

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



Drug and Alcohol
Service Reporting
2007–08 Key Results



Australian Government

Department of Health and Ageing

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

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SUMMARY

The 2007–08 Drug and Alcohol Service Reporting (DASR) is the 8th annual data collection from Australian Government funded Aboriginal and Torres Strait Islander substance use specific services. All 46 Australian Government funded Aboriginal and Torres Strait Islander substance use specific services in 2007–08 responded to that year’s DASR questionnaire.

Key findings from this report include:

- During 2007–08, OATSIH provided recurrent funding of \$25.1 million to 46 DASR services.
 - In comparison, OATSIH provided recurrent funding of \$12.0 million (to 43 services) during 2000–01 and \$19.9 million (to 41 services) during 2006–07.
 - This represents a service-level funding increase beyond adjustment for inflation.
- The recurrent funding provided by OATSIH during 2007–08 represented over half of the recurrent funding received by DASR services that year from all sources.
 - It comprised \$21.3 million provided to 33 residential services and \$3.8 million provided to 13 non-residential services.
 - Twenty-two services (48%) received funding of \$500,000 or more.
- The 46 services had 700 ‘full time equivalent’ (FTE) staff positions at 30 June 2008.
 - 680 FTE positions were paid by the services in wages or salaries, and there were 20 FTE staff working at the services in a visiting, volunteer or CDEP capacity.
 - Aboriginal and Torres Strait Islander people held 67% of the full-time positions and 57% of the part-time positions that were paid by the services.
 - 20 services had at least one paid staff position that was vacant, and 5% of all paid FTE positions were vacant.
- The substances treated by the largest numbers of services during 2007–08 were alcohol (treated by all services), cannabis (96% of services), multiple drug use (78%), tobacco (76%), amphetamines (72%), and benzodiazepines (54%).
 - 50% of services reported abstinence as the substance use treatment approach most often used there, and 35% reported harm reduction as that most often used.
- Across 45 respondent services, 22,800 individual clients were treated during 2007–08.
 - A median number of 120 clients were treated at each respondent service.
 - 77% of the clients were Aboriginal and Torres Strait Islander people.
 - 61% of the clients were males.
- 3450 residential treatment/rehabilitation episodes of care involving 3150 clients took place at the 33 residential services during 2007–08.
- 17,350 sobering-up / residential respite episodes of care involving 4400 clients took place at 31 respondent residential services during 2007–08.
- Across the 33 residential services, approximately 880 beds were available each night during 2007–08 for residential treatment/rehabilitation and sobering-up / respite care.
- 72,000 episodes of other care took place at 40 respondent residential and non-residential services, an average of 4.7 episodes of other care per client of other care.

1 INTRODUCTION

This report contains a summary of key findings from the 2007–08 Drug and Alcohol Service Reporting (DASR) data collection. This is the 8th 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).

1.1 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 between 93% and 100% over that period.

Figure 1: DASR participation 1999–00 to 2007–08

	1999–2000	2000–2001	2001–2002	2002–2003	2003–2004	2004–2005	2005–2006	2006–2007	2007–2008
Services eligible for DASR	43	43	Data not collected	43	42	41	40	41	46
Respondent services	43	43		42	41	41	37	40	46
Non-respondent services	0	0		1	1	0	3	1	0
Services new to DASR	0	0		0	0	1	1	5	7
Services no longer in DASR	0	0		0	1	1	2	4	2
Services included in database	43	43		42	41	41	37	40	46

1.2 CAVEATS ON THE INTERPRETATION OF DASR RESULTS

DASR response rate

As indicated in Figure 1, there were 46 Australian Government funded Aboriginal and Torres Strait Islander substance use specific services during 2007–08, 33 residential services and 13 non-residential services. All 46 services responded to the DASR questionnaire.

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 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 funding from all sources as a percentage of overall funding, 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.

1.3 ABBREVIATIONS USED IN THIS REPORT

ABS	Australian Bureau of Statistics
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
SAR	Service Activity Reporting

1.4 FURTHER INFORMATION

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

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DASR Key Results Reports for 2007–08 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 2007–08 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 GEOGRAPHIC DISTRIBUTION OF DASR SERVICES

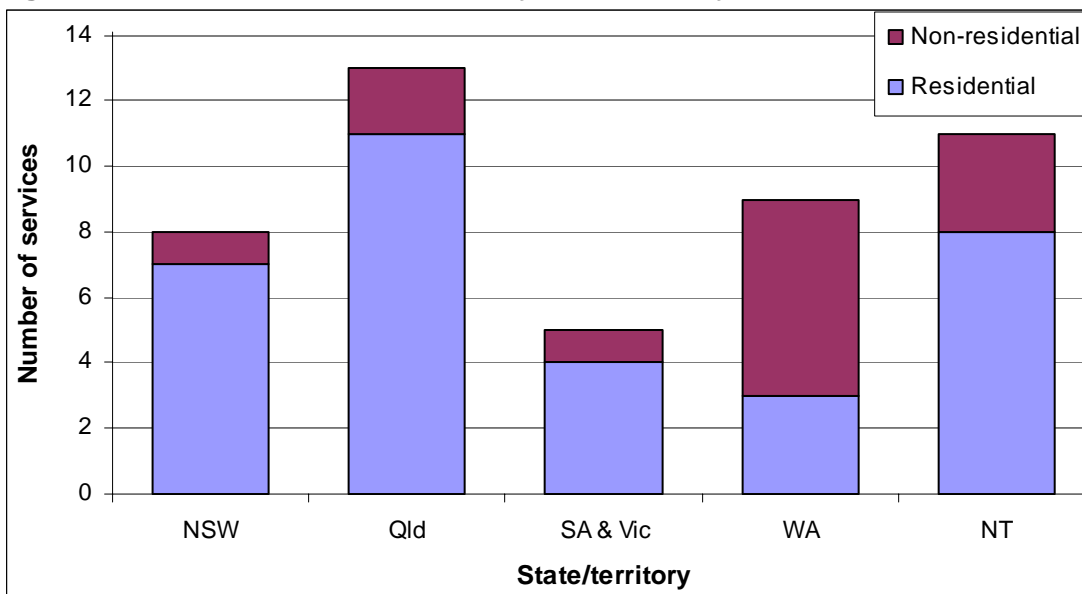
Distribution of services across states and territories

Figure 2 shows the number of DASR services within each state and territory in 2007–08, with a combined count shown for South Australia and Victoria in order to protect the privacy of individual service data.

DASR services were located in all states and territories except Tasmania and the Australian Capital Territory. Queensland, the Northern Territory and Western Australia had the most DASR services (13, 11 and 9 respectively).

Residential services were the predominant type of DASR service in all jurisdictions except Western Australia (3 residential services and 6 non-residential services).

Figure 2: Number of DASR services by state/territory and residential status 2007–08 (n=46)



Regional distribution of services

This section describes the regional distribution of the 46 DASR services in 2007–08.

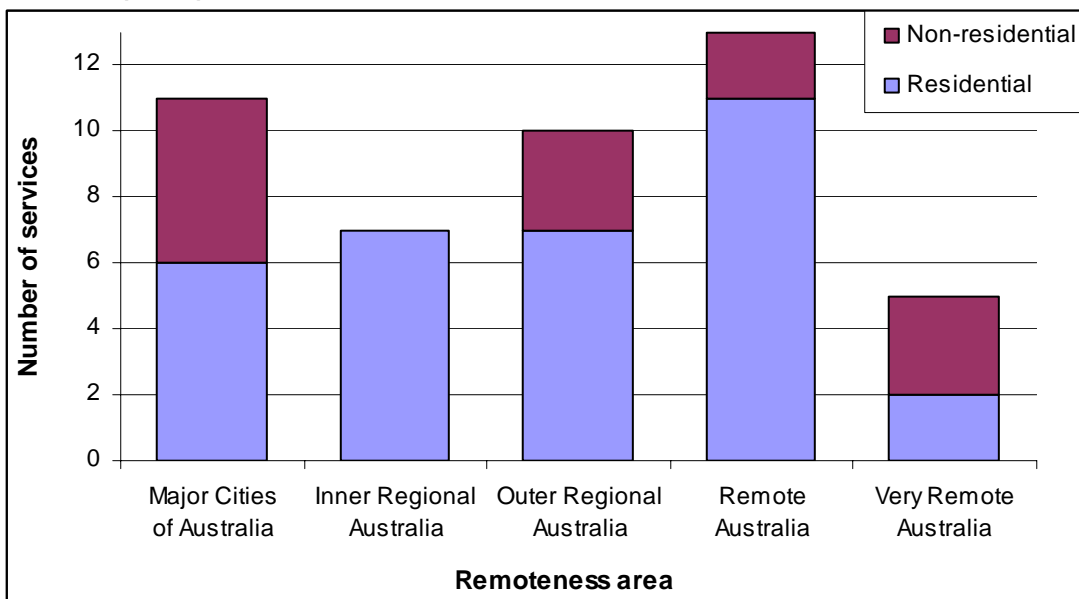
For consistency with reporting by other agencies, DASR reports examine the regional distribution of services using the Remoteness Area structure¹ of the Australian Standard Geographical Classification (ASGC), introduced by the Australian Bureau of Statistics (ABS) in 2001 (see **Appendix 1**). All locations 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 2007–08. The largest numbers of services were located in Remote Australia (13 services, 28% of total) and Major Cities of Australia (11 services, 24%). Only 5 services (11%) were located within Very Remote Australia.

Residential and non-residential services were about equally common in Major Cities of Australia and in Very Remote Australia. Residential services were the predominant type of DASR service elsewhere.

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 DASR Key Results reports prior to the 2006–07 report.

Figure 3: Number of DASR services by remoteness area and residential status 2007–08 (n=46)



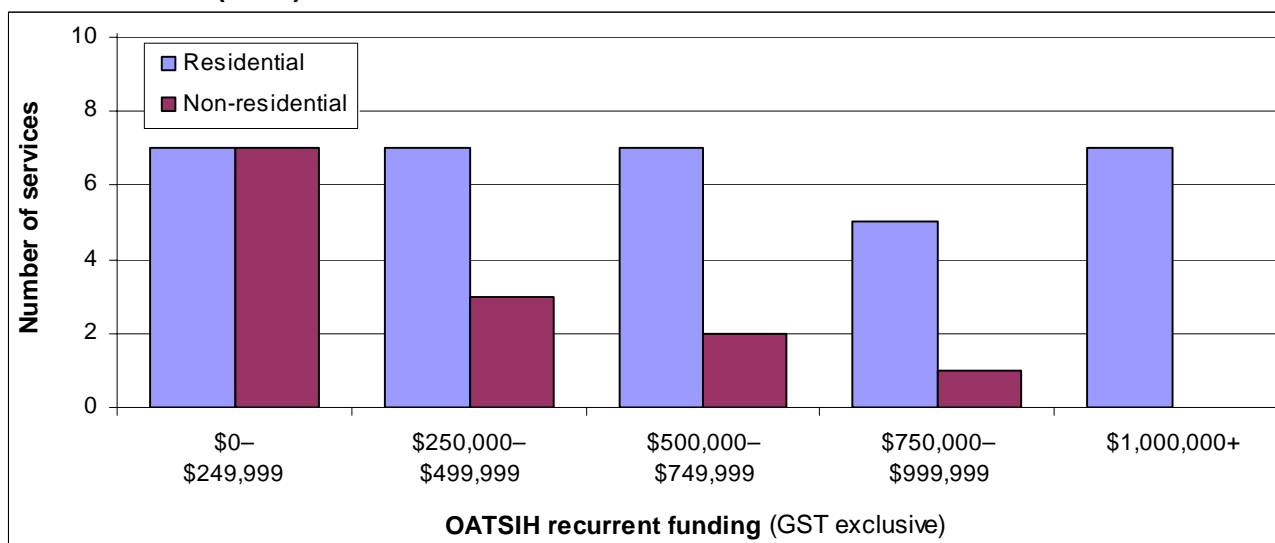
¹ For more information on Remoteness Area refer to *Statistical Geography Volume 1: Australian Standard Geographical Classification (ASGC) 2006* Cat. no. 1216.0.

2.2 FUNDING OF DASR SERVICES

The DASR covers all Australian Government funded Aboriginal and Torres Strait Islander substance use specific services. OATSIH provided the 46 services with \$25.1 million in recurrent funding for 2007–08 (\$21.3 million to 33 residential services and \$3.8 million to 13 non-residential services). In comparison, 41 services received \$19.9 million for 2006–07.

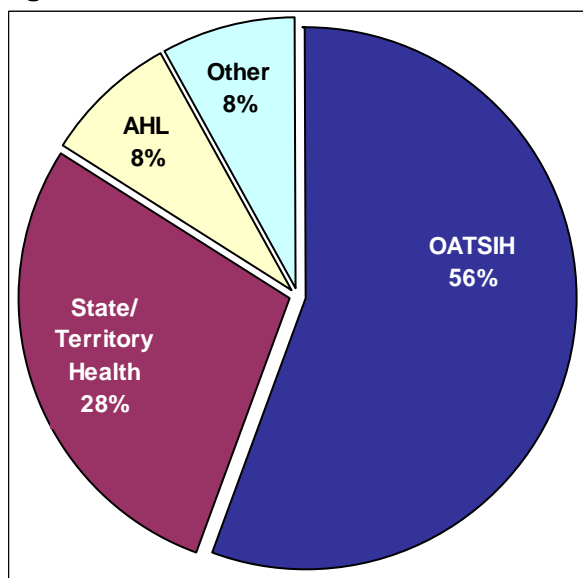
Figure 4 shows the number of DASR services within categories that describe the amount of total funding received from OATSIH during 2007–08. Twenty-two services (48%) received \$500,000 or more, and seven of these received \$1 million or more.

Figure 4: Number of DASR services by amount of OATSIH recurrent funding and residential status 2007–08 (n=46)



Most DASR services (91%) also received recurrent funding from other sources during 2007–08. **Figure 5** provides a percentage breakdown of the sources of the total recurrent funding received by DASR services during 2007–08 — 56% of the funding was received from OATSIH, 28% from state and territory health departments, 8% from Aboriginal Hostels Limited (AHL) and 8% from various other funding sources.

Figure 5: Sources of total recurrent funding provided to DASR services 2007–08 (n=46)



2.3 STAFFING OF DASR SERVICES

The DASR collected staffing data as at 30 June 2008. All 46 services provided staffing data, and they reported an estimated total of 700 'full time equivalent' (FTE) staff, comprising:

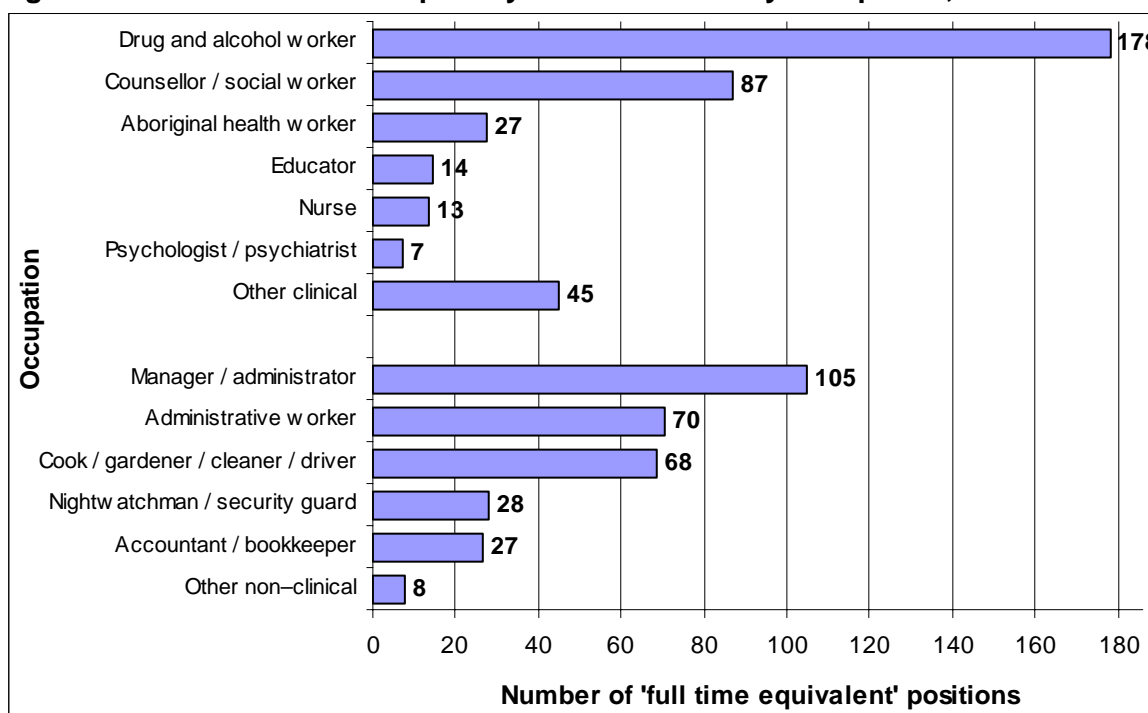
- 680 FTE staff positions paid by services in wages/salaries or in fees, and
- 20 FTE staff who worked at services in a visiting, volunteer, or CDEP capacity (i.e. were not paid by the services).

Staff paid by DASR services

Figure 6 shows the number of FTE positions paid by DASR services across occupation categories described at **Appendix 2**. The most common staff occupations were:

- Drug and alcohol workers (26% of FTEs),
- Managers and administrators (15%), and
- Counsellors and social workers (13%).

Figure 6: Number of FTE staff paid by DASR services by occupation, 30 June 2008 (n=46)



Aboriginal and Torres Strait Islander people held 67% of the full-time positions and 57% of the part-time positions that were paid by the services.

Staff vacancies

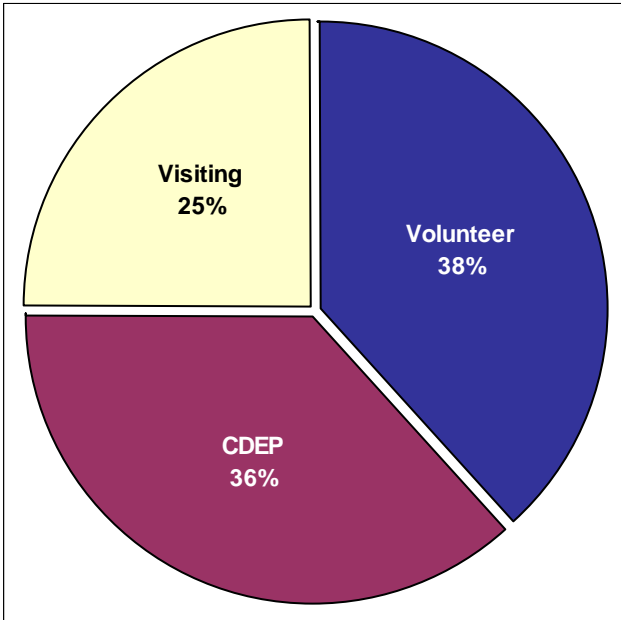
At 30 June 2008, 20 of the 46 DASR services had at least one vacancy, and 5% of all paid FTE positions at services were vacant. This was an improvement on the vacancy rate in 2006–07 (8% of the paid FTE positions at 39 respondent services).

The highest vacancy rates at 30 June 2008 were for Other-clinical staff (having 15% of employed FTE positions vacant) and Administrative workers (8% vacant).

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

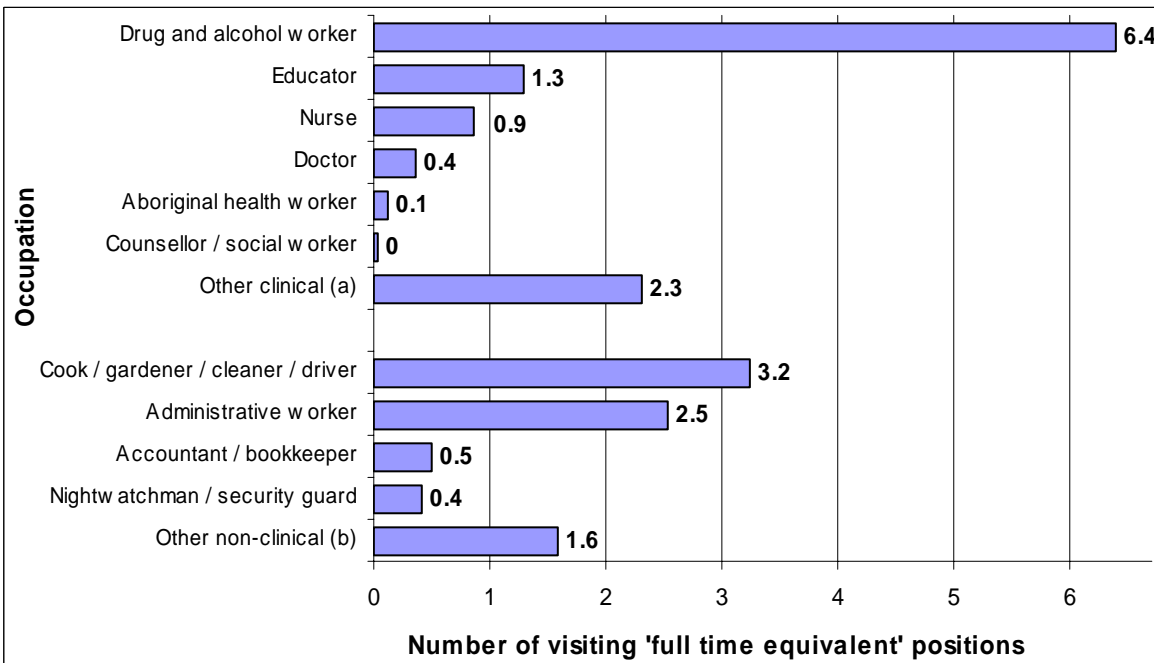
At 30 June 2008, 58% of the residential services and 23% of the non-residential services had visiting, volunteer or CDEP staff. These staff contributed 20 FTE positions not paid for by services. **Figure 7** provides a breakdown of these staff as visiting, volunteer or CDEP.

Figure 7: Percentage breakdown of visiting, volunteer and CDEP FTE staff at DASR services, 30 June 2008 (n=46)



Overall, 70% of these FTE positions were filled by Aboriginal and Torres Strait Islander people. **Figure 8** provides a breakdown of these FTEs by occupation. The most common of these occupations were Drug and alcohol workers (32% of FTEs), Cooks, gardeners, cleaners and drivers (16%), and Administrative staff (13%).

Figure 8: Number of FTE staff not paid by DASR services by occupation, 30 June 2008 (n=46)



(a) Other clinical staff included youth mentor, case manager, carer, and sports/recreation officer.

(b) Other non-clinical staff included maintenance worker and tutors in arts, crafts, literacy, numeracy, culture and sport.

2.4 USE OF INFORMATION TECHNOLOGY AT DASR SERVICES

All 46 DASR services used a computer during 2007–08. **Figure 9** profiles the nature of this computer use.

In respect of client records management:

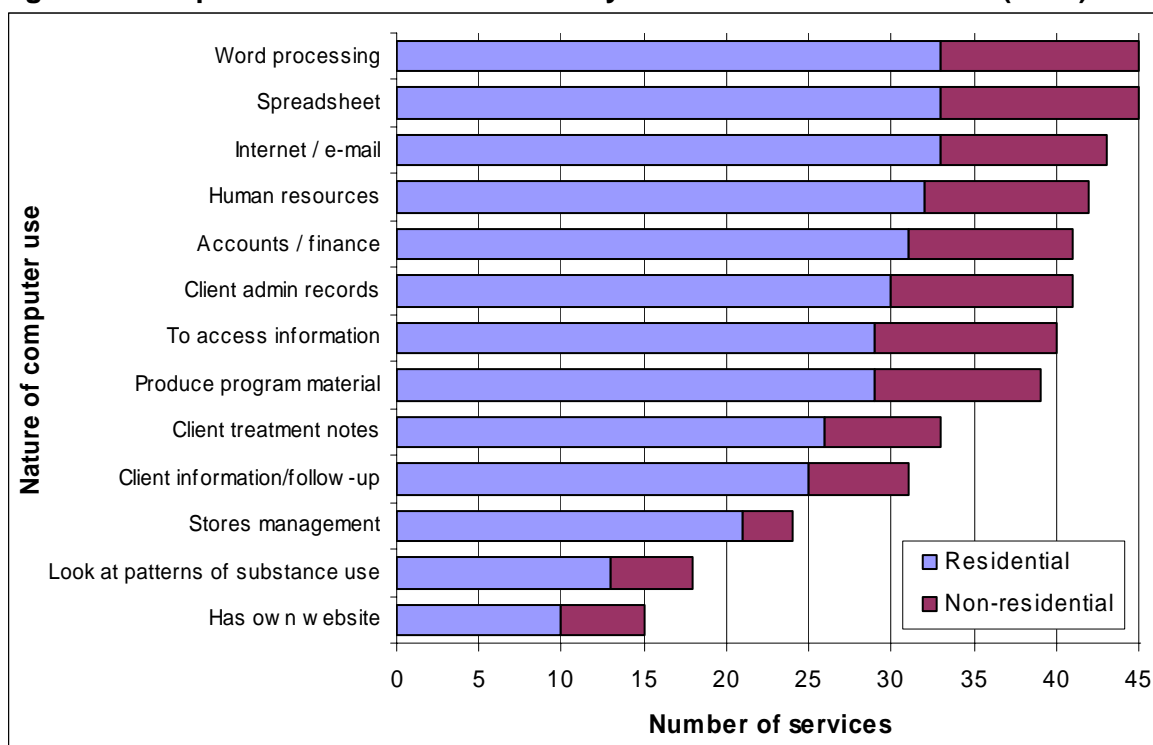
- 41 services (89% of all DASR services) used a computer for client administrative records,
- 33 (72%) used a computer for client treatment notes, and
- 31 (67%) used a computer for other client information or client follow-up planning such as care planning.

In respect of general service administration tasks:

- 42 services (91% of all DASR services) used a computer for human resources management,
- 41 (89%) used a computer for accounts and finance, and
- 24 (52%) used a computer for stores management.

About one in every three DASR services (15 services) had its own website.

Figure 9: Computer use at DASR services by residential status 2007–08 (n=46)



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 the client numbers and episodes of care pertaining to services' various areas of activity, both in aggregate and for major demographic groups.

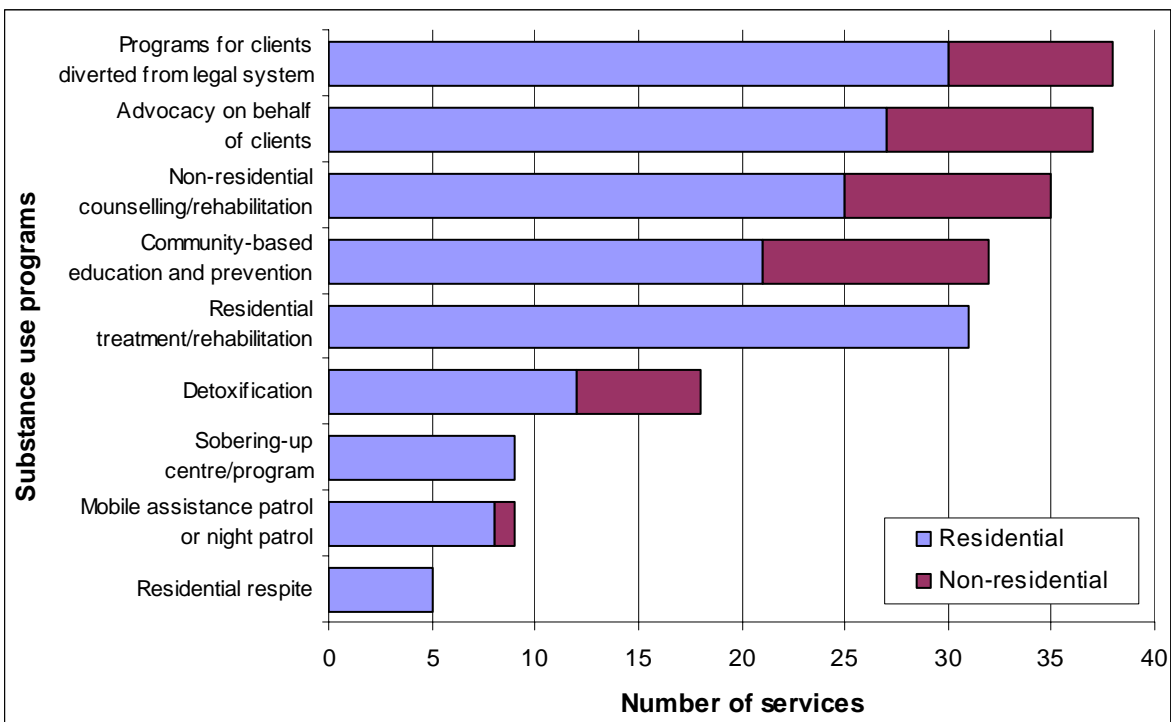
3.1 SUBSTANCE USE PROGRAMS

DASR services provided a range of substance use programs during 2007–08, as described in **Figure 10**.

Of the 46 DASR services:

- 38 (83%) provided programs for clients diverted from the legal system,
- 37 (80%) provided advocacy-based programs where services made contact with other agencies on behalf of clients.
- 35 (76%) provided non-residential counselling/rehabilitation, and
- 32 (70%) provided community-based education and prevention.

Figure 10: Number of DASR services that provided substance use programs by type of program and residential status 2007–08 (n=46)



3.2 SUBSTANCES TREATED AND TREATMENT APPROACHES

Substances treated

Figure 11 shows the number of respondent DASR services that provided treatment or assistance for clients during 2007–08 by the type of substance treated.

The substances treated by the largest numbers of DASR services during 2007–08 were:

- alcohol (treated by all 46 DASR services),
- cannabis (44 services, 96%),
- multiple drug use (36 services, 78%),
- tobacco (35 services, 76%),
- amphetamines (33 services, 72%), and
- benzodiazepines (25 services, 54%).

Figure 11: Number of DASR services that provided treatment or assistance for clients by the type of substance treated and residential status 2007–08 (n=46)

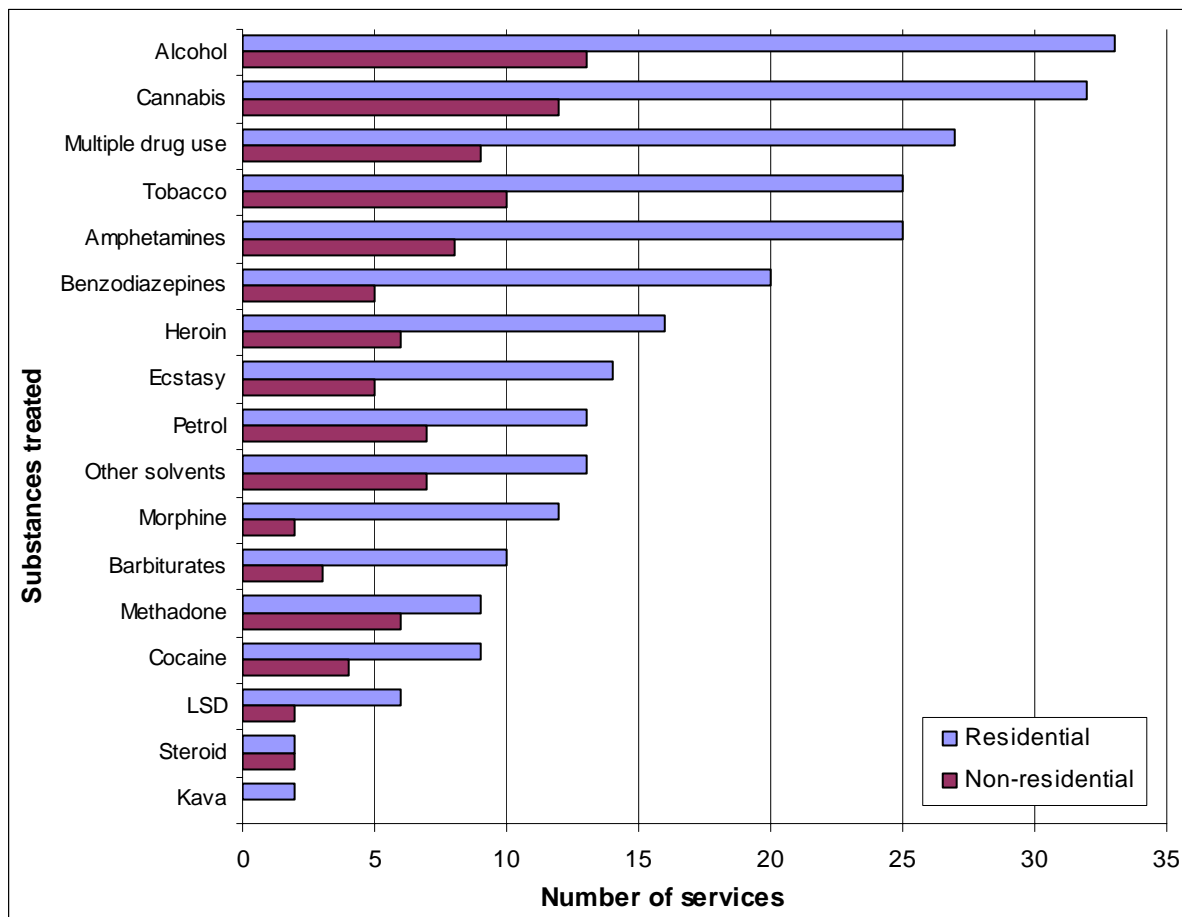


Figure 12 provides state/territory and remoteness area² breakdowns of the percentage of respondent DASR services that provided clients with treatment or assistance for each type of substance during 2007–08. It shows, for example, that petrol use was more commonly treated by services located in Very remote areas (100% of services) than by those in other regions, and was more commonly treated by services located in the Northern Territory and Queensland (64% and 54% of services, respectively) than by services in other states.

Figure 12: Per cent of DASR services that provided treatment or assistance for clients by type of substance treated, state/territory and remoteness area 2007–08 (n=46)

	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	88	85	80	67	64	76	64	86	80	85	60
Cannabis	100	92	100	89	100	96	100	100	90	92	100
Petrol	25	54	40	22	64	43	36	57	40	23	100
Other solvents (a)	25	54	40	56	36	43	45	57	40	31	60
Heroin	88	46	80	33	18	48	91	57	50	23	0
Methadone	63	23	40	33	18	33	45	29	50	23	0
Morphine	88	31	20	11	9	30	45	29	60	8	0
Barbiturates	50	31	80	0	9	28	64	29	30	8	0
Cocaine	63	23	60	22	0	28	73	14	30	8	0
Benzodiazepines	88	62	60	33	36	54	82	57	80	31	0
Amphetamines	100	62	100	78	45	72	100	86	70	62	20
Ecstasy	75	38	80	22	18	41	91	29	50	15	0
LSD	25	15	20	11	18	17	27	0	30	15	0
Kava	0	0	0	0	18	4	0	0	0	15	0
Steroid	13	8	40	0	0	9	18	0	20	0	0
Multiple drug use	75	77	100	67	82	78	91	86	100	62	40
Other	0	0	0	11	0	2	0	0	0	8	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 2007–08, 83% of all DASR services (i.e. 38 services) indicated that alcohol was the substance affecting the largest number of their clients. Of the other services, 11% nominated cannabis as affecting the largest number of their clients, 4% nominated tobacco, and 2% nominated amphetamines.

² The Remoteness Area classification is explained on page 5.

Figure 13 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:

- all DASR services in New South Wales and Western Australia reported that alcohol was the substance that affected the largest number of their clients, and
- in the other jurisdictions, 15% to 20% of the DASR services reported that cannabis affected the largest number of their clients.

Figure 13: Per cent of DASR services that reported a substance as affecting the largest number of their clients by state/territory 2007–08 (n=46)

	Alcohol	Cannabis	Tobacco	Amphetamines
New South Wales	100%	–	–	–
Queensland	69%	15%	8%	8%
South Australia & Victoria	80%	20%	–	–
Western Australia	100%	–	–	–
Northern Territory	73%	18%	9%	–
Australia	83%	11%	4%	2%

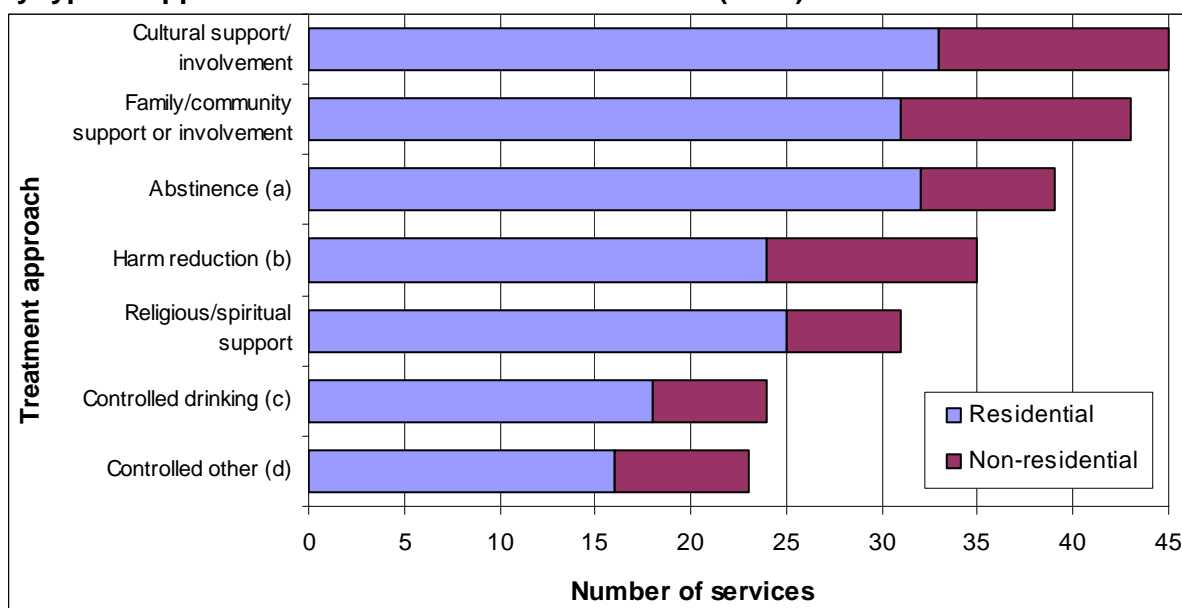
Treatment approaches

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

Figure 14 shows the number of services that used each type of treatment approach during 2007–08. The treatment approaches used by the most services were:

- Cultural support/involvement (used by 45 of the 46 DASR services), including activities such as bush outings, traditional healing, and traditional arts and crafts,
- Family/community support or involvement (43 services),
- Abstinence (39 services), and
- Harm reduction (35 services).

Figure 14: Number of DASR services that used substance use treatment approaches by type of approach and residential status 2007–08 (n=46)



(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.

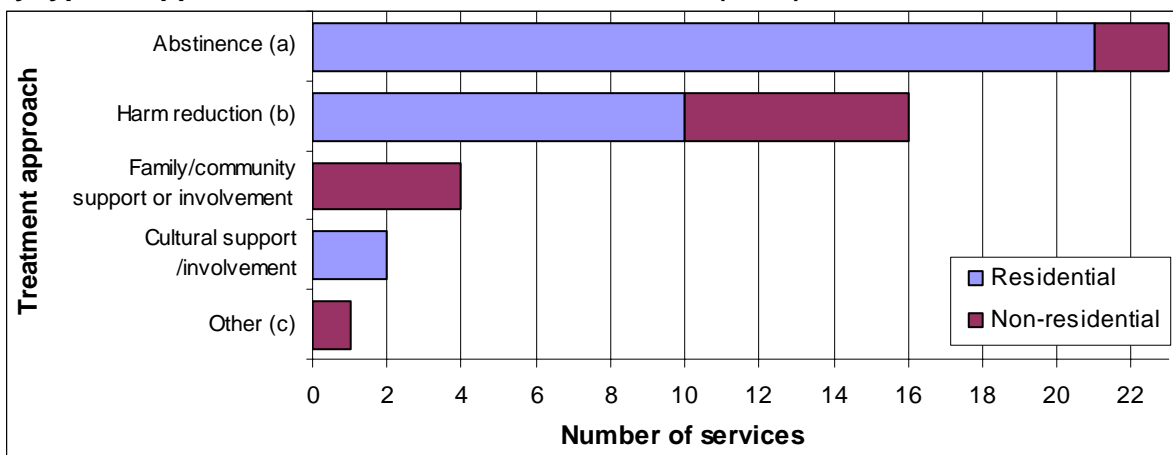
(d) Controlled use of other substances aims to help the individual to monitor and keep their consumption at safe levels.

Figure 15 shows for each type of treatment approach the number of services that reported most often using that approach during 2007–08. It shows that the majority of services nominated either Abstinence or Harm reduction as the treatment approach that was most often used there. Specifically:

- one-half of the DASR services (23 services) nominated Abstinence as the approach that they most often used,
- about one in every three DASR services (16 services) nominated Harm reduction as the approach that they most often used,
- 9% of services (4 services) nominated Family/community support or involvement as the approach that they most often used, and
- 4% of services (2 services) nominated Cultural support/involvement as the approach that they most often used.

Some differences are apparent in the treatment approaches of the residential and non-residential services. Whereas the majority of residential services (21 services, 64%) reported that they most often used Abstinence, this was the case for only 2 of the non-residential services (15%). Instead, most non-residential services reported that they most commonly used Harm reduction (6 services, 46%) or Family/community support or involvement (4 services, 31%).

Figure 15: Number of DASR services that most often used a treatment approach by type of approach and residential status 2007–08 (n=46)



- (a) Abstinence aims to help the individual to completely stop using the substance.
- (b) Harm reduction includes education about safe substance use practices.
- (c) One service reported that a treatment approach involving sport and recreational activities was the one most often used.

Programs and activities provided by services

Figure 16 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:

- client counselling via education (provided by 44 services, 96% of all services), and
- the use of community based education (provided by 42 services, 91%).

Figure 16: Number and per cent of DASR services that provided programs or activities³ by type of program/activity 2007–08 (n=46)

	No. of services	% of services
Counselling approaches		
Education provided	44	96
Relapse prevention	39	85
Family counselling/therapy	29	63
Relationship / social skills counselling	38	83
Parenting skills training	23	50
Counselling for gambling	19	41
Stress management counselling	34	74
Anger management counselling	38	83
Tobacco control programs	20	43
12 step approach (e.g. Alcoholics Anonymous)	25	54
Counselling undertaken by elder and/or relatives	24	52
Cultural activities		
Traditional healing	20	43
Bush tucker	25	54
Bush outings (e.g. fishing, hunting)	39	85
Traditional art and crafts	34	74
Mentor program (e.g. uncle/nephew, aunt/niece)	26	57
Community activities		
Community based education	42	91
School education and visits	25	54
Youth programs	19	41
Consultation in the home	24	52
Services to prisons / detention centres	21	46
Services for people recently released from prison	26	57
Welfare activities	23	50
Crisis intervention	25	54
Emergency relief	18	39
Outreach programs	31	67
Healthy lifestyle training/activities		
Living skills training	37	80
Work skills training	31	67
Help with budgeting	34	74
Sport, recreation and physical exercise	37	80
Nutrition/cooking	36	78
Social health programs		
Help clients access methadone management	8	17
Help clients access needle exchange programs	10	22
Education about safe injecting practices	14	30
Education about safe sex	27	59
Education about health consequences of substance use	38	83

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 22,800 clients were treated at 45 respondent DASR services during 2007–08, a median number of 120 clients treated at each service.

Figure 17 provides a national demographic summary of these clients. Overall, 77% of the clients were Aboriginal and Torres Strait Islander people and 23% were non-Indigenous, while 61% of the clients were males and 39% were females.

Figure 17: National demographic profile of clients of DASR services 2007–08 (n=45)

Client demographic grouping	Number of clients (a)	Percentage of total clients	Median number of clients per service (b)
Indigenous	17,500	77	95
Non-Indigenous	5,300	23	10
Males	13,800	61	83
Females	9,000	39	42
Indigenous males	10,300	45	61
Non-Indigenous males	3,500	15	6
Indigenous females	7,200	32	42
Non-Indigenous females	1,800	8	1
All clients	22,800	100	120

(a) Client counts are rounded to the nearest 100. As a result, counts and percentages may not sum to overall totals.

(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 18 provides a state/territory breakdown of total Indigenous and non-Indigenous clients of respondent services during 2007–08, with a combined count shown for South Australia and Victoria in order to protect the privacy of individual service data.

Figure 18: Number of clients ^(a) of DASR services by state/territory and Indigenous status of the client 2007–08 (n=45)

Indigenous status of client	NSW (n=8)	Qld (n=13)	SA & Vic (n=5)	WA (n=9)	NT (n=10)	Australia (n=45)
Indigenous clients	700	3,500	5,000	4,300	4,000	17,500
Non-Indigenous clients	300	2,400	2,100	500	100	5,300
Total clients (number)	1,000	5,900	7,100	4,800	4,100	22,800
Total clients (per cent)	4	26	31	21	18	100

(a) Client numbers are rounded to the nearest 100. As a result, counts may not sum to the overall total.

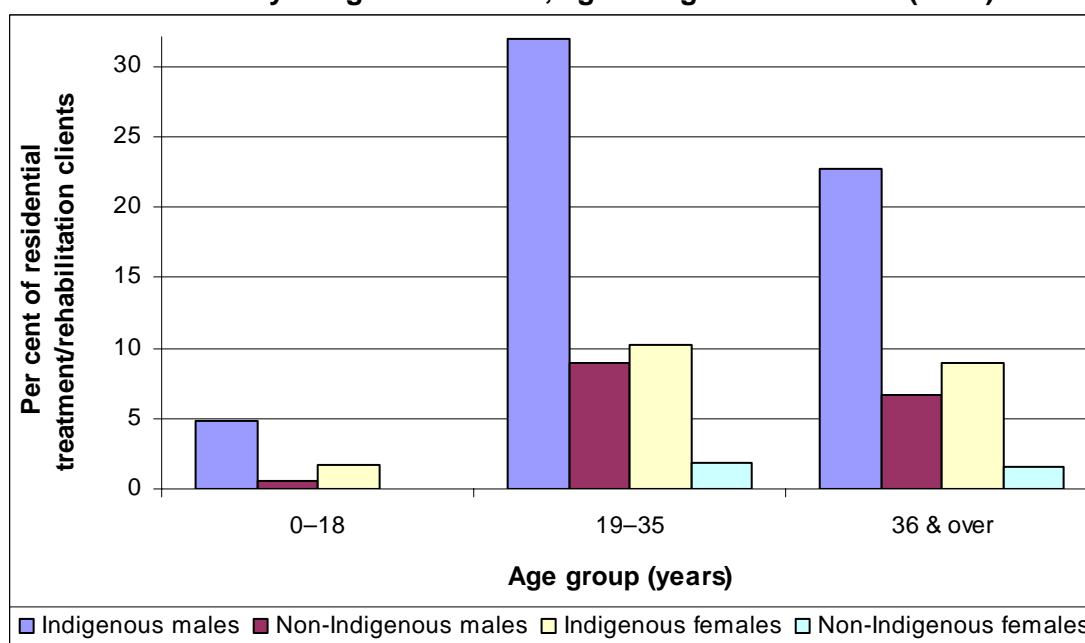
Residential treatment/rehabilitation clients

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).

All 33 DASR residential services provided counts of their residential treatment/rehabilitation clients during 2007–08 — 3150 clients in total. **Figure 19** provides a percentage breakdown of these clients by Indigenous status, age group and gender. In summary:

- 79% of the clients (2500)⁵ were Aboriginal and/or Torres Strait Islander people,
- 76% of the clients (2400) were males, and
- almost one in every three clients was an Indigenous male aged 19–35 years (1000 clients, 32% of all clients).

Figure 19: Percentage breakdown of clients receiving residential treatment/rehabilitation at DASR services by Indigenous status, age and gender 2007–08 (n=33)



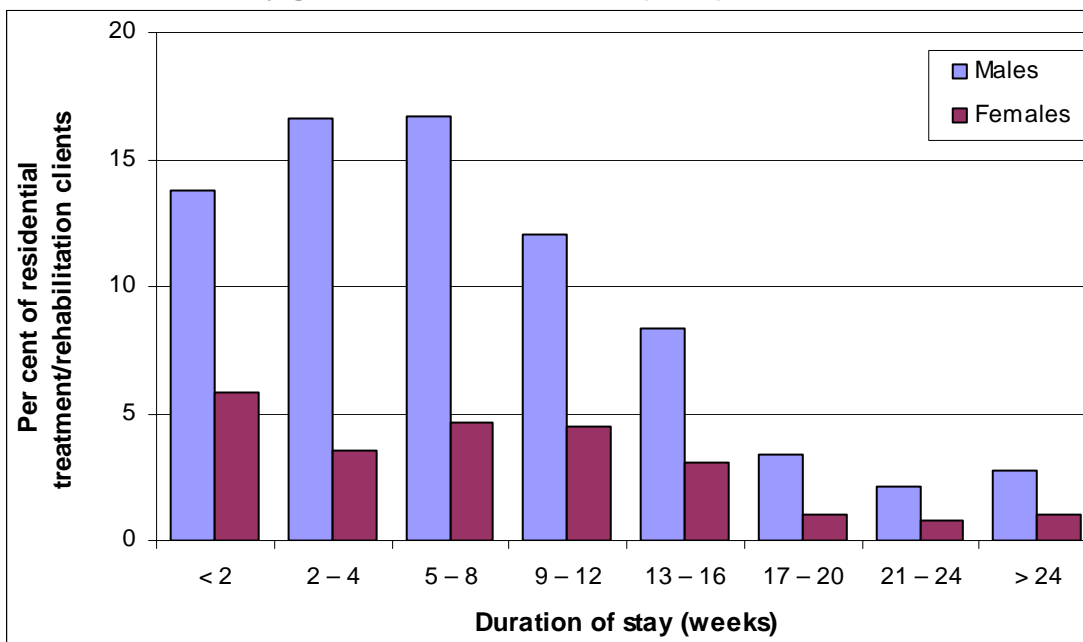
⁵ Counts may not sum to the overall total as they are rounded to the nearest 50.

All of the 33 DASR residential services provided information about the durations of stay of their residential treatment/rehabilitation clients during 2007–08, and this is summarised in **Figure 20** for males and females individually.

Overall, the majority of clients (78%) stayed for 12 weeks or less, with 20% of clients staying less than 2 weeks, 20% staying between 2 and 4 weeks, 21% staying between 5 and 8 weeks, and 17% staying between 9 and 12 weeks.

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

Figure 20: Duration of stay of clients receiving residential treatment/rehabilitation at DASR services by gender of client 2007–08 (n=33)



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.

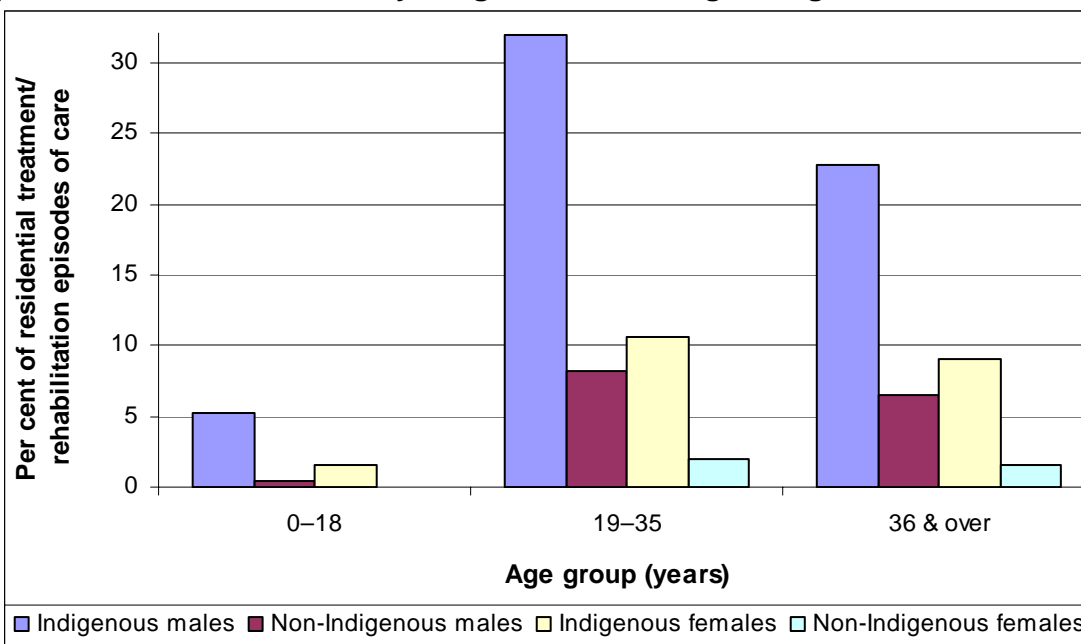
All of the 33 DASR residential services provided counts of the residential treatment/rehabilitation episodes of care provided during 2007–08 — 3450 episodes in total.

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

Figure 21 provides a percentage breakdown of these episodes of care by the Indigenous status, age group and gender of the client. In summary:

- 81% of the episodes (2800)⁷ were for Aboriginal and/or Torres Strait Islander clients, and 19% (650) were for non-Indigenous clients,
- 75% of the episodes (2600) were for male clients and 25% (850) were for female clients, and
- the most commonly represented demographic groups were Indigenous males aged 19–35 years (32% of episodes, 1100) and Indigenous males aged 36 years and over (23%, 800).

Figure 21: Percentage breakdown of residential treatment/rehabilitation episodes of care provided at DASR services by Indigenous status, age and gender of client 2007–08 (n=33)



⁷ Counts may not sum to the overall total as they are rounded to the nearest 50.

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.

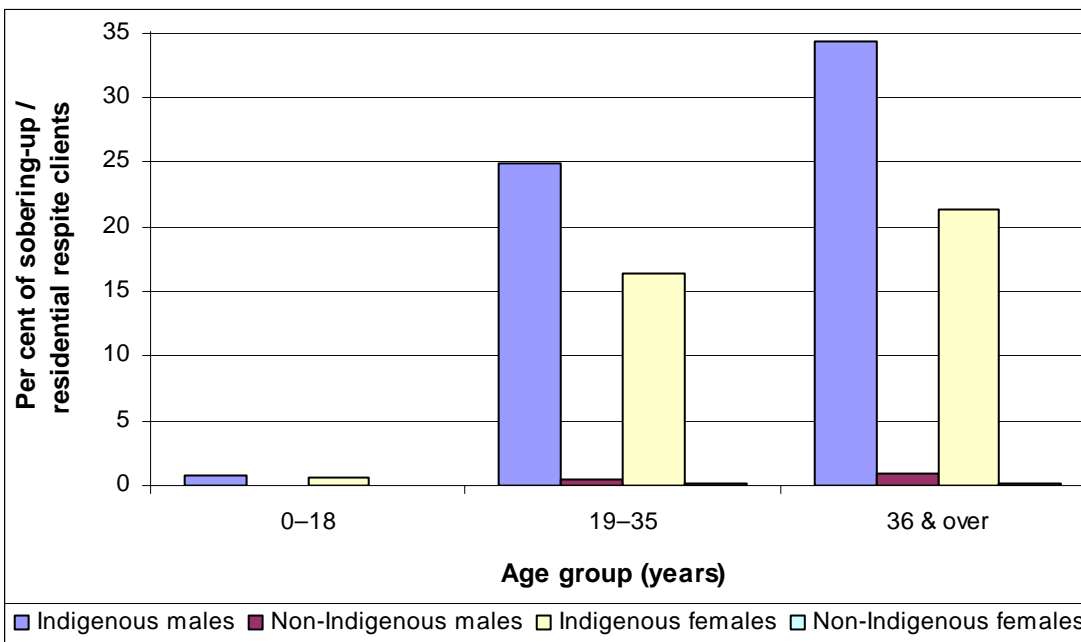
Overall, 4400 sobering-up / residential respite clients were reported across the 31 residential services that responded to this section of the 2007–08 DASR questionnaire.

The number of sobering-up / residential respite clients reported for 2007–08 was 69% larger than the number reported by 28 respondent DASR services for 2006–07 (2600 clients).

Figure 22 provides a breakdown of these 4400 sobering-up / residential respite clients by their Indigenous status, age group and gender. In summary:

- 98% of the clients (4300)⁸ were Aboriginal and Torres Strait Islander people and 2% (100) were non-Indigenous,
- 61% of the clients (2700) were males and 39% (1700) were females, and
- the most commonly represented demographic groups were Indigenous males aged 36 years and over (34% of clients, 1500 clients) and Indigenous males aged 19–35 years (25%, 1100).

Figure 22: Percentage breakdown of clients receiving sobering-up / residential respite at DASR services by Indigenous status, age and gender 2007–08 (n=31)



⁸ Counts may not sum to the overall total as they are rounded to the nearest 50.

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.

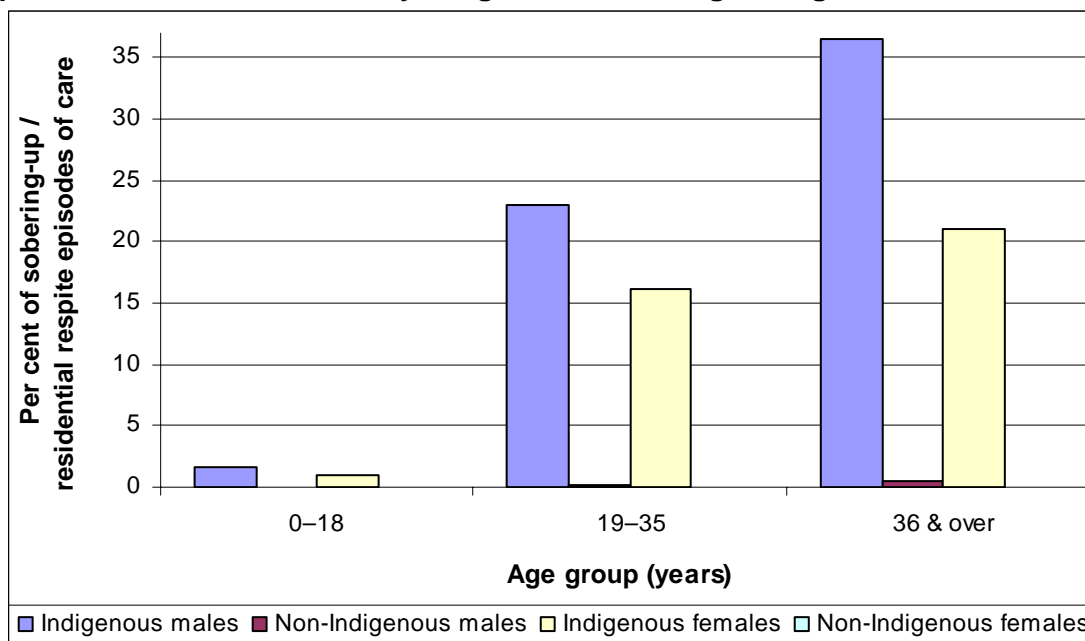
Overall, 17,350 sobering-up / residential respite episodes of care were reported across the 31 residential services that responded to this section of the 2007–08 DASR questionnaire. This represents an average of 3.9 sobering-up / residential respite episodes of care per client of sobering-up / residential respite during 2007–08.

The number of sobering-up / residential respite episodes of care reported for 2007–08 was 71% larger than the number reported by 28 respondent DASR services for 2006–07 (10,150 episodes).

Figure 23 provides a percentage breakdown of the sobering-up / residential respite episodes of care provided during 2007–08 by the Indigenous status, age and gender of the client. In summary:

- 99% of the episodes (17,200)⁹ were for Aboriginal and/or Torres Strait Islander clients and 1% (150) were for non-Indigenous clients,
- 62% of the episodes (10,700) were for male clients, and 38% (6,600) were for female clients, and
- the most commonly represented demographic groups were Indigenous males aged 36 years and over (37% of episodes, 6,350) and Indigenous males aged 19–35 years (23%, 4,000).

Figure 23: Percentage breakdown of sobering-up / residential respite episodes of care provided at DASR services by Indigenous status, age and gender of client 2007–08 (n=31)



⁹ Counts may not sum to the overall total as they are rounded to the nearest 50.

Available residential beds/places

Information was provided by all 33 residential DASR services about the number of beds available each night during 2007–08 for residential treatment/rehabilitation and sobering-up / respite care. Approximately 880 beds were available each night across these services, with a median¹⁰ number of 22 beds available 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.

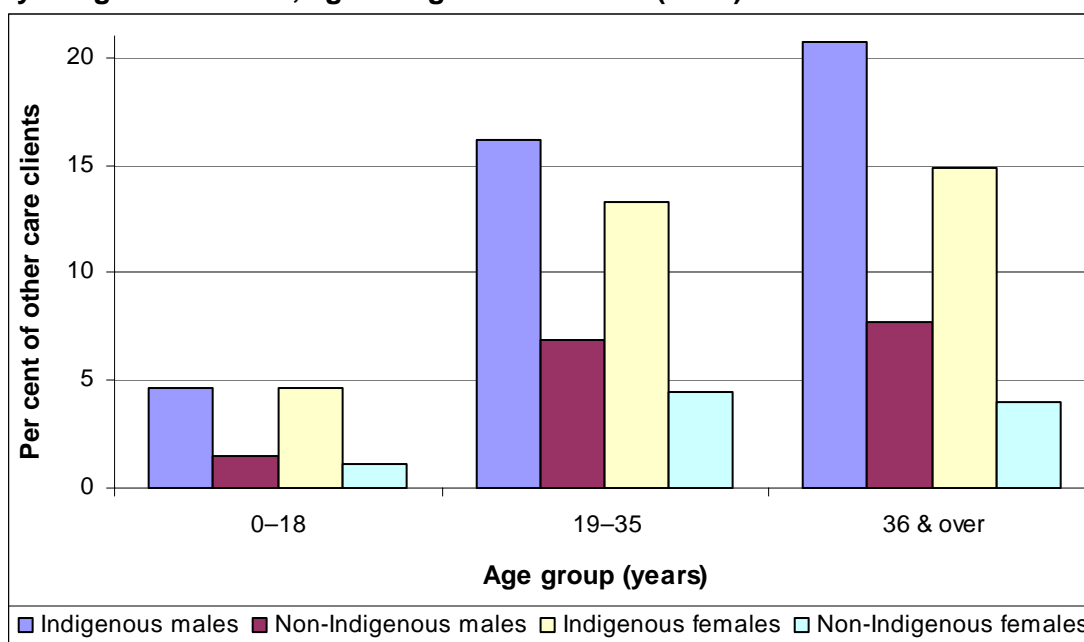
Overall, 16,450 other care clients¹¹ were reported across the 42 services that responded to this section of the 2007–08 DASR questionnaire.

Two residential services accounted for more than 50% of these clients. Across all of the respondent services, the median number of other care clients per service was just 66.

A breakdown of clients by Indigenous status, age group and gender was available from 41 DASR services covering 15,200 of the 2007–08 clients (**Figure 24**). In summary:

- 74% of the clients were Aboriginal and/or Torres Strait Islander people,
- 58% of the clients were males, and
- 21% of the clients were Indigenous males aged 36 years and over.

Figure 24: Percentage breakdown of clients receiving other care at DASR services by Indigenous status, age and gender 2007–08 (n=41)



¹⁰ The term 'median' describes the middle number in a set of numbers that have been ordered from smallest to largest.

¹¹ The total number of other care clients is rounded to the nearest 50 and includes clients of unknown age and gender.

Episodes of other care

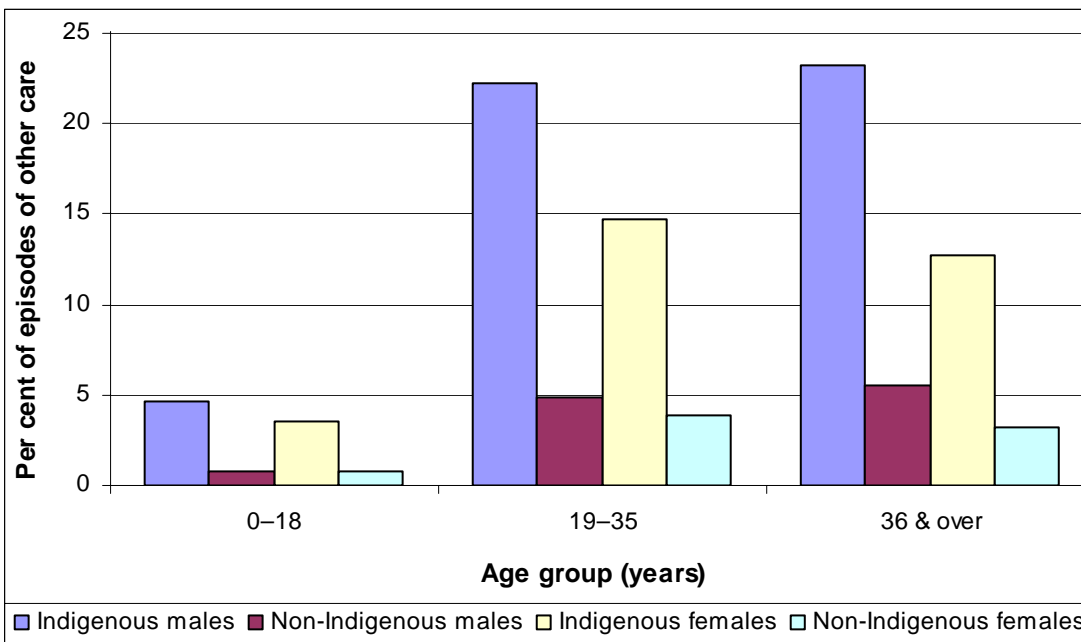
Episodes of other care were much more frequent than episodes of care in residential treatment/rehabilitation or in sobering-up / residential respite care. Overall, 72,000 episodes¹² of other care were reported across the 40 services that responded to this section of the 2007–08 DASR questionnaire.

This represents an average of 4.7 episodes of other care per client of such care across the respondent services.

A breakdown of the episodes of other care provided during 2007–08 by the Indigenous status, age group and gender of the client was available from 39 DASR services covering approximately 67,250 episodes, and this is provided at **Figure 25**. In summary:

- 81% of the episodes were for Aboriginal and/or Torres Strait Islander clients and 19% were for non-Indigenous clients,
- 61% of the episodes were for male clients and 39% were for female clients, and
- the most commonly represented demographic groups were Indigenous males aged 36 years and over (23% of episodes) and Indigenous males aged 19–35 years (22%).

Figure 25: Percentage breakdown of episodes of other care provided at DASR services by Indigenous status, age and gender of client 2007–08 (n=39)



¹² The counts of episodes of other care are rounded to the nearest 50 and include episodes for clients of unknown age and/or Indigenous status.

Types of group work provided by services

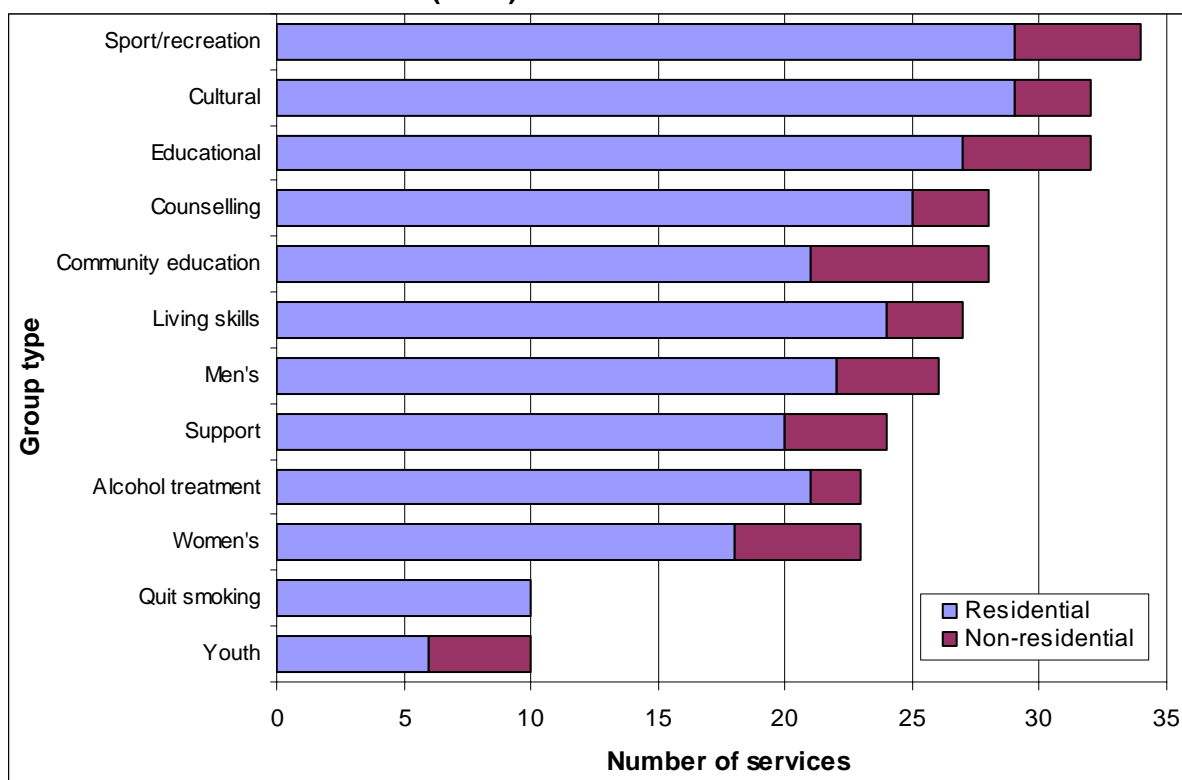
DASR services provide a range of group activities to help prevent and treat substance use and to support communities and families affected by substance use.

Of the 46 DASR services, 45 provided information about the types of groups conducted by the service during 2007–08. **Figure 26** shows the number of these respondent services that conducted each type of group.

The most universally-provided types of groups were:

- sport, recreational and physical exercise groups (provided by 34 services, 76% of respondent services).
- cultural groups (provided by 32 services, 71%),
- educational groups (also provided by 32 services),
- counselling groups (provided by 28 services, 62%), and
- community-based education and prevention groups (also provided by 28 services).

Figure 26: Number of DASR services that provided group work by type of group and residential status 2007–08 (n=45)



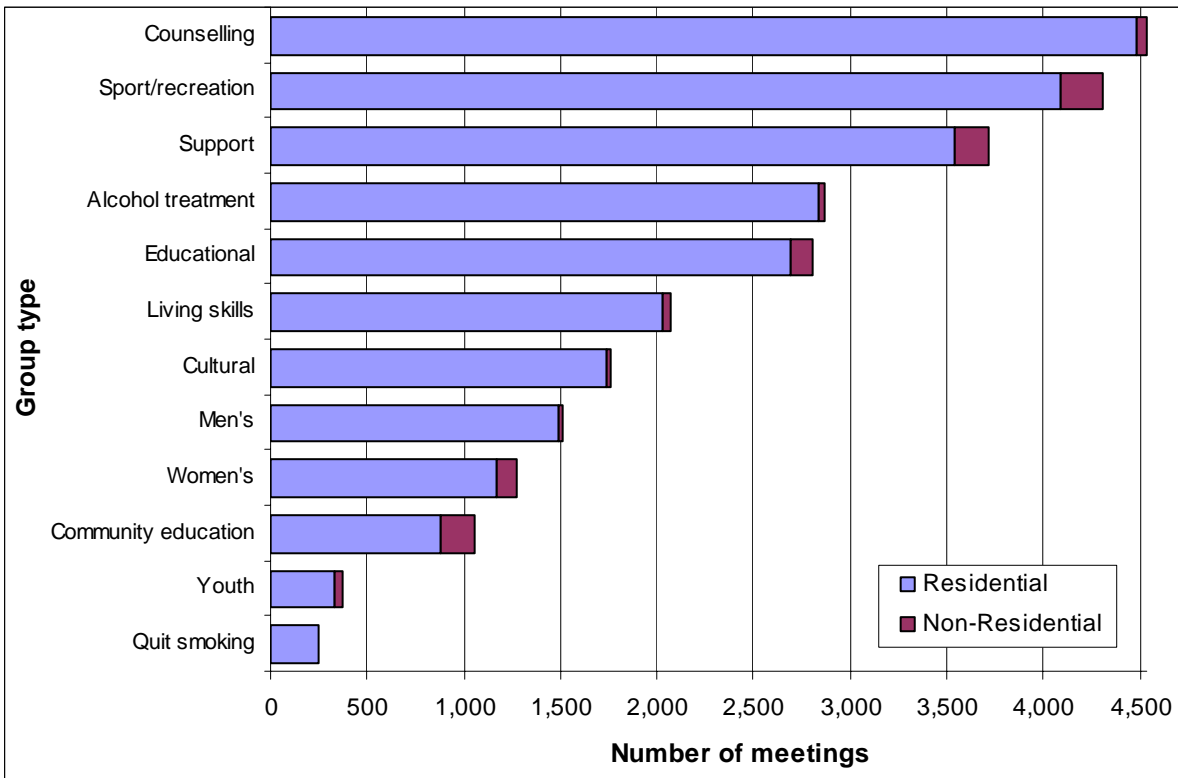
Group meetings and group episodes of care

Of the 46 DASR services, 45 provided information about the number of group meetings conducted by the service during 2007–08. These respondent services conducted 26,550 group meetings¹³ in total.

Figure 27 shows the number of group meetings held at these respondent services during 2007–08 for each type of group. Approximately:

- 4550 meetings¹³ (17% of group meetings) involved counselling groups where counsellors provided treatment or guidance,
- 4300 meetings (16%) involved sport, recreational and physical exercise groups,
- 3700 meetings (14%) involved support groups during which clients offer each other support, and
- 2850 meetings (11%) involved alcohol treatment groups.

Figure 27: Number of group meetings held at DASR services by type of group and residential status 2007–08 (n=45)



¹³ Counts are rounded to the nearest 50.

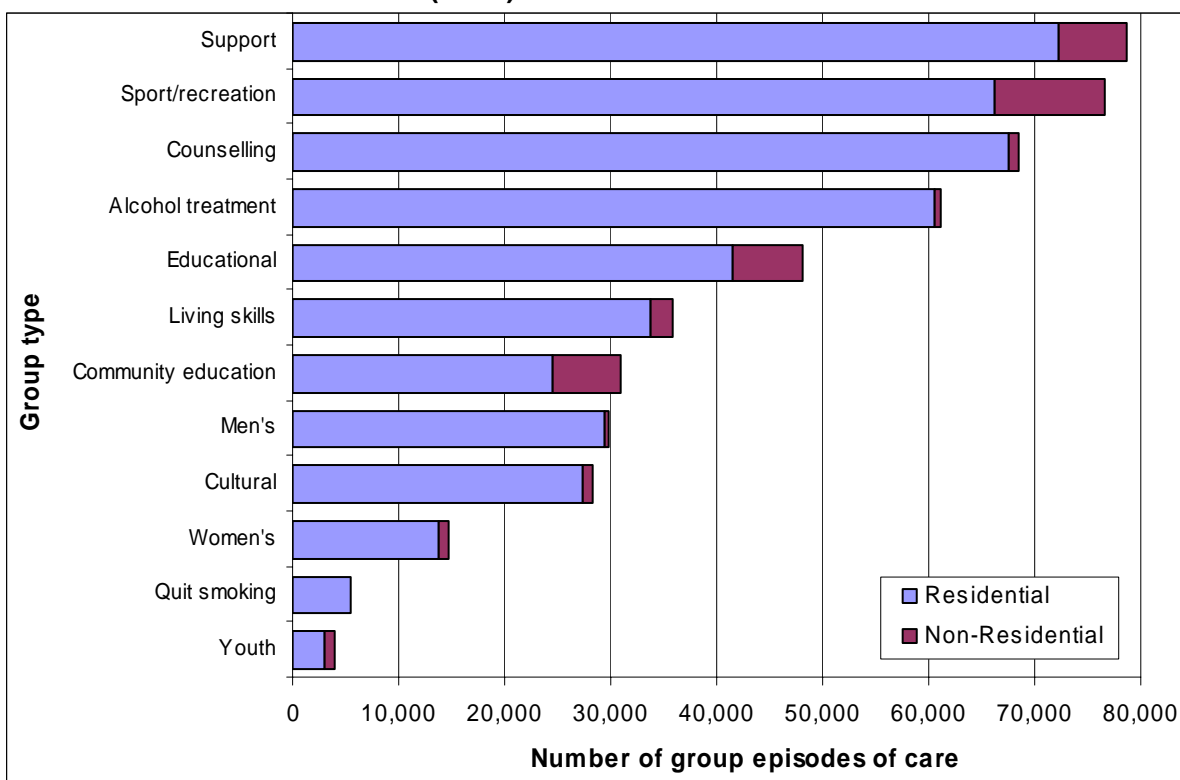
The DASR defines a group episode of care as having occurred when a person attends a group meeting run by a DASR service. For example, if an education group met 10 times during the year and 5 people went to each meeting this would be counted as 50 group episodes of care involving that group for the year.

Of the 46 DASR services, 45 provided information about the number of group episodes of care conducted by the service during 2007–08. These respondent services conducted 482,000 group episodes of care¹⁴ in total, at an average attendance of 18.2 people per meeting.

Figure 28 shows the number of group episodes of care that occurred for each type of group during 2007–08. Of note:

- support groups accounted for 16% of all group episodes (78,700 episodes¹⁴),
- sport, recreational and physical exercise groups also accounted for 16% of all group episodes (76,600 episodes),
- counselling groups accounted for 14% of all group episodes (68,400 episodes), and
- alcohol treatment groups accounted for 13% of all group episodes (61,200 episodes).

Figure 28: Number of group episodes of care provided at DASR services by type of group and residential status 2007–08 (n=45)



¹⁴ Counts are rounded to the nearest 100.

3.4 HEALTH RELATED ACTIVITIES

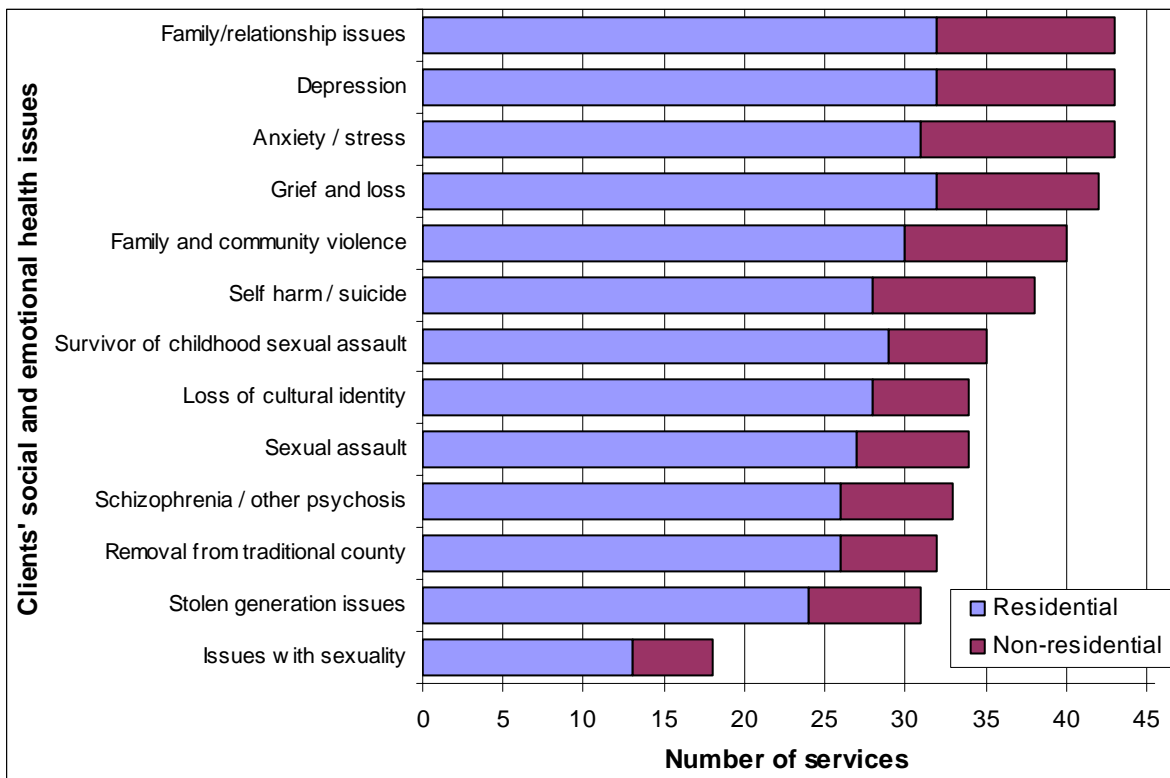
Social and emotional wellbeing

All but one of the 46 DASR services indicated that their substance use clients had experienced social and/or emotional health issues during 2007–08. **Figure 29** shows for each type of social and/or emotional wellbeing health issue the number of services whose clients experienced that issue during 2007–08.

Of the 46 DASR services:

- family/relationship issues, depression issues and anxiety/stress issues were each experienced by clients at 43 services (93% of services),
- grief and loss issues were experienced by clients at 42 services (91%),
- issues of family and community violence were experienced by clients at 40 services (87%), and
- issues related to self harm and suicide were experienced by 38 services (83%).

Figure 29: Number of DASR services whose clients experienced social and/or emotional health issues by type of issue and residential status 2007–08 (n=46)



Medical access

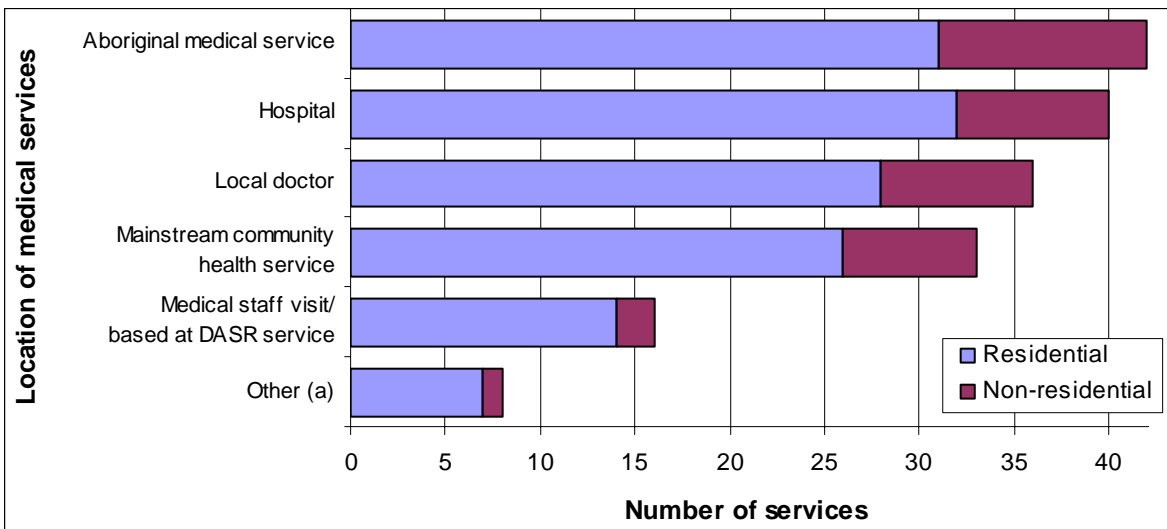
All 46 DASR services provided or facilitated clients' access to medical services during 2007–08.

Figure 30 shows the number of services that provided or facilitated access to medical services during 2007–08 by the location of those medical services.

Sixteen services (35% of services) provided medical staff on site, either based at the service or visiting. Most services also provided or facilitated access to medical staff through:

- Aboriginal medical services (42 services, 91%),
- local hospitals (40 services, 87%),
- local doctors (36 services, 78%), or
- arrangements with mainstream community health services (33 services, 72%).

Figure 30: Number of DASR services that provided or facilitated clients' access to medical services by location of medical services and residential status 2007–08 (n=46)



(a) Other – in 2007–08, these included mental health services, the ambulance service, medical specialists, allied health professionals, pathology services, and Alcohol, Tobacco and Other Drug Services (ATODS) in Queensland.

About three in every four residential services (73%) reported that the service was able to access medical staff 24 hours a day, 7 days a week.

About one in every two non-residential services (54%) reported that the service was able to access medical staff 24 hours a day, 7 days a week.

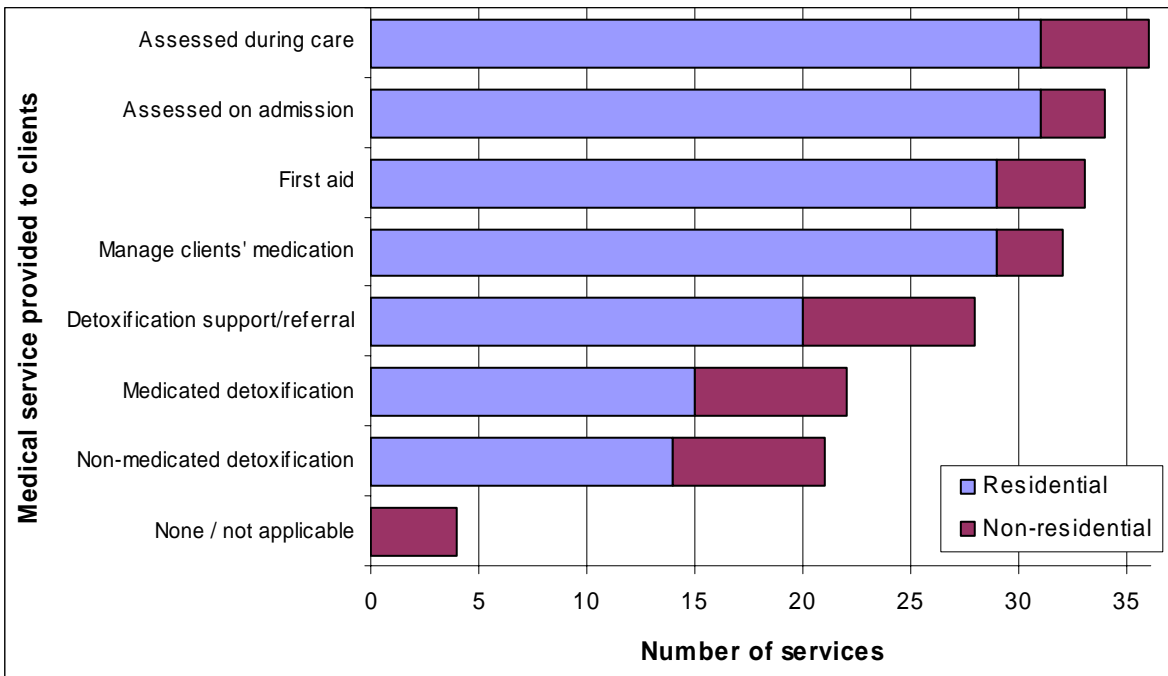
Medical service provision

DASR services provide a range of medical services to clients, either at the service itself or via linkages with other services. **Figure 31** shows the number of respondent services that provided each type of medical service to clients during 2007–08.

Of the 46 DASR services:

- 34 services (74% of services) medically assessed clients on admission or when starting with the service,
- 36 services (78%) medically assessed clients at other times during their care,
- 33 services (72%) provided first aid,
- 32 services (70%) managed clients’ medication, and
- 28 services (61%) provided detoxification support and referral.

Figure 31: Number of DASR services that provided medical services to clients by type of medical service and residential status 2007–08 (n=46)



Support to clients before and after discharge or referral

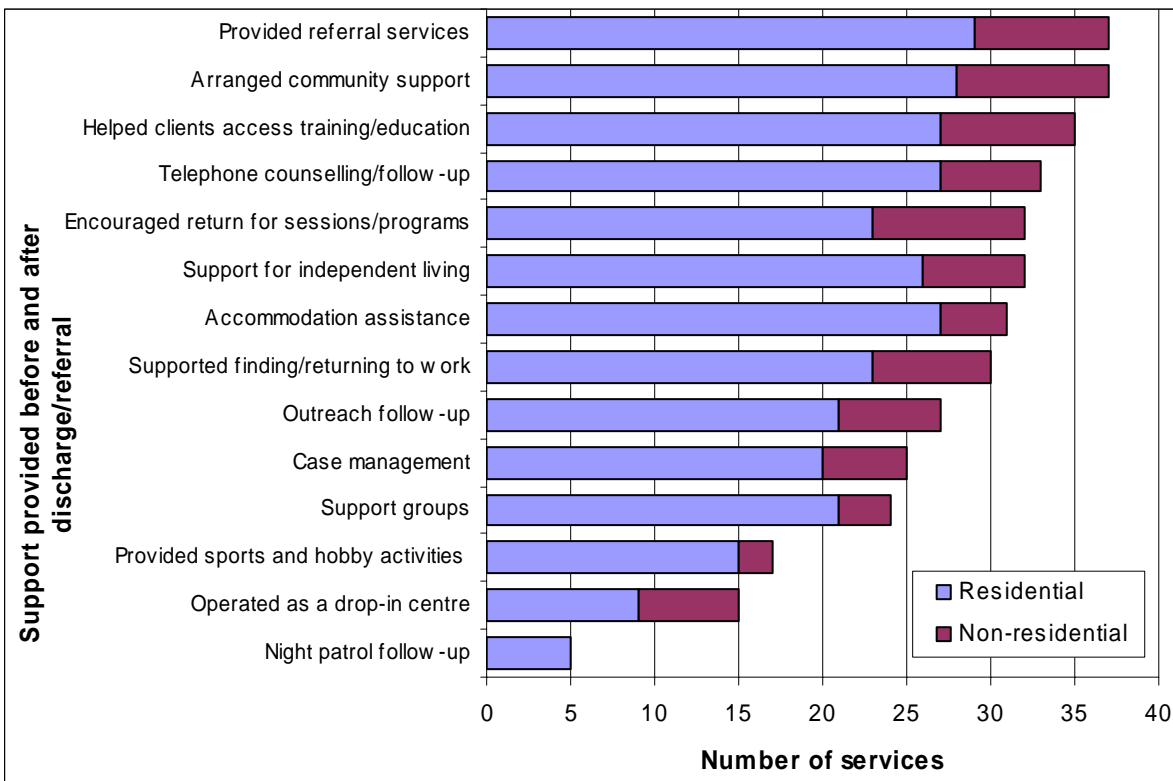
During 2007–08, all but one of the 46 DASR services provided some form of support to clients who were about to leave or had left the service or were referred to another organisation.

Figure 32 shows the number of services that provided each type of support during 2007–08 to clients before or after their discharge/referral.

Of the 46 DASR services:

- 37 services (80% of services) provided referral services for clients,
- 37 services also arranged for support within the community (e.g. from family or elders),
- 35 services (76%) helped clients access training or education,
- 33 services (72%) provided telephone counselling or follow-up, and
- 32 services (70%) encouraged clients to return for sessions or programs.

Figure 32: Number of DASR services that provided support to clients before and after discharge/referral by type of support and residential status 2007–08 (n=46)



Support to clients with needs beyond the capacity of the service

All DASR services reported that during 2007–08 the service provided some form of support for clients having needs beyond the capacity of the service.

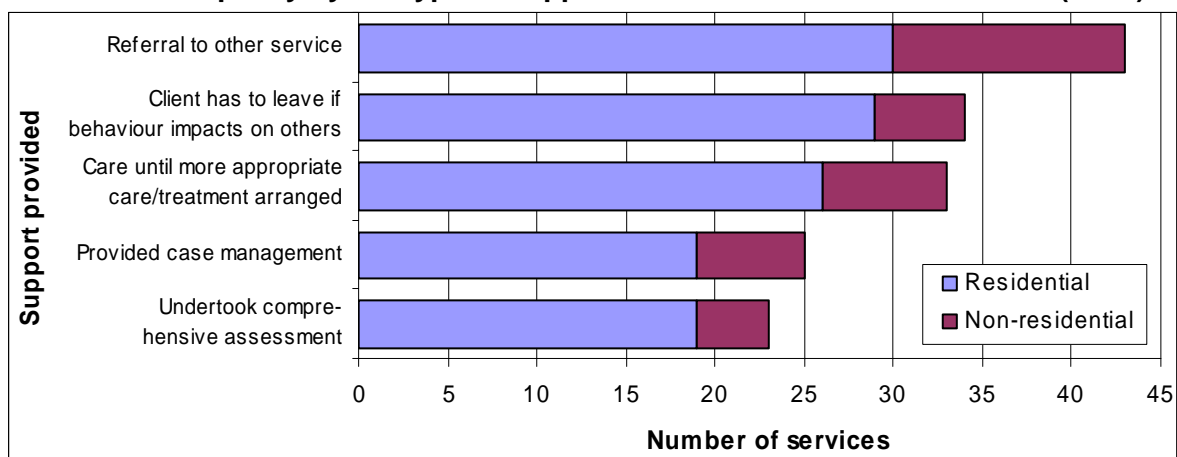
Services have various ways of doing this. For example, a service that lacks the resources to provide appropriate care to a client who has multiple problems, such as substance use and mental illness, may support that client by referring him or her to another service that has the appropriate resources.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

Figure 33 shows the number of respondent DASR services that provided each type of support during 2007–08 to clients that had needs beyond the capacity of the service.

Of the 46 DASR services:

- 43 services (93% of services) referred clients to other services, and
- 33 services (72%) provided care to clients until alternate care/treatment was arranged.

Figure 33: Number of DASR services that provided support to clients with needs beyond the service’s capacity by the type of support and residential status 2007–08 (n=46)



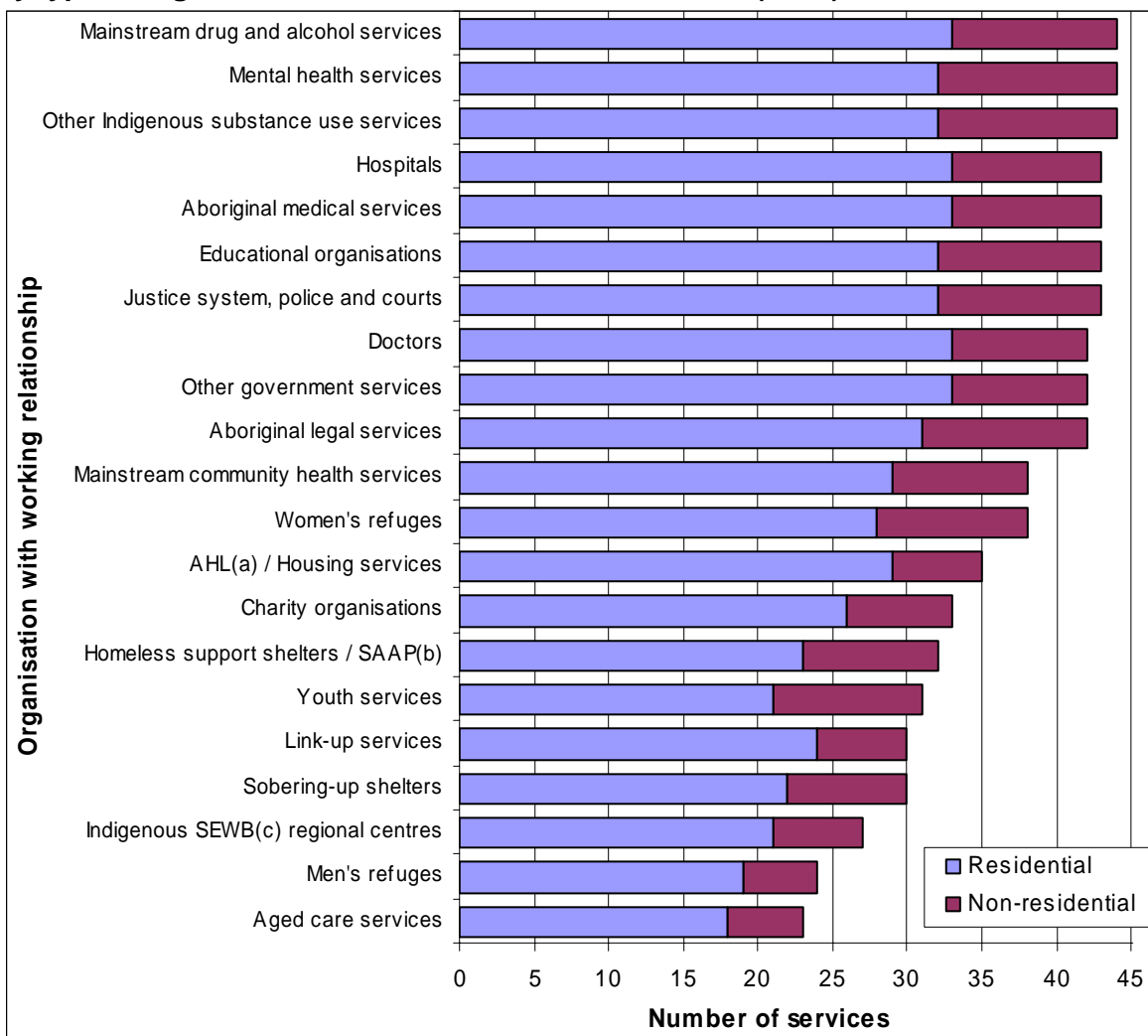
Working relationships with other organisations

Figure 34 shows the number of DASR services that had working relationships with other organisations during 2007–08.

Of the 46 DASR services:

- 44 (96%) had working relationships with Mainstream drug and alcohol services, Mental health services and Other Indigenous substance use services,
- 43 (93%) had working relationships with Hospitals, Aboriginal medical services, Educational organisations, and Justice system, police and courts, and
- 42 (91%) had working relationships with Doctors, Other government services, and Aboriginal legal services.

Figure 34: Number of DASR services that had working relationships with other organisations by type of organisation and residential status 2007–08 (n=46)



- (a) Aboriginal Hostels Limited.
 (b) Supported Accommodation Assistance Programs.
 (c) Social and emotional well-being.

4 TRENDS IN SERVICE DATA

4.1 INTRODUCTION

The Drug and Alcohol Service Reporting 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 36 presents counts of staff 'full time equivalents' (FTEs) and has been based solely on the 31 services that participated in every DASR between 2000–01 and 2007–08. This provides an assessment of trends in staff FTEs over time for a common set of services.

In contrast, the percentages presented in Figures 35 and 37 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.

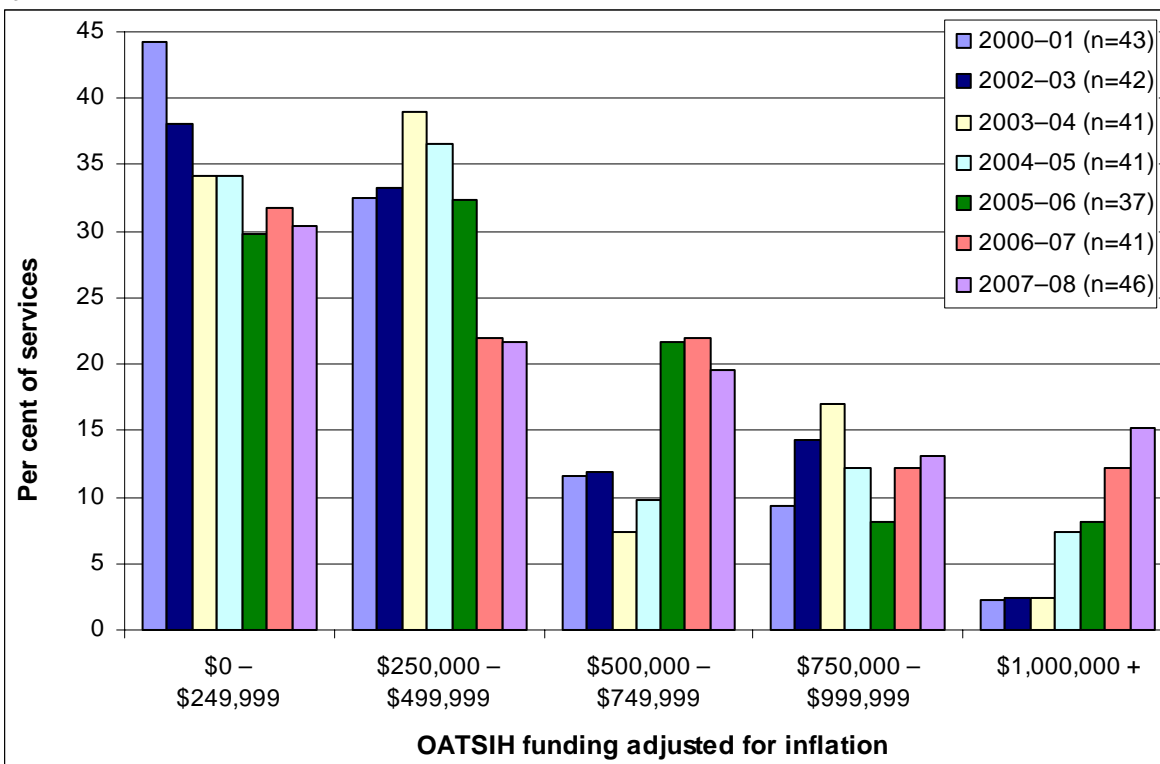
4.2 RECURRENT FUNDING PROVIDED BY OATSIH

OATSIH increased the amount of recurrent funding provided to DASR services each year between 2000–01 and 2007–08 to adjust for inflation. As indicated below, there have also been real increases in the recurrent funding that OATSIH provided to these services. Overall, the amount of recurrent funding provided by OATSIH to DASR services increased from \$12.0 million for 43 services in 2000–01 to \$25.1 million for 46 services in 2007–08.

Figure 35 shows for each year between 2000–01 and 2007–08 a breakdown of DASR services across categories that describe the amount of 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 2007–08 using the price deflator series described in the footnote to Figure 35 with 2007–08 taken as the base year.

Figure 35 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 35: Percentage breakdown of DASR services by amount of recurrent funding provided by OATSIH ^(a) 2000–01 to 2007–08



(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 2007–08 taken as the base year.

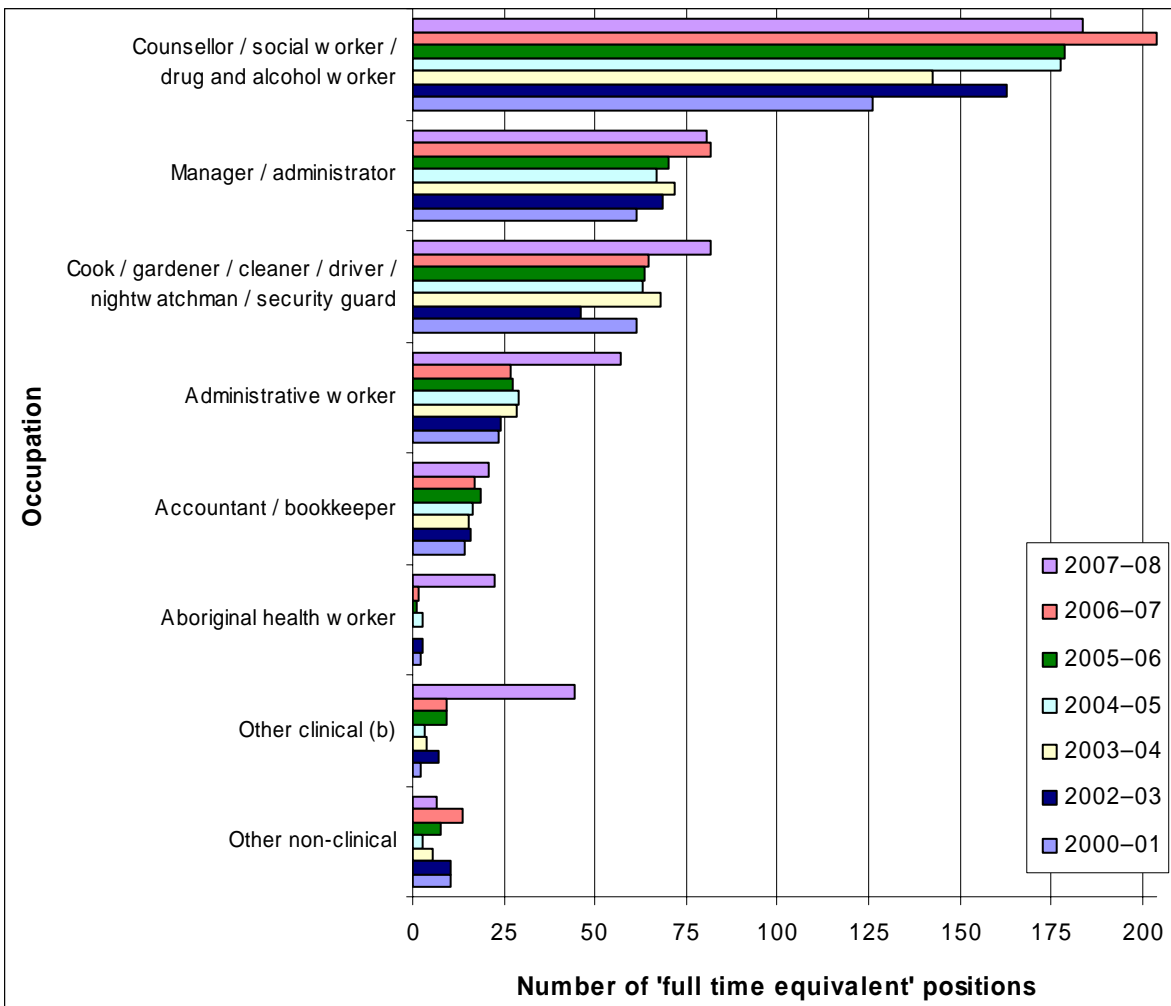
4.3 STAFF EMPLOYED BY SERVICES

Figure 36 shows the number of 'full time equivalent' (FTE) staff positions employed each year between 2000–01 and 2007–08 at a common set of 31 services that were included in the DASR and responded to it for every one of those years.

Between 2000–01 and 2007–08 the total staff positions employed by these services increased progressively from 302 FTEs at 30 June 2001 to 498 FTEs at 30 June 2008 (a 65% increase).

The largest annual increase in FTEs occurred between 30 June 2007 and 30 June 2008 (a 19% increase). Notable contributors to the increase during this year were Administrative workers (increased from 24 FTEs to 57 FTEs), Aboriginal health workers (increased from 2 FTEs to 23 FTEs) and Other clinical staff (increased from 9 FTEs to 44 FTEs).

Figure 36: Number of FTE staff employed by DASR services by occupation^(a) 2000–01 to 2007–08 (n=31)



(a) Changes to the DASR questionnaire in 2007–08 may have affected services' reporting of staff within specific occupation categories.

(b) Includes the DASR occupation categories Educator, Psychologist/psychiatrist, Doctor, Nurse, and Other staff (clinical).

Staff vacancies

The vacancy rate across these 31 services increased from 3% of all paid FTE positions at 30 June 2001 to 5% of all paid FTE positions at 30 June 2008.

4.4 MOST FREQUENTLY USED SUBSTANCE TREATMENT APPROACH

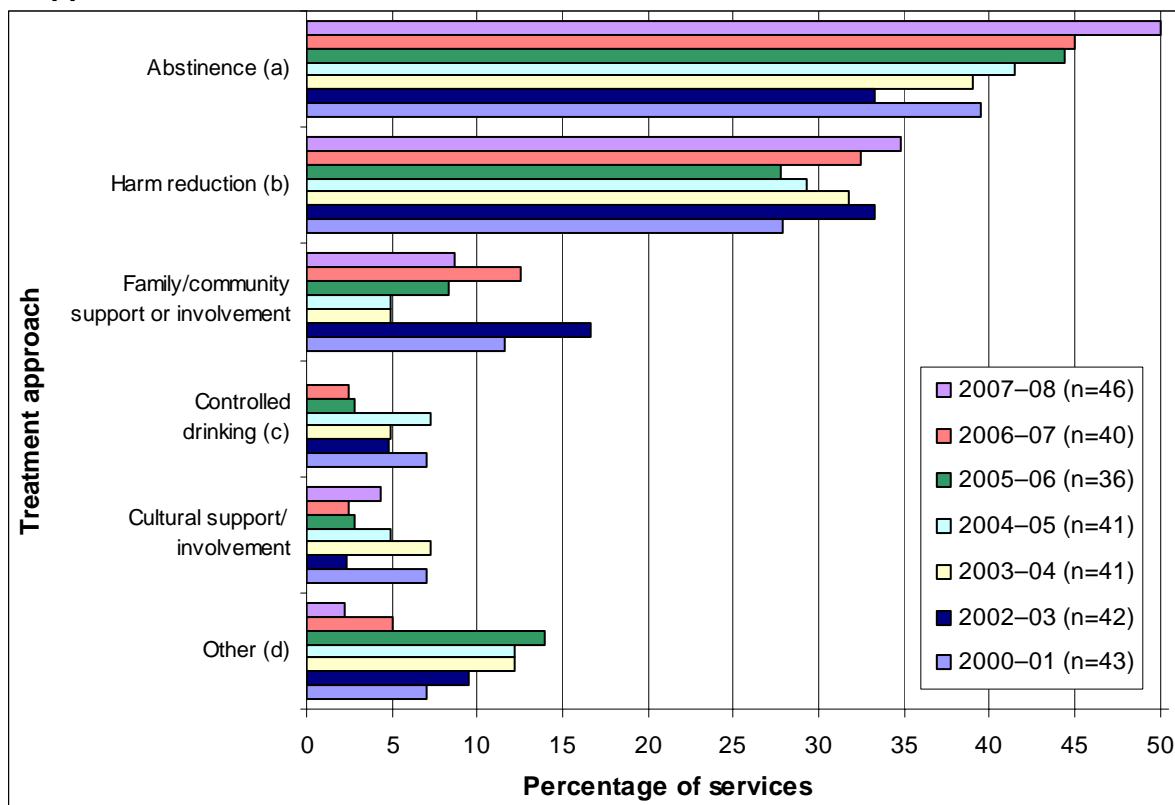
Figure 37 shows for each year between 2000–01 and 2007–08 the percentage of respondent DADR services that reported most often using a specific approach for the treatment of substance use.

Within a broadly similar reliance on three main treatment approaches over the whole period, there has been a steady increase in Abstinence as the approach nominated by services as the one most often used there. By 2007–08, 50% of services had nominated this approach as the one most often used.

Over the period, 28% to 35% of services reported Harm reduction as the approach most often used there, and 5% to 17% of services reported Family/community support or involvement as the approach most often used there.

There has been a steady decrease in Controlled drinking as the approach most often used. By 2007–08 no services nominated this approach as the one most often used.

Figure 37: Per cent of DADR services that most often used a treatment approach by type of approach 2000–01 to 2007–08



- (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

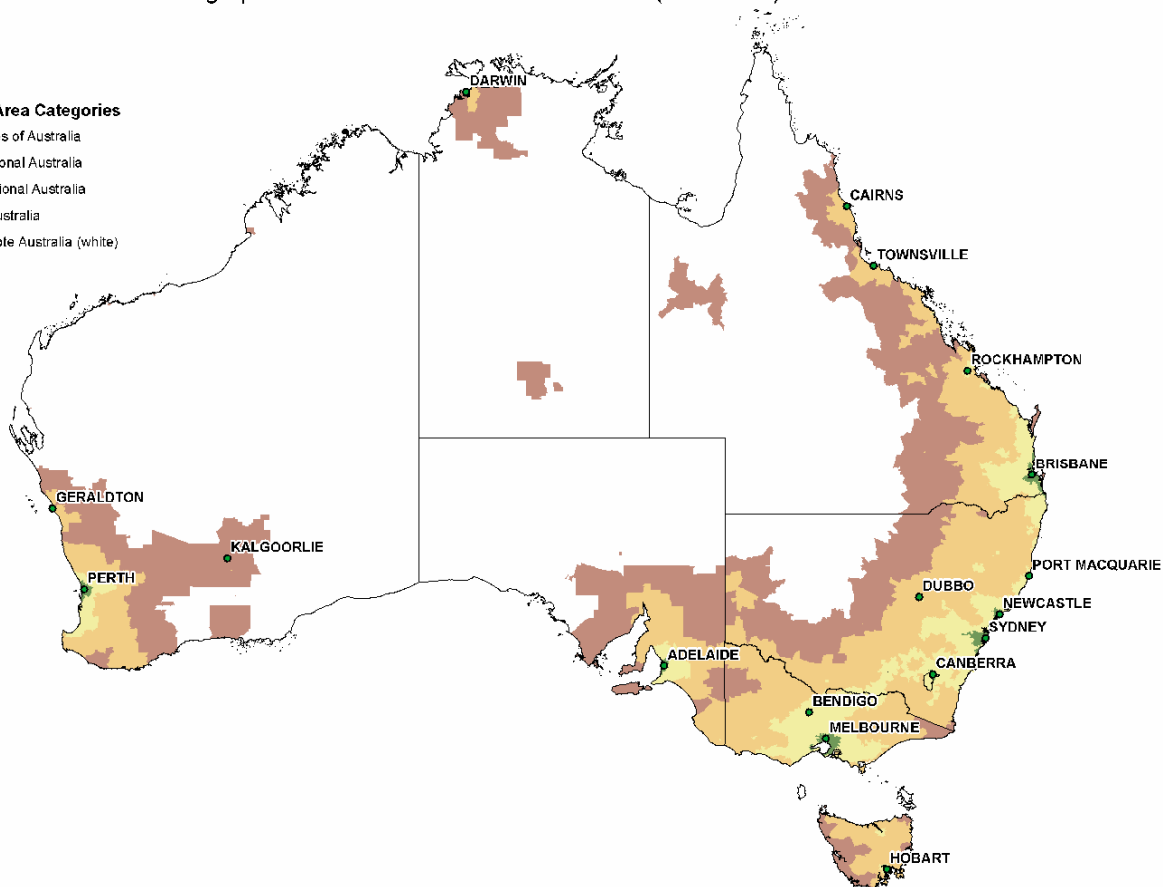
Remoteness areas of Australia¹⁵

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.

¹⁵ For more information on Remoteness Area refer to *Statistical Geography Volume 1: Australian Standard Geographical Classification (ASGC) 2006* Cat. no. 1216.0.

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.
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 / nightwatchman	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 non-clinical	All other positions not directly related to the delivery of health or counselling services.