



Characteristics of Indigenous clients who accessed alcohol and other drug treatment services in Australia, 2016–17

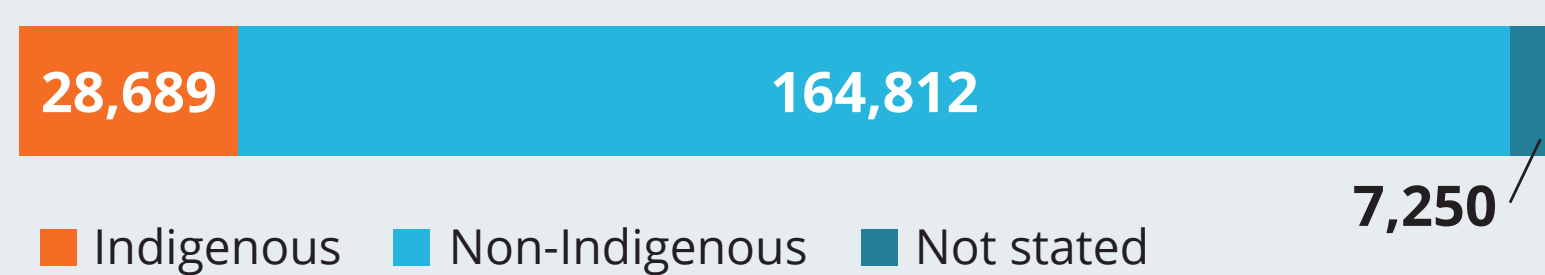
Introduction and aims

Historically, data from the *Alcohol and Other Drugs Treatment Services National Minimum Data Set* (AODTS NMDS) has shown that Indigenous clients are over-represented among clients accessing publicly funded alcohol and other drug (AOD) treatment services in Australia. We explored the demographic, service use and service outcome characteristics of Indigenous clients receiving AOD treatment in 2016–17.

Method and design

Using the AODTS NMDS, a unit record dataset of AOD treatment clients was created and analysed to examine the characteristics of Indigenous clients. Rates were calculated using Australian Bureau of Statistics Estimated Resident Population data. Unadjusted rates are presented, with age-adjusted rates used when comparisons are made.

28,689 closed treatment episodes were provided to Indigenous clients



Up from 16,440 closed treatment episodes provided to Indigenous clients in 2007–08.

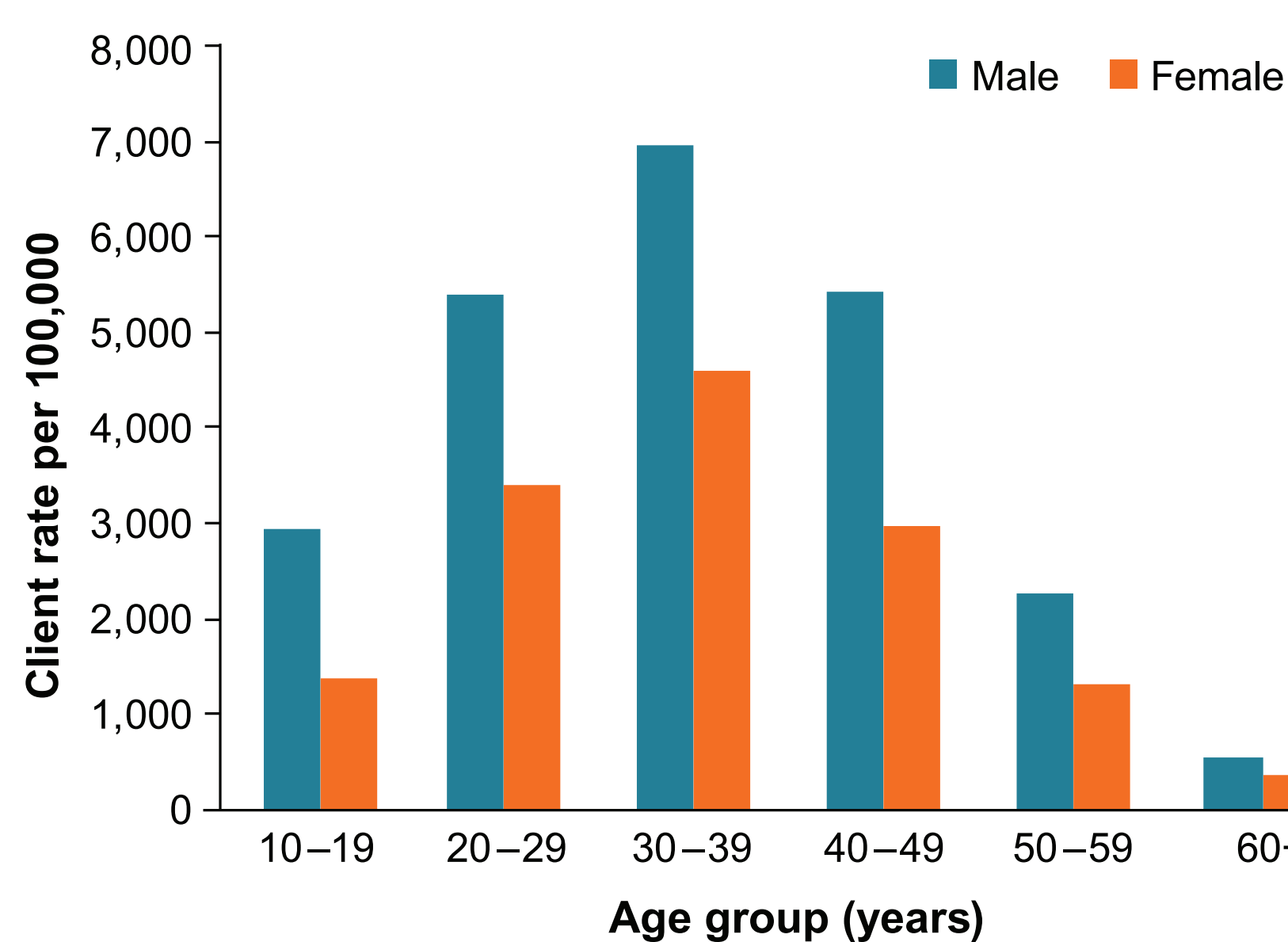
1 in 7 (14.8%) clients were Indigenous



Small increase since 2013–14 (13.9%)

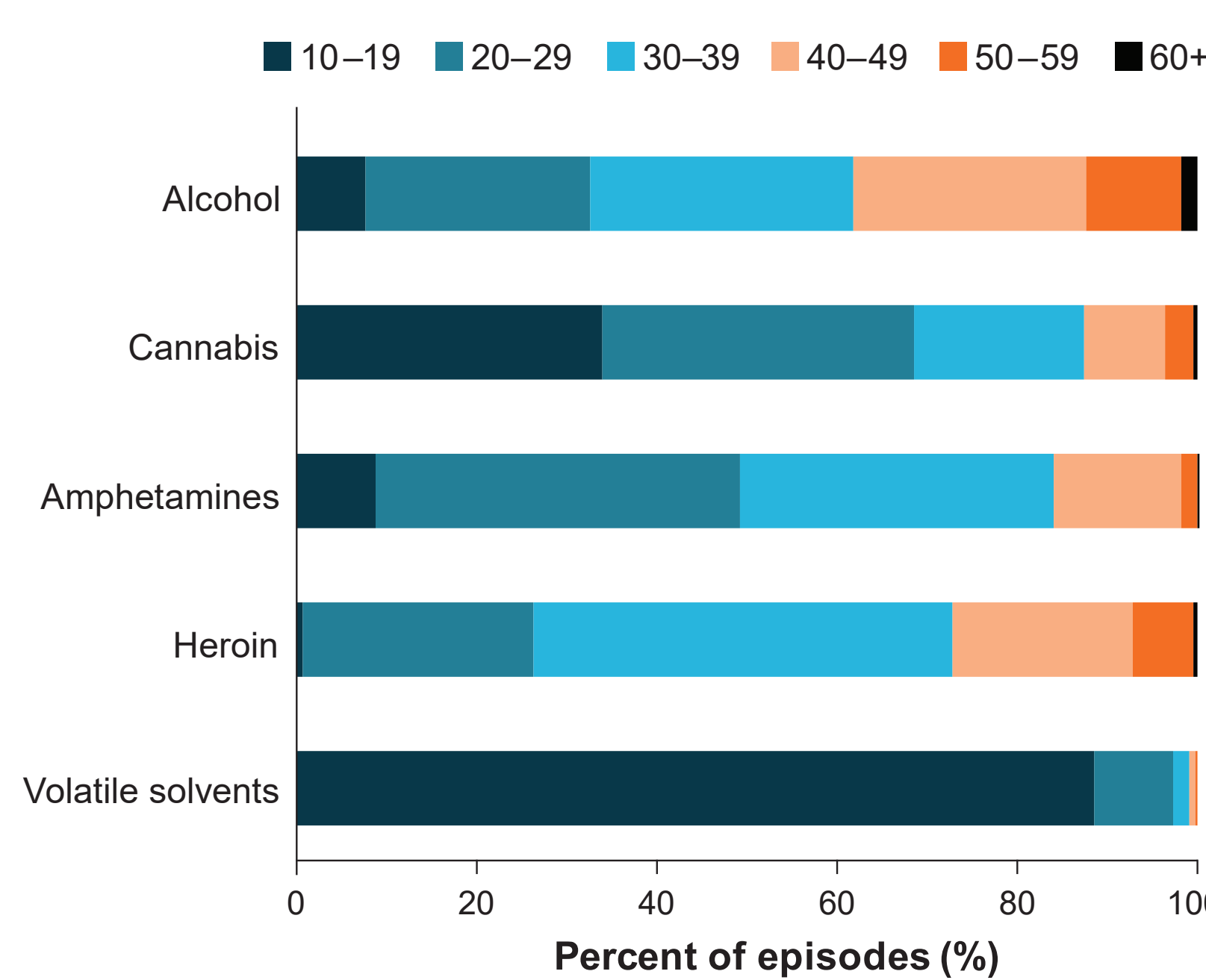
Based on clients with a valid SLK-581. SLK-581 was introduced to the AODTS NMDS collection in 2013–14.

Demographics

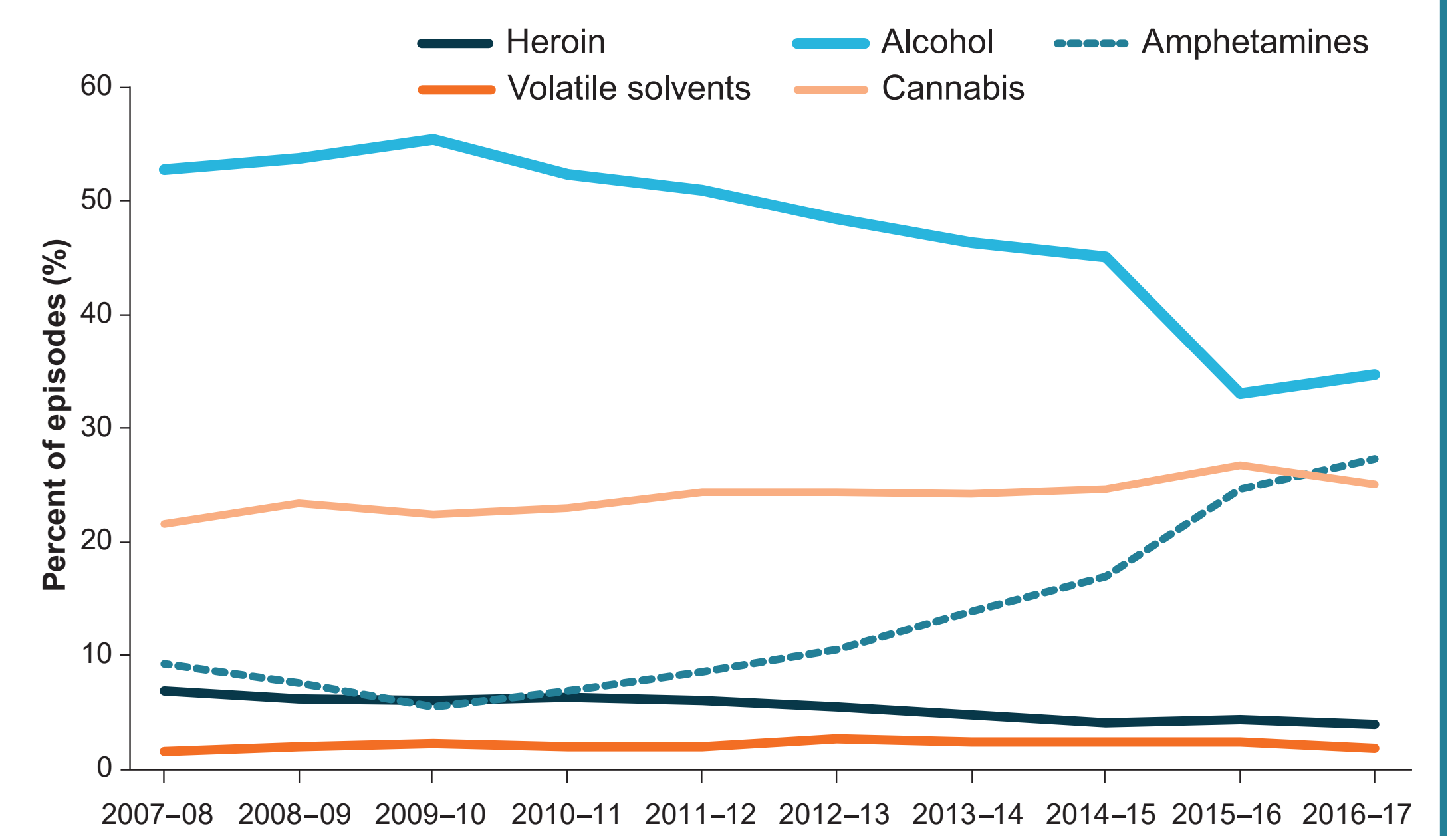


Indigenous clients were most likely aged 30–39 years, while Indigenous males received treatment at 1.7 times the rate of Indigenous females (4,178 clients per 100,000 compared with 2,451 clients per 100,000, respectively).

Principal drug of concern

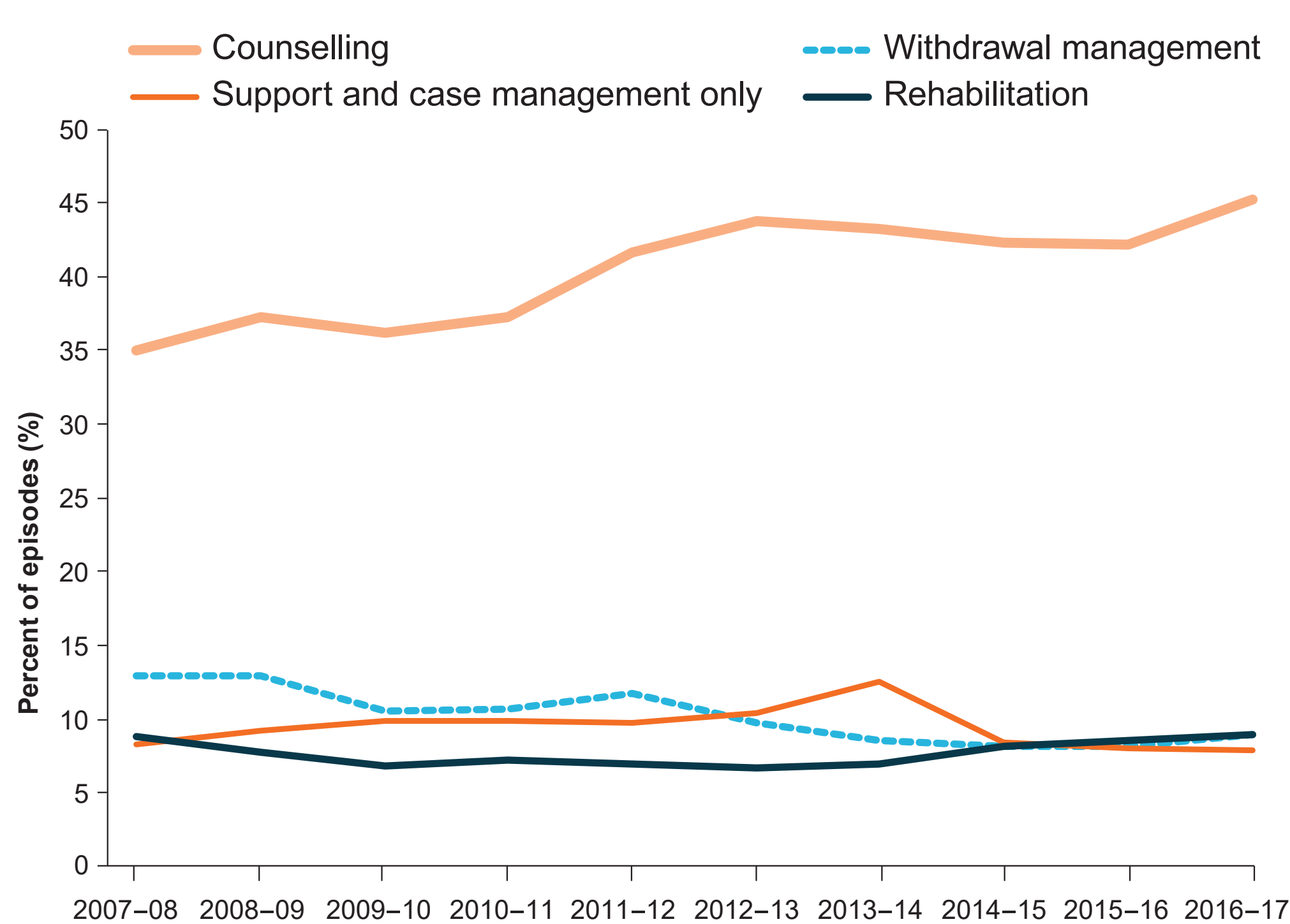


The majority of Indigenous clients who sought treatment for their own cannabis or volatile solvent use were aged less than 30 years.

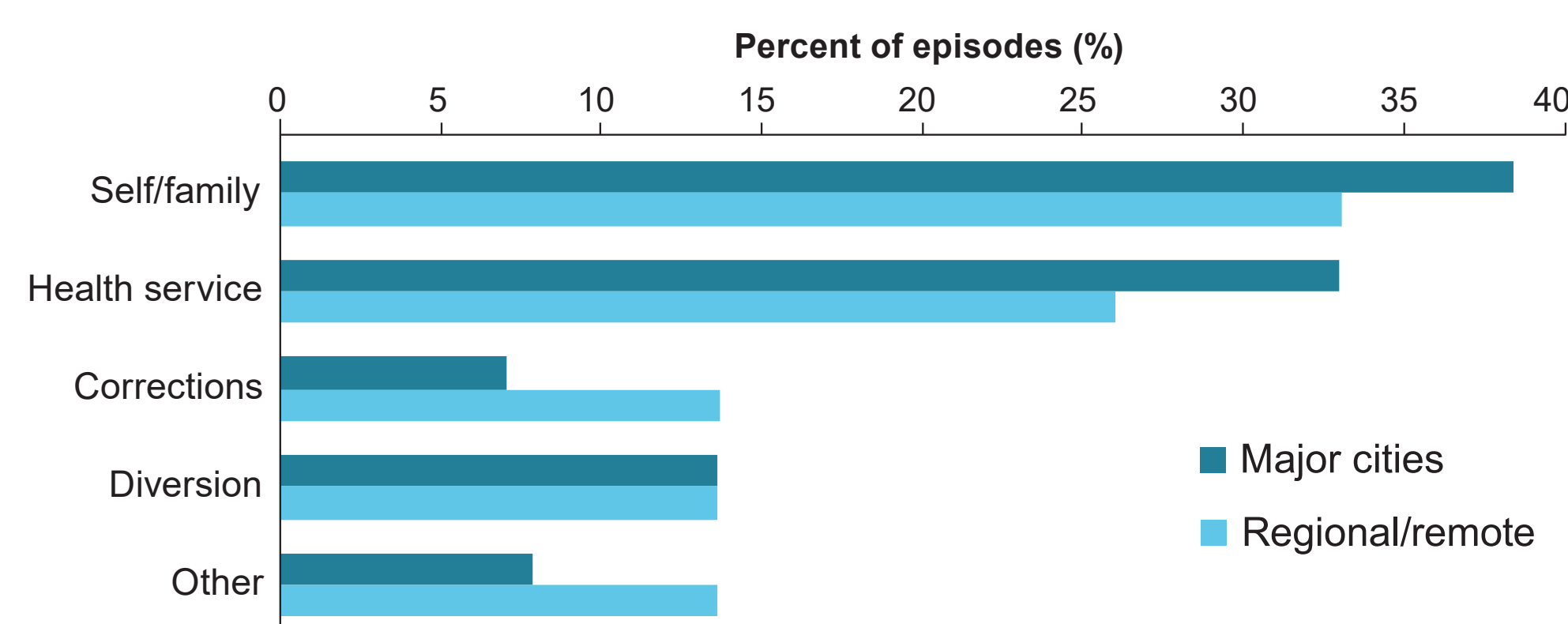


Since 2007–08, the proportion of treatment episodes for Indigenous clients who sought treatment for their own alcohol or heroin use has decreased, while the proportion who sought treatment for amphetamines has increased.

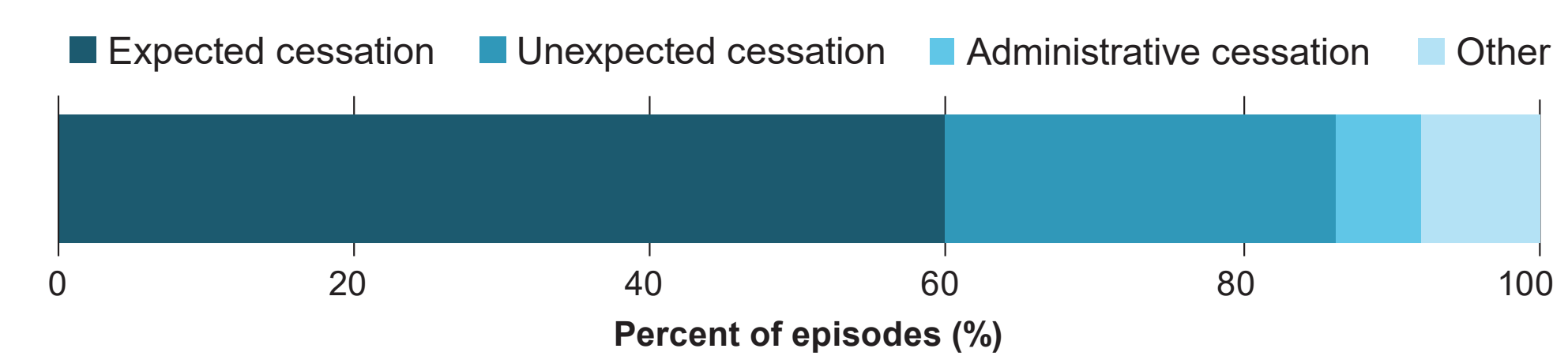
Treatment characteristics



Since 2007–08, the proportion of treatment episodes for Indigenous clients with the main treatment type of *counselling* has increased, while *withdrawal management* has decreased.



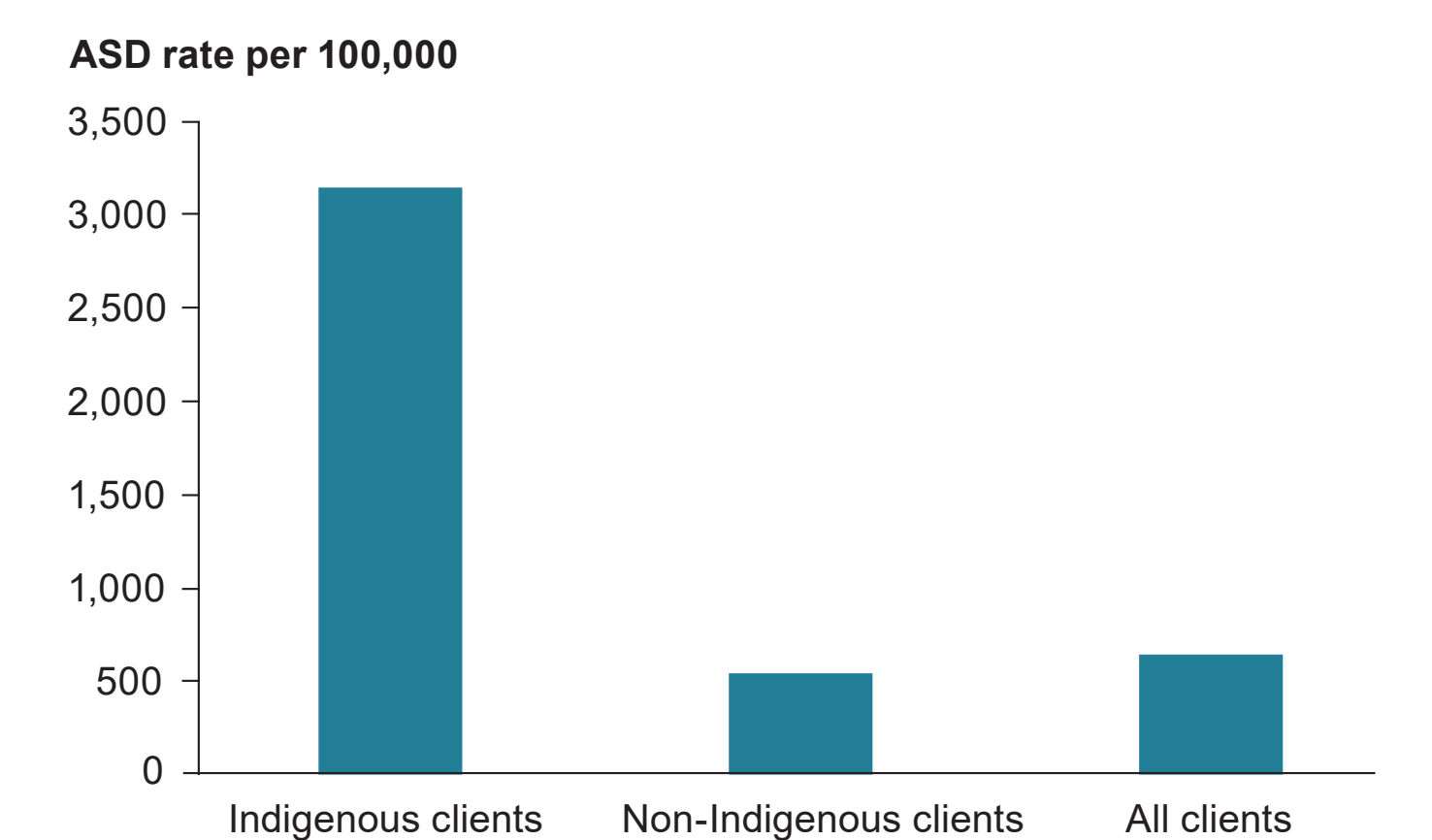
In regional/remote areas, a greater proportion of Indigenous clients were referred to treatment from a corrective service or other sources.



The majority of closed treatment episodes provided to Indigenous clients ended expectedly*, while just over a quarter (26.5%) ended unexpectedly^, there was no change since 2007–08 (25.2%).

* Expected cessation includes treatment episodes that ceased due to treatment completion, ceased at expiration, and ceased due to mutual agreement
^ Unexpected cessation includes treatment episodes that ended due to non-compliance, ended without notice, and ended against advice.

Indigenous over-representation in the AODTS NMDS



Indigenous clients are over-represented among clients accessing publicly funded AOD treatment services. After adjusting for differences in age structure, Indigenous clients sought AOD treatment at a rate of 3,143 clients per 100,000 population compared with 543 non-Indigenous clients per 100,000 population—a difference of 2,601 clients per 100,000 population.

Conclusion

Indigenous clients that sought AOD treatment services in 2016–17 were most likely to be aged 30–39 years, receive treatment for their own alcohol use, and receive counselling as the main treatment type. Importantly, Indigenous clients sought AOD treatment services at an age-adjusted rate 5.8 times greater than non-Indigenous clients. Further, the AODTS NMDS does not capture data from all publicly funded Indigenous substance use services, indicating a potential under-reporting within the AODTS NMDS of Indigenous clients who seek specialist AOD treatment.

Implications for practice and policy

By highlighting key treatment characteristics of Indigenous clients, these findings add to the AOD treatment knowledge landscape and can help inform Australian AOD treatment responses, service planning and program initiatives for the Indigenous population.

Disclosure of interest statement

The AIHW gratefully acknowledges the funding provided for this project by the Department of Health and the assistance of those who undertook data collection in each state and territory.

Contact Lachlan Facchini, Australian Institute of Health and Welfare

Email: Lachlan.Facchini@aihw.gov.au

Phone: 02 6244 1176

