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# Alcohol and other drug treatment services in Australia 2017–18: key findings

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## Latest edition

In 2017–18, 952 publicly-funded alcohol and other drug treatment services provided just under 210,000 treatment episodes to an estimated 130,000 clients. The four most common drugs that led clients to seek treatment were alcohol (34% of all treatment episodes), amphetamines (25%), cannabis (21%) and heroin (5%). Two-thirds (66%) of all clients receiving treatment were male and the median age of clients was 34 years.

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## Findings from this report:

Counselling was the most common AOD treatment type, comprising almost 2 in 5 (39%) closed treatment episodes


The four most common drugs clients sought treatment for were alcohol, amphetamines, cannabis and heroin

Two-thirds (66%) of all clients who sought AOD treatment were male

Over half (54%) of all AOD clients were aged 20–39, 34% were aged 40 and over

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## Summary

Alcohol and other drug (AOD) treatment services across Australia provide a broad range of treatment services and support to people using drugs, and to their families and friends. These key findings present high-level information for 2017–18 about publicly funded AOD treatment service agencies, the people they treat, and the treatment provided.

Many types of treatment are available in Australia to assist people with problematic drug use. Most aim to reduce the harm of drug use, for example counselling, information and education, and diversion programs, while some use a structured drug-free setting with abstinence-oriented interventions to help prevent relapse and develop skills and attitudes that assist clients to make changes leading to drug-free lifestyles.

### Box 1.1: Key facts

In 2017–18:

- 952 publicly funded AOD treatment agencies provided 209,287 treatment episodes to 130,031 clients aged 10 or over. This equates to 602 clients and 969 episodes per 100,000 people
- nationally, clients received an average of 1.6 treatment episodes for their own drug use
- across all jurisdictions, the number of agencies ranged from 16 in the Australian Capital Territory to 390 in New South Wales
- the most common principal drugs of concern that led clients to seek treatment were alcohol (34% of all treatment episodes), amphetamines (25%), cannabis (21%) and heroin (5%)
- nationally, counselling was the most common treatment type (39%).

Over the period from 2013–14 to 2017–18:

- the number of publicly funded agencies providing data about services for clients seeking treatment and support rose from 796 to 952
- nationally, the 4 most common principal drugs of concern remained consistent, with amphetamines increasing as a proportion of closed treatment episodes, from 17% to 25%
- the proportion of closed episodes where alcohol was the principal drug of concern decreased from 40% to 34%
- nationally, counselling remained the most common main treatment type, followed by assessment only
- the proportion of episodes with counselling as the main treatment type for the principal drug of concern of alcohol fell from 45% to 41%
- the median duration of heroin treatment episodes decreased from 29 days to 23 days, the largest change in treatment duration compared with alcohol, cannabis and amphetamines.

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## Agencies

### Agencies providing alcohol and other drug treatment services

The Australian Government and state and territory governments fund non-government and government organisations to provide a range of alcohol and other drug (AOD) treatment services. Services are delivered in residential and non-residential settings, and include treatments such as detoxification and rehabilitation, counselling, and pharmacotherapy.

The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) contains information on publicly funded AOD treatment agencies.

### Number of agencies

In 2017–18, 952 publicly funded AOD treatment agencies reported to the AODTS NMDS. The number of agencies in each jurisdiction ranged from 16 in the Australian Capital Territory to 390 in New South Wales.

The number of agencies reporting to the AODTS NMDS increased from the previous year's total of 836. This is mostly due to improvements in reporting for some agencies via new systems, and funding variations in a few jurisdictions.

Over the last 10 years, there has been a national increase in the number of participating agencies (from 653 in 2008–09 to 952 in 2017–18), driven largely by increases in New South Wales, Queensland and Western Australia.

### Service sector


A mix of government and non-government agencies deliver government-funded AOD treatment services. Nationally, over half (61%) of AOD treatment agencies were non-government, and these agencies provided over two-thirds (70%) of closed treatment episodes. In the last decade, the proportion of non-government agencies has increased from 55% to 61% nationally.

In New South Wales, the majority (66%) of AOD treatment agencies were government agencies. In each of the remaining states and territories, the majority of AOD treatment agencies were non-government agencies, with proportions ranging from 58% in South Australia to 100% in Victoria.

More than half (58%) of all treatment agencies were located in *Major cities*, and over one-fifth (22%) were in *Inner regional* areas. Fewer agencies were located in *Remote* or *Very remote* areas (4% and 2% respectively).

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# Clients

## Client numbers and characteristics

In 2017–18, 130,031 clients received treatment from publicly funded AOD treatment agencies across Australia. This equates to 602 clients per 100,000 people, or about 1 in 166 people in the general population. Around 96% of clients received treatment for their own drug use, and the remainder received support for someone else's drug use.

## Age and sex

Over half (54%) of all clients were aged 20–39, 34% were aged 40 and over and 13% were aged 10–19. This age profile has remained stable over the four years in which client data has been recorded in the AODTS NMDS. The median age of clients also remained relatively stable at 34 years.

Consistent with previous years, just under two-thirds (66%) of all clients receiving treatment in 2017–18 were male. Of the 96% of clients seeking treatment for their own drug use, the majority (67%) were male. Of the remaining 4% of clients who sought treatment for another person's drug use, most (65%) were female.

## Cultural and linguistic diversity

In 2017–18, 16% of AOD treatment services clients aged 10 and over identified as Indigenous Australians. This equates to a rate of 3,532 clients per 100,000 Indigenous Australians, compared with 501 clients per 100,000 non-Indigenous Australians. Indigenous clients were 7 times more likely than non-Indigenous clients to receive treatment services.

The majority (87%) of closed treatment episodes were for clients born in Australia, with the United Kingdom (3%) and New Zealand (2%) being the most common places of birth for clients born outside Australia. These proportions are generally consistent with the Australian population (ABS 2018). In 96% of closed treatment episodes, English was also the preferred language of clients.

## Over the period from 2013–14 to 2017–18


- The estimated number of clients aged 10 and over rose from 118,760 to 130,031, an overall increase of 9%.
- The proportion of episodes for clients seeking treatment for their own drug use decreased from 67% to 65% among males, and increased from 33% to 34% among females.
- The proportion of Indigenous clients receiving treatment for either their own drug use or another person's drug use both increased (from 14% to 15% and 9% to 11%, respectively).
- The proportion of clients seeking treatment for another person's drug use who were aged 10–19 decreased (from 20% to 14%).

## References

ABS (Australian Bureau of Statistics) 2018. [Migration, Australia, 2016–17](#). ABS cat. No. 3412.0. Canberra: ABS.

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## Drugs of concern

People may seek AOD treatment services due to the problematic use of one or more drugs. For most people, however, there is one drug that is of most concern for them, and therefore the focus of the treatment they receive. This is referred to as their principal drug of concern (PDOC). Clients can also report other drugs of concern (referred to as additional drugs of concern).

### Principal drugs of concern

In 2017–18, the most common principal drugs of concern that led clients to seek treatment were alcohol (34% of all treatment episodes), amphetamines (25%), cannabis (21%) and heroin (5%). This pattern was similar among Indigenous and non-Indigenous clients. There was variation across age groups in the most common PDOC. The majority of clients aged 10–18 sought treatment for a PDOC of cannabis (59%), while the majority of those aged 60 and over sought treatment for alcohol (77%).

Across jurisdictions, there was variation in the most common principal drugs of concern. Alcohol was the most common principal drug of concern in the Northern Territory (58% of episodes), the Australian Capital Territory (43%), Tasmania (41%), New South Wales (38%) and Victoria (32%); whereas, in South Australia and Western Australia, amphetamines were the most common principal drug of concern (35% and 34% of episodes, respectively). In Queensland, cannabis was the most common principal drug of concern, reported in 32.3% of episodes slightly above alcohol reported in 31.9% of episodes.

Between 2013–14 and 2017–18, the number of closed treatment episodes with amphetamines as a principal drug of concern increased by around 75% (from 28,919 to 50,596 treatment episodes), while closed treatment episodes where heroin was the principal drug of concern decreased by around 13% (from 12,000 to 10,404 treatment episodes). Additionally, the number of closed treatment episodes where cocaine was the principal drug of concern increased by 153% (from 550 in 2013–14 to 1,393 in 2017–18), while closed treatment episodes where morphine was the principal drug of concern decreased by 40% between 2013–14 and 2017–18 (from 1,609 to 970 treatment episodes).

Alcohol was the most common principal drug of concern in closed treatment episodes reported across all agency remoteness areas, with higher proportions reported in *Remote* and *Very remote* areas than *Major cities* (59% and 71%, compared with 32%, respectively). While the majority of treatment for a client's own drug use is provided in *Major cities* (71%), where morphine or volatile solvents were the principal drug of concern, the largest proportion of closed episodes were provided in *Outer regional* areas (38% and 57% respectively).

### Additional drugs of concern

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 these treatment episodes, in less than half (41%) the client reported more than one drug of concern.

Cannabis and nicotine were the most commonly reported additional drugs of concern (both 16% of closed episodes). However, types of additional drugs of concern often varied by principal drug of concern. For example, where alcohol was the principal drug of concern and at least 1 additional drug of concern was reported, cannabis (33%) was the most common additional drug of concern.

Comparatively, where heroin was the principal drug of concern and at least 1 additional drug of concern was reported, amphetamines (25%) was the most common.

## Treatment

Many types of treatment are available in Australia to assist people with problematic drug use. Most aim to reduce the harm of drug use through treatments such as counselling, and information and education. Additionally, some use a structured drug-free setting with abstinence-oriented interventions to help prevent relapse and develop skills and attitudes that assist clients to make changes leading to drug-free lifestyles.

In 2017–18, 209,287 closed treatment episodes were provided to clients. The number of closed treatment episodes has increased by around 46% over the last 10 years, up from 143,672 in 2008–09. In the last year, there has been an increase in the number of reported treatment episodes, up from 200,751 in 2016–17. Nationally, clients seeking treatment received an average of 1.6 treatment episodes in 2017–18.

### Treatment types

In 2017–18, counselling continued to be the most common main treatment type provided to clients, comprising almost 2 in 5 (39%) closed treatment episodes. Assessment only was the second most common main treatment type (16%), followed by support and case management only (15%) and withdrawal management (12%). For clients receiving treatment for someone else's drug use, the most common treatment type was counselling (71%), followed by information and education only (12%) and support and case management only (8%).

Counselling was the most common main treatment type in all jurisdictions except in South Australia and the Northern Territory, where assessment only was the most common (42% and 47% of closed episodes, respectively). In the Australian Capital Territory information and education only was the most common (32%). The differences in main treatment reporting may apply to jurisdictional differences in service provision in some cases, e.g. assessment only as main treatment type relates to a number of police drug diversion referrals in South Australia.

Nationally over the last 10 years, the proportion of episodes for the four most common main treatment types has changed. For example, support and case management only has increased (from 9% to 15% of closed treatment episodes), while withdrawal management has decreased (from 18% to 12% of closed treatment episodes). Counselling and assessment only have slightly increased (from 37% to 39% and 15% to 16% of closed treatment episodes, respectively), although these proportions have fluctuated over the 10 years.

### Treatment delivery setting

Nationally, the majority of closed treatment episodes were provided in a non-residential treatment facility setting (64%), followed by residential treatment facilities (16%) and outreach settings (13%).

Non-residential treatment facilities, such as community-based NGO's and hospital outpatient services, were the most common delivery setting for clients receiving treatment for heroin (69%), cannabis (69%), amphetamines (65%) or alcohol (63%) as their principal drug of concern.

Residential treatment facilities, where clients reside in a facility that is not their home or usual place of residence, were the second most common treatment setting for clients with heroin (21%), alcohol (20%) or amphetamines (19%) as their principal drug of concern.

Outreach settings, that is, any outreach environment where AOD specialist treatment is provided that is not a client's home or usual place of residence and is not covered by non-residential and residential treatment facilities, were the second most common setting for clients receiving treatment for cannabis as their principal drug of concern (17%).

For treatment episodes delivered in a non-residential treatment facility, counselling was the most common (53%) main treatment type. In residential facilities, withdrawal management was the most common (49%) main treatment type, while support and case management only was the most common (33%) main treatment type in outreach settings.

### Length of treatment

Among clients seeking treatment for their own drug use, the median duration of closed treatment episodes was just under 3 weeks (19 days). Almost 4 in 5 (80%) closed treatment episodes ended within 3 months, and 30% of closed treatment services ended within one day. Around 7% of treatment episodes lasted 6 months or longer.

The duration of closed treatment episodes varied by main treatment type. The median duration of closed treatment episodes was 57 days for clients receiving counselling, 52 days for clients receiving rehabilitation, 26 days for clients receiving support and case management only, 8 days for clients receiving withdrawal management, and 1 day for clients who were provided with an assessment only.

Treatment duration also varied by principal drug of concern. The median duration of closed treatment episodes was 23 days for clients receiving treatment for heroin, 29 days for clients receiving treatment for amphetamines, 26 days for clients receiving treatment for alcohol, and 14 days for clients receiving treatment for cannabis. Since 2016–17, the median duration of heroin treatment episodes has

decreased (23 days in 2017–18, compared with 29 days in 2016–17). Alternatively, the median duration of cocaine treatment episodes increased (22 days in 2017–18, compared with 15 days in 2016–17).

During the 5 years prior to 2017–18, clients receiving treatment for heroin as their principal drug of concern tended to have longer treatment episodes compared with clients receiving treatment for alcohol, amphetamines or cannabis. However, in 2017–18, treatment episodes for alcohol (26 days) and amphetamines (29 days) were longer compared with clients receiving treatment for heroin (23 days).

## Reasons for cessation


In 2017–18, more than half (63%) of closed treatment episodes for a client's own drug use were expected/planned completions, followed by 20% of closed treatment episodes ending due to unplanned completion and 7% being referred to another service/change in treatment mode.

Over the last 10 years, closed episodes for each reason for cessation have remained relatively constant.

Where ecstasy was reported as the principal drug of concern, 86% of treatment episodes ended due to an expected/planned completion. Where amphetamines were the principal drug of concern, 26% of treatment episodes ended due to unplanned completion, the highest proportion of closed episodes among all principal drugs of concern.

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## Data visualisations

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## Data cubes

- [Data cube: Closed treatment episodes by client type \(whether receiving treatment for own or other's drug use\): treatment characteristics by state/territory, 2017–18](#)  
[View](#)
- [Data cube: Closed treatment episodes for clients own drug use by principal drug of concern, 2017–18](#)  
[View](#)
- [Data cube: Closed treatment episodes: All clients profile by state/territory—no drug breakdown, 2017–18](#)  
[View](#)
- [Data cube: Profile of drug treatment agencies by SA2 remoteness area from 2013–14](#)  
[View](#)
- [Data cube: Profile of drug treatment agencies by SLA remoteness area up to 2013–14](#)  
[View](#)

### About the cubes

A data cube is a multidimensional representation of the data set. It allows you to quickly select, filter and arrange aggregated data for variables of interest using drag and drop functionality. Data generated from these cubes can be exported into Excel, if you prefer this format for data analysis and reporting.

### Period covered

The cubes cover the period 2003–04 to 2017–18.

### Counting unit

The counting unit is a 'closed treatment episode'. A closed treatment episode refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. As a unit of measurement, the 'closed treatment episode' used in the AODTS NMDS cannot provide information on the number of clients who access publicly funded alcohol and other drug treatment, nor can it provide information on the extent of concurrent, sequential or recurrent service use.

### Data items included in the data cubes

For a full list of the data items in these cubes, and metadata about those items, download [AODTS cube metadata](#).

### Exclusions to the collection

- Agencies whose sole activity is to prescribe and/or dose for opioid pharmacotherapy maintenance treatment such as methadone.
- Halfway houses and sobering-up shelters, correctional institutions, health promotion services (for example, needle and syringe exchange programs).
- Alcohol and drug treatment units in acute care or psychiatric hospitals that only provide treatment to admitted patients.
- Private treatment agencies that do not receive government funding.

It should also be noted that:

- the number of Indigenous clients may be under-counted as most Australian Government funded Indigenous substance-use services and Aboriginal health services that provide treatment for alcohol and other drug problems do not supply data under the AODTS NMDS. In addition, at the national level a substantial percentage of clients did not state their Indigenous status (varying from 5% to 8% over time)
- the data do not provide measures of the incidence or prevalence of alcohol or other drug abuse or dependence in the community on their own. This is because not all persons who abuse alcohol or other drugs seek treatment or seek treatment from publicly funded services.

### Additional information

Across all years, the following data items in the cubes have been collapsed for confidentiality reasons:

- *Method of use* for principal drug of concern—Injects data has been collapsed into the *Other* category.
- *Source of referral* for treatment—corrections, police and court diversion data have been collapsed into the *Other* category.
- *Reason for cessation* of treatment—drug court, imprisoned and died have been collapsed into the *Other* category.

### How do I use the cubes?

Data cubes allow you to quickly select, filter and arrange aggregated data for variables of interest using drag and drop functionality. Data generated from these cubes can be exported into Excel, if you prefer this format for data analysis and reporting.

When a data cube is opened default dimensions are shown. To view other dimensions right-click on the dimension you want to replace

and select the 'Change' item. For example, to replace sex with country of birth right-click on sex and select 'Change Sex to'. Then select 'Country of birth' from the list.

If you wish to collate totals and present percentages, right-click on the table icon, where the data is displayed. This provides additional options for filtering the data.


To hide dimensions right-click on the dimension name and select the 'Hide' menu item.

## How do I export data from cubes?

The data can be exported either to Excel or Word. Right-click the table area and select 'Export table' from the menu. Choose how many rows you want to export, and whether to export to Excel or Word or save as a tab or comma separated file. Give the file a name and save it in the directory of your choosing.

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## Technical notes

### Agencies

The number of agencies is not an accurate reflection of all in-scope AOD specialist treatment services in Australia, as some agencies fail to report data during a collection for various reasons. See the Alcohol and other drug treatment services NMDS, 2017–18 data quality statement for details.

### Client demographics

Data is based on client records with a valid Statistical Linkage Key (SLK-581).

Client data exists from the 2013–14 collection onwards.

The client data used in these visualisations is not imputed for collection years 2013–14 and 2015–16. Therefore, these numbers may differ from what has been previously published.

Rates are crude rates based on the Australian estimated resident population as at 31 December of the reference year.

Proportions are calculated based on overlapping unit record data sorted by state/territory. As clients can receive treatment in multiple states/territories within the same collection period, the number of clients for Australia is less than the summed number of clients for each state/territory. Therefore, the proportions by each state/territory may differ from those reported elsewhere as they are calculated from the summed number of clients for each state/territory.

### Main treatment type

Rehabilitation, withdrawal management (detoxification), and pharmacotherapy are not available for clients seeking treatment for another's alcohol or other drug use.

The main treatment type of 'other' includes pharmacotherapy.

### Principal drug of concern

The AODTS NMDS contains data on drugs of concern that are coded using the ABS's Australian Standard Classification of Drugs of Concern (ASCDC) (ABS 2011). Pharmaceuticals were grouped using the following 10 drug categories and ASCDC codes:

Drug category	ASCDC code
Codeine	1101
Morphine	1102
Buprenorphine	1201
Oxycodone	1203
Methadone	1305
Benzodiazepines	2400–2499
Steroids	4000–4999
Other opioids	1100, 1199, 1200, 1299, 1300–1304, 1306–1399
Other analgesics	0005, 1000, 1400–1499
Other sedatives and hypnotics	2000, 2200–2299, 2300–2399, 2500–2599, 2900–2999

### Jurisdictional notes regarding principal drug of concern:

South Australia reports a high proportion of treatment episodes where amphetamines are the principal drug of concern due to the SA Police Drug Diversion Initiative (PDDI). In addition, adult cannabis offences are not included in the PDDI due to the SA Cannabis Expiation Notice legislation.

Victoria reported relatively high incidences of 'All other drugs' due to service provider reporting practices and limitations with the current data system. This system will be replaced during 2018–19.

In Queensland, the level of cannabis reported as the principal drug of concern is a result of the police and illicit drug court diversion programs operating in the state.

### General notes:

Data are subject to minor revisions over time.

Components of tables may not sum to totals due to rounding.

## Key terminology

### Agency

Agencies included in the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) are all publicly funded (at state, territory or Australian Government level) government and non-government agencies that provide one or more specialist alcohol and other drug treatment services, whether residential or non-residential. Also included are acute care hospitals or psychiatric hospitals if they have specialist alcohol and other drug units that provide treatment to non-admitted patients (for example, outpatient services) and Indigenous or mental health services if they provide specialist alcohol and other drug treatment.

### Client

An individual who is assessed and/or accepted for treatment for their own or another person's alcohol or other drug problem from an in-scope agency and who is aged 10 or older at the start of the treatment episode.

### Closed treatment episode

A treatment episode is the period of contact between a client and a treatment provider where there are defined start (commencement) and end (cessation) dates. 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.

Treatment episodes are excluded from the AODTS NMDS if they: are not closed in the relevant financial year; are for clients who are receiving pharmacotherapy and not receiving any other form of treatment that falls within the scope of the collection; include only activities relating to needle and syringe exchange; or are for a client aged under 10 years.

### Main treatment type

Treatment type refers to the type of activity used to treat the client's alcohol or other drug problem. Main treatment type is the principal activity that is determined at assessment by the treatment provider to be necessary for the completion of the treatment plan for the client's alcohol or other drug problem for their principal drug of concern. One main treatment type is reported for each treatment episode.

Assessment only, support and case management only, and information and education only can only be reported as main treatment types. The AODTS NMDS also collects data on a client's other treatment types; however, this variable is not included in these data visualisations.

### Principal drug of concern

Principal drug of concern is the main substance that the client stated led them to seek treatment from the AOD treatment agency. In this report, only clients seeking treatment for their own substance use are included in analyses of principal drug of concern. It is assumed that only substance users themselves can accurately report principal drug of concern; therefore, these data are not collected from those who seek support for someone else's drug use. The AODTS NMDS also collects data on a client's additional drugs of concern; however, this variable is not included in these data visualisations.

### Reason for cessation

The reasons for a client ceasing to receive a treatment episode from an alcohol and other drug treatment service include:

- expected/planned completion: episodes where the treatment was completed, or where the client ceased to participate at expiration or by mutual agreement
- ended due to unplanned completion: episodes where the client ceased to participate against advice, without notice or due to non-compliance
- referred to another service/change in treatment mode: 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
- other: episodes that ended due to the client returning to court or jail due to non-compliance with a drug court program or sanctioned by court diversion service, imprisoned (other than drug court sanctioned), died, or reasons not elsewhere classified.

### Source of referral

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

### Treatment delivery setting

The main physical setting in which the type of treatment that is the principal focus of a client's alcohol and other drug treatment episode is actually delivered to a client (irrespective of whether or not this is the same as the usual location of the service provider).

## References

ABS 2011. [Australian Standard Classification of Drugs of Concern, 2011](#). ABS cat. no. 1248.0. Canberra: ABS.






## Notes

### Data quality statement

Alcohol and other drug treatment services NMDS, 2017–18

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## Report editions

### This release

Alcohol and other drug treatment services in Australia 2017–18: key findings | 17 Apr 2019


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### Previous releases

- Alcohol and other drug treatment services in Australia 2016–17: key findings | 20 Apr 2018
- Alcohol and other drug treatment services in Australia 2015–16: key findings | 20 Apr 2017

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## Formats

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