



# 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.

## Method



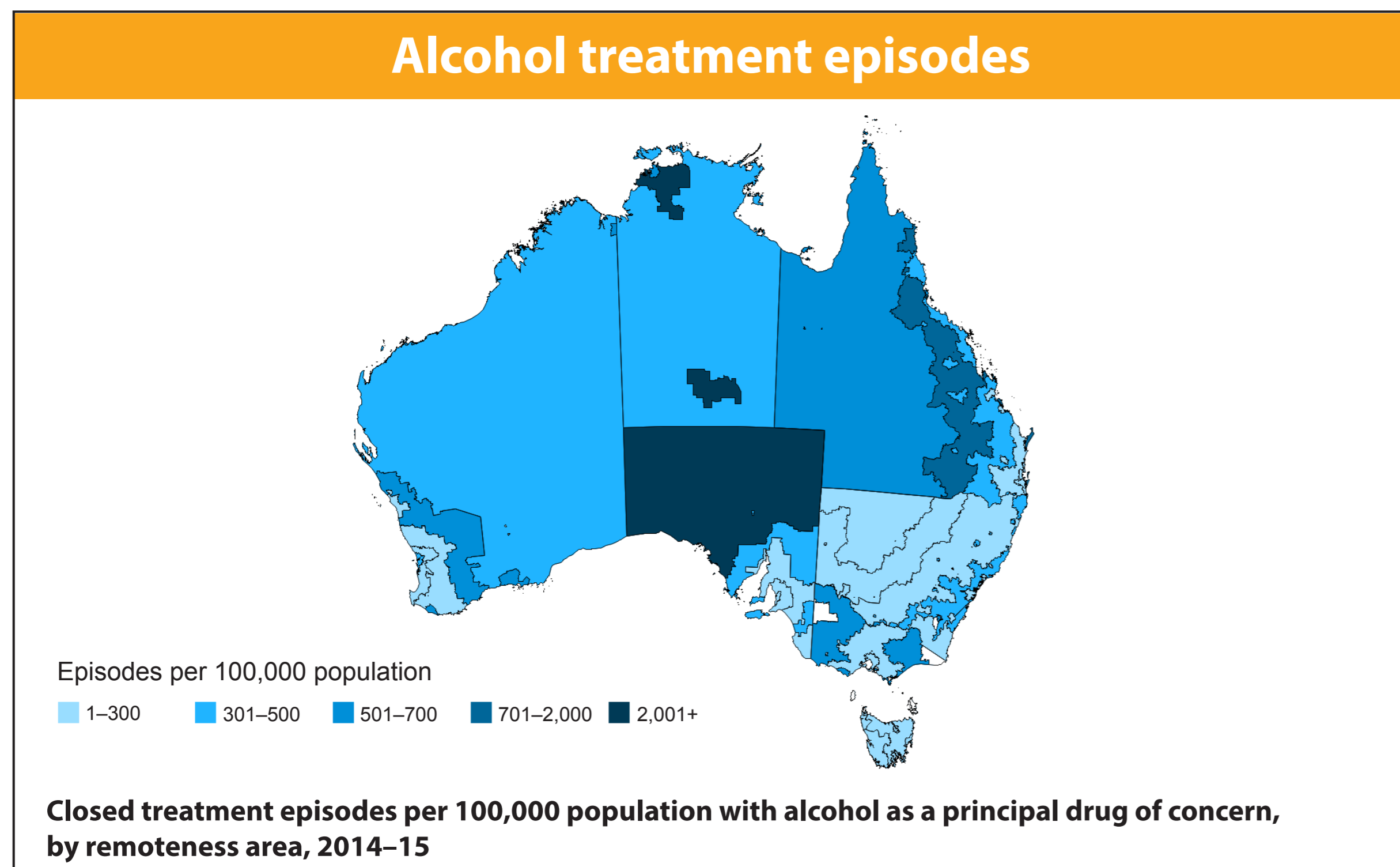
Data is sourced from the 2014–15 AOD Treatment Services National Minimum Data Set. This information was used to estimate the geographic distribution of agencies and the distance between a client's usual residence and the agency from where they received treatment. Geographic information is determined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

## Key Findings



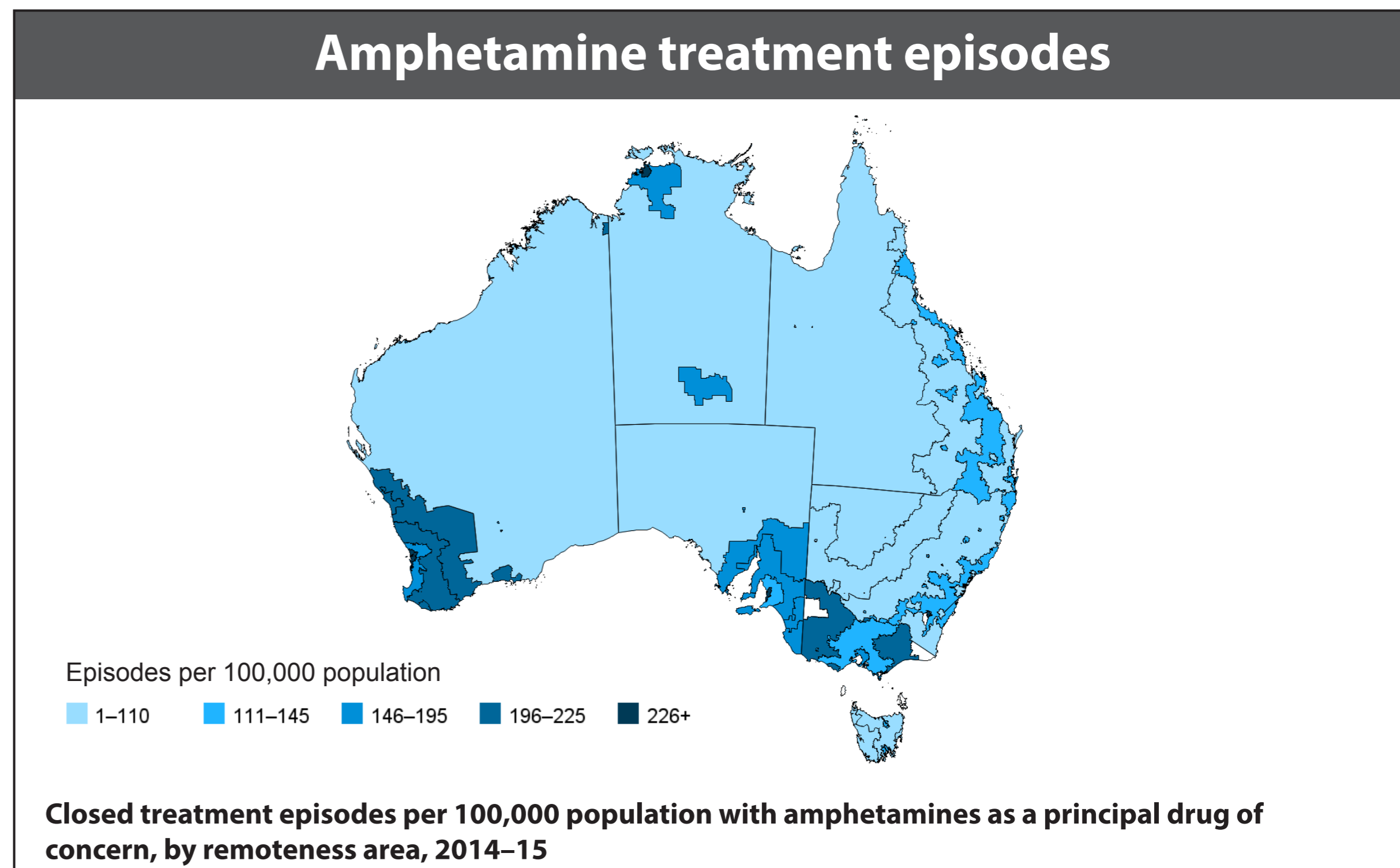
In 2014–15, nearly three-fifths (58%) of AOD treatment agencies were located in *Major Cities* and 22% in *Inner Regional* areas. As a rate of the Australian population, the highest treatment rates for principal drugs of concern were related to alcohol and amphetamines.

## 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 *Remote* areas of Australia
- 2,418 closed treatment episodes per 100,000 in *Very Remote* areas of South Australia
- 2,313 closed treatment episodes per 100,000 in *Remote* areas of the Northern Territory



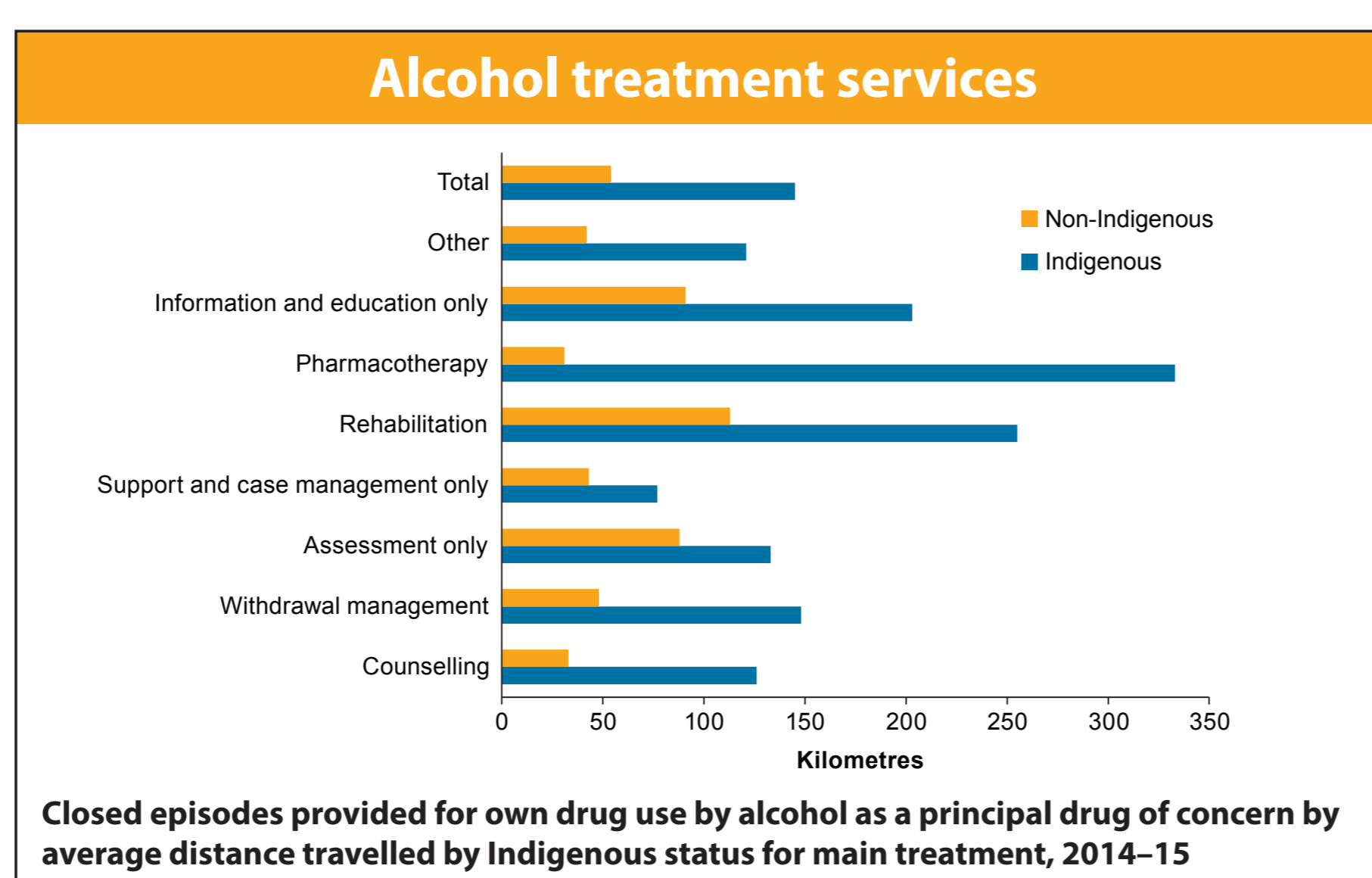
Closed treatment episodes in 2014–15 where amphetamine was the principal drug of concern were more likely to be provided in a *Major City* (74%). However, when population rates were applied, the proportion of treatment services were highest overall in the following:

- 1,096 closed treatment episodes per 100,000 people in *Outer Regional* areas of Australia
- 222 closed treatment episodes per 100,000 in *Outer Regional* areas of the Victoria
- 218 closed treatment episodes per 100,000 in *Remote* areas of Western Australia

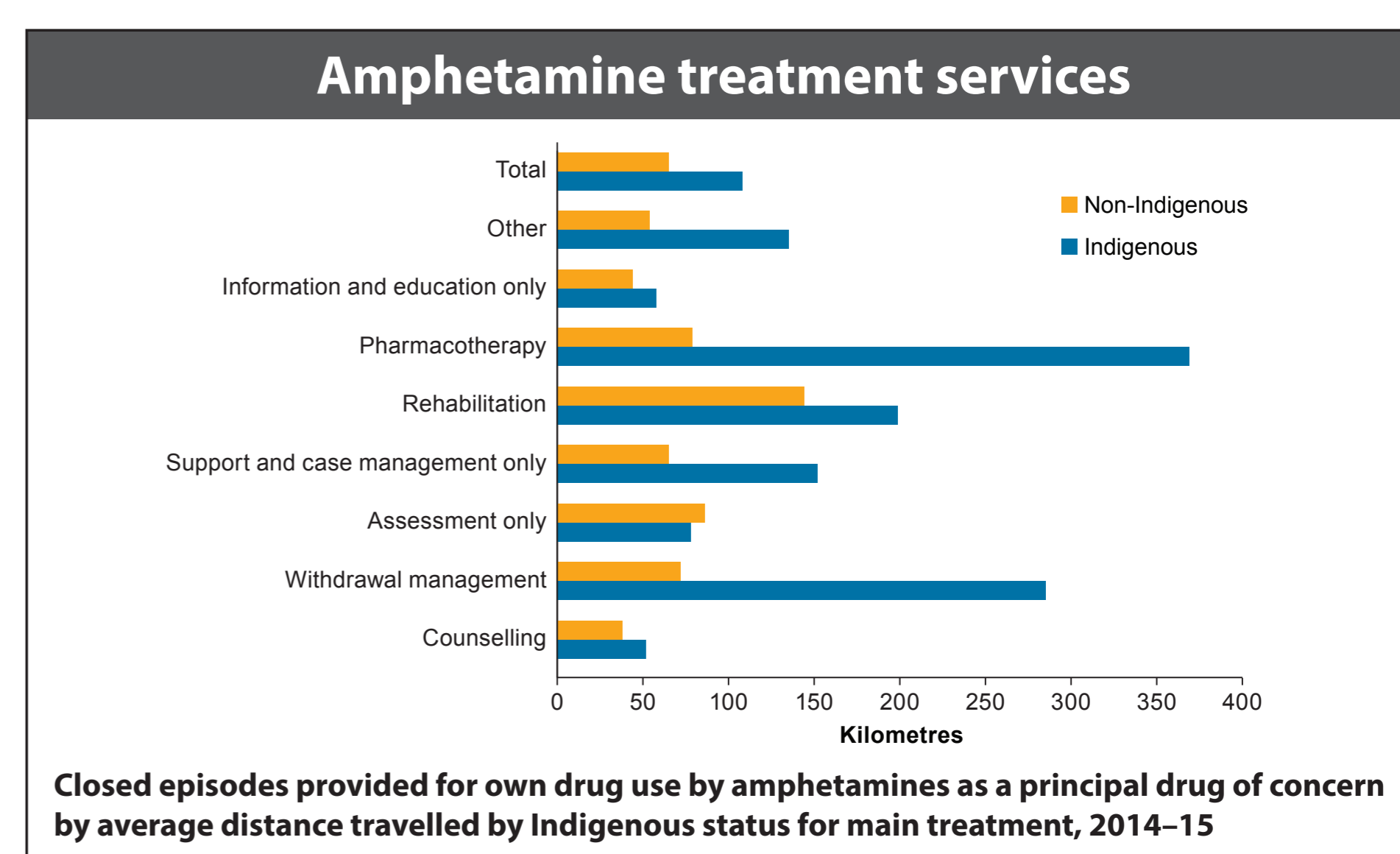
## Distance travelled to access alcohol and amphetamine treatment services

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).

Treatment services km	
Average distance travelled to treatment services for non-Indigenous clients	
Alcohol	54 km
Amphetamines	65 km
Cannabis	46 km
Heroin	58 km
Average distance travelled to treatment services for Indigenous clients	
Alcohol	145 km
Amphetamines	108 km
Cannabis	101 km
Heroin	49 km

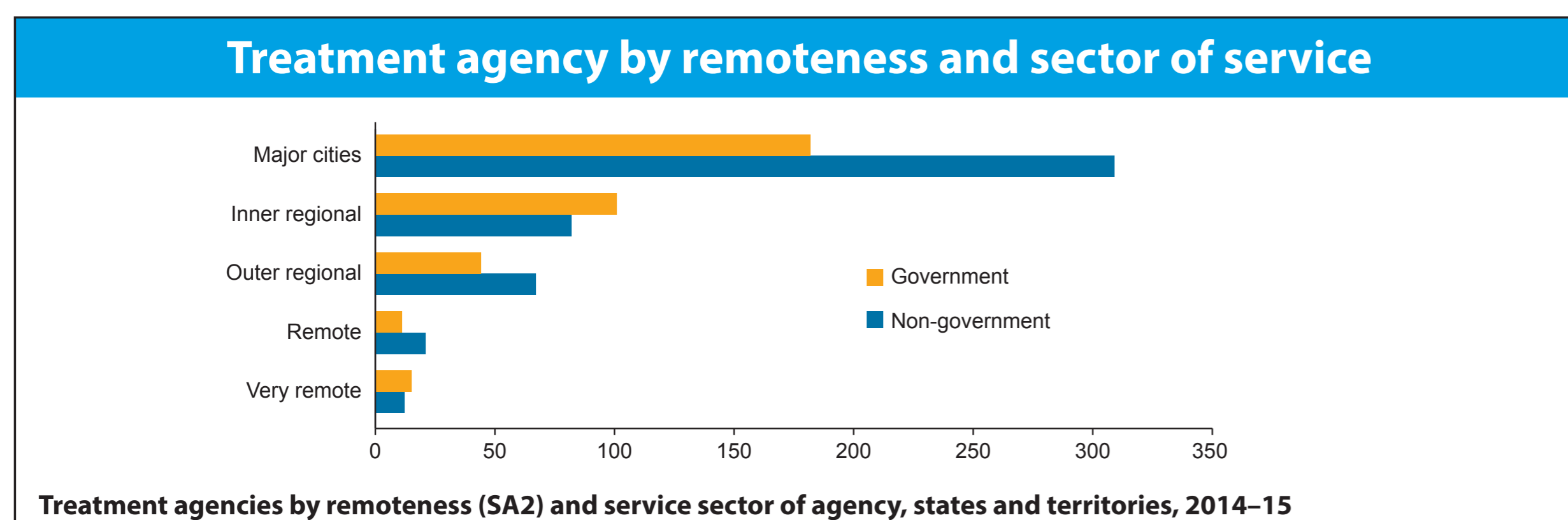


Note: The results are from centroid to centroid only. Distance results are more accurate in cities than in regional areas, due to discrepancies in sizes between different postcodes.



## 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).



## Discussions and conclusions

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.

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.

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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.