Geospatial analyses of access to alcohol and other drug (AOD) treatment services

Introduction and aims

To adequately service populations in different regions within the community, it is important to understand the geographic distribution of AOD treatment services, and the distances travelled by clients to receive these services. It is also important to understand differences found across geographic regions, such as the client population, drugs of concern and treatment types provided.

Alcohol and amphetamine treatment episodes

Closed treatment episodes in 2014–15 where alcohol was the principal drug of concern were more likely to be provided in a Major City (65%). However, when population rates were applied, the proportion of treatment services were highest overall in the following:

- 4,175 closed treatment episodes per 100,000 people in Major Cities of Australia
- 2,418 closed treatment episodes per 100,000 in Inner Regional areas of Australia
- 2,313 closed treatment episodes per 100,000 in Remote areas of the Northern Territory
- 2,189 closed treatment episodes per 100,000 in Very Remote areas of Australia

The average distance travelled by Indigenous clients seeking treatment for alcohol (145km) was 3 times that travelled by non-Indigenous clients (54km) while the average distance travelled by Indigenous clients to access treatment for amphetamines (108km) was almost double that of non-Indigenous clients (65km).

Distance travelled to access alcohol and amphetamine treatment services

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Treatment agency location and service sector

Fewer treatment agencies are located in Remote or Very Remote Areas (3.8% and 3.2% of all treatment centres respectively). Access to treatment varies with geographic distribution of the client population, the drug of concern, treatment type and specific population type. For example, travel to residential treatment services was greater because the proportion of these services is lower compared to non-residential services.

Key Findings

In 2014–15, nearly three-fifths (58%) of AOD treatment agencies were located in Major Cities and 22% in Inner Regional areas. As a rate of the Australian population, the highest treatment rates for principal drugs of concern were related to alcohol and amphetamines.

Method

Data is sourced from the 2014–15 AOD Treatment Services National Minimum Data Set. This information was used to estimate the geographic distribution of agencies and the distance between a client’s usual residence and the agency from where they received treatment. Geographic information is determined using the Australian Statistical Geography Standard (ASGS) Statistical Area level 2 (SA2).

Alcohol treatment episodes

Episodes per 100,000 population

<table>
<thead>
<tr>
<th>Episode Rate</th>
<th>1-300</th>
<th>301-500</th>
<th>501-700</th>
<th>701-2,000</th>
<th>2,001+</th>
</tr>
</thead>
<tbody>
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<td>Alcohol</td>
<td>301–500</td>
<td>501–700</td>
<td>701–2,000</td>
<td>2,001+</td>
<td></td>
</tr>
<tr>
<td>Cannabis</td>
<td>100–200</td>
<td>201–400</td>
<td>401–800</td>
<td>801–1,600</td>
<td>1,601–3,200</td>
</tr>
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Amphetamine treatment episodes

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<td>2,001+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amphetamines</td>
<td>101–200</td>
<td>201–400</td>
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Implications for practice or policy

Identifying client drugs of concern and treatment profiles incorporating distance travelled to AOD services in regional areas may assist with future planning and resource allocation for AOD treatment services across Australia.

Disclosure of Interest Statement

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