
Benzodiazepines	2.5	2.4	2.4	2.2	2.1	2.0	1.8	1.9	1.9	1.7
Cannabis	21.6	22.3	23.3	24.8	23.9	22.2	23.6	23.4	23.4	22.1
Cocaine	0.1	0.1	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.3
Ecstasy	0.4	0.4	0.4	0.7	0.7	0.8	0.8	0.6	0.2	0.5
Nicotine	0.7	0.8	0.6	0.6	0.8	0.6	0.8	1.2	1.0	1.3
Opioids										
Heroin	24.9	23.3	22.4	18.3	13.9	14.6	14.9	14.4	12.7	9.3
Methadone	1.4	1.2	1.5	1.5	1.4	1.0	1.1	1.1	1.0	1.4
Morphine	0.5	—	—	—	—	—	1.1	0.9	0.7	1.2
<i>Total opioids</i>	<i>27.2</i>	<i>24.5</i>	<i>24.2</i>	<i>20.5</i>	<i>16.2</i>	<i>16.5</i>	<i>19.1</i>	<i>19.1</i>	<i>16.1</i>	<i>13.8</i>
All other drugs	4.8	5.8	5.9	6.5	6.3	6.0	3.2	2.8	2.2	4.2
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Total (number)	43,048	45,030	44,150	46,759	45,769	45,104	44,691	49,156	49,974	144,002

Notes

1. The total number of closed treatment episodes for Victoria in 2004–05 may be an undercount due to a change in reporting practices introduced in that year.
2. Total opioids includes other opioids.

In addition to the principal drug of concern, clients receiving treatment for their own drug use can report up to five other drugs of concern. Almost two-thirds (63%) of closed episodes for clients seeking treatment for their own drug use involved at least one additional drug of concern. As with the principal drug of concern, alcohol (68%) and cannabis (52%) were the most common drugs of concern (either principal or other) (Figure 3.1). Amphetamines (25%) and nicotine (23%) were also common drugs of concern, while amphetamines was the principal drug of concern in only 7% of closed episodes and nicotine in just 1%.



Alcohol

Alcohol was the most common principal drug of concern, accounting for 47%, or 23,491, of episodes closed in 2010-11 in Victoria where the client was receiving treatment for their own drug use. This was the same as the national finding (47%) for 2010-11. Alcohol was also the most common drug of concern when additional drugs of concern were considered, with 68% of closed episodes having it as a drug of concern (either principal or other).

Clients

- About two-thirds (67%) of closed episodes where the principal drug was alcohol involved male clients.
- The median age of clients in these treatment episodes was 37 (males 35, females 39).
- Seven per cent of episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 9% of closed episodes).
- Self-referral was the most common source of referral (40% of closed episodes), followed by referrals from court diversion (14%).

Drugs

- More than half (55%) of the closed episodes where the principal drug was alcohol also had at least one other drug of concern.
- Three in 5 (61%) closed episodes were for clients who reported never having injected drugs (injecting history was not reported for 19% of episodes).

Treatment

- Counselling was the most common treatment provided for closed episodes where the principal drug was alcohol (52%), followed by detoxification (22%), assessment only, and support and case management (both 11% of episodes).
- Treatment was most likely to occur in a non-residential treatment facility (65%), followed by a residential treatment facility (14%).
- The median length of closed episodes was 38 days.

Cannabis

Cannabis was the second most common principal drug of concern for 2010–11 – it was the principal drug of concern for almost one-quarter (23%, or 11,681) of closed episodes where the client was seeking treatment for their own drug use. This was similar to the national average (22%). Cannabis was also the second most common drug of concern when additional drugs of concern were considered, with 52% of closed episodes having it as a drug of concern (either principal or other).

There were 11,681 closed episodes where cannabis was the principal drug of concern.

Clients

- About two-thirds (65%) of closed episodes where the principal drug was cannabis involved male clients.
- The median age of clients in these treatment episodes was 24 – this was the same for both males and females.
- Eight per cent of episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 10% of closed episodes).
- Self-referral was the most common source of referral (34%) followed by court diversion (13%) and referrals from other alcohol and other drug treatment services (also 13%).

Drugs

- Almost three-quarters (72%) of closed episodes where cannabis was the principal drug also had at least one other drug of concern.
- Smoking cannabis was the most common method of use (73%), followed by inhaling (15%).
- More than half (53%) of closed episodes were for clients who reported never having injected drugs (injecting history was not reported for 21% of closed episodes).

Treatment

- Counselling was the most common treatment provided where cannabis was the principal drug (45% of closed episodes), followed by withdrawal management (21%) and support and case management only (19%).
- Treatment was most likely to occur in a non-residential treatment facility (57%), followed by an outreach setting (17%).
- The median length of closed episodes was 36 days.

Heroin

Heroin was the third most common principal drug of concern, accounting for 13% (6,371) of episodes closed in Victoria in 2010–11 where the client was receiving treatment for their own drug use. This was higher than the national average of 9%. In almost one-fifth (19%) of closed episodes, heroin was either a principal or other drug of concern.

Clients

- Almost two-thirds (64%) of closed episodes where heroin was the principal drug of concern involved male clients.
- The median age of clients in these treatment episodes was 32 (males 33, females 30).
- Five per cent of episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 7% of closed episodes).
- Self-referral was the most common source of referral (33%), followed by court diversion (21%) and referrals from correctional services (17%).

Drugs

- Injection was the most common method of use for clients whose principal drug was heroin (82% of closed episodes) followed by smoking (5%) (method of use was not reported for 10% of episodes).
- Almost three-quarters (72%) of closed episodes included at least one other drug of concern.
- In half (51%) of the closed episodes, clients reported that they currently injected drugs, while for 38% of clients reported they had injected drugs in the past (injecting drug status was not reported for 6% of closed episodes).

Treatment

- Counselling was the most common treatment type provided in episodes where heroin was the principal drug of concern (47% of closed episodes), followed by detoxification and assessment only (both 15%).
- Treatment was most likely to occur in a non-residential treatment facility (58%), followed by a residential treatment facility (19%).
- The median length of closed episodes was 46 days.

3.5 Treatment

Victoria only records the primary treatment delivered and information on secondary treatments is not available. As such, Victoria is not directly comparable with other jurisdictions because every treatment type provided is reported as a separate episode.

For all 52,885 episodes closed in Victoria in 2010–11, counselling was the most common treatment type (51%), followed by withdrawal management or detoxification (20%) and support and case management only (13%) (Table 3.2). Victoria provided proportionally more counselling, withdrawal management and support and case management only episodes than the national average.

Table 3.2: Treatment type for all closed episodes, Victoria 2002–03 to 2010–11 (per cent)

Treatment type	Victoria									Australia
	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2010–11
Withdrawal management (detoxification)	21.0	22.2	22.5	21.8	22.5	21.4	21.1	19.3	19.5	15.8
Counselling	48.6	47.1	46.9	47.5	49.0	46.8	46.7	50.7	51.2	41.2
Rehabilitation	3.7	3.8	3.7	3.6	3.9	3.9	3.9	3.4	3.5	5.2
Support and case management only	11.2	13.0	12.9	13.2	13.4	13.4	13.7	12.9	13.1	9.1
Information and education only	0.3	0.7	0.7	0.4	0.5	0.8	0.8	0.7	0.5	7.7
Assessment only	10.6	10.2	9.9	10.0	7.8	10.5	10.6	10.0	9.5	13.6
Other	4.6 ^(d)	1.8	3.4	3.3	2.8	3.1	3.2	3.0	2.8	7.4
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	45,306	47,638	46,369	48,999	48,668	47,538	47,089	52,133	52,885	150,488

Notes

1. The total number of closed treatment episodes for 2004–05 may be an undercount due to a change in reporting practices introduced that year.
2. Other includes pharmacotherapy.

Counselling

Counselling was the most common treatment type in Victoria, accounting for half (51%, 27,063) of treatment episodes closed in 2010–11, which is 10 percentage points higher than the national average (41%). Counselling can be provided both to clients receiving treatment for their own drug use and clients receiving assistance for someone else's drug use.

Clients

- Nine in 10 (91%) episodes where counselling was provided were for clients receiving treatment for their own drug use.
- Almost two-thirds (63%) of episodes involved male clients.
- The median age of clients was 34 (males 33, females 35).
- Seven per cent of episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 8% of closed episodes).
- Self-referral was the most common source of referral (43% of episodes), followed by referrals from court diversion programs (23%).

Treatment

- Almost all (99.8%) counselling episodes occurred in a non-residential treatment facility.
- Seven in 10 (70%) episodes ended because the treatment was completed. The next most common reason for treatment ending was the client ceasing to participate without notifying the service provider (11%).
- The median length of closed episodes was 57 days.

Principal drug

For the 24,714 episodes where clients received counselling for their own drug use, alcohol was the most common principal drug of concern (49% of episodes), followed by cannabis (21%) and heroin (12%).

Withdrawal management

Withdrawal management was the second most common treatment in Victoria in 2010–11, accounting for 20% (10,313) of closed treatment episodes. This treatment type is only available for clients receiving treatment for their own drug use.

Clients

- Three in 5 (62%) closed episodes where withdrawal management was provided involved male clients.
- The median age of clients was 35 (males 35, females 36).
- Six per cent of episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 7% of episodes).
- Self-referral was the most common source of referral (44%), followed by referrals from other alcohol and drug treatment services (23%).

Treatment

- Withdrawal management was most likely to take place in a residential treatment facility (48%), followed by a non-residential treatment facility (37%).
- Seven in 10 (70%) episodes ended because the treatment was completed. A further 8% of episodes ended because the client ceased to participate without notice and 6% ended because the client ceased to participate by mutual agreement.
- The median length of completed episodes was 14 days.

Principal drug

For these episodes where withdrawal management was provided, alcohol was the most common principal drug of concern (50%), followed by cannabis (24%) and heroin (9%).

Support and case management only

Support and case management only was the third most common treatment type provided in Victoria in 2010–11, accounting for 13% (6,929) of closed episodes, which was higher than the national average (9%). Support and case management can be provided both to clients receiving treatment for their own drug use and clients receiving assistance for someone else's drug use.

Client

- Nine in 10 episodes (92%) where support and case management only were provided were for clients seeking treatment for their own drug use.
- Three in 5 episodes (59%) involved male clients.
- The median age of clients in these treatment episodes was 20 (males 20, females 21).
- Six per cent of episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 10% of episodes).
- Self-referral was the most common source of referral (37%), followed by other alcohol and other drug treatment services (13%) and referral from court diversion programs (11%).

Treatment

- Support and case management was mostly provided in an outreach setting (85%) or a non-residential treatment facility (15%).
- Seven in 10 episodes (69%) ended because the treatment was completed. The next most common reasons for treatment ending were 'other' (12%) and a further 8% of clients ceased to participate without notifying the service provider.
- The median length of closed episodes was 43 days.

Principal drug

For the 6,391 episodes where clients received support and case management only for their own drug use, alcohol was the most common principal drug of concern (40%), followed by cannabis (35%) and heroin (9%).

4 Queensland

4.1 Key findings

In Queensland, 109 publicly funded government and other drug treatment agencies provided 26,541 treatment episodes that were completed in 2010–11. Almost all (96%) episodes were provided to clients who received treatment for their own drug use, and in nearly three-quarters (72%) of these the client was male. The remaining episodes were provided to people who received assistance for someone else's drug use, and in three-fifths (60%) of these the client was female. People receiving treatment for their own drug use tended to be younger (median age of 30) than those receiving assistance for someone else's drug use (median age of 40).

Alcohol was the most common principal drug of concern for clients receiving treatment for their own drug use, accounting for more than one-third (38%) of episodes closed in 2010–11. The next most common principal drugs of concern were cannabis (29%), amphetamines (8%) and heroin (6%).

Information and education only was the most common main treatment type provided to clients receiving treatment for their own drug use (33% of closed episodes), followed by counselling (29%) and assessment only (18%). Counselling was the most common type of main treatment for clients receiving treatment for someone else's drug use (39% of episodes), followed by information and education only (26%) and support and case management only (24%).

4.2 Treatment agencies

Of the 666 publicly funded alcohol and other drug treatment agencies in Australia that supplied data for 2010–11, 16% (109) were in Queensland. More than half (53%) were non-government agencies and the rest were government.

Treatment agencies in Queensland were mostly in *Major cities* (41%), followed by *Outer regional* (20%), *Inner regional* (19%), *Very remote areas* (11%) and *Remote areas* (9%).

4.3 Clients

Nearly all (96%) of the 26,541 episodes closed in 2010–11 in Queensland were for clients receiving treatment for their own drug use. The rest were for clients receiving assistance for someone else's drug use.

Similar to the national findings, in two-thirds (67%) of episodes the client was male. For episodes where the client was receiving treatment for their own drug use, almost three-quarters (72%) were for male clients. However, where the episode was for a client receiving assistance for someone else's drug use, the majority (60%) were for female clients.

Clients receiving treatment for their own drug or alcohol use tended to be younger (median age of 30) than clients receiving assistance for someone else's drug or alcohol use (median age of 40). Overall, one-third of episodes closed in 2010–11 were for clients aged 20–29, while one-quarter (26%) were for clients aged 30–39.

The proportion of closed episodes for Indigenous clients was slightly higher in Queensland than for Australia (15% and 13%, respectively). These numbers need to be interpreted with caution because the majority of services funded by the Australian Government for Aboriginal and Torres Strait Islander substance use are not included in the AODTS-NMDS. Indigenous status was not stated for 6% of closed episodes in Queensland.

Almost all (98%) episodes closed in 2010–11 in Queensland were for clients whose preferred language was English, and most (87%) treatment episodes were for clients born in Australia.

4.4 Drugs of concern

Of the 25,580 closed episodes where clients were seeking treatment for their own alcohol or other drug use in Queensland, alcohol (38% of closed episodes) and cannabis (29%) were the most common principal drugs of concern (Table 4.1). Note that drugs of concern are not recorded for clients seeking assistance for someone else's drug use. Amphetamines and heroin accounted for 8% and 6% of episodes, respectively.

Over the 9 years from 2002–03, the proportion of closed episodes where alcohol was a principal drug of concern steadily increased from 25%, while cannabis as a principal drug decreased from 50%.

Table 4.1: Principal drug of concern for closed episodes where the client was seeking treatment for their own drug use, Queensland 2002–03 to 2010–11 (per cent)

Principal drug	Queensland									Australia
	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2010–11
Alcohol	24.6	26.3	26.4	27.9	33.7	33.8	35.8	37.6	38.2	47.3
Amphetamines	8.9	10.3	8.7	10.2	9.9	8.8	7.7	5.9	8.1	8.7
Benzodiazepines	1.1	1.0	0.8	0.9	1.0	1.0	1.0	1.0	1.5	1.7
Cannabis	50.4	39.5	42.8	41.1	36.8	36.8	36.4	36.4	29.1	22.1
Cocaine	0.2	0.1	0.1	0.2	0.2	0.2	0.2	0.3	0.4	0.3
Ecstasy	0.4	0.5	0.7	1.0	1.4	2.2	2.3	1.7	1.2	0.5
Nicotine	2.8	4.4	6.3	6.6	6.4	6.1	6.1	6.0	2.4	1.3
Opioids										
Heroin	5.4	7.6	5.2	4.3	3.3	4.1	3.8	3.6	5.6	9.3
Methadone	1.7	2.4	1.2	0.8	0.9	0.7	0.7	0.6	0.7	1.4
Morphine	—	—	2.6	1.6	1.6	1.6	1.7	1.3	1.5	1.2
<i>Total opioids</i>	<i>7.1</i>	<i>10.0</i>	<i>10.0</i>	<i>8.1</i>	<i>7.5</i>	<i>8.0</i>	<i>7.9</i>	<i>7.9</i>	<i>10.7</i>	<i>13.8</i>
All other drugs	4.5	7.8	4.1	4.0	3.0	3.1	2.5	3.5	8.4	4.2
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Total (number)	13,683	17,912	19,743	24,159	24,885	26,332	24,984	22,835	25,580	144,002

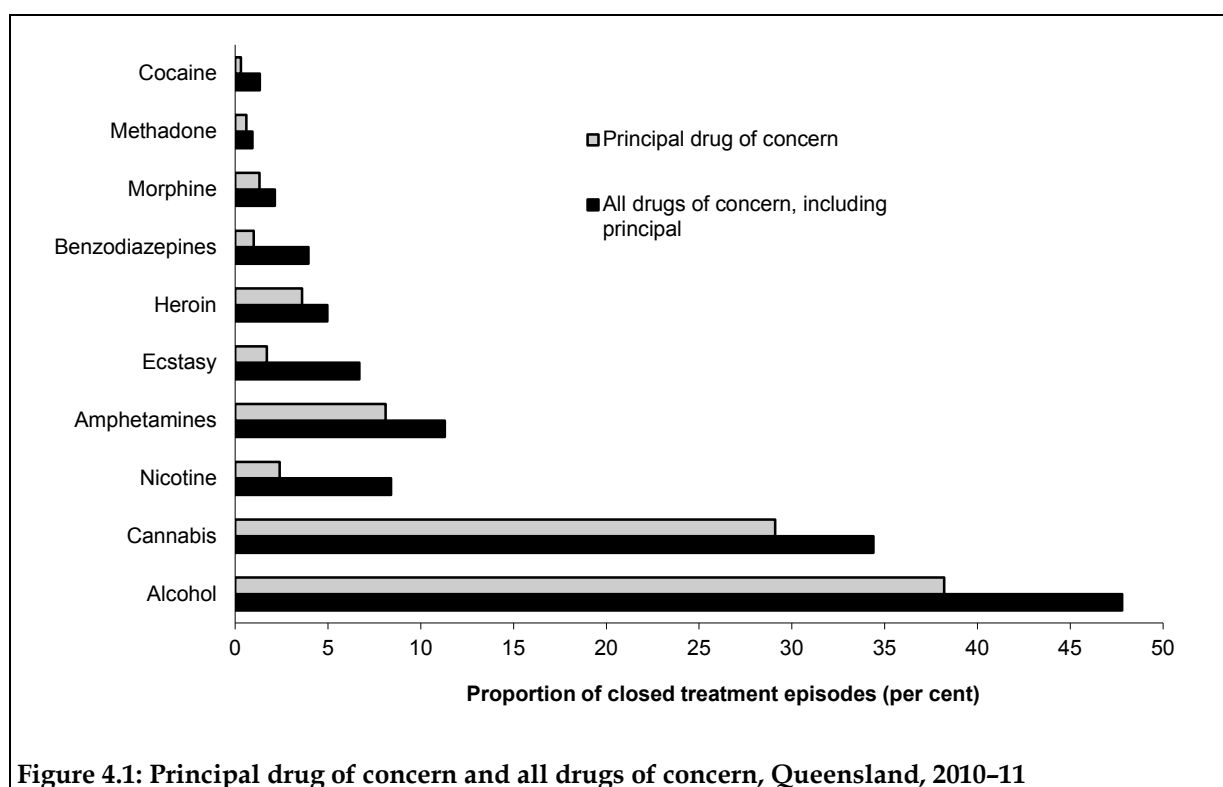
Notes

1. The increase in the number of closed episodes for Queensland is partly the result of improvements in data collection processes and trend comparisons should be made with caution.
2. Total opioids includes other opioids.

Cannabis was the principal drug of concern for 44% of closed episodes for clients aged 10–19, while for those aged 20 and older alcohol was the most common principal drug. The proportion of episodes with alcohol as the principal drug of concern increased with each age group: rising from 33% of episodes for those aged 20–29 and 50% of episodes for those aged 60 and older.

In 2010–11, treatment episodes where clients identified as Aboriginal or Torres Strait Islander were most likely to involve alcohol as the principal drug of concern (47%), followed by cannabis (25%) and amphetamines (7%).

In addition to the principal drug of concern, clients receiving treatment for their own drug use can report up to five other drugs of concern. One in 5 (21%) of closed episodes for clients seeking treatment for their own drug use involved at least one additional drug of concern. As with the principal drug of concern, alcohol (48%) and cannabis (34%) were the most common drugs of concern (either principal or other) (Figure 4.1). Amphetamines (11% of episodes) and nicotine (8%) were also common drugs of concern, while nicotine was the principal drug of concern in only 2% of episodes.



Alcohol

Alcohol was the most common principal drug of concern, accounting for 38% (9,778) of episodes closed in 2010–11 in Queensland where the client was receiving treatment for their own drug use. This was lower than the national proportion of 47%. Alcohol was also the most common drug of concern when additional drugs of concern were considered, with 61% of closed episodes having it as one of the drugs of concern (either principal or other).

Clients

- More than two-thirds (70%) of closed episodes where the principal drug of concern was alcohol involved male clients.
- The median age of clients in these treatment episodes was 33 (males 32, females 35).
- One in 5 (19%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 8% of closed episodes).
- Self-referral was the most common source of referral (37% of closed episodes), followed by referrals from correctional services (17%) and hospital referrals (9%).

Drugs

- Nearly 1 in 8 (13%) closed episodes where the principal drug was alcohol also had at least one other drug of concern.
- One-quarter (25%) of episodes reported as never injected (injecting history was not reported for 69% of episodes).

Treatment

- Counselling was the most common main treatment type received for alcohol use (35% of episodes), followed by assessment only (22%) and information and education only (15%).
- Treatment mostly occurred in a non-residential treatment facility (63% of episodes), followed by an outreach setting (25%).
- The median length of closed episode was 8 days.

Cannabis

Cannabis was the second most common principal drug of concern for 2010–11. It was the principal drug of concern for 3 in 10 (29%, or 7,437) of closed episodes where the client was seeking treatment for their own drug use. This was higher than the national average (22%). Cannabis was also the second most common drug of concern when additional drugs of concern were considered, with 34% of closed episodes having it as one of the drugs of concern (either principal or other).

For almost three-fifths (58%) of treatment episodes where cannabis was the principal drug, the client was referred to treatment by the criminal justice system. These referrals include diversion programs, which aim to divert illicit drug users from the criminal justice system into treatment. Cannabis was a drug of concern (either principal or other) in 34% of closed episodes.

Clients

- Seven in 10 (71%) closed episodes where the principal drug was cannabis were for male clients.
- The median age of clients in these treatment episodes was 27 (males 26, females 30).
- One in 8 (13%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 4% of closed episodes).
- Court diversion was the most common source of referral (40% of episodes), followed by police diversion programs (18%) and self-referral (17%).

Drugs

- More than one-third (37%) of closed episodes where cannabis was the principal drug also had at least one other drug of concern.
- Smoking was the most common method reported for cannabis use (60%), (35% of episodes did not report method of use).
- More than half (54%) of closed episodes were for clients who reported never having injected drugs (injecting history was not reported for 35% of closed episodes).

Treatment

- Information and education only was the most common treatment provided where cannabis was the principal drug (53% of closed episodes), this type of treatment was mainly provided via drug diversion programs. Other treatment included counselling (20%) and assessment only (14%).
- Treatment was most likely to take place in a non-residential treatment facility (49% of episodes), followed by an outreach setting (29%).
- The median length of closed episodes was 1 day.

Amphetamines

In Queensland, amphetamines were the third most common principal drug of concern, accounting for 8% (2,076) of treatment episodes in 2010–11. Amphetamines were also the third most common drug of concern when additional drugs of concern were considered, with 11% of closed episodes having amphetamines as one of the drugs of concern (either principal or other).

Clients

- Seven in 10 (70%) episodes for amphetamine use involved male clients.
- The median age of clients in these treatment episodes was 31 for both males and females.
- One in 6 (14%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 7% of closed episodes).
- Self-referral was the most common source of referral (33%), followed by referrals from correctional services (21%) and referrals from hospitals (7%).

Drugs

- Injection was the most common method of use for clients whose principal drug was amphetamines (25% of episodes); method of use was not reported for 59% of episodes.
- One-quarter (26%) of closed episodes included at least one other drug of concern.
- One in 5 (21%) episodes involved clients who reported they were currently injecting (injecting status was not reported for 60% of episodes).

Treatment

- Counselling was the most common treatment type provided in episodes where amphetamines were the principal drug of concern (40% of episodes), followed by assessment only (19%), and information and education only (14%).

- Treatment mostly occurred in a non-residential treatment facility (61% of episodes), followed by outreach settings (22%) and residential treatment facilities (10%).
- The median length of closed episodes was 17 days.

4.5 Treatment

For all 26,541 episodes closed in Queensland in 2010–11, information and education only was the most common form of main treatment provided (33% of episodes), followed by counselling (29%) and assessment only (18%) (Table 4.2). This profile is largely due to the significant number of clients treated as part of a criminal justice diversion program. Treatment for these clients can range from a brief intervention of one or two sessions (information and education only treatment type) to a rehabilitation program lasting 3–6 months.

Queensland provided more information and education only as a proportion of all treatments than was provided nationally. Conversely, Queensland provided proportionately less withdrawal management, support and case management, counselling and rehabilitation.

Table 4.2: Main treatment type for all closed episodes, Queensland 2002–03 to 2010–11 (per cent)

Main treatment type	Queensland									Australia
	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2010–11
Withdrawal management	5.4	7.9	4.4	5.4	4.7	5.4	6.4	5.5	7.7	15.8
Counselling	29.2	27.7	32.4	22.6	23.5	27.1	25.0	27.8	28.8	41.2
Rehabilitation	7.4	5.7	3.1	3.6	3.4	2.2	2.6	1.9	1.9	5.2
Support and case management only	4.2	6.4	4.5	2.3	3.7	3.8	5.7	3.8	6.0	9.1
Information and education only	45.1	37.2	45.4	48.0	44.6	46.4	40.3	41.7	32.6	7.7
Assessment only	5.6	11.5	8.0	14.2	18.4	12.5	18.0	17.3	17.6	13.6
Other	3.1	3.6	2.2	3.8	1.6	2.6	1.9	2.1	5.5	7.4
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	14,195	18,466	20,092	24,524	25,340	26,895	25,523	23,090	26,541	150,488

Note: The increase in the number of episodes reported over time is partly the result of improvements in data collections; therefore, trend comparisons should be made with caution.

Information and education only

Information and education only was the most common main treatment type reported in Queensland in 2010–11, accounting for 33% (8,659) of treatment episodes, which is higher than the national proportion of 8%. Information and education can be provided both to clients receiving treatment for their own drug use and clients receiving assistance for someone else's drug use.

Clients

- Almost all (97%) episodes where information and education only was provided were for clients receiving treatment for their own drug use.
- More than three-quarters (76%) of episodes involved male clients.
- The median age of clients was 24 (males 23, females 26).
- One in 8 (12%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 2% of closed episodes).
- Court diversion was the most common source of referral (66% of episodes), followed by referrals from police diversion programs (25%).

Treatment

- Information and education only treatment mostly occurred in a non-residential treatment facility (57% of episodes) or an outreach setting (23%).
- Nine in 10 (91%) episodes ended because of expiation (the client had completed the requirements of the diversion program). The next most common reason for episodes to end was that the treatment was completed (4%).
- The median length of closed episodes was 1 day.

Principal drug

For the 8,412 episodes where information and education was provided to clients for their own drug use, cannabis was the most common principal drug of concern reported (47% of episodes), followed by alcohol (17%).

Counselling

Counselling was the second most common main treatment type reported in Queensland in 2010–11, accounting for 29% (7,653) of treatment episodes. Counselling can be provided both to clients receiving treatment for their own drug use and clients receiving assistance for someone else's drug use.

Clients

- Most (95%) episodes for counselling were for clients seeking treatment for their own drug use.
- Two-thirds (67%) of episodes where counselling was provided were for male clients.
- The median age of clients was 33 (males 32, females 35).
- One in 6 (16%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 9% of episodes).

- Self-referral was the most common source of referral (36%), followed by referrals from correctional services (27%).

Treatment

- Counselling mostly occurred in a non-residential treatment facility (77% of episodes), followed by an outreach setting (15%).
- Two in 5 (39%) of episodes ended because the client ceased to participate without notifying the service provider. The next most common reason for a treatment episode to end was that treatment was completed (32% of episodes).
- The median length of completed episodes was 43 days.

Principal drug

For these episodes where counselling was provided, alcohol was the most common principal drug of concern (47%), followed by cannabis (20%).

Assessment only

Assessment only was the third most common main treatment provided in Queensland in 2010–11, and accounted for 18% (4,655) of closed treatment episodes. Assessment only can be provided both to clients receiving treatment for their own drug use and clients receiving assistance for someone else's drug use.

Clients

- Almost all assessment only episodes (99%) were for clients seeking treatment for their own drug use.
- Seven in 10 (73%) involved male clients.
- The median age of clients in these treatment episodes was 34 (males 33, females 35).
- One in 7 (14%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 7% of episodes).
- Self-referral was the most common source of referral (30%) of episodes, followed by referrals from correctional services and hospital (both 18% of episodes).

Treatment

- Assessment only treatment was most likely to occur in a non-residential treatment facility (54% of episodes), followed by an outreach setting (39%).
- Two in 5 (41%) episodes ended because the treatment was completed, while 18% of episodes ceased without the client notifying the service provider.
- The median length of closed episodes was 1 day.

Principal drug

For the 4,586 episodes where clients received assessment only for their own drug use, alcohol was the most common principal drug of concern reported (47%), followed by cannabis (22%) and amphetamines (8%).

5 Western Australia

5.1 Key findings

In Western Australia in 2010–11, 56 publicly funded government and other drug treatment agencies provided 17,111 treatment episodes that were completed in 2010–11. The large majority (93%) of episodes were provided to clients who received treatment for their own drug use, and in two-thirds of these (66%) the client was male. The remaining episodes were provided to people who received assistance for someone else's drug use, and in almost three-quarters (74%) of these the client was female. People receiving treatment for their own drug use tended to be younger (median age of 30) than those seeking assistance for someone else's drug use (median age of 49).

Alcohol was the most common principal drug of concern for clients receiving treatment for their own drug use, accounting for almost half (48%) of episodes closed in 2010–11. The next most common principal drugs of concern were cannabis (19%) and amphetamines (16%).

Counselling was the most common main treatment type provided to clients receiving treatment for their own drug use (62% of closed episodes), followed by withdrawal management (9%) and 'other' treatment (8%). Counselling was also the most common type of main treatment for clients receiving treatment for someone else's drug use (95%), followed by information and education only (3%).

5.2 Treatment agencies

Of the 666 publicly funded alcohol and other drug treatment agencies in Australia that supplied data for 2010–11, 8% (56) were in Western Australia. Three in 5 (79%) of these were non-government agencies and the rest were government.

Treatment agencies in the state were mostly in *Major cities* (57%) or *Very remote* areas (18%). In 2010–11, the number of agencies reporting from *Very remote* areas increased from zero to 10 treatment services, while the number reporting from *Remote* areas decreased from three to zero. Some of the changes were due to a reclassification of geographical areas within Western Australia.

5.3 Clients

Most (93%) of the 17,111 episodes closed in 2010–11 in Western Australia were for clients receiving treatment for their own drug use. The rest were for clients receiving assistance for someone else's drug use.

Similar to the national findings, in almost two-thirds (64%) of episodes the client was male. For episodes where the client was receiving treatment for their own drug use, two-thirds (66%) were for male clients. However, where the episode was for a client receiving assistance for someone else's drug use, nearly three-quarters (74%) were for female clients.

Clients receiving treatment for their own drug or alcohol use tended to be younger (median age of 30) than clients receiving assistance for someone else's drug use (median age of 49). Overall, one-quarter (27%) of episodes closed in 2010–11 were for clients aged 20–29, while 28% were for clients aged 30–39.

The proportion of closed episodes for Indigenous clients in Western Australia was higher (22%) than the national average (13%). These numbers need to be interpreted with caution because the majority of services funded by the Australian Government for Aboriginal and Torres Strait Islander substance use are not included in the AODTS-NMDS. Indigenous status was not stated for less than 1% of closed episodes in Western Australia.

Nearly all (99%) episodes closed in 2010–11 in Western Australia were for clients whose preferred language was English, and a large majority (83%) of treatment episodes were for clients born in Australia.

5.4 Drugs of concern

Of the 15,971 closed episodes where clients were seeking treatment for their own alcohol or other drug use in Western Australia, alcohol was the principal drug of concern for nearly half (48%) of these episodes, while cannabis was the principal drug of concern for one-fifth (19%) (Table 5.1). Note that drugs of concern are not recorded for clients seeking assistance for someone else's drug use. Amphetamines accounted for 16% of episodes.

Alcohol was the most common principal drug of concern for all age groups, although its prevalence increased with each age group. It was the principal drug of concern for 2 in 5 (43%) closed episodes for clients aged 10–19, 36% of episodes for those aged 20–29 and 85% of episodes for those aged 60 and older.

Over the 9 years from 2002–03, the proportion of closed episodes where alcohol was the principal drug of concern increased from 33%, while amphetamines and cannabis both decreased, from 26% and 25%, respectively.

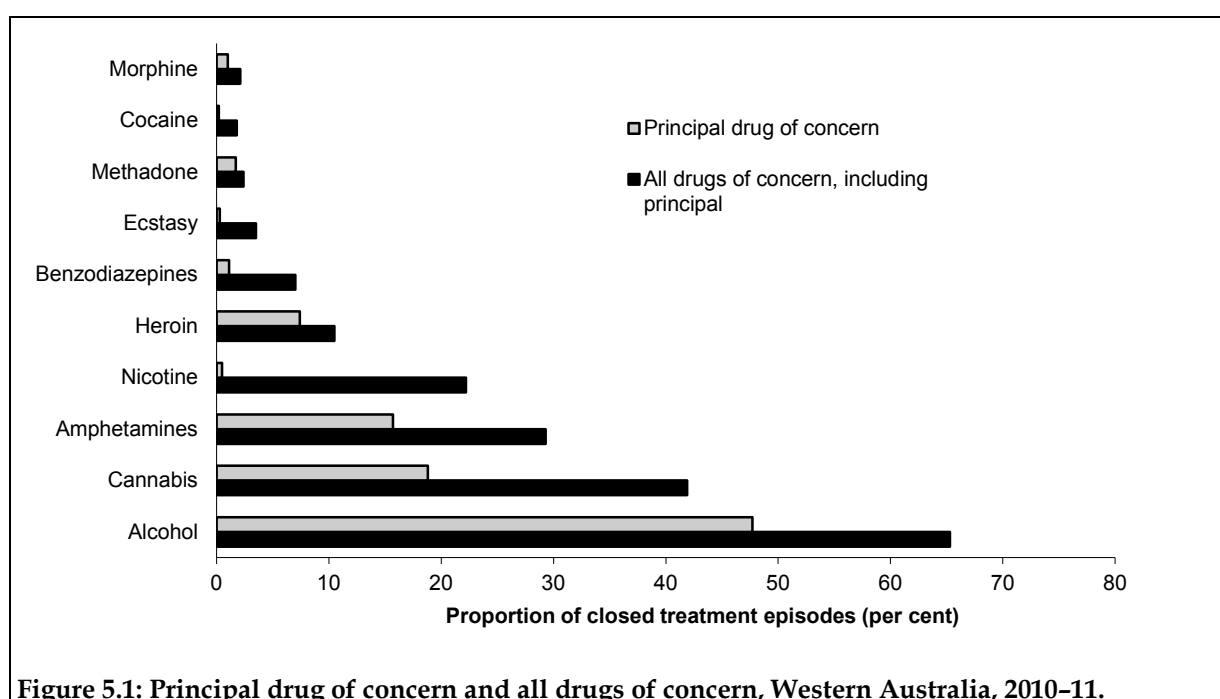
Table 5.1: Principal drug of concern for closed episodes where the client was seeking treatment for their own drug use, Western Australia 2002–03 to 2010–11 (per cent)

Principal drug	Western Australia									Australia
	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2010–11
Alcohol	32.7	32.6	32.5	36.5	39.9	40.6	45.5	49.3	47.7	47.3
Amphetamines	26.2	25.6	26.3	24.6	25.9	25.6	19.8	14.2	15.7	8.7
Benzodiazepines	1.5	1.5	1.3	1.2	1.0	1.2	0.8	0.9	1.1	1.7
Cannabis	24.5	22.0	19.1	18.8	15.7	14.2	15.9	18.6	18.8	22.1
Cocaine	0.1	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.2	0.3
Ecstasy	0.2	0.4	0.3	0.3	0.4	0.6	0.7	0.8	0.3	0.5
Nicotine	0.8	0.4	0.5	0.5	0.4	0.8	0.7	0.7	0.5	1.3
Opioids										
Heroin	8.6	9.9	12.0	10.2	7.9	8.3	8.5	8.7	7.4	9.3
Methadone	0.6	1.6	2.3	2.1	2.1	2.3	2.1	1.4	1.6	1.4
Morphine	—	—	0.1	0.2	0.1	0.1	0.2	0.4	0.9	1.2
<i>Total opioids</i>	9.3	11.7	14.7	12.9	10.4	11.0	11.4	11.1	10.8	13.8
All other drugs	4.1	5.3	5.1	5.0	5.9	6.1	5.1	4.3	4.5	4.2
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Total (number)	12,142	12,479	14,235	14,251	16,110	17,014	15,570	16,048	15,971	144,002

Note: Total opioids includes other opioids.

In 2010–11, treatment episodes where clients identified as Aboriginal or Torres Strait Islander were most likely to involve alcohol as the principal drug of concern (56%), followed by cannabis (22%) and amphetamines (10%).

In addition to the principal drug of concern, clients receiving treatment for their own drug use can report up to five other drugs of concern. More than half (56%) of closed episodes for clients seeking treatment for their own drug use involved at least one additional drug of concern. As with the principal drug of concern, alcohol (65%) and cannabis (42%) were the most common drugs of concern (either principal or other) (Figure 5.1). Amphetamines (29%) and nicotine (22%) were also common drugs of concern, while nicotine was the principal drug of concern in less than 1% of episodes.



Alcohol

Alcohol was the most common principal drug of concern, accounting for almost half (48%, or 7,617) of episodes closed in 2010–11 in Western Australia where the client was receiving treatment for their own drug use. This was similar to the national proportion of 47%. Alcohol was also the most common drug of concern when additional drugs of concern were considered – 65% of closed episodes had it as one of the drugs of concern.

Clients

- Two-thirds (67%) of episodes where the principal drug was alcohol involved male clients.
- The median age of clients in these treatment episodes was 33 (males 32, females 35).
- Just over one-quarter (27%) of episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for less than 1% of episodes).
- Self-referral was the most common source of referral (33% of episodes), followed by referrals from other alcohol and other drug treatment services (27%).

Drugs

- Almost half (47%) of the episodes where alcohol was the principal drug of concern included at least one other drug of concern.
- Three-quarters (74%) of episodes were for clients who reported never having injected drugs. Another 5% of episodes were for clients who reported as currently injecting, while 20% represented clients who reported they had injected drugs in the past (injecting history was not reported for less than 1% of episodes).

Treatment

- Counselling was the most common main treatment provided for closed episodes where the principal drug was alcohol (64%), followed by rehabilitation and detoxification (both 8%).
- Treatment mostly occurred in a non-residential treatment facility (69% of episodes), residential treatment facility and outreach setting (both 14%).
- The median length of closed episodes was 33 days.

Cannabis

Cannabis was the second most common principal drug of concern for 2010–11 and it was the principal drug of concern for one-fifth (19%, 3,000) of closed episodes where the client was seeking treatment for their own drug use. It was also the second most common drug of concern when additional drugs of concern were considered, with 42% of episodes having it as one of the drugs of concern (either principal or other).

Clients

- Almost three-quarters (74%) of episodes where the principal drug was cannabis were for male clients.
- The median age of clients in these treatment episodes was 22 (males 21, females 24).
- More than one-quarter (28%) of episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for less than 1% of episodes).
- Referrals from other alcohol and other drug treatment services were the most common source of referral (32% of episodes, increasing from 19% in 2009–10), followed by self-referral (24% of episodes) and referrals from court diversion programs (18%).

Drugs

- Two-thirds (66%) of episodes where cannabis was the principal drug also had at least one other drug of concern.
- Smoking cannabis was the most common method of use (94%).
- Seven in 10 (71%) episodes were for clients who reported never having injected drugs. Another 9% of episodes represented clients who were currently injecting, while 18% were for clients who reported they had injected drugs in the past (injecting history was not reported for less than 1% of episodes).

Treatment

- Counselling was the most common treatment provided where cannabis was the principal drug (71% of closed episodes), followed by information and education only

(8%). Withdrawal management and support and case management each accounted for 5% of episodes.

- Treatment mostly occurred in a non-residential treatment facility (71% of episodes), followed by an outreach setting (18%).
- The median length of closed episodes was 36 days.

Amphetamines

Amphetamines were the third most common principal drug of concern, accounting for 16% (2,503) of episodes closed in Western Australia in 2010–11 where the client was receiving treatment for their own drug use. Three in 10 (29%) closed episodes had amphetamines as either a principal or other drug of concern.

Clients

- Two-thirds (66%) of episodes where amphetamines was the principal drug of concern involved male clients.
- The median age of clients in these treatment episodes was 30 (males 30, females 29).
- One in 6 (15%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for less than 1% of episodes).
- Self-referral was the most common source of referral (41%), followed by referrals from other alcohol and other drug treatment services (23%) and referrals from correctional services (10%).

Drugs

- Injection was the most common method of use for clients whose principal drug was amphetamines (72% of episodes) followed by smoking (19%) and ingestion (5%) (method of use was not reported for less than 1% of episodes).
- Seven in 10 (69%) closed episodes included at least one other drug of concern.
- Just under half (46%) of episodes were for clients who reported that they currently injected drugs, while 33% represented clients who reported they had injected drugs in the past. About 1 in 5 (20%) episodes were for clients who reported never having injected drugs (injecting status was not reported for less than 1% of episodes).

Treatment

- Counselling remained the most common main treatment type provided in episodes where amphetamines were the principal drug (73% of episodes), followed by rehabilitation (9%) and assessment only (7%).
- Treatment mostly occurred in a non-residential treatment facility (60% of episodes), followed by outreach settings (19%) and residential facilities (11%).
- The median length of closed episodes was 36 days.

5.5 Treatment

For all 17,111 closed treatment episodes in Western Australia in 2010–11, counselling was the most common main treatment (64%), followed by withdrawal management (8%), rehabilitation and assessment only (both 6%)(Table 5.2). Western Australia provided

proportionally more episodes with counselling and rehabilitation as the main treatment type than the national average.

Table 5.2: Main treatment type for all closed episodes, Western Australia 2002–03 to 2010–11 (per cent)

Main treatment type	Western Australia									Australia
	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2010–11
Withdrawal management	9.7	6.6	9.1	9.4	8.2	10.6	10.2	8.4	8.4	15.8
Counselling	58.0	50.2	54.8	57.1	54.0	54.6	56.4	62.9	64.1	41.2
Rehabilitation	6.1	16.4	12.2	14.1	15.0	14.6	13.8	6.3	5.9	5.2
Support and case management only	0.7	1.1	2.8	1.4	2.3	3.0	3.1	4.8	4.9	9.1
Information and education only	13.8	9.7	6.8	5.8	4.3	2.7	3.6	5.6	3.4	7.7
Assessment only	9.5	9.8	7.4	5.2	10.4	10.3	7.6	4.9	5.8	13.6
Other	2.1	6.1	6.8	6.9	5.7	4.4	5.3	7.1	7.5	7.4
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	14,122	14,256	16,092	16,342	17,802	18,705	16,915	17,187	17,111	150,488

Counselling

Counselling was the most common treatment type in Western Australia, accounting for almost two-thirds (64%, 10,960) of treatment episodes closed in 2010–11. This is 23 percentage points higher than the national average (41%). Counselling can be provided both to clients receiving treatment for their own drug use and clients receiving assistance for someone else's drug use.

Clients

- The large majority (90%) of episodes where counselling was provided were for clients receiving treatment for their own drug use.
- Two-thirds (65%) of episodes involved male clients.
- The median age of clients was 31 (males 30, females 34).
- One in 5 (21%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for less than 1% of episodes).
- Self-referral was the most common source of referral (37% of episodes), followed by referrals from other alcohol and drug treatment services (24%) and court diversion programs (13%).

Treatment

- Three-quarters (76%) of counselling episodes occurred in a non-residential treatment facility, followed by an outreach setting (20%).
- One in 2 (50%) episodes ended because the treatment was completed. The next most common reason for treatment ending was that the client ceasing to participate without notifying the service provider (26%) and ending treatment by mutual agreement (7%).
- The median length of closed episodes was 50 days.

Principal drug

For the 9,872 episodes where clients received counselling for their own drug use, alcohol was the most common principal drug of concern (49% of episodes), followed by cannabis (22%) and amphetamines (18%).

Withdrawal management

Withdrawal management was the second most common treatment in Western Australia in 2010–11, accounting for 8% (1,438) of closed treatment episodes (lower than the national proportion of 16%). This treatment type is only available for clients receiving treatment for their own drug use.

Clients

- Three in 5 (60%) closed episodes where withdrawal management was provided were for male clients.
- The median age of clients was 35 for both males and females.
- One in 8 (12%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for less than 1% of episodes).

- Self-referral was the most common source of referral (39%), followed by referrals from other alcohol and drug treatment services (33%) and referrals by a family member or friend (8%).

Treatment

- Withdrawal management mostly occurred in a residential treatment facility (56% of episodes), followed by a non-residential treatment facility (34%).
- Seven in 10 (71%) episodes ended because the treatment was completed. A further 12% of episodes ended because the client ceased to participate against advice.
- The median length of closed episodes was 8 days.

Principal drug

For these episodes where withdrawal management was provided, alcohol was the most common principal drug of concern (44%), followed by heroin (22%) and cannabis (11%).

Other treatment

Other treatment only was the third most common type of main treatment provided in Western Australia in 2010–11, accounting for 8% (1,285) of closed episodes. Almost half (47%) of these episodes were for pharmacotherapy treatment.

Client

- All episodes where other treatment was provided for clients seeking treatment for their own drug use.
- More than half (54%) of the episodes involved male clients.
- The median age of clients in these treatment episodes was 20 (males 25, females 15).
- More than half (56%) of the episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for less than 1% of episodes).
- One in 2 (49%) episodes involved referrals from police diversion programs as the most common source of referral, followed by self-referrals (29%) and referrals from other alcohol drug treatment services (16%).

Treatment

- Almost all episodes for 'other' treatment occurred in a non-residential treatment setting (99% of episodes).
- More than half (56%) of the episodes ended because the client was transferred to another treatment provider. The next most common reason for treatment ending was that the treatment was completed (21% of episodes).
- The median length of closed episodes was 5 days.

Principal drug

For the 1,281 episodes where clients received other treatment for their own drug use, alcohol was the most common principal drug of concern (38%), followed by heroin (18%) and methadone (11%).

6 South Australia

6.1 Key findings

In South Australia in 2010–11, 59 publicly funded government and other drug treatment agencies provided information on 9,430 closed treatment episodes. Nearly all (97%) episodes were provided to clients who received treatment for their own drug use, and in 70% of these the client was male. The remaining episodes were provided to people who received assistance for someone else's drug use, and in 60% of these the client was female. People receiving treatment for their own drug use tended to be younger (median age of 35) than those receiving assistance for someone else's drug use (median age of 41).

Alcohol was the most common principal drug of concern for clients receiving treatment for their own drug use, accounting for half (55%) of episodes closed in 2010–11, followed by cannabis and amphetamines (both 13%) and heroin (7%).

Counselling was the most common main treatment type provided to clients receiving treatment for their own drug use (27% of closed episodes), followed by assessment only (26%) and withdrawal management (19%). For people receiving assistance for someone else's drug use, counselling was also the main treatment type (87% of episodes) followed by support and case management only (7%).

6.2 Treatment agencies

Of the 666 publicly funded alcohol and other drug treatment agencies in Australia that supplied data for 2010–11, 9% (59) were in South Australia. Seven in 10 (71%) of these were government agencies and the rest were non-government.

Treatment agencies in South Australia were mostly in *Major Cities* (66%) followed by *Outer Regional* (14%) and *Inner Regional* (12%) areas.

6.3 Clients

Nearly all (97%) of the 9,430 episodes closed in 2010–11 in South Australia were for clients receiving treatment for their own drug use. The rest were for clients receiving assistance for someone else's drug use.

Similar to the national findings, in more than two-thirds (69%) of episodes the client was male. For episodes where the client was receiving treatment for their own drug use, 7 in 10 (70%) were for male clients. However, where the episode was for a client receiving assistance for someone else's drug use, 3 in 5 (60%) were for female clients.

Clients receiving treatment for their own drug or alcohol use tended to be younger (median age of 35) than clients receiving assistance for someone else's drug or alcohol use (median age of 41). Overall, one-quarter (24%) of episodes closed in 2010–11 were for clients aged 20–29, while 29% were for clients aged 30–39.

The proportion of closed episodes for Indigenous clients in South Australia (16%) was higher than the national average (13%). These numbers need to be interpreted with caution because the majority of services funded by the Australian Government for Aboriginal and Torres

Strait Islander substance use are not included in the AODTS-NMDS. Indigenous status was not stated for in 4% of closed episodes in South Australia.

Nearly all (95%) episodes closed in 2010–11 in South Australia were for clients whose preferred language was English, and a large majority (83%) of treatment episodes were for clients born in Australia.

6.4 Drugs of concern

Of the 9,143 closed episodes where clients were seeking treatment for their own alcohol or other drug use in South Australia, alcohol was the principal drug of concern for more than half (55%). Amphetamines and cannabis were each the principal drug of concern for 13% of closed episodes (Table 6.1). Drugs of concern are not recorded for clients seeking assistance for someone else's drug use.

Cannabis was the principal drug of concern for almost half (49%) of closed episodes for clients aged 10–19. For those aged 20 and older alcohol was more common, and the likelihood of it being the principal drug increased with each age group. For those aged 20–29, 44% of closed episodes had alcohol as the principal drug of concern, and this increased to 89% for those aged 60 and older.

In 2010–11, treatment episodes where clients identified as Aboriginal or Torres Strait Islander were most likely to involve alcohol as the principal drug of concern (66%), followed by cannabis (12%) and heroin (5%).

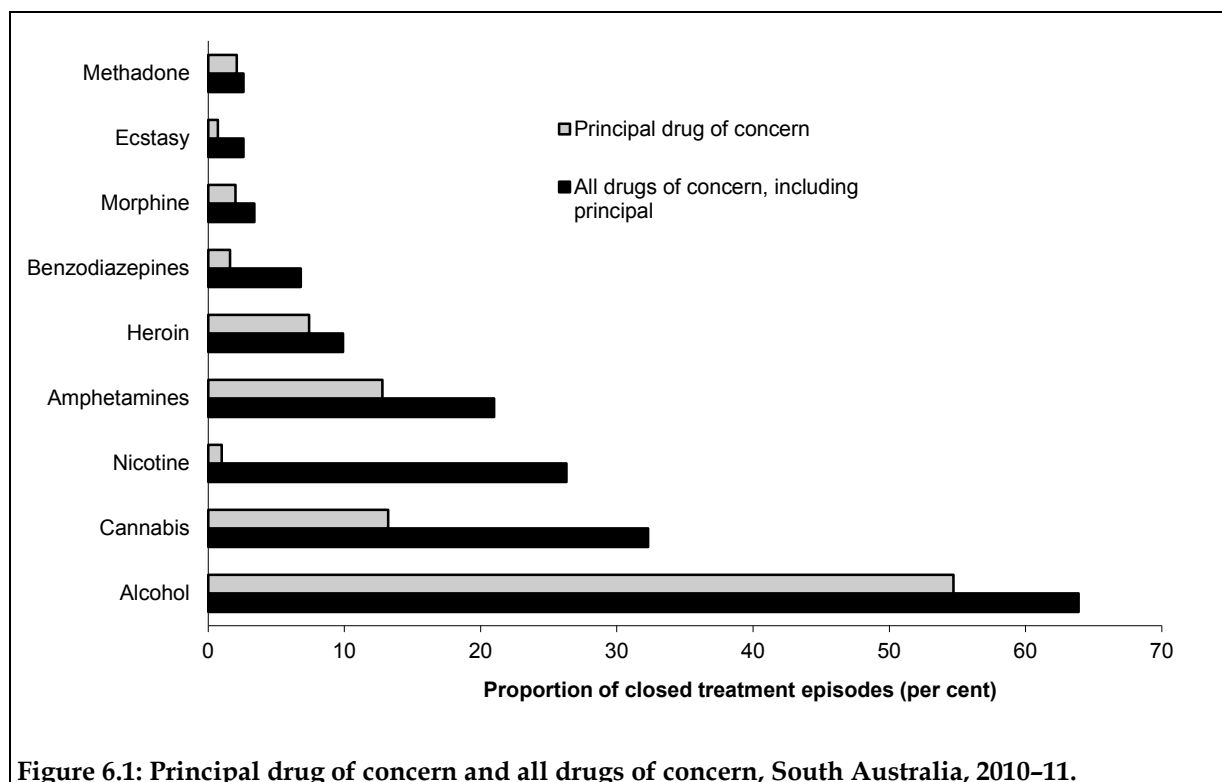
Over the 9 years from 2002–03, the proportion of closed episodes where alcohol was the principal drug of concern increased by 8 percentage points, while the proportion of closed episodes with amphetamines as the principal drug of concern decreased by 7 percentage points.

Table 6.1: Principal drug of concern for closed episodes where the client was seeking treatment for their own drug use, South Australia 2002–03 to 2010–11 (per cent)

Principal drug	South Australia									Australia
	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2010–11
Alcohol	47.4	46.6	43.4	44.7	49.3	52.8	53.0	56.4	54.7	47.3
Amphetamines	19.6	17.3	17.5	17.6	18.7	15.8	13.2	11.2	12.8	8.7
Benzodiazepines	2.3	2.1	2.5	1.9	1.9	2.0	1.9	1.6	1.6	1.7
Cannabis	10.1	10.2	11.5	14.4	10.1	10.3	10.1	10.0	13.2	22.1
Cocaine	0.3	0.1	0.3	0.2	0.3	0.2	0.3	0.3	0.1	0.3
Ecstasy	0.3	0.4	0.5	0.7	0.7	1.0	1.5	1.1	0.7	0.5
Nicotine	0.1	0.4	1.2	0.8	0.6	0.7	0.7	0.8	1.0	1.3
Opioids										
Heroin	13.2	14.7	13.1	9.4	8.3	8.9	10.5	8.9	7.4	9.3
Methadone	1.6	1.6	2.0	2.2	2.5	1.5	2.4	2.8	2.1	1.4
Morphine	2.9	3.9	3.6	2.7	3.1	2.4	2.6	2.2	2.0	1.2
<i>Total opioids</i>	<i>18.8</i>	<i>22.1</i>	<i>22.2</i>	<i>16.2</i>	<i>13.9</i>	<i>16.1</i>	<i>18.5</i>	<i>18.5</i>	<i>14.8</i>	<i>13.8</i>
All other drugs	1.0	0.6	1.1	3.6	4.6	1.1	0.8	1.4	1.2	4.2
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	6,946	7,234	7,591	8,766	8,709	8,712	9,399	8,847	9,143	144,002

Note: Total opioids includes other opioids.

In addition to the principal drug of concern, clients receiving treatment for their own drug use can report up to five other drugs of concern. More than half (53%) of closed episodes for clients seeking treatment for their own drug use involved at least one additional drug of concern. As with the principal drug of concern, alcohol (64%) and cannabis (32%) were the most common drugs of concern (either principal or other) (Figure 6.1). Amphetamines (21%) and nicotine (26%) were also common drugs of concern, although nicotine was the principal drug of concern in only 1% of episodes.



Alcohol

Alcohol was the most common principal drug of concern, accounting for more than half (55%, or 5,003) of episodes closed in 2010-11 in South Australia where the client was receiving treatment for their own drug use. This was higher than the national proportion of 47%. Alcohol was also the most common drug of concern when additional drugs of concern were considered, with 64% of closed episodes having it as one of the drugs of concern (either principal or other).

Clients

- Seven in 10 (70%) episodes where the principal drug was alcohol involved male clients.
- The median age of clients in these treatment episodes was 39 (males 38, females 39).
- One in 5 (19%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 4% of episodes).
- Referrals from other sources, including referrals made under the Traffic Act and the Motor Vehicles Act, remained the most common in 2010-11 (27%), followed by self-referral (23%) and referral by other alcohol and other drug treatment services (17%).

Drugs

- Almost half (48%) of the episodes where alcohol was the principal drug of concern included at least one other drug of concern.
- More than two-thirds (70%) of episodes were for clients who reported never having injected drugs (injecting history was not reported for 11% of closed episodes).

Treatment

- Assessment only was the most common main treatment provided for episodes where the principal drug was alcohol (29%), partly due to the large number of referrals under the Road Traffic Act and the Motor Vehicles Act, followed by counselling and withdrawal management (both 22%).
- Treatment mostly occurred in a non-residential treatment facility (69% of episodes), or a residential treatment facility (16%).
- The median length of closed episodes was 4 days.

Cannabis

Cannabis, along with amphetamines, was the second most common principal drug of concern for episodes closed in 2010–11, accounting for 13% (1,204) of closed episodes.

Cannabis was the second most common drug of concern when all drugs of concern were considered, with 32% of episodes having it as one of the drugs of concern (either principal or other).

Clients

- Seven in 10 (72%) episodes where the principal drug was cannabis were for male clients.
- The median age of clients in these treatment episodes was 24 (males 24, females 22).
- One in 7 (15%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 4% of episodes).
- Self-referral was the most common source of referral (35% of episodes), followed by referrals from 'other' sources (14%) police diversion (10%) and correctional services (9%).

Drugs

- Almost 3 in 5 (58%) episodes where cannabis was the principal drug also had at least one other drug of concern.
- Smoking was the most common method of use (64%), followed by ingestion (31%).
- Nearly two-thirds (64%) of episodes were for clients who reported never having injected drugs (injecting history was not reported for 9% of episodes).

Treatment

- Counselling was the most common treatment provided where cannabis was the principal drug (38% of episodes), followed by assessment only (22%) and information and education only (13%).
- Treatment mostly occurred in a non-residential treatment facility (73% of episodes), followed by an outreach setting (12%) or a residential treatment facility (10%).
- The median length of closed episodes was 12 days.

Amphetamines

Amphetamines were, along with cannabis, the second most common principal drug of concern, accounting for 13% (1,171) of episodes closed in South Australia in 2010–11 where the client was receiving treatment for their own drug use. One in 5 (21%) of closed episodes had amphetamines as either a principal or other drug of concern.

Clients

- More than two-thirds (68%) of episodes where amphetamines was the principal drug involved male clients.
- The median age of clients in these treatment episodes was 32 (males 33, females 31).
- One in 16 (6%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 4% of episodes).
- Referrals from police diversion programs were the most common source of referral (31%), followed by self-referral (25%) and correctional services (8%).

Drugs

- Injection was the most common method of use for clients whose principal drug was amphetamines (44% of episodes), followed by smoking (30%) and ingestion (21%) (method of use was not reported for less than 1% of episodes).
- Three in 5 (61%) of closed episodes included at least one other drug of concern.
- Two in 5 (42%) episodes were for clients who reported that they currently injected drugs, while in more than one-third (36%) of episodes, clients reported never having injected drugs (injecting status was not reported for 5% of episodes).

Treatment

- Counselling remained the most common main treatment type provided in episodes where amphetamines were the principal drug (37% of episodes), followed by assessment only (33%) and withdrawal management (12%).
- Treatment mostly occurred in a non-residential treatment facility (82% of episodes), or a residential treatment facility (10%).
- The median length of closed episodes was 6 days.

6.5 Treatment

For all 9,430 closed treatment episodes in South Australia in 2010–11, counselling was the most common main treatment (27%), followed by assessment only (25%), withdrawal management (19%), and rehabilitation and information and education only (both 10%) (Table 6.2).

South Australia provided proportionally more episodes with rehabilitation, withdrawal management and assessment only as the main treatment in 2010–11 than the national average.

Table 6.2: Main treatment type for all closed episodes, South Australia 2002–03 to 2010–11 (per cent)

Main treatment type	South Australia									Australia
	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2010–11
Withdrawal management	21.6	19.8	20.8	18.5	20.3	18.9	17.4	18.8	18.5	15.8
Counselling	23.3	22.7	25.2	27.2	29.4	26.4	25.7	27.1	26.6	41.2
Rehabilitation	22.6	20.8	18.8	13.4	13.1	16.2	14.4	11.4	9.5	5.2
Support and case management only	2.5	3.8	1.2	5.1	3.2	0.9	1.2	2.8	3.4	9.1
Information and education only	1.9	1.3	1.3	4.4	1.7	2.0	5.8	7.3	9.6	7.7
Assessment only	21.8	22.8	22.8	24.0	24.7	29.8	26.9	25.6	25.4	13.6
Other	6.3	8.9	9.9	7.4	7.6	5.8	8.6	6.2	7.0	7.4
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	7,440	7,613	7,952	9,100	9,020	9,030	9,664	9,092	9,430	150,488

Counselling

Counselling was the most common main treatment type in South Australia, accounting for 27% (2,506) of treatment episodes closed in 2010–11, which was lower than the national proportion of 41%. Counselling can be provided both to clients receiving treatment for their own drug use and clients receiving assistance for someone else's drug use.

Clients

- Nine in 10 (90%) episodes where counselling was provided were for clients receiving treatment for their own drug use.
- Two-thirds (65%) of episodes involved male clients.
- The median age of clients was 34 (males 33, females 34).
- One in 9 (11%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 3% of episodes).
- Self-referral was the most common source of referral (33% of episodes), followed by referrals from a correctional service (13%) and other alcohol and other drug treatment services (11%).

Treatment

- Nearly 9 in 10 (88%) counselling episodes occurred in a non-residential treatment facility, while 8% occurred in an outreach setting.
- The most common reason for episodes to end was because the treatment was completed (38%) or because the client ceased to participate without notifying the service provider (35%).
- The median length of closed episodes was 86 days.

Principal drug

For the 2,257 episodes where clients received counselling for their own drug use, alcohol was the most common principal drug of concern (48% of episodes), followed by cannabis (20%) and amphetamines (19%).

Assessment only

Assessment only can be provided both to clients receiving treatment for their own drug use and clients receiving assistance for someone else's drug use. Assessment only was the second most common main treatment in South Australia in 2010–11, accounting for 25% (2,393) of closed treatment episodes (higher than the national proportion of 16%).

Clients

- All episodes where assessment only was the main treatment were for clients receiving treatment for their own drug use.
- Four in 5 (79%) closed episodes where withdrawal management was the main treatment were for male clients.
- The median age of clients was 34 (males 34, females 33).
- One in 10 (10%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 5% of episodes).

- Referrals from ‘other’ sources, which includes referrals to the Driver Assessment Clinic under the Road Traffic Act or the Motor Vehicles Act were the most common source of referral (50% of episodes), followed by police diversion (17%) and self-referrals (13%).

Treatment

- Episodes where the main treatment was assessment only mostly occurred in a non-residential treatment facility (95% of episodes).
- More than 4 in 5 (83%) episodes ended because the treatment was completed. The next most common reason for a treatment episode to end was that the client ceased to participate without notifying the service provider (9%).
- The median length of completed episode was 1 day.

Principal drug

For the 2,386 episodes where clients received assessment only treatment for their own drug use, alcohol was the most common principal drug of concern (60%), followed by amphetamines (16%) and cannabis (11%).

Withdrawal management

Withdrawal management was the third most common type of main treatment in South Australia in 2010–11, accounting for 19% (1,748) of closed treatment episodes (higher than the national proportion of 16%). This treatment type is not available to clients receiving assistance for someone else’s drug use.

Clients

- This treatment type is only available for clients receiving treatment for their own drug use.
- Two-thirds (65%) of closed episodes where withdrawal management was the main treatment were for male clients.
- The median age of clients was 39 (males 40, females 39).
- One in 10 (10%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for less than 8% of episodes).
- Self-referral was the most common source of referral (45% of episodes), followed by referrals from hospitals (33%).

Treatment

- Episodes where withdrawal management was the main treatment mostly occurred in a residential treatment facility (64% of episodes), or a non-residential treatment facility (35%).
- More than 7 in 10 (72%) episodes ended because the treatment was completed. The next most common reason for a treatment episode to end was that the client ceased to participate against advice (18% of episodes ended this way).
- The median length of closed episodes was 6 days.

Principal drug

For these episodes where withdrawal management was provided, alcohol was the most common principal drug of concern (63%), followed by amphetamines and cannabis (both 8%).

7 Tasmania

7.1 Key findings

In Tasmania, 16 publicly funded alcohol and other drug treatment agencies provided 1,738 treatment episodes that were completed in 2010–11. Most (95%) episodes were provided to clients who received treatment for their own drug use, and in three-quarters (75%) of these the client was male. The remaining episodes were provided to people who received assistance for someone else's drug use, and in almost 9 in 10 (87%) of these the client was female. People receiving treatment for their own drug use tended to be younger (median age of 30) than those receiving assistance for someone else's drug use (median age of 47).

In Tasmania in 2010–11, both cannabis and alcohol were the most common principal drugs of concern for clients receiving treatment for their own drug use, each accounting for 2 in 5 (39%) closed episodes. The next most common principal drugs were amphetamines (9%) and morphine (5%).

Counselling was the most common main treatment type provided to clients receiving treatment for their own drug use (increasing from 50% of episodes in 2009–10 to 66% in 2010–11), followed by rehabilitation and information and education only (both 11%). Counselling was also the most common type of main treatment for clients receiving treatment for someone else's drug use (56% of closed episodes), followed by information and education only (28%).

7.2 Treatment agencies

Of the 666 publicly funded alcohol and other drug treatment agencies in Australia that supplied data for 2010–11, 2% (16) were in Tasmania, of which 75% were non-government agencies.

Treatment agencies in Tasmania were mostly in *Inner regional* areas (63%), followed by *Outer regional* areas (31%) and *Remote areas* (6%). There are no *Major cities* areas in Tasmania.

7.3 Clients

Nearly all (95%) of the 1,738 episodes closed in 2010–11 in Tasmania were for clients receiving treatment for their own drug use. The rest were for clients receiving assistance for someone else's drug use.

For 7 in 10 (70%) closed episodes the client was male, which is similar to the national proportion (67%). For episodes where the client was receiving treatment for their own drug use, three-quarters (75%) were for male clients. However, where the episode was for a client receiving assistance for someone else's drug use, the majority (87%) were for female clients.

Clients receiving treatment for their own drug or alcohol use tended to be younger (median age of 30) than clients receiving assistance for someone else's drug or alcohol use (median age of 47). Overall, almost 3 in 10 (29%) episodes closed in 2010–11 were for clients aged 20–29, while 26% were for clients aged 30–39.

The proportion of closed episodes for Indigenous clients was lower in Tasmania than the national average (11 and 13%, respectively). These numbers need to be interpreted with

caution because the majority of services funded by the Australian Government for Aboriginal and Torres Strait Islander substance use are not included in the AODTS-NMDS. Indigenous status was not stated for 18% of closed episodes in Tasmania.

All episodes closed in 2010–11 in Tasmania were for clients whose preferred language was English, and most (97%) treatment episodes were for clients born in Australia.

7.4 Drugs of concern

Of the 1,653 closed episodes where clients were seeking treatment for their own alcohol or other drug use in Tasmania, both cannabis and alcohol were the most common principal drugs of concern in all treatment episodes, each accounting for 39% of closed episodes. The next most common principal drugs of concern were amphetamines (9%) and morphine (5%) (Table 7.1). Note that drugs of concern are not recorded for clients receiving assistance for someone else's drug use. Cannabis may account for proportionally more episodes in Tasmania than nationally because of diversion programs for illicit drug users.

Cannabis was the most common principal drug of concern for younger clients, accounting for 73% of closed episodes for clients aged 10–19 and 48% for those aged 20–29, while alcohol was more common for older clients. For those aged 30–39, alcohol was the principal drug of concern for 42% of episodes, and this increased to 88% for clients aged 60 and older.

Table 7.1: Principal drug of concern for closed episodes where the client was seeking treatment for their own drug use, Tasmania 2002–03 to 2010–11 (per cent)

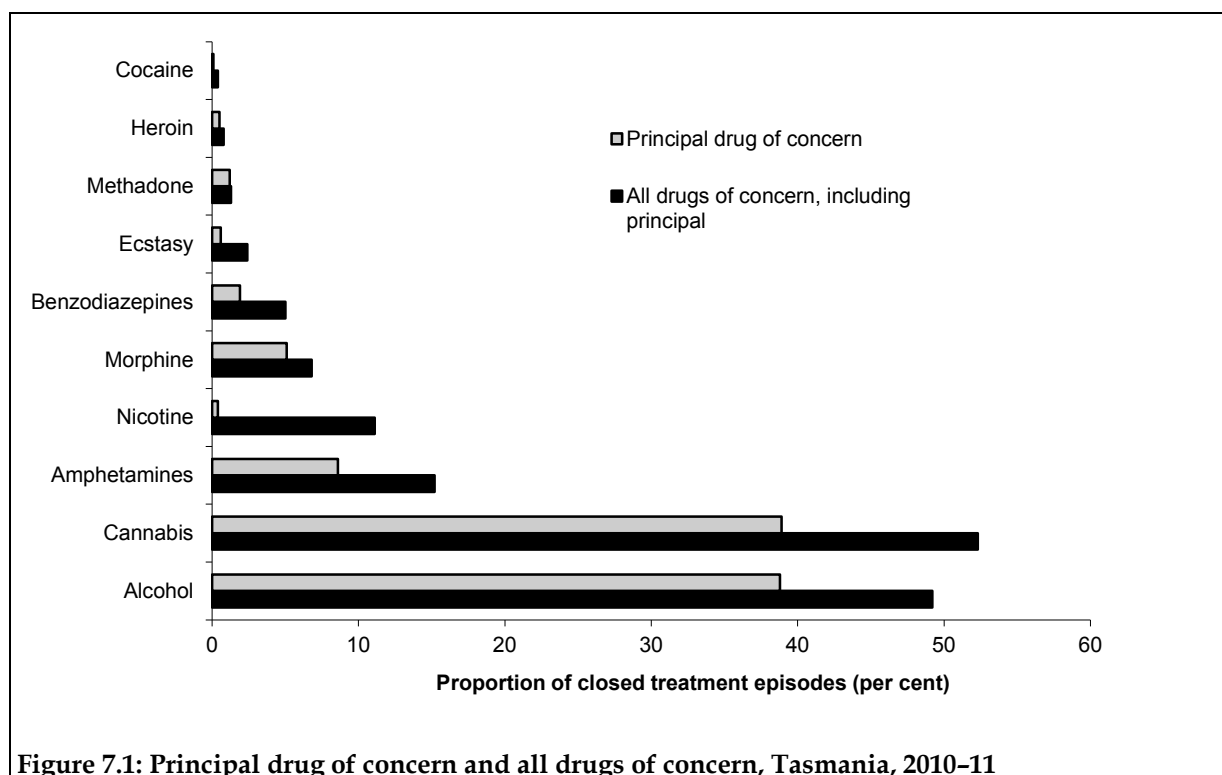
Principal drug	Tasmania									Australia
	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2010–11
Alcohol	40.7	28.9	31.0	38.0	36.0	32.1	37.7	34.4	38.8	47.3
Amphetamines	7.9	8.5	9.8	11.8	12.9	11.3	8.5	6.1	8.6	8.7
Benzodiazepines	0.7	1.0	0.8	1.3	1.4	1.3	1.4	1.3	1.9	1.7
Cannabis	18.6	37.0	31.0	34.0	39.4	45.3	38.7	44.4	38.9	22.1
Cocaine	0.1	0.1	—	0.1	—	—	—	<0.1	0.1	0.3
Ecstasy	0.1	0.7	0.7	1.1	1.7	1.7	1.3	1.9	0.6	0.5
Nicotine	18.0	12.5	16.6	2.0	1.6	0.5	1.1	0.2	0.4	1.3
Opioids										
Heroin	0.5	0.8	0.2	0.8	0.4	0.3	0.5	0.6	0.5	9.3
Methadone	3.4	3.0	2.0	3.4	1.7	1.1	1.3	1.2	1.2	1.4
Morphine	6.6	4.8	5.9	4.7	2.7	4.6	6.4	6	5.1	1.2
<i>Total opioids</i>	<i>11.4</i>	<i>9.5</i>	<i>9.0</i>	<i>10.6</i>	<i>5.5</i>	<i>6.6</i>	<i>10.2</i>	<i>9.3</i>	<i>9.0</i>	<i>13.8</i>
All other drugs	2.6	1.3	1.1	1.1	1.6	1.2	1.2	2.5	1.7	4.2
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	2,292	1,596	1,372	1,357	1,478	2,124	1,983	1,452	1,653	144,002

Notes

1. The total number of closed treatment episodes may be an undercount from 2004–05 because two agencies have supplied drug diversion data only.
2. The proportion of episodes for cannabis has increased over time due to the inclusion of drug diversion data (cannabis is the principal drug of concern for the majority of diversions).
3. Due to a resubmission of data for 2009–10, data for this year will differ from that reported in the 2009–10 annual report.
4. Total opioids includes other opioids.

In addition to the principal drug of concern, clients receiving treatment for their own drug use can report up to five other drugs of concern. Almost one-third (32%) of closed episodes for clients seeking treatment for their own drug use involved at least one additional drug of concern. As with the principal drug of concern, cannabis (52% of episodes) and alcohol (49%) were the most common drugs of concern (either principal or other) (Figure 7.1).

Amphetamines (15%) and nicotine (11% of episodes) and were also common drugs of concern, while nicotine was the principal drug of concern in less than 1% of episodes.



Cannabis

Cannabis, along with alcohol, was the most common principal drug of concern for 2010-11, accounting for 2 in 5 (39%, or 643) closed episodes where the client was receiving treatment for their own drug use. This was higher than the national proportion of 22%. Cannabis was also the most common drug of concern when additional drugs of concern were considered, with 52% of closed episodes having it as one of the drugs of concern (either principal or other).

Clients

- Eight in 10 (79%) closed episodes where the principal drug was cannabis involved male clients.
- The median age of clients in these treatment episodes was 23 (males 23, females 25).
- One in 6 (15%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 19% of closed episodes).
- Police diversion programs were the most common source of referral (42% of episodes), followed by self-referral (33%) and referrals from correctional services (7%).

Drugs

- Three in 10 (29%) closed episodes where cannabis was the principal drug also had at least one other drug of concern.
- Smoking cannabis was the most common method of use (98%).
- In almost two-thirds (63%) of episodes, the client reported never having injected drugs (injecting history was not reported for 19% of closed episodes).

Treatment

- Counselling was the most common treatment provided where cannabis was the principal drug (64% of closed episodes), followed by information and education only (24%).
- Treatment occurred mostly in a non-residential treatment facility (81% of episodes), or an outreach setting (13%).
- The median length of closed episodes was 29 days.

Alcohol

Alcohol, along with cannabis, was the most common principal drug of concern, accounting for 39% (642) of episodes closed in 2010–11 in Tasmania where the client was receiving treatment for their own drug use. This was lower than the national proportion (47%) of episodes where alcohol was the principal drug in 2010–11. Alcohol was the second most common drug of concern when additional drugs of concern were considered, with 49% of closed episodes having it as one of the drugs of concern (either principal or other).

Clients

- Seven in 10 (71%) closed episodes where the principal drug was alcohol involved male clients.
- The median age of clients in these treatment episodes was 38 (males 37, females 41).
- One in 12 (8%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 13% of closed episodes).
- Self-referral was the most common source of referral (69% of episodes), followed by referral from a correctional service and other community health-care services (both 7%).

Drugs

- Almost one-third (32%) of episodes where the principal drug was alcohol also had at least one other drug of concern.
- Two-thirds (67%) of episodes were for clients who reported never having injected drugs (injecting history was not reported for 16% of episodes).

Treatment

- Counselling was the most common treatment provided for closed episodes where the principal drug was alcohol (76%), followed by rehabilitation (10%).
- Treatment mostly occurred in a non-residential treatment facility (73%), an outreach setting (15%) or a residential treatment facility (11%).
- The median length of closed episodes was 49 days.

Amphetamines

In 2010–11, amphetamines was the third most common principal drug of concern, accounting for 9% (142) of treatment episodes. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated), 15% of episodes included amphetamines.

Clients

- Almost three-quarters (73%) of episodes where amphetamines was the principal drug involved male clients.
- The median age of clients in these treatment episodes was 28 (males 29, females 26).
- Eight per cent of episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 15% of episodes).
- Self-referral was the most common source of referral (51% of episodes), followed by referrals from police diversion programs (20%) and correctional services (13%).

Drugs

- Injection was the most common method of use for clients whose principal drug was amphetamines (70% of closed episodes), followed by ingestion (16%) (method of use was not reported for 7% of episodes).
- Two in 5 (40%) episodes included at least one other drug of concern.
- In 3 out of every 5 (61%) episodes, the client reported that they currently injected drugs, while in 9% of episodes, the client reported they had injected drugs in the past (injecting drug status was not reported for 14% of closed episodes).

Treatment

- Counselling was the most common treatment type provided in episodes where amphetamines was the principal drug (58% of episodes), followed by rehabilitation (33%).
- Treatment was most likely to occur in a non-residential treatment facility (56% of episodes) residential treatment facility (30%) or outreach settings (11%).
- The median length of closed episodes was 29 days.

7.5 Treatment

Of the 1,738 closed episodes in Tasmania in 2010–11, counselling was the most common type of main treatment provided (66% of episodes), which was an increase of 16 percentage points compared with 2009–10 (50%). Counselling was also the most common treatment type nationally, accounting for 41% of episodes across Australia (Table 7.2).

Table 7.2: Main treatment type for all closed episodes, Tasmania 2002–03 to 2010–11 (per cent)

Main treatment type	Tasmania									Australia
	2002–03	2003–04	2004–05 ¹	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2010–11
Withdrawal management	15.7	2.5	3.1	1.7	2.2	1.4	6.4	1.0	1.3	15.8
Counselling	55.7	62.8	63.2	62.4	64.5	53.6	57.2	50.3	65.9	41.2
Rehabilitation	5.3	4.5	6.1	8.2	7.9	4.3	8.5	7.4	10.1	5.2
Support and case management only	3.2	1.7	3.0	2.3	2.8	3.8	2.6	0.8	1.2	9.1
Information and education only	0.8	11.1	13.3	16.6	19.4	25.5	16.5	30.8	11.3	7.7
Assessment only	7.5	5.9	8.2	6.9	2.7	11.3	7.5	5.1	8.3	13.6
Other	11.8	11.5	3.1	2.0	0.4	—	1.3	4.6	2.0	7.4
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	2,568	2,357	1,921	1,512	1,564	2,302	2,081	1,544	1,738	150,488

Notes

1. The total number of closed treatment episodes may be undercounted since 2004–05 because two agencies supplied drug diversion data only.
2. The proportion of episodes for information and education only has increased over time due to the inclusion of drug diversion data. In Tasmania, this treatment type is the most common in diversion treatment.
3. Due to a resubmission of data for 2009–10, data for this year will differ from that reported in the 2009–10 annual report.

Counselling

Counselling was the most common treatment type in Tasmania, accounting for two-thirds (66%, or 1,145) of treatment episodes closed in 2010–11. Counselling can be provided both to clients receiving treatment for their own drug use and clients receiving assistance for someone else's drug use.

Clients

- The majority (96%) of episodes where counselling was the main treatment were for clients receiving treatment for their own drug use.
- Seven in 10 (69%) of episodes involved male clients.
- The median age of clients was 31 (males 30, females 34).
- One in 10 (10%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 19% of closed episodes).
- Self-referral was the most common source of referral (53% of episodes), followed by referrals from police diversion (16%).

Treatment

- Treatment was most likely to occur in a non-residential treatment facility (81% of episodes), followed by an outreach setting (18%).
- Three in 10 (31%) episodes ended because the treatment was completed. More than one-quarter (27%) of treatment episodes ended because the client ceased to participate without notice, while for 11% the episode ended because of expiation (the client had met all the conditions of a diversion program).
- The median length of closed episodes was 49 days.

Principal drug

For the 1,097 episodes where clients received counselling for their own drug use, alcohol was the most common principal drug of concern (45% of episodes), followed by cannabis (38%) and amphetamines (7%).

Information and education only

Information and education only was the second most common treatment in Tasmania in 2010–11, accounting for 11% (197) of closed treatment episodes. This treatment type can be provided both to clients receiving treatment for their own drug use and clients receiving assistance for someone else's drug use.

Clients

- Almost 9 in 10 (88%) information and education only episodes were for clients seeking treatment for their own drug use.
- Almost three-quarters (72%) of episodes where withdrawal management was provided involved male clients.
- The median age of clients was 23 (males 21, females 30).

- One in 6 (15%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 14% of episodes).
- Police diversion was the most common source of referral (70% of episodes), followed by self-referrals (14%).

Treatment

- Information and education only treatment mostly occurred in a non-residential treatment facility (99% of episodes).
- More than half (54%) of treatment episodes ended because the client ceased to participate at expiation (the client had completed the requirements of the diversion program). Clients completing treatment was the second most common end reason (24%).
- The median length of completed episode was 13 days.

Principal drug

For the 173 episodes where information and education only was provided, cannabis was the most common principal drug of concern (90%), followed by alcohol (8%).

Rehabilitation

Rehabilitation was the third most common treatment in Tasmania in 2010–11, accounting for 10% (175) of closed treatment episodes. This treatment type is not available to clients receiving assistance for someone else's drug use.

Clients

- More than three-quarters (78%) of episodes involved male clients.
- The median age of clients in these treatment episodes was 32 (males 31, females 35).
- More than 1 in 10 (11%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 11% of episodes).
- Self-referral was the most common source of referral (63% of episodes), followed by referrals from court diversion programs (12%).

Treatment

- Rehabilitation was mostly provided in a residential treatment facility (90% of episodes), followed by other treatment programs (10%).
- The most common reason for cessation of treatment was that the client ceased to participate by mutual agreement (27%), followed by completion of treatment (25%).
- The median length of closed episodes was 48 days.

Principal drug

For the 175 episodes where clients received rehabilitation for their own drug use, alcohol was the most common principal drug of concern (38%), followed by amphetamines (27%) and cannabis (19%).

8 Australian Capital Territory

8.1 Key findings

In the Australian Capital Territory, 10 publicly funded government and other drug treatment agencies provided 3,156 treatment episodes that were completed in 2010–11. Almost all (98%) episodes were provided to clients who received treatment for their own drug use, and in two-thirds (67%) of these the client was male. The remaining episodes were provided to people who received assistance for someone else's drug use, and in three-quarters (75%) of these the client was female. People receiving treatment for their own drug use tended to be younger (median age of 32) than those receiving assistance for someone else's drug use (median age of 45).

Alcohol was the most common principal drug of concern for clients receiving treatment for their own drug use, accounting for more than half (54%) of the episodes closed in 2010–11. The next most common principal drugs of concern were cannabis (17%), heroin (16%) and amphetamines (6%).

Assessment only was the most common main treatment type provided to clients receiving treatment for their own drug use (20% of closed episodes), followed by withdrawal management (16%) and counselling (16%). Counselling was the most common type of main treatment for clients receiving treatment for someone else's drug use (94%), followed by support and case management only (6%).

8.2 Treatment agencies

Of the 666 publicly funded alcohol and other drug treatment agencies in Australia that supplied data for 2010–11, 2% (10) were in the Australian Capital Territory. Nearly all of these (9) were non-government agencies. All treatment agencies in Australian Capital Territory were in a *Major city* area as there are no other remoteness areas in this territory.

8.3 Clients

Nearly all (98%) of the 3,156 episodes closed in 2010–11 in the Australian Capital Territory were for clients receiving treatment for their own drug use. The rest were for clients receiving assistance for someone else's drug use.

Similar to the national findings, the client was male in 2 out of every 3 (66%) episodes. For episodes where the client was receiving treatment for their own drug use, two-thirds (67%) were for male clients. However, where the episode was for a client receiving assistance for someone else's drug use, three-quarters (75%) were for female clients.

Clients receiving treatment for their own drug or alcohol use tended to be younger (median age of 32) than clients receiving assistance for someone else's drug or alcohol use (median age of 45). Overall, one-quarter of episodes closed in 2010–11 were for clients aged 20–29, while 27% were for clients aged 30–39.

The proportion of closed episodes for Indigenous clients was in the Australian Capital Territory was similar to the national average (11% and 13%, respectively). These numbers need to be interpreted with caution because the majority of services funded by the

Australian Government for Aboriginal and Torres Strait Islander substance use are not included in the AODTS-NMDS. Indigenous status was not stated for 7% of closed episodes in the Australian Capital Territory.

Nearly all (99%) episodes closed in 2010–11 in the Australian Capital Territory were for clients whose preferred language was English, and most (89%) treatment episodes were for clients born in Australia.

8.4 Drugs of concern

Of the 3,108 closed episodes where clients were seeking treatment for their own alcohol or other drug use in Australian Capital Territory, alcohol was the principal drug of concern for more than half (54%), while cannabis was the principal drug of concern for almost one-fifth (17%) (Table 8.1). Note that drugs of concern are not recorded for clients receiving assistance for someone else's drug use. Heroin accounted for 16% of closed episodes, while amphetamines were the principal drug of concern in 6% of closed episodes.

Cannabis was the principal drug of concern for more than half (52%) of the episodes completed by clients aged 10–19, while for those aged 20 and older, alcohol was the most common principal drug. The likelihood of it being the principal drug increased with each age group: it was the principal drug of concern for 45% of episodes for those aged 20–29 and 93% of episodes for those aged 60 and older.

Over the 9 years from 2002–03, the proportion of closed episodes where alcohol was a principal drug of concern increased from 40%, while heroin decreased from 21% (Table 8.1).

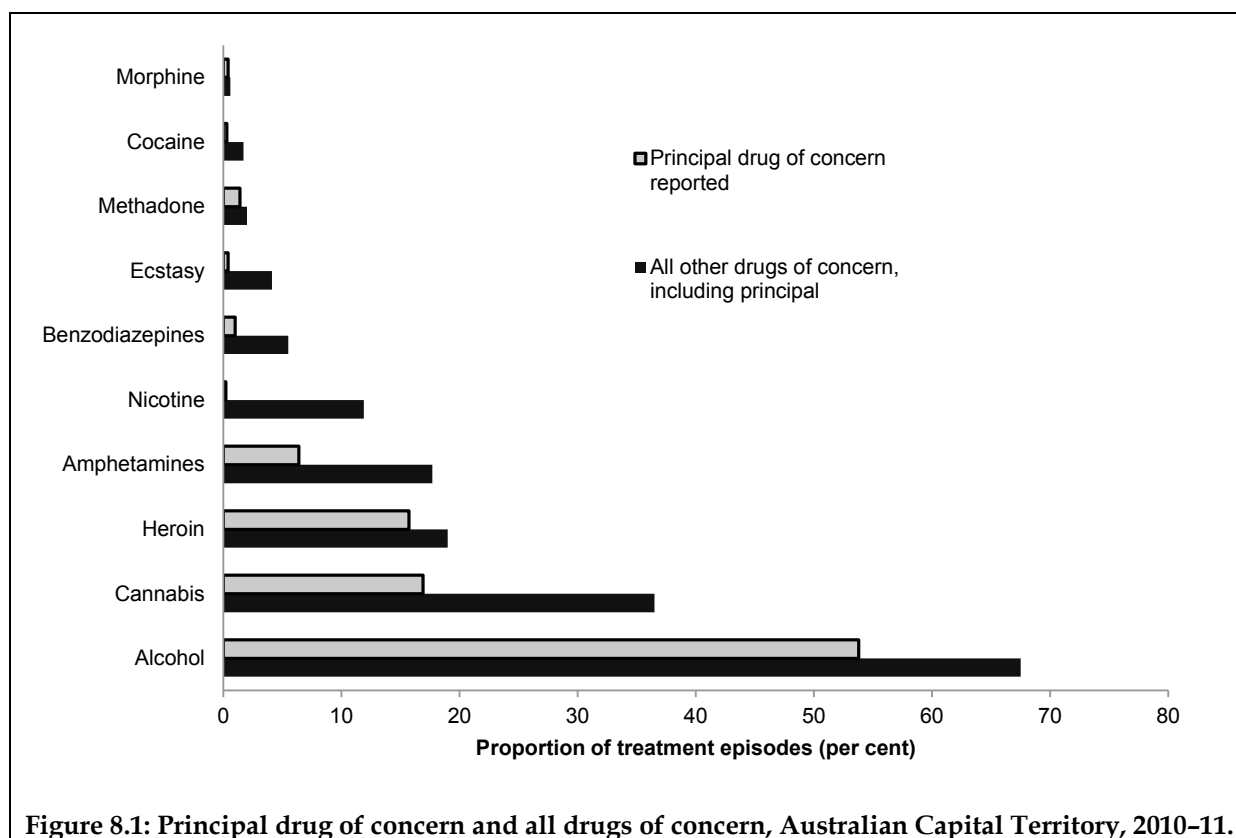
Table 8.1: Principal drug of concern for closed episodes where the client was seeking treatment for their own drug use, Australian Capital Territory 2002–03 to 2010–11 (per cent)

Principal drug	Australian Capital Territory									Australia
	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2010–11
Alcohol	40.3	22.4	42.7	45.4	55.3	48.9	54.1	54.8	53.8	47.3
Amphetamines	5.9	17.4	8.2	8.3	8.7	9.6	9.5	6.2	6.4	8.7
Benzodiazepines	2.1	3.3	1.0	0.9	0.7	0.8	0.7	0.9	1.0	1.7
Cannabis	15.2	29.5	18.6	15.4	12.2	14.3	15.7	16.7	16.9	22.1
Cocaine	0.1	0.8	0.2	0.3	0.2	0.3	0.3	0.2	0.3	0.3
Ecstasy	0.3	0.8	0.3	1.0	0.7	0.7	0.6	0.5	0.4	0.5
Nicotine	0.1	0.5	0.1	0.1	0.1	0.2	—	0.4	0.2	1.3
Opioids										
Heroin	20.7	20.2	27.4	26.5	20.0	19.6	15.0	14.1	15.7	9.3
Methadone	1.6	2.7	1.2	1.0	0.6	1.4	1.1	1.6	1.4	1.4
Morphine	0.1	0.4	0.2	0.2	0.2	0.4	0.2	0.6	0.4	1.2
<i>Total opioids</i>	<i>22.4</i>	<i>24.8</i>	<i>28.9</i>	<i>27.7</i>	<i>22.1</i>	<i>23.6</i>	<i>18.1</i>	<i>19.7</i>	<i>20.8</i>	<i>13.8</i>
All other drugs	10.1	0.6	0.1	1.0	0.2	1.6	1.2	0.4	0.3	4.2
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	2,958	1,317	4,206	4,529	4,340	3,662	3,629	3,421	3,108	144,002

Notes

1. The total number of closed treatment episodes for the Australian Capital Territory in 2003–04 is an undercount due to data collection issues.
2. Total opioids includes other opioids.

In addition to the principal drug of concern, clients receiving treatment for their own drug use can have up to five other drugs of concern recorded. Less than half (44%) of closed episodes for clients seeking treatment for their own drug use involved at least one additional drug of concern. As with the principal drug of concern, alcohol (67%) and cannabis (36%) were the most common drugs of concern (either principal or other) (Figure 8.1). Nicotine (12% of episodes) was also a common drug of concern, although nicotine was the principal drug of concern in less than 1% of episodes.



Alcohol

Alcohol was the most common principal drug of concern, accounting for more than half (54%, or 1,671) of the episodes closed in 2010–11 in Australian Capital Territory where the client was receiving treatment for their own drug use. This was higher than the national proportion of 47%. Alcohol was also the most common drug of concern when additional drugs of concern were considered, with 67% of closed episodes having it as one of the drugs of concern (either principal or other).

Clients

- More than two-thirds (69%) of closed episodes where the principal drug was alcohol involved male clients.
- The median age of clients in these treatment episodes was 36 (males 34, females 39).
- Eight per cent of episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 12% of closed episodes).

- Self-referral was the most common source of referral (50% of closed episodes), followed by police diversion programs (9%), hospitals (7%), referrals from other alcohol and other drug treatment services (7%) and court diversion programs (7%).

Drugs

- In more than one-third (37%) of closed episodes where the principal drug was alcohol, another drug of concern was also reported.
- Almost two-thirds (62%) of closed episodes were for clients who reported never having injected drugs (injecting history was not reported for 22% of episodes).

Treatment

- Information and education only was the most common (25%) main treatment provided for closed episodes where the principal drug was alcohol, followed by withdrawal management (21%) and assessment only (18%).
- Treatment was most likely to occur in a non-residential treatment facility (53%), followed by a residential treatment facility (39%).
- The median length of closed episodes was 16 days.

Cannabis

Cannabis was the second most common principal drug of concern for 2010–11 and it was the principal drug of concern for 17% (525) of closed episodes where the client was seeking treatment for their own drug use. This was lower than the national average (22%). Cannabis was also the second most common drug of concern when additional drugs of concern were considered, with 36% of closed episodes having it as one of the drugs of concern (either principal or other).

Clients

- Seven in 10 (72%) closed episodes where the principal drug was cannabis were for male clients.
- The median age of clients in these treatment episodes was 18 (males 17, females 21).
- About 1 in 5 (22%) of these episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 2% of closed episodes).
- Self-referral was the most common source of referral (21% of episodes), followed by court diversion programs (15%), referrals from correctional services (17%) and police diversion (13%).

Drugs

- More than two-thirds (67%) the closed episodes where cannabis was the principal drug also had at least one other drug of concern.
- Smoking was the most common method of use (94%).
- Three-quarters (75%) of closed episodes were for clients who reported never having injected drugs (injecting history was not reported for 6% of closed episodes).

Treatment

- Support and case management only was the most common main treatment provided where cannabis was the principal drug (24% of closed episodes), followed by rehabilitation (21%) and counselling (17%).
- Treatment was most likely to occur in a residential treatment facility or a non-residential treatment facility (both 47% of episodes).
- The median length of closed episodes was 16 days.

Heroin

Heroin was the third most common principal drug of concern, accounting for 16% (487) of episodes in the Australian Capital Territory in 2010–11 where the client was receiving treatment for their own drug use, which is higher than the national proportion of 9%. Heroin was the third most common drug of concern when additional drugs of concern were considered, with 19% of episodes having it as one of the drugs of concern (either principal or other).

Clients

- Three in 5 (59%) of closed episodes where heroin was the principal drug were for male clients.
- The median age of clients in these treatment episodes was 32 (males 34, females 30).
- One in 7 (14%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for less than 1% of closed episodes).
- Self-referral was the most common source of referral (65% of episodes), followed by alcohol and other drug treatment services (9%) and hospital referrals (8%).

Drugs

- Injecting was the most common method of use for clients whose principal drug was heroin (92% of closed episodes).
- More than half (55%) of closed episodes included at least one other drug of concern.
- Almost 7 in 10 (68%) episodes were for clients who reported as currently injecting, while 24% episodes were for clients who injected drugs in the past (injecting status was not reported for less than 1% of episodes).

Treatment

- 'Other', which includes pharmacotherapy, was the most common main treatment type provided in episodes where heroin was the principal drug (44% of closed episodes), followed by assessment only (23%) and support and case management only (12%).
- Treatment mostly occurred in a non-residential treatment facility (57%) and a residential treatment facility (29%).
- The median length of closed episodes was 56 days.

8.5 Treatment

For the 3,156 episodes closed in the Australian Capital Territory in 2010–11, assessment only was the most common main treatment (20%), followed by counselling (17%) and withdrawal

management (16%) (Table 3.2). The Australian Capital Territory provided proportionally more episodes for rehabilitation, support and case management only, information and education only, and assessment only than the national average and fewer episodes for counselling.

The proportion of treatment episodes with counselling as the main treatment type decreased in recent years, from 27% in 2006–07 and 30% in 2009–10 to 17% in 2010–11. The decrease from 2009–10 is partly attributable to counselling staff shortages and a high number of clients who fail to attend counselling sessions.

The increase in the proportion of episodes with assessment only as the main treatment from 13% in 2009–10 to 20% in 2010–11 was related to one agency's increased assessments for rehabilitation treatment and some clients failing to attend treatment or being assessed as unsuitable, which results in episodes for which assessment only is the main treatment.

The Australian Capital Territory Government anticipates that the high rate of failure to attend counselling and the increase in the number of people who are assessed as unsuitable for rehabilitation treatment will be reduced with the pilot implementation of an electronic brief screening tool. It is hoped that this tool will reduce the number of unnecessary assessments and ensure that clients are referred to appropriate treatment services.

Table 8.2: Main treatment type for all closed episodes, Australian Capital Territory 2002–03 to 2010–11 (per cent)

Main treatment type	Australian Capital Territory									Australia
	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2010–11
Withdrawal management	50.7	36.1	26.7	22.4	16.3	21.1	21.3	20.7	16.1	15.8
Counselling	15.8	47.2	27.7	16.3	27.4	28.5	29.7	29.9	17.4	41.2
Rehabilitation	7.4	13.1	5.2	5.0	4.8	6.2	6.3	6.7	10.4	5.2
Support and case management only	15.8	3.1	2.7	6.8	6.6	10.3	13.5	12.9	12.0	9.1
Information and education only	0.1	0.4	11.5	4.6	4.5	8.2	8.9	10.9	14.5	7.7
Assessment only	4.4	—	19.4	39.3	35.7	18.8	16.5	13.1	19.9	13.6
Other	5.8	0.1	6.9	5.6	4.6	6.9	3.9	5.9	9.7	7.4
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	3,001	1,318	4,213	4,634	4,516	3,738	3,750	3,585	3,587	150,488

Notes

1. Due to data collection issues, the number of closed episodes in 2003–04 is an undercount.
2. Due to changes in reporting practices, the number of closed episodes for assessment only in 2005–06 is an overcount.
3. The total number of treatment episodes and proportional decrease in assessment only from 2007–08 is related to a review of the reporting practices of one agency.

Assessment only

Assessment only was the most common treatment type in the Australian Capital Territory, accounting for 1 in 5 (20% or 628) treatment episodes closed in 2010–11 (higher than the national proportion of 14%). Assessment only can be provided both to clients receiving treatment for their own drug use and clients receiving assistance for someone else's drug use.

Clients

- All episodes where assessment only was the main treatment were for clients receiving treatment for their own drug use.
- Almost two-thirds (63%) of episodes were for male clients.
- The median age of clients was 34 (both males and females 34).
- One in 10 (10%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 1% of closed episodes).
- Self-referral was the most common source of referral (41% of episodes), followed by referral from hospital (18%).

Treatment

- Episodes where assessment only was the main treatment type were mostly likely to occur in a residential treatment facility (67%), followed by a non-residential treatment facility (32%).
- Less than half (45%) of these episodes ended because the treatment was completed and a further 21% ended because the client ceased to participate without notice.
- The median length of closed episodes was two days.

Principal drug

For the 628 episodes where clients received assessment only as the main treatment for their own drug use, alcohol was the most common principal drug of concern (48% of episodes), followed by heroin (18%) and cannabis (13%).

Counselling

Counselling was the second most common treatment in the Australian Capital Territory in 2010–11, accounting for 17% (549) of closed treatment episodes (lower than the national proportion of 41%). Counselling can be provided both to clients receiving treatment for their own drug use and clients receiving assistance for someone else's drug use.

Clients

- Most (92%) episodes where counselling was the main treatment were for clients receiving treatment for their own drug use.
- Three in 5 (63%) closed episodes where counselling was provided were for male clients.
- The median age of clients was 33 (males 32, females 38).
- One in 25 (4%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 3% of episodes).

- Self-referral was the most common source of referral (64%), followed by referrals from family or friends (7%).

Treatment

- Counselling was most likely to take place in a non-residential treatment facility (96% of episodes), followed by an outreach setting (2%).
- Almost half (46%) of these episodes ended because the treatment was completed. A further 32% of episodes ended because the client ceased to participate without notice.
- The median length of closed episodes was 44 days.

Principal drug

For the 504 episodes where the client was receiving treatment for their own drug use, alcohol was the most common principal drug of concern (59%), followed by cannabis (18%).

Withdrawal management

Withdrawal management was the third most common type of main treatment provided in the Australian Capital Territory in 2010–11, accounting for 16% (509) of closed episodes. Withdrawal management can only be provided to clients receiving treatment for their own drug use.

Clients

- Almost two-thirds (64%) of episodes involved male clients.
- The median age of clients in these treatment episodes was 37 (males 37, females 39).
- One in 9 (11%) of episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for less than 2% of episodes).
- Self-referral was the most common source of referral (62%), followed by referrals from other alcohol and other drug treatment services (8%).

Treatment

- Nearly all (99%) of the episodes where withdrawal management was the main treatment type occurred in a residential treatment setting.
- Most (86%) episodes ended because the treatment was completed. The next most common reason for treatments ending was that the client ceased to participate against advice (8%).
- The median length of closed episodes was 8 days.

Principal drug

Alcohol was the most common principal drug of concern for episodes where the main treatment type was withdrawal management (70%), followed by cannabis (15%), heroin (6%) and amphetamines (5%).

9 Northern Territory

9.1 Key findings

In the Northern Territory, 18 publicly funded government and other drug treatment agencies provided 3,587 treatment episodes that were completed in 2010–11. Most (90%) episodes were provided to clients who received treatment for their own drug use, and in 70% of these the client was male. The remaining episodes were provided to people who received assistance for someone else's drug use, and in almost three-fifths (56%) of these the client was female. In contrast to other states and territory, people receiving treatment for their own drug use tended to be older (median age of 31) than those receiving assistance for someone else's drug use (median age of 17).

Alcohol was the most common principal drug of concern for clients receiving treatment for their own drug use, accounting for almost two-thirds (64%) of episodes closed in 2010–11. The next most common principal drugs of concern were cannabis (11%) and other drugs (10%, with volatile solvents accounting for 89% of this category).

Assessment only was the most common main treatment type provided to clients receiving treatment for their own drug use (43% of episodes), followed by counselling and rehabilitation (both 18%). Other treatment (excluding pharmacotherapy) was the most common type of main treatment for clients receiving treatment for someone else's drug use (46%), followed by counselling (44%).

9.2 Treatment agencies

Of the 666 publicly funded alcohol and other drug treatment agencies in Australia that supplied data for 2010–11, 3% (18) were in the Northern Territory. Almost three-quarters (72%) of these were non-government agencies and the rest were government.

Treatment agencies in the Northern Territory were mostly in *Outer regional* areas (50%), which includes Darwin, *Remote* areas (33%) such as Alice Springs, or *Very remote* areas (17%).

9.3 Clients

Most (89%) of the 3,587 episodes closed in 2010–11 in Northern Territory were for clients receiving treatment for their own drug use. The rest were for clients receiving assistance for someone else's drug use.

Similar to the national findings, in two-thirds (68%) of episodes the client was male. For episodes where the client was receiving treatment for their own drug use, 70% of episodes were for male clients. However, where the episode was for a client receiving assistance for someone else's drug use, the majority (56%) were for female clients. In contrast to other states and territories, clients receiving treatment for their own drug or alcohol use tended to be older (median age of 31) than clients receiving assistance for someone else's drug or alcohol use (median age of 17). Overall, more than one-quarter (27%) of episodes closed in 2010–11 were for clients aged 20–29, while 28% were for clients aged 30–39.

The proportion of closed episodes for Indigenous clients in the Northern Territory was higher than the national average (60% compared with 13%). These numbers need to be

interpreted with caution because the majority of services funded by the Australian Government for Aboriginal and Torres Strait Islander substance use are not included in the AODTS-NMDS. Indigenous status was not stated for 2% of closed episodes in Northern Territory.

In contrast to other states and territories, only 57% of episodes closed in 2010–11 in Northern Territory were for clients whose preferred language was English, while 21% were for clients whose preferred language was an Australian Indigenous language. Similar to other states and territories, most (88%) treatment episodes were for clients born in Australia.

9.4 Drugs of concern

Of the 3,208 closed episodes where clients were seeking treatment for their own alcohol or other drug use in Northern Territory, alcohol was the principal drug of concern for almost two-thirds (64%), followed by cannabis (11%) and 'other' drugs of concern (10%, with volatile solvents accounting for 89% of drugs in this category) (Table 9.2). Note that drugs of concern are not recorded for clients seeking assistance for someone else's drug use.

Amphetamines accounted for 3% of closed episodes while heroin accounted for 1% – lower than the national proportions of 9% for both drug types. Both alcohol and volatile solvents were more likely to be the principal drug of concern where the client was Indigenous – for 71% of episodes where the client was Indigenous, alcohol was the principal drug of concern while volatile solvents were the principal drug for 14%, compared with 55% and less than 1%, respectively, for episodes where the client was non-Indigenous.

The proportion of closed episodes where alcohol was the principal drug of concern fluctuated in the 9 years but, overall, decreased from 72% in 2002–03 to 64% in 2010–11, with a high of 77% in 2003–04. In contrast, 'other' drugs increased from 2% to 10% – the proportion of these episodes where the 'other' drug was a volatile substance remained consistent at about 90% of this category.

Table 9.1: Principal drug of concern for closed episodes where the client was seeking treatment for their own drug use, Northern Territory 2002–03 to 2010–11 (per cent)

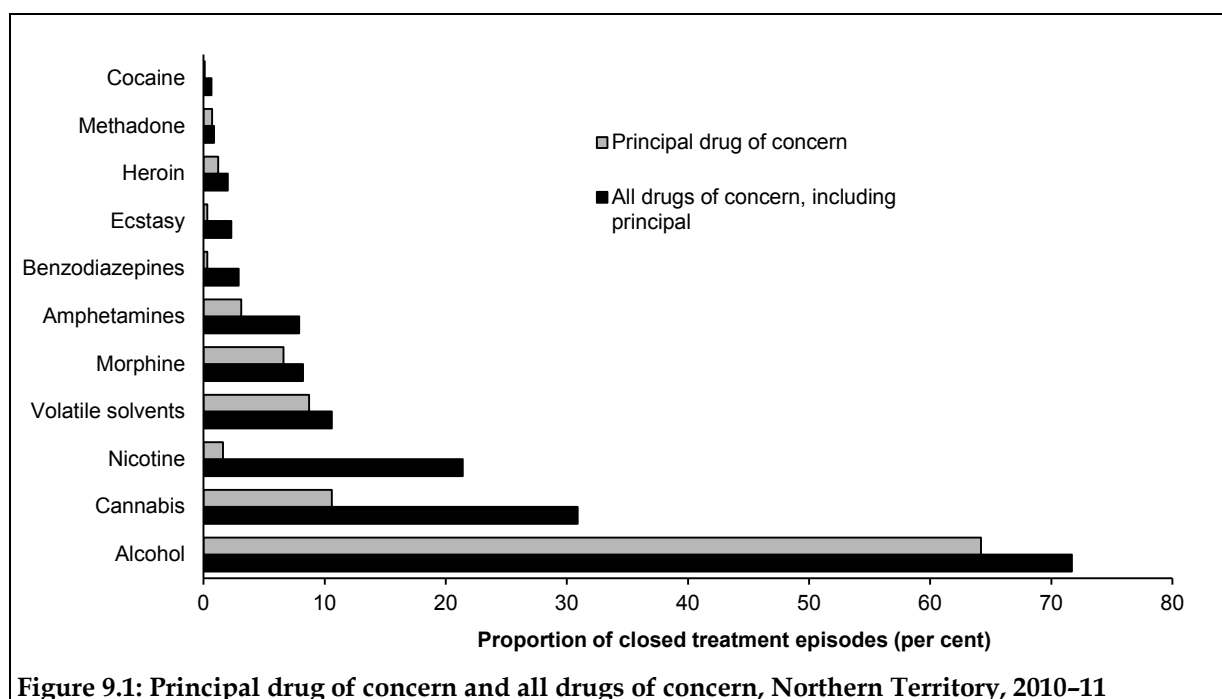
Principal drug	Northern Territory									Australia
	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2010–11
Alcohol	71.7	77.2	64.4	63.0	63.4	73.1	70.7	69.0	64.3	47.3
Amphetamines	6.4	4.5	5.2	3.8	4.8	2.4	2.4	2.5	3.1	8.7
Benzodiazepines	0.9	0.4	0.5	0.8	0.5	0.6	0.4	0.5	0.3	1.7
Cannabis	9.2	7.9	13.5	14.4	13.2	9.7	10.5	9.2	10.6	22.1
Cocaine	0.2	0.1	—	—	—	—	—	0.1	0.1	0.3
Ecstasy	—	0.2	0.4	0.4	0.3	0.3	0.2	0.2	0.3	0.5
Nicotine	1.2	1.3	1.0	1.4	3.8	0.4	0.7	1.4	1.6	1.3
Opioids										
Heroin	1.5	0.9	1.3	0.8	0.6	1.2	0.8	0.6	1.2	9.3
Methadone	0.6	0.7	0.6	1.0	0.4	0.4	0.5	0.5	0.7	1.4
Morphine	6.0	5.3	10.1	10.0	7.8	7.1	7.1	7.7	6.6	1.2
<i>Total opioids</i>	<i>8.1</i>	<i>6.8</i>	<i>12.0</i>	<i>11.8</i>	<i>8.8</i>	<i>8.7</i>	<i>9.1</i>	<i>8.8</i>	<i>9.5</i>	<i>13.8</i>
Volatile solvents	1.0	1.2	1.0	2.4	4.2	3.0	4.2	7.4	8.7	0.3
All other drugs	1.3	0.5	2.0	2.1	0.9	1.8	1.7	0.8	1.6	3.9
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	1,961	2,337	2,116	2,283	2,217	3,496	3,521	3,386	3,208	144,002

Notes

1. Due to data collection issues, the total number of closed treatment episodes for the Northern Territory in 2006–07 may be an undercount.
2. Total opioids includes other opioids.

For those aged 20 and older, alcohol was the most common principal drug and the likelihood of it being the principal drug of concern increased with each age group: it was the principal drug of concern for 64% of episodes for those aged 20–29 and 81% of episodes for those aged 60 and older.

In addition to the principal drug of concern, clients receiving treatment for their own drug use can have up to five other drugs of concern recorded. Just over one-third (37%) of closed episodes for clients seeking treatment for their own drug use involved at least one additional drug of concern. As with the principal drug of concern, alcohol (72%) and cannabis (31%) were the most common drugs of concern (either principal or other) (Figure 9.2). While nicotine was reported as the principal drug of concern in very few episodes (2%), it was reported as a drug of concern in 21% of treatment episodes. Morphine and amphetamines (both 8%) were also common drugs of concern.



Alcohol

Alcohol was the most common principal drug of concern, accounting for almost two-thirds (64%, 2,061) of episodes closed in 2010–11 in Northern Territory where the client was receiving treatment for their own drug use. This was higher than the national proportion of 47%. Alcohol was also the most common drug of concern when additional drugs of concern were considered, with 72% of closed episodes having it as one of the drugs of concern (either principal or other).

Clients

- More than two-thirds (72%) of closed episodes where the principal drug was alcohol involved male clients.
- The median age of clients in these treatment episodes was 34 (males and females both 34).

- Two-thirds (67%) of episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 1% of closed episodes).
- Self-referral was the most common source of referral (33% of closed episodes), followed by referrals from correctional services and referrals from other sources (both 15%) and court diversion programs (11%).

Drugs

- In one-third (35%) of closed episodes where the principal drug was alcohol, another drug of concern was also reported.
- Eight in 10 (81%) closed episodes were for clients who reported never having injected drugs (injecting history was not reported for 10% of episodes).

Treatment

- Assessment only was the most common main treatment provided for closed episodes where the principal drug was alcohol (43%), followed by rehabilitation (21%) and counselling (17%).
- Treatment was most likely to occur in a residential treatment facility (35%), followed by 'other' treatment settings (25%) and a non-residential treatment facility (23%).
- The median length of closed episodes was 5 days.

Cannabis

Cannabis was the second most common principal drug of concern for 2010–11 and it was the principal drug of concern for 1 in 9 (11%, or 339) closed episodes where the client was seeking treatment for their own drug use. This was lower than the national average (22%). Cannabis was also the second most common drug of concern when additional drugs of concern were considered, with 31% of closed episodes having it as a drug of concern (either principal or other).

Clients

- Seven in 10 (70%) closed episodes where the principal drug was cannabis were for male clients.
- The median age of clients in these treatment episodes was 26 (26 for both males and females).
- More than half (54%) of these episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 2% of closed episodes).
- Self-referral was the most common source of referral (32% of episodes), followed by referrals from court diversion programs (18%), other referrals (14%) and other community health-care services (9%).

Drugs

- Just over half (52%) of the closed episodes where cannabis was the principal drug also had at least one other drug of concern.
- Smoking cannabis was the most common method of use (93%).
- Three in 5 (58%) closed episodes were for clients who reported never having injected drugs (injecting history was not reported for 23% of closed episodes).

Treatment

- Counselling was the most common treatment provided where cannabis was the principal drug (40% of closed episodes), followed by assessment only (26%).
- Treatment was most likely to occur in a non-residential treatment facility (40% of episodes), followed by a residential treatment facility (35%).
- The median length of closed episodes was 15 days.

Other drugs of concern—volatile solvents

Volatile solvents were the third most common principal drug of concern, accounting for 9% (280) of episodes closed in Northern Territory in 2010–11 where the client was receiving treatment for their own drug use. Volatile solvents were also one of the most common drugs of concern when additional drugs of concern were considered, with (11%) of closed episodes reported as either a principal or other drug of concern.

Clients

- Three-quarters (76%) of closed episodes where volatile solvents were the principal drug of concern were for male clients.
- The median age of clients in these treatment episodes was 17 (males 18, females 15).
- Nearly all (97%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for less than 1% of closed episodes).
- Referrals from police diversion programs were the most common source of referral (40%), followed by referrals from other community health-care services (17%) and other sources (15%).

Drugs

- Inhalation was the most common method of use for clients whose principal drug was a volatile solvent (96% of closed episodes).
- One in 8 (13%) closed episodes included at least one other drug of concern.
- Three in 5 (61%) episodes were for clients who reported that they had never injected drugs (injecting status was not reported for 39% of episodes).

Treatment

- Assessment only was the most common treatment type provided in episodes where a volatile solvent was the principal drug (87% of closed episodes), followed by rehabilitation (8%).
- Treatment mostly occurred in an outreach setting (62% of episodes), followed by a non-residential treatment facility and a residential treatment facility (both 12%).
- The median length of closed episodes was 194 days.

9.5 Treatment

For all 3,587 episodes closed in the Northern Territory in 2010–11, assessment only was the most common main treatment (39%), followed by counselling (21%) and rehabilitation (16%) (Table 9.2). The Northern Territory provided proportionally more episodes for rehabilitation

and assessment only than the national average and fewer episodes for counselling, withdrawal management, and support and case management only.

The proportion of treatment episodes involving each treatment type in the Northern Territory remained relatively stable from 2002–03 to 2010–11, although there was an increase in assessment only from 12% to 39% and a decrease in counselling from 29% to 21%.

Table 9.2: Main treatment type for all closed episodes, Northern Territory 2002–03 to 2010–11 (per cent)

Main treatment type	Northern Territory									Australia
	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10	2010–11	2010–11
Withdrawal management	8.9	8.4	11.8	14.3	11.1	14.7	15.3	7.3	9.5	15.8
Counselling	24.7	24.6	34.5	28.3	28.5	20.7	16.9	21.4	21.1	41.2
Rehabilitation	17.4	14.9	13.1	12.0	12.1	11.5	13.8	16.1	15.7	5.2
Support and case management only	3.7	0.9	1.4	1.2	4.3	6.6	6.6	1.6	2.0	9.1
Information and education only	21.4	23.9	9.0	6.9	5.3	3.3	8.5	5.2	0.9	7.7
Assessment only	19.9	24.3	23.7	31.5	30.4	32.9	33.2	38.6	38.5	13.6
Other	4.1	3.0	6.4	5.6	8.4	10.3	5.8	9.9	12.4	7.4
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	3,032	2,692	2,426	2,453	2,470	3,712	3,757	3,798	3,587	150,488

Note: Due to data collection issues, the number of episodes for 2006–07 may be an undercount.

Assessment only

Assessment only was the most common treatment type in the Northern Territory, accounting for more than one-third (38%, 1,380) of the treatment episodes closed in 2010–11 (greater than the national proportion of 14%). Assessment can be provided both to clients receiving treatment for their own drug use and clients receiving assistance for someone else's drug use.

Clients

- Nearly all (99%) the episodes where assessment only was the main treatment were for clients receiving treatment for their own drug use.
- Three-quarters (74%) of episodes were for male clients.
- The median age of clients was 30 (males 29, females 31).
- More than three-quarters (77%) of episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 2% of closed episodes).
- 'Other' was the most common source of referral (23% of episodes), followed by self-referral (21%) and referrals from correctional services (13%).

Treatment

- Episodes where assessment only was the main treatment were most likely to occur in 'other' settings (39%), followed by outreach settings (25%) and residential treatment facilities (18%).
- Three-quarters (74%) of episodes ended because the treatment was completed and a further 12% ended because there was a change in the main treatment type. The median length of closed episodes was 1 day.

Principal drug

For the 1,366 episodes where clients received assessment only as the main treatment for their own drug use, alcohol was the most common principal drug of concern (65% of episodes), followed by volatile solvents (18%) and cannabis (6%).

Counselling

Counselling was the second most common treatment in the Northern Territory in 2010–11, accounting for 21% (756) of closed treatment episodes (lower than the national proportion of 41%). Counselling can be provided both to clients receiving treatment for their own drug use and clients receiving assistance for someone else's drug use.

Clients

- More than three-quarters (78%) of episodes where counselling was the main treatment were for clients receiving treatment for their own drug use.
- Three in 5 (60%) closed episodes where counselling was provided were for male clients.
- The median age of clients was 33 (males 32, females 35).
- More than one-quarter (27%) of episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for 2% of episodes).

- Self-referral was the most common source of referral (46%), followed by 'other' referrals (11%).

Treatment

- Counselling was most likely to take place in a non-residential treatment facility (90% of episodes), followed by an outreach setting (5%).
- Two in 5 (43%) episodes ended because the treatment was completed. A further 23% ended because the client ceased to participate without notice.
- The median length of completed episodes was 64 days.

Principal drug

For the 589 episodes where counselling was the main treatment provided, alcohol was the most common principal drug of concern (60%), followed by cannabis (23%) and heroin (6%).

Rehabilitation

Rehabilitation only was the third most common type of main treatment provided in the Northern Territory in 2010–11, accounting for 16% (564) of closed episodes. Rehabilitation can only be provided to clients receiving treatment for their own drug use.

Clients

- Three-quarters (76%) of episodes involved male clients.
- The median age of clients in these treatment episodes was 31 (males 31, females 28).
- Four in 5 (79%) episodes were for clients who identified as Aboriginal or Torres Strait Islander (Indigenous status was not reported for less than 1% of episodes).
- Self-referral was the most common source of referral (26%), followed by referrals from correctional services (20%) and court diversion programs (19%).

Treatment

- Most (93%) of these episodes occurred in a residential treatment setting.
- Three in 10 (30%) episodes ended because the treatment was completed. The next most common reasons for treatments ending were that the client ceased to participate without notification (22%) and that the client ceased to participate against advice (14%).
- The median length of closed episodes was 29 days.

Principal drug

For the 564 episodes where clients received rehabilitation for their own drug use, alcohol was the most common principal drug of concern (78%), followed by cannabis (9%).

Glossary

assessment only treatment type: Only assessment is provided to the client. Note that service providers would normally include an assessment component in all treatment types.

closed episode: A period of contact between a client and a treatment provider or team of providers. An episode is closed when treatment is completed, there has been no further contact between the client and the treatment provider for 3 months or treatment is ceased (see reasons for cessation).

main treatment type: The principal activity that is determined at assessment by the treatment provider to treat the client's alcohol or other drug problem for the principal drug of concern.

median: The midpoint of a list of observations ranked from the smallest to the largest.

other treatment type: All other forms of treatment provided to the client in addition to the main treatment type for alcohol and other drugs.

outreach-treatment delivery setting: Refers to an outreach environment, excluding a client's home or usual place of residence, where treatment is provided. An outreach environment may be any public or private location that is not covered by residential and non-residential settings. Mobile/outreach alcohol and other drug treatment service providers would usually provide treatment within this setting.

principal drug of concern: The main substance that the client stated led them to seek treatment from an alcohol and drug treatment agency.

reason for cessation: The reason for the client ceasing to receive a treatment episode from an alcohol and other drug treatment service; these are:

- **ceased to participate against advice:** where the service provider is aware of the client's intention to stop participating in treatment, and the client ceases despite advice from staff that such action is against the client's best interest.
- **ceased to participate at expiation:** where the client has fulfilled their obligation to satisfy expiation requirements (for example, participation in a treatment program to avoid having a criminal conviction being recorded against them) as part of a police or court diversion scheme and chooses not to continue with further treatment.
- **ceased to participate by mutual agreement:** where the client ceases participation by mutual agreement with the service provider, even though the treatment plan has not been completed. This may include situations where the client has moved out of the area.
- **ceased to participate involuntarily:** where the service provider stops the treatment due to non-compliance with the rules or conditions of the program.
- **ceased to participate without notice:**
- **change in the delivery setting**
- **change in the principal drug of concern**
- **change in the main treatment type**
- **death**
- **drug court or sanctioned by court diversion service:** where the client is returned to court or jail due to non-compliance with the program.

- **imprisoned (other than sanctioned by a drug court or diversion service)**
- **treatment completed:** where the treatment was completed as planned.
- **transferred to another service provider:** this includes situations where the service provider is no longer the most appropriate and the client is transferred or referred to another service. For example, transfers could occur for clients between non-residential and residential services or between residential services and a hospital. Excludes situations where the original treatment was completed before the client transferred to a different provider for other treatment.

withdrawal management (detoxification) treatment: Includes medicated and non-medicated treatment to assist in managing, reducing or stopping the use of a drug of concern.

treatment episode: The period of contact between a client and a treatment provider or a team of providers. Each treatment episode has one principal drug of concern and one main treatment type. If the principal drug or main treatment changes, then a new episode is recorded.

References

AIHW (Australian Institute of Health and Welfare) 2012. Alcohol and other drug treatment services in Australia 2010–11: report on the National Minimum Data Set. Drug treatment series no. 18. Cat. no. HSE 128. Canberra: AIHW.

List of tables

Table 2.1: Principal drug of concern for closed episodes where the client was seeking treatment for their own drug use, New South Wales 2002–03 to 2010–11 (per cent).....	5
Table 2.2: Main treatment type for all closed episodes, New South Wales 2002–03 to 2010–11 (per cent).....	10
Table 3.1: Principal drug of concern for closed episodes where the client was seeking treatment for their own drug use, Victoria 2002–03 to 2010–11 (per cent)	15
Table 3.2: Treatment type for all closed episodes, Victoria 2002–03 to 2010–11 (per cent)	20
Table 4.1: Principal drug of concern for closed episodes where the client was seeking treatment for their own drug use, Queensland 2002–03 to 2010–11 (per cent)	25
Table 4.2: Main treatment type for all closed episodes, Queensland 2002–03 to 2010–11 (per cent)	30
Table 5.1: Principal drug of concern for closed episodes where the client was seeking treatment for their own drug use, Western Australia 2002–03 to 2010–11 (per cent)	35
Table 5.2: Main treatment type for all closed episodes, Western Australia 2002–03 to 2010–11 (per cent)	40
Table 6.1: Principal drug of concern for closed episodes where the client was seeking treatment for their own drug use, South Australia 2002–03 to 2010–11 (per cent).....	45
Table 6.2: Main treatment type for all closed episodes, South Australia 2002–03 to 2010–11 (per cent)	49
Table 7.1: Principal drug of concern for closed episodes where the client was seeking treatment for their own drug use, Tasmania 2002–03 to 2010–11 (per cent)	55
Table 7.2: Main treatment type for all closed episodes, Tasmania 2002–03 to 2010–11 (per cent)	59
Table 8.1: Principal drug of concern for closed episodes where the client was seeking treatment for their own drug use, Australian Capital Territory 2002–03 to 2010–11 (per cent)	64
Table 8.2: Main treatment type for all closed episodes, Australian Capital Territory 2002–03 to 2010–11 (per cent)	69
Table 9.1: Principal drug of concern for closed episodes where the client was seeking treatment for their own drug use, Northern Territory 2002–03 to 2010–11 (per cent).....	74
Table 9.2: Main treatment type for all closed episodes, Northern Territory 2002–03 to 2010–11 (per cent)	79

List of figures

Figure 2.1: Principal drug of concern and all drugs of concern, New South Wales, 2010–11	6
Figure 3.1: Principal drug of concern and all drugs of concern, Victoria, 2010–11.....	16
Figure 4.1: Principal drug of concern and all drugs of concern, Queensland, 2010–11.....	26
Figure 5.1: Principal drug of concern and all drugs of concern, Western Australia, 2010–11.....	36
Figure 6.1: Principal drug of concern and all drugs of concern, South Australia, 2010–11.	46
Figure 7.1: Principal drug of concern and all drugs of concern, Tasmania, 2010–11.....	56
Figure 8.1: Principal drug of concern and all drugs of concern, Australian Capital Territory, 2010–11.	65
Figure 9.1: Principal drug of concern and all drugs of concern, Northern Territory, 2010–11.....	75

Related publications

This report, *Alcohol and other drug treatment services in Australia 2010-11: state and territory findings*, is part of an annual series. An accompanying report, *Alcohol and other drug treatment services in Australia 2010-11: report on the National Minimum Data Set*, is also available. These publications, as well as past and future reports in this series, can be downloaded for free from the AIHW website, <www.aihw.gov.au/alcohol-and-other-drugs-publications/>. The website also includes information on ordering printed copies.

The following AIHW publications relating to alcohol and other drug use and treatment might also be of interest:

- AIHW 2012. Alcohol and other drug treatment services in Australia 2010-11: report on the National Minimum Data Set. Drug treatment series no. 18. Cat. no. HSE 128.
- AIHW 2012. National Opioid Pharmacotherapy Statistics Annual Data collection: 2011 report. Drug treatment series no. 15. Cat. no. HSE 121. Canberra: AIHW.
- AIHW 2011. 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW.
- AIHW 2011. Drugs in Australia 2010: tobacco, alcohol and other drugs. Drug statistics series no. 27. Cat. no. PHE 154. Canberra: AIHW.

About 700 agencies provide treatment for alcohol and other drug issues in Australia, and three-quarters of these agencies are in New South Wales, Victoria and Queensland. Most of the closed episodes provided in 2010–11 were for clients receiving treatment for their own drug use, and alcohol was the most common principal drug of concern in most states and territories.

Counselling was the most common main treatment type in New South Wales, Victoria, Western Australia, South Australia and Tasmania, and was the second most common main treatment in the remaining state and territories.