

CHARACTERISTICS OF ADMISSIONS TO RESIDENTIAL DRUG TREATMENT AGENCIES IN NEW SOUTH WALES, 1988-1992: ILLICIT DRUG USERS

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EXECUTIVE SUMMARY

The Clients at Residential Agencies (CARA) database of the New South Wales Drug and Alcohol Directorate was analysed for trends in admissions of clients with illicit drug problems over the years 1988-1992. CARA forms are completed by all 23 non-government residential treatment agencies funded by the Directorate for each admission and discharge.

There was a significant increase in the age of admissions to residential agencies over the five year period of this study, from 26.8 years in 1988 to 27.9 years in 1992. There was also a small increase in the proportion of male admissions to agencies (66.5% in 1988 to 69.9% in 1992).

There were several noteworthy changes in drug use patterns of admissions over the study period. While the proportion of admissions reporting opiates as their primary drug problem declined from 81% to 65% over the study period, the proportion of admissions for stimulant problems doubled (8% to 16%). The proportion of admissions reporting stimulant use as their primary drug problem rose each year. Similarly, there was a small increase in the number of admissions between 1988 and 1992 for cocaine problems (0.9% to 2.2%). The proportion of admissions reporting cannabis as the major problem drug more than doubled, rising from 3.6% in 1988 to 8.7% in 1992. While opiates remained the major problem drug with admissions, agencies are dealing with larger proportions of people with non-opiate problems. Overall, the trend over time is for agencies to deal with a wider range of polydrug problems.

The duration of drug use problems also changed over time. There was a significant increase between 1988 and 1992 in the proportions of admissions who had drug problems of ten or more years standing (34.9% to 41.3%). Agencies are increasingly dealing with people with long-standing problems. Despite this, the median length of stay of clients remained relatively stable over the study period at approximately 24 days.

There was an increase in the proportions of clients who had undergone previous treatment. In 1988 just over a half (51%) of admissions had never been in treatment. By 1992 this figure had fallen to 15%. There was a large increase in the proportion of admissions who had been in methadone maintenance, from 37% in 1988 to 69% in 1992, coinciding with the expansion of methadone services. These findings are consistent with the trend towards older, more drug entrenched clients that emerges from the data, and are consistent with trends in other countries.

The current study indicates the value of collecting simple data on variables such as age, gender, type and duration of drug problem and prior treatment in documenting changes in client populations. It recommended that data similar to CARA be collected on an ongoing basis by the non-government residential agencies. In particular, it is recommended that i) the form be simplified and standardised and ii) a single form, completed at discharge, be used.