

Summary
of Health and Drug
Treatment-Related Databases

Summary of Health and Drug Treatment-Related Databases

Background

One of our first tasks was to identify all Victorian and National databases which might be expected to include information on illicit drug use and ethnicity. Twenty-three health and drug treatment service databases were identified and appraised. Little information on ethnicity was found. Six databases were selected for further analysis because each had at least one ethnicity variable. These were: the Drug of Dependency information System, the HIV Surveillance Database, the Victorian 1996 Secondary Students Alcohol and Drug Survey, the Alcohol and Drug Information System, the 1995 Victorian Drug Household Survey and the Victorian Emergency Minimum Data Set.

General Comments on Health and Drug Treatment Related Databases

The most common variables used to identify ethnicity were country of birth (COB), COB of the parents, language spoken at home or preferred language. The most common basic ethnicity descriptor (found in all six databases) was COB. While COB can assist in identifying ethnicity, it is problematic. It identifies only first generation migrant groups and biases data towards recent arrivals. Australian-born children of migrants who may have a strong identification with their ethnic background are made invisible in the databases that only use COB, as they appear only in the Australian-born category. Only one database, the Drug of Dependency Information System (linked to the methadone registry) avoids this problem by including the variable 'self-identified ethnic/cultural background'. The State Coroner's Database, which contains information about fatal drug overdoses, was examined, but the absence of ethnicity variables thwarted detailed analysis. The researchers originally planned to use the surnames on this database to identify ethnicity; however, except for common Vietnamese surnames, it was impossible to draw any useful conclusions regarding ethnicity from these records.

Key Findings

Drug of Dependency Information System: Methadone Registry

- The only database to have the variable 'self-identified ethnic/cultural background'. Unfortunately, this ethnicity field was the only variable not entered electronically and therefore a manual examination of archival information was required.
- For the 12-month period February 1998 to February 1999 there were 6,019 methadone permit forms which contained full ethnicity data.
- Thirty-one per cent of those having received a methadone permit were from a non-English speaking background (NESB), while the rest were of Australian culture or English speaking background.
- Seventy different ethnic/cultural background groups were identified.
- The most common ethnic backgrounds were Vietnamese, Greek and Italian.
- Of those declaring Italian and Greek ethnicity, 80 per cent were born in Australia.
- Six per cent of those with Vietnamese ethnicity were born in Australia.
- Second-generation Italians have similar rates to the Vietnamese of multiple occasions of starting methadone.

HIV Surveillance Database

- Of people (n= 4,085) diagnosed with HIV in Victoria from 1983 to the end of 1998, eight per cent reported having a history of injecting drug use.
- Of the 323 individuals who reported a history of injecting drug use (IDU), 47 per cent supplied their COB.
- Eighty-seven per cent were from 'main English speaking backgrounds' (MESB) while 13 per cent were from NESB.
- Eighty-three per cent of the IDUs were born in Australia.
- Twelve NESB countries were identified, with those born in Vietnam constituting the greatest number of individuals.
- The majority of NESB individuals were men and their ages ranged from 29 to 31 years.
- Fifty-seven per cent of the injecting drug users, regardless of ethnicity, said they were homosexual or bisexual.
- Those from NESB with a history of IDU, were less likely to declare their homosexuality.

The Victorian 1996 Secondary Students Alcohol and Drugs Survey

- The number of participants who responded to drug use questions was 4,432.
- Seventeen per cent of the participants lived in households where English and another language were spoken at home; two per cent were from a household where no English was spoken.
- Except for marijuana use there are generally no contrasts in substance use between English only speakers and those of NESB. The other substances used were heroin, LSD, cocaine, speed and ecstasy.
- The prevalence of lifetime (ever used) heroin use for NESB and English only speakers were four per cent and three per cent respectively.
- Marijuana use was statistically more prevalent among English-only speakers over their lifetime.

Alcohol and Drug Information System (Treatment for Heroin Use)

- Limitations in the database mean particular care is required when interpreting the data; for example, 'episodes of care' is the unit of measurement rather than individual clients.
- The COBs examined were Australia, Vietnam, China, Romania, Cambodia, Turkey, Lebanon, Greece, Italy and Macedonia. National groups were also re-classified into NESB and mainly English speaking background (MESB).
- Persons listed on the database were more likely to be from the local government areas of Greater Dandenong, Maribyrnong, Yarra, Port Phillip and Brimbank.
- The majority in treatment were men, and the COB ages ranged from 21 to 36 years; most indicated they had never been married.
- NESB men were more likely to use residential drug withdrawal services. Those born in Australia were more likely to use an individual client service.
- The proportion of English language speakers was high for all the COB examined. Vietnamese language was the most frequent after English.
- Unemployment was generally high; it was lower among those of MESB compared with NESB (25 per cent and 57 per cent respectively).
- The median period of drug use was longer among those of MESB (36 months compared with 20 months for NESB).
- The proportion of those currently injecting drugs was greater for those of NESB compared with MESB (74 per cent and 55 per cent respectively).

1995 Victorian Drug Household Survey

- The sample size was 1,200, when including Victorians from the National Drug Household survey.
- Eighty-five per cent of the sample was of MESB and 15 per cent was of NESB.
- Illicit drug use by those of MESB and NESB was similar. For those of MESB, the prevalence of heroin use was two per cent, while it was <1 per cent for those of NESB.
- Use of amphetamines was significantly different with seven per cent of MESB using compared with one per cent of NESB.
- Cannabis was the most prevalent illicit drug used by both MESB and NESB respondents.
- Illicit drug use by language spoken indicated that a significantly larger proportion of English-only speakers used cannabis and amphetamines.
- Only one per cent of MESB reported ever injecting drugs, while no people of NESB did so.
- Only two per cent of those born in Europe and Asia had ever used cocaine, ecstasy, heroin, inhalants or amphetamines.
- Most respondents, both of MESB and NESB, had never sought help for a drug and alcohol problem either for themselves or for others.
- Of those having sought assistance in the past five years most were from MESB.

The Victorian Emergency Minimum Data Set

- A total of 1,366 had illicit drug use in their 'character text narrative' for the period January 1996 to June 1998.
- Ninety-one per cent of those providing information about their COB were from English speaking backgrounds.
- More than 50 per cent of 'preferred language' data was missing for those entered as illicit drug users.
- Regardless of background, most individuals were male, and the average age was 26 years.
- Heroin was the illicit drug most frequently reported used by people of NESB and English speaking backgrounds (89 per cent and 85 per cent respectively).
- Other illicit drugs recorded in the 'narrative text' were amphetamines, inhalants, hallucinogens and ecstasy.

- The local government areas of Greater Dandenong, Moonee Valley, Maribyrnong and Casey had the greatest number of residents of NESB presenting with illicit drug use problems.
- Compared with other health regions, those presenting with illicit drug problems who lived in the Western Metropolitan Health Region were more likely to be of NESB.

Alcohol and Drug Information System (ADIS)

Description of Database

In 1996, the Alcohol and Drug information System (ADIS) was introduced to replace the outdated Drug and Alcohol Information System (DAISy). ADIS is the largest information database for drug treatment services and provides a range of performance indicators for management and planning of funded services. Currently, information is documented and collected by service providers, using a client registration form, which is then forwarded to the Department of Human Services to be entered electronically. In 1997, the number of clients on the database for both alcohol and drug-related conditions was estimated to be 25,000. There were various responses possible for the principal drug problem being treated, but the focus for this research was on heroin and amphetamines.

The ADIS database provided to the researchers was dated from 1.7.97 to 30.6.98. Ethnicity variables identified on ADIS are restricted to the variables 'country of birth' (COB) and 'languages spoken'. For those receiving treatment for heroin use there were 13,6663 episodes of care among main English speaking background (MESB), compared with 840 episodes of care for those of non-mainly English speaking background (NESB). For amphetamine use the numbers were significantly fewer, with those of NESB numbering only nine 'episodes of care'. The unit reported to the Drug Treatment Services Unit is an 'episode of care', which consists of a completed course of treatment undertaken by a client under the care of an alcohol and drug worker. An episode of care may consist of a number of client contacts with the agency, which will vary according to the individual needs. Episodes of care do not refer to individual clients. One client may have several episodes of care.

Methodology

The following countries of birth were selected for examination: Australia, Vietnam, China, Romania, Cambodia, Turkey, Lebanon, Greece, Italy and Macedonia. There was also an examination of the data by re-classifying national groups into NESB and MESB. In order to try to develop a social profile of those on the ADIS database a number of variables were examined. Within most variables there are various value labels. The variables examined include local government area, age, sex, marital status, service type, source of referral, language interpreted, employment status, living status, accommodation, legal status, period of drug use (months), injecting drug use, previous alcohol and drug treatment and concurrent methadone program.

Various limitations were discovered in the 1997–98 interim ADIS database and thus care should be taken in interpretation of the data. Prior to the analysis of the data, the researchers were informed by Drug Treatment Services (Department of Human Services) of the appearance of duplicated records in some of the data tables. Additionally, the database has recorded both client contacts (as recorded by Community Health Centres using the ADIS module in the SWITCH database) and episodes of care (as recorded by agencies using interim ADIS). Prior to analysis of the database the major problem with the duplicated records was the inability to convert the contacts provided by the Community Health Centres into episodes of care, furthering the cautionary note when interpreting the data.

As the number of individual clients were not reported it is likely that a multiple of episodes of care are in fact related to the same individual. All these issues mean that interpretation of the ADIS database must be done with extreme caution.

Results

1. Local Government Areas

Postcodes were grouped into local government areas (LGAs) for the purposes of clustering and easier interpretation. The proportion with valid responses ranged from 86 per cent to 100 per cent. Clients were from a spectrum of LGAs, and those displayed represented the greatest proportion of the sample in each area. The proportion of those who responded in each LGA ranged from two per cent to 62 per cent. In Melbourne, the LGAs of Greater Dandenong, Maribyrnong, Yarra, Port Phillip and Brimbank were most frequently indicated, with the greatest prevalence for those with valid responses for the countries listed below.

Table 3 Clients' episodes of care by LGA

COB	Proportion with valid responses %	Local Government Area	Proportion of those who responded %
Australia (n=13,264)	96	Greater Bendigo	38
		Port Phillip	5
		Yarra	2
		Maribyrnong	2
		Brimbank	2
Vietnam (n=300)	91	Greater Dandenong	19
		Maribyrnong	16
		Yarra	15
		Brimbank	10
China (n=8)	88	Brimbank	43
		Boroondara	43
		Greater Dandenong	14

COB	Proportion with valid responses %	Local Government Area	Proportion of those who responded %
Romania (n=8)	88	Brimbank	43
		Greater Dandenong	29
Cambodia (n=39)	100	Greater Dandenong	62
		Monash	10
Turkey (n=30)	93	Melbourne	21
		Moonee Valley	14
		Hobson's Bay	14
		Kingston	14
Lebanon (n=17)	100	Manningham	47
		Whittlesea	24
		Greater Dandenong	18
Greece (n=67)	94	Monash	27
		Greater Dandenong	13
		Glen Eira	11
		Greater Geelong	10
Italy (n=84)	91	Glen Eira	25
		Maribyrnong	12
		Whittlesea	9
Macedonia (n=7)	86	Whittlesea	33
		Melton	33
MESB (n=13,663)	96	Greater Bendigo	38
		Port Phillip	5
		Frankston	4
		Maribyrnong	2
		Brimbank	2
		Yarra	2
		Darebin	2
NESB (n=840)	92	Greater Dandenong	15
		Maribyrnong	7
		Yarra	8
		Port Phillip	3
		Brimbank	5

2. Age

For the age variable, the proportion with valid responses ranged from 63 per cent to 100 per cent. The median age ranged from 21 to 36 years. The youngest were found among those from Cambodia and the oldest were among those born in Italy (21 and 36 years respectively). Those of MESB were older than those of NESB (29 years and 25 years respectively). The age range of clients was from 14 to 74 years of age.

Table 4 Clients' episodes of care by age

COB	Proportion with valid responses %	Median age	Age range
Australia (n= 13,264)	93	29	14–74
Vietnam (n=300)	97	22	14–47
China (n=8)	100	23	19–29
Romania (n=8)	63	24	22–30
Cambodia (n=39)	74	21	16–27
Turkey (n=30)	73	24	19–43
Lebanon (n=17)	100	30	29–57
Greece (n=67)	100	33	18–56
Italy (n=84)	89	36	23–52
Macedonia (n=7)	100	26	23–47
MESB (n=13,663)	93	29	14–74
NESB (n=840)	91	25	14–63

3. Sex

The following are the value labels for this variable:

X	male/female
---	-------------

The proportion of valid responses ranged from 96 per cent to 100 per cent. Among all the countries listed, males were consistently shown to represent greatest proportion amongst those with valid responses. It was only among those of MESB and Australian-born where the proportion gap between males and females was less marked (55 per cent and 45 per cent respectively). For those of NESB, the different in proportion between males and females was large (77 per cent and 23 per cent respectively). Males consistently showed the highest proportion among those born overseas. The only difference in the trend was to be found among those born in Lebanon, where females rather than males had the largest proportion among those with valid responses.

Table 5 Clients' episodes of care by sex

COB	Proportion with valid responses %	Value label	Proportion of those who responded %
Australia (n = 13,264)	99	male	55
		female	45
Vietnam (n = 300)	96	male	83
		female	17
China (n = 8)	88	male	100
Romania (n = 8)	100	male	100
		female	
Cambodia (n = 39)	100	male	74
		female	26
Turkey (n = 30)	100	male	93
		female	7
Lebanon (n = 17)	100	male	12
		female	88
Greece (n = 67)	96	male	84
		female	16
Italy (n = 84)	100	male	82
		female	18
Macedonia (n = 7)	100	male	100
		female	
MESB (n = 13,663)	99	male	55
		female	45
NESB (n = 840)	98	male	77
		female	23

4. Marital Status

The following are the value labels for this variable:

-
- X never married
 - X married
 - X de facto
 - X divorced
 - X separated
-

Of marital status, the proportion of valid responses ranged from 50 to 100 per cent. The majority of responses indicated they had never been married and this was found in many countries. Those born in Asian countries were more likely to have never been married compared with those born in Europe. Those born in Greece had the greatest proportion married (49 per cent), while the proportion in de facto relationships were similar amongst those of MESB and NESB.

Table 6 Clients' episodes of care by marital status

COB	Proportion with valid responses %	Value label	Proportion of those who responded %
Australia (n = 13,264)	67	never married	65
		married	8
		separated	7
Vietnam (n = 300)	85	never married	75
		married	8
		separated	4
China (n = 8)	50	never married	75
		married	25
Romania (n = 8)	100	never married	50
		married	25
		de facto	13
Cambodia (n = 39)	94	never married	79
		married	3
		de facto	16
Turkey (n = 30)	68	never married	40
		married	30
		separated	25
Lebanon (n = 17)	88	never married	27
		separated	73
Greece (n = 67)	70	never married	32
		married	49
		divorced	9
Italy (n = 84)	75	never married	52
		married	11
		de facto	17

COB	Proportion with valid responses %	Value label	Proportion of those who responded %
Macedonia (n = 7)	85	never married	17
		married	33
		widowed	50
MESB (n = 13,663)	67	never married	65
		married	8
		de facto	16
NESB (n = 840)	83	never married	64
		married	11
		de facto	12

5. Service Type

The following are the value labels for this variable:

-
- X drug withdrawal residential (w/d resident)
 - X drug withdrawal outpatient (w/d outpatient)
 - X drug withdrawal home
 - X drug withdrawal rural
 - X youth outreach
 - X counselling, consultancy and continuing care (CCCC)
 - X supported accommodation
 - X residential accommodation
 - X specialist methadone (spec methadone)
 - X peer support
 - X drink/drive assessment
 - X brokerage
 - X Individual client
 - X family
-

Of the service types that were nominated the proportion of valid responses ranged from 68 per cent to 100 per cent. While there were various service types available, those of NESB indicated a greater proportion of drug withdrawal residency compared with those of MESB (52 per cent and 21 per cent respectively). Those born in Australia or of MESB were more likely to use the individual client service than those of other countries, where it was either omitted or not significant. Other services commonly used among the countries listed were CCCC and specialised methadone.

Table 7 Clients' episodes of care by services type

COB	Proportion with valid responses %	Value label	Proportion of those who responded %
Australia (n = 13,264)	68	drug w/d resident	20
		CCCC	23
		Individual client	43
		specialist methadone	8
Vietnam (n = 300)	93	drug w/d resident	54
		CCCC	31
		specialist methadone	7
		drug w/d outpatient	4
China (n = 8)	100	drug w/d resident	63
		drug w/d outpatient	38
Romania (n = 8)	100	drug w/d resident	63
		CCCC	38
Cambodia (n = 39)	97	drug w/d resident	54
		CCCC	38
		resident rehabilitation	5
Turkey (n = 30)	100	drug w/d resident	53
		CCCC	20
		specialist methadone	20
Lebanon (n = 17)	88	drug w/d resident	60
		CCCC	13
		spec methadone	27
Greece (n = 67)	69	drug w/d resident	35
		CCCC	30
		specialist methadone	33
Italy (n = 84)	79	drug w/d resident	58
		CCCC	27
		specialist methadone	9
Macedonia (n = 7)	100	drug w/d resident	57
		CCCC	14
		specialist methadone	29
MESB (n = 13,663)	68	drug w/d resident	21
		CCCC	23
		Individual client	43

COB	Proportion with valid responses %	Value label	Proportion of those who responded %
NESB (n=840)	88	drug w/d resident	52
		CCCC	30
		specialist methadone	9
		Individual client	.8

6. Source of Referral

The following are the value labels for this variable:

-
- X self
 - X family friend
 - X GP
 - X alcohol and drug service (A&D service)
 - X direct line
 - X DACAS
 - X hospital
 - X community health centre
 - X other welfare
 - X Child Protection
 - X psychiatric service
 - X purchased service
 - X step out
 - X police/CJP
 - X COATS
 - X Drink Drive program (DD program)
 - X other treatment same service
 - X Juvenile Justice
 - X Office of Corrections
 - X courts
 - X other
-

For source of referral, the proportion with valid responses ranged from 42 per cent to 100 per cent with those from MESB having the lowest proportion with valid responses. The majority of the responses indicated their source of referral was 'self' and this was consistent for all countries. Self-referral was greatest among those born in Italy and lowest among those of Turkish birth. Those born in Greece indicated a

significant use of a GP (31 per cent). The response of using family/friend ranged from eight per cent (NESB) to 21 per cent (Cambodia).

Table 8 Clients' episodes of care by source of referral

COB	Proportion with valid responses %	Value label	Proportion of those who responded %
Australia (n = 13,264)	44	self	45
		family/friend	9
		GP	12
		A&D service	9
Vietnam (n = 300)	85	self	41
		family/friend	9
		GP	6
		COATS	9
		other welfare	7
China (n = 8)	63	self	60
		other treatment same service	40
Romania (n = 8)	100	self	38
		purchased service	25
		COATS	25
Cambodia (n = 39)	100	self	26
		family/friend	21
		COATS	21
		DD program	15
Turkey (n = 30)	93	self	25
		family/friend	14
		purchased service	14
		DD program	14
Lebanon (n = 17)	88	Self	47
		A&D service	27
		hospital	27
Greece (n = 67)	67	self	29
		family/friends	13
		GP	31
		COATS	13

COB	Proportion with valid responses %	Value label	Proportion of those who responded %
Italy (n = 84)	77	Self	83
		A&D service	14
Macedonia (n = 7)	100	Self	57
		GP	43
MESB (n = 13,663)	42	Self	45
		family/friend	8
		GP	12
		A&D service	9
NESB (n = 840)	83	Self	43
		family/friend	9
		GP	11
		A&D service	6
		COATS	6

7. Language Interpreted

Of the languages interpreted, the proportion with valid responses ranged from 60 per cent to 100 per cent. The proportion who were English speaking was high for all countries, ranging from 63 per cent to 100 per cent. However, for those of NESB, the Vietnamese language was shown to be the most prominent after English: the proportion indicating Vietnamese was 13 per cent.

Table 9 Clients' episodes of care by language interpreted

COB	Proportion with valid responses %	Value label	Proportion of those who responded %
Australia (n = 13,264)	76	English	99
Vietnam (n = 300)	89	English	64
		Vietnamese	36
China (n = 8)	100	English	63
		Cantonese	13
Romania (n = 8)	100	English	63
		Romanian	37
Cambodia (n = 39)	90	English	77
		Chinese	8
		other SE Asian	8

COB	Proportion with valid responses %	Value label	Proportion of those who responded %
Turkey (n= 30)	87	English	100
Lebanon (n= 17)	88	English	100
Greece (n= 67)	60	English	90
Italy (n= 84)	98	English Hebrew	90 10
Macedonia (n= 7)	100	English Dutch	86 14
MESB (n= 13,663)	77	English	99
NESB (n= 840)	87	English Vietnamese other SE Asian lang	77 13 2

8. Employment Status

The following are the value labels for this variable:

-
- X child not at school
 - X student
 - X employed (f/t or p/t)
 - X unemployed
 - X home duties
 - X pensioner
 - X retired
 - X sickness benefits
 - X self-employed
 - X other
 - X NewStart
 - X sole parent
 - X disability/age pension
 - X other pension
 - X young homeless
 - X government income support
 - X family support
-

Of employment status, the proportion with valid responses ranged from 63 per cent to 100 per cent. The unemployed proportions were generally high and commonly found among all the countries listed. It was lower among those of MESB compared with NESB (25 per cent and 57 per cent respectively). Unemployment was high among those born in Vietnam, Cambodia and Macedonia.

Table 10 Clients' episodes of care by employment status

COB	Proportion with valid responses %	Value label	Proportion of those who responded %
Australia (n = 13,264)	91	unemployed	25
		employed (full-time or part-time)	10
		other	13
		NewStart	24
Vietnam (n = 300)	84	unemployed	76
		student	12
		pensioner	4
China (n = 8)	63	unemployed	20
		employed	20
		student	60
Romania (n = 8)	63	employed	40
		unemployed	60
Cambodia (n = 39)	97	unemployed	76
		pensioner	8
		other	11
Turkey (n = 30)	87	employed	23
		unemployed	54
		other	15
Lebanon (n = 17)	88	unemployed	60
		home duties	27
		pensioner	13
Greece (n = 67)	76	employed (full-time and part-time)	10
		unemployed	29
		other	35
Italy (n = 84)	88	employed (full-time)	35
		unemployed	37
		pensioner	20

COB	Proportion with valid responses %	Value label	Proportion of those who responded %
Macedonia (n = 7)	100	unemployed	71
		pensioner	29
MESB (n = 13,663)	92	unemployed	25
		employed (full-time and part-time)	9
		other	12
		NewStart	24
		student	1
NESB (n = 840)	83	unemployed	57
		employed (full-time and part-time)	10
		student	9
		pensioner	8
		other	8

9. Living Status

The following are the value labels for this variable:

X	spouse/partner
X	alone with children
X	spouse/partner/children
X	friends
X	other relatives
X	parents
X	house-mates
X	alone

Of living status, the proportion of valid responses ranged from 13 per cent to 85 per cent. A significant number of clients indicated they were still living with their parents, ranging from 11 per cent to 60 per cent (Italy and Cambodia respectively). The proportion living with a spouse/partner was marginally different among those of MESB compared with those of NESB (24 per cent and 22 per cent respectively). The proportion living alone was highest among those born in Italy (52 per cent).

Table 11 Clients' episodes of care by living status

COB	Proportion with valid responses %	Value label	Proportion of those who responded %
Australia (n = 13,264)	79	spouse/partner	24
		spouse/partner/children	19
		parents	22
Vietnam (n = 300)	57	spouse/partner	11
		parents	51
		other relatives	11
China (n = 8)	25	spouse/partner	50
		parents	50
Romania (n = 8)	75	spouse/partner	50
		spouse/partner/children	33
		parents	17
Cambodia (n = 39)	13	friends	20
		other relatives	20
		parents	60
Turkey (n = 30)	60	spouse/partner	33
		spouse/partner/children	33
		parents	22
Lebanon (n = 17)	35	alone with children	67
		alone	33
Greece (n = 67)	85	spouse/partner	30
		spouse/partner/children	11
		parents	49
Italy (n = 84)	76	spouse/partner	25
		parents	11
		alone	52
Macedonia (n = 7)	57	spouse/partner	50
		alone	50
MESB (n = 13,663)	79	spouse/partner	24
		spouse/partner/children	19
		parents	22
		alone	11
NESB (n = 840)	60	spouse/partner	22
		parents	34
		alone	21

10. Accommodation

The following are the value labels for this variable:

X	owned/buying
X	rental
X	room/board
X	Institution
X	no fixed abode
X	other
X	rental/buy/own
X	rental/owner/buying

Of accommodation type, the proportion with valid responses ranged from 35 per cent to 99 per cent. Owned/buying was higher among those of NESB compared with MESB (17 per cent and five per cent respectively). The proportion of those in rental accommodation was highest among those born in Vietnam (39 per cent), while those stating no fixed abode were found only among those born in Italy (nine per cent). The accommodation status of a room/board was commonly found among all the countries and the proportion amongst those with valid responses ranged from 17 per cent to 60 per cent.

Table 12 Clients' episodes of care by accommodation

COB	Proportion with valid responses %	Value label	Proportion of those who responded %
Australia (n = 13,264)	95	rental	21
		room/board	20
		rental/owned/buying	45
Vietnam (n = 300)	91	owned/buying	15
		rental	39
		room/board	35
China (n = 8)	63	rental	20
		room/board	60
		other	20
Romania (n = 8)	75	owned/buying	33
		rental	33
		room/board	33

COB	Proportion with valid responses %	Value label	Proportion of those who responded %
Cambodia (n = 39)	59	rental	22
		room/board	57
		Institution	17
Turkey (n = 30)	67	owned/buying	20
		rental	30
		room/board	50
Lebanon (n = 17)	35	owned/buying	67
		room/board	33
Greece (n = 67)	99	owned/buying	29
		rental	27
		room/board	21
		rental/owned/buying	23
Italy (n = 84)	92	owned/buying	18
		rental	25
		room/board	27
		no fixed abode	9
		rental/owned/buying	21
Macedonia (n = 7)	86	owned/buying	68
		room/board	17
		other	17
MESB (n = 13,663)	95	rental	21
		room/board	20
		rental/owned/buying	44
		owned/buying	5
NESB (n = 840)	87	owned/buying	17
		rental	32
		room/board	34

11. Legal Status

The following are the value labels for this variable:

X	none
X	bond
X	community-based order (CBO)
X	parole
X	ICO
X	section 28
X	section 11
X	bail/charged
X	court order
X	combined custody and community treatment order (CCCTC)
X	other

For legal status, the proportion with valid responses ranged from 63 per cent to 99 per cent. The proportion indicating no legal record was highest among those born in Lebanon and lowest among those born in China (87 per cent and 20 per cent respectively). A CBO was commonly found among most listed countries, with the proportion ranging from six per cent to 38 per cent. The proportion receiving bail and charged was greater among those of NESB compared with those of MESB (21 per cent and ten per cent respectively).

Table 13 Clients' episodes of care by legal status

COB	Proportion with valid responses %	Value label	Proportion of those who responded %
Australia (n = 13,264)	90	none	69
		CBO	6
		parole	5
		bail/charged	10
Vietnam (n = 300)	90	none	44
		CBO	14
		bail/charged	31
China (n = 8)	63	none	20
		CBO	20
		bail/charged	40
		court order	20

COB	Proportion with valid responses %	Value label	Proportion of those who responded %
Romania (n = 8)	75	none	38
		CBO	38
		parole	25
Cambodia (n = 39)	87	none	24
		CBO	12
		parole	18
		bail/charged	38
Turkey (n = 30)	84	none	84
		ICO	8
		court order	8
Lebanon (n = 17)	88	none	87
		parole	13
Greece (n = 67)	99	none	61
		CBO	29
		bail/charged	9
Italy (n = 84)	96	none	79
		bail/charged	17
Macedonia (n = 7)	86	none	67
		bail/charged	33
MESB (n = 13,663)	90	none	70
		bail/charged	10
		CBO	7
		parole	5
NESB (n = 840)	89	none	56
		CBO	11
		bail/charged	21
		parole	3

12. Period of Drug Use (months)

The proportion with valid responses assessing the period of drug use was generally poorly documented. The median period for drug use was between 11 to 90 months. Those of NESB had a median of 20 months while for those of MESB it was 36 months. The range of months was extremely varied being from one to 720 months.

Table 14 Clients' episodes of care by period of drug use

COB	Proportion with valid responses %	Months (Median)	Range of months
Australia (n = 13,264)	20	36	1–720
Vietnam (n = 300)	56	19	1–120
China (n = 8)	75	24	24–48
Romania (n = 8)	63	90	36–120
Cambodia (n = 39)	54	20	10–36
Turkey (n = 30)	33	11	5–24
Lebanon (n = 17)	24	48	48
Greece (n = 67)	33	40	6–220
Italy (n = 84)	41	36	4–348
Macedonia (n = 7)	14	180	180
MESB (n = 13,663)	20	36	1–720
NESB (n = 840)	44	20	348

13. Drug Use Status

The following are the value labels for this variable:

X	hazardous
X	abuse
X	dependence
X	not current
X	remission

For drug use status, the proportion with valid responses ranged from 75 per cent to 100 per cent. The proportion of dependency was substantially greater for most countries and for both those of NESB and MESB there was only a marginal difference (72 per cent and 77 per cent respectively). The proportion with hazardous use of drugs was greater among those of NESB than those of MESB (11 per cent and three per cent respectively).

Table 15 Clients' episodes of care are by drug use status

COB	Proportion with valid responses %	Value label	Proportion of those who responded %
Australia (n = 13,264)	98	hazardous	3
		abuse	15
		dependence	77
Vietnam (n = 300)	94	hazardous	14
		abuse	18
		dependence	68
China (n = 8)	75	hazardous	17
		abuse	33
		dependence	50
Romania (n = 8)	100	abuse	25
		hazardous	75
Cambodia (n = 39)	100	hazardous	26
		abuse	10
		dependence	64
Turkey (n = 30)	80	abuse	8
		dependence	92
Lebanon (n = 17)	88	hazardous	47
		dependence	53
Greece (n = 67)	96	dependence	69
		not current	13
		remission	14
Italy (n = 84)	99	abuse	13
		dependence	82
Macedonia (n = 7)	86	dependence	100
MESB (n = 13,663)	98	hazardous	3
		abuse	15
		dependence	77
NESB (n = 840)	95	hazardous	11
		abuse	14
		dependence	72

14. Injecting Drug Use

The following are the value labels for this variable:

X	yes, current
X	yes, past
X	no

For injecting drug use the proportion with valid responses ranged from 77 per cent to 95 per cent. The proportion with current injecting of drugs was greater compared with those who had a past history of injecting for all countries on the list. The proportion of current injecting of drugs was greater among those of NESB compared with MESB (74 per cent and 55 per cent respectively). Those from NESB indicated they were less likely to have a past history of injecting drug use compared with those of MESB (11 per cent and 40 per cent respectively).

Table 16 Clients' episodes of care by injecting drug use

COB	Proportion with valid responses %	Value label	Proportion of those who responded %
Australia (n = 13,264)	95	yes, current	54
		yes past	41
		no	5
Vietnam (n = 300)	72	yes, current	63
		yes past	11
		no	26
China (n = 8)	75	yes, current	68
		no	33
Romania (n = 8)	75	yes, current	67
		yes past	33
Cambodia (n = 39)	82	yes, current	84
		yes past	9
		no	6
Turkey (n = 30)	93	yes, current	71
		yes past	25
		no	3
Lebanon (n = 17)	77	yes, current	85
		no	15

COB	Proportion with valid responses %	Value label	Proportion of those who responded %
Greece (n = 67)	87	yes, current	79
		no	21
Italy (n = 84)	86	yes, current	86
		yes past	8
		no	6
Macedonia (n = 7)	86	yes, current	67
		no	33
MESB (n = 13,663)	95	yes, current	55
		yes past	40
		no	5
NESB (n = 840)	79	yes, current	74
		yes past	11
		no	15

15. Previous Alcohol and Drug Treatment

The following are the value labels for this variable:

X	no
X	yes in the last 12 months
X	yes, over 12 months ago

For those having previously received alcohol and drug treatment, the proportion with valid responses was generally poorly documented. The proportion amongst those with valid responses, who had received prior treatment, ranged from 13 per cent to 100 per cent. Most of those who had received treatment had done so in the last 12 months. For those born in Cambodia, the proportion was 87 per cent. The general proportion of those who had received treatment over 12 months ago was low for all countries.

Table 17 Clients' episodes of care by previous alcohol and drug treatment

COB	Proportion with valid responses %	Value label	Proportion of those who responded %
Australia (n = 13,264)	50	no	35
		yes, last 12 months	62
		yes, over 12 months	3
Vietnam (n = 300)	40	no	22
		yes, last 12 months	76
		yes, over 12 months	2
China (n = 8)	25	no	100
Romania (n = 8)	50	no	50
		yes, last 12 months	50
Cambodia (n = 39)	59	no	13
		yes, last 12 months	87
Turkey (n = 30)	73	no	32
		yes, last 12 months	68
Lebanon (n = 17)	35	no	100
Greece (n = 67)	33	no	50
		yes, last 12 months	50
Italy (n = 84)	29	no	79
		yes, last 12 months	21
Macedonia (n = 7)	100	no	57
		yes, last 12 months	43
MESB (n = 13,663)	50	no	35
		yes, last 12 months	62
		yes, over 12 months	3
NESB (n = 840)	43	no	40
		yes, last 12 months	60
		yes, over 12 months	0.6

16. Concurrent Methadone Program

The following are the value labels for this variable:

X	yes
X	no
X	unknown

For those concurrently on the methadone program the proportion with valid responses ranged from 40 per cent to 100 per cent. The proportion receiving methadone was greater among MESB than NESB (17 per cent and 12 per cent respectively). The prevalence of those indicating a no response to concurrently receiving methadone was greater among those of NESB compared with those of MESB (82 per cent and 78 per cent respectively).

Table 18 Clients' episodes of care by concurrent methadone program

COB	Proportion with valid responses %	Value label	Proportion of those who responded %
Australia (n= 13,264)	39	yes	17
		no	78
		unknown	5
Vietnam (n= 300)	94	yes	8
		no	86
		unknown	6
China (n= 8)	100	no	63
		unknown	37
Romania (n= 8)	100	no	100
Cambodia (n= 39)	100	no	100
Turkey (n= 30)	100	yes	20
		no	73
		unknown	7
Lebanon (n= 17)	100	no	100
Greece (n= 67)	60	yes	20
		no	78
		unknown	2
Italy (n= 84)	77	yes	20
		no	79
		unknown	1

COB	Proportion with valid responses %	Value label	Proportion of those who responded %
Macedonia (n= 7)	100	no	100
MESB (n= 13,663)	40	yes	17
		no	78
		unknown	5
NESB (n= 840)	88	yes	12
		no	82
		unknown	6

COB and Amphetamine Use

An analysis of COB by amphetamine use was severely limited due to the minor number (nine) of episodes of care for those of NESB identified on the ADIS database. As for those of MESB, there were 1,580 episodes of care identified as being treated for using amphetamines. The substantial disparity of episodes of care renders a comparison between the two groups meaningless. However, when data was examined the most substantial difference identified was for the service type drug withdrawal residential between NESB and MESB (57 per cent and six per cent respectively). Additionally, it was shown that the median period for drug use for NESB was 36 months compared with 60 months for those of MESB.

Concluding Remarks and Recommendations

As emphasised previously, the ADIS database has a number of limitations. Of these, the problem of duplicated records and the episodes of care, not individual client numbers being collected, requires cautious interpretation. Additionally, the potential for biases in recordkeeping in the different Department of Human Services regions cannot be ignored; some health regions in Victoria would be better than others at recordkeeping. The recommendations follow:

- A self-reported ethnic/cultural background variable should be included to capture second and third generation Australians who identify with another ethnic/cultural background and currently are rendered invisible in the database.
- Records should document the individual client numbers, in order to assess the number of individuals accessing the services, rather than examine the same individuals utilising the services.
- Encouragement should be given to all those in data collecting to complete all the variables in order to enhance the quality of the ADIS database.

Drug of Dependency Information System Methadone Registry

Description

The Drug of Dependency information System (DODIS) is maintained for three different purposes: issuing permits for Schedule 8 poisons (issued when a client requires a prescribed opiate for a particular ailment); maintaining data of suspected drug dependency as notified by medical practitioners and pharmacists; and issuing treatment permits for the Victorian Methadone Program. The methadone registry is part of DODIS.

Information for the electronic methadone registry is entered from forms submitted by prescribing medical practitioners. Ten per cent, or 802, of the total methadone permit forms examined for our project, which were dated from 12 February 1998 to 12 February 1999, were 'old forms' still being used by prescribing doctors but which did not include a field for ethnicity. Both the new and old methadone permit forms include the variable country of birth (COB), and provision is made for its entry into the electronic system. The self-identified 'ethnic/cultural' background variable appears on the new forms but it is a field not entered on the electronic system. It needs to be noted that the methadone registry is the only database in Victoria, known to the researchers, to have the self-identified 'ethnic/cultural' background variable.

Permits to prescribe methadone are issued to medical practitioners, who are approved methadone providers, each time they apply for a permit. Permits for an individual's methadone program must be renewed each time the individual changes methadone provider or each time a methadone provider applies for a new treatment after a break in treatment episodes. While there may be a number of forms sent in for one individual over a period of time, the client retains the same unique identifying number enabling case tracking where a patient moves from one doctor to another.

Methodology

Methadone registry forms for the 12-month period from 12 February 1998 were examined. It was necessary for the researchers to manually extract ethnicity information direct from the new forms, which were stored in archive boxes at the Department of Human Services. A total of approximately 20,000 forms (forms for the three different purposes, as described earlier, are stored together) were examined.

The only way to determine the number of individuals with multiple permits would have been to manually enter all the unique identifier numbers (UINs) in order to establish how many of the numbers were repeated. Due to time constraints, it was not possible in the examination of the methadone registry to establish the difference in permit numbers and the number of individuals.

Given the enormous amount of paper records involved it was not possible for the researchers to manually check all the UIN of Australian or English speaking

individuals appearing more than once. However, the researchers were able to single out (due to a manageable number of permit forms) the Vietnamese, Greek and Italian ethnic groups (the three main ethnic groups represented on the methadone registry) for additional examination. Identification numbers were examined to establish the number of individuals and the number of repeat prescriptions for methadone treatment.

Results

We examined a total of 8,236 permit forms related to new applications for the treatment of an opiate dependent person with methadone syrup. On 1 January 1998, the official number of people using methadone was 4,600, and by 4 January 1999 it was 5,850. The difference in the number of permit forms examined by the researchers from that of the official figures was because some methadone users ceased methadone treatment and then recommenced within the 12-month period. Consequently, some individuals were reported in the database more than once.

Missing Fields

Of the 8,236 new applications for the treatment of an opiate dependent person with methadone syrup (within the time period previously described), 802 were old forms and contained no ethnicity fields. Of the new forms (7,434), where there was provision to indicate ethnicity, 1,415 were blank for country of birth and ethnicity/cultural background. With the new forms therefore, there was a 19 per cent non-compliance rate in filling out the ethnicity fields. Individual's names, which appeared on the forms that had blank ethnicity fields, appeared to be from a large variety of backgrounds.

Ethnic Backgrounds

Of the 6,019 methadone permit forms which contained full ethnicity data, 4,174 (69.3 per cent) indicated that the individual was either of 'Australian' culture or English speaking backgrounds. Where country of birth was nominated as 'Australia' but the ethnic/culture question was left blank, the person was assumed by the researchers to be of an Australian culture. However, it should be noted that the names of these individuals frequently indicated that they might have been from non-English speaking backgrounds.

Of the individual methadone permit forms that *did* provide information in the ethnic fields (total 6,019), 1,845 of those, or 31 per cent, indicated that the individual was from a non-English speaking background (NESB). These individuals were either born overseas and identified with a NESB culture, or were born in Australia and identified their ethnicity/culture as NESB. Seventy different ethnic/cultural backgrounds were nominated. They were: Vietnamese, Cambodian, Laotian, Iraqi, Hungarian, Greek, Italians, Maltese, Timorese, Japanese, Papua New Guineans, Turkish, Lebanese, Russian, Yugoslavian, Macedonians, Indians, Dutch, Chinese, Finnish, Swiss, Polish, Pakistani, Spanish, Ukrainian, Filipino, Fijian, German, Serbian, Portuguese, Croatian, Egyptian, Lithuanian, Malaysian, Chilean, Syrian,

Czech, Thai, Bosnian, Romanian, Sri Lankan, Afghan, Belgian, French, Indonesian, Colombian, Albanian, Iranian, Moroccan, Slavic, Burmese, Tongan, Ethiopian, Jordanian, Korean, Armenian, Slovenian, Costa Rican, Bulgarian, Palestinian, Swedish, Seychellois, Norwegian, Uruguayan, Israeli and Mauritian. Less specific ethnic groups mentioned were European, Asian, Pacific Islander and Arab.

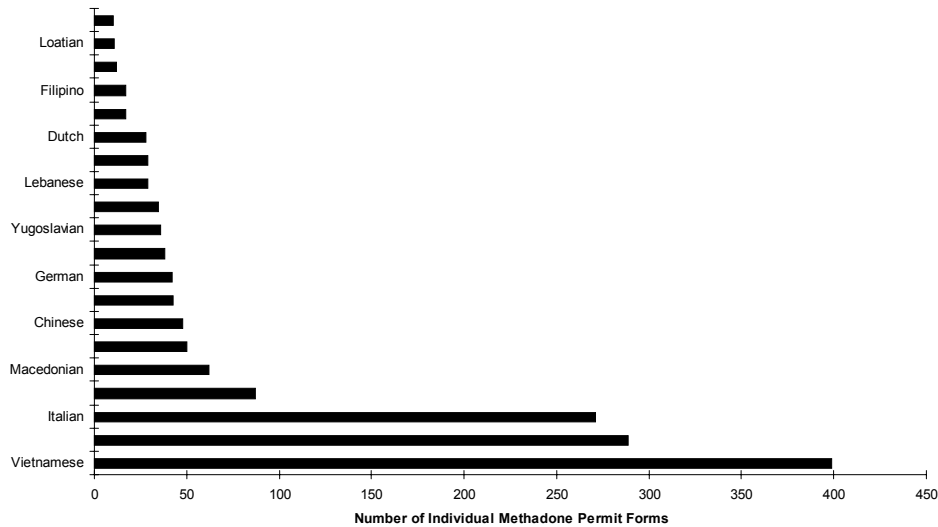
As can be seen by this list, it appears likely that very few ethnic groups are immune from illicit drug use. It could be deduced from this that the issue of ethnicity is irrelevant. However, ethnicity may have very important implications for access to drug treatment and (as is illustrated below) without proper analysis, it is impossible to know if there are in fact ethnic/cultural issues which need to be addressed and to which service providers need to be sensitive.

From the methadone permit forms, the most commonly occurring ethnic backgrounds were:

- Vietnamese: n = 400 (22 per cent of the total ethnic group)
- Greek: n = 287 (16 per cent of the total ethnic group)
- Italian: n = 271 (15 per cent of the total ethnic group).

There were a number of individuals issued with methadone permit forms from various ethnic groups. Only ethnic groups with ten or more individual permit forms issued appear on the following graph (see Figure 1).

Figure 1 Individual methadone permit forms by ethnic groups, Victoria, 12 February 1998 to 12 February 1999

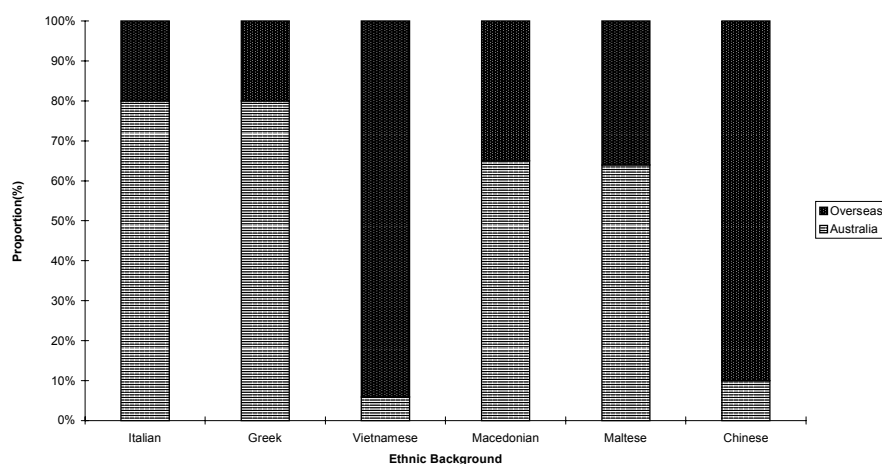


Further Analysis

Country of Birth and Ethnic/Cultural Background

Of individuals who declared Italian ethnicity on their methadone forms, 80 per cent were born in Australia; of those declaring Greek ethnicity, 80 per cent were born in Australia; of those declaring Macedonian ethnicity, 65 per cent were born in Australia; of those declaring Maltese ethnicity, 64 per cent were born in Australia. In all other databases these Australian-born individuals would be invisible, as the variable most often used to denote ethnicity is COB. Our analysis of the methadone permit data shows that people born in Australia may still identify strongly with their ethnic background to the extent that they will nominate their ethnicity/culture as that of NESB (see Figure 2).

Figure 2 Individual methadone permit forms by ethnicity, by country of birth, Methadone Registry, Victoria, 12 February 1998 to 12 February 1999



Of course the more recently arriving migrants, such as the Vietnamese, will appear more often in databases which only ask for country of birth—the standard question asked for ethnicity on the great majority of databases. For example, of those declaring Vietnamese ethnicity, only six per cent were born in Australia; and of those declaring Chinese ethnicity, only ten per cent were born in Australia (perhaps reflecting the new wave of Chinese immigrants). On the other hand, larger and more established groups, such as Greeks and Italians, become ethnically invisible in databases in the second generation because they are recorded as born in Australia. Nevertheless, there may be significant issues within more established ethnic communities which also need to be addressed in a culturally sensitive way.

Individuals with Multiple Usage Methadone Treatment

Vietnamese

Out of the 400 methadone treatment permits issued to people nominating Vietnamese ethnicity/culture, 310 individuals were given one or more prescriptions for treatment within the 12-month study period. Sixty-five individuals of Vietnamese background were issued with multiple permits (total: 90 permits) to be treated with methadone syrup. There were 45 individuals who had permits issued twice, 16 individuals who had permits issued three times, three individuals who had permits issued four times and one individual who had a permit issued on five occasions during the 12-month study period. Seventeen per cent were treated with methadone syrup on more than one occasion either because they went to a new doctor, entered prison and were further treated there, or because they had terminated their use of methadone and then recommenced at a later time.

Greek

Out of the total of 287 methadone treatment permits issued to people nominating Greek ethnicity/culture, 237 individuals were given one or more prescriptions for treatment within the 12-month study period. Thirty-three individuals of Greek background were issued with multiple permits (total 50) to be treated with methadone syrup. There were 21 individuals who had permits issued twice, nine individuals who had permits issued three times, two individuals who had permits issued four times and one individual who had a permit issued on five occasions during the 12-month study period. Eight per cent were treated with methadone syrup on more than one occasion for reasons previously noted.

Italian

Of the total of 272 methadone treatment permits issued to people nominating Italian ethnicity/culture, 227 individuals were given one or more prescriptions for treatment within the 12-month study period. Thirty-nine individuals of Italian background had multiple permits (total 44) to be treated with methadone syrup. There were 34 individuals who had permits issued twice, four individuals who had permits issued three times, one individual who had permits issued four times and no individuals who had a permit issued on five occasions during the 12-month study period. Fifteen per cent were treated with methadone syrup on more than one occasion for reasons previously noted.

Anecdotally, during key informant interviews by the researchers of workers in the drug treatment area, people of Vietnamese background were more likely than other ethnic groups to spend less time in methadone treatment. As can be seen by this preliminary analysis, it appears that second generation Italian background people have a similar rate to Vietnamese background people of going on methadone more than once. Databases have the potential to illuminate a number of important issues to do with treatment usage and access, which currently are based almost entirely on perceived appropriate practice.

Recommendations for Further Research

The analysis conducted here was limited due to our inability to link electronically the ethnicity data that was extracted by the researchers with the rest of the methadone register data. If more detailed analysis was to be conducted it would be necessary to manually enter all the UIN extracted for the ethnic/culture fields onto the system. Time restraints prevented the researchers from undertaking this task. Electronic input of the ethnicity variable should be encouraged to enhance the quality of the data that already exists.

A more comprehensive analysis could provide a wealth of information about the patterns, trends and demographics of methadone usage, including:

- The length of time individuals stay on the methadone program.
- Age at which heroin (or another opiate) was first used.
- Whether or not needles were shared more frequently in some ethnic communities than in others (which may give an indication of the level of understanding of harm reduction in different ethnic user groups).
- Whether age, rather than ethnicity, influenced the pattern of use of methadone treatment.
- The extent to which other medical conditions, such as AIDS/HIV and hepatitis C are present in different groups.
- The prevalence of dual conditions, such as active psychosis in people from different ethnic/cultural backgrounds.
- Whether an individual had previously been admitted to a therapeutic community, inpatient detoxification or a program incorporating methadone.
- Whether overall rates varied between ethnic groups, perhaps indicating if some ethnic groups may have more difficulty in accessing treatment services than do individuals of English speaking background.