

A national profile of
Australian Government funded
Aboriginal and Torres Strait Islander
Substance Use Specific Services



Drug and Alcohol
Service Reporting
2006–07 Key Results



Australian Government

Department of Health and Ageing

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We would like to thank all Aboriginal and Torres Strait Islander substance use specific services that provided 2006–07 Drug and Alcohol Service Reporting (DASR) data. The effort and resources involved in completing the DASR questionnaire makes the DASR database the most comprehensive data collection about the structure and activity of Australian Government funded Aboriginal and Torres Strait Islander substance use specific services. The contribution of each service to this achievement is greatly appreciated.

The work and support of project officers in the state/territory offices of the Office for Aboriginal and Torres Strait Islander Health is gratefully acknowledged.

*Services Reporting Section
Office for Aboriginal and Torres Strait Islander Health (OATSIH)
July 2009*

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SUMMARY

The 2006–07 Drug and Alcohol Services Report (DASR) is the 7th annual data collection from Australian Government funded Aboriginal and Torres Strait Islander substance use specific services.

Information for a 12-month period is collected from each DASR service covering the activities undertaken in preventing and treating substance use, the client numbers and episodes of care pertaining to each area of activity, and overall funding and staffing profiles.

There were 41 Australian Government funded Aboriginal and Torres Strait Islander substance use specific services during 2006–07 (29 residential services and 12 non-residential services). Forty services (98%) responded to the 2006–07 DASR questionnaire.

Key findings from this report include:

- OATSIH provided approximately \$23,568,000 in recurrent and non-recurrent funding to DASR services during 2006–07. About one-half of the services received \$500,000 or more, and six services received \$1 million or more.
 - Many services also received funding from other sources (\$16,580,000 in total).
- There was an increase in recurrent funding provided by OATSIH to DASR services from \$12.0 million (for 43 services) in 2000–01 to \$19.3 million (for 41 services) in 2006–07.
 - This represents an increase in recurrent funding beyond adjustment for inflation.
- Responding services (39 services) had 524 ‘full time equivalent’ (FTE) staff positions at 30 June 2007.
 - 490 FTE positions were paid by the services in wages or salaries and there were 34 FTE staff working at the services in a visiting, volunteer or CDEP capacity.
 - Aboriginal and Torres Strait Islander people held 72% of the paid FTE positions.
 - 8% of all paid FTE positions were vacant, with about one-half of the services having at least one vacant staff position.
- The substances treated by the largest numbers of services during 2006–07 were alcohol (treated by 100% of services), cannabis (98%), amphetamines (75%), tobacco (73%), and benzodiazepines (65%).
 - The treatment approaches most often used by services were: abstinence (45% of respondent services reported this the one most often used); harm reduction (33% of services); and family/community support and involvement (13% of services).
- Approximately 25,600 individual clients were seen by 40 respondent services (a median number of 179 clients per service).
 - 70% were Aboriginal and Torres Strait Islander people and 60% were males.
- 3,100 residential treatment/rehabilitation episodes of care involving 2,750 clients took place at 28 respondent residential services.
- Nine of 28 responding residential services reported that the service provided sobering up / residential respite (10,150 episodes of care involving 2,600 clients in total).
- 57,950 episodes of other care took place at 34 respondent residential and non-residential services.

1 INTRODUCTION

This report contains a summary of key findings from the 2006–07 Drug and Alcohol Services (DASR) data collection. This is the 7th annual data collection and report pertaining to Australian Government funded Aboriginal and Torres Strait Islander substance use specific services (referred to here as DASR services).

BACKGROUND

The DASR collects service-level data covering a 12-month period via one of the following questionnaires completed by service staff shortly after the end of the period in question:

- a) a residential questionnaire used by services that provide residential substance use programs (such as residential treatment/rehabilitation, sobering-up shelters and residential respite), and
- b) a non-residential questionnaire used by services that do not provide residential substance use programs.

Information is collected from each DASR service covering the activities undertaken in preventing and treating substance use, the client numbers and episodes of care pertaining to each area of activity, and the overall funding and staffing profiles.

The DASR collects information from all Aboriginal and Torres Strait Islander substance use specific services that receive Australian Government funding. Many of these services also receive funds from additional sources (e.g. state/territory governments). The DASR collects data at service level and therefore reflects the service activity that is attributed to all of the funding sources.

The information collected in the DASR is used to profile the work of the Aboriginal and Torres Strait Islander substance use treatment sector, and it is an important input into the formulation of policy directions for this sector. Summary DASR results are reported in a number of publications including the AIHW *Alcohol and Other Drug Treatment Services in Australia: Report on the National Minimum Dataset*.

Figure 1 shows service participation in the DASR since commencement of this data collection in 1999 as the Substance Misuse Service Report. It shows a response rate of between 93% and 100% over that period.

Figure 1: DASR participation 1999–00 to 2006–07

	1999–2000	2000–2001	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006	2006–2007
Services eligible for the DASR	43	43		43	42	41	40	41
Respondent services	43	43	Data not collected	42	41	41	37	40
Non-respondent services	0	0		1	1	0	3	1
Services new to the DASR	0	0		0	0	1	1	5
Services no longer included in the DASR	0	0		0	1	1	2	4
Services included in database	43	43			42	41	41	37

CAVEATS ON THE INTERPRETATION OF DASR RESULTS

DASR response rate

As indicated in Figure 1, there were 41 Australian Government funded Aboriginal and Torres Strait Islander substance use specific services during 2006–07, 29 residential services and 12 non-residential services. Forty services (98%) responded to the DASR questionnaire — all 29 residential services and 11 of the non-residential services.

A number of the DASR services were unable to provide information in respect of specific sections of the DASR questionnaire. The missing items of data for these services and for the non-respondent service were not estimated as these services may differ in important ways from the services that did respond.

General considerations

The following should be borne in mind when interpreting the DASR data:

- The DASR questionnaire collects data on a set of broad indicators about Australian Government funded Aboriginal and Torres Strait Islander substance use specific services and does not aim to provide a comprehensive set of statistics on all of the activities and needs of the services.
- A separate process, the Service Activity Reporting (SAR), collects data from Australian Government funded Aboriginal and Torres Strait Islander primary health care services, many of which provide substance use services. Past Key Results reports about the activities of these primary health care services are available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-sar.htm>
- As noted, whereas the DASR only collects information from Aboriginal and Torres Strait Islander substance use specific services that receive Australian Government funding, the information collected from these services reflects the activity attributed to all funding sources.
- The DASR incorporates a wide variety of services. Individual services operate in ways that reflect the specific needs of the local community and the resources available to that community. Some DASR services provide a wide range of substance use treatment activities while other services focus solely on specific treatment activities.
- Australian Government funding to services is reported as excluding GST. Services were asked to report non-OATSIH sources of funding as GST exclusive, but there has been no comprehensive audit to check the accuracy of the reported figures.

Statistical considerations

The following statistical considerations should be noted in relation to this report:

- The charts, tables and counts presented in this report pertain to a given set of services included in the analysis in question. A service is excluded from any analysis if the service was a non-respondent to that section of the DASR questionnaire or if the topic does not apply to that service (for example, non-residential services are excluded from analyses referring to residential programs). The number of services contributing to the counts presented in each chart or table is shown within the title as “(n=...)”. For

example, "(n = 39)" means that the chart or table presents data reported by 39 DASR services.

- Where precise counts were not available, estimates were provided by some services for total individual and group episodes of care and total clients.
- The presence of a few high values in services' client and episode counts skews the distributions of those counts to the extent that arithmetic averages do not provide a good description of the mid range of the counts. The appropriate statistic to describe the mid range of client and episode counts is the median (i.e. the 'middle' value when data values are arranged from smallest to largest), and medians are used in this report.

ABBREVIATIONS USED IN THIS REPORT

AHL	Aboriginal Hostels Limited
ASGC	Australian Standard Geographical Classification
CDEP	Community Development Employment Projects
DASR	Drug and alcohol service reporting
FTE	Full time equivalent
GST	Goods and Services Tax
OATSIH	Office for Aboriginal and Torres Strait Islander Health

FURTHER INFORMATION

For additional information about this report or additional analysis of the DASR data please contact the Services Reporting Section of OATSIH:

DASR Contact Officer
Services Reporting Section (MDP 17)
Office for Aboriginal and Torres Strait Islander Health
Australian Government Department of Health and Ageing
GPO Box 9848
CANBERRA, ACT 2601
Tel: 1800 678 445

DASR Key Results Reports for 2006–07 and previous years are available at:
<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-dasr.htm>

The residential and non-residential 2006–07 DASR questionnaires are both available on the Office for Aboriginal and Torres Strait Islander Health (OATSIH) website at:
<http://www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-dasrq.htm>

2 STRUCTURAL PROFILE OF DASR SERVICES

This section provides a structural profile of the DASR services, including their location by state/territory and remoteness area, their funding arrangements, their staffing profiles, and their use of information technology.

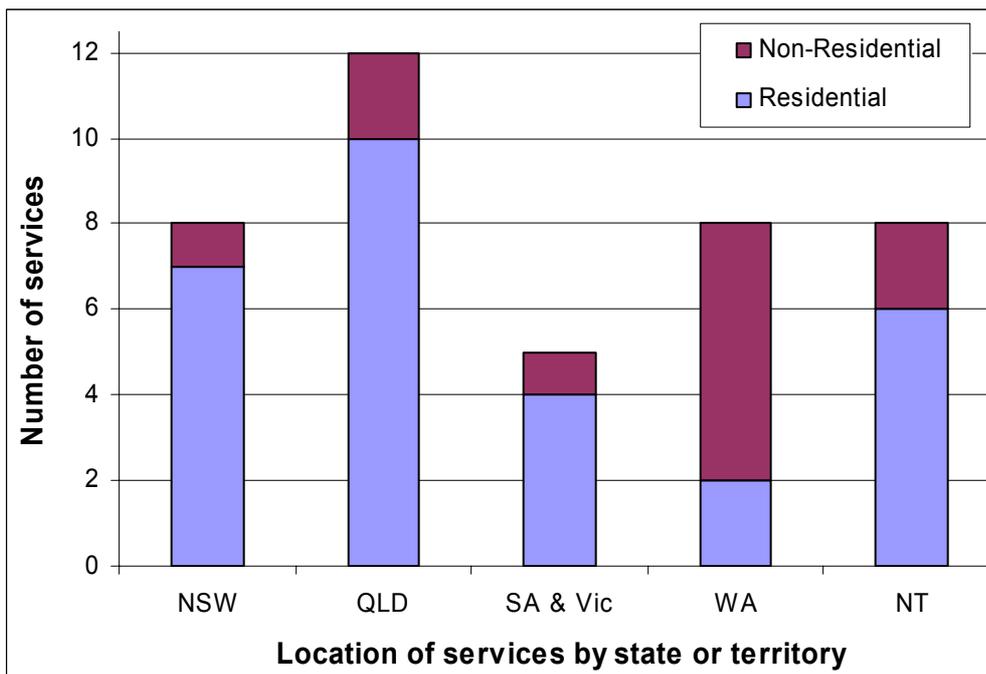
2.1 LOCATION OF DASR SERVICES

Location of services by state/territory

In 2006–07, DASR services were located in all states and territories except Tasmania and the Australian Capital Territory.

Figure 2 shows the number of DASR services in each state and territory, with a combined count shown for South Australia and Victoria in order to protect the privacy of individual service data. Queensland had the most DASR services (12 services). New South Wales, Western Australia and the Northern Territory had 8 services each.

Figure 2: Number of DASR services by state/territory and residential status 2006–07 (n=41)



Location of services by remoteness area

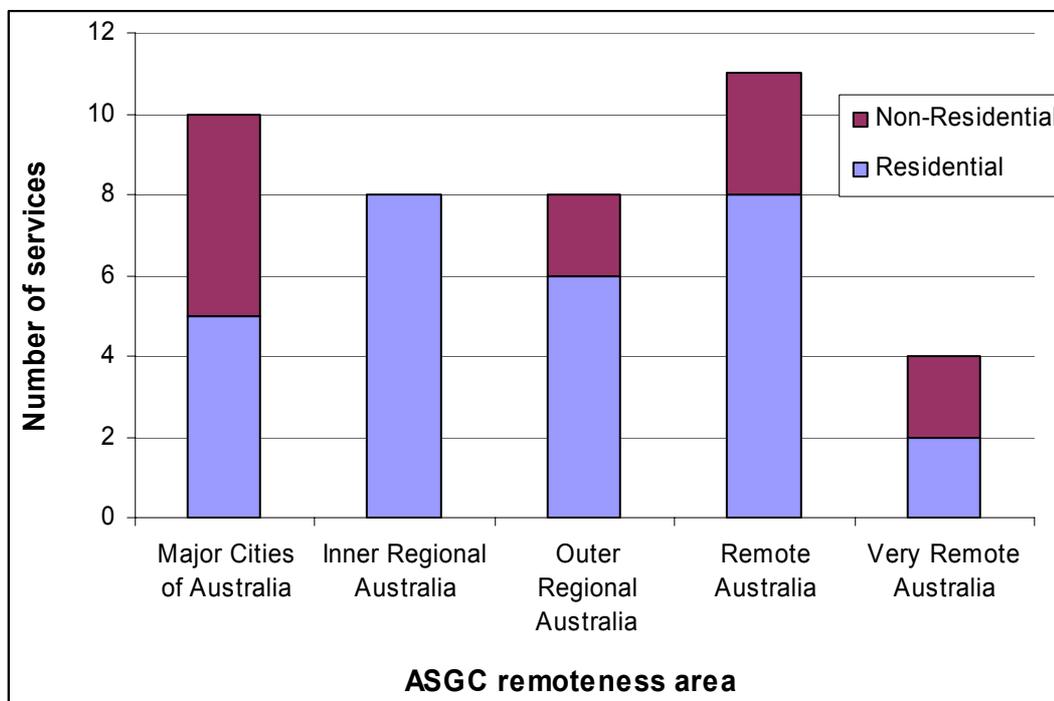
This section describes the regional distribution of the 41 DASR services in 2006–07.

For consistency with reporting by other agencies, DASR reports examine the regional distribution of services using the Remoteness Area structure¹ of the Australian Standard Geographical Classification (ASGC), introduced by the Australian Bureau of Statistics (ABS) in 2001 (see **Appendix 1**). All locations in Australia are classified to one of five remoteness categories. Locations considered to be ‘Major Cities of Australia’ include places like Newcastle and Geelong. Hobart and Tamworth are considered to be ‘Inner Regional Australia’, and Darwin and Whyalla are classified as ‘Outer Regional Australia’. Esperance and Alice Springs are considered ‘Remote Australia’, and Longreach and Coober Pedy are considered ‘Very Remote Australia’. Every five years, the ABS produces a revised version of this structure to reflect updated regional information.

Figure 3 shows the number of services by ASGC remoteness area in 2006–07. The largest numbers of services were located in Remote Australia (11 services, 27% of total) and Major Cities of Australia (10 services, 24%). Only 4 services (10%) were located within Very Remote Australia.

Figure 3 is based on the update of the ASGC remoteness area structure that followed the 2006 population census. The use of the updated structure results in a few services being designated with a different remoteness classification to that presented for them in earlier DASR Key Results reports.

Figure 3: Number of DASR services by ASGC remoteness area and residential status 2006–07 (n=41)



¹ For more information on Remoteness Area refer to *Statistical Geography Volume 1: Australian Standard Geographical Classification (ASGC) 2006* Cat. no. 1216.0.

2.2 FUNDING OF DASR SERVICES

The DASR covers all Australian Government funded Aboriginal and Torres Strait Islander substance use specific services. During 2006–07, OATSIH provided funding of approximately \$23,568,000 to the 41 DASR services. Many DASR services also receive funding from other sources. Approximately \$16,580,000 in total was provided from sources other than OATSIH to the services that provided information about such funding². Overall, 28 services reported that the majority of their funding was provided by OATSIH, and 5 services reported that their total funding was provided by OATSIH.

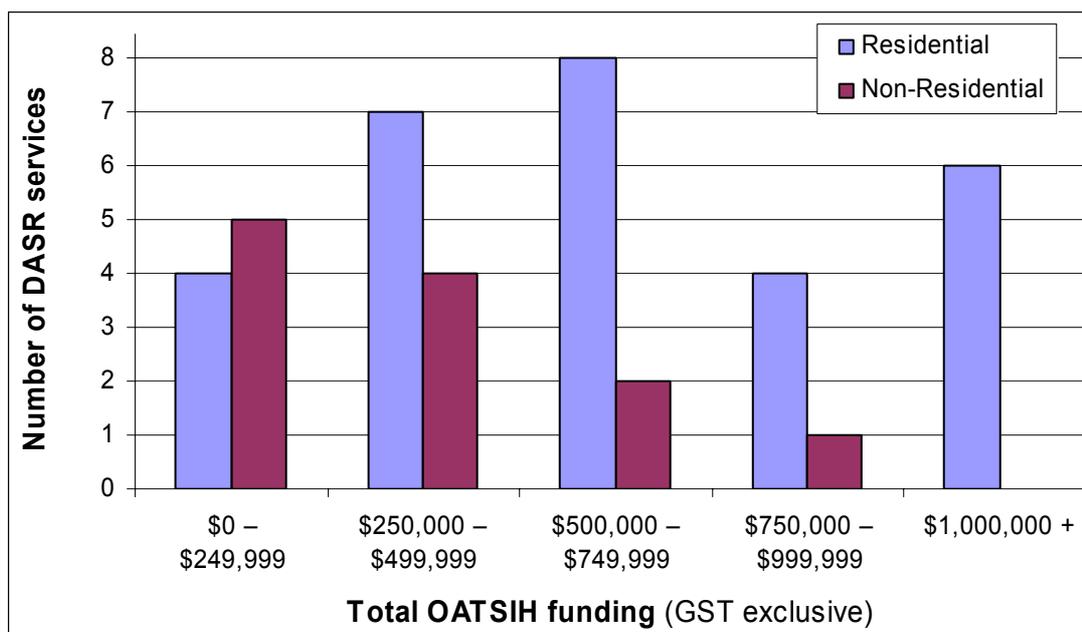
The majority of the funds provided by OATSIH during 2006–07 entailed recurrent funding (approximately \$19,291,000) — used for operational purposes such as wages. The services that provided information on funding received from sources other than OATSIH² reported that most of this funding was also recurrent funding (approximately \$16,400,000).

OATSIH also provided approximately \$4,277,000 in non-recurrent funding during 2006–07 — i.e. one-off payments used for major works or purchases, such as vehicles or renovations. In addition, 40 services provided information about non-recurrent funding received from sources other than OATSIH, and this funding totalled approximately \$180,000. Most DASR services (88%) received some non-recurrent funding — thirty-five services (85% of services) received non-recurrent funding from OATSIH and 6 services (15% of services) reported receiving non-recurrent funding from non-OATSIH sources.

Total funding provided by OATSIH

Figure 4 shows the number of DASR services within categories that describe their total funding (recurrent and non-recurrent) received from OATSIH during 2006–07. Twenty-one services (51%) received \$500,000 or more and six of these received \$1,000,000 or more.

Figure 4: Number of DASR services by level of total OATSIH funding and residential status 2006–07 (n=41)

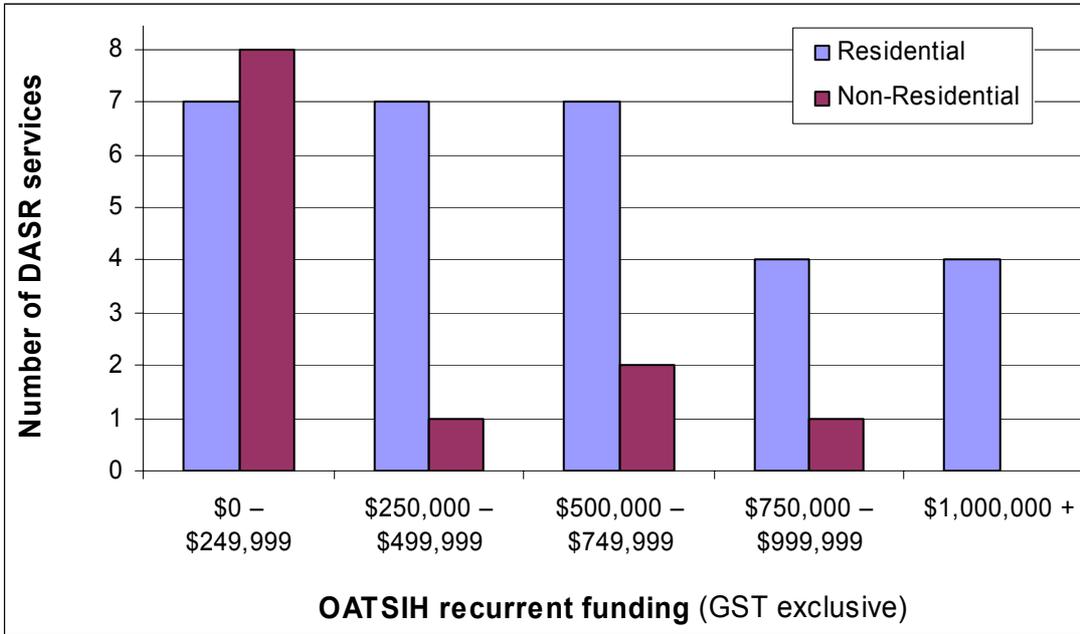


² Of the 41 DASR services, 39 provided information in relation to recurrent funding from sources other than OATSIH and 40 provided information in relation to non-recurrent funding from sources other than OATSIH.

Recurrent funding provided by OATSIH and other sources

Figure 5 shows the number of DASR services within categories that describe their total recurrent funding received from OATSIH during 2006–07. Eighteen services (44%) received \$500,000 or more in recurrent funding and four of these received \$1,000,000 or more.

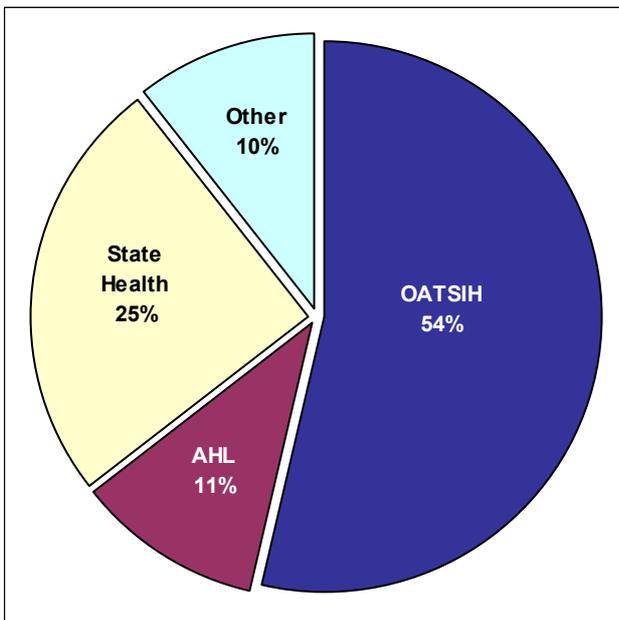
Figure 5: Number of DASR services by level of OATSIH recurrent funding and residential status 2006–07 (n=41)



Most respondent DASR services (87%) also received recurrent funding from other sources.

Figure 6 provides a percentage breakdown of the sources of the total recurrent funding received by respondent services during 2006–07 — 54% of the recurrent funding was received from OATSIH, 25% from state/territory health departments, 11% from Aboriginal Hostels Limited (AHL) and 10% from various other funding sources.

Figure 6: Sources of total recurrent funding provided to DASR services 2006–07 (n=39)



2.3 STAFFING OF DASR SERVICES

The DASR collected data on staff positions as at 30 June 2007. Respondent services (39 services) had an estimated total of 524 'full time equivalent' (FTE) staff, including:

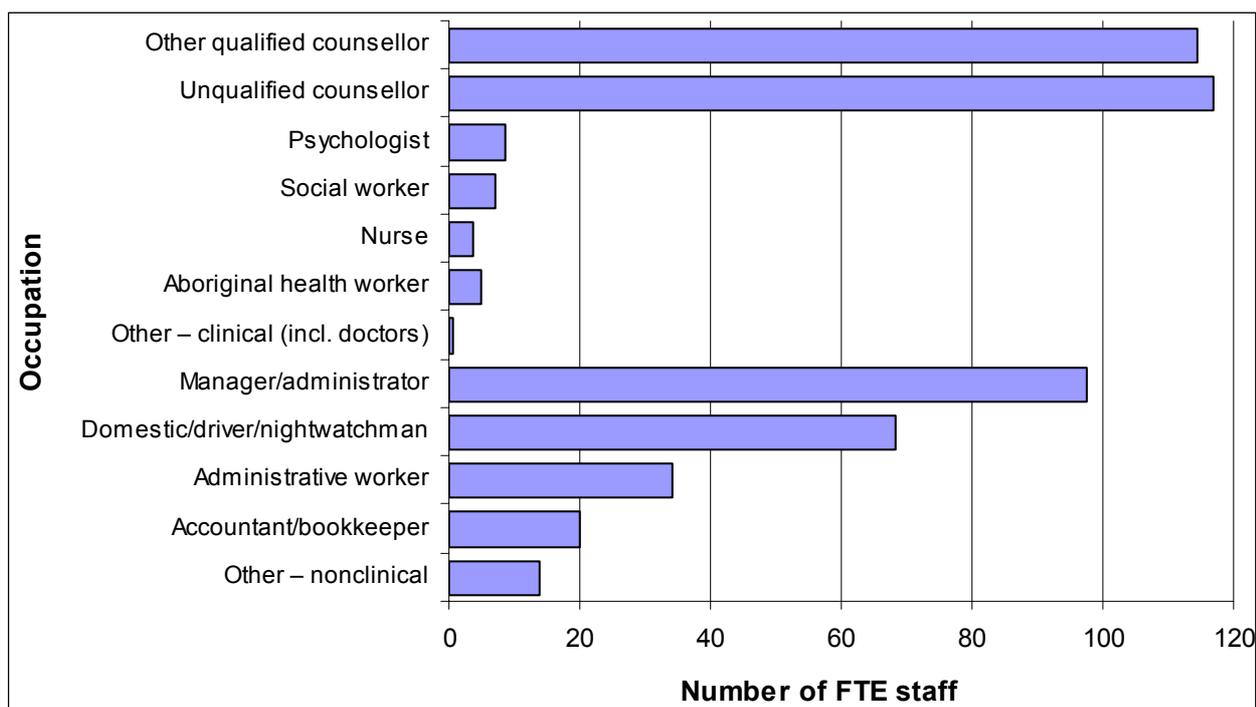
- 490 FTE staff positions paid by services in wages/salaries or in fees, and
- 34 FTE staff who worked at services in a visiting, volunteer, or CDEP capacity (i.e. were not paid by the services).

The workforce employed by DASR services

Figure 7 shows the number of FTE staff employed by respondent DASR services across standard DASR occupation categories described at Appendix 2. The majority of FTE staff employed by respondent DASR services performed:

- counsellor functions (50%, including psychologists and social workers),
- manager/administrator functions (20%), and
- domestic, driver or nightwatchman functions (14%).

Figure 7: Number of FTE staff employed/paid by DASR services by occupation, 30 June 2007 (n=39)



Indigenous status of the workforce employed by DASR services

Aboriginal and/or Torres Strait Islander people held 72% of the FTE positions paid by these 39 respondent services.

Staff vacancies

As at 30 June 2007, 8% of all FTE positions employed by these 39 respondent services were vacant, with about one-half of the services having at least one vacant staff position. Many (45%) of the vacant FTEs were for positions of Other qualified counsellor.

Staff at DASR services in a visiting, volunteer, or CDEP capacity

Approximately 54% of respondent DASR services had visiting, volunteer or CDEP staff at 30 June 2007, contributing approximately 34 FTE staff positions not paid for by these services. Overall, 87% of these FTEs involved Aboriginal and Torres Strait Islander people. **Figure 8** provides a percentage breakdown of these staff as visiting, volunteer or CDEP.

Figure 8: Breakdown of visiting, volunteer and CDEP FTE staff at DASR services by whether visiting, volunteer or CDEP, 30 June 2007 (n=39)

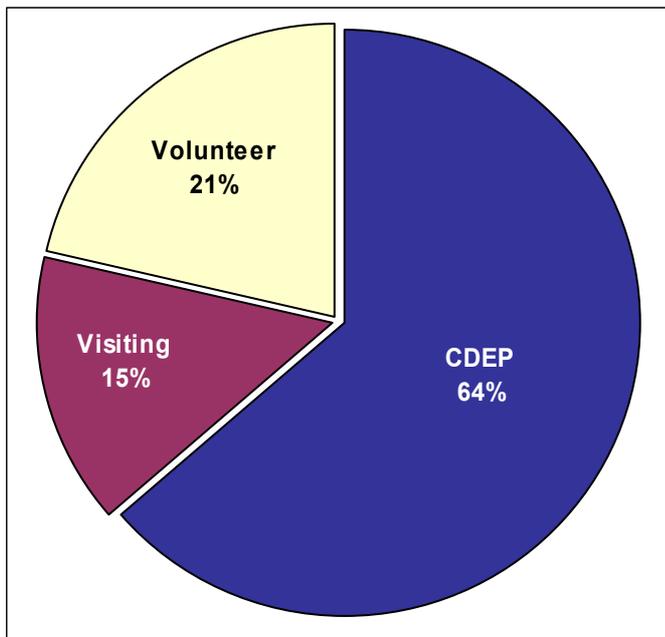
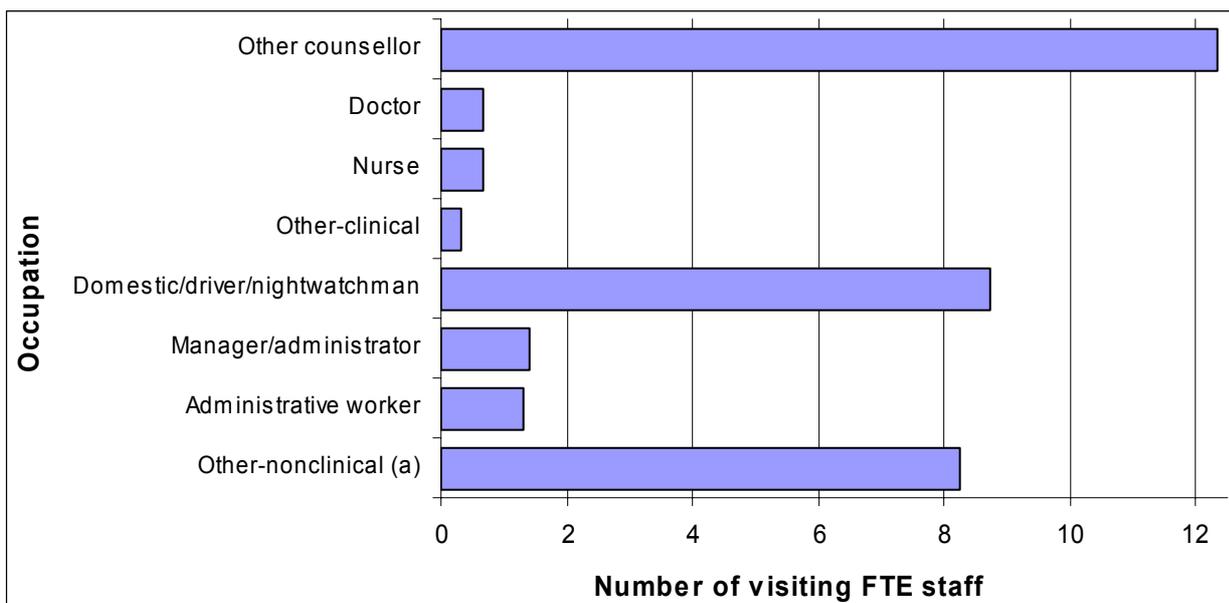


Figure 9 shows the breakdown of these FTE positions across standard DASR occupation categories. Approximately 37% of the FTE positions involved counselling functions and 26% involved domestic, driver or nightwatchman functions.

Figure 9: Number of FTE staff not paid by DASR services by occupation, 30 June 2007 (n=39)



(a) Other-nonclinical staff includes 5.6 FTEs of staff having an occupational description of CDEP worker and 1.3 FTEs of visiting and volunteer educators/trainers/tutors.

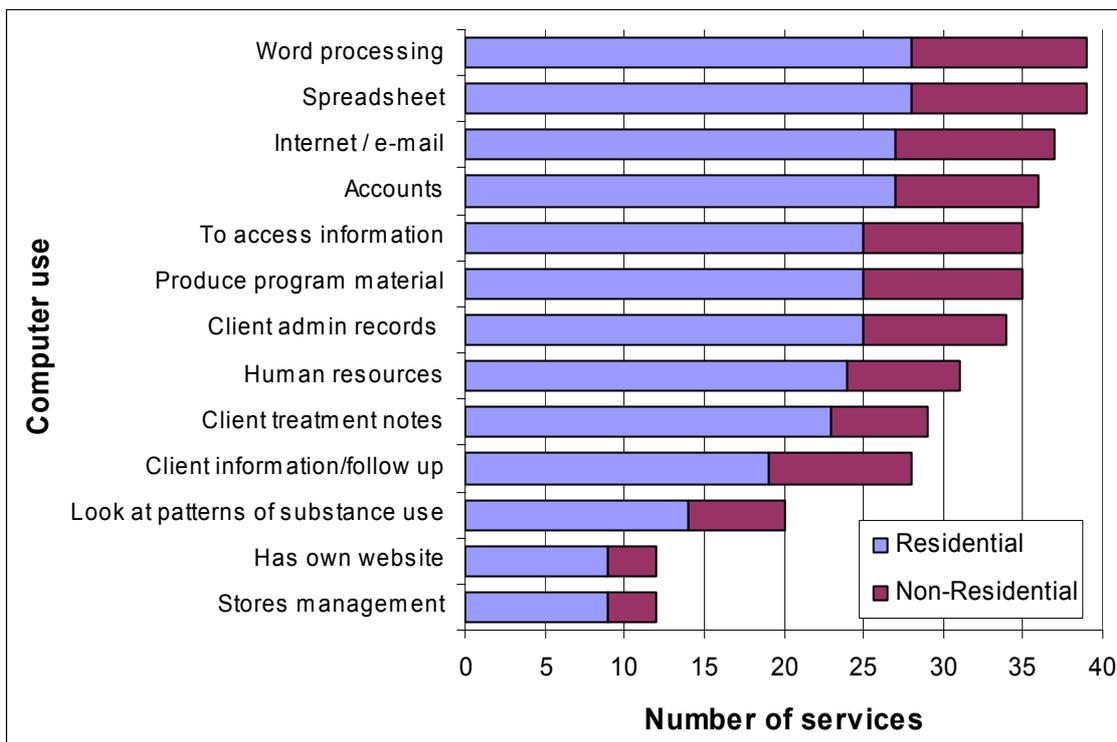
2.4 USE OF INFORMATION TECHNOLOGY AT DASR SERVICES

Almost all respondent DASR services (39 of the 40 respondent services) used a computer during 2006–07. **Figure 10** profiles the nature this computer use.

Key findings pertaining to client records management are:

- 34 respondent services (85%) used a computer for client administrative records,
- 29 (73%) used a computer for client treatment notes, and
- 28 (70%) used a computer for other client information or for client follow-up planning such as care planning.

Figure 10: Computer use at DASR services by residential status 2006–07 (n=40)



3 SERVICE DELIVERY

This section provides information on service delivery at DASR establishments. It covers the types of substance use programs that were offered, the types of substances treated, the treatment approaches, and the other health related activities that were provided. Also given are client numbers and episodes of care pertaining to services' various areas of activity, both in aggregate and for major demographic groups.

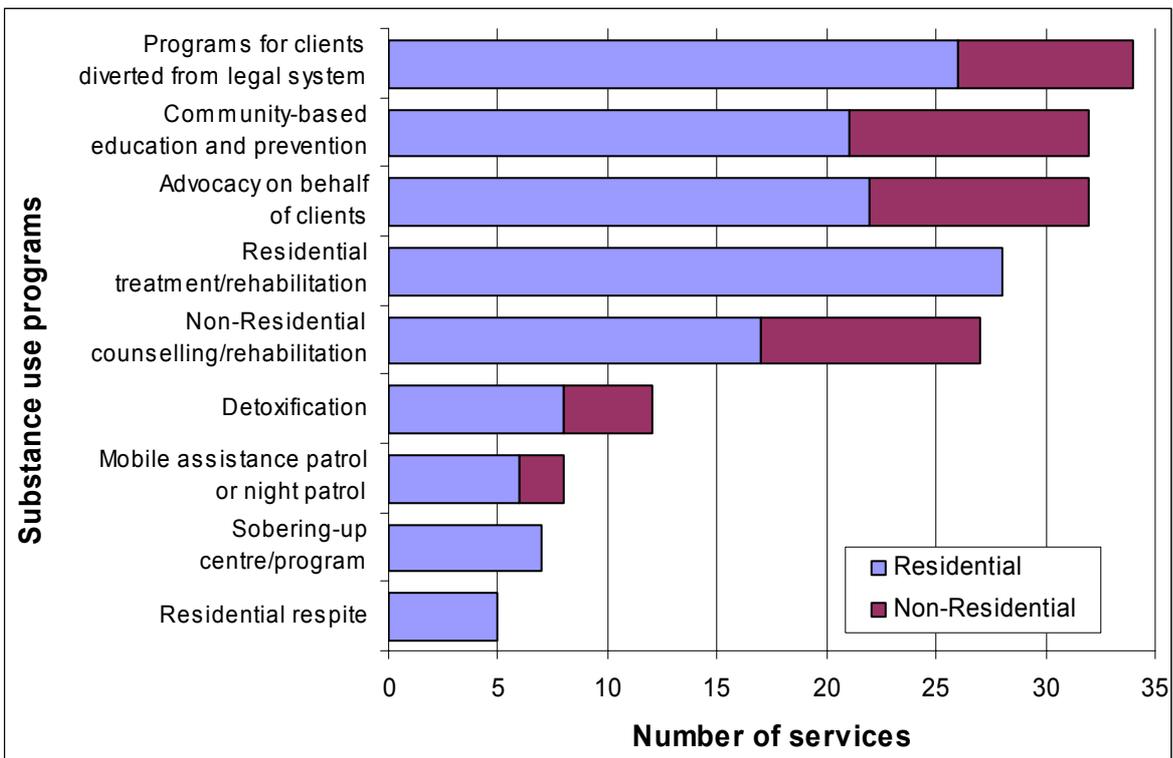
3.1 SUBSTANCE USE PROGRAMS

DASR services provided a range of substance use programs during 2006–07, as described in **Figure 11**.

Of 40 respondent services:

- 34 (85%) provided programs for clients diverted from the legal system,
- 32 (80%) provided community-based education and prevention, and
- 32 (80%) provided advocacy-based programs where services made contact with other agencies on behalf of clients.

Figure 11: Number of DASR services that provided substance use programs by type of program and residential status 2006–07 (n=40)



3.2 SUBSTANCES TREATED AND TREATMENT APPROACHES

Substances treated

Figure 12 shows the number of respondent DASR services that provided treatment or assistance for clients during 2006–07 by the type of substance treated.

The substances treated by the largest numbers of respondent DASR services during 2006–07 were:

- alcohol (treated by 40 services, 100% of respondent services),
- cannabis (39 services, 98%),
- amphetamines (30 services, 75%),
- tobacco (29 services, 73%), and
- benzodiazepines (26 services, 65%).

Figure 12: Number of DASR services that provided treatment or assistance for clients by the type of substance treated and residential status 2006–07 (n=40)

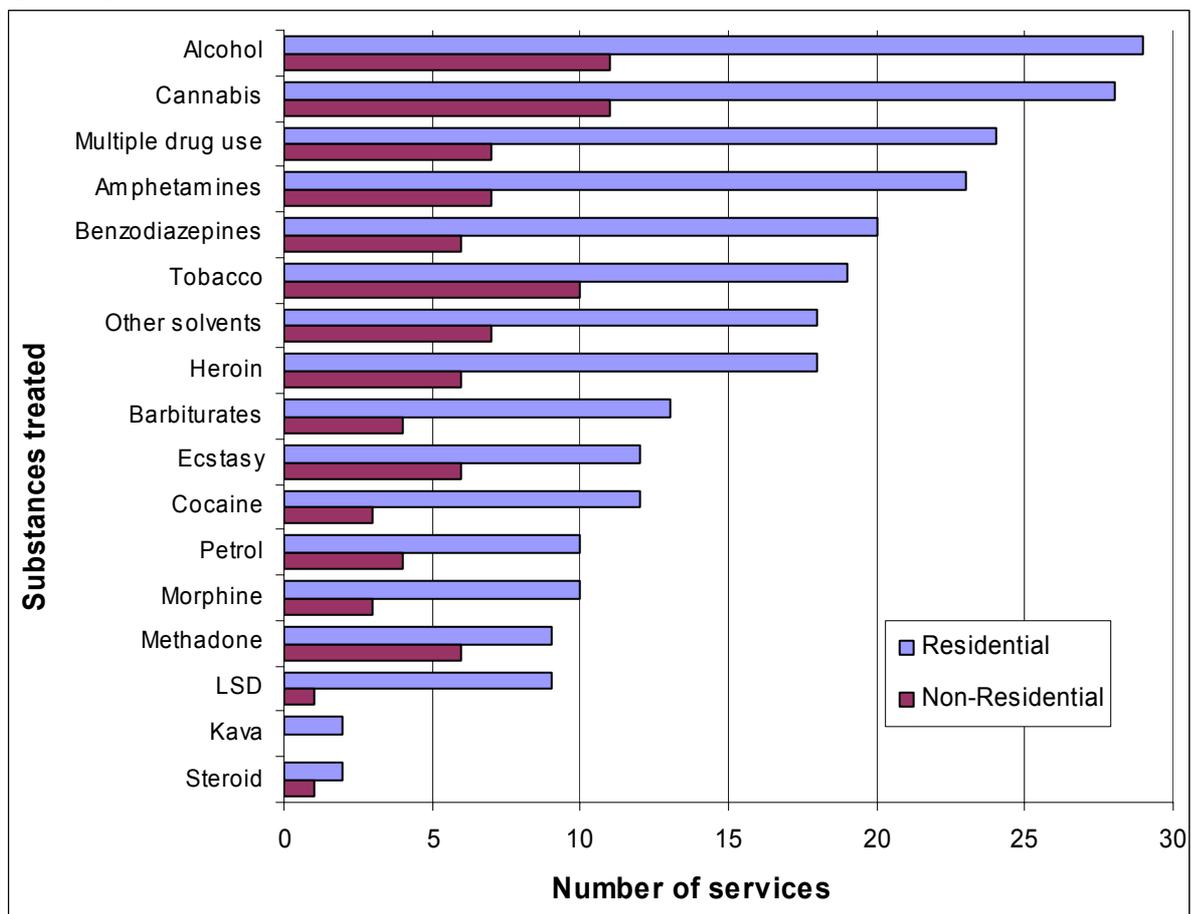


Figure 13 provides state/territory and ASGC remoteness area breakdowns of the percentage of respondent DASR services that provided clients with treatment or assistance for each type of substance during 2006–07. It shows, for example, that petrol use was more commonly treated by services located in Very remote areas (75% of respondent services) and in major cities (50%) than by services in other areas, and was more commonly treated by services located in the Northern Territory (63% of respondent services) and SA/Victoria (60%) than by services in the other states.

Figure 13: Per cent of DASR services that provided treatment or assistance for clients by type of substance treated, state/territory and ASGC remoteness area 2006–07 (n=40)

	NSW	Qld	SA & VIC	WA	NT	Total	MC (b)	IR (c)	OR (d)	R (e)	VR (f)
Alcohol	100	100	100	100	100	100	100	100	100	100	100
Tobacco	63	83	80	71	63	73	80	63	100	73	25
Cannabis	100	92	100	100	100	98	100	100	100	91	100
Petrol	0	33	60	29	63	35	50	13	29	27	75
Other solvents (a)	38	83	60	57	63	63	70	75	57	45	75
Heroin	100	58	80	43	25	60	100	75	71	18	25
Methadone	50	42	40	29	25	38	70	38	57	0	25
Morphine	63	33	20	14	25	33	60	38	43	0	25
Barbiturates	50	50	100	0	25	43	70	50	57	9	25
Cocaine	63	42	60	0	25	38	80	38	43	0	25
Benzodiazepines	88	83	80	29	38	65	100	75	86	27	25
Amphetamines	100	75	100	57	50	75	100	100	71	55	25
Ecstasy	75	42	60	29	25	45	80	38	71	9	25
LSD	38	33	20	0	25	25	30	13	57	9	25
Kava	0	8	0	0	13	5	10	0	14	0	0
Steroid	13	17	0	0	0	8	20	0	14	0	0
Multiple drug use	88	92	80	71	50	78	100	75	100	64	25
Other	0	0	0	0	0	0	0	0	0	0	0

(a) Other solvents include: chroming solvents, paints, glues and aerosol cans.

(b) Major City

(c) Inner Regional

(d) Outer Regional

(e) Remote

(f) Very Remote

Substances affecting the largest number of clients

In 2006–07, 33 services (83% of respondent DASR services) indicated that alcohol was the substance/drug that affected the largest number of their clients. Four respondent services (10%) reported that cannabis affected the largest number of clients and 2 (5%) reported that petrol affected the largest number of clients.

Figure 14 provides a state/territory breakdown of these results, with combined results for South Australia and Victoria to protect the privacy of individual service data. Of note:

- 88% of services in New South Wales reported alcohol and 12% reported cannabis as the substance which affected the largest number of clients, and
- 75% of services in the Northern Territory reported alcohol and 25% reported petrol as the substance that affected the largest number of clients.

Figure 14: Per cent of DASR services that reported a substance as affecting the largest number of their clients by state/territory 2006–07 (n=40)

	Alcohol	Petrol	Cannabis	Tobacco
New South Wales	88%	-	12%	-
Queensland	83%	-	17%	-
South Australia & Victoria	80%	-	-	20%
Western Australia	86%	-	14%	-
Northern Territory	75%	25%	-	-
Australia	83%	5%	10%	2%

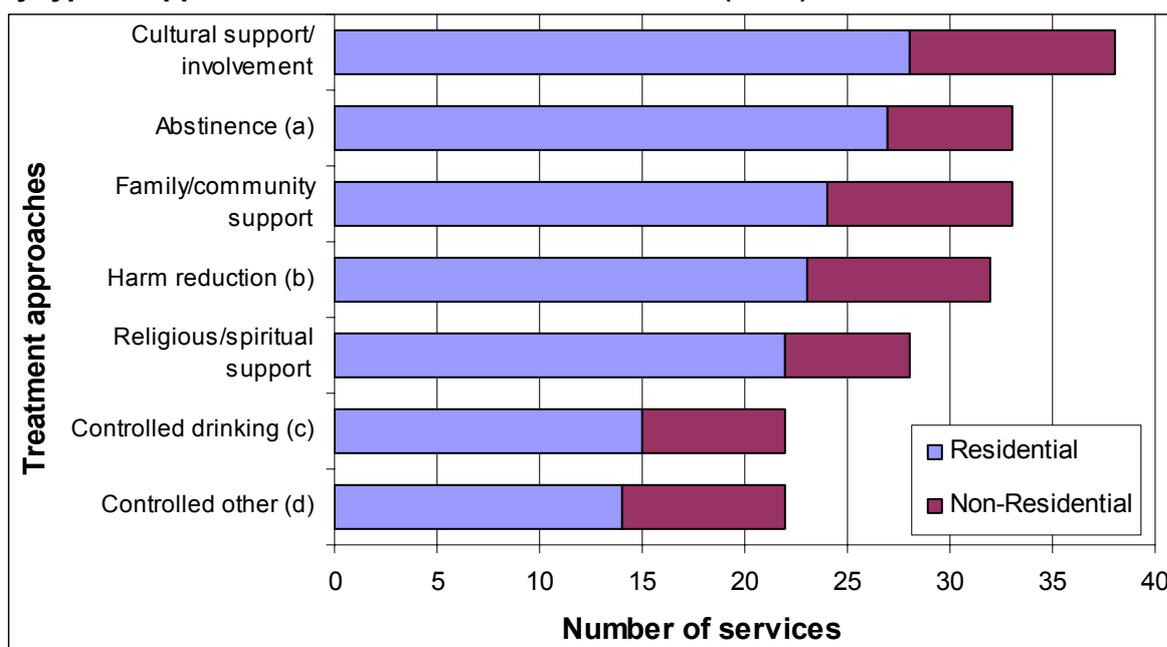
Treatment approaches

DASR services tend to use a combination of treatment approaches for substance use.

Figure 15 shows the number of respondent services that used each type of treatment approach during 2006–07. The treatment approaches used by the most services were:

- Cultural support/involvement (used by 38 of 40 respondent services), including activities such as bush outings, traditional healing, and traditional arts and crafts,
- Abstinence and Family/community support or involvement (each 33 services), and
- Harm reduction (32 services).

Figure 15: Number of DASR services that used substance use treatment approaches by type of approach and residential status 2006–07 (n=40)



(a) Abstinence aims to help the individual to completely stop using the substance.

(b) Harm reduction includes education about safe substance use practices.

(c) Controlled drinking aims to help the individual monitor their drinking and keep it within safe levels.

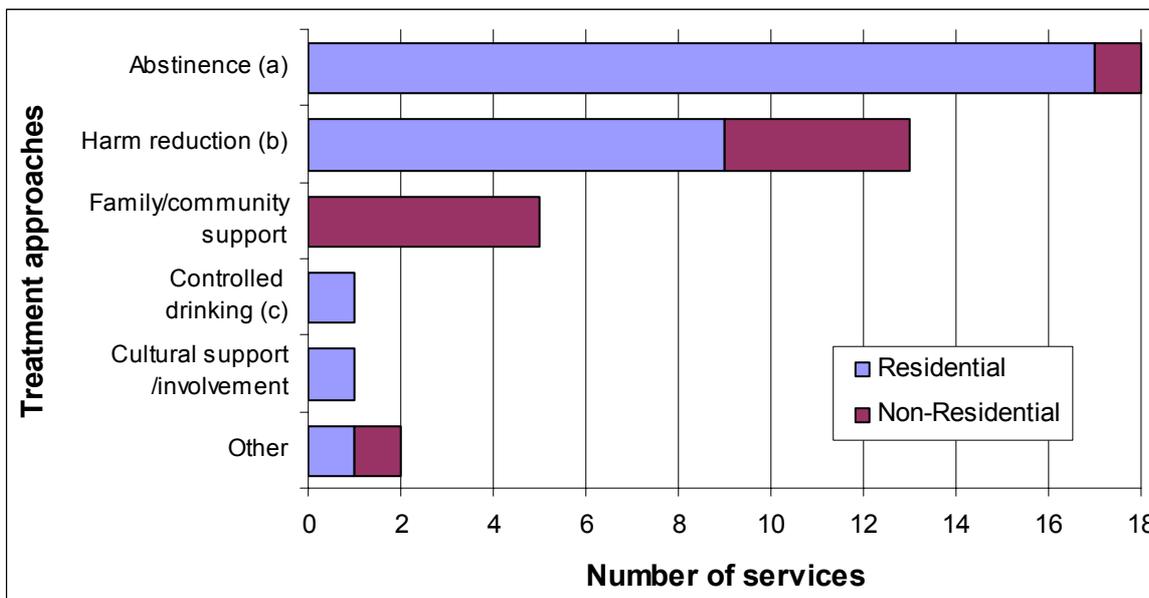
(d) Controlled use of other substances aims to help the individual to monitor and keep their consumption at safe levels.

Figure 16 shows for each type of treatment approach the number of services that reported most often using that approach during 2006–07.

Of note:

- 45% of respondent services (18 services) reported Abstinence as the approach that they most often used,
- 33% of services (13 services) reported Harm reduction as the approach that they most often used, and
- 13% of services (5 services) reported Family/community support or involvement as the approach that they most often used.

Figure 16: Number of DASR services that most often used a treatment approach by type of approach and residential status 2006–07 (n=40)



- (a) Abstinence aims to help the individual to completely stop using the substance.
- (b) Harm reduction includes education about safe substance use practices.
- (c) Controlled drinking aims to help the individual monitor their drinking and keep it within safe levels.

Programs and activities provided by services

Figure 17 summarises services' provision of programs and activities within the spheres of counselling, cultural activities, community activities, healthy lifestyle training/activities, and social health programs. The programs/activities most universally provided by services were:

- Education (provided by 39 services, 98% of respondent services),
- Living skills training (provided by 37 services, 93%), and
- Relapse prevention and Bush outings (each provided by 35 services, 88%).

Figure 17: Number and per cent of DASR services³ that provided programs/activities³ by type of program/activity 2006–07 (n=40)

	No. of services	% of services
Counselling approaches		
Education provided	39	98
Relapse prevention	35	88
Family counselling/therapy	24	60
Relationship / social skills counselling	33	83
Parenting skills training	19	48
Counselling for gambling	16	40
Stress management counselling	25	63
Anger management counselling	33	83
Tobacco control programs	17	43
12 step approach (e.g. Alcoholics Anonymous)	19	48
Counselling undertaken by elder and/or relatives	21	53
Cultural activities		
Traditional healing	16	40
Bush tucker	23	58
Bush outings (e.g. fishing, hunting)	35	88
Traditional art and crafts	28	70
Mentor program (e.g. uncle/nephew, aunt/niece)	24	60
Community activities		
Community based education	30	75
School education and visits	19	48
Youth programs	18	45
Outreach programs	26	65
Consultation in the home	21	53
Services to prisons / detention centres	18	45
Services for people recently released from prison	26	65
Healthy lifestyle training/activities		
Living skills training	37	93
Work skills training	28	70
Help with budgeting	31	78
Sport, recreation and physical exercise	34	85
Nutrition/cooking	34	85
Social health programs		
Help clients access methadone management	8	20
Help clients access needle exchange programs	10	25
Education about safe injecting practices	13	33
Education about safe sex	25	63
Education about health consequences of substance use	30	75

³ These results refer solely to the number and percentage of services that undertake the programs/activities, not the extent to which they may have been undertaken nor the amount of resources used to carry them out.

3.3 TOTAL CLIENTS AND EPISODES OF HEALTH CARE

The DASR collects two types of data that measure the extent of service provision to clients:

A **client** is defined in the DASR as a person who receives care in the form of residential treatment/rehabilitation, sobering-up/respice or other care⁴ from a DASR service during the year. Each person is counted only once, regardless of how many times he/she receives treatment or assistance from a DASR service during that year.

An **episode of care** is defined in the DASR as the contact between a client and a DASR service by one or more staff to provide treatment/assistance in residential treatment/rehabilitation, sobering-up / residential respice, or other care. Episodes of care do not include clients who only attend group sessions. The number of episodes of other care tends to be high compared with residential or sobering-up episodes of care — these episodes of care tend to be of a short term nature with some clients receiving multiple episodes of care over the course of the year.

In interpreting the data presented in this section, it should be noted that aggregate counts of clients and episodes of care are often estimated by services and the method of estimating these data may vary from one year to the next. It should also be borne in mind that national client counts may be overestimated to an unknown extent as a result of individuals being a client of more than one service.

All clients

Approximately 25,600 clients were seen by 39 respondent DASR services during 2006–07. **Figure 18** provides a national demographic summary of these clients.

Overall, 70% of clients were Aboriginal and Torres Strait Islander people and 30% were non-Indigenous, while 60% were males and 40% were females.

Figure 18: National demographic profile of clients of DASR services 2006–07 (n=39)

Status	Number of clients ^(a)	Percentage of total clients	Median number of clients per service ^(b)
Indigenous	17,900	70	150
Non-Indigenous	7,600	30	8
Male	15,500	60	113
Female	10,100	40	48
Indigenous male	10,800	42	105
Non-Indigenous male	4,600	18	8
Indigenous female	7,100	28	48
Non-Indigenous female	3,000	12	0
TOTAL	25,600	100	179

(a) Counts may not sum to the overall total as client numbers are rounded to the nearest hundred and the total includes clients whose Indigenous status is unknown.

(b) The term 'median' describes the middle number in a set of numbers that have been ordered from smallest to largest. It is a more reliable statistic than the average in interpreting the mid range of services' client and episode counts.

⁴ Other care is defined in the DASR as non-residential care or follow-up care after discharge from residential services.

Figure 19 provides a state/territory breakdown of total Indigenous and non-Indigenous clients of respondent services during 2006–07, with a combined count shown for South Australia and Victoria in order to protect the privacy of individual service data.

Figure 19: Number of clients ^(a) of DASR services by state/territory and Indigenous status of client 2006–07 (n=39)

	NSW (n=8)	Qld (n=11)	SA & Vic (n=5)	WA (n=7)	NT (n=8)	Australia (n=39)
Indigenous	900	4,200	7,300	3,000	2,500	17,900
Non-Indigenous	300	4,800	2,300	100	100	7,600
Total (number)	1,200	9,000	9,600	3,100	2,600	25,600
Total (per cent)	5	35	38	12	10	100

(a) Client numbers are rounded to the nearest 100.

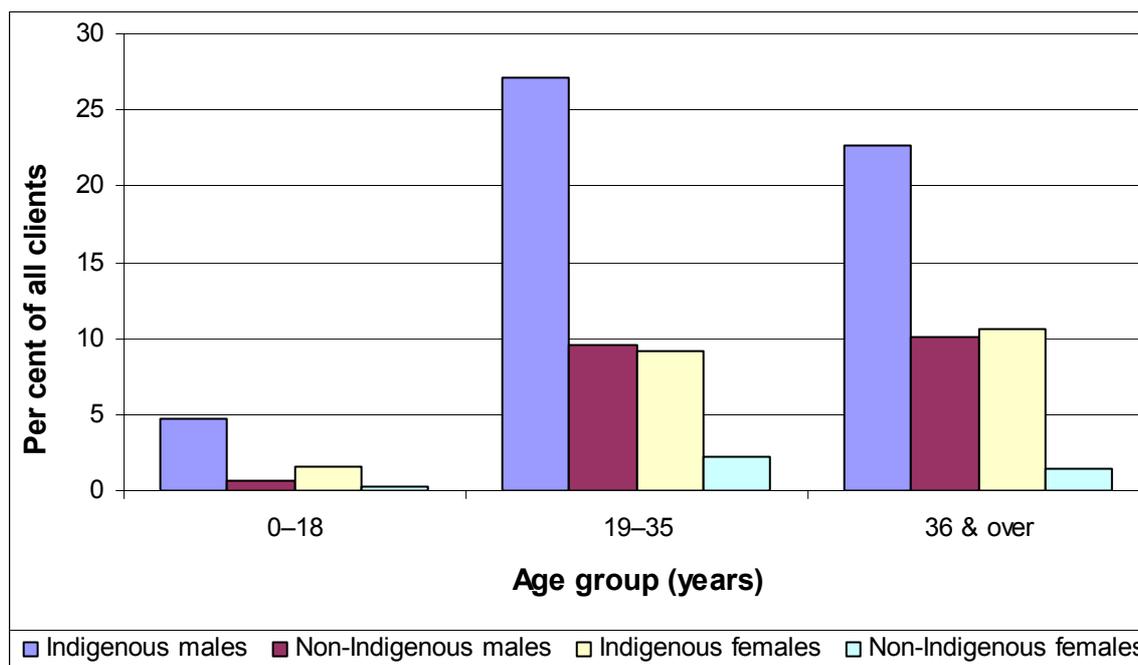
Residential treatment/rehabilitation clients

Residential treatment/rehabilitation includes all clients who stayed in residential care and received formal treatment/rehabilitation. It does not include clients who only received sobering-up or residential respite nor those who did not receive formal treatment (e.g. housing clients). Of the 29 DASR residential services, 28 provided counts of their residential treatment/rehabilitation clients during 2006–07, with an estimated total of 2,750 clients⁵.

Figure 20 provides a percentage breakdown of these clients by Indigenous status, age group and gender. In summary:

- 76% of clients (2,100) were Aboriginal and/or Torres Strait Islander people,
- 75% of clients (2,050) were males, and
- Indigenous males aged 19–35 years (750 clients) represented 27% of all clients.

Figure 20: Percentage breakdown of clients receiving residential treatment/rehabilitation at DASR services by Indigenous status, age and gender 2006–07 (n=28)



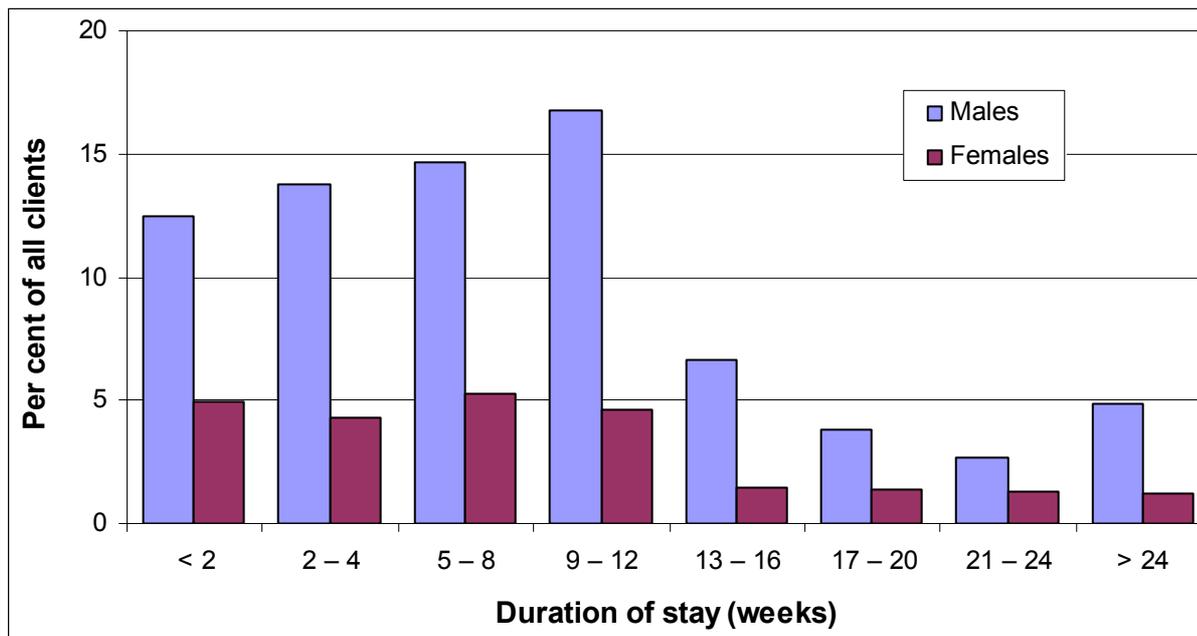
⁵ Counts are rounded to the nearest fifty.

Of the 29 DASR residential services, 27 provided information about the durations of stay of their residential treatment/rehabilitation clients during 2006–07, and this is summarised in **Figure 21** for males and females individually.

Overall, the majority of clients (77%) stayed for less than 12 weeks, with 21% of clients staying between 9 and 12 weeks and 20% staying between 5 and 8 weeks.

Additional analysis shows that male and female clients both had a median⁶ duration of stay within the range of 5–8 weeks.

Figure 21: Duration of stay of clients receiving residential treatment/rehabilitation at DASR services by gender of client 2006–07 (n=27)



⁶ The term ‘median’ describes the middle number in a set of numbers that have been ordered from smallest to largest.

Residential treatment/rehabilitation episodes of care

A residential treatment/rehabilitation episode of care is defined in the DASR as commencing at admission into residential treatment/rehabilitation and ending at discharge, regardless of how long a client stays in residential care. If a discharged client subsequently comes back into residential care, a separate residential episode of care is recorded.

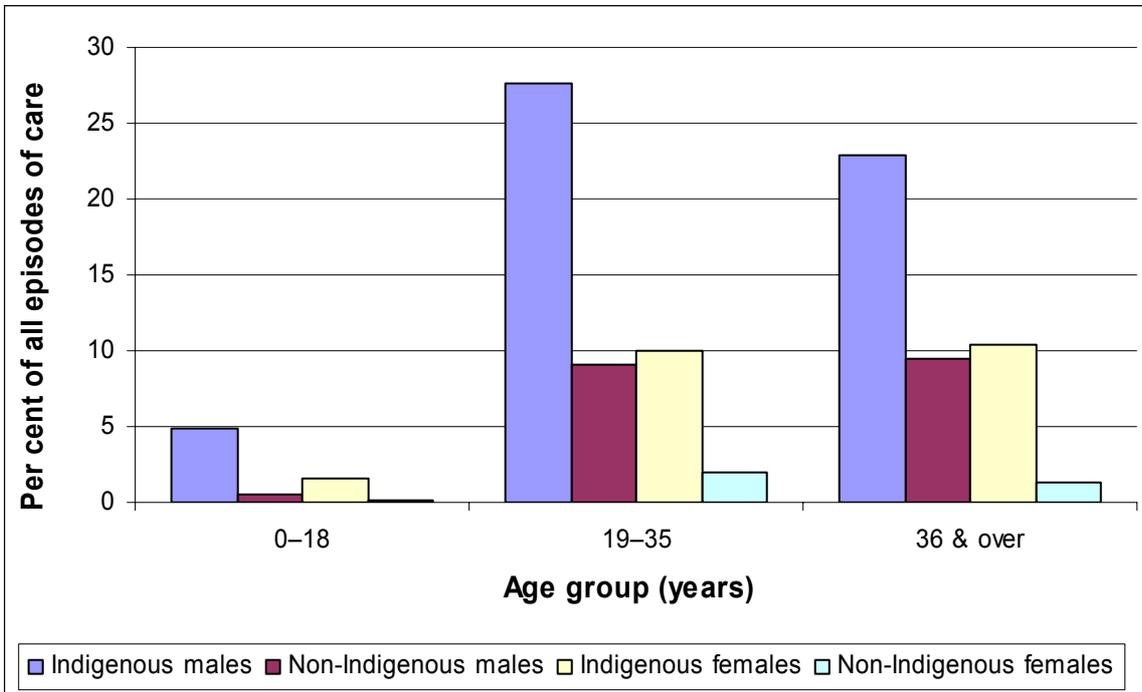
Of the 29 DASR residential services, 28 provided counts of their residential treatment/rehabilitation episodes of care during 2006–07, with an estimated total of 3,100 episodes.

This represents an average of 1.1 episodes of care for each residential treatment/rehabilitation client.

Figure 22 provides a percentage breakdown of these episodes of care by Indigenous status, age group and gender of the client. In summary:

- 77% of all episodes (2,400) were for Aboriginal and/or Torres Strait Islander clients, and 23% of all episodes (700) were for non-Indigenous clients⁷,
- 74% of all episodes (2,300) were for male clients and 26% of all episodes (800) were for female clients, and
- the most commonly represented demographic groups were Indigenous males aged 19–35 years (28% of all episodes, 850) and Indigenous males aged 36 years and over (23% of all episodes, 700).

Figure 22: Percentage breakdown of residential treatment/rehabilitation episodes of care provided at DASR services by Indigenous status, age and gender of client 2006–07 (n=28)



⁷ Counts are rounded to the nearest fifty.

Sobering-up / residential respite clients

Sobering-up / residential respite clients are those who are either in residential care overnight to sober-up or those who stay in residential care for one to seven days for respite and do not receive formal rehabilitation.

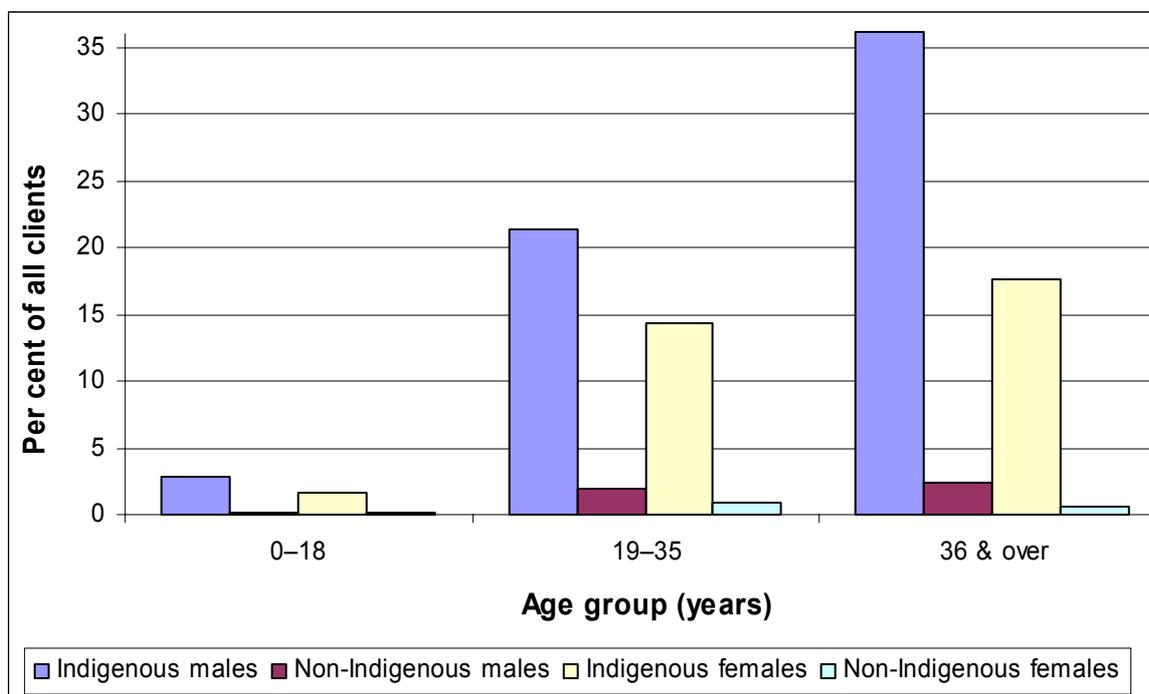
Of the 29 DASR residential services, 28 provided information about the provision of sobering-up / residential respite during 2006–07. Nine of these services reported that they had clients who received sobering-up / residential respite, with an estimated total of 2,600 clients.

A breakdown of the sobering-up / residential respite clients by Indigenous status, age group and gender was available for 8 of these 9 services⁸ covering approximately 1,310 clients, and this is provided at **Figure 23**.

In summary:

- 94% of all clients were Aboriginal and Torres Strait Islander people and 6% were non-Indigenous,
- 65% of all clients were males and 35% were females, and
- the most commonly represented demographic groups were Indigenous males aged 36 years and over (36% of all clients) and Indigenous males aged 19–35 years (21% of all clients).

Figure 23: Percentage breakdown of clients receiving sobering-up / residential respite at DASR services by Indigenous status, age and gender 2006–07 (n=27)



⁸ 28 services provided information about the provision of sobering-up / residential respite during 2006–07. Nine of these services reported that they had clients, but only 8 provided a demographic breakdown. The demographic profile of sobering-up / residential respite clients is therefore based on information provided by 27 respondent services.

Sobering-up / residential respite episodes of care

A sobering-up / residential respite episode of care is defined in the DASR as care that starts at admission into a sobering-up / residential respite program and ends at discharge. Each time a client comes to stay is counted as a separate sobering-up / residential respite episode of care.

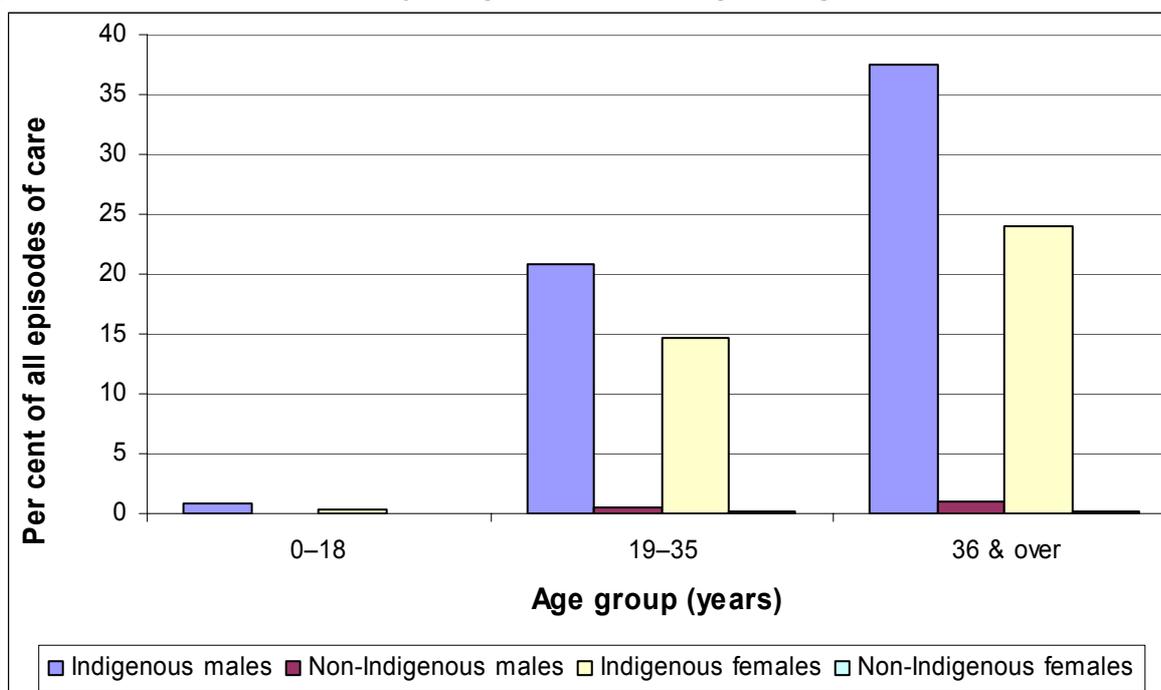
Of the 28 DASR residential services that provided information about the provision of sobering-up / residential respite during 2006–07, 9 services reported that they provided sobering-up / residential respite episodes of care, with an estimated total of 10,150 episodes⁹. This represents an average of 3.9 sobering-up / residential respite episodes of care per client of sobering-up / residential respite.

This number of episodes is nearly double the number reported for DASR services for 2005–06 (5,250), and stems from the inclusion of new DASR services in 2006–07.

Figure 24 provides a percentage breakdown of the episodes of care provided at these services by Indigenous status, age and gender of the client. In summary:

- 98% of all episodes (9,950) were for Aboriginal and/or Torres Strait Islander clients and 2% of all episodes (150) were for non-Indigenous clients¹⁰,
- 61% of all episodes (6,150) were for male clients, and 39% of all episodes (4,000) were for female clients, and
- the most commonly represented demographic groups were Indigenous males aged 36 years and over (37% of all episodes, 3,800) and Indigenous males aged 19–35 years (21% of all episodes, 2,100).

Figure 24: Percentage breakdown of sobering-up / residential respite episodes of care provided at DASR services by Indigenous status, age and gender of client 2006–07 (n=28)



⁹ The total number of sobering-up / residential respite episodes of care includes episodes for clients of unknown age.

¹⁰ Counts may not sum to the overall total as they are rounded to the nearest fifty.

Available residential beds/places

Information was provided by 28 of the 29 residential DASR services about the number of beds available each night during 2006–07 for residential treatment/rehabilitation and sobering-up / respite care. Approximately 700 beds were available each night across these services, with a median¹¹ number of 21.5 beds per service.

Other care clients

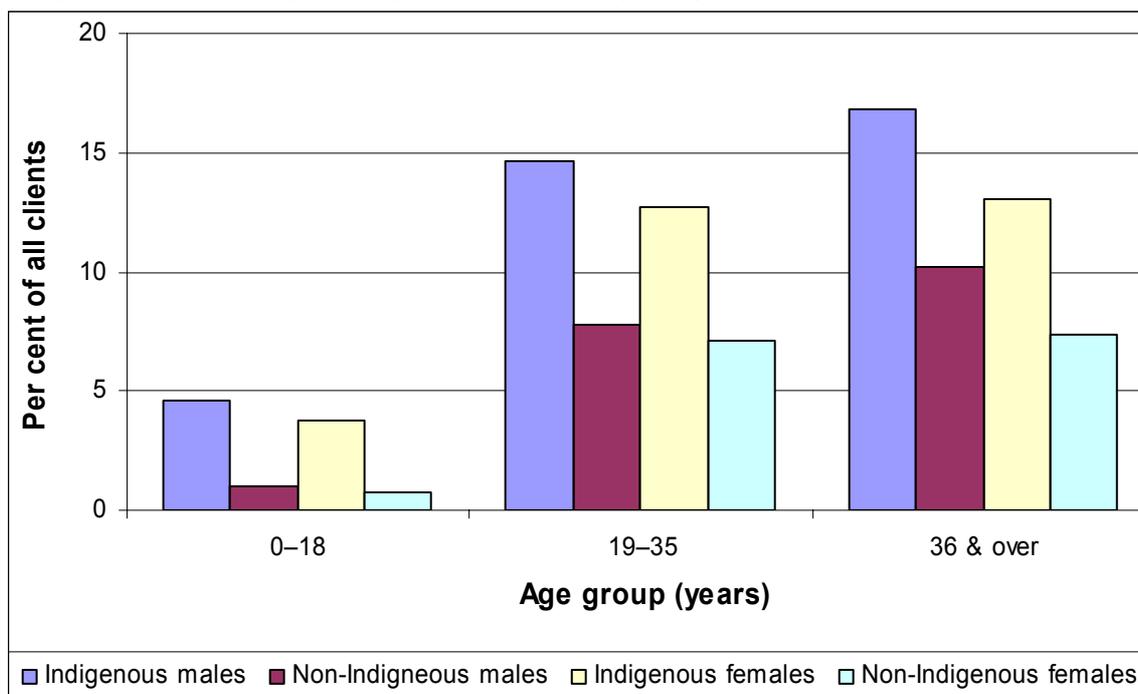
The DASR defines **Other care clients** as those receiving non-residential care (counselling, assessment, treatment, education, support, home visits, mobile assistance/night patrol etc.) or follow-up after discharge from residential services. Other care therefore includes all individual care at non-residential services, and non-residential based or follow-up care at residential services. People who only attend groups are not counted, and clients who attend family/relationship counselling are only counted if they have their own file/record.

Of the 41 DASR services, 36 provided information about the provision of other care during 2006–07. All 10 of the respondent non-residential services and 20 of the 26 respondent residential services reported providing other care to an estimated total of 19,150 clients¹².

A breakdown of clients during 2006–07 by Indigenous status, age group and gender was available from 33 DASR services covering 15,750 clients (**Figure 25**). In summary:

- 66% of all clients were Aboriginal and/or Torres Strait Islander people,
- 55% of all clients were males, and
- Indigenous males aged 36 years and over represented 17% of all clients.

Figure 25: Percentage breakdown of clients receiving other care at DASR services by Indigenous status, age and gender 2006–07 (n=33)



¹¹ The term 'median' describes the middle number in a set of numbers that have been ordered from smallest to largest.

¹² The total number of other care clients includes clients of unknown age and Indigenous status.

Episodes of other care

Of the 41 DASR services, 34 provided counts of their episodes of other care during 2006–07, with an estimated total of 57,950 episodes¹³.

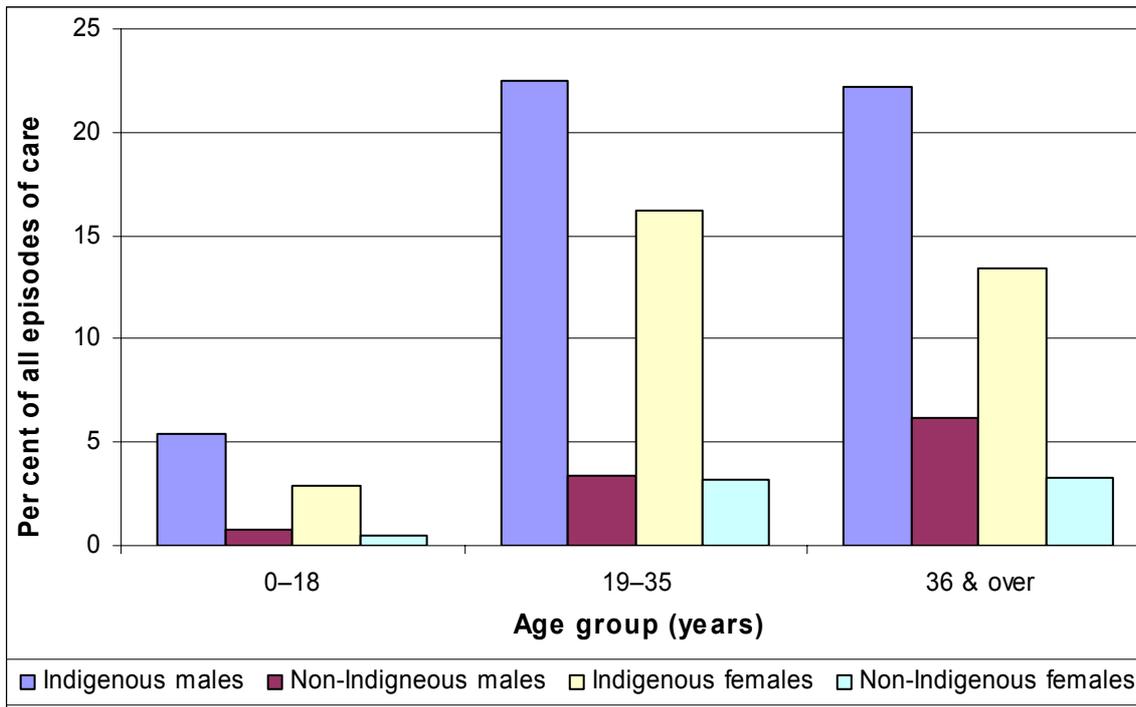
This represents an average of 3.7 episodes of other care per client of other care across these 34 services.

Episodes of other care were much more frequent than episodes of care in residential treatment/rehabilitation or in sobering-up / residential respite care.

A breakdown of episodes of other care during 2006–07 by Indigenous status, age group and gender of the client was available from 33 DASR services covering approximately 57,900 episodes¹³, and this is provided at **Figure 26**. In summary:

- 83% of all episodes were for Aboriginal and/or Torres Strait Islander clients and 17% were for non-Indigenous clients,
- 61% of all episodes were for male clients and 39% were for female clients.
- the most commonly represented demographic groups were Indigenous males aged 19–35 years (23% of all episodes) and Indigenous males aged 36 years and over (22% of all episodes).

Figure 26: Percentage breakdown of episodes of other care provided at DASR services by Indigenous status, age and gender of client 2006–07 (n=33)



¹³ The counts of episodes of other care are rounded to the nearest fifty and include episodes for clients of unknown age and/or Indigenous status.

Types of group work provided by services

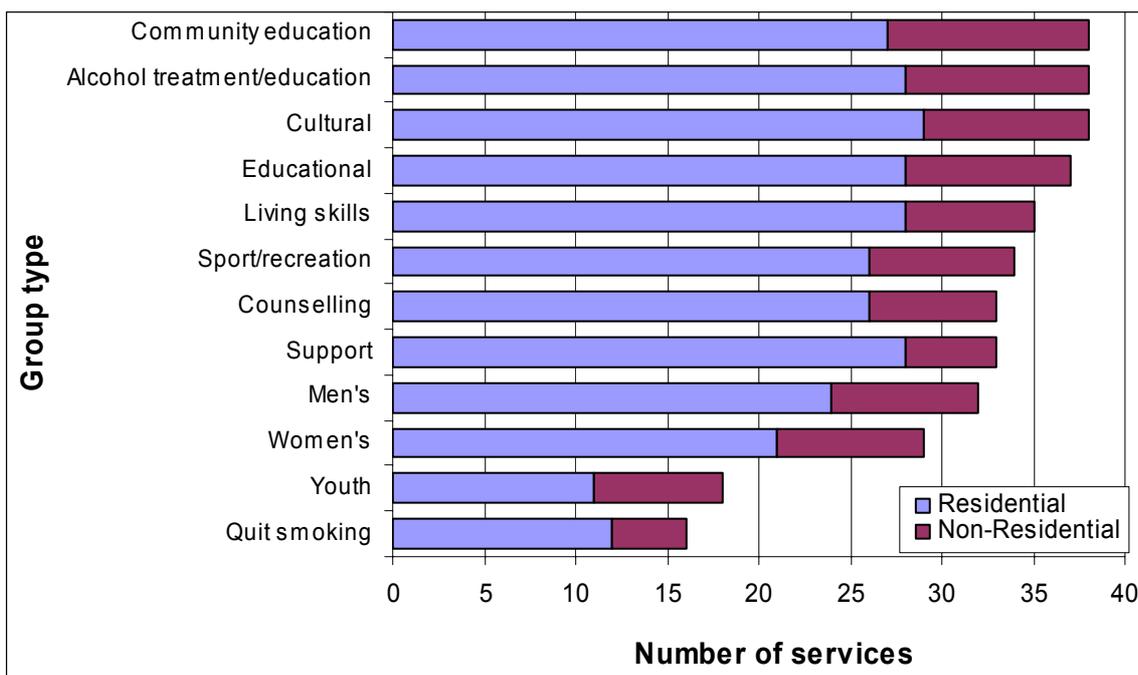
DASR services provide a range of group activities to help prevent and treat substance use and to support communities and families affected by substance use.

Of the 41 DASR services, 40 provided information about the types of groups conducted by the service during 2006–07. **Figure 27** shows the number of these services that conducted each type of group.

The most universally-provided types of groups were:

- community-based education and prevention groups (provided by 38 services, 95% of respondent services),
- alcohol treatment/education groups (provided by 38 services),
- cultural groups (provided by 38 services),
- educational groups (provided by 37 services, 93%), and
- living skills groups, e.g. cooking, nutrition, parenting training and work training (provided by 35 services, 88%).

Figure 27: Number of DASR services that provided group work by type of group and residential status 2006–07 (n=40)



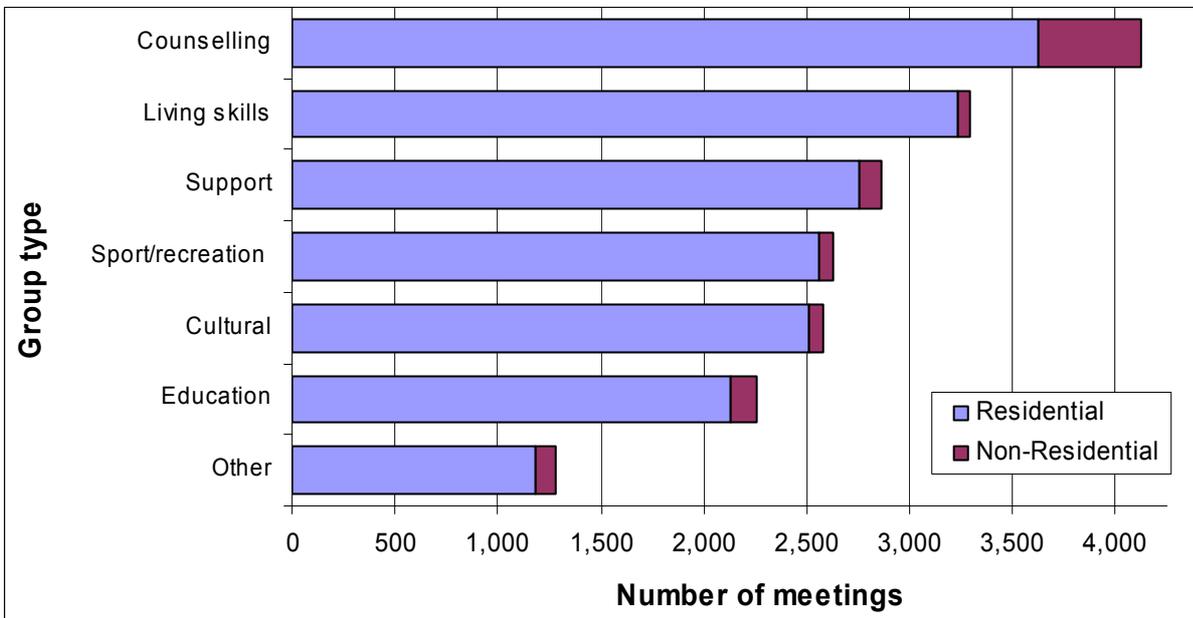
Group meetings and group episodes of care

Of the 41 DASR services, 39 provided information about the number of group meetings conducted by the service during 2006–07. These services conducted 19,000 group meetings in total.

Figure 28 shows the number of group meetings held at these DASR services during 2006–07 for each type of group. Approximately:

- 4,100 meetings (22% of all group meetings) involved counselling groups where counsellors provided treatment or guidance¹⁴,
- 3,300 meetings (17%) involved living skills groups (e.g. cooking, nutrition, work training and parenting training), and
- 2,850 meetings (15%) involved support groups during which clients offer each other support.

Figure 28: Number of group meetings held at DASR services by type of group and residential status 2006–07 (n=39)



The DASR defines a group episode of care as having occurred when a person attends a group meeting run by a DASR service. For example, if an education group met 10 times during the year and 5 people went to each meeting this would be counted as 50 group episodes of care involving that group for the year.

Of the 41 DASR services, 39 provided information about the number of group episodes of care conducted by the service during 2006–07. These services conducted approximately 399,700 group episodes of care in total, at an average of 21 group episodes of care per group meeting.

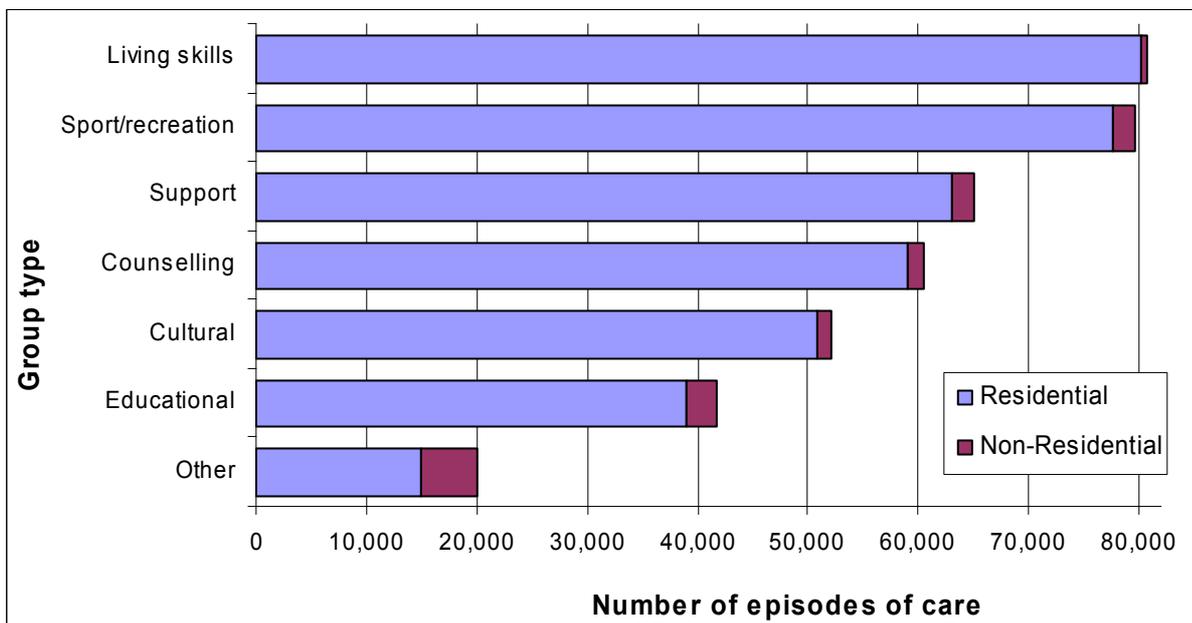
¹⁴ Counts are rounded to the nearest fifty.

Figure 29 provides a breakdown of these group episodes of care by the type of group that was involved.

Of note:

- living skills groups (e.g. cooking, work training and parenting training) accounted for 20% of all group episodes (80,700 episodes)¹⁵,
- sport/recreation groups also accounted for 20% of all group episodes (79,600 episodes),
- support groups accounted for 16% of all group episodes (65,000 episodes), and
- counselling groups accounted for 15% of all group episodes (60,500 episodes).

Figure 29: Number of group episodes of care provided at DASR services by type of group and residential status 2006–07 (n=39)



¹⁵ Counts are rounded to the nearest hundred.

3.4 HEALTH RELATED ACTIVITIES

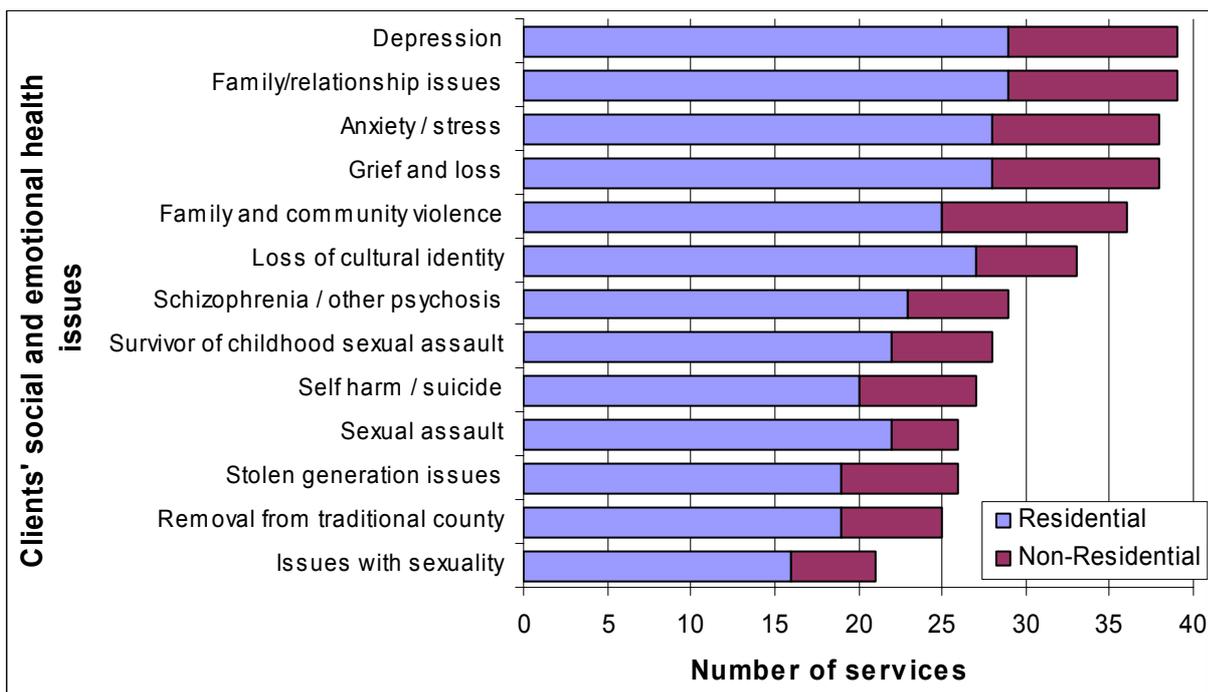
Social and emotional wellbeing

All respondent DASR services indicated that their substance use clients had experienced social and/or emotional health issues during 2006–07. **Figure 30** shows for each type of social and/or emotional wellbeing health issue the number of respondent services whose clients experienced that issue during 2006–07.

Of note:

- depression issues and family/relationship issues were experienced by clients at 39 services (98% of all respondent services),
- anxiety/stress issues and grief/loss issues were experienced by clients at 38 services (95%),
- issues of family and community violence were experienced by clients at 36 services (90%), and
- issues concerned with the loss of cultural identity were experienced by 33 services (83%).

Figure 30: Number of DASR services whose clients experienced social and/or emotional health issues by type of issue and residential status 2006–07 (n=40)



Medical access

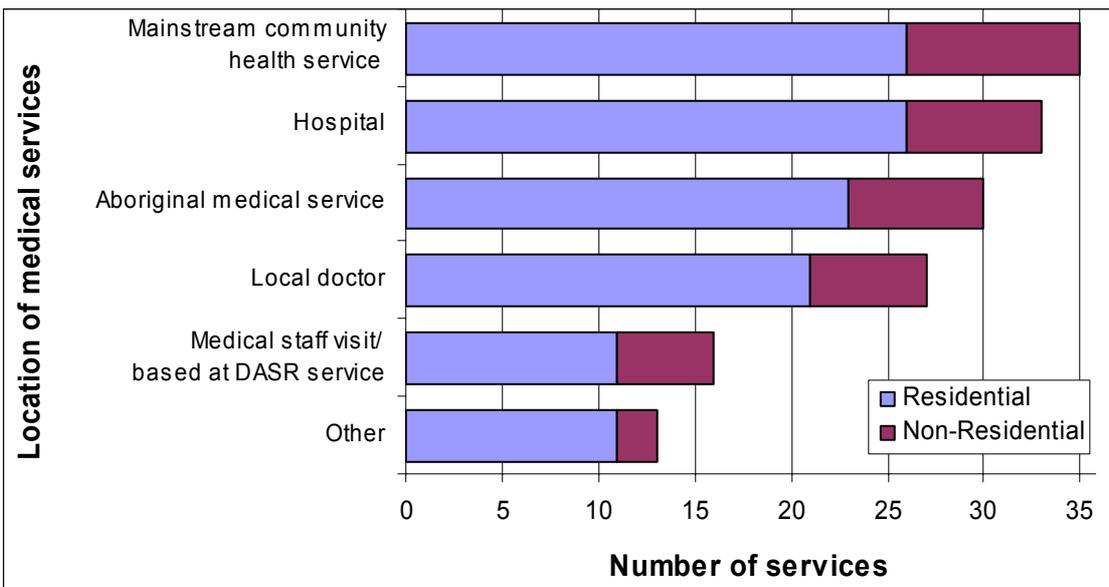
Of 40 respondent DASR services, 38 services (95%) provided or facilitated clients' access to medical services during 2006–07. Over half (58%) of the services that provided or facilitated clients' access to medical services reported that the service was able to access medical staff 24 hours a day, 7 days a week.

Figure 31 shows the number of respondent services that provided or facilitated access to medical service during 2006–07 by the location of those medical services.

Sixteen services (40% of respondent services) provided medical staff on site, either based at the service or visiting. Most respondent services also provided or facilitated access to medical staff through:

- arrangements with mainstream community health services (35 services, 88% of respondent services),
- local hospitals (33 services, 83%),
- Aboriginal medical services (30 services, 75%), or
- local doctors (27 services, 68%).

Figure 31: Number of DASR services that provided or facilitated clients' access to medical services by location of medical services and residential status 2006–07 (n=40)



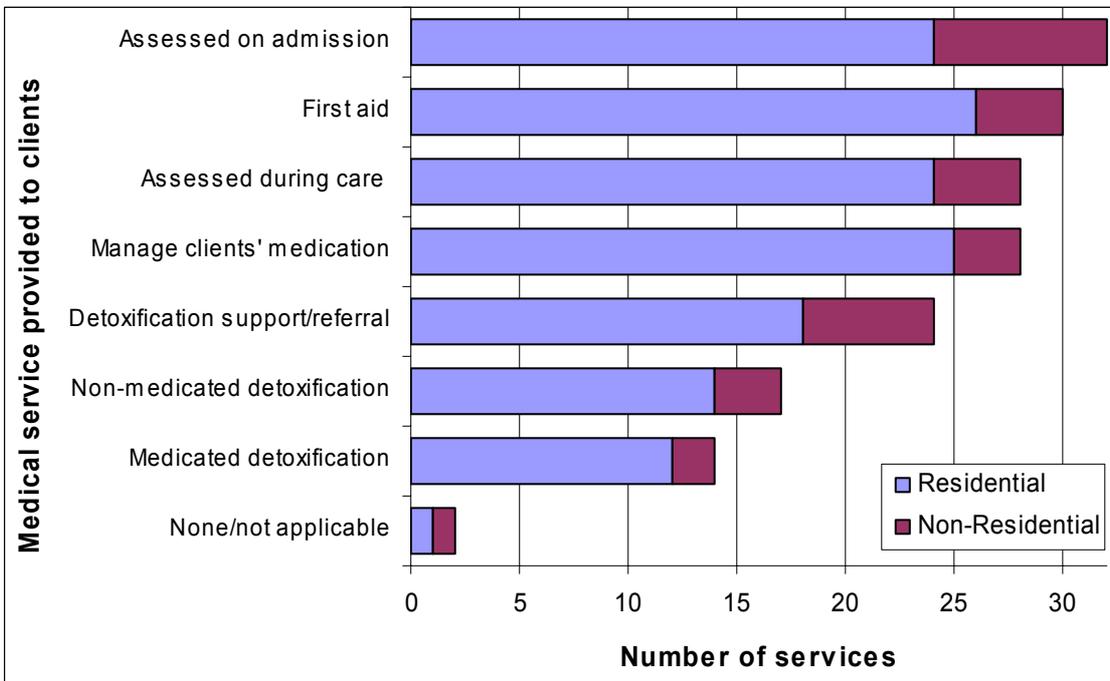
Medical service provision

DASR services provide a range of medical services to clients, either at the service itself or via linkages with other services. **Figure 32** shows the number of respondent services that provided each type of medical service to clients during 2006–07.

Of note:

- 32 services (80% of respondent services) medically assessed clients on admission or when starting with the service,
- 30 services (75%) provided first aid,
- 28 services (70%) medically assessed clients at other times during their care, and
- 28 services also managed clients’ medication.

Figure 32: Number of DASR services that provided medical services to clients by type of medical service and residential status 2006–07 (n=40)



Support to clients before and after discharge or referral

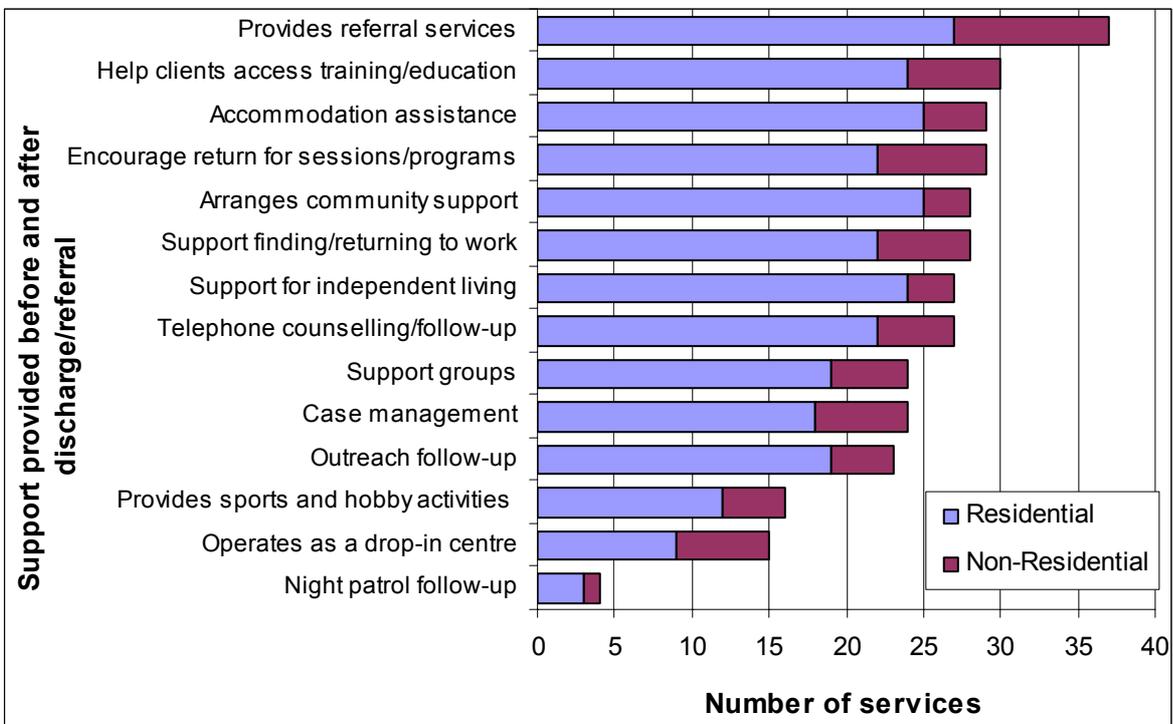
During 2006–07, 39 of the 40 respondent DASR services (98%) provided support to clients who were about to leave or had left the service or were referred to another organisation.

Figure 33 shows the number of respondent services that provided each type of support during 2006–07 to clients before or after their discharge/referral.

Of note:

- 37 services (93% of respondent services) provided referral services to clients,
- 30 services (75%) helped clients access training or education,
- 29 services (73%) provided accommodation assistance to clients, and
- 29 services also encouraged clients to return for sessions or programs.

Figure 33: Number of DASR services that provided support to clients before and after discharge/referral by type of support and residential status 2006–07 (n=40)



Support to clients with needs beyond the capacity of the service

All respondent DASR services reported that during 2006–07 the service provided some form of support for clients having needs beyond the capacity of the service.

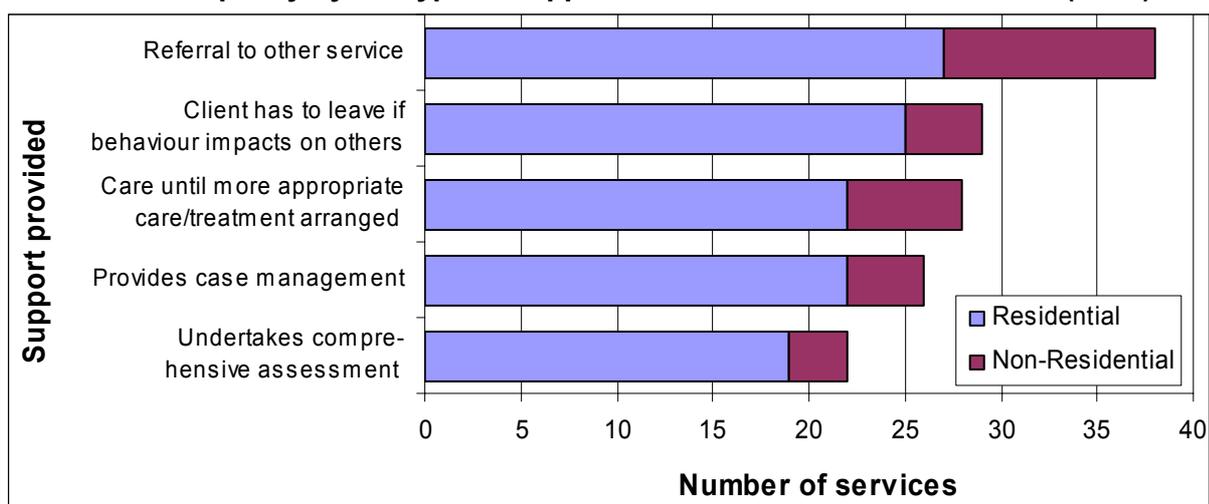
Services have various ways of doing this. For example, a service that lacks the resources to provide appropriate care to a client who has multiple problems, such as substance use and mental illness, may support that client by referring him or her to another service that has the appropriate resources. This is a particularly difficult challenge for services located in areas where there are few nearby services.

Figure 34 shows the number of respondent DASR services that provided each type of support during 2006–07 to clients that had needs beyond the capacity of the service.

Of note:

- 38 services (95% of respondent services) referred clients to other services, and
- 28 services (70%) provided care to clients until alternate care/treatment was arranged.

Figure 34: Number of DASR services that provided support to clients with needs beyond the service’s capacity by the type of support and residential status 2006–07 (n=40)



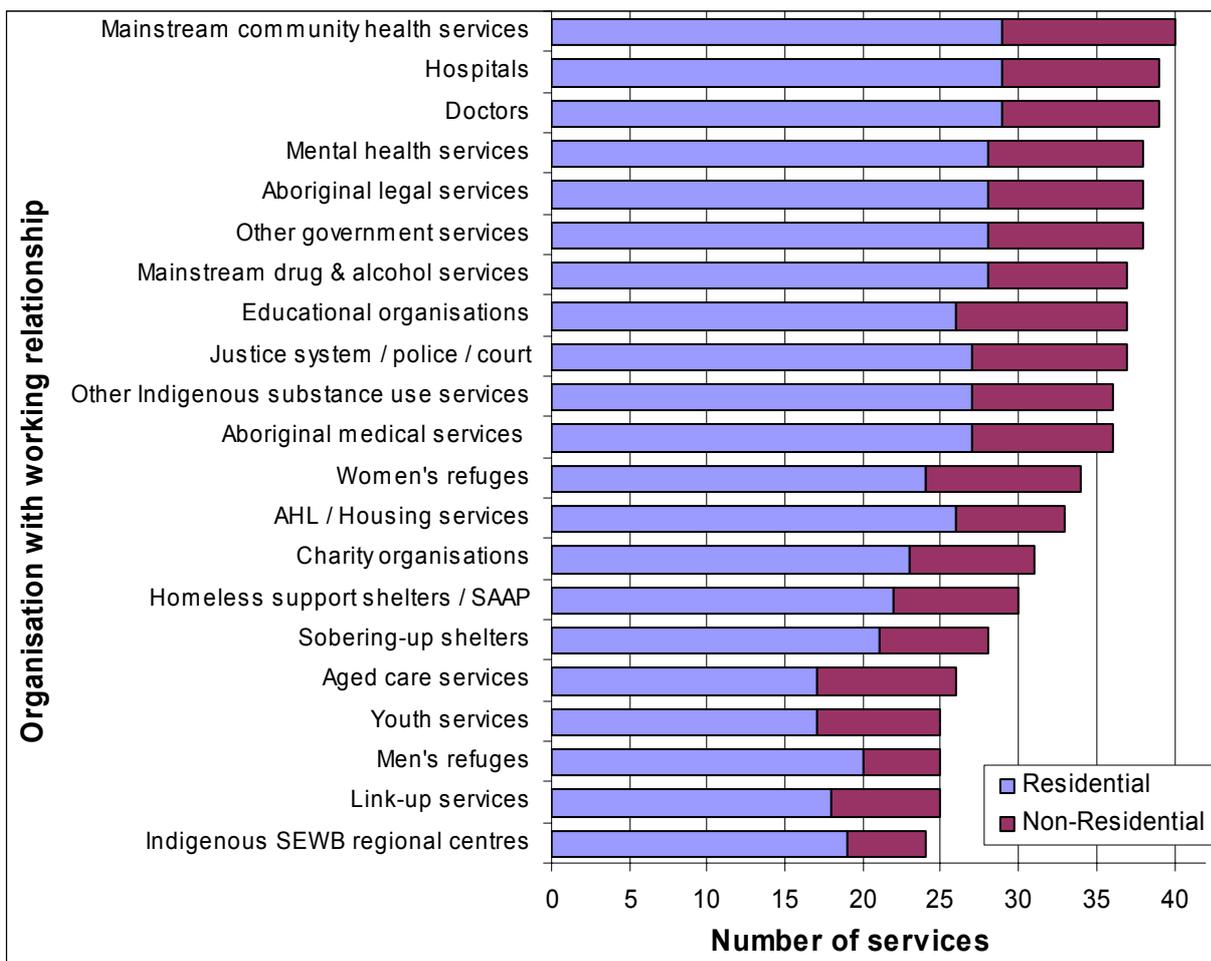
Working relationships with other organisations

Figure 35 shows the number of reporting DADR services that had working relationships with other organisations during 2006–07.

Of the 40 reporting services:

- all 40 had working relationships with mainstream community health services,
- 39 (98%) had working relationships with hospitals,
- 39 also had working relationships with local doctors, and
- 38 (95%) had working relationships with mental health services.

Figure 35: Number of DADR services that had working relationships with other organisations by type of organisation and residential status 2006–07 (n=40)



4 TRENDS IN SERVICE DATA

4.1 INTRODUCTION

The Drug and Alcohol Service report commenced as the Substance Misuse Service Report in 1999 and has been collected for all subsequent years except 2001–02, thereby enabling the identification of trends over time in the structure and activity of the Aboriginal and Torres Strait Islander substance use treatment sector.

As a result of changes over time in the DASR questionnaire and the entry and exit of specific services to/from the sector it has been necessary to restrict this analysis to certain data items and to a time period commencing in 2000–01.

In this analysis, Figure 37 presents counts of staff 'full time equivalents' (FTEs) and has been based solely on the 36 services that participated in every DASR between 2000–01 and 2006–07. This provides an assessment of trends in staff FTEs over time for a common set of services.

In contrast, the percentages presented in Figures 36 and 38 have been based on all respondent services in each of the years in question (with a specific 'n' specified for each of these years). These figures show trends in funding and substance use treatment for the sector as a whole. Unlike counts calculated on such a basis, the percentages are considered to be comparable across the time series as long as the DASR response rates remain reasonably high.

It is important to note that due to the nature of the DASR data collection staff turnover at DASR services may lead to variations over time in the manner in which data are reported by some services, resulting in minor year-to-year fluctuations in overall trends.

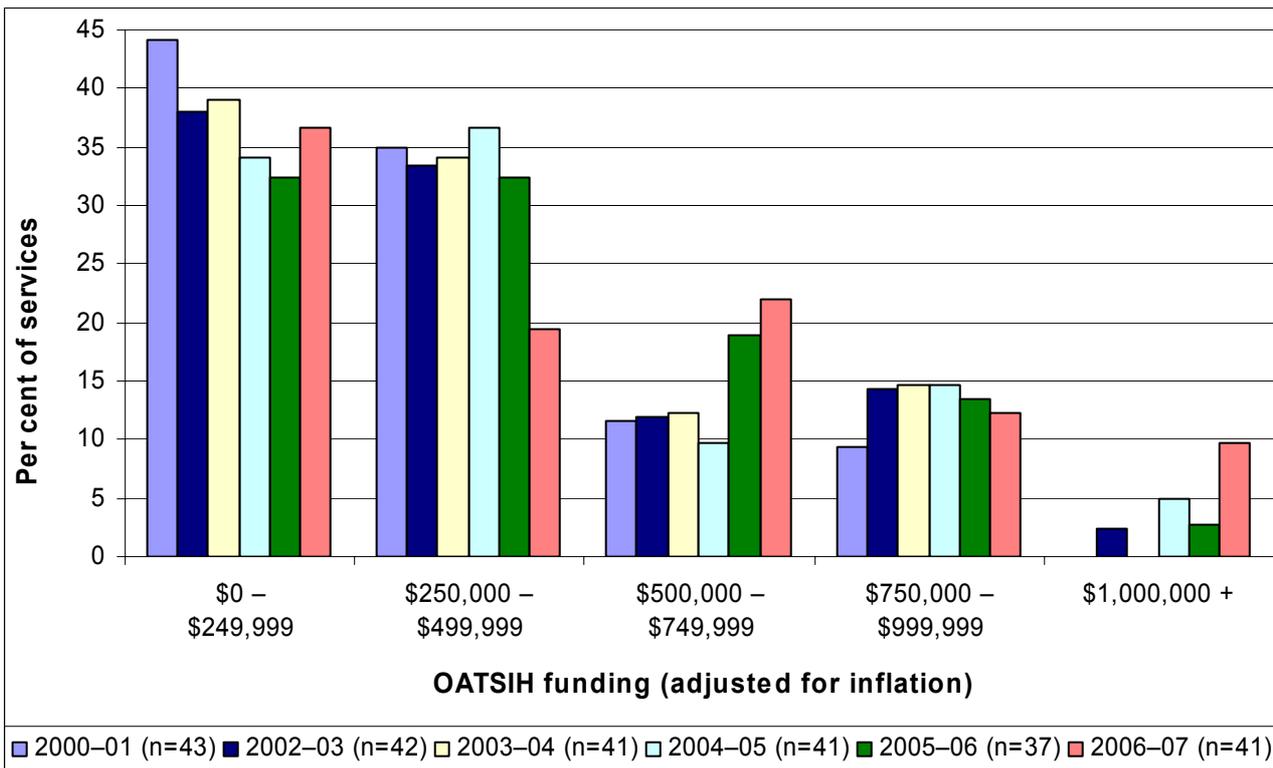
4.2 RECURRENT FUNDING PROVIDED BY OATSIH

OATSIH increased the amount of recurrent funding provided to DASR services each year between 2000–01 and 2006–07 to adjust for inflation. As indicated below, there have also been real increases in the funding that OATSIH provides to these services. Overall, the amount of OATSIH recurrent funding to DASR services increased from approximately \$12.0 million for 43 services in 2000–01 to \$19.3 million for 41 services in 2006–07.

Figure 36 shows for each year between 2000–01 and 2006–07 a breakdown of DASR services across categories that describe their total recurrent funding provided by OATSIH. In order to present solely that change beyond the effects of inflation over the period, an inflation-adjusted funding amount (and, where applicable, an adjusted funding category) has been derived for each service for years prior to 2006–07 using the price deflator series described in the footnote to Figure 36 with 2006–07 taken as the base year.

Figure 36 indicates the movement of DASR services over time from lower to higher funding categories, which suggests a real increase in the funding provided to DASR services by OATSIH over and above the annual adjustment for inflation.

Figure 36: Percentage breakdown of DASR services by level of recurrent funding provided by OATSIH (adjusted for inflation ^(a) 2000–01 to 2006–07



(a) Funding has been adjusted for inflation using the Implicit Price Deflator for Non-Farm GDP (ABS, *Australian national accounts: national income expenditure and product* Cat. no.5206.0, downloadable table no. 20: Selected analytical series) with 2006–07 taken as the base year.

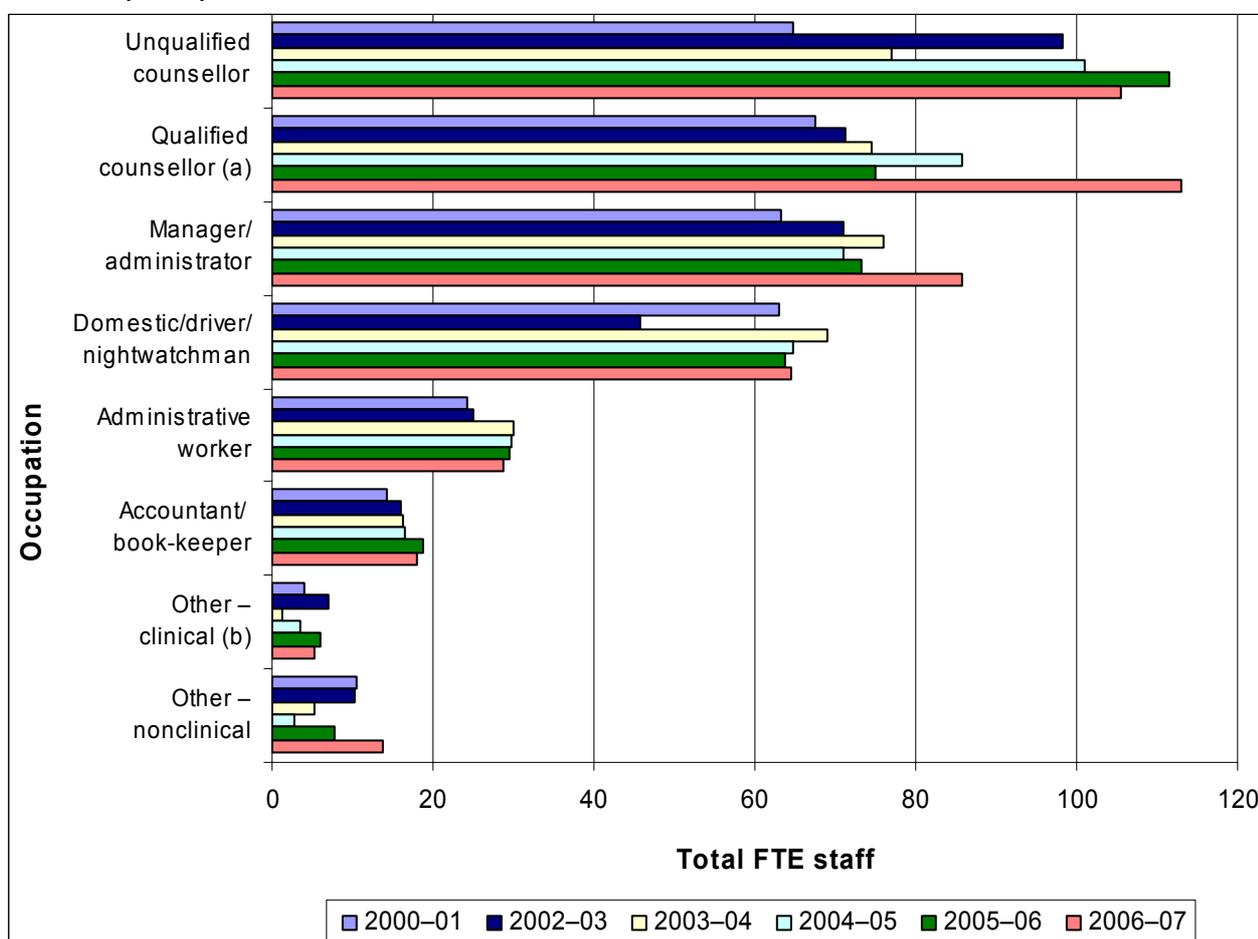
4.3 STAFF EMPLOYED BY SERVICES

Figure 37 shows the number of 'full time equivalent' (FTE) staff positions employed each year between 2000–01 and 2006–07 at a common set of 33 services that were included in the DASR and responded to it for every one of those years.

The aggregate number of FTE positions employed by these services increased by 39% over this period (from 312 at 30 June 2001 to 435 at 30 June 2007).

The aggregate number of FTE positions increased every year, most notably by 13% between 30 June 2006 and 30 June 2007 as a result of large increases in qualified counsellor positions (an increase of 38 FTE positions), manager/administrator positions (16 FTE positions) and positions for other-nonclinical staff (6 FTE positions).

Figure 37: Number of FTE staff employed/paid by DASR services by occupation 2000–01 to 2006–07 (n=33)



(a) An aggregate of the DASR occupation categories Other qualified counsellor, Social worker and Psychologist.
 (b) An aggregate of the DASR occupation categories Other–clinical, Nurse, Aboriginal health worker and Doctor.

Staff vacancies

The vacancy rate across these 33 services has steadily increased from 3% of all FTE positions at 30 June 2001 to 8% of all FTE positions at 30 June 2007.

4.4 MOST FREQUENTLY USED SUBSTANCE TREATMENT APPROACH

Figure 38 shows for each year between 2000–01 and 2006–07 the percentage of respondent DADR services that reported most often using a specific approach for the treatment of substance use.

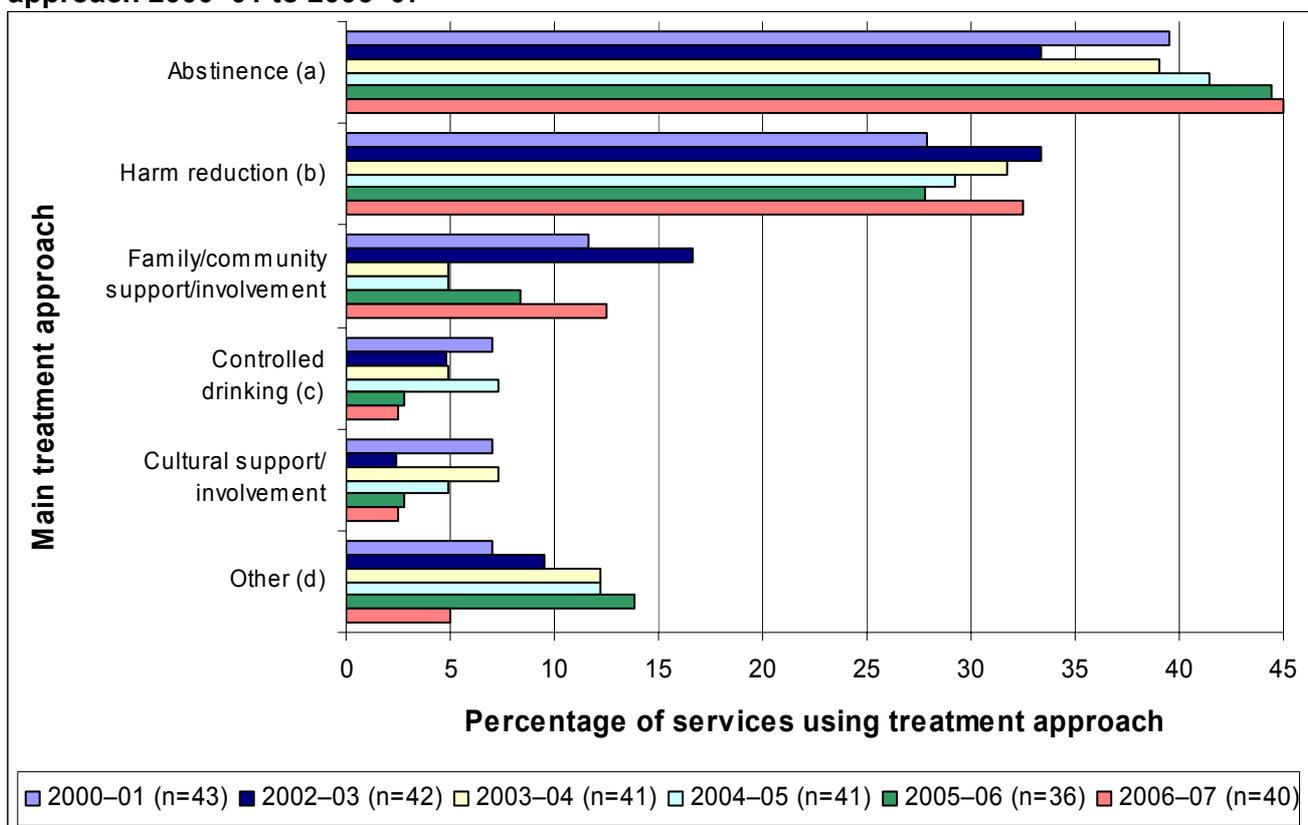
In 2006-07, for example:

- 45% of services reported Abstinence as the approach they most often used,
- 33% of services reported Harm reduction as the approach they most often used, &
- 13% of services reported Family/community support or involvement as the approach they most often used.

A broadly similar reliance on these three approaches is apparent over the whole period:

- 33% to 45% of services reported Abstinence as the approach they most often used,
- 28% to 33% of services reported Harm reduction as the approach they most often used, &
- 5% to 17% of services reported Family/community support or involvement as the approach they most often used.

Figure 38: Per cent of DADR services that most often used a treatment approach by type of approach 2000–01 to 2006–07



- (a) Abstinence aims to help the individual to completely stop using the substance.
- (b) Harm reduction includes education about safe substance use practices.
- (c) Controlled drinking aims to help the individual monitor their drinking and keep it within safe levels.
- (d) Other treatment approaches include: controlled used of substances other than alcohol, religious/spiritual support, referrals, counselling therapy, reduction in risk factors, therapeutic programs, and instances where the service was unable to single out a most frequently used treatment approach.

Appendix 1

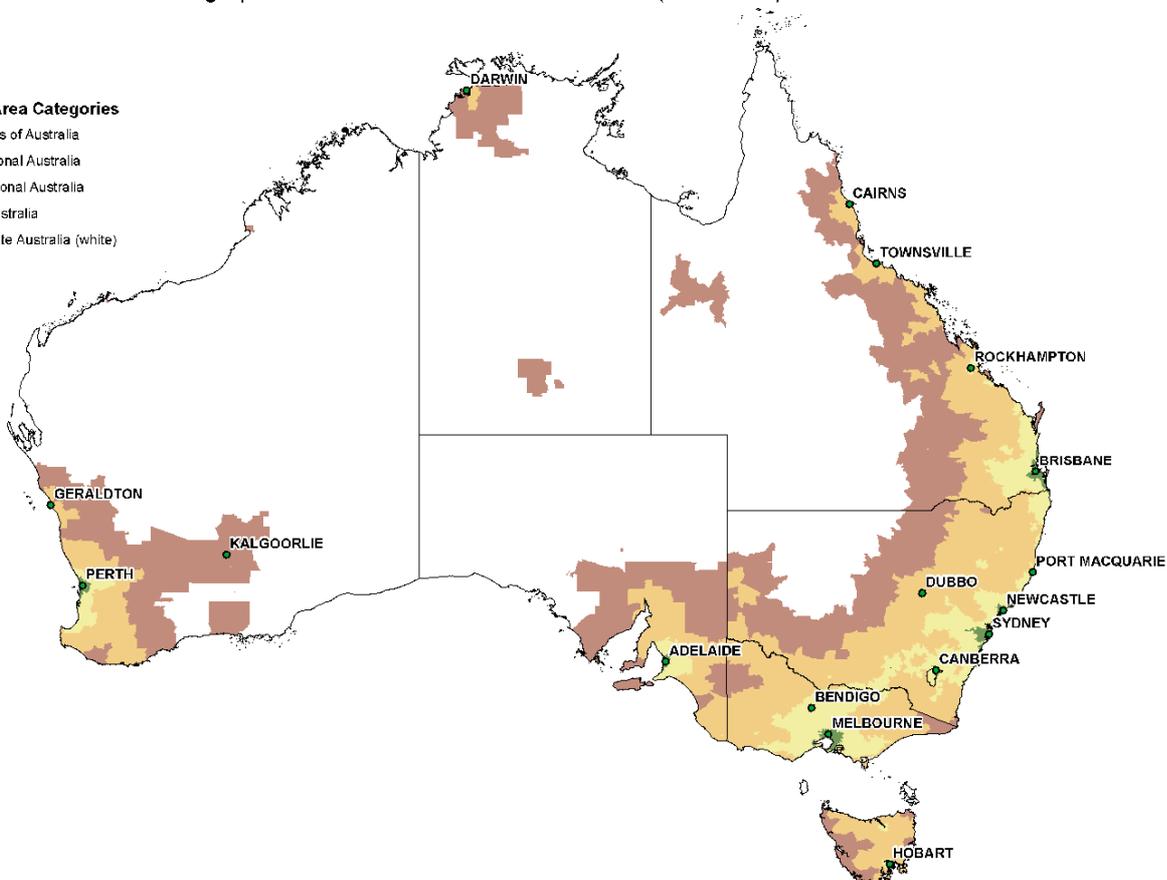
Remoteness areas of Australia

2006 Australian Standard Geographic Classification Remoteness Areas (ASGC-RA)

Legend

Remoteness Area Categories

- Major Cities of Australia
- Inner Regional Australia
- Outer Regional Australia
- Remote Australia
- Very Remote Australia (white)



Map based on 2006 Australian Standard Geographic Classification Remoteness Areas by Collection District as produced by the Australian Bureau of Statistics. Map produced by the Regional Planning Team, OATSIH 3 June 2008.

Major Cities	'CDs with an average ARIA index value of 0 to 0.2'. This category includes most capital cities, as well as major urban areas such as Newcastle, Geelong and the Gold Coast.
Inner Regional	'CDs with an average ARIA index value greater than 0.2 and less than or equal to 2.4'. This category includes towns such as Hobart, Launceston, Noosa and Tamworth.
Outer Regional	'CDs with an average ARIA index value greater than 2.4 and less than or equal to 5.92'. This category includes towns and cities such as Darwin, Whyalla, Cairns and Gunnedah.
Remote	'CDs with an average ARIA index value greater than 5.92 and less than or equal to 10.53'. This category includes Alice Springs, Mount Isa and Esperance.
Very Remote	'CDs with an average ARIA index value greater than 10.53'. This category represents much of central and western Australia and includes towns such as Tennant Creek, Longreach and Coober Pedy.

Appendix 2

Description of DASR occupation categories

Occupation	Description
Manager/administrator	Includes middle and upper management positions (e.g. coordinators, weekend managers, directors).
Social worker	Requires recognition of qualifications by the Australian Association of Social Workers.
Psychologist	Required qualifications are a four-year Bachelor degree specialising in psychology (e.g. BA or BSc) plus either a two-year postgraduate qualification in psychology or two years supervised work experience. An Intern psychologist may be considered a psychologist if they have a four-year Bachelor degree and are undertaking their postgraduate qualifications/experience.
Other qualified counsellor	Includes counsellors, other than social workers and psychologists, with relevant qualifications at certificate level or higher (e.g. welfare workers, drug and alcohol workers, counsellors, mental health workers, and educators/trainers that educate/train clients).
Unqualified counsellor	Includes counsellors without relevant qualifications at certificate level or higher (e.g. welfare workers, drug and alcohol workers, counsellors, mental health workers, and educators/trainers that educate/train clients).
Aboriginal Health Worker	Required qualifications are a diploma qualification or higher in a health related field or at least three years relevant experience.
Nurse	Nursing qualifications are required.
Doctor	Required qualifications are Bachelor degree or higher in medicine plus relevant hospital based training. An intern may be counted as a doctor if he/she is currently completing hospital-based training.
Psychiatrist	Required qualifications are the same as specified for a doctor plus a specialisation in psychiatry.
Administrative worker	Includes receptionists and secretaries.
Accountant/Bookkeeper	Includes accountants and bookkeepers.
Domestic/driver/night watchman	Includes cooks, cleaners, gardeners and drivers.
Other-clinical	Includes all other positions that are directly related to the delivery of health or counselling services, including educators that educate staff.
Other – nonclinical	All other positions not directly related to the delivery of health or counselling services.