



# Characteristics of clients who access drug treatment or specialist homelessness services in Australia

## Introduction & methods

People experiencing alcohol and other drug (AOD) dependence may be at increased risk of experiencing other adverse outcomes such as homelessness, mental health issues and family and domestic violence (FDV).<sup>1</sup> This poster compares key characteristics of people who accessed AOD treatment services, participated in opioid pharmacotherapy (opioid agonist treatment [OAT]) or received support from specialist homelessness services in Australia, including client demographics and how people engaged with services (e.g., whether they were new to treatment). We used data from three collections:

- 1. Alcohol and Other Drug Treatment Services National Minimum Data Set, 2021–22:** The AODTS NMDS captures information on closed treatment episodes provided by publicly-funded AOD agencies to clients aged 10 and over for their own or someone else's AOD use, including demographics.<sup>2</sup>
- 2. National Opioid Pharmacotherapy Statistics Annual Data collection, 2022:** The NOPSAD collection provides information on clients receiving opioid pharmacotherapy in Australia, health professionals who prescribe OAT and dosing points where clients receive treatment.<sup>3</sup>
- 3. Specialist Homelessness Services collection, 2021–22:** The SHS collection includes information about support provided by specialist homelessness services to clients aged 10 and over, including the services requested and individual-level factors such as alcohol and other drug use.<sup>4</sup>

## Results

### AODTS NMDS

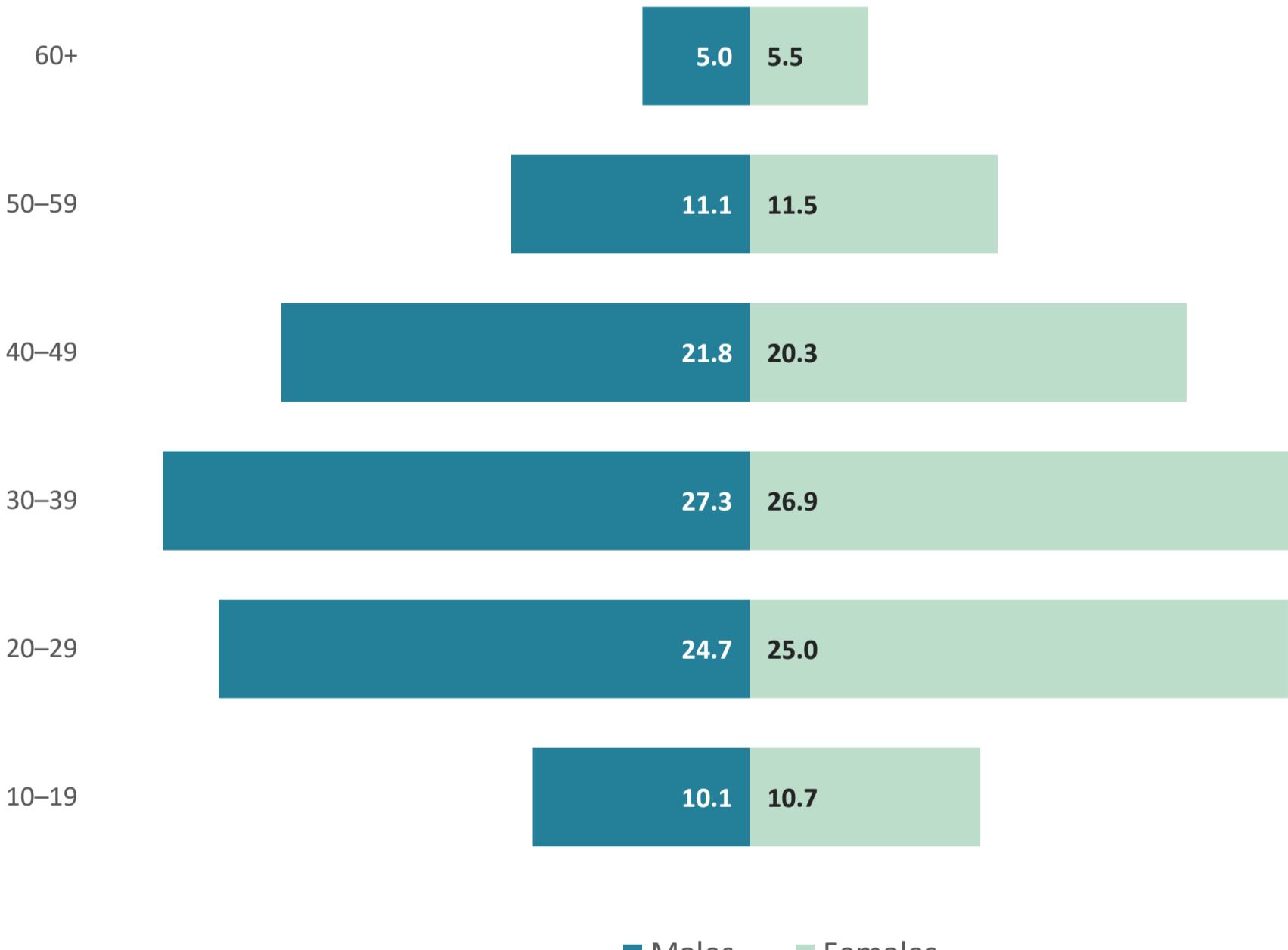


131,000 people

received treatment for their own or someone else's drug or alcohol use in 2021–22  
(124,000 for their own drug use, or 548 per 100,000 people)<sup>2</sup>

Almost half of all clients<sup>^</sup> had previously received treatment since July 2017 and 4.1% of treatment episodes were for clients experiencing homelessness (across included jurisdictions)<sup>#</sup>

Of clients receiving treatment for their own drug use, 6 in 10 were male (62%) and half were aged 20–39 (52%)



<sup>^</sup> Including those who received treatment for their own or someone else's drug use.

<sup>#</sup> Based on usual accommodation type prior to the start of treatment; excludes VIC and TAS.

Source: AODTS NMDS 2021–22 (AIHW, 2023a).

### NOPSAD collection

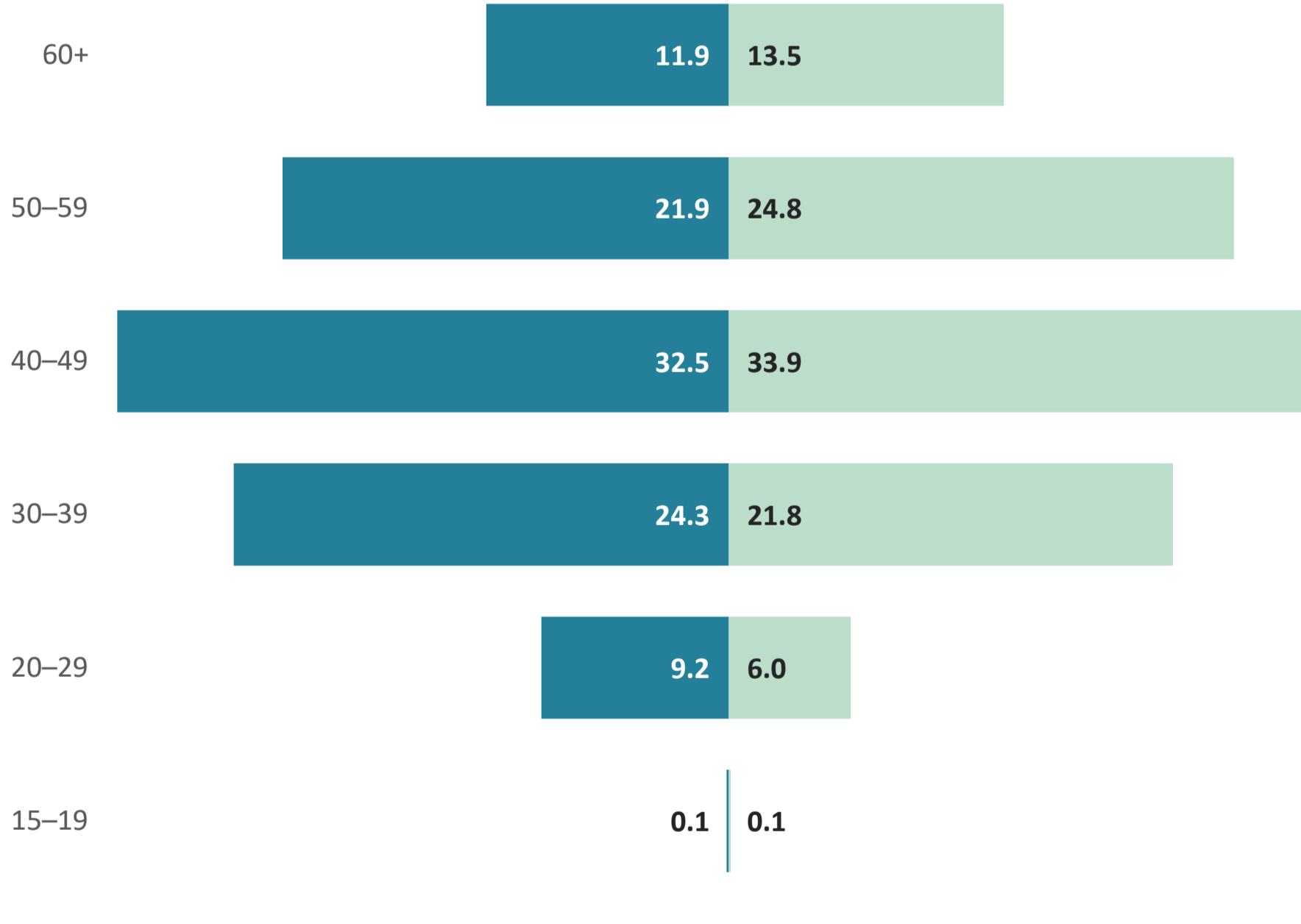


55,700 people

received opioid agonist treatment on a snapshot day in 2022  
(21 clients per 10,000 people)<sup>3</sup>

Around 7 in 10 clients were continuing treatment and 1 in 10 were re-entering treatment after previously leaving OAT

Almost 7 in 10 clients were male (67%) and over half were aged 30–49 (58%)



Note: Figure excludes data for VIC and QLD.

Source: NOPSAD 2022 (AIHW, 2023b).

### SHS collection

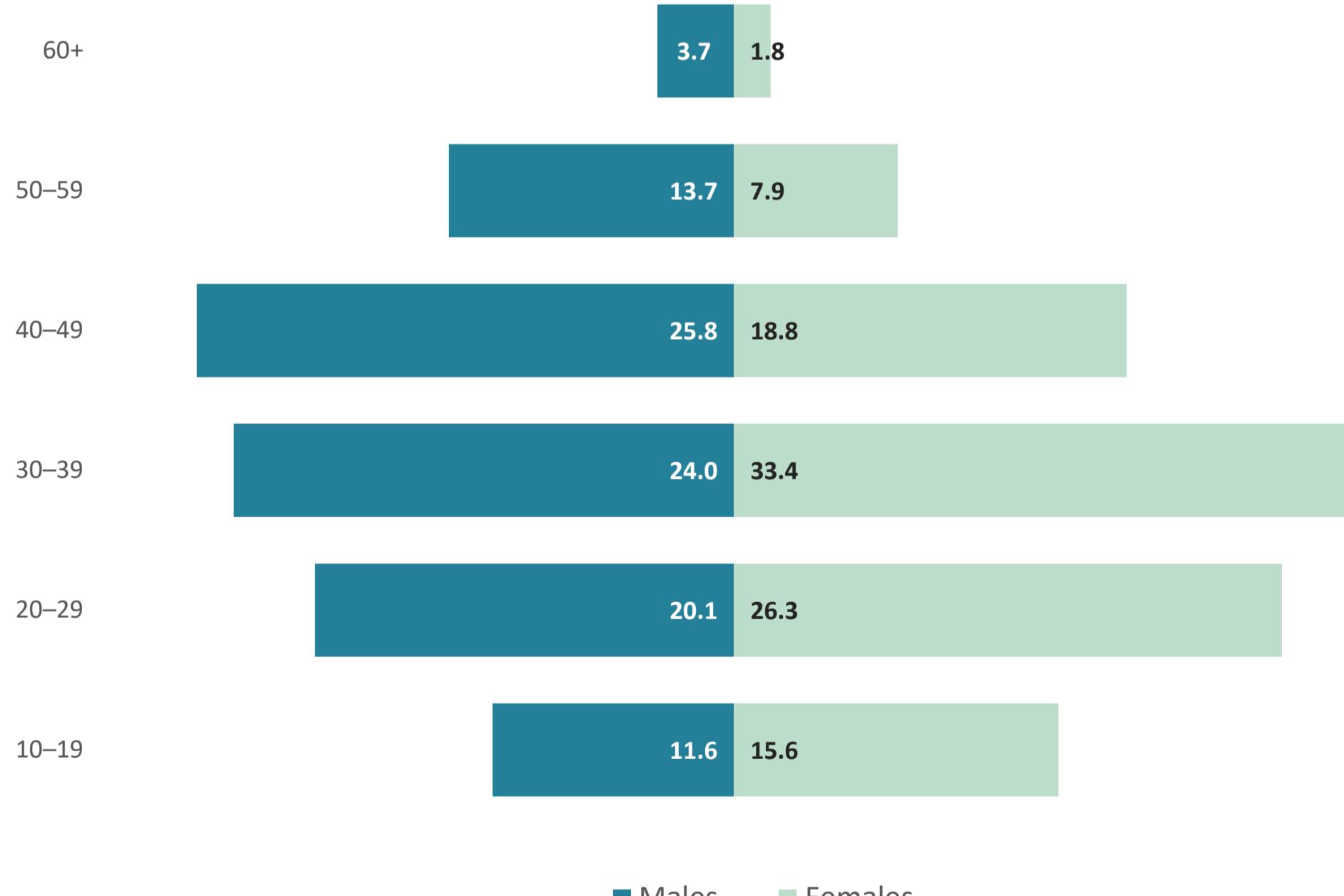


23,400 SHS clients

reported seeking or receiving help for drug or alcohol use in 2021–22  
(8.6% of clients, or 9.1 clients per 10,000 people)<sup>4</sup>

These clients were more likely than all SHS clients to be homeless\* (61% vs. 44%) or have previously accessed an SHS agency since July 2011 (80% vs. 63%). Over 7 in 10 also had mental health issues and 4 in 10 experienced FDV

AOD clients were more likely than all SHS clients to be male (51% vs. 40%) and half were aged 20–39 (49%)



\* At the start of support, among clients where homelessness status and main reason for seeking assistance at the beginning of support were known.

Source: SHS 2021–22 (AIHW, 2022).

## Discussion & conclusions

People seeking treatment for AOD use may be at increased risk of also experiencing homelessness and other adverse outcomes, including mental health issues. Many clients who receive OAT or engage with AOD or SHS services do so repeatedly, representing an opportunity for service providers to engage with clients about the types of support they may need (e.g., housing, healthcare, harm reduction information). This is particularly important for males (who account for most AOD/OAT clients) and younger people (who are more likely to require housing assistance). Our findings would be bolstered by data linkage to complementary data (e.g., mental health data) to more clearly identify characteristics of clients who access AOD treatment and SHS agencies.

## References

- McVicar D, Moschion J & van Ours J C, From substance use to homelessness or vice versa? *Social Science & Medicine*: 136–137, pp. 89–98; 2015 [cited 2023 Sep 21]. DOI: <https://doi.org/10.1016/j.socscimed.2015.05.005>.
- Australian Institute of Health and Welfare (AIHW), Alcohol and other drug treatment services in Australia. Canberra: AIHW; 2023a [cited 2023 Sep 22]. Cat. No. HSE 250.
- AIHW, National Opioid Pharmacotherapy Statistics Annual Data collection. Canberra: AIHW; 2023b [cited 2023 Sep 22]. Cat. No. PHE 266.
- AIHW, Specialist homelessness services annual report 2021–22. Canberra: AIHW; 2022 [cited 2023 Sep 22]. Cat. No. HOU 331.



AIHW