

Secondary analysis of 2015-16
ACT Data reported to the Alcohol
and Other Drug Treatment Services
National Minimum Data Set
(AODTS-NMDS)

ATODA

This monograph forms part of the Alcohol Tobacco and Other Drug Association ACT (ATODA) Monograph Series.

ATODA is the peak body for the alcohol, tobacco and other drug sector in the Australian Capital Territory (ACT).

ATODA's vision is an ACT community with the lowest possible levels of alcohol, tobacco and other drug related harm, as a result of our, and related, sectors' evidence-informed prevention, treatment and harm reduction policies and services.

ATODA works collaboratively to provide expertise and leadership in the areas of social policy, sector and workforce development, research, coordination, partnerships, communication, education, information and resources. ATODA is an evidence-informed organisation.

The ways we work, and the outcomes we strive to achieve, reflect our commitment to the values of population health, human rights, social justice and reconciliation between Aboriginal and Torres Strait Islander people and other Australians.

ATODA strives to achieve better interaction and integration between alcohol, tobacco and other drug researchers, policy workers, practitioners, consumers and their friends and families in the ACT and region.

We hope this will:

- Improve health and social outcomes for individual service users and their families
- Enhance research utilisation in policy development and its implementation
- Mobilise and support knowledge transfer and exchange
- Support demonstration of research and service impact
- Improve the quality of the sector's practice and services
- Improve the health and wellbeing of our community.

ATODA has in-house—and a network of external—expertise in alcohol, tobacco and other drug research, policy, advocacy and capacity building, and a proven track record with engaging collaboratively and producing high-quality evidence-informed reports that provide practical expertise to inform policy and decision-making.

Other monographs in the series are:

- No 1. Reducing smoking in the ACT among Aboriginal and Torres Strait Islander women who are pregnant or who have young children.
- No 2. ACT Alcohol, Tobacco and Other Drug Workforce Qualification and Remuneration Profile 2014.
- No 3. Strengthening Specialist Alcohol and Other Drug Treatment and Support: Needs and Priorities for the ACT 2016–2017. An independent expert paper for the ACT Primary Health Network's Baseline Needs Assessment.
- No 4. Service Users' Satisfaction and Outcomes Survey 2015: a census of people accessing specialist alcohol and other drug services in the ACT.
- No 5. The specialist alcohol, tobacco and other drug sector: a description and examination of treatment and support approaches.
- No 6. ACT Alcohol and Other Drug Safer Families Program 2017 – 2021: Design, Model, Implementation Plan and Evaluation Framework.

We hope this monograph contributes to the sector, and is a useful resource towards our shared goal of a healthy, strong, safe and supported community.



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ATODA Monograph Series

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Please check the online version at www.atoda.org.au for any amendments.

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List of acronyms

ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
AOD	alcohol and other drugs
AODTS	Alcohol and Other Drug Treatment Services
AODTS NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
ATOD	alcohol, tobacco and other drugs
ATODA	Alcohol Tobacco and Other Drug Association ACT
CAHMA	Canberra Alliance for Harm Minimisation and Advocacy
NDSHS	National Drug Strategy Household Survey
NMDS	National Minimum Data Set
SLK	Statistical Linkage Key
SUSOS	Service Users' Satisfaction and Outcomes Survey

Snapshot of the alcohol and other drug treatment services in the Australian Capital Territory in 2015-16

- Seven organisations—most of which are in the non-government sector—contributed data.
- Most clients are receiving treatment for their own drug use and most of these clients are male.
- Just over half (55%) of clients were aged between 20-49 years.
- The top four principal drugs of concern for clients seeking treatment and support for their own drug use were alcohol, amphetamines, cannabis and heroin.
- The proportion of clients seeking treatment where alcohol was the principal drug of concern was higher in the ACT than nationally, and lower for cannabis.
- Trends since 2003-04 show an increasing trajectory of demand for treatment and support being placed on specialist drug treatment services in the ACT and indicate an ageing cohort of clients.
- The most common main treatment types for clients seeking treatment and support for their own drug use were information and education only, assessment only, counselling, and support and case management only.
- The proportion of treatment episodes where alcohol and heroin were the principal drug of concern were higher for women in the ACT than for women nationally, whereas those for cannabis were lower.
- Women more commonly reported nicotine as an additional drug of concern than men in the ACT, and than women nationally.
- Women were twice as likely to have received treatment in an outreach setting than men in the ACT.
- Amphetamines were a drug of concern in just over a third (35%) of treatment episodes—up from 21% in 2006-07.

Introduction

The alcohol, tobacco and other drug (ATOD) sector in the Australian Capital Territory (ACT) offers a diverse range of services and programs that contribute to preventing and reducing the harms from ATOD in the ACT. The sector operates within a national and local level policy context comprising a range of frameworks and strategies (see Box 1 for further information).

The ACT context

In the ACT ten organisations currently receive funding from the Commonwealth Government and ACT Health to deliver a range of specialist Alcohol and Other Drug (AOD) treatment and support services. A list of these services is provided in Figure 1 and more information can be found in the [ACT Alcohol, Tobacco and Other Drug Services Online Directory](#).¹ These organisations have a range of reporting obligations and, as a result, multiple data sources exist relating to ACT ATOD sector activities. A summary of these data sources is provided in Table 1.

Data source	Description
Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS)	Administrative data on the treatment provided by publicly-funded alcohol and other drug treatment services in Australia (see Box 2 for further information).
ACT Minimum Data Set (ACT MDS)	The information collected as part of the ACT Minimum Data Set is a combination of ACT specific and AODTS NMDS data elements.
National Opioid Pharmacotherapy Statistics Annual Data collection	Information on a snapshot day in June each year on clients receiving opioid pharmacotherapy treatment, the doctors prescribing opioid pharmacotherapy drugs, and the dosing points (such as pharmacies) that clients attend to receive their medication. ²
Needle Syringe Program National Minimum Data Collection	Information on Australian needle syringe program service provision to enable reporting against key Needle Syringe Program indicators. ³
Aboriginal and Torres Strait Islander health organisations: Online Services Reporting	A measure of activity, volume and coverage of a range of health services funded by the Australian Government and delivered to Aboriginal and Torres Strait Islander people, including substance-use services. ⁴

In addition, there is also a range of other data sources covering alcohol and other drugs use and related harms in the ACT, including the National Drug Strategy Household Survey, ACT Secondary Students' Alcohol and Drug Survey, ACT Criminal Justice Statistical Profile, Illicit Drug Data Report, Illicit Drug Reporting System, Ecstasy and Related Drugs Reporting System, National Alcohol Indicators Project, National Wastewater Drug Monitoring Program, and National Drug and Alcohol Research Centre and Australian Bureau of Statistics alcohol and other drug (AOD)-related morbidity and mortality data collections.

For the most recent reporting period for which data are publicly available, the year ended 30 June 2016, 7 out of the 10 AOD organisations in the ACT were in scope for collecting data to report against the AODTS NMDS for provision to the AIHW (see Figure 1). These

7 organisations provided services from 15 separate outlets (the outlets are referred to as 'services' in the AIHW reports). While it is acknowledged that the AODTS NMDS is an important reporting mechanism, the data currently captured and reported is an underestimate of the total volume of AOD services delivered, and clients assisted, in the ACT. The ACT ATOD sector works collectively to bring the multiple data sources together to enable a more complete picture of the sector to be presented.

Data used in this report

Unless otherwise specified, this report is based on data published in the *Alcohol and other drug treatment services in Australia 2015–16 report*,⁵ associated supplementary data tables and the data cubes.⁶ These data are available on the Australian Institute of Health and Welfare (AIHW) [website](#).⁷

Data are collected at the service delivery outlet level which is defined as a site from which an organisation, or sub-unit of an organisation, delivers a health and/or community service. The service delivery outlet is the lowest level of an organisation at which, or from which, services are delivered. An organisation may have one or more service delivery outlets. (See Appendix A for a mapping of ACT AOD organisations to service delivery outlets).

Purpose of this report

In the ACT, specialist alcohol and other drug treatment services have, for many years, applied considerable amounts of resources to collecting data for the AODTS NMDS and transmitting it to ACT Health for collation and on forwarding to AIHW. AIHW is responsible for analysing and reporting on those data. Considerable delays—some years—exist between when data are submitted by the agencies and when AIHW publishes it. While the existing published data are presented at the state and territory level, there is limited additional analysis and interpretation of individual state- and territory-level data. To fill this reporting gap, ATODA has undertaken this secondary level of analysis for the first time to provide insight into the profile of specialist ACT AOD treatment services and the clients seeking treatment and support.

This analysis occurred within the context of calls from the specialist ACT AOD treatment services to enhance capacity to collect and analyse data, improve data quality, timeliness and utility.

The spotlight analysis in relation to women in the ACT was undertaken within the context of increasing calls for data disaggregation by gender, and the leadership provided by the Domestic and Family Violence Prevention Council in relation to this.

The spotlight analysis in relation to amphetamines in the ACT was undertaken within the context of increasing amphetamine related harms and demand on specialist ACT AOD treatment services.

It is hoped that this analysis will help to inform health policy, planning and resource allocation decisions across the sector. In addition, ATODA hopes that it will also be used to inform improvements in data capture and data quality at the local level.

Box 1: Policy context

The ACT ATOD sector operates within a national and local level policy context comprising a range of frameworks and strategies including:

- ACT Drug Strategy Action Plan 2018-2021
- National Drug Strategy 2017-2026
- National Alcohol and other Drug Workforce Development Strategy 2015-2018
- National Tobacco Strategy 2012-2018
- National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2014-2019
- National Ice Action Strategy (2015)
- National Alcohol Strategy 2018-2026 (in draft at the time of writing)
- ACT Territory-wide Health Services Framework 2017 – 2027 (in draft at the time of writing)

Box 2: About the data

The information presented in this report is based on data reported to the AODTS NMDS. Data are submitted by organisations via ACT Health to the Australian Institute of Health and Welfare on an annual basis.

The AODTS NMDS captures data:

- From publicly funded organisations/service delivery outlets, including government and non-government organisations.
- On clients aged 10 years or over who are assessed and/or accepted for treatment for their own or another person's alcohol or other drug problem.
- Based on closed treatment episodes (see Glossary).

Agencies are excluded from the AODTS NMDS if they:

- Do not receive any public funding.
- Provide accommodation as their main function (including half-way houses and sobering-up shelters).
- Are located in prisons or detention centres.
- Are located in acute care or psychiatric hospitals and only provide treatment to admitted patients.
- Have the sole function of prescribing or providing dosing for opioid pharmacotherapy (information is collected in the National Opioid Pharmacotherapy Statistical Annual Data).

Australian Government-funded primary health care services and substance-use services aimed at Aboriginal and Torres Strait Islander people are in scope for the AODTS NMDS, but most of these agencies do not contribute to the collection as they currently provide data to other collections.

Figure 1: Alcohol and other drug services and programs in the ACT, 2015-16

Note: Only services/programs highlighted in **bold** are included in the data presented in this report. More information on specific services/programs can be found in the ACT Alcohol, Tobacco and Other Drug Services Online Directory ¹

Alcohol and Drug Services, ACT Health	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander Liaison Officer • Consultation and Liaison and Comorbidity Service • Counselling and Treatment Service • Integrated Multi-agencies for Parents and Children Together (IMPACT) • Inpatient Withdrawal Unit • Opioid Treatment Services • Police and Court Drug Diversion Service
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	<ul style="list-style-type: none"> • CAHMA • The Connection
CatholicCare Canberra and Goulburn	<ul style="list-style-type: none"> • Sobering up shelter
Directions	<ul style="list-style-type: none"> • Arcadia House • Needle and Syringe Program • Support and Self Help Groups • Treatment and Support Service and Althea Wellness Centre
Gugan Gulwan Youth Aboriginal Corporation	<ul style="list-style-type: none"> • Drug and Alcohol Program
Karralika Programs Inc	<ul style="list-style-type: none"> • Alcohol and Drug Driving Awareness • Karralika Family Program • Karralika Therapeutic Community Adult Program • Karuna Short Stay Program • Nexus Program • Solaris Therapeutic Community Program
Ted Noffs Foundation ACT	<ul style="list-style-type: none"> • Adolescent Drug Withdrawal Unit • Continuing Adolescent Life Management (CALM) • Program for Adolescent Life Management (PALM)
The Salvation Army	<ul style="list-style-type: none"> • Canberra Recovery Services (Bridge program)
Toora Women Inc	<ul style="list-style-type: none"> • Alcohol and Other Drug Day Program • Lesley's Place Drug and Alcohol Residential and Outreach Service • Marzena Drug and Alcohol Residential Service
Winnunga Nimmityjah Aboriginal Health Service	<ul style="list-style-type: none"> • Alcohol, Tobacco and Other Drug Services

Alcohol, tobacco and other drug use in the ACT

The 2016 National Drug Strategy Household Survey (NDSHS) showed that alcohol and tobacco were the most commonly-used drugs in the ACT with: 80% of people aged 14 years and over reporting drinking alcohol in the 12 months prior to the survey; 11.5% reporting being current tobacco smokers (with 10.4% of the total, smoking tobacco daily); and 12.9% reporting having used illicit drugs in the previous 12 months—most commonly cannabis (8.4% of the total).⁸

It is important to note, however, that the use of drugs in the general population does not represent the population needing or seeking treatment, that is, those people who have problematic drug use. This means that direct comparisons cannot legitimately be drawn between population level data on ATOD use and data on the population seeking treatment and support for ATOD-related problems.

Profile of specialist AOD services in the ACT

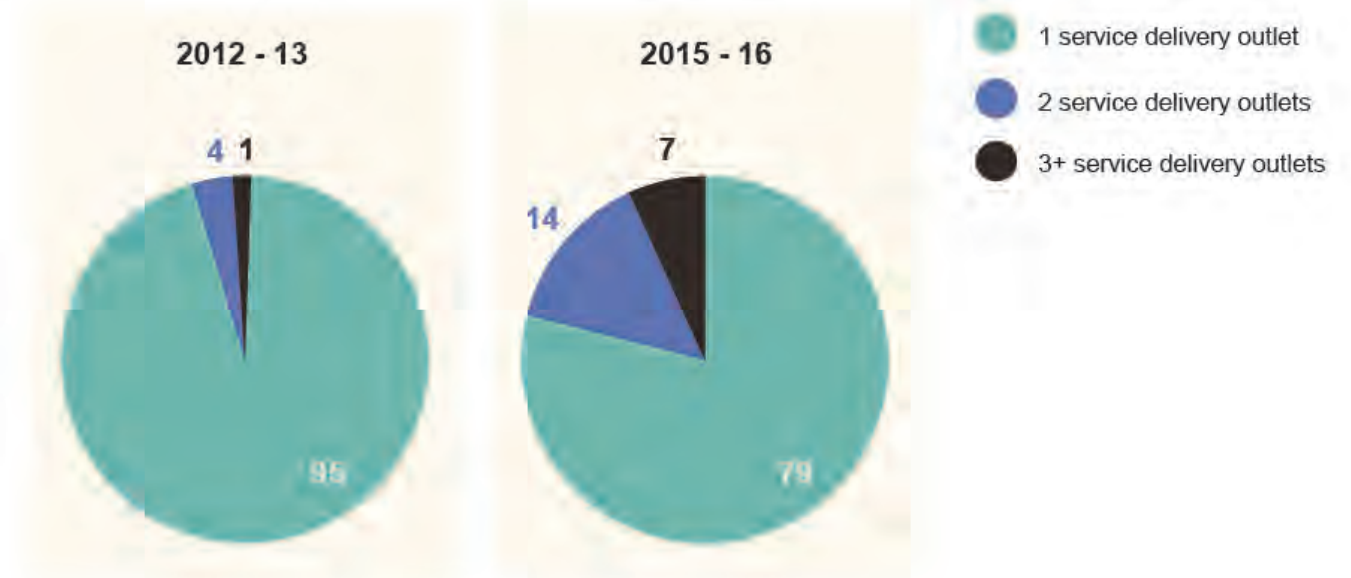
In 2015-16, 7 organisations, with 15 different service delivery outlets, that received government funding to provide treatment and support for people with problematic ATOD issues in the ACT, were in scope for reporting to the AODTS NMDS. Six of the 7 organisations and 13 of the 15 service delivery outlets were non-government organisations. (See Appendix A and the Glossary for further details.)

Treatment and support is predominantly provided by non-government organisations in the ACT

Over the 10 years between 2006-07 and 2015-16, the number of service outlets providing treatment and support for people with ATOD issues in the ACT increased by 50%—from 10 to 15 service outlets. Most of this growth occurred in the non-government sector. A similar pattern is seen in the number of closed treatment episodes which more than doubled in the non-government sector, from 1,263 to 3,185 treatment episodes over the 10-year period (Tables SA.1 and SA.2).⁹

Most clients (79%) received treatment and support at a single service delivery outlet, 14% at two, and 7% at three or more service delivery outlets. The number of clients receiving treatment and support from more than one service outlet during a single year has increased over the four years between 2012-13 and 2015-16. Clients who received treatment and support from two service outlets increased from 4% to 14%, and from 1% to 7% for clients who received treatment and support from three or more service outlets (Figure 2).

Figure 2: Comparison of proportions of clients receiving treatment and support from one, two, or three or more treatment and support service outlets in the ACT, 2012-13 and 2015-16 (%)



Based on AIHW material: Table S4.9¹⁰ and Table SC.23⁹

Profile of clients accessing specialist AOD services in the ACT

In 2015-16, an estimated^a 3,524 separate clients received treatment and support in the ACT for their ATOD issues, an average of 1.7 episodes each. These clients received a total of 5,914 treatment episodes (Table 2). Between 2012-13 and 2015-16, the number of treatment episodes for clients in the ACT increased by 34%, from 4,416 to 5,914 (Table SE.ACT.3).⁹

Most clients in the ACT in 2015-16 were receiving treatment for their own drug use, and the majority were male

The rate of clients in the ACT, i.e. the number of clients per 100,000 population, was 897, 1.6 times the national rate (559), and the second highest in the nation, exceeded only by the NT.¹¹

In 2015-16, most clients in the ACT were receiving treatment or support for their own drug use (96%) and the majority were male (68%). For those clients receiving treatment or

support for someone else's drug use (e.g. a parent, spouse or child) almost 4 in 5 (77%) were female (Table 2).

Clients seeking treatment for their own drug use tended to be younger than those seeking treatment for someone else's drug use—53% of these clients were aged between 20 and 39 years, whereas 53% of clients seeking support regarding another person's drug use were aged between 40 and 59 years (Table 2).

Overall, 10% of clients were of Aboriginal and/or Torres Strait Islander background (Table 2).

Table 2: Characteristics of clients of AOD services in the ACT, 2015-16

	Own drug use	Other's drug use	Total
Number of clients	3,459	132	3,524 ^(a)
Number of episodes	5,774	140	5,914 ^(b)
Sex (%)^(c)			
Male	68	23	67
Female	32	77	33
Age (%)^(c)			
10-19	15	6	15
20-29	26	9	25
30-39	27	15	27
40-49	19	23	19
50-59	9	30	10
60+	4	17	4
Indigenous status (%)^(c)			
Indigenous	10	5	10
Non-Indigenous	84	82	84

(a) Estimated based on data with a valid statistical linkage key.

(b) Includes not stated values.

(c) Excludes not stated values.

Based on AIHW material: Tables SC.21a, SC.27a, SC.27b, SC.ACT.1 – 3.⁹

^a In the AODTS NMDS a statistical linkage key (SLK) is used to count the number of individual clients receiving treatment and support. In 2015-16, as SLK data were not available for all records, the number of clients was estimated using an imputation strategy.⁵

Analysis of 'drugs of concern' in the ACT

In the AODTS NMDS, data is collected on the principal drug of concern (the main substance that led the person to seek treatment and support) and up to five additional drugs of concern (any other drugs the person reports using). Note: only clients seeking treatment for their own substance use are included in the analyses of principal drug of concern.

Snapshot of the most common principal drugs of concern in the ACT in 2015-16

<p>Alcohol</p> <ul style="list-style-type: none"> Principal drug of concern for just over 2 in 5 clients (44% of treatment episodes). Men and women sought treatment for alcohol in similar proportions (both 44%). Clients more commonly aged 40 years and over. Nearly half (48%) of treatment episodes ended within 1 month. 	<p>Cannabis</p> <ul style="list-style-type: none"> Principal drug of concern for 1 in 6 clients (17% of treatment episodes). Men and women sought treatment for cannabis in similar proportions (18% and 16% respectively). Clients more commonly aged between 10 and 29 years. One third (35%) of treatment episodes ended within 1 month.
<p>Amphetamines</p> <ul style="list-style-type: none"> Principal drug of concern for 1 in 5 clients (24% of treatment episodes). Men and women sought treatment for amphetamines in similar proportions (both 21%). Clients more commonly aged between 20 and 39 years. Nearly half (46%) of treatment episodes ended within 1 month. 	<p>Heroin</p> <ul style="list-style-type: none"> Principal drug of concern for 1 in 14 clients (9% of treatment episodes). Men and women sought treatment for heroin in similar proportions (7% and 8% respectively). Clients more commonly aged 30 years and over. Just over 2 in 5 (43%) of treatment episodes ended within 1 month.

The most common principal drugs of concern for which people in the ACT sought treatment and support owing to problematic use in 2015-16 were alcohol, amphetamines, cannabis and heroin (Tables SC.ACT.5 and SE.ACT.10).⁹ This is consistent with the national picture, although there was some variation in the proportion of treatment episodes for some principal drugs of concern. The proportion of clients seeking treatment where alcohol was the principal drug of concern was lower nationally (30% compared with 44% in the ACT), and higher for cannabis (26% compared with 17% in the ACT) (Table SC.6).⁹

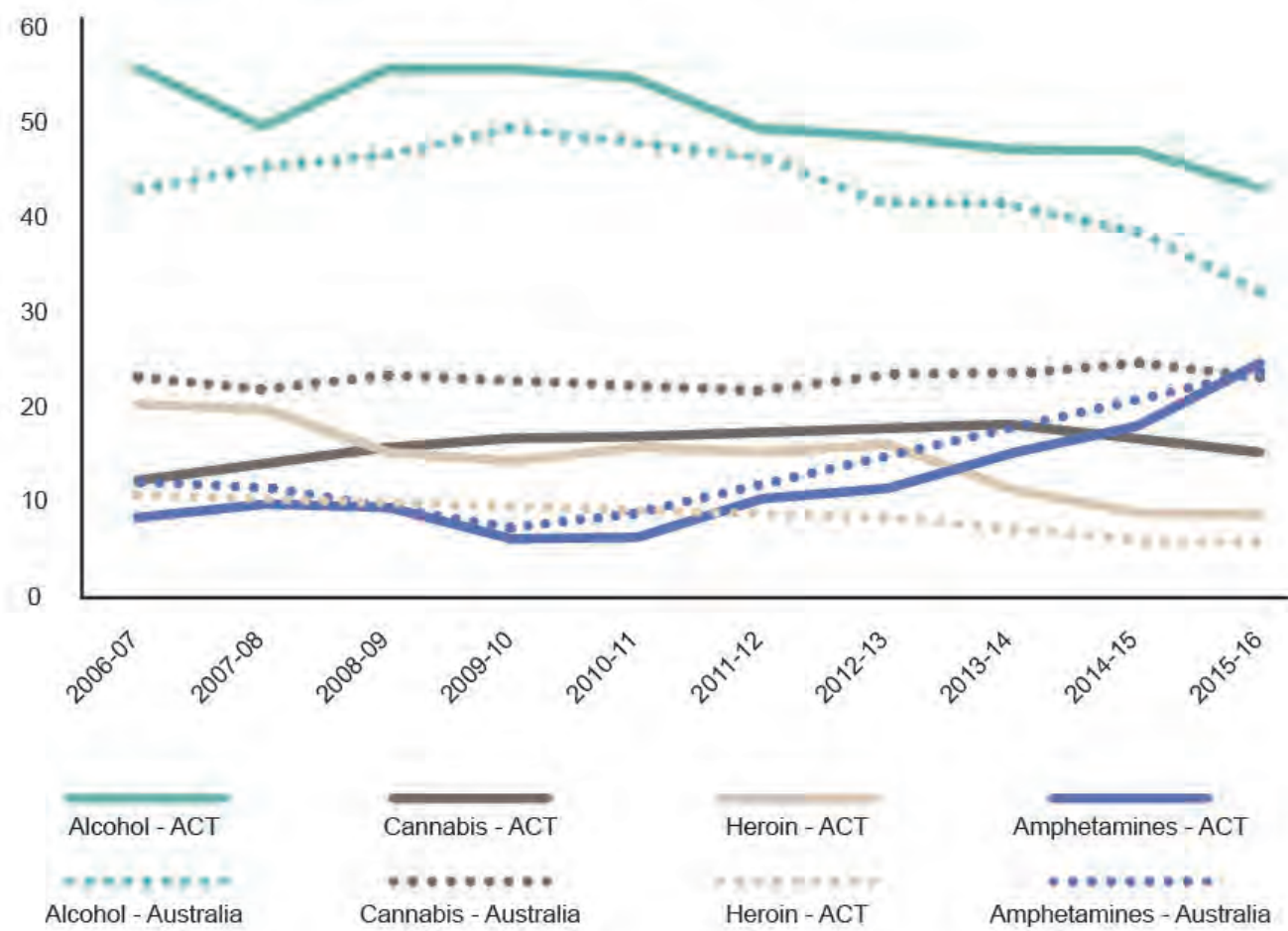
Over the 10 years since 2006-07, alcohol, cannabis, amphetamines and heroin have remained the top four principal drugs of concern in the ACT. While alcohol has remained the most common principal drug of concern during this time in the ACT:

- amphetamines have moved from being the fourth to the second most common principal drug of concern (from 9% to 24% of episodes);
- cannabis has fluctuated between being the second and third most common principal drug of concern (between 12% and 18%); and
- heroin has moved from being the second to the fourth most common principal drug of concern (from 20% to 9%) (Figure 3).

Compared with national trends over the same 10-year period, treatment episodes for the principal drug of concern in the ACT were:

- consistently higher for alcohol, although this decreased over time from 55% to 42%;
- followed similar patterns for amphetamines—decreasing between 2006-07 and 2010-11 (from 9% to 6%), and more than doubling between 2011-12 and 2015-16 (from 10% to 24%);
- consistently lower for cannabis; and
- consistently higher for heroin, although this decreased over time from 20% to 9%.

Figure 3: Proportion of treatment episodes for own drug use, by top four principal drugs of concern, ACT and Australia, 2006-07 to 2015-16 (%)



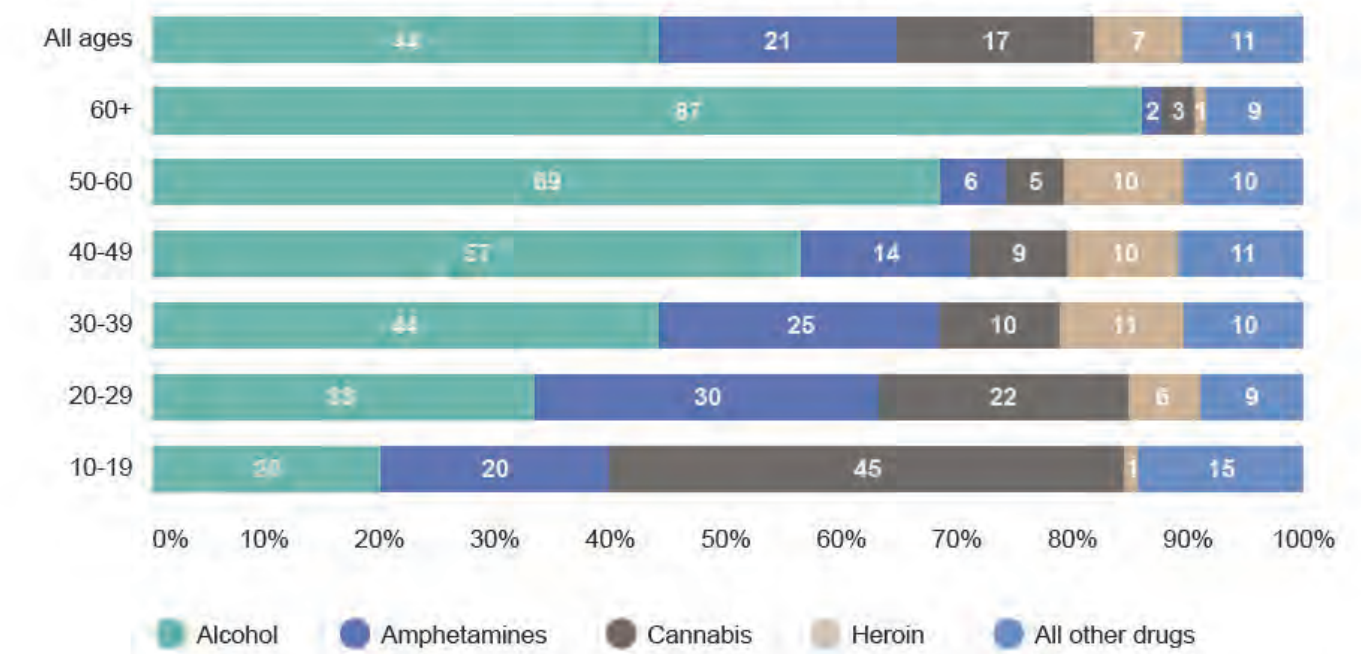
Based on AIHW material: Tables SD.2 and SE ACT.10.9

Demographics

There were some variations in the principal drugs of concern among ACT clients, by age group. Clients with alcohol as their principal drug of concern were older—69% of those aged 50-59 years and 87% of clients aged 60 years and over. Amphetamines and cannabis were more common among clients in the younger age groups (10-39 and 10-29 years respectively). Clients receiving treatment and support where heroin was the principal drug of concern were most likely to be aged 30 years and over (Figure 4). These patterns were similar for men and women in the ACT (see the section 'Spotlight on women in AOD treatment in the ACT').

Alcohol as the principal drug of concern is more common in the older age groups than is amphetamines or cannabis

Figure 4: Principal drugs of concern for clients in the ACT, by age group, 2015-16 (%)



Based on AIHW material: Table SC ACT.6.9

The age profile of clients in the ACT has changed since 2003-04, indicating an ageing cohort

Since 2003-04 there have been some changes in the age profile of clients in the ACT, with the proportion of treatment episodes for clients aged 10-29 years decreasing, while episodes for clients aged 40 years and over increased (Table 3). These changes varied by principal drug of concern:

- Alcohol: decreased for treatment episodes for clients aged 10-29 years, and increased for clients aged 40 years and over.
- Amphetamines: decreased for treatment episodes for clients aged 10-29 years, and increased for clients aged 30 years and over.
- Cannabis: remained relatively stable for treatment episodes for clients aged 10-29 years, decreased for clients aged 30-39 years, and increased for clients aged 40 years and over.
- Heroin: decreased for treatment episodes for clients aged 10-29 years, and increased for clients aged 30 years and over.

Table 3: Direction of trends in treatment episodes in the ACT, by principal drug of concern and age group, 2003-04 to 2015-16⁶

	10-19	20-19	30-39	40+
Alcohol	↓ 10%	↓ 16%	↔	↑ 27%
Amphetamines	↓ 4%	↓ 12%	↑ 11%	↑ 6%
Cannabis	↔	↔	↓ 6%	↑ 7%
Heroin	↓ 10%	↓ 31%	↑ 11%	↑ 29%
All drugs	↓ 9%	↓ 14%	↑ 4%	↑ 20%

↑ Increase ↓ Decrease ↔ Stable or no clear trend

Based on AIHW material: 2014-15 AODTS NMDS Data Cubes⁶

Additional 'drugs of concern'

In conjunction with their principal drug of concern, clients can also identify other drugs of concern. When these additional drugs of concern are considered, clients in the ACT most

Young clients more commonly reported nicotine, cannabis and alcohol as additional drugs of concern

commonly identified nicotine (27%), cannabis (20%), alcohol (12%) and amphetamines (11%) in 2015-16. While these four drugs are also most commonly identified as additional drugs of concern nationally, the proportions for nicotine and cannabis are lower nationally (18% and 16% respectively) (Table SD.8).⁹

In addition to nicotine, clients in the younger age groups were more likely to identify cannabis and alcohol as additional drugs of concern, whereas clients in the older age groups were more likely to identify benzodiazepines (Table 4). This is likely to be largely due to the higher proportion of older clients seeking treatment and support for alcohol as a principal drug of concern.

Table 4: Treatment episodes for own drug use in the ACT, by selected additional drugs of concern and age group, 2015-16 (%)

	10-19	20-29	30-39	40-49	50-59	60+	All ages
Nicotine	28	27	27	27	23	16	27
Cannabis	25	24	20	18	12	4	20
Alcohol	25	13	11	7	3	1	12
Amphetamines	10	13	13	11	6	0	11
Heroin	1	6	6	5	3	0	5
Benzodiazepines	1	4	5	5	5	3	4

Based on AIHW material: Table SE ACT.17.⁹

Method of use

In 2015-16, as would be expected, where the principal drug of concern was alcohol, the most frequently reported usual method of use was ingesting (97% of episodes), and for cannabis it was smoking/inhaling (96%) (Table SE ACT.14).⁹

Injecting was the most common method of use in episodes where the principal drug of concern was heroin (85%). In just over half (56%) of these episodes, the client reported having last injected drugs in the previous 3 months (Table SE ACT.15).⁹

Where amphetamines were the principal drug of concern, the most common method of use was injecting (49%), closely followed by smoking/inhaling (43%). Of those clients who injected the drug, 2 in 5 (39%) reported having last injected drugs in the previous 3 months (Tables SE ACT.15 - 16).⁹

The method of use has remained consistent in treatment episodes where alcohol, cannabis and heroin were the principal drugs of concern over the 10 years since 2006-07 in the ACT, however the method of use for episodes for amphetamines have changed (see the section, *Spotlight on amphetamines in the ACT* for more information).⁶

Referral to treatment

In treatment episodes in the ACT in 2015-16 where alcohol, amphetamines and heroin were the principal drugs of concern, around half of clients were referred to an AODTS by self, family or friends (52%, 51% and 56% respectively). For the remaining episodes, clients were either referred by a health service, correctional service or a diversion program (Table SE ACT.12).⁹

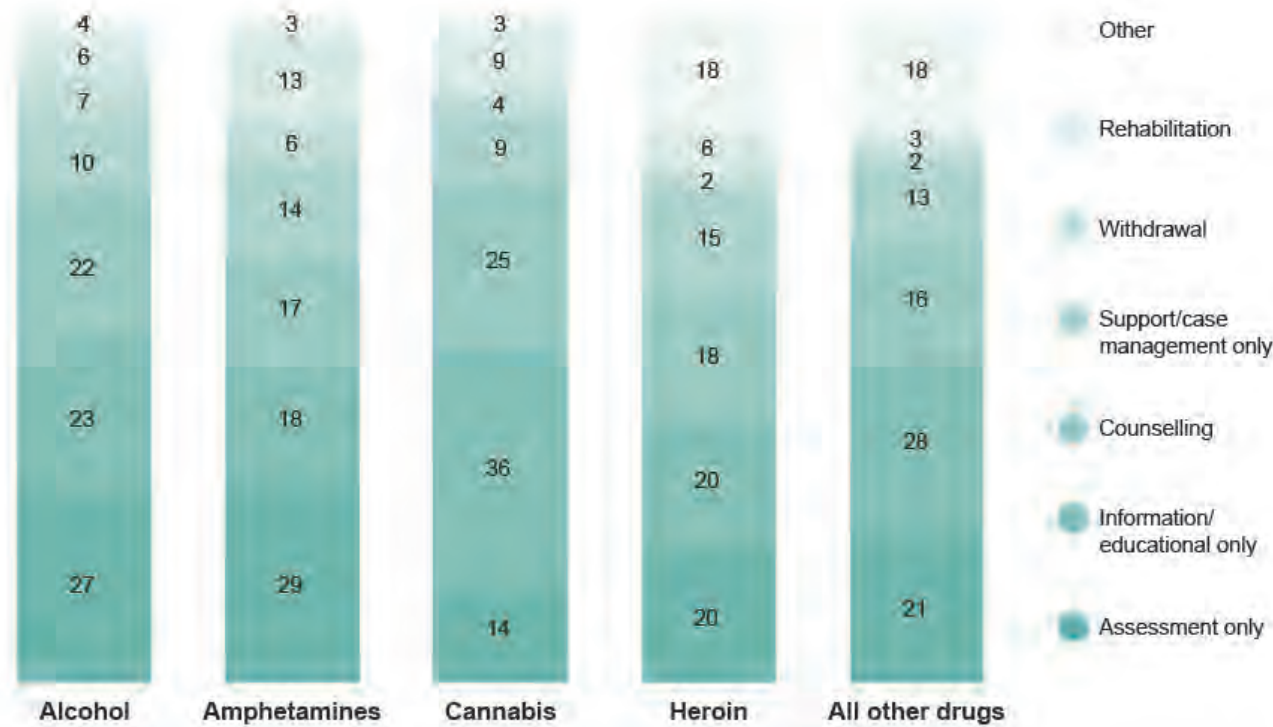
Referral patterns were different where the principal drug of concern was cannabis

There was more variation in the referral source for treatment episodes in 2015-16 where the principal drug of concern was cannabis—self, family or friends accounted for 37% of referrals, diversion programs 22%, and a further 20% were referred by a health service (Table SE ACT.12).⁹

Treatment type and setting

There are a range of treatment types available to people to assist with their substance use, and these differ in the ACT depending on the principal drug of concern. In treatment episodes where alcohol and amphetamines were the principal drugs of concern, the most common main treatment types were assessment only, information and education only, and counselling. Information and education only was the main treatment type in episodes where cannabis was the principal drug of concern, followed by counselling. Episodes where heroin was the principal drug of concern were more varied in the main treatment type received (Figure 5).

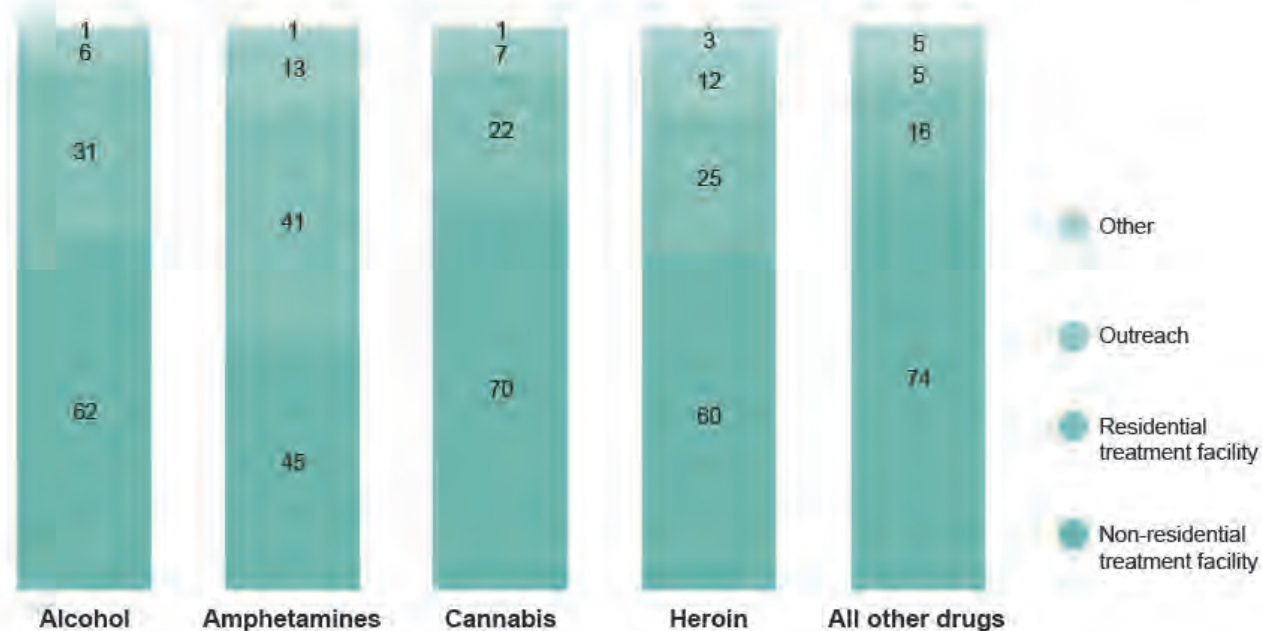
Figure 5: Treatment episodes in the ACT for own drug use, by principal drug of concern and main treatment type, 2015-16 (%)



Note: 'Other' includes pharmacotherapy. Based on AIHW material: Table SE ACT.25.⁹

Treatment can be provided to clients in different settings. For most clients receiving treatment for their own drug use, treatment was more likely to be delivered in a non-residential treatment facility than a residential one. However, treatment episodes with amphetamines as the principal drug of concern were provided with similar frequency in both non-residential and residential treatment facilities (Figure 6).

Figure 6: Treatment episodes in the ACT for own drug use, by principal drug of concern and treatment setting, 2015-16 (%)

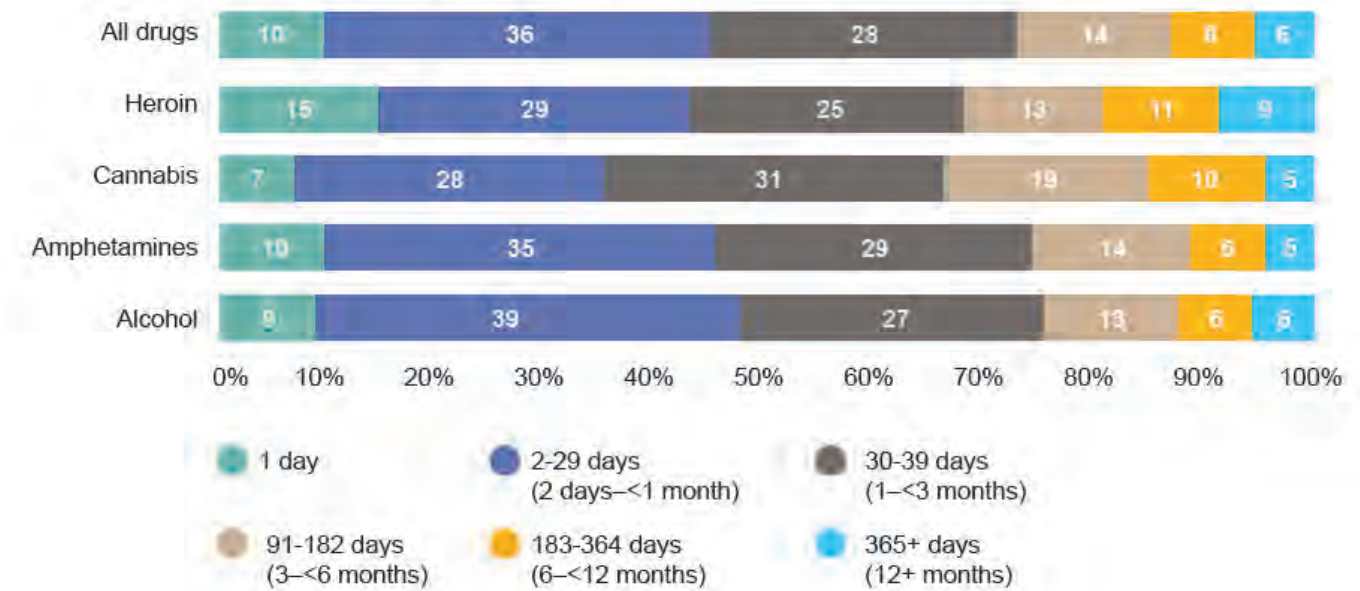


Note: 'Other' includes home. Based on AIHW material: 2014-15 AODTS NMDS Data Cubes⁸

Treatment duration

In 2015-16 in the ACT, overall just over 2 in 5 treatment episodes (45%) ended within 1 month, and a further 28% between 1 and 3 months—this equates to nearly three quarters of episodes (73%) ending within 3 months. For episodes where the principal drug of concern was alcohol, amphetamines or heroin, the majority of episodes ended within 1 month—48%, 45% and 44% respectively. The duration of episodes where cannabis was the principal drug of concern was longer, with just over 1 in 3 (35%) ending within 1 month, 1 in 3 (31%) ending between 1 and 3 months, and a further 1 in 3 (29%) ending between 3 and 12 months (Figure 7).

Figure 7: Treatment episodes in the ACT for own drug use, by principal drug of concern and treatment duration, 2015-16 (%)



Based on AIHW material: Table SE ACT.19.⁹

Overall, the median duration of treatment episodes in the ACT was almost 6 weeks (39 days). This differed by principal drug of concern, however, with clients receiving treatment and support for alcohol spending almost 5 weeks (33 days) in treatment, compared with just over 8 weeks (59 days) for clients receiving treatment and support for cannabis. The median duration of treatment episodes in the ACT was higher than the national average overall and across the top four principal drugs of concern (Table 5).

Table 5: Median duration (days) of treatment episodes in the ACT, by principal drug of concern, 2015-16

Principal drug of concern	ACT	Australia
Alcohol	33	27
Amphetamines	36	28
Cannabis	59 ^(a)	13
Heroin	43	39
Overall	39	20

^(a) The overall median duration for cannabis is impacted by the longer median duration for treatment episodes where the main treatment types were support and case management (119 days) and counselling (114 days).

Based on AIHW material: Tables SD.33 alcohol, Table SD.49 cannabis, Table SD.65 amphetamines, Table SD.97 heroin.⁹

Treatment completion

In 2015-16, nearly half of the treatment episodes for each of the top four principal drugs of concern were completed as expected—that is, their treatment was completed or they ceased to participate at expiation or by mutual agreement. One in 4 treatment episodes (26%) where heroin was the principal drug of concern, and 1 in 3 episodes (31%) where amphetamines were the principal drug of concern ended due to unexpected reasons—that is, clients ceased to participate against advice, without notice or due to non-compliance (Table 6).

Table 6: Treatment episodes in the ACT for own drug use, by principal drug of concern and reason for cessation, 2015-16 (%)

	Alcohol	Amphetamines	Cannabis	Heroin
Expected	49	43	47	41
Unexpected	20	31	23	26
Administrative	5	8	4	16
Other	26	17	26	18
Total	100	100	100	100

Note: 'Other' includes drug court or sanctioned by court diversion services, imprisoned, died and other reason. Based on AIHW material: Table SE ACT.13.⁹

Comments on analysis of 'drugs of concern' in the ACT

These analyses indicate some interesting patterns in drugs of concern, both over time and when compared with national results. It will be useful for the ATOD sector in the ACT to consider these results both in the context of individual service responses and as a sector more broadly. Further consideration of particular cohorts in future reporting, including clients diverted from the criminal justice system, will assist in unpacking the data further, as will consideration of data quality and coding issues in the data capture process, for example the use of 'other' categories for some data items.

It is evident that the ATOD sector in the ACT currently works to respond to clients presenting with multiple drugs of concern with a range of treatment and support options. This demonstrates the agility and responsiveness of the sector to meet a divergent range of needs within the community. In addition, the sector has a proven track record in building its capacity to mobilise quickly and effectively, and to change over time to meet the needs of clients.

Trends over the last decade show an increasing trajectory of demand for treatment and support being placed on specialist AOD services in the ACT. These trends also indicate an ageing cohort of clients, which will pose further challenges to the sector as the older age groups present with more complex co-morbidities and may have different patterns of drug use. For the ATOD sector to be responsive, effective and sustainable, this increasing community demand will need to be associated with levels of investment that at least match population growth and changing patterns of drug use.

A later section in this report highlights matters relating specifically to amphetamines.

AOD treatment and support in the ACT

In the AODTS NMDS, data is collected on the main treatment type (the principal activity that is determined at assessment by the treatment provider to treat the client's substance use problem) and up to four additional treatment types. Note: unless otherwise stated, only clients seeking treatment for their own substance use are included in the following analyses.

Snapshot of the most common main treatment types in the ACT in 2015-16

<p>Information and education only</p> <ul style="list-style-type: none"> ➤ The main treatment type in 1 in 4 treatment episodes (24%). ➤ Men and women accessed this treatment type in the same proportions (24% each). ➤ More commonly accessed by clients aged between 10 and 19 years (42%), than by clients in other age groups. 	<p>Support and case management only</p> <ul style="list-style-type: none"> ➤ The main treatment type in 1 in 8 treatment episodes (12%). ➤ Men and women accessed this treatment type in similar proportions (11% and 14% respectively). ➤ Accessed in similar proportions by clients in age groups between 10 and 59 years.
<p>Assessment only</p> <ul style="list-style-type: none"> ➤ The main treatment type for 1 in 4 treatment episodes (24%). ➤ Men and women accessed this treatment type in similar proportions (25% and 23% respectively). ➤ Accessed in similar proportions by clients in age groups between 20 and 59 years than in other age groups. 	<p>Rehabilitation</p> <ul style="list-style-type: none"> ➤ The main treatment type in 1 in 12 treatment episodes (8%). ➤ Men and women accessed this treatment type in similar proportions (7% and 10% respectively). ➤ More commonly accessed by clients aged between 10-19 years (15%) than those in other age groups.
<p>Counselling</p> <ul style="list-style-type: none"> ➤ The main treatment type in 1 in 5 treatment episodes (20%). ➤ Men and women accessed this treatment type in similar proportions (21% and 19% respectively). ➤ Less commonly accessed by clients aged between 10 and 19 years (14%) than by clients in other age groups. 	<p>Withdrawal management</p> <ul style="list-style-type: none"> ➤ Main treatment type in 1 in 16 (6%) treatment episodes. ➤ Men and women accessed this treatment type in similar proportions (5% and 6% respectively). ➤ More commonly accessed by clients aged between 10-19 years (8%) and clients aged 50 years and over (15%) than those in other age groups.

Treatment types

The most common main treatment types that people in the ACT received in relation to their own problematic substance use treatment episodes in 2015-16 were information and education only (24%), assessment only (24%), counselling (20%), and support and case management only (12%). This differs from the national picture, where the most common main treatment types were counselling (35%), assessment only (17%), withdrawal management (12%) and support and case management only (14%) (Table 7). Rehabilitation was the most common treatment type in 8% of the ACT episodes and 6% nationally. The low level of withdrawal episodes in the ACT, compared with nationally, largely reflects the absence in this jurisdiction of an out-patient withdrawal service.

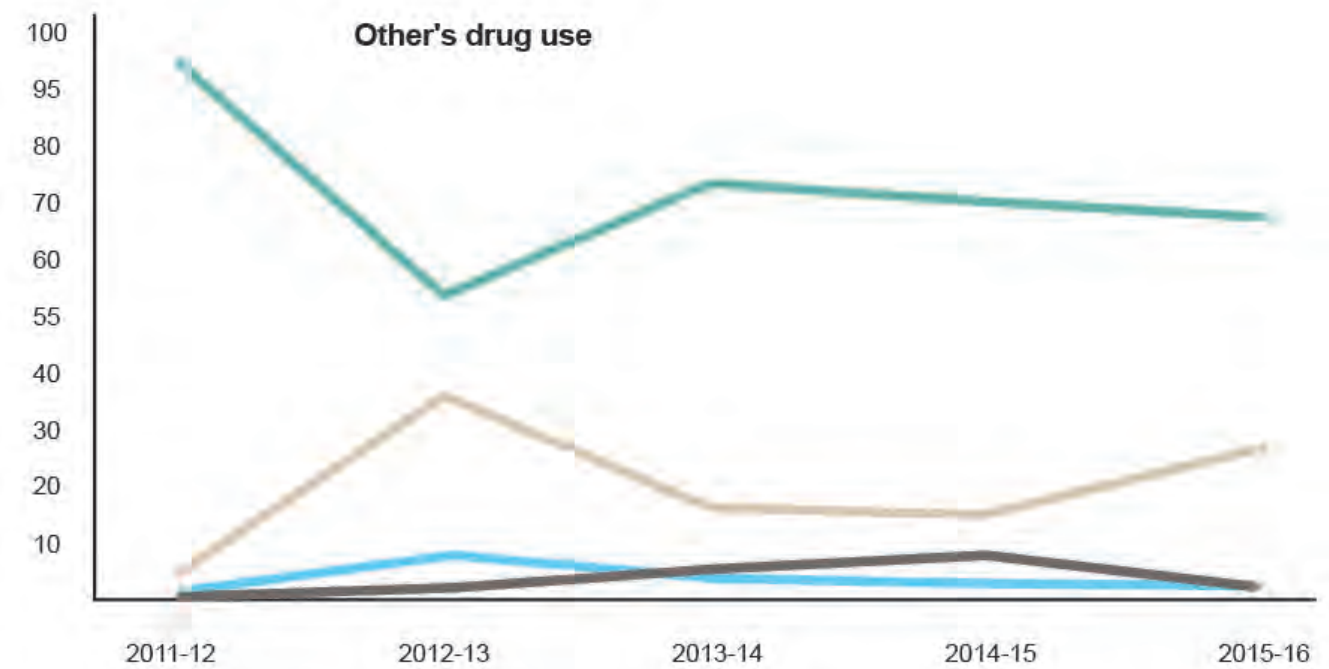
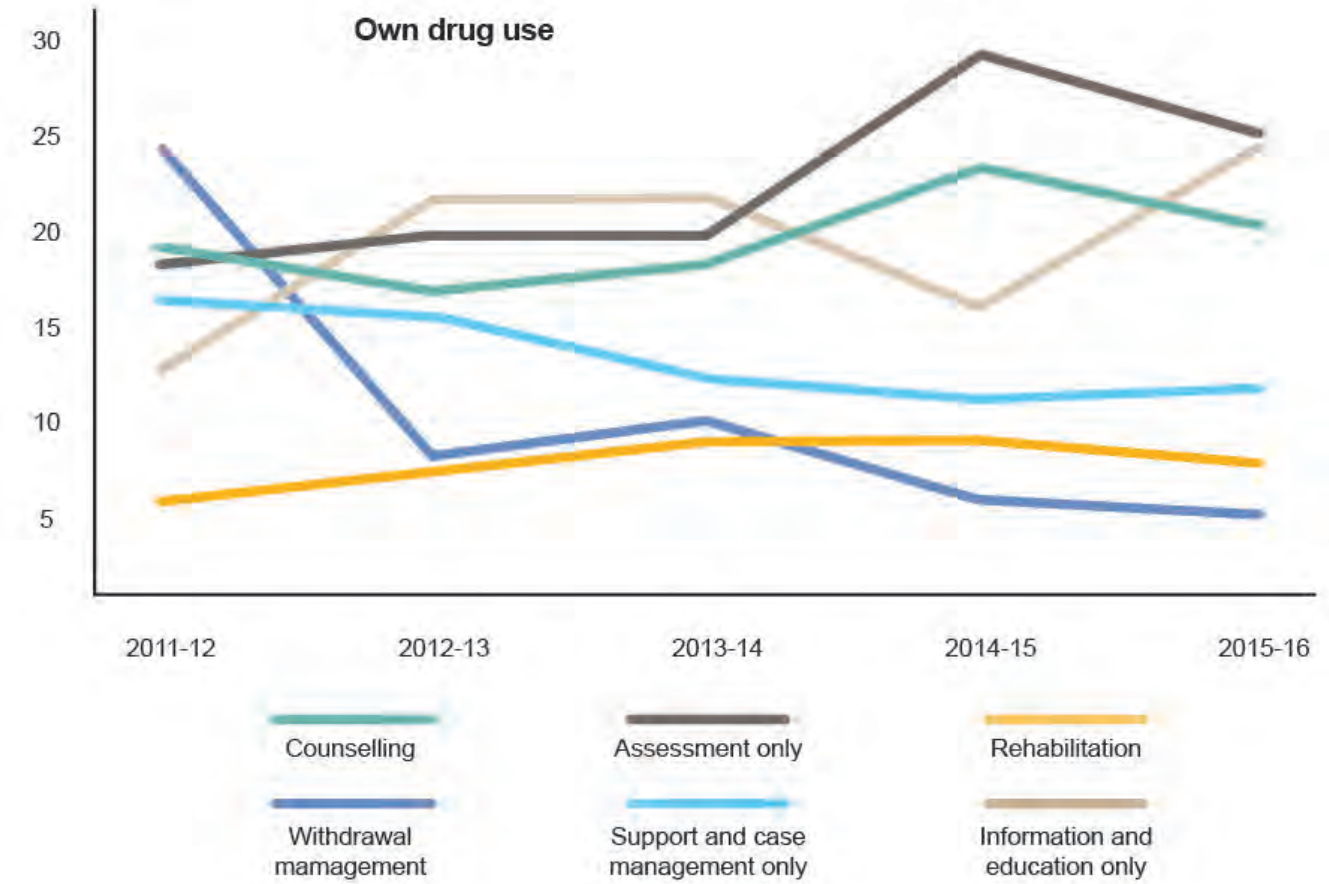
Table 7: Treatment episodes, by treatment type, ACT and Australia, 2015-16 (%)

Treatment type	Own drug use		Other drug use	
	ACT	Australia	ACT	Australia
Information and education only	24	9	25	12
Assessment only	24	17	2	5
Counselling	20	35	69	71
Support and case management only	12	14	2	9
Rehabilitation	8	6	n.a	n.a
Withdrawal management	6	12	n.a	n.a
Other (including pharmacotherapy)	6	8	2	2

Based on AIHW material: Table ST.3.⁹

For clients receiving treatment for someone else's substance use problems in the ACT in 2015-16, the most common treatment type was counselling (69% of episodes), followed by information and education only (25%). This is consistent with the national picture.

Figure 8: Treatment episodes in the ACT, by client type and main treatment type, 2011-12 to 2015-16 (%)



Based on AIHW material: Table SE ACT.21.⁹

Over the 5 years since 2011-12, the patterns for both client and treatment types varied:

- For clients seeking treatment for their own drug use: episodes with a treatment type of withdrawal management and support, and case-management-only, decreased; assessment only, and information and education only episodes, increased; and episodes with a treatment type of counselling or rehabilitation, remained stable.
- For clients seeking treatment for someone else's drug use: episodes with a treatment type of counselling decreased; information-and-education-only episodes increased; and episodes with a treatment type of assessment only, and support and case management only, remained stable (Figure 8).

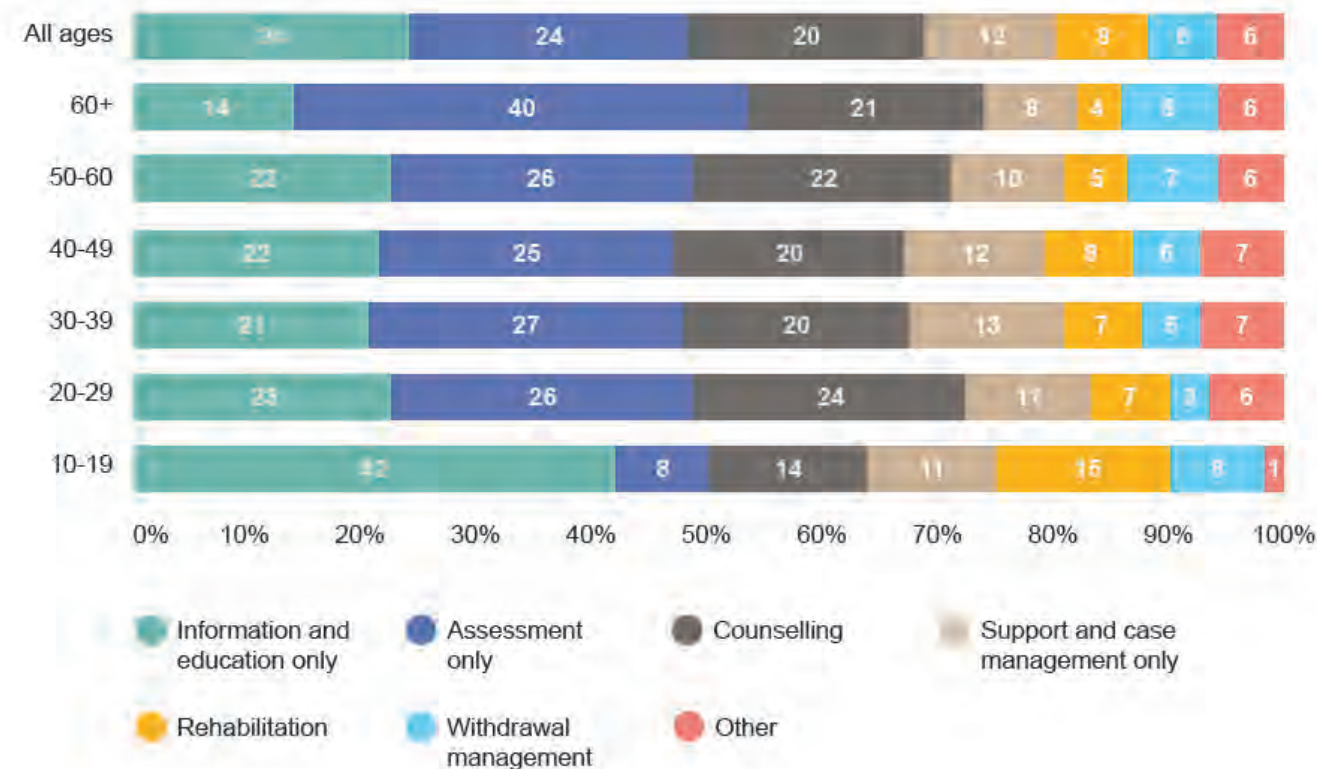
In conjunction with their main treatment type, clients seeking treatment for their own drug use can also receive additional treatment types. In the ACT, in 5% of treatment episodes, additional treatment types were provided—most commonly counselling (3%) (Table ST.5).⁹

While men and women in the ACT accessed the most common main treatment types in similar proportions, there were some variations by age group:

- Clients aged between 10 and 19 years were more likely to be receiving information and education only (42% of episodes) and less likely to be receiving assessment only and withdrawal management (both 8%).
- Clients aged 60 and over were more likely to be receiving assessment only (40%) than other treatment types.
- Clients aged between 20 and 59 years accessed all main treatment types in similar proportions (Figure 9).

This is consistent with the national picture.

Figure 9: Treatment episodes in the ACT for own drug use, by main treatment type and age group, 2015-16 (%)⁶



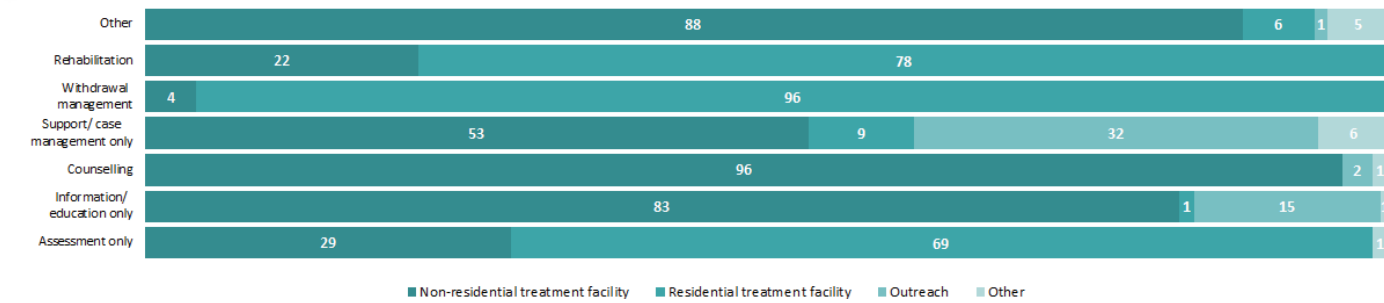
Based on AIHW material: Table SE ACT.23⁹

Treatment referral setting and duration

In 2015-16, half (49%) of the treatment episodes in the ACT were referred to an AODTS by self, family or friends, a fifth (21%) by a health service, and a further 14% by diversion programs (Table SE ACT.26).⁹ This is consistent with the national picture.

Treatment can be provided to clients in different settings. For clients receiving information and education only, counselling, and support and case management only, these were most commonly delivered in a non-residential treatment setting (83%, 96% and 53% respectively). Residential treatment settings were more common for the treatment types assessment only, withdrawal management, and rehabilitation (Figure 10).

Figure 10: Treatment episodes in the ACT for own drug use, by main treatment type and treatment setting, 2015-16 (%)



Note: 'Other' settings include home. 'Other' treatment types include pharmacotherapy. 'The treatment type 'Rehabilitation' may include counselling. Based on AIHW material: Table SE ACT.27.⁹

The median duration of treatment episodes in 2015-16 in the ACT was just over 5 weeks (38 days). This is much longer than the duration of treatment episodes nationally (just under 3 weeks or 19 days). Over the 5 years since 2011-12 the median duration of episodes in the ACT has increased from 34 to 38 days (Tables SD.14 and SE.22).⁹

In the ACT, nearly three quarters of treatment episodes (73%) for clients receiving treatment for their own drug use in 2015-16 ended within 3 months. This was consistent across all treatment types, with the exception of counselling, where treatment episodes were longer—two-thirds (64%) ended within 6 months (Table 8). Since 2011-12, the proportion of episodes that ended within 3 months in the ACT has remained relatively stable at around three-quarters (between 70% and 78%) of treatment episodes (Table SE ACT.29).⁹ This is consistent with national results over the same period—between 78% and 80% of episodes ended within 3 months (Table SE.21).⁹

Table 8: Treatment episodes in the ACT for own drug use, by main treatment type and duration, 2015-16 (%)

	1 day - <3 mths	3 - <6 mths	6 - <12 mths	12+ mths
Information and education only	86	10	4	0
Assessment only	95	4	1	0
Counselling	37	27	19	17
Support and case management only	58	23	10	8
Withdrawal management	100	0	0	0
Rehabilitation	63	21	10	6
Other (including pharmacotherapy)	73	10	10	8
All treatment types	73	14	8	6

Based on AIHW material: Table SE ACT.29.⁹

Treatment completion

In 2015-16, nearly half (46%) of treatment episodes for both clients' own drug use and for another person's drug use were completed as expected (treatment was completed or they ceased to participate at expiation or by mutual agreement) (Table 9).

Table 9: Treatment episodes in the ACT, by main treatment type and reason for cessation, 2015-16 (%)

	Expected	Unexpected	Administrative	Other
Own drug use				
Information and education only	60	24	3	14
Assessment only	37	12	10	41
Counselling	25	36	6	34
Support and case management only	72	17	7	5
Withdrawal management	83	5	1	12
Rehabilitation	38	54	7	1
<i>Own drug use</i>	46	24	7	23
Others drug use				
Information and education only	17	77	3	3
Assessment only	67	33	0	0
Counselling	42	39	1	19
Support and case management only	67	0	33	0
<i>Others drug use</i>	36	46	2	15
All treatment episodes	46	25	7	23

Note: 'Other' includes sanctioned by court diversion services, imprisoned, died and other reason.
Based on AIHW material: Table SE ACT.28.⁹

There was some variation by main treatment type. For clients receiving treatment for their own drug use, the majority of treatment episodes for withdrawal management, support and case management only, and information and education only, ended as expected (83%, 72% and 60% respectively). For clients receiving rehabilitation, just over half of treatment episodes (54%) ended for unexpected reasons, and for counselling, just over one-third (36%) ended for unexpected reasons. 'Other' reasons for the completion of a treatment episode were recorded for 2 in 5 episodes (41%) for clients receiving assessment only, and 1 in 3 episodes (34%) for counselling (Table 9). These results warrant further investigation to determine the accuracy of these data, including ascertaining if there are data quality problems associated with data capture, and/or whether the existing response categories are not fully applicable at the local level. If the data are accurate, the specialist AOD treatment services may care to

review policies and practices with the aim of reducing the incidence of unexpected/unplanned treatment cessation.

For clients receiving support for someone else's drug use, two thirds of treatment episodes for assessment only, and support and case management only ended as expected (both 67%). For clients receiving information and education only, just over three quarters of treatment episodes (77%) ended for unexpected reasons (Table 9).

This is different from the national results in 2015-16 where:

- Nearly two-thirds (62%) of treatment episodes overall ended as expected, and 1 in 5 (18%) ended for unexpected reasons (Table ST.12).⁹
- For clients receiving treatment for their own drug use, for most treatment types the majority of episodes ended as expected (between 55% and 89%), with the exception of support and case management only (47% of episodes ending for an 'other' reason) and rehabilitation (43% ended for unexpected reasons) (Table ST.11).⁹
- For clients receiving treatment and support for someone else's drug use, the majority of episodes for all treatment types ended as expected, with only 13% of treatment episodes overall ending for unexpected reasons (Table ST.11).⁹

Client satisfaction and outcomes

The ACT ATOD sector Service Users' Satisfaction and Outcomes Survey (SUSOS), conducted by ATODA in partnership with specialist ATOD services every three years, is a census of people accessing *all* specialist ATOD services in the ACT.¹² The scope of the SUSOS is therefore broader than the AODTS NMDS.

Results from the SUSOS conducted in 2015 across ACT Health funded and delivered specialist alcohol and other drug organisations, both government and non-government, showed that:

- the overall level of satisfaction was high, with most survey respondents (90%) reporting that they were overall 'mostly satisfied' or 'very satisfied' with the service they had received; and
- most respondents (93%) replied in the affirmative when asked 'If you were to seek help again, would you come back to this service?'

The SUSOS also assessed self-reported service outcomes of participating service users. High levels of positive outcomes (i.e. 'agreed' or 'strongly agreed') were reported for each of the accepted primary objectives of alcohol and other drug (AOD) treatment:

- To reduce the client's level of problematic substance use—most respondents (86%) reported that their drug use had reduced
- To reduce the client's experience of AOD-related harm—most respondents (91%) reported being less involved in crime, and 85% reported improvements in their knowledge of prevention of blood-borne virus transmission
- To improve the client's health and wellbeing—over three-quarters of respondents reported improvements to their general health and/or mental health (79% and 78% respectively).¹²

Comments on analysis of AOD treatment and support in the ACT

- The ACT stands out from other jurisdictions for its low level of withdrawal management episodes—just 6% of the total. This largely reflects the absence of structured outpatient withdrawal services, a service system gap that needs to be filled in light of the evidence for the effectiveness, and cost-effectiveness, of this type of service.
- In contrast, the finding that the median duration of treatment was 38 days, compared with 19 days nationally, is generally a positive one for the ACT (and a negative one nationally) owing to the close association between length of time in treatment and positive treatment outcomes. The ACT ATOD sector may wish to explore the extent to which duration of treatment, by treatment type, reflects that which the evidence says is indicated for good outcomes.
- The ACT ATOD sector may care to explore the implications of the treatment completion data in this report, especially the proportion of completions for treatment of clients' own drug use that are classified as 'unexpected': 24% in the ACT compared with 18% nationally. Is this an acceptable level of 'unexpected' completions?
- In the same context, the proportion of cases where the reason for completion was given as the residual category 'other' (rather than 'expected', 'unexpected' or 'administrative' reasons)—23%—is too high, concealing part of the 'reasons for completion' picture. The causes of this warrant investigation and remedying.

Spotlight on women in AOD treatment in the ACT

In 2015-16 in the ACT:

- Women represented a third (32%) of the clients seeking treatment for their own ATOD problems, but 77% of those seeking support regarding other people's drug-related problems.
- Over half (56%) of women were aged between 20 and 39 years.
- Treatment episodes where alcohol and heroin were the principal drug of concern were higher for women in the ACT than women nationally, whereas those for cannabis were lower.
- Women more commonly reported nicotine as an additional drug of concern than men in the ACT, and than women nationally.
- Women were twice as likely to have received treatment in an outreach setting than men in the the ACT.
- Referrals by self, family or friends have decreased for women in the 10 years since 2006-07.

Demographics

In 2015-16, women represented a third (33%) of clients seeking treatment and support for their own alcohol, tobacco and other drug (ATOD) problems in the ACT. Of women seeking treatment and support:

Women represented one third of clients seeking treatment and support, and over half were aged between 20-39 years in 2015-16

- most (92%) were seeking treatment for their own drug use;
- over half (56%) were aged between 20 and 39 years; and
- 1 in 7 (15%) were of Aboriginal or Torres Strait Islander background (Table 10).

While this profile is broadly consistent with the profile for men, women clients in the ACT were more likely to be of Aboriginal or Torres Strait Islander background (15%) compared with men (10%) (Table 10).

'Drugs of concern'

Of women seeking treatment and support for their own drug use, the most common principal drugs of concern (the primary drug leading them to seek treatment) in 2015-16 were alcohol (43% of episodes), amphetamines (24% of episodes); cannabis (14% of episodes); and heroin (10% of episodes) (Table 10).

The proportion of treatment episodes where alcohol and heroin were the principal drugs of concern in 2015-16 was higher for women in the ACT than women nationally, but lower for cannabis

While the profile for women is consistent with that for men in the ACT regarding principal drug of concern, it differs from the national results for women. Treatment episodes where alcohol and heroin were the principal drug of concern were higher for women in the ACT than women nationally—43% for alcohol and 10% for heroin, compared with 34% and 6%, respectively.

Conversely, treatment episodes for women where cannabis was the principal drug of concern were lower in the ACT—14% compared with 21% nationally (Table SD.3).⁹

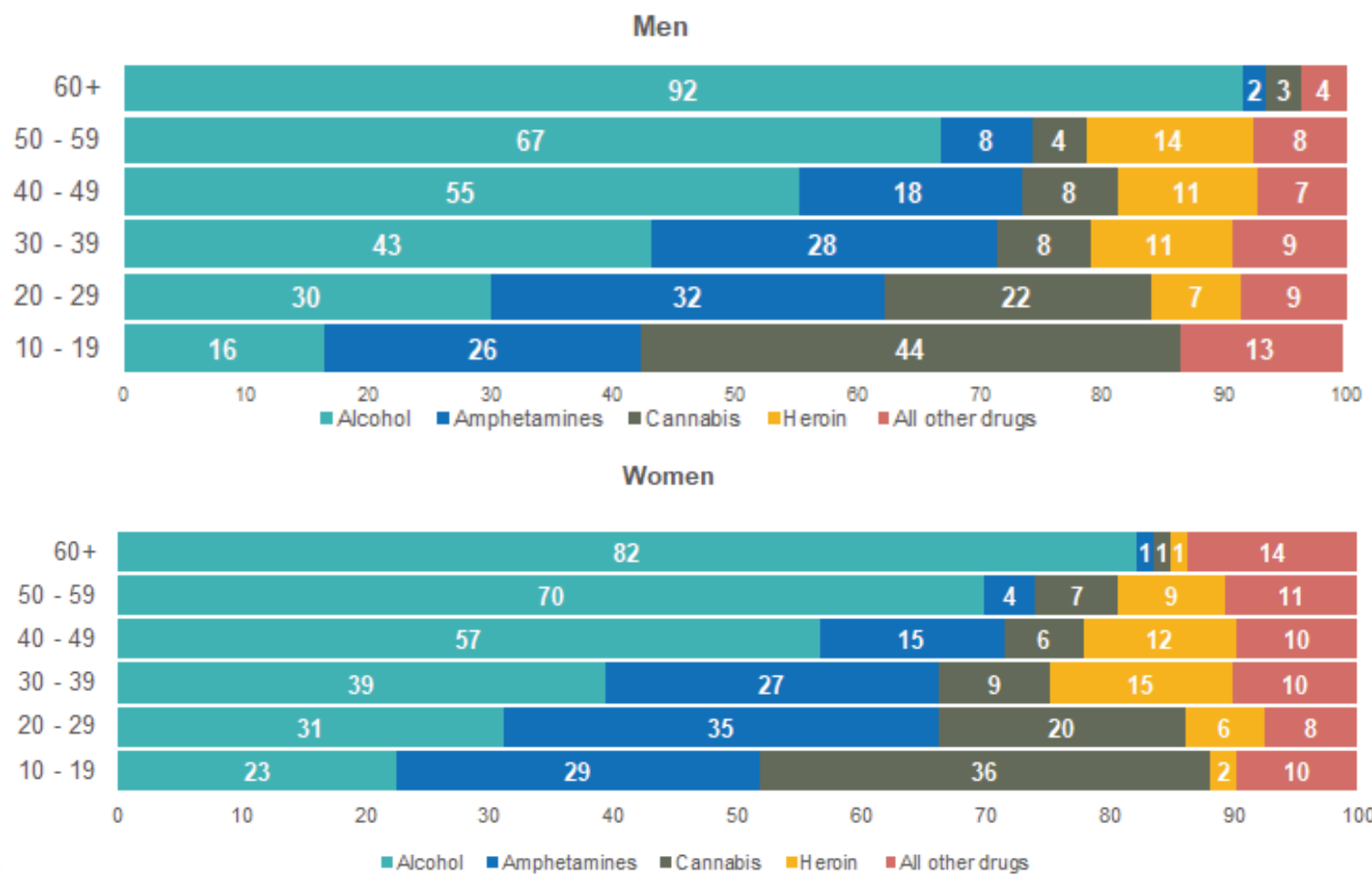
There are some variations in the principal drugs of concern by age. Men and women with alcohol as their principal drug of concern in the ACT were most likely to be aged 40 years and over. Amphetamines and cannabis were more common as a principal drug of concern in the younger age groups (10-39 and 10-29 years respectively). For both men and women, those with heroin as a principal drug of concern were most likely to be aged 30 years and over (Figure 11).

Women in the ACT more frequently report nicotine as an additional drug of concern than do men

In conjunction with their principal drug of concern, clients can also identify other drugs of concern. When these additional drugs of concern are considered, women in the ACT most frequently identified nicotine (31%), cannabis (18%), alcohol (12%) and amphetamines (11%) in 2015-16 (Table SE ACT.16: AIHW).⁹

While these four drugs are also most frequently identified as additional drugs of concern by men in the ACT and nationally overall, women in the ACT more frequently reported nicotine—31% compared with 24% for men and 18% nationally for women (Tables SD.8 and SE ACT.16).⁹

Figure 11: Proportion of treatment episodes for own drug use in the ACT, by principal drug of concern, age group and sex, 2015-16 (%)



Based on AIHW material: 2014-15 AODTS NMDS Data Cubes⁶

Table 10: Characteristics of treatment episodes in the ACT, by sex, 2015-16

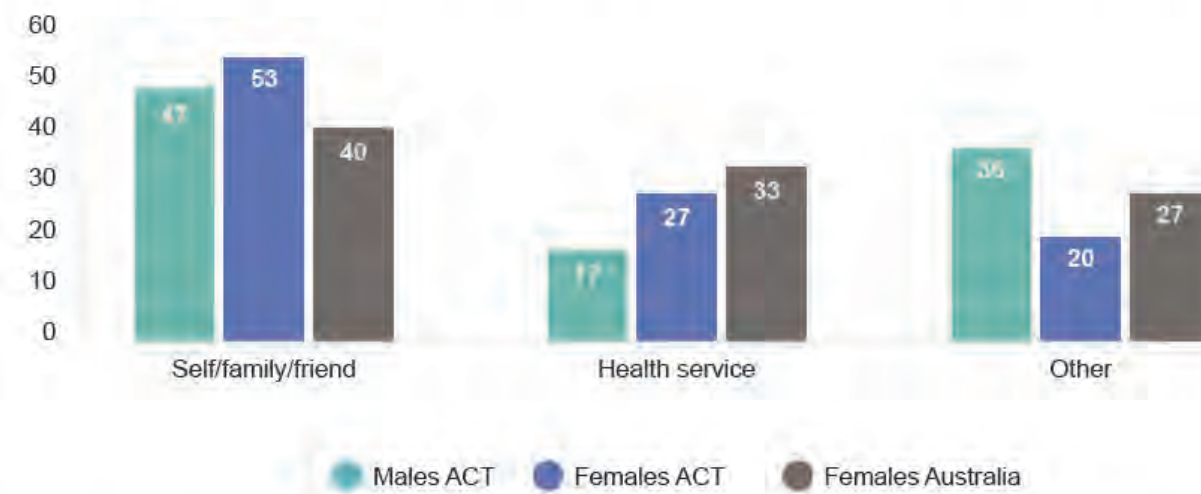
Characteristic	Males	Females
Total number of episodes	3,812	2,100
% of clients	67	33
% of episodes	64	35
<i>Client type (% clients)</i>		
Own drug use	99	92
Others drug use	1	8
Own drug use	n=3,781 episodes	n=1,991 episodes
<i>Age</i>		
10-19	14	11
20-29	25	25
30-39	29	31
40-49	20	19
50+	11	13
<i>Indigenous status</i>		
Indigenous	10	15
Non-Indigenous	85	80
<i>Principal drug of concern</i>		
Alcohol	42	43
Amphetamines	24	24
Cannabis	16	14
Heroin	9	10
<i>Treatment type</i>		
Information and education only	24	24
Assessment only	25	23
Counselling	21	19
Support and case management only	11	14
Rehabilitation	7	10
Withdrawal management	5	6
Other	6	6
<i>Reason for cessation</i>		
Expected	45	47
Unexpected	24	25
Administrative	6	7
Other	24	21

Based on AIHW material: 2014-15 AODTS NMDS Data Cubes,⁶ Tables SC ACT.1, SE ACT.4 – 6, SE ACT.16.⁹

Referral to treatment

Just over half (53%) of treatment episodes for women in the ACT were by referral to a specialist AOD treatment service by self, family or friends, and a further quarter (27%) by a health service. Women were less likely to have been referred by other sources, including corrections and diversion, than men in the ACT and women nationally—20% compared with 36% and 27% respectively (Figure 12).

Figure 12: Proportion of treatment episodes for own drug use, by source of referral and sex, 2015-16 (%)



Note: 'Health service' includes medical practitioner, hospital, mental health care service, AODTS and other community/health care service. 'Other' includes correctional service, police diversion and court diversion. Based on AIHW material: 2014-15 AODTS NMDS Data Cubes⁸

Treatment type and setting

The most common main treatment types received by women seeking treatment for their own drug use in the ACT in 2015-16 were information and education only (24%), assessment only

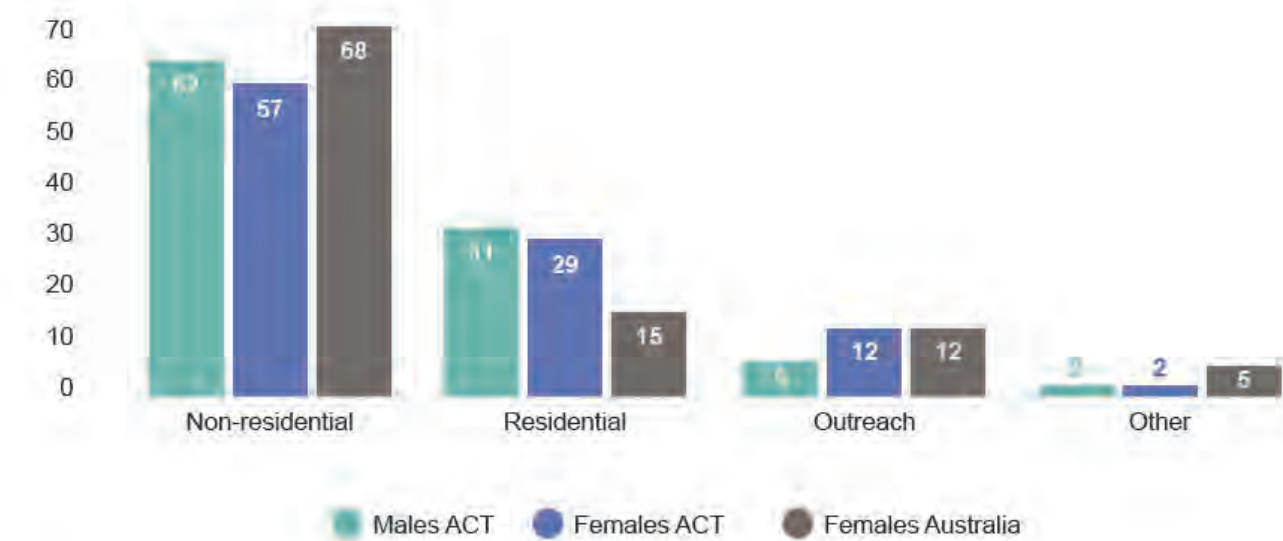
Women in the ACT most commonly received information and education only, assessment only, and counselling, and most commonly received this treatment and support in a non-residential setting

(23%) and counselling (19%) (Table 10).

These main treatment types are consistent with those received by men in the ACT, however differ from the national picture. Nationally, the most common main treatment types for women in 2015-16 were counselling (36%), assessment only (16%) and withdrawal management (13%) (Table ST.6).⁹ The proportion of treatment episodes where the main

treatment type was withdrawal management has been consistently lower in the ACT than national results over time, largely owing to the absence of outpatient withdrawal services in this jurisdiction.

Figure 13: Proportion of treatment episodes, by treatment setting and sex, 2015-16 (%)



Note: 'Other' includes home. Based on AIHW material: 2014-15 AODTS NMDS Data Cubes⁸

Of women seeking treatment for their own drug use in the ACT, over half (57%) of treatment episodes were received in a non-residential setting. While non-residential settings were the most common for men in the ACT and for women nationally, the proportions are slightly higher—62% and 68% respectively. In 2015-16, women in the ACT were twice as likely to receive treatment in:

- a residential setting than women nationally—29% compared with 15%; and
- an outreach setting than men in the ACT—12% compared with 6% (Figure 13).

Treatment completion

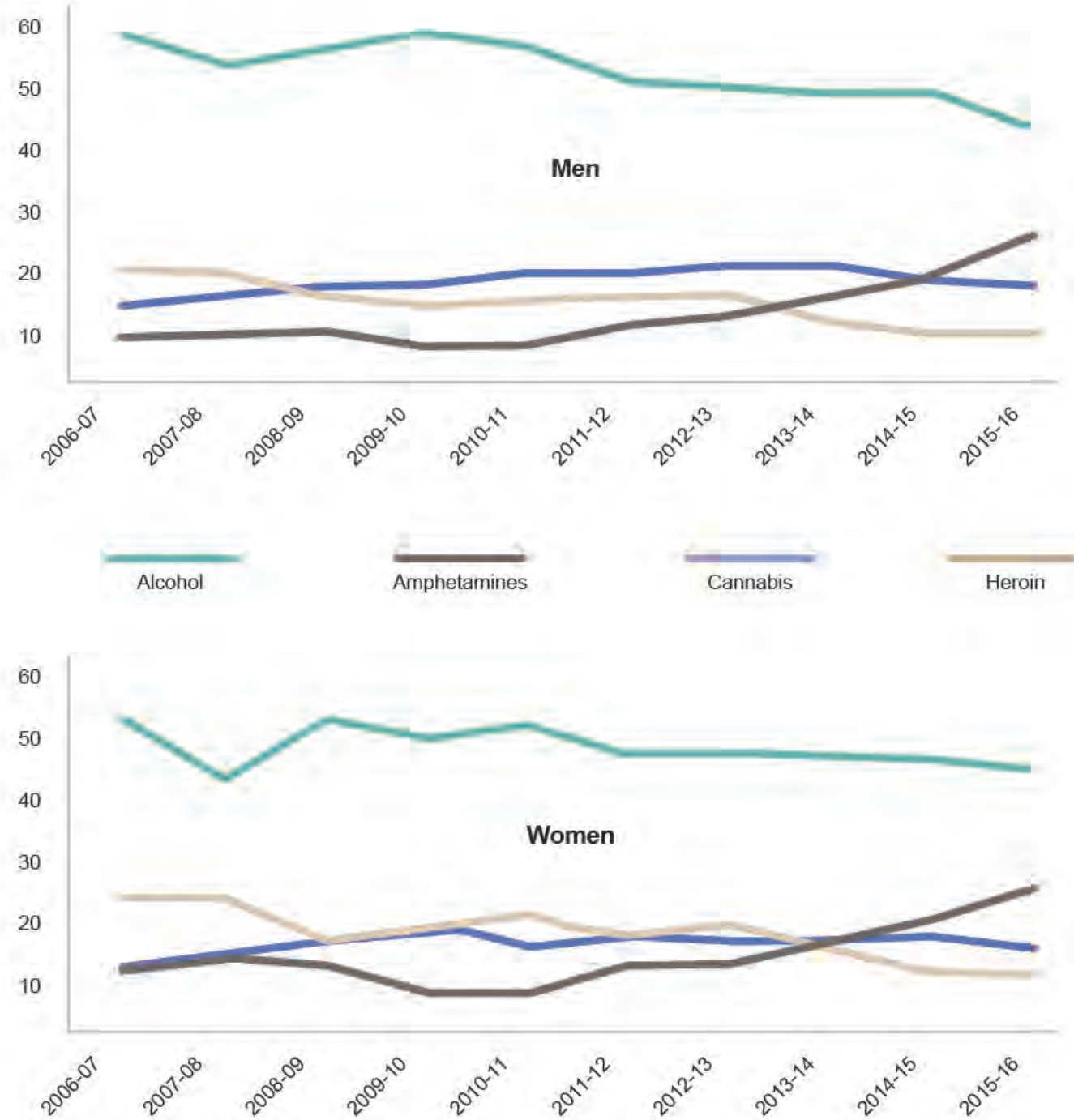
In 2015-16, for nearly half (47%) of women clients in the ACT, the reason for no longer receiving treatment for their own drug use was an expected cessation; that is, their treatment was completed or they ceased to participate at expiation (mostly criminal justice referrals—see 'Reasons for cessation' in the glossary), or by mutual agreement. A further quarter (25%) of the women ceased receiving treatment for unexpected reasons, (that is, they ceased to participate against advice, without notice or due to non-compliance) (Table 10).

These reasons for cessation are consistent with those for men in the ACT, however differ from the national picture where two-thirds (62%) of women ceased receiving treatment owing to an expected cessation and one-fifth (19%) owing to an unexpected cessation.⁶

Trends

The proportion of women seeking treatment for either their own or someone else's drug use in the ACT has remained relatively stable over the 10 years since 2006–07, as have the age profile of women seeking treatment for their own drug use, and the principal drug of concern by age group.⁶

Figure 14: Proportion of treatment episodes in the ACT, by sex and the top four principal drugs of concern, 2006-07 to 2015-16 (%)



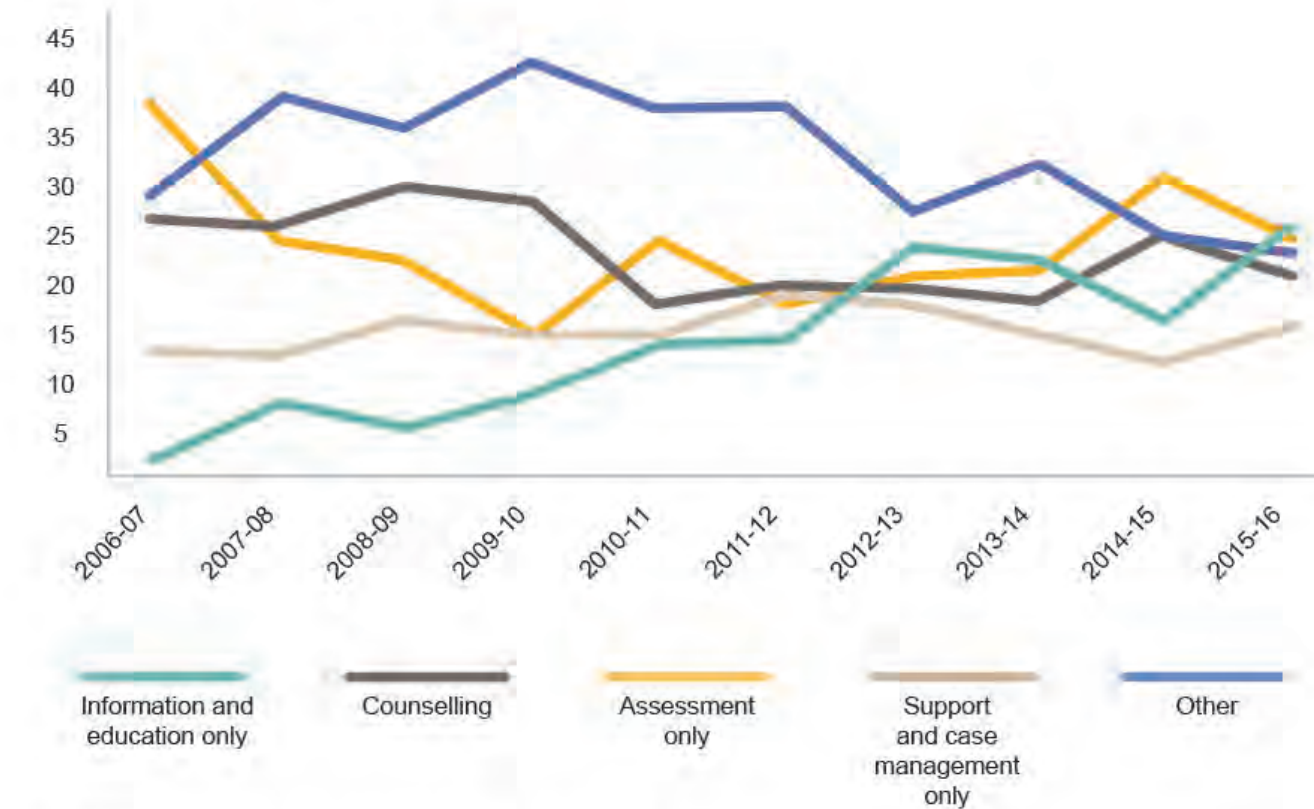
Based on AIHW material: 2014-15 AODTS NMDS Data Cubes⁶

Over the 10 years since 2006–07, treatment episodes for women in the ACT for:

- cannabis have remained relatively stable for both men and women;
- amphetamines have been increasing—from 8% to 24% for men, and 11% to 24% for women;
- alcohol have decreased—from 57% to 42% for men, and 51% to 43% for women; and
- heroin have decreased—from 19% to 9% for men, and 22% to 10% for women (Figure 14).

Treatment episodes where the main treatment was information and education only increased for women in the ACT over the 10 years since 2006–07 (from 1% to 24%), and decreased for assessment only (from 35% to 23%). Treatment episodes for counselling, and for support and case management only, have remained relatively stable over the same period (Figure 15).

Figure 15: Proportion of treatment episodes for women in the ACT, by main treatment type, 2006-07 to 2015-16 (%)



'Other' includes withdrawal management, rehabilitation and pharmacotherapy.
Based on AIHW material: 2014-15 AODTS NMDS Data Cubes⁶

Nationally over the 10 years since 2006–07, the proportions of treatment episodes for women for each of the main treatment types have remained relatively stable, with the exception of withdrawal management which decreased from 21% to 13%.⁶

The proportion of referrals by self, family or friends has decreased for women (from 71% to 53%) and for men (from 66% to 47%) in the ACT in the 10 years since 2006–07. Conversely, over the same period referrals from:

- health services have increased from 15% to 27% for women, and from 9% to 17% for men; and
- other sources, including corrections and diversion, have increase from 14% to 20% for women, and 26% to 36% for men.⁶

This is different from the national picture where the proportions for each of the referral sources have remained relatively stable over the same period for women seeking treatment for their own drug use.⁶

Over the 10 years since 2006–07, treatment episodes for women seeking treatment for their own drug use in the ACT received in:

- residential settings fluctuated between 29% and 44%;
- outreach settings increased from 4% to 12%;
- non-residential and other settings remained relatively stable.⁶

This is somewhat different from the national picture where the proportions for each of the treatment settings have remained relatively stable over the same period.⁶

For women in the ACT, over the 10 years since 2006–07, the proportions of treatment episodes that have ended due to unexpected and administrative reasons have remained relatively stable, while those that ended for expected reasons have decreased (from 63% to 47%). Conversely, for women nationally, the proportion of treatment episodes that has ended for unexpected reasons has decreased (from 24% to 19%) and those that ended for expected and administrative reasons have remained relatively stable.⁶

Comments on women in AOD treatment in the ACT

Research elsewhere in Australia shows that women commonly present to specialist alcohol and other drug treatment services with a range of complexities that impact on their treatment trajectory, including severe clinical profiles, mental health problems, family and interpersonal issues, involvement with the child protection system, likelihood of having a partner that uses alcohol and other drugs, and lifetime exposure to traumatic events.¹⁴ These factors have been shown to influence women's treatment seeking choices and patterns,¹⁴ and are likely to also affect women accessing specialist AOD treatment services in the ACT.

This spotlight presents an analysis of the data from the AODTS NMDS based on gender, which has not commonly been undertaken to date. These results indicate some interesting patterns and differences between men and women in the ACT, both in terms of their drugs of concern and the treatment accessed.

Acknowledging that women are probably underrepresented in the data, the information presented in this analysis will enable the ACT ATOD sector to take a more nuanced response to service planning. With a proven track record in working with multiple substances and sub-groups, the sector has the capacity to use this information to further tailor programs to meet the needs of clients according to their gender, among other things. Continuing this level of disaggregation in future reporting will enable changing patterns and sector responses to be monitored, and will inform policy and health planning.

In the ACT there is currently one specialist AOD treatment service that offers support for women only, Toora Women Inc. More information on the services/programs offered can be found on the [ACT Alcohol, Tobacco and Other Drug Services Online Directory](#).¹

Spotlight on amphetamines in the ACT

In the ACT in 2015-16, amphetamines:

- Were a drug of concern in just over a third (35%) of treatment episodes—up from 21% in 2006-07
- Were the second most common principal drug of concern (24% of episodes) after alcohol
- Were more common in episodes for clients aged 20-39 years (69%) than in other age groups
- Were most frequently injected (49%) or smoked/inhaled (43%)
- Indicated a change in patterns of use, with episodes for clients injecting the drug decreasing (from 77% in 2006-07 to 49% in 2015-16) and those smoking/inhaling increasing (from 13% to 43%) over the same period

'Amphetamines' is a group of stimulant drugs that includes amphetamine, dexamphetamine and methamphetamine (also known as methylamphetamine), all three being pharmaceutical products that are available in Australia as prescription medicines. In addition, amphetamine and methamphetamine are manufactured in Australian clandestine drug laboratories, and imported illegally from abroad.

Amphetamines are found in various forms including powder, base, crystal and liquid. Although NMDS data currently published are not separately reported for the different forms of amphetamines, in the ACT (as elsewhere in Australia) methamphetamine (particularly in the crystal, 'ice', form) comprises a high proportion of the treatment episodes reported as 'amphetamines' to the AODTS NMDS.

In 2015-16 in the ACT, amphetamines were a drug of concern (principal or additional) in 35% of treatment episodes, and the second most common principal drug of concern—21% of clients and 24% of treatment episodes. This is consistent with national results (Table 11).

Demographics

Two thirds (66%) of treatment episodes in the ACT where the principal drug of concern was amphetamines were provided to men. Just over 2 in 3 episodes (69%) were provided to clients aged between 20-39 years. This age profile is younger than the profile for treatment episodes for clients receiving treatment and support for alcohol and heroin as principal drugs of concern. This pattern is broadly similar to the national picture, however in the ACT there were twice as many treatment episodes for clients aged 10-19 years compared with the national level (15% and 8% respectively) seeking treatment and support for amphetamines (Table 11).

Clients who received treatment and support for amphetamines were younger than other clients

Method of use

In 2015–16, injecting was the most common usual method of use (49% of episodes) for amphetamines in the ACT, followed by smoking/inhaling (43%). Nationally, the pattern was reversed, with smoking/inhaling the most common usual method of use (50%), followed by injecting (38%) (Table 11). Of those clients who injected the drug, similar proportions in the ACT and nationally reported having last injected amphetamines in the previous 3 months (39% and 34% respectively).

Treatment type and setting

In the ACT the most common main treatment types where amphetamines were the principal drug of concern were assessment only (29%), information and education only (18%), and counselling (17%) (Table 11). This is similar to treatment types where alcohol was the principal drug of concern, but different from those treatment types for cannabis and heroin (Figure 5). Nationally, treatment types were different, with counselling (38%) and assessment only (22%) the most common (Table 11).

Patterns in treatment settings were more varied for amphetamines than for other drugs in the ACT

Treatment can be provided to clients in different settings. In the ACT, among clients for whom amphetamines were a principal drug of concern, clients most commonly received treatment and support in either a non-residential or residential treatment setting (45% and 41% respectively), rather than in outreach or 'other' settings. A further 13% received their treatment in an outreach setting (Table 11). This pattern is different from treatment episodes for the other most common principal drugs of concern (alcohol, cannabis and heroin) in the ACT (Figure 5). It also differs from the national picture where 68% of clients received treatment and support in a non-residential treatment setting and just 19% in a residential setting (Table 11).

Table 11: Characteristics of treatment episodes where amphetamines were the principal drug of concern, ACT and Australia, 2015-16 (%)

Characteristic	ACT	Australia
Estimated number of clients	716	27,364
% of clients	20.7	21.3
Total number of episodes	1,392	46,441
% of episodes	24.1	23.4
Sex		
Male	66.0	65.5
Female	33.9	34.4
Age		
10-19	14.6	7.5
20-29	34.6	39.3
30-39	34.1	35.3
40-49	14.2	15.1
50+	2.6	2.8
Indigenous status		
Indigenous	19.4	14.5
Non-Indigenous	77.0	79.4
Method of use		
Smokes / inhales	43.3	49.6
Injects	48.9	37.7
Other	3.7	5.4
Treatment type		
Information and education only	17.8	4.5
Assessment only	29.1	21.9
Counselling	16.8	38.3
Support and case management only	14.0	9.1
Rehabilitation	13.3	9.9
Withdrawal management	5.9	11.3
Other	3.1	5.0
Treatment setting		
Non-residential	44.8	67.8
Residential	41.4	19.2
Outreach	12.7	10.9
Other	1.1	2.1
Duration		
Median duration (days)	36	28

Based on AIHW material: 2014-15 AODTS NMDS Data Cubes⁶; Tables SC.9, SC 27a -b, SC ACT.4, SD.2 -5, SD.10, SD.12, SD.15, SD.65 amphetamines, SE ACT.10, SE ACT.14, SE ACT.16 - 18, SE ACT.25.⁹

Treatment duration

In 2015-16, three quarters (75%) of treatment episodes where amphetamines were a principal drug of concern ended within 3 months, and a further 14% between 3 and 6 months. This is consistent with the other most common principal drugs of concern (alcohol, cannabis and heroin) and with national proportions (79% and 14% respectively nationally) (Table SE ACT.19).⁹

The median duration of treatment episodes for amphetamines in the ACT was 36 days—similar to the duration of episodes for alcohol (33 days), but lower than the median duration of episodes for cannabis (59 days) and heroin (43 days) (Table 5). The median duration of treatment episodes for amphetamines was higher in the ACT in 2015-16 than nationally—36 days compared to 28 days (Figure 16). This was the case across the top four principal drugs of concern (Tables SD.33 alcohol, Table SD.49 cannabis, Table SD.97 heroin).⁹

Figure 16: Median duration (days) of treatment episodes where amphetamines were the principal drug of concern, by treatment type, ACT and Australia, 2015-16



Based on AIHW material: Table SD.65 amphetamines.⁹

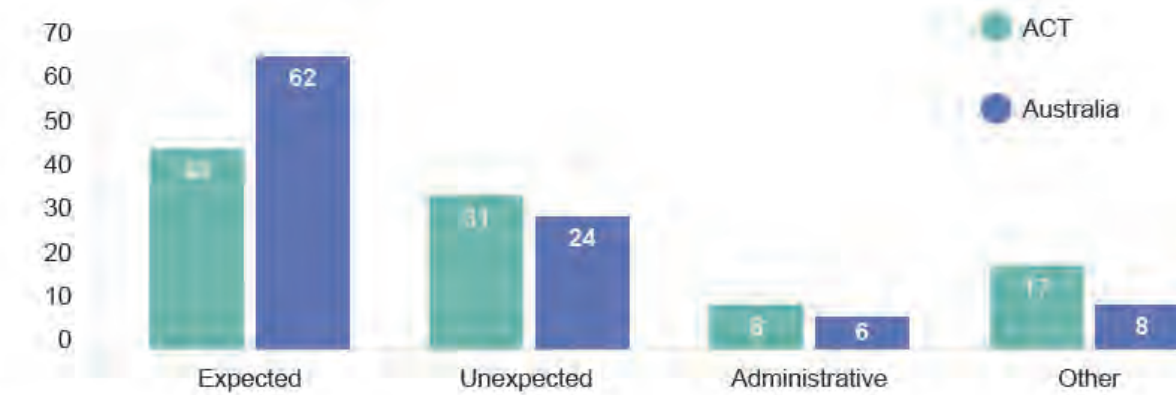
The median duration of treatment episodes where amphetamines were the principal drug of concern varied by treatment type:

- The median duration of counselling episodes in the ACT was 4.5 months (127 days), compared with 8 weeks (57 days) nationally.
- Rehabilitation episodes were shorter in duration—just around 6 weeks (46 days) in the ACT and nationally (41 days)—and as would be expected, the duration of information and education episodes were also shorter—2 days in the ACT and 1 day nationally (Figure 16).

Treatment completion

Reasons for clients ending their treatment episode where amphetamines were the principal drug of concern varied. In the ACT, 2 in 5 treatment episodes (43%) were completed as expected, a third (31%) ended unexpectedly, and a further 25% ended for other reasons (Figure 17). While the proportion of treatment episodes completed as expected was similar to that for episodes with alcohol, cannabis and heroin as principal drugs of concern, the proportion that ended unexpectedly was higher for amphetamines (Table 6). The proportion of episodes completed as expected was higher nationally (62%) than in the ACT (43%).

Figure 17: Treatment episodes termination where amphetamines were the principal drug of concern, ACT and Australia, 2015-16 (%)



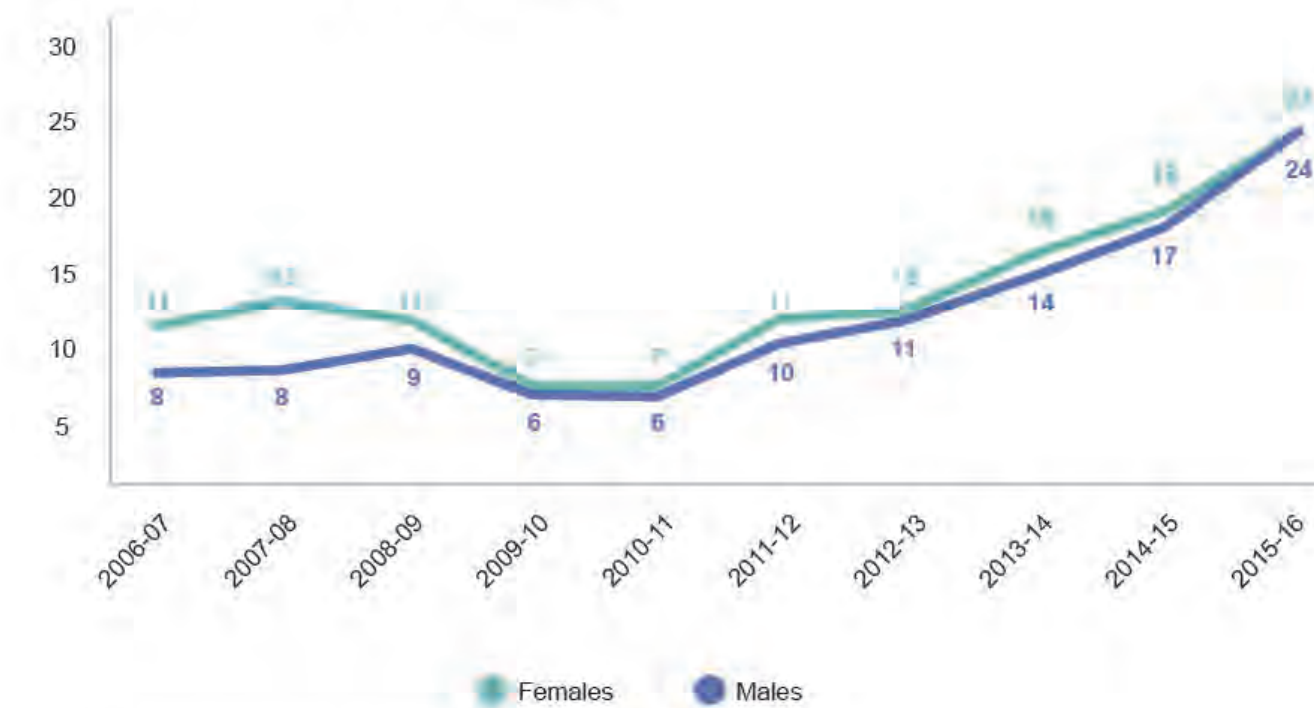
Based on AIHW material: Tables SD.16, SE ACT.13.⁹

Trends

Over the 5 years from 2011-12, amphetamines as a drug of concern (principal or additional) increased in the ACT from 21% to 35%, consistent with the national picture, where amphetamines increased from 24% to 34%. The proportion of episodes where amphetamines were the principal drug of concern increased from 10% to 24% over the same period in the ACT (Tables S5.43 amphetamines; SD.50 amphetamines; SE ACT.10).⁹ This is also consistent with the national picture where amphetamines as a principal drug of concern increased from 11% to 23% over the same period (Table SD.2).⁹

Over the 10 years from 2006-07, while women had slightly higher rates of treatment episodes for amphetamines between 2006-07 and 2008-09, the proportions, while increasing, have remained similar for men and women in the ACT up until 2015-16 (Figure 18).

Figure 18: Treatment episodes where amphetamines were the principal drug of concern in the ACT, by sex, 2006-07 to 2015-16 (%)

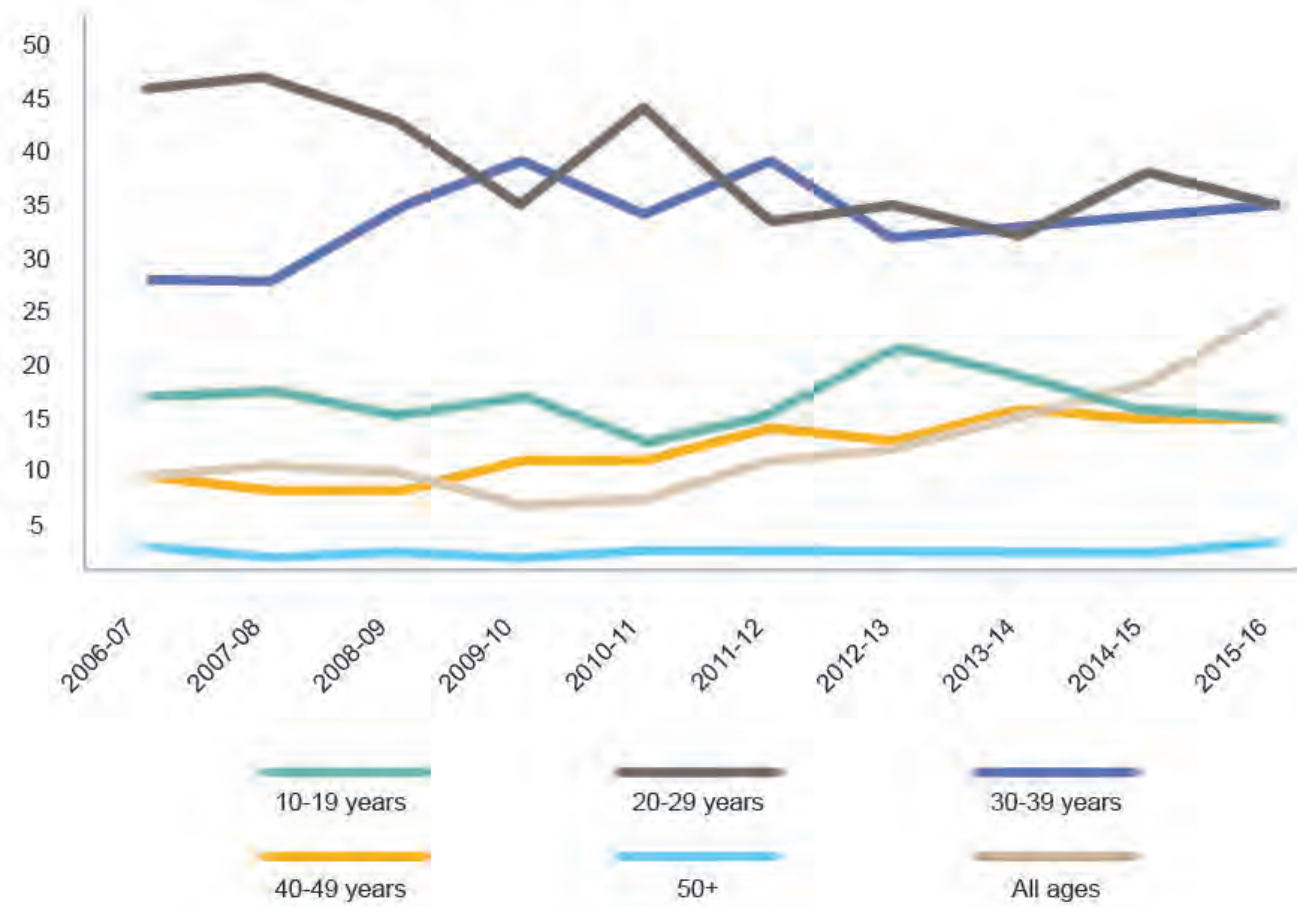


Based on AIHW material: 2014-15 AODTS NMDS Data Cubes⁹

The age profile of treatment episodes for clients in the ACT remained relatively stable in the 10 years since 2006-07 for episodes for clients aged between 10 and 19 years, and 50 years and over. However, as seen in Figure 19, the numbers:

- fluctuated but decreased overall for treatment episodes for clients aged 20-29 years;
- fluctuated, but increased overall for treatment episodes for clients aged 30-39 years; and
- increased for treatment episodes for clients aged 40-49 years.

Figure 19: Treatment episodes where amphetamines were the principal drug of concern in the ACT, by age group, 2006-07 to 2015-16 (%)

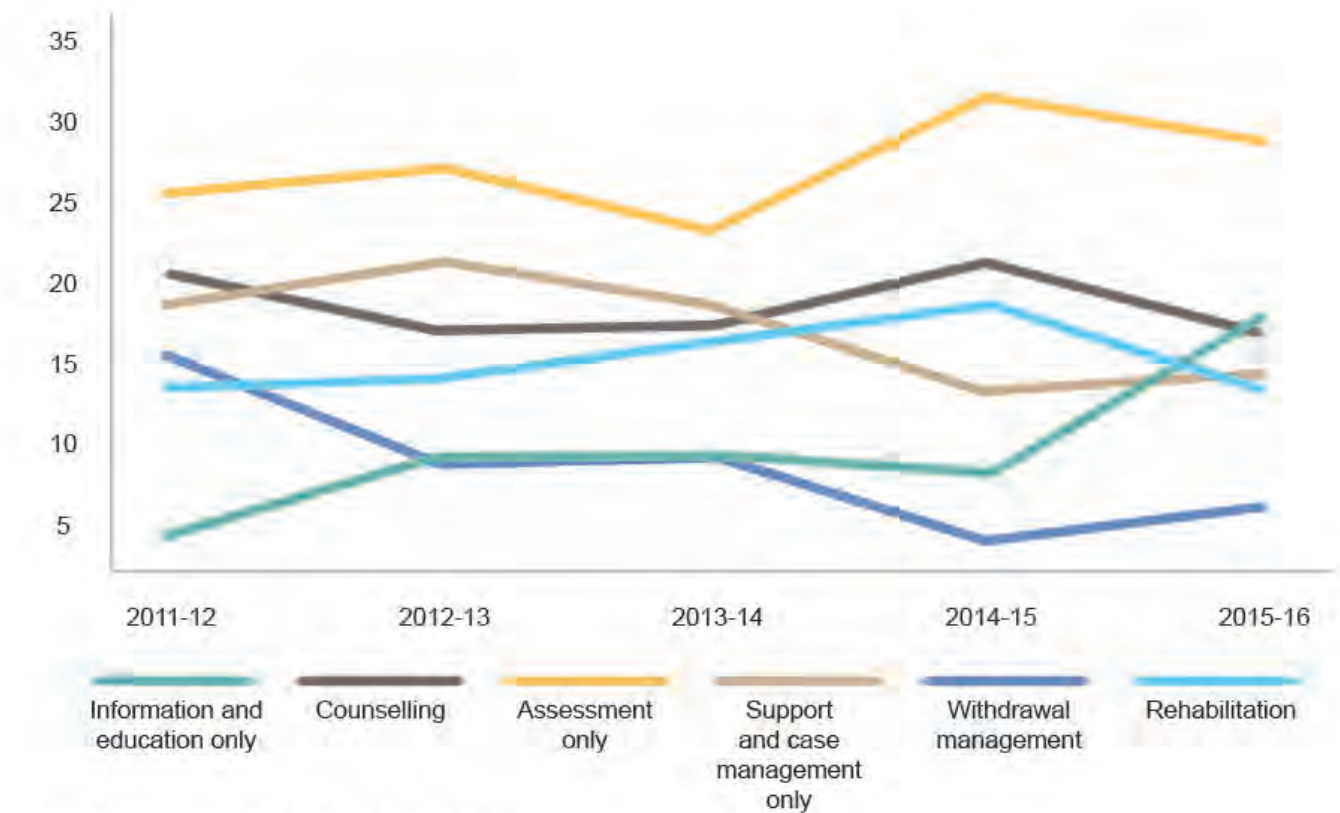


Based on AIHW material: 2014-15 AODTS NMDS Data Cubes⁹

Over the 10 years to 2015-16, the number of episodes for clients smoking/inhaling amphetamines increased in the ACT—from 13% to 43%—while those injecting decreased from 77% to 49%.⁶ These patterns in the method of use were consistent with national trends.

The proportion of treatment of episodes where withdrawal management was the main treatment type for amphetamines as the principal drug of concern decreased during the five years between 2011-12 and 2015-16—from 16% to 6%—whereas episodes for the main treatment type of information and education only increased—from 4% to 18%. Treatment episodes for assessment-only fluctuated during this 5-year period (Figure 20).

Figure 20: Treatment episodes where amphetamines were the principal drug of concern in the ACT, by main treatment type, 2011-12 to 2015-16 (%)



Based on AIHW material: Table SE ACT.25.⁹

The proportion of treatment settings for episodes for clients with a principal drug of concern of amphetamines decreased slightly for those delivered in a residential setting (from 49% to 41%), while those delivered in an outreach setting increased (from 3% to 13%), over the 10 years to 2015-16.⁶

The median duration of treatment episodes in the ACT where amphetamines were the principal drug of concern increased over the 5-year period between 2011-12 to 2015-16 in the ACT—from 26 to 36 days (Tables S5.59 amphetamines; SD.65 amphetamines).⁹ Nationally the increase was not as pronounced, increasing from 26 days to 28 days (Table SD.14).⁹

Comments on amphetamines in the ACT

ACT specialist AOD treatment services have always worked with people with amphetamine-related problems, and have a range of skills, knowledge and evidence-informed treatment responses available. Relatively rapid shifts in drug use patterns, and the subsequent impact on individuals, communities and treatment services, require a workforce and service system that is flexible and adaptive to emerging needs. When sufficient capacity building is in place, the sector has demonstrated that it is well placed to respond effectively to new and fluctuating drug trends and harms in the ACT community.

Following an increased investment in ACT specialist AOD treatment and support services by the ACT Government in 2015, there has been a continued upward trend in the number of treatment episodes for clients accessing treatment and support for their amphetamine-related problems, demonstrating the success of ACT AOD treatment services in mobilising targeted responses. It will be important to ensure, however, that there is ongoing investment

and capacity building in place to continue to respond to increasing demand, and potentially changing patterns of demand, as the amphetamine use and harms prevalence curves mature. In particular, we can expect, and need to plan for, a continuing increase in demand for treatment for problems related to crystal methamphetamine ('ice') use, paralleling a fall in the population-prevalence of its use.

The treatment trajectory for people who have amphetamine problems is complex, with high drop-out and relapse rates. This means that the ATOD sector must respond by maintaining a strong harm reduction focus as part of core business, and by offering a range of access points and treatment options to meet clients' evolving needs that are both stand alone (e.g. needle and syringe programs) or integrated into other responses (e.g. counselling and rehabilitation).

Suggestions for consideration by the specialist ACT ATOD sector including funding bodies

Based on the analyses undertaken in this report, the following suggestions are made to inform future work:

- Reporting on results for the ACT from the AODTS NMDS is undertaken on an annual basis.
- Undertake analysis of additional data items that are included in the ACT Minimum Data Set, including Previous alcohol and other drug treatment received, Indigenous Status, Living arrangement and Mental health diagnosis.
- Undertake additional analysis of particular cohorts, including clients diverted from the criminal justice system and the ageing cohort of clients.
- Undertake additional analysis by treatment type, particularly in areas that have been traditionally identified as under-resourced such as counselling.
- Undertake analysis of the specialist AOD treatment services' catchment areas, utilising the postcode of the client's usual address, to examine the number and characteristics of clients and treatment episodes for those people who reside inside and outside the ACT.
- Explore options, including identifying research questions, for undertaking further trend analyses. There is currently over 10 years of data (from 2003-04) now available for the AODTS NMDS, providing a rich source of information for analyses, including trends in drugs of concern, treatment patterns, client demographics, and characteristics of different client groups.
- Explore options, including identifying research questions, for undertaking client-based analyses. The statistical linkage key, enabling the number of clients receiving treatment to be estimated, has been included in the ACT MDS since 2011-12, providing 5 years of data for analysis. As these data will accumulate over time, the ACT MDS will become a longitudinal data set enabling analysis of patterns of drug use, client pathways through treatment, and the characteristics of different client groups, e.g. those who return to treatment over multiple years and those with multiple drugs of concern or treatment types. These data also provide the opportunity for data linkage.
- Implement activities to enhance capacity to collect and analyse ACT MDS data, improve data quality and timeliness, and more effectively utilise data, including transfer of ACT MDS data functions to be sector led and owned (i.e. as occurs in the management of AODTS NMDS through the AOD peak bodies in New South Wales and Queensland).
- This report documents a number of areas that could inform improvements to the data capture process, data quality and reporting of the ACT MDS data. These areas could be discussed with stakeholders and a list of shared priorities and an implementation plan developed.

Appendix A: Mapping of ACT specialist AOD services

The following table provides a mapping of specialist ACT AOD services to service delivery outlets for those in scope for reporting to the AODTS NMDS.

Organisation	Service delivery outlet
Alcohol and Drug Services, ACT Health	O1: Counselling and Treatment Service (in addition to counselling, the Treatment Service includes support and case management and information and education) O2: The Canberra Hospital (TCH) - Withdrawal, pharmacotherapy, counselling, support and case management, information and education
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	CAHMA - Information and education
Canberra Recover Services (The Salvation Army)	Canberra Recovery Services – Bridge Program - rehabilitation, counselling (when not part of a rehabilitation episode)
CatholicCare Canberra and Goulburn	Does not currently report to the AODTS NMDS (Sobering up Shelter)
Directions	O1: Arcadia House: withdrawal (residential), rehabilitation (day and residential) O2: Treatment and Support Service (TSS) & the Althea service - counselling, support and case management and information and education
Karralika Programs Inc	O1: Karralika Therapeutic Community Adult Program - rehabilitation O2: Outreach program (support and case management) & Reversed program (information and education) O3: Transition program - residential support and case management O4: Nexus Program - residential support and case management
Ted Noffs Foundation Inc	O1: Adolescent Drug Withdrawal Unit (ADWU) & Program for Adolescent Life Management (PALM) – residential withdrawal and rehabilitation programs O2: Continuing Adolescent Life Management (CALM) - support and case management; and Community Outreach Outclient Program (Co-Op) - counselling, support and case management, information and education programs O1: Marzenna - residential support and case management
Toora Women Inc	O2: Lesley's Place (residential support and case management) and Outreach Service (support and case management) O3: WIREDD – day rehabilitation program & counselling service
7 Organisations	15 Service delivery outlets

More information on specific services/programs can be found in the [ACT Alcohol, Tobacco and Other Drug Services Online Directory](#).

Appendix B: Data and methods

Age: calculated as at the start of the episode.

Duration: calculated in whole days and only for closed treatment episodes.

Reason for cessation: The AODTS NMDS contains data on the episode end reason (reason for cessation). In this report these end reasons are grouped (see Table 6). Data for the individual end reasons are available in the published supplementary tables for the Alcohol and other drug treatment services in Australia 2015–16 report on the (AIHW) website.⁷

Table Appendix B: Grouping of end reasons to indicative outcome type

Outcome type	Reason for cessation
Expected cessation	Treatment completed Ceased to participate at expiration Ceased to participate by mutual agreement
Unexpected cessation	Ceased to participate against advice Ceased to participate without notice Ceased to participate due to non-compliance
Administrative cessation	Change in main treatment type Change in delivery setting Change in principal drug of concern Transferred to another service provider
Other	Drug court or sanctioned by court Imprisoned (other than drug court sanctioned) Died Other Not stated

Glossary

Note: these glosses are reproduced from AIHW's national report Alcohol and other drug treatment services in Australia 2015–16, pp. 76-79.5 Please refer to that report for the definitions of other terms used in the AODTS NMDS data collection.

Additional drugs of concern: refer to any other drugs the client reports using in addition to the principal drug of concern. Clients can nominate up to 5 additional drugs of concern.

Additional treatment type: clients receive 1 main treatment type in each episode and additional treatment types as appropriate, of which up to 4 are recorded in the AODTS NMDS.

Administrative cessation: includes episodes that ended due to a change in main treatment type, delivery setting or principal drug of concern, or where the client was transferred to another service provider.

Client type: the status of a person in terms of whether the treatment episode concerns their own alcohol and/or other drug use or that of another person. Clients may seek treatment or assistance concerning their own alcohol and/or other drug use, or support and/or assistance in relation to the alcohol and/or other drug use of another person.

Closed treatment episode: a treatment episode is considered closed where any of the following occurs: treatment is completed or has ceased; there has been no contact between the client and treatment provider for 3 months; or there is a change in the main treatment type, principal drug of concern or delivery setting.

Expected cessation: includes episodes where the treatment was completed, or where the client ceased to participate at expiation, or by mutual agreement.

Government agency: an agency that operates from the public accounts of the Australian Government or a state or territory government, is part of the general government sector, and is financed mainly from taxation.

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.

Non-government agency: an organisation that receives some government funding but is not controlled by the government, is directed by a group of officers or an executive committee, and may be an income tax-exempt charity.

Principal drug of concern: is the main substance that the client stated led them to seek treatment from the ATOD treatment agency. In this report, only clients seeking treatment for their own substance use are included in analyses of principal drug of concern.

Reason for cessation: the reason for the client ceasing to receive a treatment episode from an AODTS:

- **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:** Including 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.

Referral source: the source from which the client was transferred or referred to the alcohol and other drug treatment service.

Service delivery outlet: A site from which an organisation, or sub-unit of an organisation, delivers a health/community service. The service delivery outlet is the lowest level of an organisation at which, or from which, services are delivered. An organisation may have one or more service delivery outlets. (See Appendix A for a mapping of ACT AOD organisations to service delivery outlets).

Treatment episode: the period of contact between a client and a treatment provider or a team of providers. Each treatment episode has 1 principal drug of concern and 1 main treatment type. If the principal drug or main treatment changes, then a new episode is recorded.

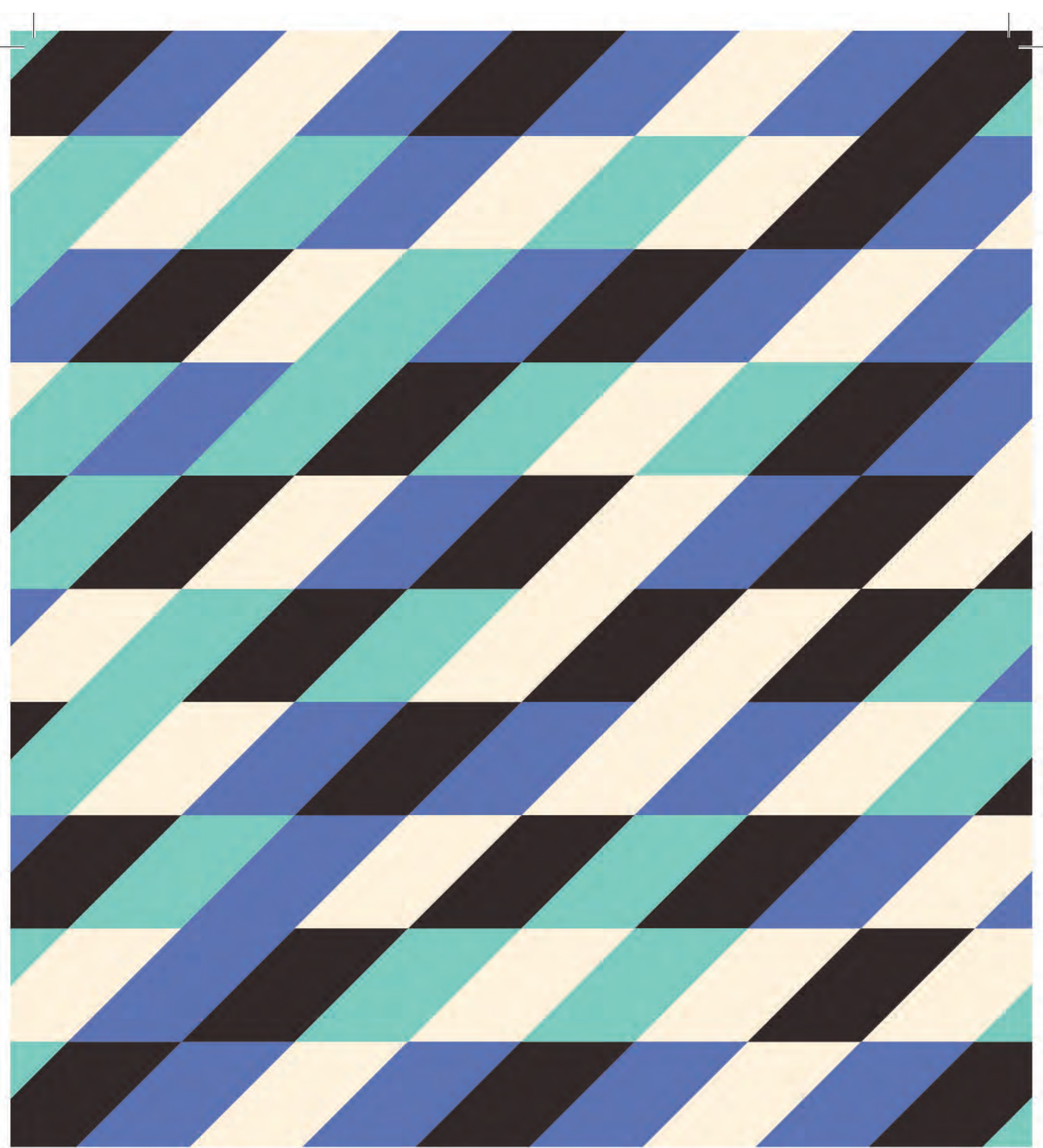
Treatment type: the type of activity that is used to treat the client's alcohol or other drug problem, which includes:

- **Assessment only:** Where only assessment is provided to the client (service providers would normally include an assessment component in all treatment types).
- **Counselling:** Can include cognitive behaviour therapy, brief intervention, relapse intervention, and motivational interviewing.
- **Information and education only**
- **Rehabilitation:** Focuses on helping clients to stop their drug use, and to prevent psychological, legal, financial, social, and physical consequences of problematic drug use; rehabilitation can be delivered in several ways, including residential treatment services, therapeutic communities, and community-based rehabilitation services.
- **Support and case management only:** Support includes helping a client who occasionally calls an agency worker for emotional support, while case management is usually more structured than 'support'. It can assume a more holistic approach, taking into account all client needs—including general welfare needs—and it includes assessment, planning, linking, monitoring, and advocacy.
- **Withdrawal management (detoxification):** Includes medicated and non-medicated treatment to help manage, reduce, or stop the use of a drug of concern.

Unexpected cessation: includes episodes where the client ceased to participate against advice, without notice, or due to non-compliance.

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