

# Drug and alcohol treatment services in NSW 2002-2003

Annual report on the NSW Minimum Data Set



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# Executive summary

The *NSW Minimum Data Set (MDS) for Drug and Alcohol Treatment Services* (formerly known as the MDS for Alcohol and Other Drug Treatment Services) was developed for the purpose of describing drug and alcohol service delivery and the characteristics of their clients. Due to the repeat nature of drug and alcohol clients to receive treatment, it was decided at a national level that the collection would operate on a 'closed episode' basis, rather than be based on client registrations. The collection started in July 2000 among all government and funded non-government drug and alcohol service providers. This was a significant achievement for the NSW drug and alcohol sector.

There are a number of limitations to this data collection. These are more fully outlined on page 4 of this report and include the following points:

- It is a new data collection so has more data quality issues.
- Methadone and buprenorphine treatment, which constitute a large proportion of drug and alcohol treatment, are not included.
- It does not contain any treatment outcome measures.
- It does not contain a unique patient identifier so determining the unique number of clients and a clear picture of the continuum of services provided to a client is not possible.
- The closed episode basis of the collection is somewhat artificial and makes it difficult to capture the continuum of care provided.

A summary of the major findings for the 2002-03 financial year is detailed below.

## Treatment agencies

- There were 227 government-funded alcohol and other drug treatment agencies providing data for the 2002-03 financial year. This included 67 (30%) non-government agencies.
- These agencies provided 41,045 'closed episodes' during 2002-03. A closed episode is defined as a period of contact between a client and treatment agency with defined dates of commencement and cessation.

## Client demographics

- The 41,045 closed episodes involved approximately 32,534 clients. Over two-thirds (68%) of all closed episodes were for male clients, most falling in the 20-39 age group. The average age of both male and female clients was 34.2 years.
- Just over 9% of closed episodes were for clients who identified as being of Aboriginal and/or Torres Strait Islander (Aboriginal) origin. The average age for Aboriginal clients was 30.8 years; for male Aboriginal clients it was 31.1 years and 30.2 years for female Aboriginal clients.
- Ninety-eight per cent of closed episodes were for clients who nominated English as their preferred language and eighty-six per cent of closed episodes involved clients who were born in Australia. One-fifth (20%) of closed episodes were for clients who were in full or part-time employment, while two-thirds (67%) received some form of temporary benefit or pension as their primary source of income. Just over 7% of closed episodes were for clients who indicated they were homeless.

## Drugs of concern

- Within the *Minimum Data Set*, 42% of closed episodes were for alcohol, 21% for heroin, 14% for cannabis, 11% for amphetamines, 4% for other opiates, 2% for benzodiazepines, 1% for nicotine, 0.5% for cocaine and 0.3% for ecstasy.
- Three percent of closed episodes were for clients who attended treatment for the drug use of another person; of these 74% were female.
- The average age of clients in treatment for nicotine was 43.1 years, 39.4 years for alcohol, 36.8 years for benzodiazepines, 35.2 years for other opiates, 30.1 years for cocaine, 30 years for heroin, 28.6 years for amphetamines and 27 years for cannabis.
- Overall, 41% of closed episodes involved clients who reported never having injected drugs, while 32% of clients reported being current injectors.

### Treatment programs

- There were 9,589 open episodes as at 30 June 2003 that are not included in this report.
- For the main service provided covered by the *Minimum Data Set*, 38% of closed episodes were for counselling, 17% for assessment, 16% for inpatient detoxification, 8% for residential rehabilitation, 7% for outpatient detoxification, 6% for support and case management and 3% for information and education.
- Seventy-six per cent of closed episodes involved no other service than the main service provided. Nearly 32% of closed episodes were for clients who indicated they had received no previous drug and alcohol treatment.
- Forty-three per cent of closed episodes were for clients who referred themselves to treatment. Fourteen per cent of closed episodes were diverted from the police, court or criminal justice setting, 9% were referred by a general practitioner or medical officer and 8% were referred by a non-residential drug and alcohol treatment facility. Four per cent of closed episodes were for clients participating in the Magistrates Early Referral Into Treatment (MERIT) program.
- The average age for clients whose main service provided was information and education was 38.6 years, 37.1 years for inpatient detoxification, 34.5 years for counselling, 33.6 years for outpatient detoxification, 32.9 years for assessment and 30.2 years for residential rehabilitation.
- For the main service provided captured in the *Minimum Data Set*, the median number of days for a closed episode was 10, with a median of 47 days for counselling, 28 days for residential rehabilitation and 14 days for outpatient detoxification episodes.

### Reason for cessation

- The reason 51% of closed episodes ceased was because the client completed it. The completion rate for 20-29 year olds was 46%, 50% for 30-39 year olds, 56% for 40-49 year olds, 62% for 50-59 year olds and 64% for clients aged 60 years and older.
- Completion was 56% where the principal drug of concern was alcohol, 51% for cannabis, and 43% for both amphetamines and heroin.

- Completion was 66% where the main service provided was information and education, 65% for inpatient detoxification, 62% for assessment, 45% for both outpatient detoxification and counselling and 28% for residential rehabilitation.

### Special theme: clients aged under 30 years

- Of the 41,045 closed episodes in 2002-2003, 9% were for clients aged under 20 years, 34% were for clients aged 20-29 and 57% were for clients aged 30 years or more. Of clients aged under 20 years, 93% were born in Australia, compared with 90% of clients aged 20-29 years and 83% of clients aged 30 years or more.
- Fifteen per cent of clients aged under 20 years identified as being of Aboriginal or Torres Strait Islander origin, as did 10% of clients aged 20-29 years and 7% of clients aged 30 years or more.
- Of clients aged under 20 years, 12% were in full or part-time employment, compared with 19% of clients aged 20-29 years and 22% of clients aged 30 years or more.
- Cannabis accounted for 41% of closed episodes for clients aged under 20 years old, 20% of closed episodes for clients aged 20-29 and 9% of clients aged 30 years or more.

#### Methadone and Buprenorphine clients (NSW Pharmacotherapy Program data)

- There were 15,556 clients who were exclusively receiving methadone and buprenorphine treatments as at 30 June 2003. Of these, 64.5% were male and 7.3% were Aboriginal and/or Torres Strait Islander.
- As at 30 June 2003, 1,771 (11.4%) clients were on buprenorphine.
- The median duration of treatment for methadone was 584 days, while for buprenorphine it was 123 days. Note that it is not possible to distinguish between those clients using buprenorphine for a detoxification rather than maintenance.

# Background

Collection of the *National Minimum Data Set for Alcohol and Other Drug Treatment Agencies* (NMDS AODTS) began in July 2000. This data collection comprises a nationally agreed set of data items collected by government-funded alcohol and other drug treatment service providers. It includes the collection of 32 client demographic, drug use and treatment data items for each client.

The collection is reported on a 'closed episode' basis that is defined as a period of contact, with a defined commencement and cessation date, between a client and a service provider. A service episode has certain key elements:

- It is delivered in one setting (eg inpatient or outpatient)
- It consists of one main service provided (eg counselling or rehabilitation)
- It consists of only one principal drug of concern
- It has a defined starting and ending date

Hence, a client may have more than one episode open at the same time (eg a client may receive counselling while undergoing rehabilitation treatment) or may have more than one successive episode (eg a client may complete a detoxification then proceed to residential rehabilitation).

The *New South Wales Minimum Data Set for Drug and Alcohol Treatment Services* (NSW MDS DATS, formerly known as the MDS for Alcohol and Other Drug Treatment Services) contains all of the NMDS AODTS data items plus a few additional items collected in NSW such as the client's source of income.

One key data item in the collection is the main service provided. This comprises:

- **Assessment:** All new or returning clients are assessed in some form to determine the most appropriate service to provide. The method of assessment will depend on the type of service offered, the client's drug use, personal history and individual needs.

- **Counselling:** There are many different types of alcohol and other drug counselling available, including individual and group counselling in both outpatient and residential settings.
- **Detoxification:** involves the provision of health care to manage the symptoms of drug withdrawal. It is not a cure for drug dependence and needs to be followed by further treatment.
- **Rehabilitation:** programs assist the client to develop appropriate skills and attitudes to make positive changes towards a lifestyle free of drug dependence. Rehabilitation may be provided as residential or outpatient treatment.

It is important to note that this data collection excludes clients who are:

- in maintenance pharmacotherapy treatment such as methadone or buprenorphine
- in a correctional setting
- admitted patients in acute care and psychiatric hospitals, including inpatient consultations
- in a 'halfway house' or 'sobering-up shelter'
- involved in needle and syringe programs or related prevention/education activities
- involved in telephone help-lines and community support lines.

Further details about the guidelines for the 2002-03 collection are contained in the *NSW Minimum Data Set for Alcohol and Other Drugs Treatment Services Data Dictionary 2002-2003*.

# Limitations

There are a number of limitations to this data collection. These are discussed in more detail below.

## 1. New data collection

Collection began for the *NSW Minimum Data Set for Drug and Alcohol Treatment Services* (NSW MDS DATS, formerly referred to as the MDS for Alcohol and Other Drug Treatment Services) on 1 July 2000. The first year of the collection (2000-2001) has not been reported on as it was a pilot year and the collection rules were not fully understood by all clinicians. However, the newness of the collection must be borne in mind when reviewing this report.

## 2. Methadone and buprenorphine are excluded

Due to the complex service delivery profile of methadone and buprenorphine treatment, they have been excluded from the NSW MDS DATS collection. Data on this treatment is captured through the Pharmaceutical Services Branch database, which records details of methadone and buprenorphine prescriptions written by authorised prescribers. Where possible, this report has quoted this data, as it is a large component of drug and alcohol treatment. Even if methadone and buprenorphine treatments were included in the NSW MDS DATS, they could only be collected from the public sector, which constitutes less than 30% of the state total.

## 3. No treatment outcome measures

The NSW MDS DATS was developed to monitor trends in drug and alcohol treatment within a standardised data collection. It does not contain any treatment outcome measures.

## 4. No unique patient identifier

New South Wales currently does not have a unique patient identifier (UPI) for health system data. This will be changing in the near future as the Electronic Health Record is implemented. Until such a time as a state-wide UPI is implemented across both government and non-government organisations, it is not possible to determine the unique number of clients receiving drug and alcohol treatment. Additionally, it is not possible to obtain a picture of the continuum of care a client receives as they move from different phases of the episode (eg from assessment to detoxification to rehabilitation).

## 5. Closed episode concept is artificial

Within the course of treatment, clients can have multiple services provided. In order to capture this activity into consistent blocks for reporting, the NSW MDS DATS was developed with a closed episode concept. It is acknowledged that this concept is artificial and makes it difficult to capture the continuum of care provided to an individual client.

# 1 Treatment agencies

## 1.1 Establishment sector

There were 227 government-funded alcohol and other drug treatment agencies providing data for the 2002-03 financial year. This included 67 (30%) non-government agencies.

These agencies provided 41,045 'closed episodes' during 2002-03. A closed episode is defined as a period of contact between a client and treatment agency with a defined date of commencement and cessation.

## 1.2 Geographic location and sector

The geographic location of treatment agencies in the 2002-03 collection has been classified based on urban, regional and rural Area Health Services (AHS). In 2002-03, 70% of drug and alcohol treatment agencies were government agencies. Of the 30% non-government agencies, 42% were located in urban AHS, 31% in regional AHS and 16% in rural AHS. Note that in rural areas, a single worker is often reported as an 'agency'.

**Table 1.1: Treatment agencies by geographic location and sector, NSW<sup>(a)</sup>, 2002-03**

Establishment sector	Urban AHS	Regional AHS	Rural AHS	Total
(Per cent)				
Government	58.0	69.4	83.6	70.5
Non-government	42.0	30.6	16.4	29.5
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Establishment sector	Urban AHS	Regional AHS	Rural AHS	Total
(Number)				
Government	40	59	61	160
Non-government	29	26	12	67
<b>Total (number)</b>	<b>69</b>	<b>85</b>	<b>73</b>	<b>227</b>

(a) Geographic location is derived based on agency Area Health Service.

**Urban AHS** include Central Sydney, Northern Sydney, South Eastern Sydney and Western Sydney.

**Regional AHS** include Central Coast, Hunter, Illawarra, South Western Sydney, and Wentworth.

**Rural AHS** include Far West, Greater Murray, Macquarie, Mid North Coast, Mid Western, New England, Northern Rivers, and Southern.

### Agency information for methadone and buprenorphine treatment clients

Agencies that solely provide methadone and buprenorphine treatment including public clinics, private clinics and community pharmacies are excluded from this report.

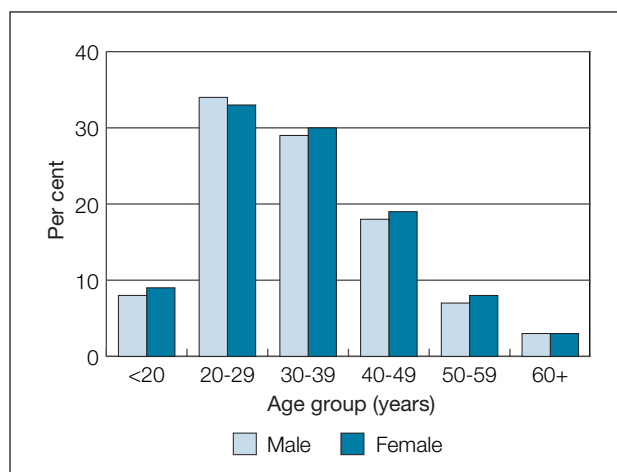
# 2 Client demographics

The 41,045 closed episodes reported in 2002-03 represented approximately 32,534 clients.

## 2.1 Sex and age

Male clients in 2002-03 accounted for over two-thirds (68%) of all closed episodes, with 63% of episodes for clients aged 20-39 years. The average age of both male and female clients was 34.2 years.

**Figure 2.1: Closed episodes by sex and age group, NSW, 2002-03**



## 2.2 Aboriginal and Torres Strait Islander origin

Of the 41,045 closed episodes reported in 2002-03, 3,560 (9%) involved clients who identified as being of Aboriginal and/or Torres Strait Islander (Aboriginal) origin. There were approximately 2,754 Aboriginal clients. The average age for Aboriginal clients was 30.8 years, for male Aboriginal clients it was 31.1 years and 30.2 years for female Aboriginal clients.

**Table 2.1: Closed episodes by age group, Aboriginal origin and sex, NSW, 2002-03**

Age group (years)	Aboriginal		Non-Aboriginal		Total <sup>(a,b)</sup>		
	Males	Females	Males	Females	Males	Females	Total
	(Per cent)						
<20	14.5	15.4	7.7	8.4	8.2	8.9	8.5
20-29	36.2	39.5	33.5	32.0	33.8	32.8	33.5
30-39	31.0	29.0	29.3	29.1	29.5	29.2	29.4
40-49	14.6	13.7	18.9	19.1	18.4	18.6	18.5
50-59	2.0	2.2	7.8	8.4	7.3	7.8	7.5
60+	1.6	0.3	2.8	3.0	2.7	2.7	2.7
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total (number)</b>	<b>2,374</b>	<b>1,179</b>	<b>24,043</b>	<b>11,303</b>	<b>27,766</b>	<b>13,230</b>	<b>41,045</b>

(a) Includes N=49 where sex is not stated.

(b) Includes N=2,115 Not stated for Aboriginal/Torres Strait Islander Origin (N=1,349 males, N=748 females, N=7 not stated for sex).

## 2.3 Country of birth and preferred language

Ninety-eight per cent of closed episodes were for clients who nominated English as their preferred language and 86% were for clients born in Australia, with clients from England and New Zealand as the next most common countries of birth.

**Table 2.2: Closed episodes by top ten countries of birth, NSW, 2002-03**

Country of birth	Per cent
Australia	86.0
England	2.8
New Zealand	2.0
Vietnam	0.6
Scotland	0.5
Ireland	0.5
United States	0.3
Germany	0.3
Lebanon	0.3
Italy	0.2
Other	5.0
Not stated	1.4
<b>Total (per cent)</b>	<b>100.0</b>
<b>Total (number)</b>	<b>41,045</b>

**Table 2.3: Closed episodes by top ten preferred languages, NSW, 2002-03**

Preferred language	Per cent
English	97.90
Vietnamese	0.32
Spanish	0.16
Arabic (including Lebanese)	0.11
Italian	0.10
Greek	0.08
Croatian	0.07
Macedonian	0.05
Polish	0.05
Finnish	0.04
Other	0.54
Not stated	0.58
<b>Total (per cent)</b>	<b>100.00</b>
<b>Total (number)</b>	<b>41,045</b>

## 2.4 Source of income and sex

One-fifth of closed episodes were for clients who were in full or part-time employment, and two-thirds of closed episodes were for clients who received some form of temporary benefit or pension as their primary source of income.

**Table 2.4: Closed episodes by source of income by sex, NSW, 2002-03**

Source of income	Males	Females	Total <sup>(a)</sup>
	(Per cent)		
Full-time employment	16.2	9.9	14.2
Part-time employment	4.9	8.6	6.1
Temporary benefit	45.0	33.5	41.3
Pension	22.3	31.3	25.2
Student allowance	1.2	1.8	1.4
Dependent on others	1.4	4.9	2.5
Retirement fund	0.5	0.6	0.5
No income	3.9	3.5	3.7
Other	1.4	1.7	1.5
Not stated/unknown	3.3	4.4	3.7
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total (number)</b>	<b>27,766</b>	<b>13,230</b>	<b>41,045</b>

(a) Includes N=49 where sex is not stated.

## 2.5 Usual accommodation and sex

Fifty per cent of closed episodes were for clients who lived in rental accommodation, 28% owned their own accommodation and 7% indicated they were homeless.

**Table 2.5: Closed episodes by usual accommodation by sex, NSW, 2002-03**

Usual accommodation	Males	Females	Total <sup>(a)</sup>
	(Per cent)		
Rented house or flat	47.9	54.9	50.2
Privately owned house or flat	27.0	28.8	27.6
Boarding house	2.1	0.9	1.7
Hostel/supported accommodation	1.6	0.8	1.3
Psychiatric hospital	0.2	0.1	0.2
D&A treatment residence	0.9	0.6	0.8
Shelter/refuge	1.7	2.0	1.8
Prison/detention centre	1.5	0.9	1.3
Caravan on a serviced site	1.3	1.0	1.2
No usual residence/homeless	8.1	3.2	6.5
Other	1.5	1.2	1.4
Not known	6.3	5.6	6.1
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total (number)</b>	<b>27,766</b>	<b>13,230</b>	<b>41,045</b>

(a) Includes N=49 where sex is not stated.

## 2.6 Living arrangement and sex

Clients had a variety of living arrangements, including 26% of closed episodes who lived alone, 20% lived with their parents and 11% lived with their spouse or partner.

**Table 2.6: Closed episodes by living arrangement by sex, NSW, 2002-03**

Living arrangement	Males	Females	Total <sup>(a)</sup>
	(Per cent)		
Alone	29.0	18.8	25.7
Spouse/partner	11.7	16.6	13.3
Alone with child(ren)	1.5	14.4	5.6
Spouse/partner with child(ren)	9.7	14.6	11.3
Parent(s)	23.5	13.9	20.4
Other relative(s)	4.7	3.1	4.2
Friend(s)	8.1	6.6	7.6
Friend(s)/parent(s)/relative(s)/child(ren)	2.0	3.7	2.6
Other	5.6	4.3	5.2
Not stated/unknown	4.2	4	4.2
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total (number)</b>	<b>27,766</b>	<b>13,230</b>	<b>41,045</b>

(a) Includes N=49 where sex is not stated.

### Demographic information for methadone and buprenorphine treatment clients

Clients who were exclusively receiving methadone and buprenorphine treatments are excluded from this report. Statistics are included below on these clients from the NSW Pharmaceutical Services Branch database in order to provide a complete picture of drug and alcohol treatment in NSW.

There were 15,556 clients who were exclusively receiving methadone and buprenorphine treatments as at 30 June 2003. Of these, 64.5% were male and 7.3% were Aboriginal and/or Torres Strait Islander.

Just under one per cent of these clients were aged under 20 years old, 27.1% were aged 20-29 years, 37.0% were aged 30-39 years, 30.0% were aged between 40-49 years, 4.9% were aged 50-59 years and 0.2% were aged 60 years and over. The average age of these clients was 36 years, where 36.5 years was the average age for males and 35.1 years was the average age for females.

# 3 Drugs of concern

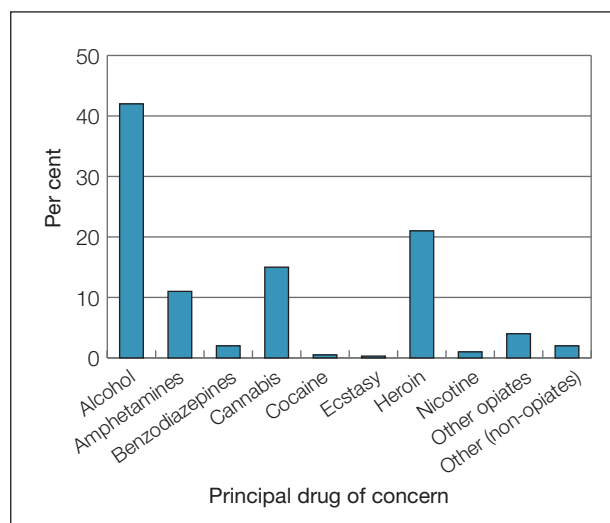
The principal drug of concern refers to the main substance that the client states led him or her to seek treatment from the alcohol and other drug treatment agency. Note that the client may also be using other drugs. For example, a client may be using heroin, amphetamines and alcohol but only be concerned with (and seeking treatment for) their amphetamine use. Note that nicotine has been included as a principal drug of concern but this is a significant undercount of actual nicotine treatment provided in NSW as many nicotine treatment agencies are not in scope for this data collection. Three per cent of closed episodes were for clients who attended treatment for the drug use of another person; of these 74% were female. This section reports only on those 39,881 closed episodes where clients were seeking treatment for their own drug use.

Note: A client must have a dependence on heroin or another opiate to receive methadone or buprenorphine treatment. Since the 15,556 clients who were exclusively receiving methadone and buprenorphine treatment as at 30 June 2003 are excluded from the *Minimum Data Set*, the statistics below for heroin and other opiates is a significant underestimate.

## 3.1 Principal drug of concern

Within the *Minimum Data Set* (note: this excludes clients who exclusively receive methadone or buprenorphine treatment – see highlighted box on page 15 for more information), 42% of closed episodes were for alcohol, 21% for heroin, 15% for cannabis, 11% for amphetamines, 4% for other opiates, 2% for benzodiazepines, 1% for nicotine, 0.5% for cocaine and 0.3% for ecstasy. Clients with alcohol and heroin as their principal drug of concern presented for an average of 1.3 episodes of treatment, while cannabis and amphetamine clients presented for an average of 1.2 episodes of treatment.

**Figure 3.1: Closed episodes by principal drug of concern, NSW<sup>(a)</sup>, 2002-03**

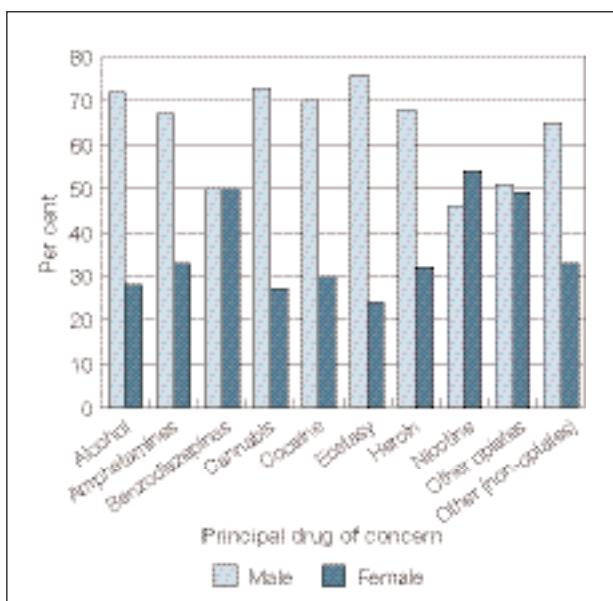


(a) Excludes N=1,164 treatment episodes for clients seeking treatment for the drug use of others.

### 3.2 Principal drug of concern and sex

Male clients accounted for 68% of all closed episodes. Within a particular drug of concern, male clients accounted for 72% of closed episodes for alcohol, 73% for cannabis, 70% for cocaine, and 76% for ecstasy. Female clients accounted for 50% of closed episodes for benzodiazepines, 54% for nicotine and 49% for other opiates.

**Figure 3.2: Closed episodes by principal drug of concern by sex, NSW<sup>(a)</sup>, 2002-03**

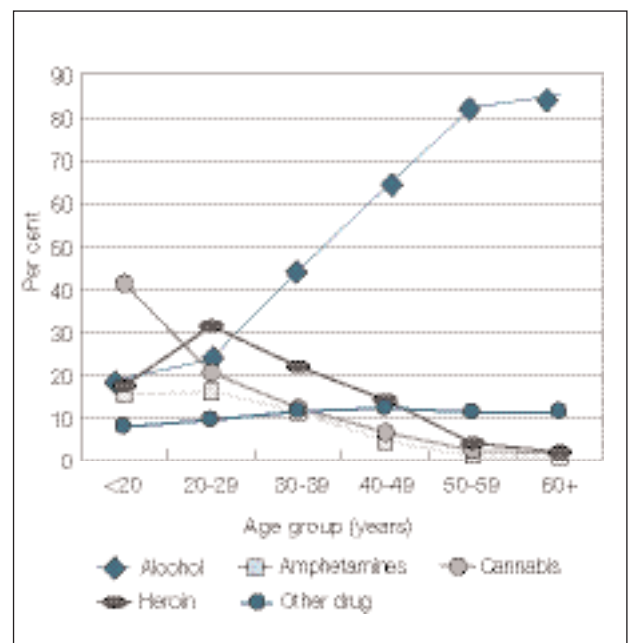


(a) Excludes N=1,164 treatment episodes for clients seeking treatment for the drug use of others.

### 3.3 Principal drug of concern and age

The average age of clients in treatment for nicotine was 43.1 years, 39.4 years for alcohol, 36.8 years for benzodiazepines, 35.2 years for other opiates, 30.1 years for cocaine, 30.0 years for heroin, 28.6 years for amphetamines and 27.0 years for cannabis.

**Figure 3.3: Closed episodes by principal drug of concern by age group, NSW<sup>(a)</sup>, 2002-03**



(a) Excludes N=1,164 treatment episodes for clients seeking treatment for the drug use of others.

## Drugs of concern

**Table 3.1: Closed episodes by principal drug of concern by sex and age group, NSW<sup>(a)</sup>, 2002-03**

Principal drug of concern/sex	Age group (years)						Total
	<20	20-29	30-39	40-49	50-59	60+	
<b>Males</b>	<b>(Per cent)</b>						
Alcohol	20.4	24.8	45.6	64.3	85.6	88.9	43.8
Amphetamines	13.6	15.0	11.5	4.7	0.7	0.6	10.5
Cannabis	46.8	21.8	12.1	6.2	2.2	1.1	16.2
Heroin	12.9	30.9	22.1	15.2	3.8	1.8	21.3
Other drug	6.3	7.5	8.8	9.6	7.8	7.7	8.2
<b>Male episodes (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Male episodes (number)</b>	<b>2,265</b>	<b>9,347</b>	<b>8,141</b>	<b>5,046</b>	<b>1,951</b>	<b>719</b>	<b>27,469</b>
<b>Females</b>	<b>(Per cent)</b>						
Alcohol	15.7	20.3	40.6	61.7	74.6	76.3	38.0
Amphetamines	18.2	17.9	10.4	3.5	0.6	0.4	11.6
Cannabis	30.2	17.3	11.6	6.4	2.0	2.2	13.5
Heroin	25.6	32.0	21.0	10.8	4.0	1.5	21.9
Other drug	10.2	12.6	16.4	17.6	18.9	19.7	15.0
<b>Female episodes (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Female episodes (number)</b>	<b>1,144</b>	<b>4,264</b>	<b>3,695</b>	<b>2,177</b>	<b>810</b>	<b>274</b>	<b>12,364</b>
<b>Persons</b>	<b>(Per cent)</b>						
Alcohol	18.9	23.4	44.0	63.5	82.3	85.3	18.9
Amphetamines	15.1	15.9	11.1	4.3	0.7	0.5	15.1
Cannabis	41.2	20.3	12.0	6.3	2.1	1.4	41.2
Heroin	17.2	31.2	21.7	13.9	3.8	1.7	17.2
Other drug	7.6	9.2	11.2	12.0	11.0	11.1	7.6
<b>Total episodes (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total episodes (number)</b>	<b>3,410</b>	<b>13,635</b>	<b>11,847</b>	<b>7,229</b>	<b>2,762</b>	<b>998</b>	<b>39,881</b>

(a) Excludes N=1,164 treatment episodes for clients seeking treatment for the drug use of others.

### 3.4 Principal drug of concern and geographic location

In 2002-03, 42% of closed episodes were for alcohol, comprising 44% of urban AHS, 37% of regional AHS and 48% of rural AHS. Twenty-one per cent of closed episodes were for heroin, with 26% in urban AHS, 24% in regional AHS and 11% in rural AHS. Cannabis closed episodes represented 15% of the total, with 11% in urban AHS, 16% in regional AHS and 21% in rural AHS.

**Table 3.2: Closed episodes by principal drug of concern by geographic location, NSW<sup>(a,b)</sup>, 2002-03**

Principal drug of concern	Urban AHS	Regional AHS	Rural AHS	Total
	(Per cent)			
Alcohol	44.1	36.9	48.1	42.0
Amphetamines	8.5	13.4	9.9	10.9
Benzodiazepines	2.4	2.6	1.8	2.4
Cannabis	11.2	15.9	20.7	15.4
Cocaine	0.8	0.4	0.2	0.5
Ecstasy	0.5	0.3	0.2	0.3
Heroin	25.6	23.6	11.0	21.4
Nicotine	1.7	0.7	1.3	1.2
Other opiates (excluding heroin)	4.0	3.9	4.4	4.0
Other (non-opiates)	1.2	2.3	2.4	1.9
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total (number)</b>	<b>14,192</b>	<b>16,570</b>	<b>9,119</b>	<b>39,881</b>

(a) Excludes N=1,164 treatment episodes for clients seeking treatment for the drug use of others.

(b) Geographic location is derived based on agency Area Health Service.

**Urban AHS** include Central Sydney, Northern Sydney, South Eastern Sydney and Western Sydney.

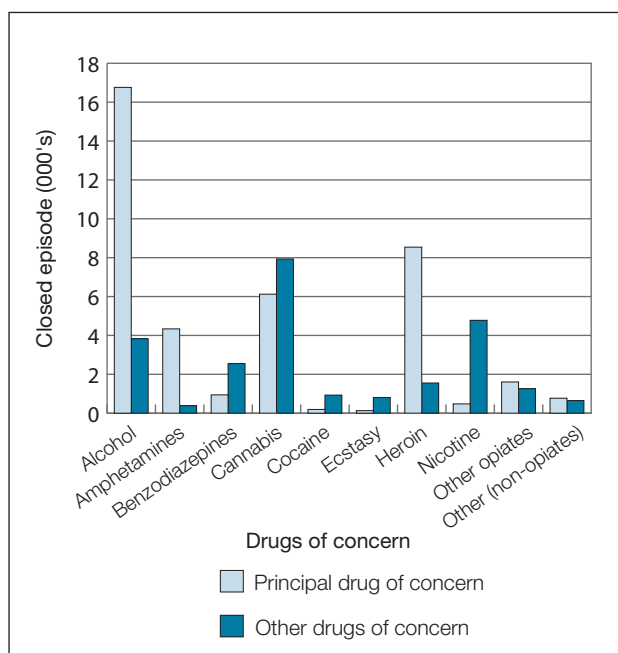
**Regional AHS** include Central Coast, Hunter, Illawarra, South Western Sydney, and Wentworth.

**Rural AHS** include Far West, Greater Murray, Macquarie, Mid North Coast, Mid Western, New England, Northern Rivers, and Southern.

### 3.5 Other drug of concern

In addition to asking about the principal drug that was of concern to the client, clients were asked if there were any additional drugs they were concerned with. This question is different to asking about any other drugs that the client may have been using, which are not reported on in this data collection. Fifty-two per cent of closed episodes were for clients who reported no other drugs of concern, while 14% indicated they were also concerned about their cannabis use, 9% about their nicotine use, 7% about their alcohol use and 4% about their amphetamine use.

**Figure 3.4: Closed episodes by principal drug of concern and other drugs of concern, NSW<sup>(a)</sup>, 2002-03**



(a) Excludes N=1,164 treatment episodes for clients seeking treatment for the drug use of others.

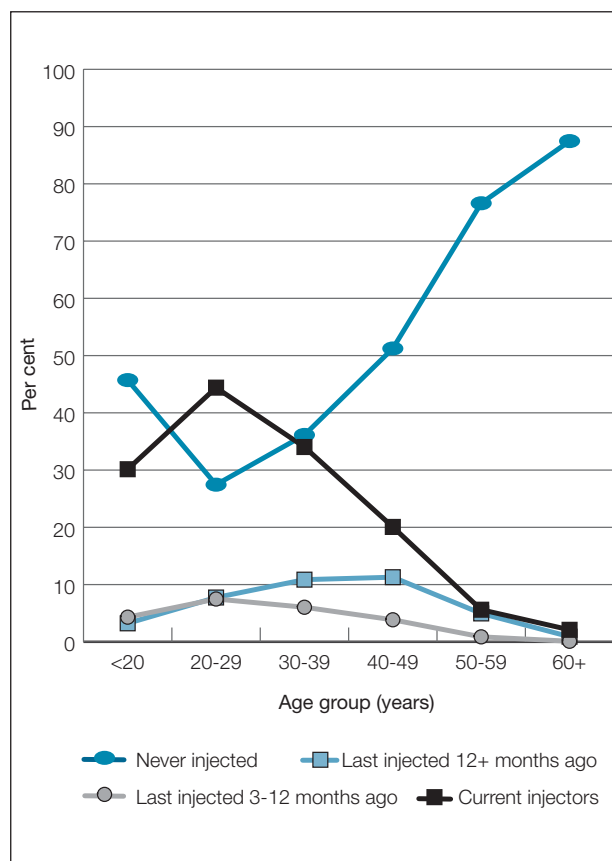
### 3.6 Method of use for principal drug of concern

The breakdown of method of use for the principal drug of concern for closed episodes was ingesting (49%), injecting (31%) or smoking (17%). The method of use for the principal drug of concern was 98% injection for heroin, 84% injection for amphetamines, 93% ingestion for benzodiazepines, and 52% injection for cocaine.

### 3.7 Injecting drug use and age

For the purposes of the collection injecting drug use includes drug administration methods such as intravenous, intramuscular and subcutaneous forms of injection. Forty-one per cent of closed episodes involved clients who reported never having injected drugs, while 32% of all closed episodes reported being current injectors. These figures should be interpreted with caution as just over 13% of closed episodes reported 'not stated' for this data item.

**Figure 3.5: Closed episodes by injecting drug use by age group, NSW<sup>(a)</sup>, 2002-03**

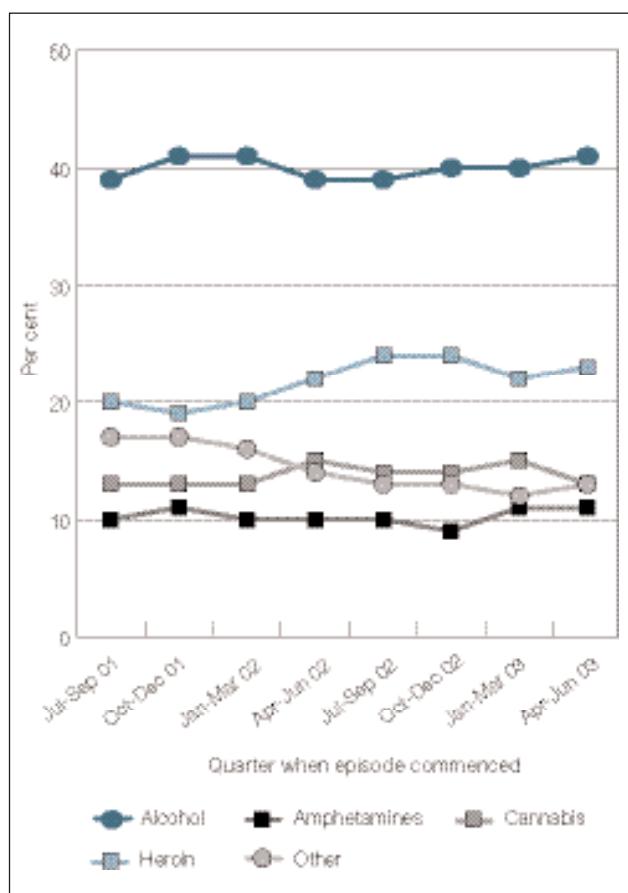


(a) Excludes N=1,164 treatment episodes for clients seeking treatment for the drug use of others.

### 3.8 Principal drug of concern trends

The figure below illustrates the per cent of closed episodes for the four main principal drugs of concern for each quarter in the last two years. During this time, there is only slight variation in the trend for each drug type.

**Figure 3.6: Closed episodes by principal drug of concern by quarter, NSW<sup>(a)</sup>, July 2001 – June 2003**



(a) Excludes N=1,164 treatment episodes for clients seeking treatment for the drug use of others.

#### Drug information for methadone and buprenorphine treatment clients

Clients who were exclusively receiving methadone and buprenorphine treatments are excluded from this report. Statistics are included below on these clients from the NSW Pharmaceutical Services Branch database in order to provide a complete picture of drug and alcohol treatment in New South Wales. See highlighted box on page 9 for client demographic information.

If it is assumed that the 15,556 methadone and buprenorphine clients as at 30 June 2003 had heroin as their principal drug of concern and are included in the MDS data, an estimate of the distribution by drug type (including both the *NSW Minimum Data Set* and *NSW Pharmacotherapy Program* data) becomes 43% heroin, 30% alcohol, 11% cannabis, 8% amphetamines and 8% for other drugs. Please note this is an underestimate for heroin episodes as the 15,556 relates to client numbers rather than episodes.

Among the 15,556 methadone and buprenorphine clients, 45% received treatment in urban Area Health Services (including Central Sydney, South Eastern Sydney, Northern Sydney and Western Sydney), 27% in regional Area Health Services (including South Western Sydney, Wentworth, Illawarra, Central Coast and Hunter), 14% in rural Area Health Services (including Far West, Greater Murray, Macquarie, Mid North Coast, Mid Western, New England, Northern Rivers and Southern) and 14% in Justice Health.

# 4 Treatment programs

While the concept of an episode of care is intuitively sound, it is not easy to define clear boundaries for episodes, nor to unambiguously partition concurrent treatments. Furthermore, episode cessation is not always clear-cut. For these reasons, the data for main service provided and other treatments is not entirely consistent across agencies.

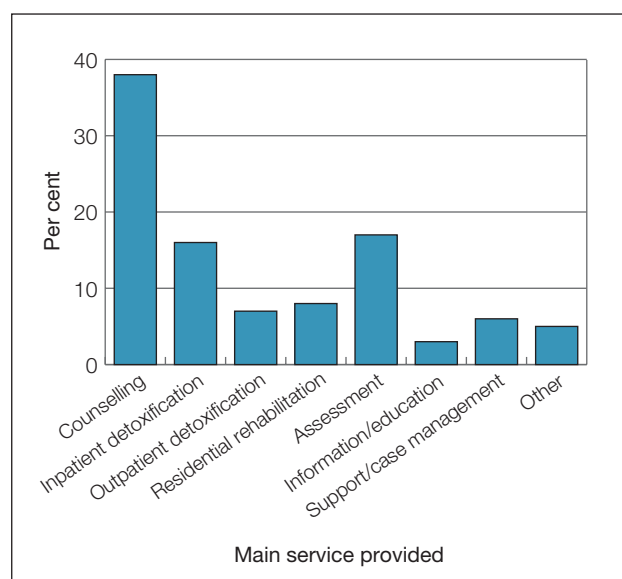
Note: There were 9,589 open episodes as at 30 June 2003 that are not included in this report.

## 4.1 Main service provided and other services provided

For the main service provided covered by the *Minimum Data Set*, 38% of closed episodes were for counselling, 17% for assessment, 16% for inpatient detoxification, 8% for residential rehabilitation, 7% for outpatient detoxification, 6% for support and case management and 3% for information and education. Clients receiving inpatient detoxification received an average of 1.4 episodes of treatment, while support and case management clients received 1.2 episodes of treatment. Nearly all other main services provided were on average 1.1 episodes of treatment.

In addition to the main service provided, any other services provided to the client for their nominated principal drug of concern were identified. As clients can have concurrent main service episodes open at the same time and services available vary widely among agencies, this data item is difficult to interpret reliably. With these caveats in mind, for 76% of closed episodes, no other services were provided to the client, while for 12% of episodes, the client also received counselling.

**Figure 4.1: Closed episodes by main service provided, NSW, 2002-03**



## 4.2 Previous treatment and sex

Agencies also recorded any previous drug and alcohol treatments reported by the client. For nearly 32% of closed episodes, clients indicated they had received no previous drug and alcohol treatment.

**Table 4.1: Closed episodes by previous treatment by sex, NSW, 2002-03**

Previous treatment	Males	Females	Total <sup>(a)</sup>
Counselling	22.0	23.9	22.6
Inpatient detoxification	17.1	14.9	16.4
Outpatient detoxification	3.2	3.2	3.2
Residential rehabilitation	6.3	4.6	5.8
Assessment	4.0	3.4	3.8
Information/education	2.5	2.1	2.4
Other	16.7	17.6	17.0
Not collected (secondary clients)	1.6	6.6	3.2
No previous treatment	33.1	29.2	31.9
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total (number)</b>	<b>27,766</b>	<b>13,230</b>	<b>41,045</b>

(a) Includes N=49 where sex is not stated.

## 4.3 Source of referral and sex

Forty-three per cent of closed episodes were for clients who referred themselves to treatment. Fourteen per cent of closed episodes were for clients diverted from the police, court or criminal justice setting, 9% were referred by a general practitioner or medical officer and 8% were referred by a non-residential drug and alcohol treatment facility. Four per cent of closed episodes were for clients participating in the Magistrates Early Referral Into Treatment (MERIT) program.

**Table 4.2: Closed episodes by source of referral by sex, NSW, 2002-03**

Source of referral	Males	Females	Total <sup>(a)</sup>
Self	43.1	42.8	43.0
Family member/friend	6.0	6.2	6.1
General practitioner	4.4	6.1	5.0
Medical officer/specialist	3.4	4.5	3.7
Other hospital (psychiatric and other)	4.0	5.0	4.3
Residential drug and alcohol	5.3	5.8	5.5
Other residential community care (including mental health)	0.8	1.3	1.0
Non-residential drug and alcohol	7.6	9.4	8.1
Non-residential community care (including mental health)	3.0	3.9	3.3
Police diversion	0.5	0.4	0.4
Court diversion	9.3	4.7	7.9
Other criminal justice setting	7.4	2.8	5.9
Other	4.5	6.4	5.1
Not stated/inadequately described	0.8	1.0	0.9
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total (number)</b>	<b>27,766</b>	<b>13,230</b>	<b>41,045</b>

(a) Includes N=49 where sex is not stated.

### 4.4 Treatment delivery setting and sex

Sixty-six per cent of closed episodes were for clients who were treated in a non-residential treatment delivery setting, while 31% were treated in a residential setting. Note that treatment delivery setting is a separate data item to the main service provided so the per cent of treatment in a residential setting, for example, may not add up to the same amount.

**Table 4.3: Closed episodes by treatment delivery setting by sex, NSW, 2002-03**

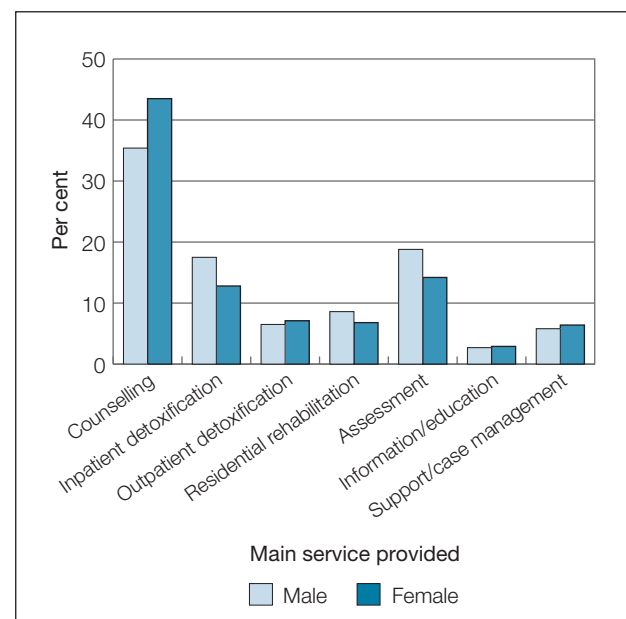
Treatment delivery setting	Males	Females	Total <sup>(a)</sup>
	(Per cent)		
Non-residential	64.3	70.1	66.2
Residential	33.2	25.3	30.6
Other	2.5	4.7	3.2
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total (number)</b>	<b>27,766</b>	<b>13,230</b>	<b>41,045</b>

(a) Includes N=49 where sex is not stated.

### 4.5 Main service provided by sex

Among closed episodes for female clients, 44% received counselling, 14% received an assessment, 13% received an inpatient detoxification and 7% received an outpatient detoxification or residential rehabilitation. Among closed episodes for male clients, 35% received counselling, 18% received an assessment or an inpatient detoxification and 9% received residential rehabilitation.

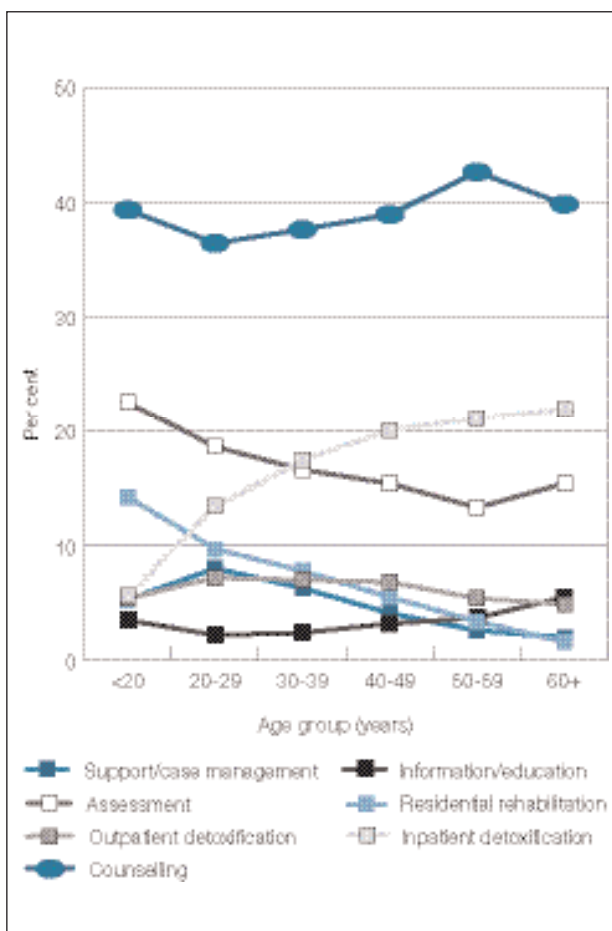
**Figure 4.2: Closed episodes by main service provided by sex, NSW, 2002-03**



## 4.6 Main service provided by age

The average age for clients whose main service provided was information and education was 38.6 years, 37.1 years for inpatient detoxification, 34.5 years for counselling, 33.6 years for outpatient detoxification, 32.9 years for assessment, 31.1 years for support and case management and 30.2 years for residential rehabilitation.

**Figure 4.3: Closed episodes by main service provided by age group, NSW, 2002-03**



## Treatment programs

**Table 4.4: Closed episodes by main service provided by sex and age group, NSW, 2002-03**

Main service provided/sex	Age group (years)						Total
	<20	20-29	30-39	40-49	50-59	60+	
<b>Males</b>	<b>(Per cent)</b>						
Counselling	38.6	35.5	34.7	35.4	35.7	33.0	35.4
Inpatient detoxification	5.2	13.5	18.6	23.1	27.3	27.1	17.5
Outpatient detoxification	4.9	7.2	6.8	6.6	5.0	4.3	6.5
Residential rehabilitation	14.9	10.4	8.4	5.9	3.5	1.5	8.6
Assessment	23.9	19.8	18.5	16.4	15.2	18.1	18.8
Information/education	3.5	2.2	2.5	3.1	3.2	4.5	2.7
Support/case management	5.7	7.4	6.2	3.9	2.7	2.4	5.8
Other	3.4	4.0	4.5	5.6	7.6	9.2	4.8
<b>Male episodes (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Male episodes (number)</b>	<b>2,285</b>	<b>9,395</b>	<b>8,188</b>	<b>5,115</b>	<b>2,031</b>	<b>752</b>	<b>27,766</b>
<b>Females</b>	<b>(Per cent)</b>						
Counselling	40.7	38.3	43.9	46.2	56.3	54.7	43.5
Inpatient detoxification	6.3	13.2	14.9	13.9	9.0	10.2	12.8
Outpatient detoxification	6.3	7.3	7.6	7.1	6.0	6.2	7.1
Residential rehabilitation	12.8	8.0	6.5	4.6	3.2	2.0	6.8
Assessment	19.7	15.9	12.7	13.2	9.8	9.9	14.2
Information/education	3.4	2.1	2.2	3.5	4.9	7.1	2.9
Support/case management	4.7	9.2	6.6	4.6	2.2	1.1	6.4
Other	6.1	6.0	5.6	7.0	8.6	8.8	6.4
<b>Female episodes (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Female episodes (number)</b>	<b>1,183</b>	<b>4,336</b>	<b>3,869</b>	<b>2,463</b>	<b>1,026</b>	<b>353</b>	<b>13,230</b>
<b>Persons<sup>(a)</sup></b>	<b>(Per cent)</b>						
Counselling	39.3	36.4	37.6	38.9	42.6	39.8	38.0
Inpatient detoxification	5.6	13.4	17.4	20.1	21.1	21.9	16.0
Outpatient detoxification	5.4	7.2	7.0	6.8	5.4	4.9	6.7
Residential rehabilitation	14.2	9.7	7.8	5.5	3.4	1.6	8.0
Assessment	22.5	18.6	16.6	15.4	13.3	15.4	17.3
Information/education	3.5	2.2	2.4	3.2	3.7	5.5	2.8
Support/case management	5.3	8.0	6.3	4.1	2.6	2.0	6.0
Other	4.3	4.7	4.9	6.1	7.9	9.0	5.3
<b>Total episodes (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total episodes (number)</b>	<b>3,469</b>	<b>13,755</b>	<b>12,068</b>	<b>7,584</b>	<b>3,058</b>	<b>1,111</b>	<b>41,045</b>

(a) Includes N=49 where sex is not stated.

## 4.7 Main service provided and geographic location

Counselling represented 38% of closed episodes, comprising 52% of rural AHS episodes, 30% regional AHS episodes and 38% of urban AHS episodes. Other main services provided included assessment (17%), inpatient detoxification (15%), information and education (3%) and residential rehabilitation (8%). Twenty-three percent of regional AHS closed episodes were for assessment, while assessment represented 12% of urban AHS and 16% of rural AHS closed episodes. Residential rehabilitation represented 9% of urban AHS closed episodes, 8% of closed episodes for regional AHS and 7% of closed episodes for rural AHS.

**Table 4.5: Closed episodes by main service provided by geographic location, NSW<sup>(a)</sup>, 2002-03**

Main service provided	Urban AHS	Regional AHS	Rural AHS	Total
	(Per cent)			
Counselling	37.8	30.3	52.3	38.0
Inpatient detoxification	24.8	12.0	9.3	16.0
Outpatient detoxification	9.6	5.3	4.8	6.7
Residential rehabilitation	8.9	8.2	6.4	8.0
Assessment	12.1	22.6	15.8	17.3
Information/education	1.5	4.0	2.4	2.8
Support/case management	1.8	9.3	6.5	6.0
Other	3.7	8.3	2.4	5.3
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total (number)</b>	<b>14,708</b>	<b>16,984</b>	<b>9,353</b>	<b>41,045</b>

(a) Geographic location is derived based on agency Area Health Service.

**Urban AHS** include Central Sydney, Northern Sydney, South Eastern Sydney and Western Sydney.

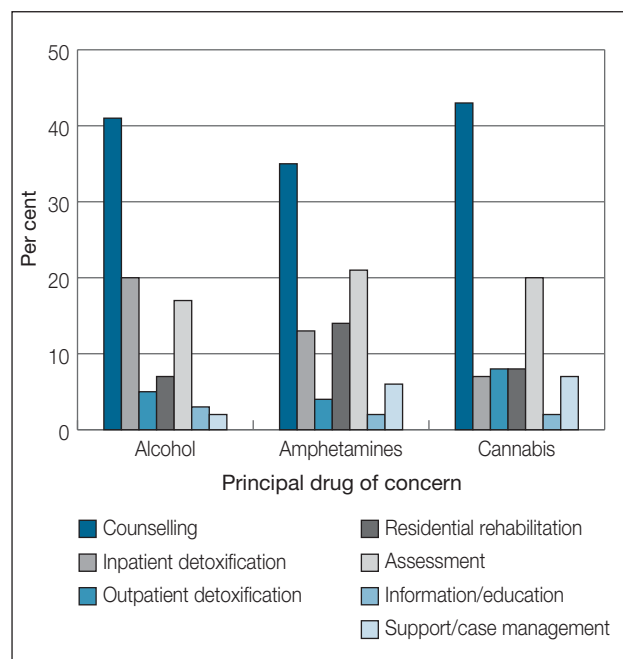
**Regional AHS** include Central Coast, Hunter, Illawarra, South Western Sydney, and Wentworth.

**Rural AHS** include Far West, Greater Murray, Macquarie, Mid North Coast, Mid Western, New England, Northern Rivers, and Southern.

## 4.8 Main service provided and principal drug of concern

Figure 4.4 illustrates closed episodes by main service provided within each principal drug of concern category. For example, 41% of closed episodes for clients presenting for treatment for alcohol received counselling.

**Figure 4.4: Closed episodes by main service provided by principal drug of concern, NSW<sup>(a)</sup>, 2002-03**

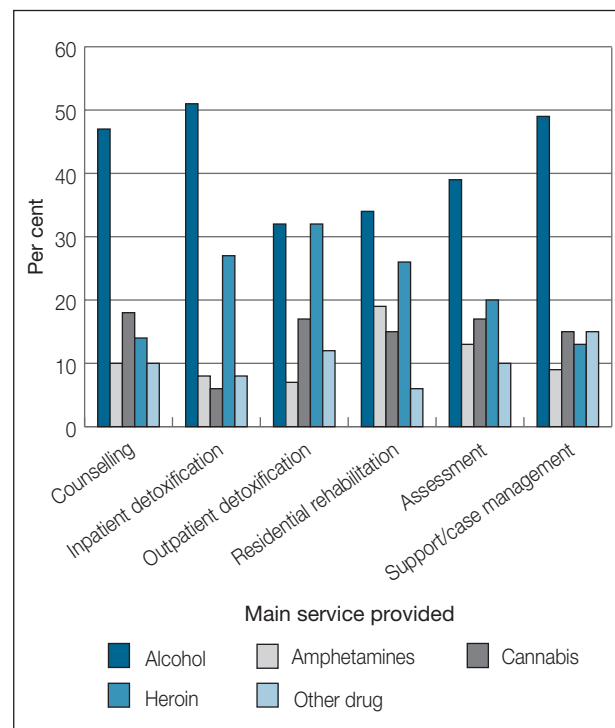


(a) Excludes N=1,164 treatment episodes for clients seeking treatment for the drug use of others.

Note: Heroin is not shown due to the absence of pharmacotherapy data in the *Minimum Data Set*.

Figure 4.5 shows closed episodes by principal drug of concern within each main service provided category. For example, among closed episodes for a client who has had an inpatient detoxification, they are almost twice as likely to be there for alcohol (51%) than for heroin (27%).

**Figure 4.5: Closed episodes by principal drug of concern by main service provided, NSW<sup>(a)</sup>, 2002-03**



(a) Excludes N=1,164 treatment episodes for clients seeking treatment for the drug use of others.

## 4.9 Duration of main service provided, sex and age

Regardless of main service provided, the median number of days for a closed episode was 10, with a median of 47 days for counselling, 28 days for residential rehabilitation and 14 days for outpatient detoxification episodes. As all assessment and information and education episodes had a median duration of 1 day they are not presented in the tables.

**Table 4.6: Duration (median days) of closed episodes by sex, NSW, 2002-03**

Main service provided	Males	Females	Total
	<b>(Median days)</b>		
Counselling	44	51	47
Inpatient detoxification	5	6	6
Outpatient detoxification	14	16	14
Residential Rehabilitation	27	28	28
Support/case management	78	76	76
<b>Total (median number of days)</b>	<b>9</b>	<b>15</b>	<b>10</b>
<b>Average number of service contacts<sup>(a)</sup></b>	<b>3.8</b>	<b>4.8</b>	<b>4.2</b>

(a) Note that service contacts are not collected for episodes in a residential setting.

**Table 4.7: Duration (median days) of closed episodes by age group, NSW, 2002-03**

Main service provided	Age group (years)						Total
	10-19	20-29	30-39	40-49	50-59	60+	
	<b>(Median days)</b>						
Counselling	48	44	49	48	44	53	47
Inpatient detoxification	5	5	5	6	6	6	6
Outpatient detoxification	14	14	15	15	14	20	14
Residential rehabilitation	15	28	28	33	30	27	28
Support/case management	70	49	48	44	53	16	76
<b>Total (median number of days)</b>	<b>12</b>	<b>12</b>	<b>11</b>	<b>9</b>	<b>8</b>	<b>8</b>	<b>10</b>
<b>Average number of service contacts<sup>(a)</sup></b>	<b>4.0</b>	<b>4.1</b>	<b>4.3</b>	<b>4.3</b>	<b>4.0</b>	<b>3.5</b>	<b>4.2</b>

(a) Note that service contacts are not collected for episodes in a residential setting.

## 4.10 Duration of main service provided and principal drug of concern

Among the main service provided covered in the *Minimum Data Set*, the median duration of counselling episodes was 47 days, with an average of 5 service contacts. The median duration of alcohol episodes was 4 days, with an average of 2 service contacts. The median duration of outpatient detoxification was 14 days, with an average of 5 service contacts.

**Table 4.8: Duration (median days) of closed episodes by main service provided and principal drug of concern, NSW<sup>(a)</sup>, 2002-03**

Main service provided	Alcohol	Amphetamines	Cannabis	Heroin	Total	Average number service contacts <sup>(b)</sup>
<b>(Median days)</b>						
Counselling	50	38	46	45	47	5.4
Inpatient detoxification	6	5	6	5	6	N/A
Outpatient detoxification	14	14	15	11	14	4.8
Residential Rehabilitation	29	23	22	27	28	N/A
Support/case management	12	88	87	84	76	5.6
<b>Total (median number of days)</b>	<b>9</b>	<b>11</b>	<b>16</b>	<b>8</b>	<b>8</b>	<b>3.7</b>

(a) Excludes N=1,164 treatment episodes for clients seeking treatment for the drug use of others.

(b) Note that service contacts are not collected for episodes in a residential setting.

## 4.11 Referral to another service and sex

The data item referral to another service was developed to capture the continuum of care provided to clients. However, its use has been inconsistent among service providers so caution must be applied to interpreting the table below.

Over 52% of closed episodes involved clients who received a formal written referral to another agency upon ceasing their service episode. Among closed episodes for clients whose reason for cessation was listed as 'transferred/referred', over 96% specified that they had made a referral to another service.

**Table 4.9: Closed episodes by referral to another service by sex, NSW, 2002-03**

Referral to another service	Males	Females	Total <sup>(a)</sup>
	(Per cent)		
General practitioner	4.6	4.8	4.7
Medical officer/specialist	2.2	2.0	2.1
Other hospital (psychiatric and other)	0.9	1.1	1.0
Residential drug and alcohol	15.8	12.9	14.9
Other residential community care (including mental health)	1.0	0.9	1.0
Non-residential drug and alcohol	13.5	15.6	14.2
Non-residential community care (including mental health)	1.4	2.4	1.7
Other	6.9	8.1	7.3
Not stated/inadequately described	5.5	5.3	5.5
No referral	48.2	47.0	47.8
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total (number)</b>	<b>27,766</b>	<b>13,230</b>	<b>41,045</b>

(a) Includes N=49 where sex is not stated.

### Treatment information for methadone and buprenorphine treatment clients

Clients who were exclusively receiving methadone and buprenorphine treatments are excluded from this report. Statistics are included below on these clients from the NSW Pharmaceutical Services Branch database in order to provide a complete picture of drug and alcohol treatment in New South Wales. See highlighted box on page 9 for client demographic information and on page 15 for drug information.

Of the 15,556 clients on methadone and buprenorphine treatment as at 30 June 2003, 1,771 (11.4%) of clients were on buprenorphine. These clients predominantly received their treatment in a non-residential treatment delivery setting.

The median duration of treatment for methadone was 584 days, while for buprenorphine it was 123 days. Note that it is not possible to distinguish between those clients using buprenorphine for a detoxification rather than maintenance.

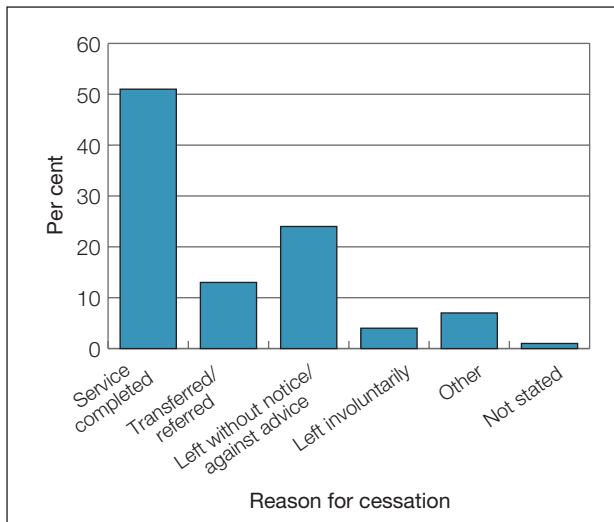
# 5 Reason for cessation

Note: The New South Wales Minimum Data Set for Drug and Alcohol Treatment Services does not contain information about treatment outcomes. The data item reason for cessation of service episode indicates the reason a client ceased a particular episode, which may be a phase of treatment within a continuum of care. Indicating that a client 'completed treatment' therefore must be interpreted with caution.

## 5.1 Reason for cessation

The reason 51% of closed episodes were ceased was because the client had completed it. It should be noted that completion includes termination due to mutual agreement.

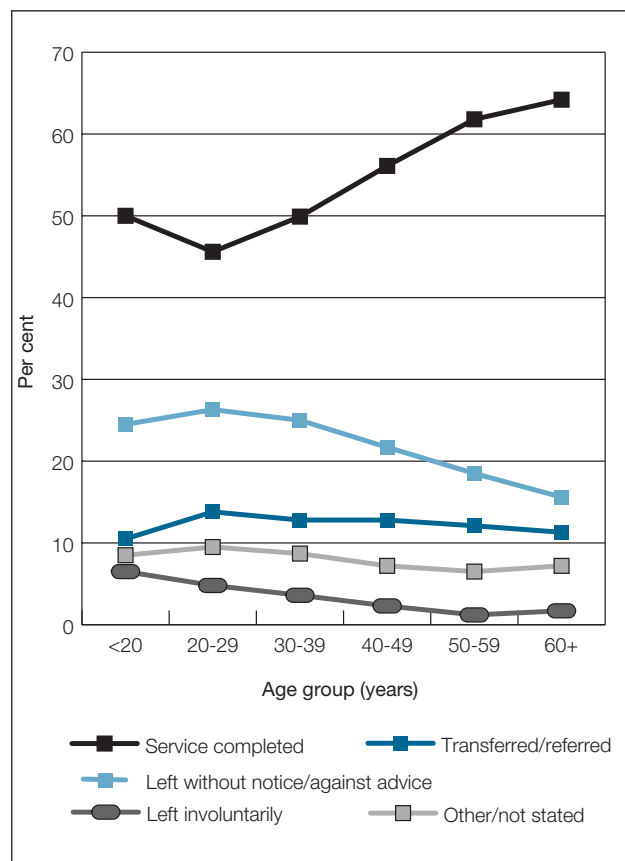
**Figure 5.1: Closed episodes by reason for cessation, NSW, 2002-03**



## 5.2 Reason for cessation by age group

The completion rate for closed episodes for 20-29 year-olds was 46%, 50% for 30-39 year-olds, 56% for 40-49 year-olds, 62% for 50-59 year-olds and 64% for clients aged 60 years and older.

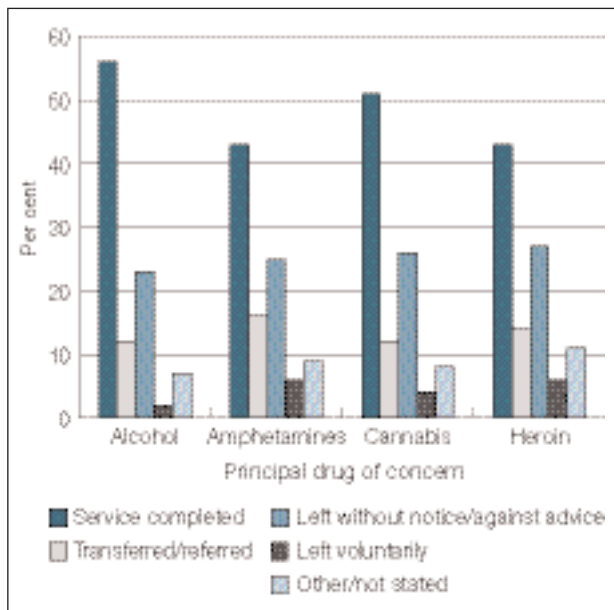
**Figure 5.2: Closed episodes by reason for cessation by age group, NSW, 2002-03**



### 5.3 Reason for cessation by principal drug of concern

Completion was 56% among closed episodes where the principal drug of concern was alcohol, 51% for cannabis, 43% for amphetamines and 43% for heroin.

**Figure 5.3: Closed episodes by reason for cessation by principal drug of concern, NSW<sup>(a)</sup>, 2002-03**

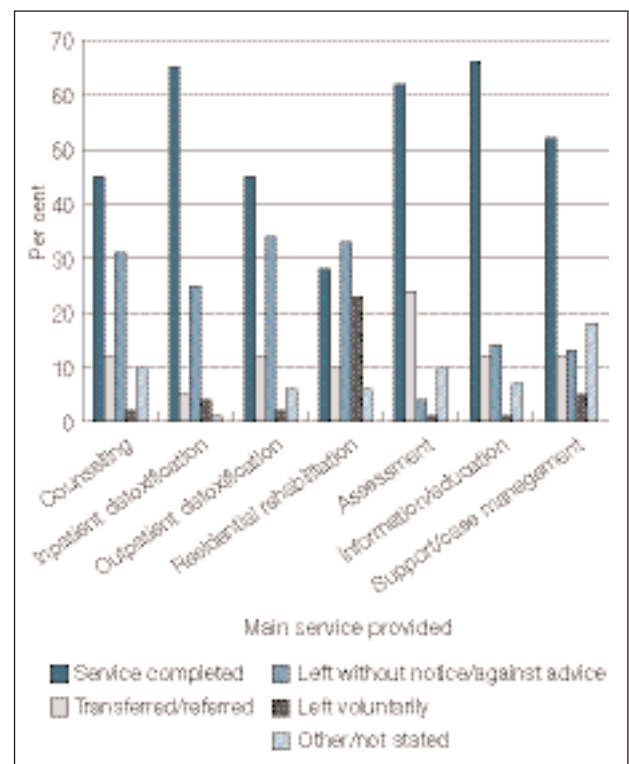


(a) Excludes N=1,164 treatment episodes for clients seeking treatment for the drug use of others.

### 5.4 Reason for cessation by main service provided

Completion was 66% among closed episodes where the main service provided was information and education, 65% for inpatient detoxification, 62% for assessment, 45% for both outpatient detoxification and counselling and 28% for residential rehabilitation.

**Figure 5.4: Closed episodes by reason for cessation by main service provided, NSW, 2002-03**



# 6 Special theme: clients aged under 30 years

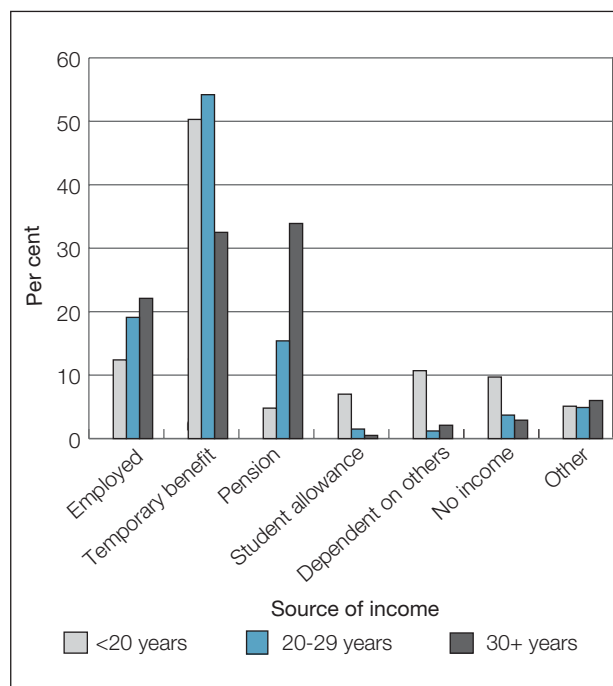
## 6.1 Client demographics

Of the 41,045 closed episodes in 2002-2003, 9% were for clients aged under 20 years, 34% were for clients aged 20-29 years and 57% were for clients aged 30 years or more. Male clients accounted for over two-thirds (67.8%) of these episodes. Of clients aged under 20 years, 93% were born in Australia, compared with 90% of clients aged 20-29 years and 83% of clients aged 30 years or more. Among clients identifying as being of Aboriginal or Torres Strait Islander origin included 15% of clients aged under 20 years, 10% of clients aged 20-29 years and 7% of clients aged 30 years or more.

Of clients aged under 20 years, 12% were in full or part-time employment, compared with 19% of clients aged 20-29 years and 22% of clients aged 30 years or more. Just over 55% of clients aged under 20 were receiving a temporary benefit or pension, compared with nearly 70% of clients aged 20-29 and 66% of clients aged 30 years or more.

Nearly half (48%) of clients aged under 20 years, 31% of clients aged 20-29 years and 10% of clients aged 30 years or more lived with their parents. The usual accommodation for 7% of clients aged under 20 years was a shelter or refuge, compared with just over 1% of clients aged 20-29 years and 30 years or more. Five per cent of clients aged under 20 years and 20-29 years identified as being homeless, compared with 8% of clients aged 30 years or more.

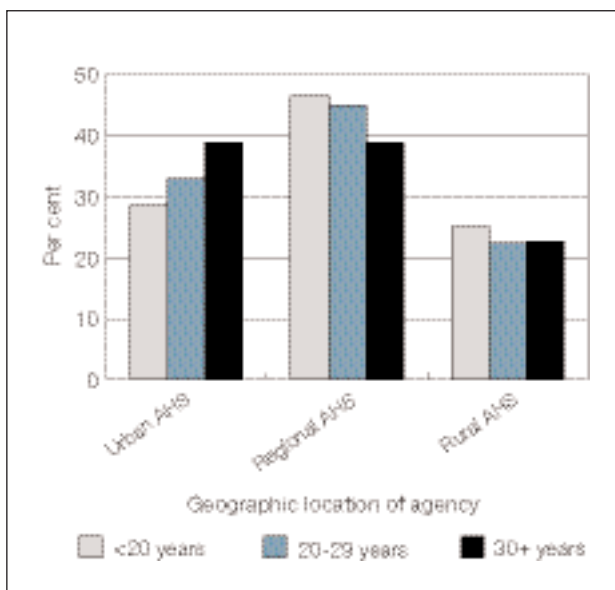
**Figure 6.1: Closed episodes by source of income by age group, NSW, 2002-03**



## 6.2 Geographic location

Forty-six per cent of clients aged under 20 years and 45% of clients aged 20-29 years received treatment in regional NSW. Among clients aged 30 years or more, 39% received treatment in a regional Area Health Service and 39% received treatment in an urban Area Health Service.

**Figure 6.2: Closed episodes by geographic location by age group, NSW<sup>(a)</sup>, 2002-03**



(a) Geographic location is derived based on agency Area Health Service.

**Urban AHS** include Central Sydney, Northern Sydney, South Eastern Sydney and Western Sydney.

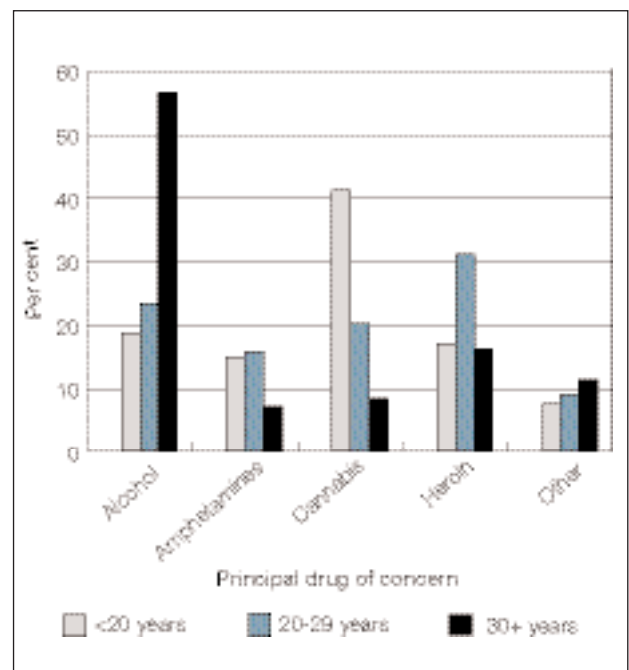
**Regional AHS** include Central Coast, Hunter, Illawarra, South Western Sydney, and Wentworth.

**Rural AHS** include Far West, Greater Murray, Macquarie, Mid North Coast, Mid Western, New England, Northern Rivers, and Southern.

## 6.3 Principal drug of concern

Cannabis accounted for 41% of closed episodes for clients aged under 20 years old, 20% of closed episodes for clients aged 20-29 and 9% of clients aged 30 years or more. For the 20-29 year-olds, heroin accounted for 31% of episodes, while alcohol accounted for 57% of closed episodes among clients aged 30 years or more.

**Figure 6.3: Closed episodes by principal drug of concern by age group, NSW<sup>(a)</sup>, 2002-03**



(a) Excludes N=1,164 treatment episodes for clients seeking treatment for the drug use of others.

## 6.4 Psychostimulants and other selected principal drugs of concern

Psychostimulants include (among others) amphetamines, ecstasy and cocaine. The table below documents the closed episodes for psychostimulants and other selected drugs by client age group. Nearly 17% of clients aged

under 20 years and 20-29 years identified their principal drug of concern as a psychostimulant, compared with 8% of clients aged 30 years or more.

Over one-quarter (26%) of clients aged under 20 years identified a psychostimulant as an other drug of concern, compared with 21% of clients aged 20-29 years and 9% of clients aged 30 years or more.

**Table 6.1: Closed episodes by psychostimulants and other selected principal drugs of concern by age group, NSW<sup>(a)</sup>, 2002-03**

Principal drug of concern	<20 years		20-29 years		30+ years		Total	
	No.	%	No.	%	No.	%	No.	%
Amphetamines	516	15.1	2167	15.9	1654	7.2	4337	10.9
Ecstasy	37	1.1	77	0.6	16	0.1	130	0.3
Cocaine	16	0.5	87	0.6	89	0.4	192	0.5
LSD	1	0	1	0	0	0	2	0
GHB	0	0	1	0	0	0	1	0
Ketamine	0	0	5	0	0	0	5	0
Amyl nitrate	0	0	0	0	1	0	1	0
<b>Total (psychostimulants)</b>	<b>570</b>	<b>-</b>	<b>2,338</b>	<b>-</b>	<b>1,760</b>	<b>-</b>	<b>4,668</b>	<b>-</b>
<b>Total (age group)</b>	<b>3,410</b>	<b>16.7</b>	<b>13,635</b>	<b>17.1</b>	<b>22,836</b>	<b>7.7</b>	<b>39,881</b>	<b>11.7</b>

(a) Excludes N=1,164 treatment episodes for clients seeking treatment for the drug use of others.

**Table 6.2: Closed episodes by psychostimulants and all other drugs of concern by age group, NSW<sup>(a)</sup>, 2002-03**

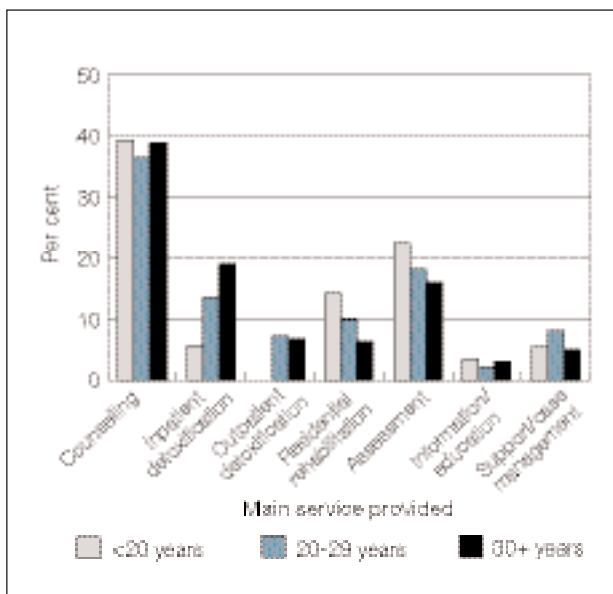
All other drugs of concern	<20 years		20-29 years		30+ years		Total	
	No.	%	No.	%	No.	%	No.	%
Amphetamines	562	16.5	1,852	13.6	1,447	6.3	3,861	9.7
Ecstasy	210	6.2	436	3.2	161	0.7	807	2.0
Cocaine	83	2.4	468	3.4	379	1.7	930	2.3
LSD	15	0.4	27	0.2	20	0.1	62	0.2
GHB	1	0	4	0	0	0	5	0
Ketamine	2	0.1	3	0	2	0	7	0
Amyl nitrate	0	0	1	0	2	0	3	0
<b>Total (psychostimulants)</b>	<b>873</b>	<b>-</b>	<b>2,791</b>	<b>-</b>	<b>2,011</b>	<b>-</b>	<b>5,675</b>	<b>-</b>
<b>Total (age group)</b>	<b>3,410</b>	<b>25.6</b>	<b>13,635</b>	<b>20.5</b>	<b>22,836</b>	<b>8.8</b>	<b>39,881</b>	<b>14.2</b>

(a) Excludes N=1,164 treatment episodes for clients seeking treatment for the drug use of others.

## 6.5 Main service provided

Fourteen per cent of clients aged under 20 years received residential rehabilitation, compared with 10% of clients aged 20-29 years and 6% of clients aged 30 years or more. Inpatient detoxification was received by 19% of clients aged 30 years or more, 13% of clients aged 20-29 years and 6% of clients aged under 20 years.

**Figure 6.4: Closed episodes by main service provided by age group, NSW, 2002-03**



## 6.6 Reason for cessation

Half of all clients aged under 20 years completed their service episode, while 25% left without notice or left against the advice of their clinician. Just under 46% of clients aged 20-29 years completed their service episode, while 26% left without notice or against advice and 14% were transferred or referred to another service provider. Among clients aged 30 years or more, 54% completed their service episode, while 23% left without notice or against advice and 13% were transferred or referred to another service provider.

**Figure 6.5: Closed episodes by reason for cessation by age group, NSW, 2002-03**

