



Australian Government

Australian Institute of
Health and Welfare

Alcohol and other drug treatment services in Australia

Findings from the national minimum data set 2003–04

Highlights

- In 2003–04, 622 government-funded alcohol and other drug treatment agencies provided 136,869 ‘closed treatment episodes’ (see over for definition).
- The majority of closed treatment episodes were for clients aged between 20 and 29 years (33%). Male clients accounted for close to two-thirds (65%) of all closed treatment episodes.
- Nationally, alcohol (38%) and cannabis (22%) were the most common principal drugs of concern to clients in closed treatment episodes who were seeking treatment for their own drug use, followed by heroin (18%) and amphetamines (11%).
- For closed treatment episodes involving 20–29-year-olds, there was a fairly even distribution across the four main drugs of concern (alcohol, cannabis, heroin and amphetamines), with younger clients (aged 10–19 years) much more likely to report cannabis, and older clients (aged 30 years and over) to report alcohol as the principal drug of concern.
- Overall, counselling was the most common form of main treatment provided (38% of treatment episodes), then withdrawal management (detoxification) (18%), and assessment only (15%).
- Treatment episodes most commonly ceased because the treatment was completed (53%). Treatment episodes where alcohol was the principal drug were more likely to end for this reason (59%) than treatment episodes where heroin (51%), cannabis (47%) or amphetamines (46%) were the principal drug.

Bulletin 28

CONTENTS

Purpose of AODTS–NMDS	2
Closed treatment episodes	2
Client profile	2
Principal drug of concern	3
Treatment programs	6
Special theme: Amphetamines	8
The AODTS–NMDS collection	10
Data quality and completeness	11
Accessing data from the AODTS–NMDS	11
References	11



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Principal drug of concern	3
Treatment programs	6
Special theme: Amphetamines	8
The AODTS–NMDS collection	10
Data quality and completeness	11
Accessing data from the AODTS–NMDS	11
References	11



Alcohol and other drug treatment services in Australia

Purpose of AODTS–NMDS

The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS) has been implemented to help monitor and evaluate key objectives of the National Drug Strategy 2004–2009 and to help plan, manage and improve the quality of alcohol and other drug treatment services. In general, it aims to provide ongoing information on the demographics of clients who use these services, the treatment they receive, and administrative information about the agencies that provide alcohol and other drug treatment.

This is the fourth bulletin in the series of annual bulletins on the AODTS–NMDS. The data contained in this bulletin are derived from the comprehensive AODTS–NMDS 2003–04 annual report (AIHW 2005a).

Closed treatment episodes

The analysis in this bulletin is based on ‘closed treatment episodes’. A closed treatment episode refers to a period of contact, with defined start and end dates, between a client and a treatment agency. A closed treatment episode may be for a specific treatment, such as information and education only, that may not be part of a larger treatment plan, or for a specific treatment, such as withdrawal management (detoxification), that may be part of a long-term treatment plan.

Treatment agencies

A national total of 622 government-funded alcohol and other drug treatment agencies supplied data for 2003–04, with the largest proportion of agencies in New South Wales (42%), Victoria (23%) and Queensland (15%). Just over half of all agencies identified as non-government providers (52%).

In 2003–04, treatment agencies were most likely to be located in major cities (57%) and inner regional areas (26%).

Client profile

- During 2003–04, there were 136,869 closed treatment episodes in alcohol and other drug treatment services reported in the AODTS–NMDS collection. These episodes related to an estimated 115,163 client registrations. On average, each of these registrations accounted for 1.2 treatment episodes during the year.
- Ninety-five per cent of closed treatment episodes in 2003–04 involved clients seeking treatment for their own alcohol or other drug use. The remaining closed treatment episodes involved clients seeking treatment for another’s drug use.
- Seventy-four per cent of treatment episodes for someone else’s drug use were for female clients.
- The majority of closed treatment episodes were for clients aged between 20 and 29 years (33%). Over one-quarter of treatment episodes (28%) were provided for clients in the 30–39-year age group and 13% were for clients aged 10–19 years (Table 1).
- Male clients accounted for close to two-thirds (65%) of all closed treatment episodes.
- The majority of treatment episodes were for clients born in Australia (86%) and 95% of treatment episodes were for clients whose preferred language was English.

Table 1: Closed treatment episodes by sex and age of client, Australia, 2003–04 (per cent)

Age groups (years)	Males	Females	Persons ^(a)
10–19	12.5	12.4	12.5
20–29	34.0	30.1	32.6
30–39	28.2	27.3	27.9
40–49	16.5	18.5	17.2
50–59	6.1	7.8	6.7
60+	2.1	2.7	2.3
Total ^(b) (per cent)	100.0	100.0	100.0
Total (per cent of all closed treatment episodes)	65.3	34.7	100.0
Total^(b) (number)	89,348	47,430	136,869

(a) Includes 'not stated' for sex.

(b) Includes 'not stated' for age.

Source: AIHW 2005a, Table 3.3.

- 13,238 of treatment episodes (or 10%) involved clients who identified as being Aboriginal or Torres Strait Islander peoples, which is higher than the overall proportion of Aboriginal and Torres Strait Islander peoples in the Australian population (2.4%). This figure needs to be interpreted with caution due to the high number of 'not stated' responses to this data item and the fact that the majority of dedicated Indigenous substance use services are not included in the AODTS–NMDS collection.

Principal drug of concern

The principal drug of concern refers to the main substance that the client states led him or her to seek treatment from the alcohol and other drug treatment agency. This section of the bulletin reports only on the 129,331 episodes where clients were seeking treatment for their own substance use.

Client profile and principal drug of concern

- Nationally in 2003–04, alcohol (38%) and cannabis (22%) were the most common principal drugs of concern to clients in closed treatment episodes, followed by heroin (18%) and amphetamines (11%) (Table 2).
- For the 16,190 closed treatment episodes for clients in the 10–19 year age group who were seeking treatment for their own drug use, cannabis was the principal drug most commonly involved (49%). This varied between sexes: 54% for males and 39% for females in this age group.
- For closed treatment episodes involving 20–29-year-olds there was a fairly even distribution across the four main drugs of concern (alcohol, cannabis, heroin and amphetamines), with younger clients much more likely to report cannabis, and older clients to report alcohol.
- Alcohol was the drug most commonly involved in treatment episodes for both sexes (39% for males and 35% for females). This was followed by cannabis (23% for males, 20% for females) and heroin (18% and 19% respectively) (Figure 1).

Alcohol and other drug treatment services in Australia

- Treatment episodes involving Aboriginal and Torres Strait Islander peoples were most likely to involve alcohol (46%), cannabis (22%), heroin (11%) and amphetamines (9%)—that is, the same four principal drugs of concern as the population overall, but with alcohol more likely to be nominated (46% compared with 37% for other Australians) and heroin less so (11% compared with 19%).

Table 2: Closed treatment episodes^(a) by client's principal drug of concern and age, Australia, 2003–04 (per cent)

Principal drug of concern	Age group (years)						Total ^(b)
	10–19	20–29	30–39	40–49	50–59	60+	
Alcohol	18.6	22.1	39.9	59.7	77.7	82.3	37.5
Amphetamines	9.3	15.6	12.7	4.7	0.9	0.4	11.0
Benzodiazepines	0.5	1.7	2.5	3.0	2.8	3.7	2.1
Cannabis	49.0	26.8	16.6	9.7	4.8	1.5	22.0
Cocaine	0.1	0.3	0.2	0.1	0.1	0.0	0.2
Ecstasy	0.9	0.6	0.2	0.1	0.1	0.0	0.4
Heroin	10.5	25.9	19.1	12.6	3.9	0.7	18.0
Methadone	0.5	1.9	2.4	2.3	1.1	0.2	1.9
Nicotine	3.3	0.5	0.8	1.9	4.4	8.5	1.5
Other drugs ^(c)	7.0	4.1	5.1	5.3	3.6	2.4	4.9
Total^(d) (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total^(d) (number)	16,190	43,757	36,853	21,654	7,497	2,493	129,331

(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

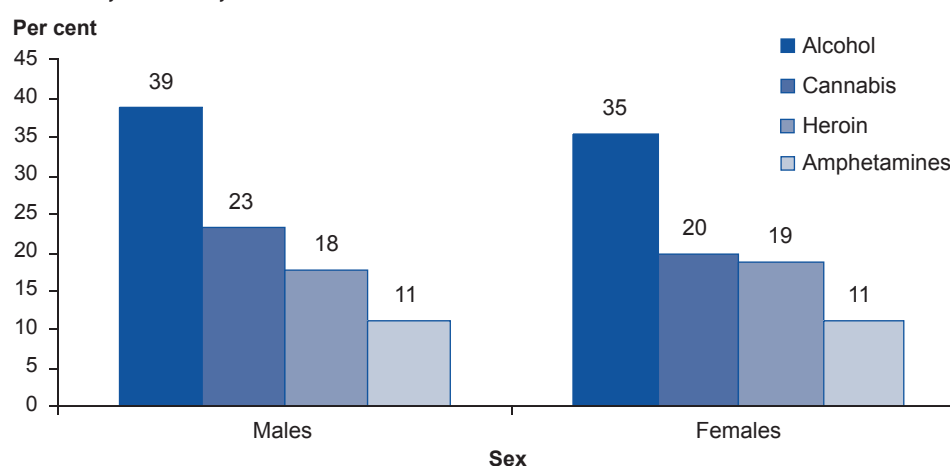
(b) Includes 'not stated' for age.

(c) Includes balance of principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern.

(d) Includes 'not stated' for principal drug of concern.

Source: AIHW 2005a, Table A4.7.

Figure 1: Closed treatment episodes by selected principal drug of concern and sex of clients, Australia, 2003–04



Source: AIHW 2005a, Figure 4.1.

Geographical location and principal drug of concern

- Across all geographical areas, alcohol was reported as the most prominent drug of concern to clients—accounting for 36% of all closed treatment episodes in major cities, 41% in inner regional, 40% in outer regional, 71% in remote and 67% in very remote areas.
- In most areas, the second most common principal drug was cannabis (accounting for 28% of treatment episodes in inner regional, 32% in outer regional, 13% in remote and 31% in very remote areas). However, for major cities, the second most prominent drug of concern was heroin (accounting for 23% of treatment episodes).

Referral source and principal drug of concern

- Two-fifths (40%) of all treatment episodes involved clients who were self-referred, followed by referrals from alcohol and other drug treatment services (12%) and correctional services (10%).
- Of treatment episodes where the client was self-referred, the principal drug of concern was most likely to be recorded as alcohol (39%) or heroin (22%).
- The majority of referrals to treatment through the police diversion or court diversion process involved clients who nominated cannabis as their principal drug of concern (72% and 25% of closed treatment episodes for these groups).

Other drugs of concern

- Just over half (53%) of all closed treatment episodes involved at least one other drug of concern (in addition to the principal drug of concern).
- From the 68,465 closed treatment episodes where another drug of concern was reported, there were, on average, 1.6 other drugs of concern.
- Alcohol was reported as the principal drug of concern in 38% of treatment episodes, and 51% of treatment episodes involved alcohol as one of the drugs of concern. Similarly, cannabis was the principal drug of concern in 22% of treatment episodes and identified in 44% of episodes as one of the drugs of concern; nicotine was the principal drug of concern in just 2% of episodes yet 16% of episodes identified nicotine as one of the drugs of concern.

Ceasing treatment and principal drug of concern

- Treatment episodes most commonly ceased because the treatment was completed (53%), the client ceased to participate without notice (16%), the client ceased to participate at expiation—that is, where a client has atoned for the offence by completing a recognised education or information program—(8%), the client transferred to another service provider (7%) or the client ceased to participate against advice (5%).
- The reason for ceasing treatment varied across treatment episodes according to the principal drug of concern. For example, treatment episodes where alcohol was the principal drug were more likely to end because treatment was completed (59%) than treatment episodes where heroin (51%), cannabis (47%) or amphetamines (46%) were the principal drug.

Alcohol and other drug treatment services in Australia

Treatment programs

'Main treatment type' is the main activity determined at assessment by the treatment agency to treat the client's principal alcohol and/or other drug problem. This section outlines these treatment types and programs. Data presented in this section relate to clients seeking treatment for their own or someone else's alcohol or other drug use.

- Nationally in 2003–04, counselling (38%), withdrawal management (detoxification) (18%) and assessment only (15%) were the most common forms of main treatment provided (Table 3).
- Closed treatment episodes for female clients were more likely to involve counselling as the main treatment (43%) than treatment episodes for male clients (35%), and less likely to involve assessment only (11% and 17% respectively) (Table 3).

Table 3: Closed treatment episodes by main treatment type and sex of client, Australia, 2003–04 (per cent)

Main treatment	Male	Female	Persons(a)
Withdrawal management (detoxification)	18.5	18.1	18.4
Counselling	34.7	43.2	37.6
Rehabilitation	9.2	7.4	8.6
Support and case management only	8.0	9.1	8.4
Information and education only	8.4	6.2	7.6
Assessment only	17.2	10.6	14.9
Other ^(b)	4.0	5.3	4.5
Total (per cent)	100.0	100.0	100.0
Total (number)	89,348	47,430	136,869

(a) Includes 'not stated' for sex.

(b) 'Other' includes 2,953 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

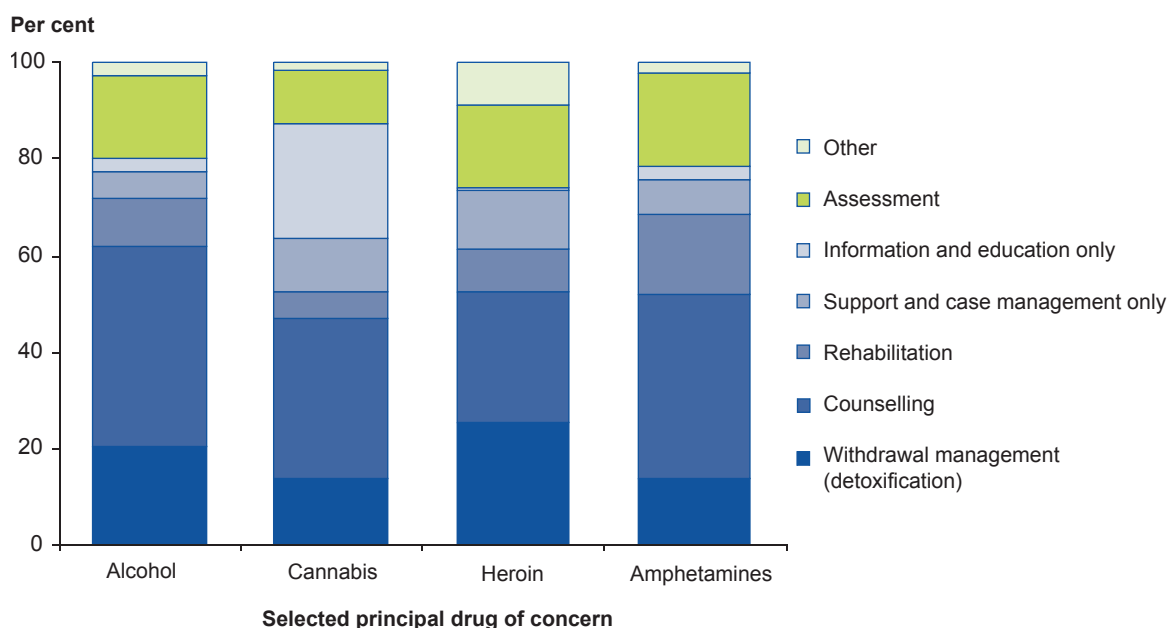
Source: AIHW 2005a, Table A4.16.

Principal drug of concern and treatment programs

The following three dot points relate only to closed treatment episodes where clients were seeking treatment for their own drug use.

- Counselling accounted for the highest proportion of closed treatment episodes when alcohol (41%), cannabis (33%), heroin (27%) or amphetamines (38%) were the principal drug of concern (Figure 2).
- The highest median number of treatment days within a treatment episode occurred where the principal drug was heroin (21 days).
- The median number of days for a treatment episode was higher when the main treatment type was counselling (45 days), support and case management only (43 days) and rehabilitation (30 days) compared with withdrawal management (detoxification) (8 days), assessment only (2 days) or information and education only (1 day).

Figure 2: Closed treatment episodes by main treatment type and selected principal drug of concern, Australia, 2003–04



Source: AIHW 2005a, Figure 5.1.

Client profile and treatment programs

- The proportion of treatment episodes with counselling as the main treatment type increased with the age of the client, from 28% of episodes for clients aged 10–19 years to 47% of episodes for clients aged 50–59 years and 46% of episodes for clients in the 60 years and over age group.
- Treatment episodes for clients identifying as Aboriginal or Torres Strait Islander peoples were more likely to involve information and education only (15% compared with 7% for other Australians) and less likely to involve withdrawal management (detoxification) (11% compared with 20% for other Australians).

Geographical location and treatment programs

- In 2003–04, across all areas—except for very remote areas—counselling was the most commonly reported main treatment (accounting for 36% of treatment episodes in major cities, 44% in inner regional, 38% in outer regional and 47% in remote areas). In very remote areas, rehabilitation was the most common treatment type (49% of treatment episodes).

Additional treatments

- Nineteen per cent of closed treatment episodes (excluding Victoria and the Northern Territory, where this data item was not collected) involved at least one other treatment type in addition to the main treatment ('other' treatment type).
- From the 16,230 closed treatment episodes where another treatment was reported, there were on average 1.2 other treatment types.



Alcohol and other drug treatment services in Australia

Ceasing treatment and treatment programs

- Treatment was more likely to cease because it was completed where the main treatment type was assessment only (64% of episodes with this treatment type) and withdrawal management (detoxification) (61%) and less likely where the main treatment type was rehabilitation (40%) or information or education only (36%).
- The majority (54%) of treatment episodes for information and education only ceased due to expiation. This is not surprising given that, in the context of the AODTS–NMDS, expiation means that a client has atoned for the offence by completing a recognised education or information program.
- Counselling was the treatment type most likely to end because the client ceased to participate without notice (25% of all episodes for counselling ended for this reason), and rehabilitation and withdrawal management (detoxification) were the treatment types most likely to end with a client ceasing to participate against advice (15% and 11% of treatment episodes, respectively, ending for this reason).

Treatment delivery setting and treatment programs

- Over two-thirds (68%) of treatment episodes occurred at a non-residential facility, 20% in a residential facility and 7% in an outreach setting such as a mobile van service.
- Treatment episodes conducted in residential facilities were most likely to involve withdrawal management (detoxification) (53%) or rehabilitation (29%) as the main treatment.
- Of treatment episodes that were conducted in a non-residential treatment facility, the majority of episodes had counselling as the main treatment (52%) followed by assessment only (17%).
- The highest median number of treatment days for a treatment episode occurred where the treatment delivery setting was either a non-residential treatment facility or in an outreach setting (24 and 23 days, respectively).

Special theme: Amphetamines

This special theme section focuses on treatment episodes where amphetamines were the principal drug of concern for a client. This theme was selected on the basis of feedback received from treatment agencies via the 2004 Survey of Treatment Agencies.

Amphetamine use in Australia

According to the 2004 National Drug Strategy Household Survey (AIHW 2005b), of Australian's aged 14 years and over:

- 9.1% had used amphetamines at some stage in their lifetime, and 3.2% had used them in the previous 12 months
- the age group most likely to have ever used amphetamines was the 20–29-year age group (21.1%)

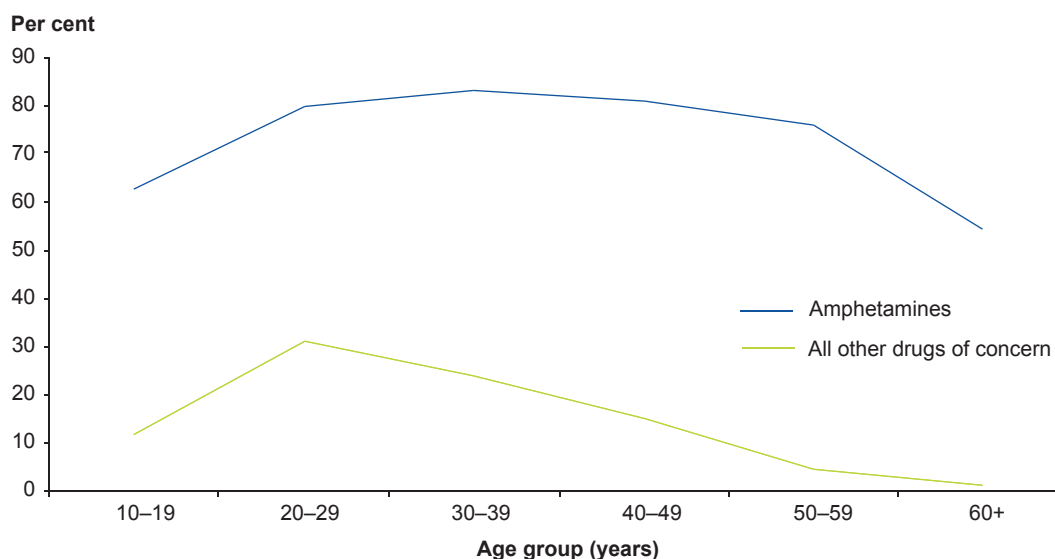
- males were more likely than females to have used amphetamines in the last 12 months (4.0% and 2.5% respectively); however, females aged between 14 and 19 years were slightly more likely to be recent users than males within the same age group (4.9% and 4.0% respectively)
- of those who had ever used amphetamines, the average age of initiation was 20.8 years.

Treatment services relating to amphetamines

Of those closed treatment episodes where amphetamines were the principal drug of concern:

- males were more likely than females to receive treatment—68% of treatment episodes related to male clients and 32% to female clients—very similar to the overall pattern
- a higher proportion of episodes involved clients in the 20–29 and 30–39-year age groups (48% and 33% respectively) compared with episodes for all other principal drugs of concern (32% of episodes for 20–29-year-olds and 28% for 30–39-year-olds)
- injecting as a method of use accounted for 79% of closed treatment episodes within this group, followed by ingesting (11%), sniffing (4%) and smoking (3%), compared with all other drugs of concern, where injecting accounted for 22%, ingesting 49%, sniffing 0.2%, and smoking 25% (Figure 3)
- clients being treated for amphetamines were almost three times as likely to be current injectors compared with clients for all other drugs of concern
- clients were more likely to have been referred to treatment by a family member or friend (8%, compared with 5% of clients who nominated a principal drug other than amphetamines) or from a correctional service (12%, compared with 9%), and less likely to be referred to treatment by a general practitioner or medical specialist (4%, compared with 7%) or through police diversion (3%, compared with 7%)

Figure 3: Closed treatment episodes by principal drug of concern, age group and ‘injecting’ method of drug use, Australia, 2003–04



Source: AIHW 2005a, Figures 6.1 and 6.2.

Alcohol and other drug treatment services in Australia

- clients were more likely to receive rehabilitation (16%) and assessment only (19%), compared with clients who nominated a principal drug other than amphetamines (8% and 15% respectively).

In 2003–04, among closed treatment episodes where clients were seeking treatment for their own drug use and where amphetamines were the principal drug of concern, 46% of episodes ceased because the treatment was completed compared with 54% for other principal drugs of concern. The next most common reason for ceasing treatment for both groups was where the client ceased to participate without notice to the treatment agency (22% and 15% respectively).

The AODTS–NMDS collection

The AODTS–NMDS is a nationally agreed set of common data items collected by government-funded service providers for clients registered for alcohol and other drug treatment. The AODTS–NMDS Working Group is responsible for developing and implementing the national collection. The Australian Institute of Health and Welfare is the secretariat for the Working Group and data custodian for the national data set. The NMDS enables the compilation of data from a wide range of agencies and the nine Australian jurisdictions into a single framework and a conceptually consistent national collection. The report *Alcohol and Other Drug Treatment Services in Australia 2003–04: Report on the National Minimum Data Set* (AIHW 2005a) is the source for this bulletin and contains more information on the AODTS–NMDS collection.

Agencies and clients in scope

All publicly funded (at state and/or federal level) government and non-government agencies that provide one or more specialist alcohol and/or other drug treatment services, including residential and non-residential agencies, were in scope for the national data set. Specialist alcohol and drug units based in acute care hospitals or psychiatric hospitals were included if they provided treatment to non-admitted patients (e.g. outpatient services).

All clients who had completed one or more treatment episodes from an alcohol and other drug treatment service that was in scope during the relevant reporting period (1 July 2003 to 30 June 2004) were included.

Exclusions to scope

- Agencies whose sole activity is to prescribe and/or dose for opioid pharmacotherapy maintenance treatment.
- Clients who were on an opioid pharmacotherapy maintenance program and who were not receiving any other form of treatment.
- Clients receiving support from the majority of Australian Government-funded Indigenous substance use services or Aboriginal primary health care services that also provide treatment for alcohol and other drug problems.
- Halfway houses and sobering-up shelters, correctional institutions, health promotion services (e.g. needle and syringe exchange programs).
- Alcohol and drug treatment units in acute care or psychiatric hospitals that only provide treatment only to admitted patients, and admitted patients in acute care or psychiatric hospitals.

- Private treatment agencies that do not receive public funding.
- People who sought advice or information but were not formally assessed and accepted for treatment.

Data quality and completeness

- The data transmission and cleaning processes for the 2003–04 AODTS–NMDS collection represented an improvement from those of previous years.
- Overall, the quality of the 2003–04 AODTS–NMDS data also improved from previous years. Compared with 2002–03, the overall proportion of responses that were ‘not stated’, ‘missing’ or ‘unknown’ dropped for most variables.

Of data in scope, the following caveats should be observed:

- Queensland Health supplied data from Queensland Government AODTS agencies and from police diversion processes (all with principal drug of cannabis) but not for other non-government-funded agencies.
- The number of Aboriginal and Torres Strait Islander clients may be undercounted as the majority of Australian Government-funded Indigenous substance-use services and Aboriginal primary health care services that provide treatment for alcohol and other drug problems did not supply data for 2003–04. In addition, at the national level, for 6% of clients Indigenous status was not specified.
- In the Australian Capital Territory, a data collection error resulted in the exclusion of one large data provider and, hence, the overall closed treatment episode number for 2003–04 for the Australian Capital Territory is undercounted.

Interactive alcohol and other drug treatment data

The AIHW has an interactive alcohol and other drug treatment data site containing subsets of national information on alcohol and other drug treatment services from the 2003–04 collection. This site can be found at www.aihw.gov.au/drugs/datacubes/index.html and allows anyone who has access to the Internet to view AODTS–NMDS data via the web interface. Users can look up figures and present them in a way meaningful to their needs.

Accessing data from the AODTS–NMDS

The document *Access to Alcohol and Other Drug Treatment Services National Minimum Data Set* outlines the process to be followed for data requests from the AODTS–NMDS. This document is available from the AIHW website at www.aihw.gov.au/drugs/treatment/.

References

These and other alcohol and other drug related publications can be found online at www.aihw.gov.au.

AIHW (Australian Institute of Health and Welfare) 2005a. Alcohol and other drug treatment services in Australia 2003–04: report on the national minimum data set. AIHW cat. no. HSE 100. Canberra: AIHW. This report is the data source for this bulletin.

AIHW 2005b. 2004 National drug strategy household survey: first results. AIHW cat. no. PHE 57. Drug Statistics Series No. 13. Canberra: AIHW.



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Australian Institute of Health and Welfare

Board Chair
Hon. Peter Collins, AM, QC

Director
Dr Richard Madden

Any enquiries about or comments on this publication should be directed to:

Chrysanthe Psychogios
Functioning and Disability Unit
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Phone: (02) 6244 1068
Email: chrysanthe.psychogios@aihw.gov.au

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