

Drug and alcohol treatment services in NSW 2005/06

Annual report on the NSW Minimum Data Set



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Contents

Executive summary	1
Background	3
Limitations	4
1. Treatment agencies	5
2. Client demographics	6
3. Drugs of concern	12
4. Treatment programs	19
5. Reason for cessation	31

Table Listing

1.1	Treatment agencies by geographical location and sector, NSW, 2005/06	5
2.1	Closed episodes by sex and age group, NSW, 2005/06	6
2.2	Closed episodes by age group, Aboriginal origin and sex, NSW, 2005/06	7
2.3	Closed episodes by top ten countries of birth and preferred languages, NSW, 2005/06	8
2.4	Closed episodes by sources of income by sex, NSW, 2005/06	9
2.5	Closed episodes by usual accommodation by sex, NSW, 2005/06	10
2.6	Closed episodes by living arrangement and by sex, NSW, 2005/06	11
3.1	Closed episodes by principle drug of concern, NSW, 2005/06	12
3.2	Closed episodes by principal drug of concern by sex, NSW, 2005/06	13
3.3a	Closed episodes by principal drug of concern by age group, NSW, 2005/06	14
3.3b	Closed episodes by principal drug of concern by sex by age group, NSW, 2005/06	15
3.4	Closed episodes by principal drug of concern by geographical location, NSW, 2005/06	16
3.7a	Closed episodes by injecting use, NSW, 2005/06	17
3.7b	Closed episodes by injecting use by age group, NSW, 2005/06	18
4.1	Closed episodes by main service provided, NSW, 2005/06	19
4.2	Closed episodes by previous treatment by sex, NSW, 2005/06	20
4.3	Closed episodes by source of referral by sex, NSW, 2005/06	21
4.4	Closed episodes by treatment delivery setting by sex, NSW, 2005/06	22
4.5	Closed episodes by main service provided by sex, NSW, 2005/06	23
4.6a	Main service provided by average age, NSW, 2005/06	24
4.6b	Closed episodes by main service provided by age group, NSW, 2005/06	24
4.6c	Closed episodes by main service provided by sex and age group, NSW, 2005/06	25
4.7	Closed episodes by main service provided by geographic location, NSW, 2005/06	26
4.8b	Closed episodes by principal drug of concern by main service provided, NSW, 2005/06	27
4.9a	Duration (median days) of closed episodes by sex, NSW, 2005/06	28
4.9b	Duration (median days) of closed episodes by age group, NSW, 2005/06	28
4.10	Duration (median days) of closed episodes by main service provided and principal drug of concern, NSW 2005/06	29
4.11	Closed episodes by referral to another service by sex, NSW, 2005/06	30

5.1	Closed episodes by reason for cessation, NSW, 2005/06	31
5.2	Closed episodes by reason for cessation by age group, NSW, 2005/06	32
5.3	Closed episodes by reason for cessation by principal drug of concern, NSW, 2005/06	33
5.4	Closed episodes by main service provided, NSW, 2005/06	34

Figure Listing

1.1	Treatment agencies by geographical location and sector, NSW, 2005/06	5
2.1	Closed episodes by sex and age group, NSW, 2005/06	6
2.2	Closed episodes by age group, Aboriginal origin and sex, NSW, 2005/06	7
2.6	Closed episodes by living arrangement and by sex, NSW, 2005/06	11
3.1	Closed episodes by principal drug of concern, NSW, 2005/06	12
3.2	Closed episodes by principal drug of concern by sex, NSW, 2005/06	13
3.3	Closed episodes by principal drug of concern by age group, NSW, 2005/06	14
3.4	Closed episodes by principal drug of concern by geographical location, NSW, 2005/06	16
3.5	Closed episodes by other drugs of concern, NSW, 2005/06	17
3.7a	Closed episodes by injecting use, NSW, 2005/06	17
3.7b	Closed episodes by injecting use and by age group, NSW, 2005/06	18
4.1	Closed episodes by main service provided, NSW, 2005/06	19
4.2	Closed episodes by previous treatment by sex, NSW, 2005/06	20
4.4	Closed episodes by treatment delivery setting by sex, NSW, 2005/06	22
4.5	Closed episodes by main service provided by sex, NSW, 2005/06	23
4.6b	Closed episodes by main service provided by age group, NSW, 2005/06	24
4.7	Closed episodes by main service provided by geographic location, NSW, 2005/06	26
4.8a	Closed episodes by main service provided by principal drug of concern, NSW, 2005/06	27
4.8b	Closed episodes by principal drug of concern by main service provided, NSW, 2005/06	27
4.9a	Duration (median days) of closed episodes by sex, NSW, 2005/06	28
5.1	Closed episodes by reason for cessation, NSW, 2005/06	31
5.2	Closed episodes by reason for cessation by age group, NSW, 2005/06	32
5.3	Closed episodes by reason for cessation by principal drug of concern, NSW, 2005/06	33

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. As drug and alcohol clients often receive repeat treatments, 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.

This report refers to urban, regional and rural Area Health Services. The boundaries used for these are in line with the seventeen regional Area Health Services that existed prior to January 2005.

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 does not contain any treatment outcome measures.
- It does not contain a unique patient identifier so determining the actual 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.
- Long term clients in treatment are not captured.

A summary of the major findings for the 2005/06 financial year is detailed below.

Treatment agencies

- There were 294 government-funded alcohol and other drug treatment agencies providing data for the 2005/06 financial year. This included 82 (28%) non-government agencies.

- These agencies provided 43,502 'closed episodes' during 2005/06. 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 43,502 closed episodes involved approximately 38,536 clients. Over two-thirds (67%) 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 32.3 years.
- Just over 11% 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 29.5 years for both male and female clients.
- Ninety-seven per cent of closed episodes were for clients who nominated English as their preferred language and 87% per cent of closed episodes involved clients who were born in Australia. One-fifth (22.6%) of closed episodes were for clients who were in full or part-time employment, while two-thirds (66.2%) received some form of temporary benefit or pension as their primary source of income. Nearly 3.4% of closed episodes were for clients who indicated they were homeless.

Drugs of concern

- Within the *Minimum Data Set*, 41.7% of closed episodes were for alcohol, 15.6% for heroin, 20.3% for cannabis, 11.2% for amphetamines, 2.2% for benzodiazepines, 2.2% for other opiates, 1.2% for nicotine, 0.6% for cocaine and 0.3% for ecstasy.
- Three per cent 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 40.1 years, alcohol was 38.2 years, 38.1 years for benzodiazepines, 34.3 years for cannabis. 33.5 years for heroin, 30.6 years for amphetamines and 31.6 years for cocaine.

- Overall, 50% of closed episodes involved clients who reported never having injected drugs, while 26.5% of clients reported being current injectors. 5.8% had last injected more than 3 months ago and 7.7% were reported as 'not stated'.

Treatment programs

- There were 15,383 open episodes as at 30 June 2005 that are not included in this report. For the main service provided, 32.6% of closed episodes were for counselling, 20.4% for assessment, 14.6% for inpatient withdrawal, 8.1% for residential rehabilitation, 9.8% for support and case management, 6.2% for outpatient withdrawal and 1.7% for information and education.
- Seventy-seven per cent of closed episodes involved no other service than the main service provided. Nearly 22% of closed episodes were for clients who indicated they had received no previous drug and alcohol treatment.
- Thirty-eight per cent of closed episodes were for clients who referred themselves to treatment. Eighteen per cent of closed episodes were diverted from the police, court or criminal justice setting, 7% were referred by a general practitioner or medical officer and 10.6% were referred by a non-residential drug and alcohol treatment facility. Five per cent of closed episodes were referred into treatment by a family member or friend.
- The average age for clients by their main service provided was: 35.1 years for counselling; 36.9 for inpatient/residential withdrawal; 33.8 years for information and education; 35 years for outpatient withdrawal; 32.8 years for assessment; 31.6 years for residential rehabilitation; and 31 years for support and case management.
- For the main service provided, the median number of days for a closed episode was 56, with a median of 93 days for counselling, 52 days for residential rehabilitation and 31 days for outpatient withdrawal episodes. Note: There are no accepted standard durations for withdrawal management and ongoing management for outpatients. Most detoxification episodes should be completed in 10 days or less. The prolonged period may include ongoing counselling and relapse prevention.

Reason for cessation

- Sixty-three per cent of treatment episodes were closed because the client completed the treatment. The completion rate for 20-29 year olds was 58.6%, 61.6% for 30-39 year olds, 66.5% for 40-49 year olds, 69.7% for 50-59 year olds and 76.7% for clients aged 60 years and older.
- Completion was 66.7% where the principal drug of concern was alcohol, 61.6% for cannabis, 58.0% for amphetamines and 53.8% for heroin.
- Completion was 2.7% where the main service provided was information and education, 16.6% for inpatient withdrawal, 31.3% for assessment, 6.2% for outpatient withdrawal, 27.1% for counselling and 3.9% for residential rehabilitation.

Methadone and buprenorphine clients (NSW Pharmacotherapy Program data)

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 New South Wales.
- There were 16,355 clients who were exclusively receiving methadone and buprenorphine treatments as at 30 June 2006. Of these, 65% were male and 11% were Aboriginal and/or Torres Strait Islander.
- As at 30 June 2006, 2,639 (16.2%) of clients were on buprenorphine.

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 34 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
- Under the age of 10
- Using non funded NGO services.

Further details about the guidelines for the 2005/06 collection are contained in the *NSW Minimum Data Set for Drug and Alcohol Treatment Services Data Dictionary 2006-2007*.

Limitations

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

1. 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.

2. 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).

3. 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.

4. Long term clients in treatment not captured

(See executive summary page 1).