

The impact of COVID–19 on service delivery from alcohol and other drug treatment services

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Introduction and Aims:

COVID-19 restrictions introduced new challenges for alcohol and other drug (AOD) treatment service providers and clients. From March 2020, states and territories reported specialised treatments provided by AOD services were affected by the introduction of public health orders and restrictions, reducing availability of treatment places. This paper aims to highlight variations in characteristics of closed treatment episodes during COVID-19.

Method / Approach:

This analysis uses the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) to examine closed treatment episodes from publicly funded specialist AOD services between 2018–19 and 2020–21. It will focus on the characteristics of closed treatment episodes during COVID-19 such as, main treatment type, treatment delivery setting and geographical location of agencies (remoteness area).

Key Findings:

Previous AIHW [1] analysis identified changes in the quarterly number of closed treatment episodes for some main treatment types and delivery settings nationally between 2018–19 and 2019–20, most likely due to COVID-19 restrictions. This analysis extends initial findings to include 2020–21 data and consider the effect of geographical location during COVID-19.

Discussions and Conclusions:

The type of AOD treatment and where it is delivered are intricately linked. Previous AIHW [1] analysis identified changes in the number of treatment episodes for some treatment types and treatment delivery settings over the initial COVID-19 period likely reflecting this association. This analysis extends previous findings to highlight variations in characteristics of closed treatment episodes and consider the effect of geographical location during COVID-19.

Disclosure of Interest Statement:

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References

1. Australian Institute of Health and Welfare. [Alcohol and other drug treatment services in Australia annual report](#). Canberra (AU): AIHW; 2021. Report No.: Cat. no. HSE 250.