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# Alcohol and other drug treatment services in Australia 2005–06

*Findings from the National Minimum Data Set*

## Highlights

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.

This is the sixth bulletin in the series of annual bulletins on the AODTS–NMDS. The data presented in this bulletin are derived from the comprehensive AODTS–NMDS 2005–06 annual report (AIHW 2007).

- In 2005–06, 664 government-funded alcohol and other drug treatment agencies provided 151,362 ‘closed treatment episodes’ (see page 3 for definition).
- The median age of persons receiving treatment for their own drug use was 31 years. Of people seeking treatment for someone else’s drug use, the median age was 43 years.
- Almost one-third (32%) of all closed treatment episodes were for clients aged 20–29 years, while more than one-quarter (28%) were for clients aged 30–39 years.
- Male clients accounted for two-thirds (66%) of all closed treatment episodes.

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- ♦ One in ten (10%) closed treatment episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- ♦ Overall, alcohol was the most common principal drug of concern reported in closed treatment episodes (39%), followed by cannabis (25%), opioids (17%, with heroin accounting for 14%) and amphetamines (11%).
- ♦ When all drugs of concern are considered (i.e. principal and all other drugs of concern), more than half (54%) of all episodes included alcohol as a drug of concern, while 46% of episodes included cannabis as a drug of concern.
- ♦ Overall, counselling was the most common form of main treatment provided (38% of treatment episodes), followed by withdrawal management (detoxification) (17%) and assessment only (15%).
- ♦ Where the main treatment type was counselling, withdrawal management (detoxification), assessment only or rehabilitation, alcohol accounted for the greatest proportion of episodes (45%, 43%, 45% and 42% respectively). In contrast, where the main treatment type was information and education only or support and case management only, cannabis accounted for the highest proportion of episodes (61% and 32% respectively).

## The AODTS–NMDS collection

The AODTS–NMDS is a nationally agreed set of common data items collected by government-funded service providers, collated by relevant health authorities and compiled into a national data set by the Australian Institute of Health and Welfare (AIHW). The collection provides information on the demographics of clients who use these services, the drugs of concern nominated by clients, the treatment they receive, and administrative information about the agencies that provide alcohol and other drug treatment.

### Agencies and clients in scope

The agencies and clients that were included in the 2005–06 AODTS–NMDS collection are as follows:

- ♦ All publicly funded (at state, territory and/or Australian Government level) government and non-government agencies that provide one or more specialist alcohol and/or other drug treatment services.
- ♦ All clients who had completed one or more treatment episodes at an alcohol and other drug treatment service that was in scope during the relevant reporting period (1 July 2005 to 30 June 2006).

There is a diverse range of alcohol and other drug treatment services in Australia and not all of these are in scope of the AODTS–NMDS. For a list of clients and agencies excluded from the AODTS–NMDS, see Section 1.3 of the AODTS–NMDS 2005–06 annual report (AIHW 2007).

## 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.

It is important to note that the number of closed treatment episodes captured in the AODTS–NMDS collection does not equate to the total number of persons in Australia receiving treatment for alcohol and other drug use. It is possible that more than one treatment episode may be in progress for a client at any one time.

## Caveats

Readers should be aware of the following data completeness issues for the 2005–06 collection:

- The total number of closed treatment episodes for Queensland may be undercounted due to the exclusion of a number of publicly funded non-government agencies. Furthermore, non-government agencies that provide services to clients under the Illicit Drug Diversion Initiative (IDDI) only supply data on these clients.
- The total number of closed treatment episodes in Tasmania may be undercounted because two agencies only supplied data for clients receiving treatment under the IDDI.
- The number of Aboriginal and Torres Strait Islander clients may be undercounted since the majority of Australian Government-funded Aboriginal and Torres Strait Islander substance use services or primary health care services that provide treatment for alcohol and other drug problems do not supply data to the AODTS–NMDS.
- Reported numbers do not include agencies delivering pharmacotherapy services where their sole activity is to prescribe and/or dose for opioid pharmacotherapy treatment.

For more details on data completeness issues in 2005–06, see Section 1.5 of the AODTS–NMDS 2005–06 annual report (AIHW 2007).

## Treatment agencies

- A national total of 664 government-funded alcohol and other drug treatment agencies supplied data for 2005–06, with the largest proportion of agencies located in New South Wales (43%), Victoria (21%) and Queensland (17%).
- The majority (57%) of agencies identified as being non-government providers.
- Treatment agencies were most likely to be located in major cities (56%) and inner regional areas (26%).

## Client profile

- ♦ There were 151,362 closed treatment episodes reported in the 2005–06 AODTS–NMDS collection.
- ♦ Ninety-six per cent (or 144,963 episodes) involved clients seeking treatment for their own alcohol or other drug use. The remaining 4% (or 6,399 episodes) involved clients seeking treatment for someone else's alcohol or other drug use.
- ♦ The median age of persons receiving treatment for their own drug use was 31 years. Of people seeking treatment for someone else's drug use, the median age was 43 years.
- ♦ Almost one-third (32%) of all closed treatment episodes were for persons aged 20–29 years, while more than one-quarter (28%) were for persons aged 30–39 years. The age distribution of persons receiving treatment in 2005–06 is almost identical to that of previous years.
- ♦ Male clients accounted for two-thirds (66%) of all closed treatment episodes, which has been the case since 2001–02.
- ♦ Female clients accounted for the majority (71% or 4,510 of 6,399) of treatment episodes for someone else's drug use.
- ♦ Ten per cent (or 15,070 episodes) involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin, which is higher than the overall proportion of Aboriginal and Torres Strait Islander peoples, aged 10 years and over, in the Australian population (2.1%; ABS 2004). This figure, however, should be interpreted with caution due to the fact that the majority of Australian Government-funded Aboriginal and Torres Strait Islander substance use services or primary health care services are not included in the AODTS–NMDS collection.
- ♦ The majority (86%) of treatment episodes were for clients born in Australia and 95% of treatment episodes were for clients whose preferred language was English.

## Drugs of concern

This section of the bulletin reports only on the 144,963 closed treatment episodes where clients were seeking treatment for their own alcohol or other drug use.

### Principal drug of concern

The principal drug of concern refers to the main substance that the client states led them to seek treatment from the alcohol and other drug treatment agency.

- ♦ Nationally in 2005–06, alcohol was the most common principal drug of concern reported in closed treatment episodes (39%), followed by cannabis (25%), opioids (17%, with heroin accounting for 14%)<sup>1</sup> and amphetamines (11%) (Table 1).

<sup>1</sup> The AODTS–NMDS collection excludes agencies whose sole purpose is to prescribe and/or dose for methadone or other opioid pharmacotherapies. Therefore, the collection excludes many clients receiving treatment for opioid use.

- ♦ For clients aged 10–19 years, cannabis was the most common principal drug of concern (50% of episodes). The principal drugs of concern were more evenly distributed for clients aged 20–29 years, with cannabis being the most commonly nominated drug (30%), followed by alcohol (25%), heroin (19%) and amphetamines (15%). While for clients aged 30 years and over, alcohol was the most common principal drug of concern—highest for clients aged 60 years and over (81% of episodes).
- ♦ Indigenous clients were most likely to report the same four principal drugs of concern as the population overall—alcohol (45% of episodes), cannabis (25%), opioids (13%, with heroin accounting for 10%) and amphetamines (10%).
  - Alcohol was more likely to be nominated by Indigenous clients (45% of episodes compared with 38% for other Australians), and opioids less so (13% compared with 18%).

**Table 1: Closed treatment episodes by principal drug of concern, Australia, 2001–02 to 2005–06<sup>(a)</sup> (per cent)**

Principal drug of concern	2001–02 <sup>(b)</sup>	2002–03	2003–04	2004–05	2005–06
Alcohol	37.0	38.0	37.5	37.2	38.7
Amphetamines	10.8	10.7	11.0	10.9	11.0
Benzodiazepines	2.4	2.1	2.1	1.9	1.8
Cannabis	21.0	22.0	22.0	23.0	24.6
Cocaine	0.7	0.3	0.2	0.3	0.3
Ecstasy	0.2	0.3	0.4	0.4	0.6
Heroin	17.7	18.4	18.0	17.2	13.6
Methadone	2.3	1.8	1.9	1.8	1.7
Other opioids	2.0	1.8	1.9	2.0	2.0
All other drugs <sup>(c)</sup>	5.2	3.9	4.6	5.3	5.7
Not stated	0.7	0.5	0.5	—	—
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total (number)</b>	<b>113,231</b>	<b>123,032</b>	<b>129,331</b>	<b>135,202</b>	<b>144,963</b>

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

(b) Queensland supplied data for police diversion clients only and South Australia supplied client registration data rather than treatment episode data.

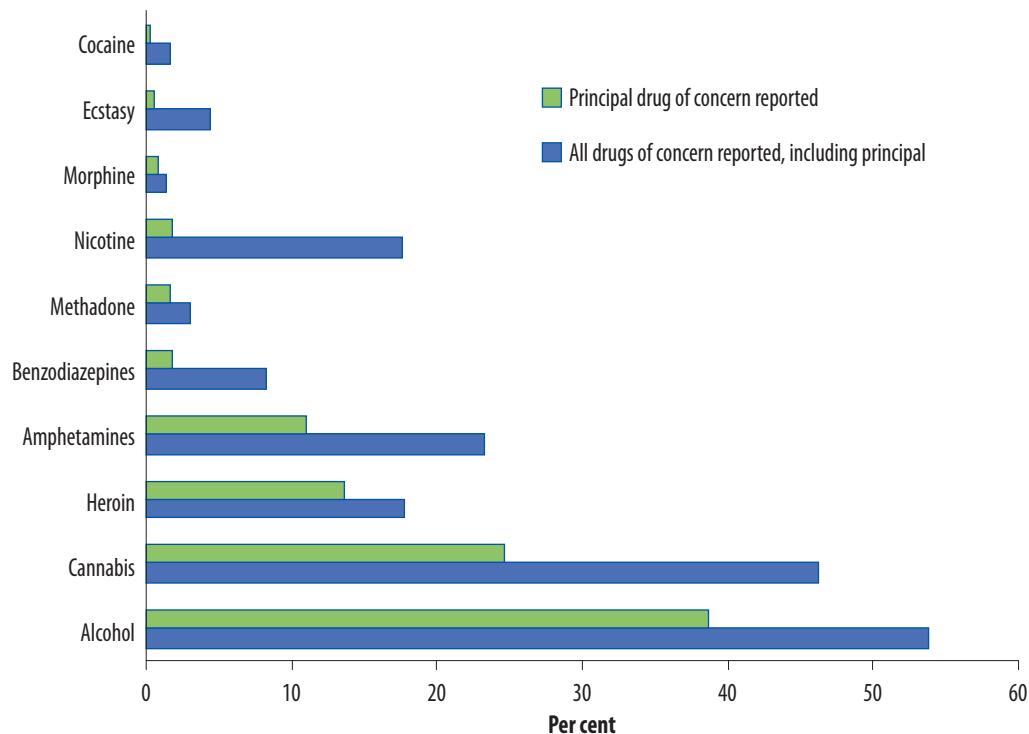
(c) Includes balance of principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern.

Source: AIHW 2007, Table A3.6.

## All drugs of concern

All drugs of concern refers to all drugs reported by clients, including the principal drugs of concern and all other drugs of concern (clients can report up to five 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).
- ♦ When all drugs of concern are considered, more than half (54%) of all episodes included alcohol as a drug of concern, while 46% of episodes included cannabis as a drug of concern (Figure 1).



Source: AIHW 2007, Figure 4.2.

**Figure 1: Closed treatment episodes by principal drug of concern and all drugs of concern, 2005–06**

### Alcohol

- Alcohol was the most common principal drug of concern for which treatment was sought in 2005–06, accounting for 39% (or 56,076 of 144,963) of closed treatment episodes.
- When all drugs of concern are considered, 54% of episodes included alcohol.

In 2005–06, of the 56,076 closed treatment episodes where alcohol was nominated as the principal drug of concern:

- The majority (69%) of episodes were for male clients.
- The median age of persons receiving treatment was 36 years.
- 12% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- 24,174 episodes (or 43%) included at least one other drug of concern. From these episodes, 35,939 other drugs of concern were recorded—38% were for cannabis, 26% nicotine, 14% amphetamines and 7% benzodiazepines.
- Counselling was the most common main treatment type received (42% of episodes), followed by withdrawal management (detoxification) (20%) and assessment only (18%).
- The median number of days for a treatment episode was 16.

## Cannabis

- ♦ Cannabis was the second most common principal drug of concern for which treatment was sought in 2005–06, accounting for 25% (or 35,636 of 144,963) of closed treatment episodes.
- ♦ When all drugs of concern are considered, 46% of episodes included cannabis.

In 2005–06, of the 35,636 closed treatment episodes where cannabis was nominated as the principal drug of concern:

- ♦ The majority (70%) of episodes were for male clients.
- ♦ The median age of persons receiving treatment was 24 years.
- ♦ 10% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- ♦ Smoking was the most common method of use (91% of episodes), followed by inhaling (5%).
- ♦ 20,186 episodes (or 57%) had at least one other drug of concern reported. From these episodes, 32,575 other drugs of concern were recorded—36% were for alcohol, 21% nicotine, 20% amphetamines and 7% ecstasy.
- ♦ Counselling was the most common main treatment type received (33% of episodes), followed by information and education only (24%) and withdrawal management (detoxification) (14%).
- ♦ The median number of days for a treatment episode was 11.

## Heroin

- ♦ Heroin was the third most common principal drug of concern for which treatment was sought in 2005–06, accounting for 14% (or 19,776 of 144,963) of closed treatment episodes.
- ♦ When all drugs of concern are considered, 18% of episodes included heroin.

In 2005–06, of the 19,776 closed treatment episodes where heroin was nominated as the principal drug of concern:

- ♦ The majority (66%) of episodes were for male clients.
- ♦ The median age of persons receiving treatment was 29 years.
- ♦ 7% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- ♦ Injecting was the most common usual method of use (91% of episodes), followed by smoking (6%).
- ♦ The majority (63%) of treatment episodes involved clients who reported being current injectors, while 28% involved clients who reported they had injected drugs in the past.
- ♦ 12,578 episodes (or 64%) included at least one other drug of concern. From these episodes, 24,018 other drugs of concern were recorded—28% were for cannabis, 18% amphetamines, 13% for both alcohol and nicotine and 12% benzodiazepines.

- ♦ Counselling was the most common main treatment type received (29% of episodes), followed by withdrawal management (detoxification) (20%) and assessment only (18%).
- ♦ The median number of days for a treatment episode was 27.

### Amphetamines

- ♦ Amphetamines were the fourth most common principal drug of concern for which treatment was sought in 2005–06, accounting for 11% (or 15,935 of 144,963) of closed treatment episodes.
- ♦ When all drugs of concern are considered, 23% of episodes included amphetamines.

In 2005–06, of the 15,935 closed treatment episodes where amphetamines were nominated as the principal drug of concern:

- ♦ The majority (67%) of episodes were for male clients.
- ♦ The median age of persons receiving treatment was 28 years.
- ♦ 9% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- ♦ Injecting was the most common method of use (73% of episodes), followed by ingestion (11%) and smoking (9%).
- ♦ The majority (60%) of episodes involved clients who reported being current injectors, while 21% involved clients who reported they had injected drugs in the past.
- ♦ 10,655 episodes (or 67%) included at least one other drug of concern. From these episodes, 19,514 other drugs of concern were reported—36% were for cannabis, 21% alcohol, 10% nicotine and 8% for both heroin and ecstasy.
- ♦ Counselling was the most common main treatment type received (39% of episodes), followed by assessment only (18%), rehabilitation (14%) and withdrawal management (detoxification) (13%).
- ♦ The median number of days for a treatment episode was 16.

### Benzodiazepines

- ♦ Benzodiazepines as a principal drug of concern accounted for 1.8% (or 2,583 of 144,963) of closed treatment episodes in 2005–06.
- ♦ When all drugs of concern are considered, 8% of episodes included benzodiazepines.

In 2005–06, of the 2,583 closed treatment episodes where benzodiazepines were nominated as the principal drug of concern:

- ♦ The majority (54%) of episodes were for female clients.
- ♦ The median age of persons receiving treatment was 34 years.
- ♦ 5% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- ♦ Ingestion was the most common method of use (94% of episodes), followed by injecting (5%).

- ♦ 1,611 episodes (or 62%) included at least one other drug of concern. From these episodes, 2,810 other drugs of concern were recorded—21% were for cannabis, 18% alcohol, 13% amphetamines and 11% for both nicotine and heroin.
- ♦ Withdrawal management (detoxification) was the most common main treatment type received (37% of episodes), followed by counselling (33%).
- ♦ The median number of days for a treatment episode was 17.

### **Ecstasy**

- ♦ Ecstasy as a principal drug of concern accounted for 0.6% (or 897 of 144,963) of closed treatment episodes in 2005–06.
- ♦ When all drugs of concern are considered, 4% of episodes included ecstasy.

In 2005–06, of the 897 closed treatment episodes where ecstasy was nominated as the principal drug of concern:

- ♦ The majority (75%) of episodes were for male clients.
- ♦ The median age of persons receiving treatment was 21 years.
- ♦ 2% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- ♦ Ingestion was the most common method of use (90% of episodes), followed by injecting (5%).
- ♦ 560 episodes (or 62%) included at least one other drug of concern. From these episodes, 1,061 other drugs of concern were recorded—25% were for both alcohol and cannabis, while 24% were for amphetamines.
- ♦ Counselling was the most common main treatment type received (45% of episodes), followed by information and education only (19%) and assessment only (16%).
- ♦ The median number of days for a treatment episode was 13.

### **Cocaine**

- ♦ Cocaine as a principal drug of concern accounted for a very small proportion of closed treatment episodes in 2005–06 (0.3% or 434 of 144,963 episodes).
- ♦ When all drugs of concern are considered, 2% of episodes included cocaine.

In 2005–06, of the 434 closed treatment episodes where cocaine was nominated as the principal drug of concern:

- ♦ The majority (75%) of episodes were for male clients.
- ♦ The median age of persons receiving treatment was 30 years.
- ♦ 5% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- ♦ Sniffing was the most common method of use (45% of episodes), followed by injecting (34%).

- ♦ 313 episodes (or 72%) included at least one other drug of concern. From these episodes, 592 other drugs of concern were recorded—22% were for amphetamines, 18% cannabis, 17% alcohol, and 13% for both ecstasy and heroin.
- ♦ Counselling was the most common main treatment type received (33% of episodes), followed by assessment only (22%) and withdrawal management (detoxification) and rehabilitation (both 15%).
- ♦ The median number of days for a treatment episode was 15.

## Treatment programs

'Main treatment type' is the principal activity, as judged by the treatment provider, that is necessary for the completion of the treatment plan for the principal drug of concern. Data presented in this section relate to clients seeking treatment for their own or someone else's alcohol or other drug use, except for the sub-sections relating to principal drug of concern and treatment programs, which relate only to episodes for clients seeking treatment for their own alcohol or other drug use.

- ♦ Nationally in 2005–06, counselling was the most common main treatment provided (38% of episodes), followed by withdrawal management (detoxification) (17%), assessment only (15%) and information and education only (10%) (Table 2).
- ♦ Closed treatment episodes involving Indigenous clients were most likely to involve counselling (36%), followed by assessment only (18%), withdrawal management (detoxification) and information and education only (12% each).
- ♦ Fifteen per cent of closed treatment episodes (excluding Victoria where this data item is not collected) involved at least one other treatment type in addition to the main treatment.

**Table 2: Closed treatment episodes by main treatment type, Australia, 2001–02 to 2005–06 (per cent)**

Main treatment type	2001–02 <sup>(a)</sup>	2002–03	2003–04	2004–05	2005–06
Withdrawal management (detoxification)	19.1	18.9	18.4	17.9	17.1
Counselling	38.9	41.5	37.6	40.2	37.8
Rehabilitation	6.3	7.5	8.6	7.7	7.5
Support and case management only	6.1	6.9	8.4	7.9	8.2
Information and education only	9.8	8.0	7.6	8.9	9.7
Assessment only	14.6	12.7	14.9	12.4	15.3
Other <sup>(b)</sup>	5.1	4.4	4.5	5.0	4.4
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total (number)</b>	<b>113,705</b>	<b>130,930</b>	<b>136,869</b>	<b>142,144</b>	<b>151,362</b>

(a) Excludes South Australia.

(b) 'Other' includes closed treatment episodes where the main treatment was reported as pharmacotherapy.

Source: AIHW 2007, Table A3.16.

## Counselling

Counselling was the most common main treatment provided in 2005–06, accounting for 38% (or 57,277 of 151,362) of closed treatment episodes. Of the 57,277 episodes where counselling was nominated as the main treatment type received:

- ♦ 91% (or 52,042 episodes) were for clients seeking treatment for their own drug use.
- ♦ The majority (62%) of episodes were for male clients.
- ♦ The median age of persons receiving treatment was 33 years.
- ♦ 10% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- ♦ Treatment was most likely to occur in a non-residential treatment facility (94% of episodes).
- ♦ The median number of days for a treatment episode was 43.

Of the 52,042 closed treatment episodes where counselling was nominated as the main treatment type and the client was seeking treatment for their own drug use:

- ♦ Alcohol was the most common principal drug of concern reported (45% of episodes), followed by cannabis (22%), amphetamines (12%) and heroin (11%).

## Withdrawal management (detoxification)

Withdrawal management (detoxification) was the second most common main treatment type provided in 2005–06, accounting for 17% (or 25,828 of 151,362) of closed treatment episodes. Of the 25,828 episodes where withdrawal management (detoxification) was nominated as the main treatment type received:

- ♦ All episodes were for clients seeking treatment for their own drug use.
- ♦ The majority (64%) of episodes were for male clients.
- ♦ The median age of persons receiving treatment was 34 years.
- ♦ 7% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- ♦ The majority (55%) of episodes occurred in a residential treatment facility.
- ♦ The median number of days for a treatment episode was 8.
- ♦ Alcohol was the most common principal drug of concern reported (43% of episodes), followed by cannabis (19%) and heroin (15%).

### Assessment only

Assessment only was the third most common main treatment type provided in 2005–06, accounting for 15% (or 23,125 of 151,362) of closed treatment episodes. Of the 23,125 episodes where assessment only was nominated as the main treatment type received:

- ♦ Almost all (99% or 22,989) episodes were for clients seeking treatment for their own drug use.
- ♦ The majority (75%) of episodes were for male clients.
- ♦ The median age of persons receiving treatment was 31 years.
- ♦ 12% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- ♦ The majority (80%) of episodes occurred in a non-residential treatment facility.
- ♦ The median number of days for a treatment episode was 2.

Of the 22,989 closed treatment episodes where assessment only was nominated as the main treatment type and the client was seeking treatment for their own drug use:

- ♦ Alcohol was the most common principal drug of concern reported (45% of episodes), followed by cannabis (17%) and heroin (16%).

### Information and education only

Information and education only was the fourth most common main treatment type provided in 2005–06, accounting for 10% (or 14,655 of 151,362) of closed treatment episodes. Of the 14,655 episodes where information and education only was nominated as the main treatment type received:

- ♦ 97% (or 14,246 episodes) were for clients seeking treatment for their own drug use.
- ♦ The majority (72%) of episodes were for male clients.
- ♦ The median age of persons receiving treatment was 24 years.
- ♦ 13% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- ♦ The majority (74%) of episodes occurred in a non-residential treatment facility.
- ♦ The median number of days for a treatment episode was 1.

Of the 14,246 closed treatment episodes where information and education only was nominated as the main treatment type and the client was seeking treatment for their own drug use:

- ♦ Cannabis was the most common principal drug of concern reported (61% of episodes), followed by alcohol (17%).

## Support and case management only

Support and case management only as a main treatment type accounted for 8% (or 12,417 of 151,362) of closed treatment episodes in 2005–06. Of the 12,417 episodes where support and case management only was nominated as the main treatment type received:

- ♦ 96% (or 11,859 episodes) were for clients seeking treatment for their own drug use.
- ♦ The majority (61%) of episodes were for male clients.
- ♦ The median age of persons receiving treatment was 23 years.
- ♦ 10% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- ♦ Treatment was most likely to occur in either an outreach setting (48% of episodes) or a non-residential treatment facility (47%).
- ♦ The median number of days for a treatment episode was 45.

Of the 11,859 closed treatment episodes where support and case management only was nominated as the main treatment type and the client was seeking treatment for their own drug use:

- ♦ Cannabis was the most common principal drug of concern reported (32% of episodes), followed by alcohol (24%) and heroin (20%).

## Rehabilitation

Rehabilitation as a main treatment type accounted for 8% (or 11,331 of 151,362) of closed treatment episodes in 2005–06. Of the 11,331 closed treatment episodes where rehabilitation was nominated as the main treatment type received:

- ♦ All episodes were for clients seeking treatment for their own drug use.
- ♦ The majority (69%) of episodes were for male clients.
- ♦ The median age of persons receiving treatment was 31 years.
- ♦ 12% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- ♦ The majority (68%) of treatment episodes occurred in a residential treatment facility.
- ♦ The median number of days for a treatment episode was 33.
- ♦ Alcohol was the most common principal drug of concern reported (42% of episodes), followed by amphetamines (20%).

## Accessing data from the AODTS–NMDS

The AIHW has an interactive alcohol and other drug treatment data site containing subsets of national data on alcohol and other drug treatment services from the 2001–02 to 2005–06 collections. This site can be found at <[www.aihw.gov.au/drugs/datacubes/index.cfm](http://www.aihw.gov.au/drugs/datacubes/index.cfm)>.

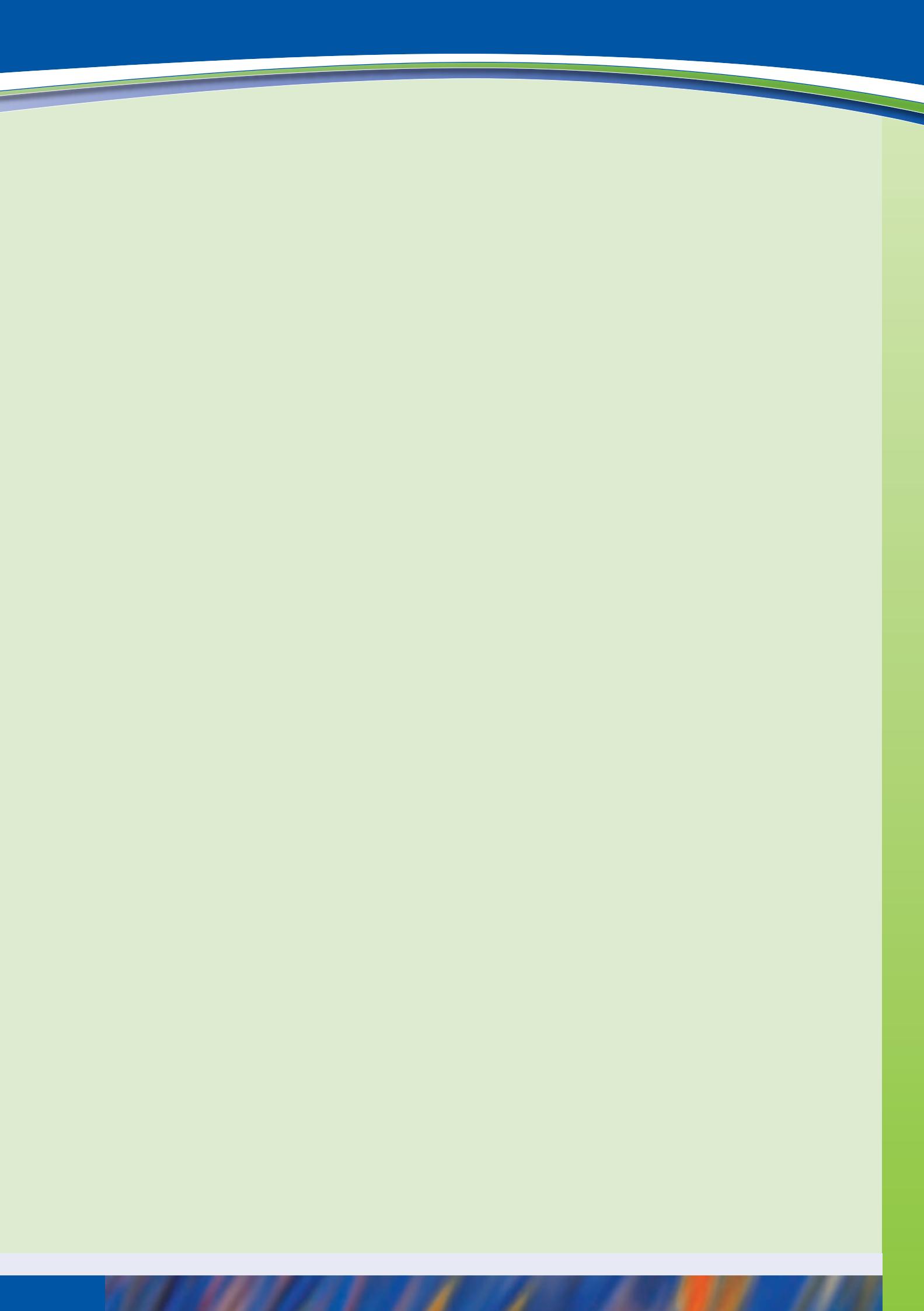
The document *Access to alcohol and other drug treatment services national minimum data set* outlines the process to be followed for unpublished data requests. This document is available from the AIHW web site at <[www.aihw.gov.au/drugs/treatment/aodts\\_access\\_sept05.doc](http://www.aihw.gov.au/drugs/treatment/aodts_access_sept05.doc)>.

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