Alcohol and other drug treatment services in Australia 2006–07

Report on the National Minimum Data Set

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Report on the National Minimum Data Set

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Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
AODTS	Alcohol and Other Drug Treatment Services
AODTS–NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
ASCDC	Australian Standard Classification of Drugs of Concern
ASGC	Australian Standard Geographical Classification
DASR	Drug and Alcohol Service Report
DoHA	(Australian Government) Department of Health and Ageing
IDDI	Illicit Drug Diversion Initiative
IGCD	Intergovernmental Committee on Drugs
n.e.c.	not elsewhere classified
NACCHO	National Aboriginal Community Controlled Health Organisation
NDSHS	National Drug Strategy Household Survey
NGOTGP	Non-Government Organisation Treatment Grants Programme
NMDS	National Minimum Data Set
NOPSAD	National Opioid Pharmacotherapy Statistics Annual Data
OATSIH	Office for Aboriginal and Torres Strait Islander Health
SAR	Service Activity Reporting

Symbols

–	nil or rounded to zero
. .	not applicable

Summary

This is the seventh report in the series of annual publications on the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS). It presents information about alcohol and other drug treatment episodes that were completed between 1 July 2006 and 30 June 2007. Data are presented on selected client and agency characteristics, principal drug of concern and main treatment type.

New to this edition is the inclusion of additional information on people seeking treatment for their alcohol use, young people seeking treatment and also additional information on clients seeking treatment by geographic location (rural, regional and remote).

This report also presents data from other relevant collections to provide the reader with a broader picture of drug use and drug treatment in Australia.

Key findings include:

- In 2006–07, 633 government-funded alcohol and other drug treatment agencies from across Australia reported data to the AODTS–NMDS collection.
- The 633 agencies delivered 147,325 closed treatment episodes. This represents a reduction in the total number of agencies (31) and episodes (4,037) when compared with 2005–06. A number of systems issues occurred in NSW which contributed to this decline.

Of the 147,325 closed treatment episodes reported in 2006–07:

- 95% (140,475 episodes) involved clients seeking treatment for their own alcohol or other drug use, with the remaining 5% involving people seeking support or assistance in relation to someone else's alcohol or other drug use.
- Most treatment episodes were provided to male clients (66%). This trend has been continuing since the start of the collection in 2001–02.
- For episodes where clients sought treatment for their own drug use, overall alcohol was the most common principal drug of concern reported (42%), up from 39% in 2005–06. Alcohol was again followed by cannabis (23%) and opioids (14%, with heroin accounting for 11%).
- For episodes where clients aged 10–19 years sought treatment for their own drug use, cannabis was the most common principal drug of concern nominated (47% of episodes), followed by alcohol at 29%. Alcohol was the focus of more treatment episodes for older age groups—42% for those aged 30–39 years; increasing to 84% of treatment episodes for people aged 60 years and over.
- Across Australia, counselling was the most common form of main treatment provided (39% of treatment episodes), followed by withdrawal management (17%) and assessment only (15%).
- Additional treatment types are not reported as consistently as additional drugs of concern. There were a total of 17,279 instances of additional or 'other' treatments reported in 2006–07. The majority of these were counselling (53%), which was provided in addition to the main treatment type.

1 Introduction

This is the seventh report in the series of annual publications on the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS) (AIHW 2002, 2003, 2004a, 2005a, 2006a, 2007).

This report presents national, state and territory data about publicly funded alcohol and other drug treatment services, their clients, drugs of concern and the types of treatment received.

1.1 Report purpose and structure

The AODTS–NMDS was implemented to help monitor and evaluate key objectives of the National Drug Strategic Framework 1998–99 to 2003–04 and to help plan, manage and improve the quality of alcohol and other drug treatment services in Australia (see AIHW: Grant & Petrie 2001 for historical development of the AODTS–NMDS). The AODTS–NMDS continues to support key treatment-related objectives of the National Drug Strategy 2004–09, particularly as trend data are becoming available.

The structure of the AODTS–NMDS report for 2006–07 has changed slightly from previous years. Separate sections are presented on each of the main drugs of concern nominated by clients (Chapter 4) and each of the main treatment types received (Chapter 5). This report presents data from the 2007 National Drug Strategy Household Survey (NDSHS) (AIHW 2008b) on patterns of drug use for selected drugs, alongside treatment data relating to these drugs (see sections 4.4 to 4.9).

The AODTS–NMDS report for 2006–07 is structured as follows:

- Chapter 2 provides a profile of the alcohol and other drug treatment agencies that supplied data for the 2006–07 AODTS–NMDS collection.
- Chapter 3 reports on the demographic profile of clients that received treatment services in 2006–07.
- Chapter 4 focuses on the drugs of concern reported by clients, including the main drug that led them to seek treatment (Section 4.2) and all drugs of concern (Section 4.3), and examines each of the main drugs of concern in relation to client, drug and treatment profiles (sections 4.4 to 4.10).
- Chapter 5 focuses on main treatment types received by clients (Section 5.1) as well as additional treatments (Section 5.2), and examines each main treatment type in relation to client, treatment and principal drug profiles (sections 5.3 to 5.9). It also presents information from the National Opioid Pharmacotherapy Statistics Annual Data Collection (NOPSAD).
- Chapter 6 describes the comprehensiveness and quality of data from the 2006–07 AODTS–NMDS collection.

1.2 Collection method and data included

The AODTS–NMDS is an administrative by-product collection whereby data are collated from information already collected for the purposes of administering or providing a service. The AODTS–NMDS collection for 2006–07 consists of de-identified unit record data for treatment agencies and closed treatment episodes (see Appendix 1 for a full list of data items included in the national collection for 2006–07).

Methods of collecting data vary nationally, though agencies are required to collect and provide treatment service data consistent with the AODTS–NMDS specifications across jurisdictions (see AIHW 2006b for the data specifications relating to the 2006–07 AODTS–NMDS collection). The policy and administrative features of the AODTS–NMDS collection within each jurisdiction are outlined in Appendix 2.

Responsibility for the collection

The AODTS–NMDS was developed and implemented under the terms of the National Health Information Agreement (NHIA). Under the NHIA, the Australian Government and state and territory government health authorities are committed to working with the Australian Institute of Health and Welfare (AIHW), the Australian Bureau of Statistics (ABS) and others to develop, collate and report national health information.

The AODTS–NMDS is a nationally agreed set of data items collected by all in-scope service providers, collated by relevant health authorities and compiled into a national data set by the AIHW. The AIHW is the data custodian for the national data set and performs a coordinating role as national secretariat to the collection. The Intergovernmental Committee on Drugs (IGCD) AODTS–NMDS Working Group is responsible for the ongoing development and maintenance of the national collection. The Working Group has representatives from the Australian Government, each state and territory government, the AIHW, the ABS and the National Drug and Alcohol Research Centre.

Key responsibilities of each authority in regard to the AODTS–NMDS collection follow.

Government health authorities

It is the responsibility of the Australian Government and state and territory government health authorities to establish and coordinate the collection of data from their alcohol and other drug treatment service providers. To ensure that the AODTS–NMDS is effectively implemented and collected, these authorities provide data according to agreed formats and timeframes, participate in data development related to the collection, and provide advice to the IGCD AODTS–NMDS Working Group about emerging issues which may affect the AODTS–NMDS.

Government health authorities also ensure that appropriate information security and privacy procedures are in place. In particular, data custodians are responsible for ensuring that their data holdings are protected from unauthorised access, alteration or loss.

The Australian Government and state and territory government departments have custodianship of their own data collections under the NHIA. The AIHW is custodian of the national collection.

Alcohol and other drug treatment agencies

Publicly funded alcohol and other drug treatment agencies collect the agreed data items and forward this information to the appropriate health authority as arranged. Agencies ensure that the required information is accurately recorded. They are also responsible for ensuring that their clients are generally aware of the purpose for which the information is being collected and that their data collection and storage methods comply with existing privacy principles. In particular, they are responsible for maintaining the confidentiality of their clients' data and/or ensuring that their procedures comply with relevant state, territory and federal government legislation.

AIHW

Under a memorandum of understanding with the Australian Government Department of Health and Ageing (DoHA), the AIHW is responsible for the management of the AODTS–NMDS. The AIHW maintains a coordinating role in the collection, including providing secretariat duties to the IGCD AODTS–NMDS Working Group, undertaking data development work and highlighting national and jurisdictional implementation and collection issues. The AIHW is also the data custodian of the national collection and is responsible for collating data from jurisdictions into a national data set and analysing and reporting on the data (at national and state/territory levels).

1.3 Scope of the AODTS–NMDS

Agencies and clients included

The agencies and clients that were in scope for the 2006–07 AODTS–NMDS collection were:

- 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 period 1 July 2006 to 30 June 2007.

Agencies and clients excluded

There is a diverse range of alcohol and other drug treatment services in Australia and not all of these are in the scope of the AODTS–NMDS. Specifically, agencies and clients excluded from the AODTS–NMDS collection are:

- agencies whose sole activity is to prescribe and/or dose for opioid pharmacotherapy treatment
- clients who are on an opioid pharmacotherapy program and who are not receiving any other form of treatment that falls within the scope of the AODTS–NMDS
- agencies for which the main function is to provide accommodation or overnight stays such as halfway houses and sobering-up shelters
- agencies for which the main function is to provide services concerned with health promotion (for example, needle and syringe exchange programs)

- treatment services based in prisons or other correctional institutions and clients receiving treatment from these services
- clients receiving support from the majority of Australian Government-funded Aboriginal and Torres Strait Islander substance use specific services or Aboriginal and Torres Strait Islander primary health care services that also provide treatment for alcohol and other drug problems
- alcohol and drug treatment units in acute care or psychiatric hospitals that provide treatment only to admitted patients, and admitted patients in acute care or psychiatric hospitals
- people who seek advice or information but who are not formally assessed and accepted for treatment
- private treatment agencies that do not receive public funding
- clients aged under 10 years, irrespective of whether they are provided with services, or received services from agencies included in the collection.

1.4 Collection count

Since 2001–02, the unit of measurement for the AODTS–NMDS collection has been closed (or completed) treatment episodes. The 'closed treatment episode' concept is included in the national collection because it best reflects clinical practice within the alcohol and other drug treatment sector and it enhances the quality of information on service use.

A closed treatment episode refers to a period of contact between a client and a treatment agency and:

- it must have a defined date of commencement and cessation
- during the period of contact there must have been no change in:
  - the principal drug of concern
  - the treatment delivery setting
  - the main treatment type.

A treatment episode may cease for a number of reasons, such as the treatment being completed or the client ceasing to participate without notice. A treatment episode is deemed to have ended in the event that there has been no (service) contact between the client and the treatment agency for a period of three months or more, unless the period of non-contact was planned between the client and the treatment agency.

It is important to note that the number of closed treatment episodes captured in the AODTS–NMDS does not equate to the total number of persons in Australia receiving treatment for alcohol and other drug use. Using the current collection methodology, it is not possible to reduce duplication in client registrations that can occur where, for example, a client attends a number of different agencies throughout the collection period or re-registers with the same agency and is assigned a new personal identifier.

1.5 Interpretation of the 2006–07 collection

In 2006–07, the overall quality and comprehensiveness of the AODTS–NMDS data continued to improve. Data quality issues relating to the 2006–07 AODTS–NMDS collection are detailed further in Chapter 6.

When interpreting the data presented in this report it is important to consider a number of features of the collection. First, the national collection is a compilation of agency administrative data from state and territory health authorities and there is diversity across Australian jurisdictions in the data collection systems and practices within the alcohol and other drug treatment sector.

Second, national implementation of the AODTS–NMDS collection has been done in stages. Therefore care should be taken when comparing data across collection years for the following reasons:

- In the first year of the collection (2000–01) there was a mix of client registration and treatment episode data, and one jurisdiction (Queensland) was unable to supply data.
- For the 2001–02 collection period, Queensland supplied data for police diversion clients only and South Australia supplied client registration data, rather than treatment episode data. All other jurisdictions supplied treatment episode data.
- The total number of agencies may have varied over time as a result of methodological changes (that is, moving from collecting data at the administrative or management level to the service outlet level or vice versa).

Third, readers should be aware of the following general features of the 2006–07 AODTS–NMDS data:

- Reported numbers for each state/territory include services provided under the National Illicit Drug Strategy Non-Government Organisation Treatment Grants Programme (NGOTGP) (funded by the Australian Government). (Since the 2002–03 AODTS–NMDS annual report, these data are not analysed separately. They are reported under the state/territory in which the treatment is provided.)
- Reported numbers do not include the majority of Australian Government-funded Aboriginal and Torres Strait Islander substance use specific services (1 out of 40 were included) or Aboriginal and Torres Strait Islander primary health care services (10 out of 150 were included) that also provide treatment for alcohol and other drug problems. These services are generally not under the jurisdiction of the state or territory health authority and are not included in the specific program under which the Australian Government currently reports NMDS data. Furthermore, the data collections relating to these services have a different collection basis to the AODTS–NMDS (see Appendix 6). As a result, most of these data are not currently included in the AODTS–NMDS collection. Therefore the number of Indigenous clients in this report under-represents the total number of Indigenous Australians who received treatment for alcohol and other drug problems during 2006–07.

Finally, the reader should be aware of the following data completeness issues in 2006–07:

- The total number of closed treatment episodes for Queensland may be under-counted 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 under-counted because two agencies only supplied data for clients receiving treatment under the IDDI.
- The total number of closed treatment episodes may be under-counted in the Northern Territory due to technical difficulties which prevented data being collected from one in-scope agency, and under-counted data from government agencies in two quarters.
- The total number of agencies and treatment episodes may be under-counted in New South Wales due to a possible variation in the coding and mapping of main treatment types between years.
- Reported numbers do not include agencies delivering pharmacotherapy services where their sole activity is to prescribe and/or dose for opioid pharmacotherapy treatment. Approximately 39,000 clients were recorded as receiving these services throughout Australia as at June 2007 (see Section 5.9).

1.6 Outputs from the AODTS–NMDS collection

Each year the AODTS–NMDS data are processed and published in a detailed and comprehensive national report—this being the report for the 2006–07 collection period. A 12-page national AODTS–NMDS bulletin is also produced along with bulletins specific to individual states and territories (except Queensland). All publications released by the AIHW are available free of charge on the AIHW website <www.aihw.gov.au>.

In addition, the AIHW provides subsets of national information on alcohol and other drug treatment services in interactive data cubes and these cover the 2001–02 to 2006–07 collections. The data cubes can be used to perform simple analyses and present figures in a way suitable to individual needs. The site can be found at <www.aihw.gov.au/drugs/datacubes/index.cfm>.

2 Treatment agency profile

This chapter profiles the alcohol and other drug treatment agencies that supplied data about their treatment episodes for the 2006–07 AODTS–NMDS collection. The number of treatment agencies profiled in this chapter may not represent the total number of locations in which alcohol and other drug treatment is provided in Australia. Some agencies have more than one service outlet (but only report against the administrative hub), and some agencies deliver services at outreach locations or at the homes of their clients.

- A total of 633 alcohol and other drug treatment agencies provided data for the period 2006–07 (Table 2.1). This represents a decline of 31 agencies since 2005–06. The decrease in the number of agencies reporting between 2005–06 and 2006–07 is primarily related to a number of systems issues that occurred in NSW which did not enable all 2006–07 records to be reported nationally. There was also a small decline in the number of agencies reporting in some other jurisdictions.
- Prior to 2006–07 there was a steady increase in the number of agencies over time. Changes to the number of agencies reporting to the collection can occur for a number of reasons, such as moving from collecting data at the administrative or management level to the service outlet level or vice versa. Changes are not necessarily indicative of a change in service delivery capacity.
- Treatment agencies were most likely to be located in New South Wales (41%), followed by Victoria (22%) and Queensland (17%).

2.1 Treatment agency sector

Each agency was asked to identify whether they were run by the government or non-government sector.

- Just over half of all agencies reported being in the non-government sector (52%).
- All 136 in Victoria were in the non-government sector. In NSW, 74% were in the government sector (Table 2.1).

Table 2.1: Treatment agencies by sector of service and jurisdiction, 2006–07

Sector of service	NSW	Vic[(a)]	Qld	WA	SA	Tas	ACT	NT	Australia
					(number)				
Government	194	—	56	13	35	3	1	3	305
Non-government	68	136	49	31	9	10	9	16	328
Total	**262**	**136**	**105**	**44**	**44**	**13**	**10**	**19**	**633**
					(per cent)				
Government	74.0	—	53.3	29.5	79.5	23.1	10.0	15.8	48.2
Non-government	26.0	100.0	46.7	70.5	20.5	76.9	90.0	84.2	51.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Per cent of total treatment agencies	**41.4**	**21.5**	**16.6**	**7.0**	**7.0**	**2.1**	**1.6**	**3.0**	**100**

(a) The number of treatment agencies in Victoria is lower than in 2005–06 and previous years due to the ongoing consolidation of agency databases that report, rather than any reduction in the total number of agencies providing and reporting on AOD treatment service provision.

2.2 Location of treatment agencies

Treatment agencies were located in a range of geographically diverse areas, from large cities to remote regions.

- The Australian Standard Geographical Classification classifies areas into Major Cities, Inner Regional areas, Outer Regional areas, Remote and Very Remote areas. The classification uses road distance to different-sized urban areas to designate regions into these 'remoteness areas'. In 2006–07 treatment agencies reporting to the AODTS–NMDS continued to be located mostly in Major Cities (56%) and Inner Regional areas (27%) (Table 2.2).
- A large proportion of treatment agencies in the Northern Territory (58%) were located in Remote or Very Remote areas (consistent with the Northern Territory's geographical profile). Similarly, all agencies in the Australian Capital Territory, which consists primarily of the city of Canberra, were located in Major Cities.
- It is important to note that the number of agencies located in Major Cities across Australia may be over-stated as some treatment agencies, particularly those in non-metropolitan areas, report under the main administrative service centre which is located in a major city. Outreach services are also often reported under the main administrative service centre.

Table 2.2: Treatment agencies by geographical location[(a)] and jurisdiction, 2006–07

Location	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					(number)				
Major Cities	156	89	41	33	28	—	10	—	357
Inner Regional	85	37	25	3	8	11	—	—	169
Outer Regional	21	10	29	4	7	2	—	8	81
Remote	—	—	6	4	1	—	—	10	21
Very Remote	—	—	4	—	—	—	—	1	5
Total	**262**	**136**	**105**	**44**	**44**	**13**	**10**	**19**	**633**
					(per cent)				
Major Cities	59.5	65.4	39.0	75.0	63.6	—	100.0	—	56.4
Inner Regional	32.4	27.2	23.8	6.8	18.2	84.6	—	—	26.7
Outer Regional	8.0	7.4	27.6	9.1	15.9	15.4	—	42.1	12.8
Remote	—	—	5.7	9.1	2.3	—	—	52.6	3.3
Very Remote	—	—	3.8	—	—	—	—	5.3	0.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) The geographical location of treatment agencies in the 2006–07 AODTS–NMDS has been analysed using the Remoteness Areas of the Australian Bureau of Statistics Australian Standard Geographical Classification (see Appendix 4 for information on how these categories are derived).

2.3 Location of treatment agencies and treatment types

The main treatment types provided by agencies varied somewhat depending on the geographical location of the agency (Table 2.3).

- In Major Cities, withdrawal management accounted for 19% of treatment episodes. As the treatment agencies became more remote, the proportion of treatment episodes involving withdrawal management decreased, making up less than 6% of episodes in both Remote and Very Remote areas.
- Counselling made up 37% of episodes in Major Cities; 50% of treatment episodes in Remote areas; and only 6% of episodes in Very Remote areas.
- Outer Regional areas provided proportionately more information and education only (27%) than the other geographical locations.
- The reason for the differences between geographical areas is unclear. For example, the high proportion of information and education only episodes in Outer Regional areas may be due to greater need, the difficulty of recruiting professional staff to provide other services such as counselling, or a combination of these and other factors.

Table 2.3: Main treatment type by geographical location[(a)], 2006–07 (per cent)

Main treatment type[(b)]	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote	Australia
Withdrawal management (detoxification)	18.5	13.5	10.7	5.7	5.5	16.6
Counselling	36.9	44.5	40.1	50.0	6.3	38.7
Rehabilitation	7.7	7.4	5.2	8.5	11.3	7.4
Support and case management only	8.5	9.3	5.5	3.8	4.0	8.3
Information and education only	6.7	11.1	27.2	8.2	7.5	9.3
Assessment only	16.5	12.1	8.9	22.0	32.0	15.1
Other	5.3	2.1	2.5	1.9	33.4	4.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Geographical location reported from the AODTS–NMDS collection is that of the treatment agency (not the residential address of the person receiving treatment).

(b) Additional information about main treatment types, including definitions, is provided in Chapter 5 of this report.

3 Client profile

This chapter provides a demographic profile of clients who received alcohol and other drug treatment services in 2006–07. The analyses present the characteristics of people who received 'closed treatment episodes' from agencies that report to the AODTS–NMDS, with one exception: Section 3.3 about Indigenous status includes some data from another collection.

Box 3.1: Key definition and counts for closed treatment episodes, 2006–07

Closed treatment episode *refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. In 2006–07 there were* ***147,325*** *closed treatment episodes, of which* ***140,475*** *were for clients seeking treatment for their own substance use.*

It is important to note that the number of closed treatment episodes captured in this collection does not equate to the total number of persons in Australia receiving treatment for alcohol and other drug use. Using the current collection methodology, it is not possible to reduce duplication in client registrations that can occur where, for example, a client attends a number of different agencies throughout the collection period or re-registers with the same agency and is assigned a new identification number.

3.1 Client type

Clients most often sought treatment for their own drug use, but some sought treatment because they were concerned about someone else's drug use.

- There were 147,325 closed treatment episodes for both client types reported in 2006–07 (Table 3.1).
- Ninety-five per cent of all closed treatment episodes involved clients seeking treatment for their own alcohol or other drug use.
- Most states and territories provided less than 6% of episodes to people seeking assistance related to another person's drug use. Western Australia and the Northern Territory provided more treatment to this group (around 10% each). The reason for this pattern is not known. Appendix Table A3.4 provides additional data on the geographic profile of agencies and the treatment episodes.

Table 3.1: Closed treatment episodes by client type and jurisdiction, 2006–07 (per cent)

Client type	NSW	Vic[(a)]	Qld[(b)]	WA	SA	Tas[(c)]	ACT	NT[(d)]	Australia	Total (no.)
Own drug use	97.4	94.0	98.2	90.5	96.6	94.5	96.1	89.8	95.4	140,475
Other's drug use	2.6	6.0	1.8	9.5	3.4	5.5	3.9	10.2	4.6	6,850
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**. .**
Total (number)	**37,945**	**48,668**	**25,340**	**17,802**	**9,020**	**1,564**	**4,516**	**2,470**	**. .**	**147,325**
State/Territory Per cent	**25.8**	**33.0**	**17.2**	**12.1**	**6.1**	**1.1**	**3.1**	**1.7**	**100.0**	**. .**

(a) Victoria does not report data for 'Other treatment type'. All treatment provided is recorded as 'Main treatment'. Additional information regarding this issue can be found in Box 5.1.

(b) The total number of closed treatment episodes for Queensland may be under-counted due to the exclusion of a number of non-government agencies.

(c) The total number of closed treatment episodes for Tasmania may be under-counted because two agencies only supplied drug diversion data.

(d) The total number of closed treatment episodes may be under-counted in the Northern Territory due to technical difficulties which prevented data being collected from one in-scope agency, and under-counted data from government agencies in two quarters.

3.2 Age and sex

The median age of clients was 32 years and a large majority were male.

- More treatment episodes were provided to male clients (66%). Males have accounted for the majority of episodes since 2001–02.
- The age distribution of clients receiving treatment in 2006–07 is very similar to that of previous collection periods.
- Around one-third (33%) of all closed treatment episodes were for clients aged 20–29 years, and over a quarter (28%) were for clients aged 30–39 years.
- Female clients again accounted for the majority (67%) of treatment episodes where treatment was sought in relation to someone else's drug use.
- People who received treatment for their own drug use were younger than those who sought treatment in relation to someone else's drug use. The median age of persons receiving treatment for their own drug use was 31 years in 2006–07 (Table 3.2). Of people seeking treatment related to someone else's drug use, the median age was 42 years.

Table 3.2: Closed treatment episodes by sex and age group, 2006–07 (per cent)

	Age group (years)								
	10–19	20–29	30–39	40–49	50–59	60+	Total[(a)]	Total (no.)	Median age
Males									
Own drug use	11.4	33.5	29.5	16.8	6.5	2.1	100.0	94,645	31
Other's drug use	27.7	12.1	12.1	15.0	18.1	10.9	100.0	2,231	35
Total males	11.8	33.0	29.1	16.7	6.8	2.3	100.0	. .	31
Total males (number)	*11,403*	*31,977*	*28,157*	*16,198*	*6,570*	*2,207*	. .	*96,876*	. .
Females									
Own drug use	12.2	30.8	29.4	18.2	6.9	2.1	100.0	45,651	32
Other's drug use	12.8	10.6	16.7	24.8	23.7	9.2	100.0	4,573	44
Total females	12.3	29.0	28.3	18.8	8.4	2.7	100.0	. .	32
Total females (number)	*6,153*	*14,563*	*14,194*	*9,462*	*4,220*	*1,368*	. .	*50,224*	. .
Persons[(b)]									
Own drug use	11.7	32.6	29.4	17.3	6.6	2.1	100.0	140,475	31
Other's drug use	17.9	11.1	15.2	21.5	21.7	9.8	100.0	6,850	42
Total persons	**11.9**	**31.6**	**28.8**	**17.4**	**7.3**	**2.4**	**100.0**	. .	**32**
Total (number)	**17,598**	**46,599**	**42,407**	**25,708**	**10,804**	**3,581**	. .	**147,325**	. .

(a) Includes 'not stated' for age.

(b) Includes 'not stated' for sex.

3.3 Indigenous status

For services that reported to the AODTS–NMDS in 2006–07:

- One in ten (10%) closed treatment episodes involved clients that identified as being of Aboriginal and/or Torres Strait Islander origin (Table 3.3).
- The proportion of Indigenous clients has not changed since 2003–04 when it was slightly lower at 9%. In all years of the collection to date, the proportion of episodes provided to Aboriginal and Torres Strait Islander peoples has exceeded the proportion of Indigenous peoples, aged 10 years and over, in the total Australian population (2.5% at 30 June 2006; ABS/AIHW 2008).
- The proportion of closed treatment episodes where 'not stated' was reported for Indigenous status was stable at 5% (the same as 2005–06 and 2004–05).
- Treatment episodes were relatively more common among Indigenous clients aged 10–19 years (18%) than among other Australians aged 10–19 years (11%), but less so for clients aged 40 years and over. It is likely that these differences reflect the age structures of the two populations, with Indigenous peoples having a younger age profile than other Australians.

Table 3.3: Closed treatment episodes by age group, Indigenous[a] status and sex, 2006–07

Age group (years)	Indigenous			Non-Indigenous			Not stated			Total persons[c]
	Males	Females	Total[b]	Males	Females	Total[b]	Males	Females	Total[b]	
					(number)					
10–19	1,704	914	2,620	9,139	4,851	14,012	560	388	966	17,598
20–29	3,119	1,795	4,915	27,284	12,133	39,453	1,574	635	2,231	46,599
30–39	2,708	1,708	4,419	24,081	11,838	35,959	1,368	648	2,029	42,407
40–49	1,359	689	2,048	13,999	8,291	22,316	840	482	1,344	25,708
50–59	359	185	547	5,889	3,849	9,749	322	186	508	10,804
60+	76	45	121	2,011	1,235	3,250	120	88	210	3,581
Not stated	96	57	153	238	191	429	30	16	46	628
Total	**9,421**	**5,393**	**14,823**	**82,641**	**42,388**	**125,168**	**4,814**	**2,443**	**7,334**	**147,325**
					(per cent)					
10–19	18.1	16.9	17.7	11.1	11.4	11.2	11.6	15.9	13.2	11.9
20–29	33.1	33.3	33.2	33.0	28.6	31.5	32.7	26.0	30.4	31.6
30–39	28.7	31.7	29.8	29.1	27.9	28.7	28.4	26.5	27.7	28.8
40–49	14.4	12.8	13.8	16.9	19.6	17.8	17.4	19.7	18.3	17.4
50–59	3.8	3.4	3.7	7.1	9.1	7.8	6.7	7.6	6.9	7.3
60+	0.8	0.8	0.8	2.4	2.9	2.6	2.5	3.6	2.9	2.4
Not stated	1.0	1.1	1.0	0.3	0.5	0.3	0.6	0.7	0.6	0.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Per cent of treatment population	**6.4**	**3.7**	**10.1**	**56.1**	**28.8**	**85.0**	**3.3**	**1.7**	**5.0**	**100**

(a) The term 'Indigenous' refers to people who identified as being of Aboriginal and/ or Torres Strait Islander origin; 'Non-Indigenous' refers to people who said they were not of Aboriginal or Torres Strait Islander origin.

(b) There were 9 closed treatment episodes for Indigenous people where sex was not stated, 139 episodes for non-Indigenous people where sex was not stated and 77 episodes where Indigenous status and sex were not stated.

(c) Includes 'not stated' for sex.

Most Australian Government-funded alcohol and other drug services for Indigenous people do not report to the AODTS–NMDS. The Drug and Alcohol Service Report (DASR) details the activity of Australian Government-funded Aboriginal and Torres Strait Islander substance use specific services. Additional information on the definitions used in the DASR report including the definition of 'episodes of care' is available at Appendix 6.

Care provided by Australian Government-funded Aboriginal and Torres Strait Islander substance use specific services

Residential treatment and rehabilitation refers to residential programs where clients receive formal rehabilitation for substance use. In 2006–07, an estimated 3,100 episodes of care were provided to clients in residential treatment/rehabilitation services (Table 3.4). Of these episodes of care, 74% were for male clients.

In 2006–07, an estimated 10,100 episodes of care were provided to clients accessing sobering-up or residential respite services. This figure is approximately double that in 2005–06.

Sobering-up clients are in residential care overnight to sober up and do not receive formal rehabilitation, while residential respite clients spend 1–7 days in residential care for the purpose of respite and do not receive formal rehabilitation. Approximately three in five (61%) of episodes of care were for male clients.

'Other care' refers to a diverse range of non-residential programs, including preventative care, after-care follow-up and mobile assistance/night patrol. In 2006–07, there were an estimated 57,900 episodes for other care. The high number of episodes of other care, compared with residential or sobering-up episodes of care, is due to the short-term nature of other care, with some clients receiving multiple episodes of care over the course of the year (see Appendix 6). Three in five (60%) of episodes for other care were for male clients.

Table 3.4: Estimated number of 'episodes of care'[(a)] provided by Australian Government-funded Aboriginal and Torres Strait Islander substance use specific services (DASR) by sex, and treatment type, 2006–07

	Male		Female		Total	
Treatment type	**No.**	**Per cent**	**No.**	**Per cent**	**No.**	**Per cent**
Residential treatment/rehabilitation[(b)]	2,300	74	800	26	3,100	100
Sobering-up/residential respite[(c)]	6,200	61	4,000	40	10,100	100
Other care[(d)]	35,000	60	22,900	40	57,900	100

(a) Estimated episodes of care refers to the number of episodes of the service. It does not always equate to the total number of clients in all programs as some clients may be in multiple programs.

(b) Includes people who were officially clients of the service, that is, people who received treatment/rehabilitation in a residential setting and had their own file/record.

(c) Sobering-up clients are in residential care overnight to sober up and do not receive formal rehabilitation. Respite clients spend 1–7 days in residential care for the purpose of respite and do not receive formal rehabilitation.

(d) Clients receiving 'other care' received non-residential care (e.g. counselling, assessment, treatment, education, support, home-visits and/or mobile assistance patrol/night patrol) or follow-up from residential services after discharge.

Note: Figures have been rounded to the nearest hundred.

Source: Australian Government Department of Health and Ageing analysis of the 2006–07 Drug and Alcohol Service Report.

3.4 Country of birth and preferred language

Information on country of birth and preferred language was collected from all clients.

Country of birth

- The majority (86%) of AODTS–NMDS closed treatment episodes in 2006–07 involved clients born in Australia (Table A3.1).
- Clients born in other countries were represented in only a small proportion of closed treatment episodes, with England (3%) and New Zealand (2%) being the next most common countries of birth.

Preferred language

- As in previous reporting periods, English was the most frequently reported preferred language in 2006–07 (95% of closed treatment episodes).
- Other preferred languages were relatively uncommon, with the second most preferred language being Australian Indigenous languages.

4 Drugs of concern

This chapter presents contextual information on mortality, morbidity and use behaviours associated with licit and illicit drug use in Australia. It also focuses on the drugs of concern reported by clients of alcohol and other drug treatment services, including the main drug that led them to seek treatment, called the *principal drug of concern* (Section 4.2), and all drugs reported to be of concern (Section 4.3). The chapter also examines each of the most common drugs of concern in relation to client, drug and treatment profiles (sections 4.4 to 4.10).

4.1 Context

Mortality

The misuse of alcohol and the use of tobacco and illicit drugs are responsible, directly and indirectly, for a considerable number of accidents, injuries, illnesses and deaths. In the most recent Burden of Disease and Injury in Australia study (Begg et al. 2007) it is estimated that in 2003:

- 15,511 deaths were attributable to tobacco use—lung cancer accounted for the largest number of deaths (6,309), followed by chronic obstructive pulmonary disease (4,175).
- 3,430 deaths were attributable to alcohol harm—918 deaths were associated with alcohol abuse and 553 with suicide and self-inflicted injuries. Alcohol also prevented an estimated 2,346 deaths in 2003, with the greatest benefit of alcohol consumption being the prevention of deaths from ischaemic heart disease (1,950 deaths).
- 1,705 deaths were attributable to the use of illicit drugs—hepatitis C accounted for the largest number of deaths (759), followed by hepatitis B (329).

The *National Alcohol Guidelines; Health Risks and Benefits* (NHMRC 2001) advise that the potential protection that alcohol provides against heart disease is of importance only for people in age groups where heart disease is a risk; generally from about age 40 onwards. Older people who are considering reducing their cardiovascular risk through low-risk drinking might consider other ways of improving cardiovascular outcome (NHMRC 2001).

Hospital treatment (morbidity)

There were 82,282 drug-related hospital 'separations' reported in 2006–07 (Table 4.1). 'Separations' refer to completed episodes of hospital care ending with discharge, death, transfer or a change to another type of care. 'Drug-related' separations refer to hospital care with selected principal diagnoses of substance use disorder or harm (accidental, intended or self-inflicted) due to selected substances (See Appendix 7 for technical details). As well as alcohol and tobacco, some of the drugs of concern discussed here are available by prescription or can be legally purchased over the counter. Therefore, a proportion of the separations reported here may result from harm arising from the therapeutic use of drugs. The 82,282 drug-related separations in 2006–07 represented 1.1% of all hospital separations in Australia for that year (AIHW 2008a).

Table 4.1: Same-day and overnight separations[a][b] with a principal diagnosis of drug-related harm or disorder, by drug of concern, Australia, 2006–07

Drug of concern identified in principal diagnosis[c]	Same-day separations	Overnight separations	Total separations[d]
Analgesics			
Opioids (includes heroin, opium, morphine & methadone)	2,000	4,618	6,618
Non-opioid analgesics (includes paracetamol)	1,292	3,500	4,792
Total analgesics	*3,292*	*8,118*	*11,410*
Sedatives & hypnotics			
Alcohol	19,916	21,514	41,430
Other sedatives & hypnotics (includes barbiturates & benzodiazepines; excludes alcohol)	3,077	6,876	9,953
Total sedatives & hypnotics	*22,993*	*28,390*	*51,383*
Stimulants & hallucinogens			
Cannabinoids (includes cannabis)	772	2,491	3,263
Hallucinogens (includes LSD & ecstasy)	186	176	362
Cocaine	94	126	220
Tobacco & nicotine	100	46	146
Other stimulants (includes amphetamines, volatile nitrates & caffeine)	1,131	3,371	4,502
Total stimulants & hallucinogens	*2,283*	*6,210*	*8,493*
Antidepressants & antipsychotics	1,774	4,919	6,693
Volatile solvents	351	416	767
Other & unspecified drugs of concern			
Multiple drug use	1,194	2,190	3,384
Unspecified drug use & other drugs not elsewhere classified[e]	53	99	152
Total other & unspecified drugs of concern	*1,247*	*2,289*	*3,536*
Total	**31,940**	**50,342**	**82,282**

(a) Separations for which the care type was reported as Newborn with no qualified days, and records for Hospital boarders and Posthumous organ procurement have been excluded.

(b) The code set used for this analysis is being reviewed. Technical details are included in Appendix 7.

(c) Drug of concern codes based on Australian Standard Classification of Drugs of Concern which are mapped to ICD-10-AM 5th edition codes.

(d) Refers to total drug-related separations, including substance use disorders and instances of harm for selected substances.

(e) See Appendix 7 for technical details.

Source: AIHW analysis of the National Hospitals Morbidity Database 2006–07.

In 2006–07, sedatives and hypnotics continued to account for the highest number of drug-related hospital separations, (51,383 or 62% of all drug-related separations), with alcohol making up 81% of separations for sedatives and hypnotics. On its own, alcohol accounted for 50% of drug-related hospital separations (Table 4.1). Fourteen per cent (11,410) of all drug-related separations reported were for analgesics, with opioids (heroin, opium, morphine and methadone) accounting for more than half of this group (58% or 8% of all drug-related separations). Stimulants and hallucinogens, including cannabis and cocaine, accounted for 10% (8,493) of all drug-related separations.

Separations can be either same-day (where the patient is admitted and separated on the same day) or overnight (where the patient spends at least one night in hospital). In 2006–07, overnight separations continued to be more common for drug-related treatment than same-day separations, accounting for 61% of all separations (Table 4.1). Separations were most likely to be overnight for cannabis (76%) out of all the drugs reported. For alcohol, there were similar numbers of same-day and overnight separations.

Key definitions

This chapter reports only on those 140,475 closed treatment episodes where clients were seeking treatment for their own drug use as it is considered that only substance users themselves can accurately report the drug that most concerns them. There is more information about treatment episodes where clients were seeking treatment in relation to someone else's substance use in Chapter 5.

Box 4.1: Key definitions and counts for closed treatment episodes and drugs, 2006–07

Closed treatment episode *refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. In 2006–07 there were 147,325 closed treatment episodes, of which* ***140,475*** *closed treatment episodes were for clients seeking treatment for their own substance use.*

Principal drug of concern *refers to the main substance that the client stated led them to seek treatment from the alcohol and other drug treatment agency. In this report, only clients seeking treatment for their own substance use are included in analyses involving principal drug of concern as it is assumed that only substance users themselves can accurately report on the principal drug of concern to them. In 2006–07, the principal drug of concern was reported for* ***140,475*** *closed treatment episodes.*

Other drugs of concern *refers to any other drugs, apart from the principal drug of concern, which clients report as concerning them. Clients can nominate up to five 'other' drugs of concern. In 2006–07, there were* ***73,168*** *closed treatment episodes that included at least one other drug of concern, which provided a total of* ***113,525*** *instances of other drugs of concern (apart from principal drug of concern) reported. This equates to* ***1.6*** *other drugs of concern per treatment episode.*

All drugs of concern *refers to all drugs reported by clients, including principal drug of concern and all other drugs of concern. In 2006–07, there were a total of* ***264,332*** *instances of drugs of concern reported, either as a principal or other drug of concern.*

4.2 Principal drug of concern

Nationally in 2006–07, alcohol (42%) and cannabis (23%) were the most common principal drugs of concern in closed treatment episodes, followed by opioids (14% of all closed treatment episodes, with heroin accounting for 11%)[1] and amphetamines (12%). Benzodiazepines and nicotine accounted for 2% of closed treatment episodes each and less than 1% of episodes were for the principal drugs ecstasy and cocaine (0.7% and 0.3% respectively) (Table 4.2).

[1] 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.

The small proportion of nicotine-related episodes may reflect the fact that many people seek treatment for smoking through their GP, pharmacy or a quitline, rather than through the alcohol and drug treatment agencies that report to this collection.

In interpreting the drugs of concern data, it is important to note that there is no agreement about *how much* treatment should be provided for *which* drug types. For example, it could be argued that treatment rates should reflect the level of risky use of particular substances in the population. However, it could also be argued that resources should be directed at the drugs that cause the greatest amount of harm.

It is also important to understand that many factors potentially contribute to changes in the pattern of drugs for which treatment is sought over time. These factors include:

- changes in the availability of certain drugs and therefore the number of people seeking treatment for them
- changes in the way drugs and drug use are perceived. For example, if the use of a drug becomes more socially accepted, fewer people may identify their use of that drug as a concern
- changes to the availability of treatment for certain drug types. For example, more agencies may decide to provide treatment for a single type of drug.

Principal drug of concern across Australia

- Alcohol was the most common principal drug of concern reported in all jurisdictions except Queensland and Tasmania in 2006–07.
- While Queensland reported the lowest proportion of treatment episodes where alcohol was the principal drug (34%), this was still an increase from 2005–06 when 28% of treatment episodes in Queensland were for alcohol.
- The following jurisdictions reported notably different proportions for principal drugs of concern when contrasted with national figures (note that New South Wales and Victorian results heavily influenced the national result, given they accounted for 59% of all activity reported):
  - Tasmania and Queensland had larger proportions of episodes for cannabis (39% and 37% respectively) than the national proportion of 23%.
  - In the Northern Territory, alcohol was the principal drug of concern in 63% of treatment episodes compared to the national figure of 42%.
  - In Western Australia, amphetamines were the principal drug of concern in 26% of treatment episodes compared to the national figure of 12%.
  - In the Australian Capital Territory, heroin was the principal drug of concern in 20% of treatment episodes compared to the national figure of 11%. Note that this represents a drop in heroin episodes both for the ACT (down seven percentage points) and the nation (down three percentage points) since 2005–06.
- The principal drug of concern also varied with the location of the treatment agency. For example, in Very Remote areas, alcohol accounted for 80% of treatment episodes compared to 43% of treatment episodes nationally. Treatment episodes for heroin were more common in Major Cities (14%) and negligible in Very Remote areas.

Appendix tables A3.2, A3.3 and A3.4 provide additional data on drug-related items.

Table 4.2: Closed treatment episodes[(a)] by principal drug of concern and jurisdiction, 2006–07 (per cent)

Principal drug	NSW	Vic	Qld[(b)]	WA	SA	Tas[(c)]	ACT	NT[(d)]	Australia	Total (no.)
Alcohol	45.0	42.4	33.7	39.9	49.3	36.0	55.3	63.4	42.3	59,480
Amphetamines	13.3	7.5	9.9	25.9	18.7	12.9	8.7	4.8	12.3	17,292
Benzodiazepines	1.8	2.1	1.0	1.0	1.9	1.4	0.7	0.5	1.6	2,298
Cannabis	19.1	23.9	36.8	15.7	10.1	39.4	12.2	13.2	22.8	31,980
Cocaine	0.7	0.2	0.2	0.2	0.3	0.1	0.2	—	0.3	448
Ecstasy	0.4	0.7	1.4	0.4	0.7	1.7	0.7	0.3	0.7	1,010
Nicotine	0.7	0.8	6.4	0.4	0.6	1.6	0.1	3.8	1.7	2,450
Opioids										
Heroin	13.0	13.9	3.3	7.9	8.3	0.4	20.0	0.6	10.6	14,870
Methadone	2.1	1.4	0.9	2.1	2.5	1.7	0.6	0.4	1.6	2,268
Morphine	1.1	—	1.6	0.1	3.1	2.7	0.2	7.8	0.9	1,299
Total opioids[(e)]	*17.8*	*16.2*	*7.5*	*10.5*	*16.2*	*5.5*	*22.0*	*8.8*	*14.4*	*20,196*
All other drugs[(f)]	1.1	6.3	3.0	5.9	2.2	1.4	0.1	5.1	3.8	5,321
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**. .**
Total (number)	**36,967**	**45,769**	**24,885**	**16,110**	**8,709**	**1,478**	**4,340**	**2,217**	**. .**	**140,475**

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

(b) The total number of closed treatment episodes for Queensland may be under-counted due to the exclusion of a number of non-government agencies.

(c) The total number of closed treatment episodes for Tasmania may be under-counted because two agencies only supplied drug diversion data.

(d) The total number of closed treatment episodes may be under-counted in the Northern Territory due to technical difficulties which prevented data being collected from one in-scope agency, and under-counted data from government agencies in two quarters.

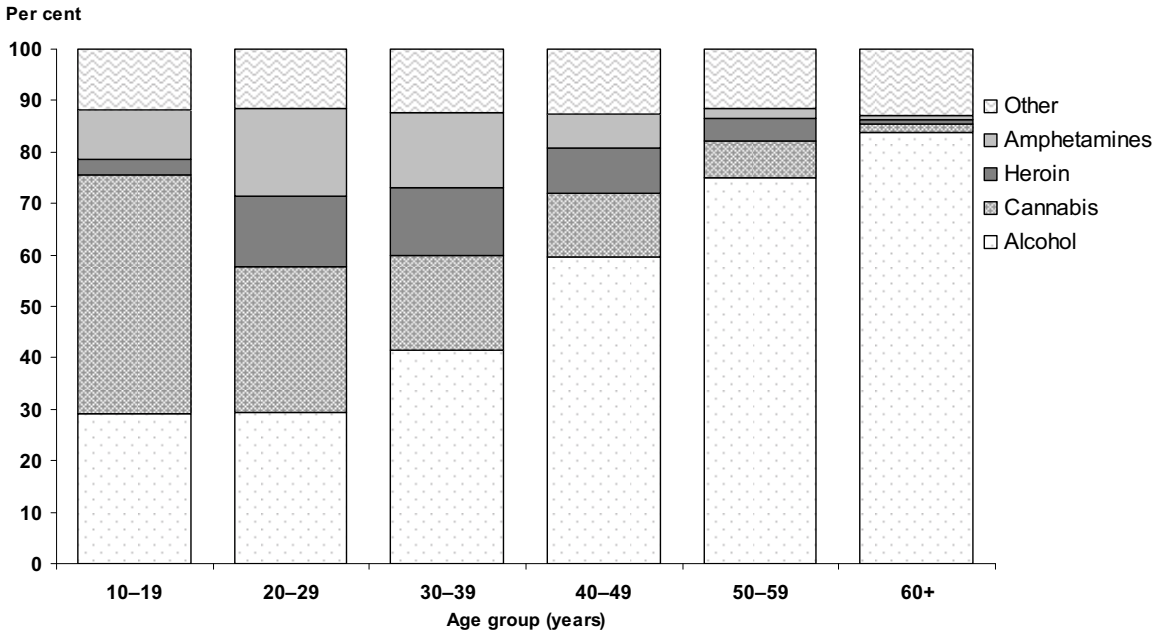
(e) 'Total opioids' includes the balance of opioid drugs coded according to ASCDC. See Appendix 5 and Table A3.2.

(f) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 5 and Table A3.2.

Age and principal drug of concern

Different age groups had different patterns in terms of the principal drugs of concern to them.

- Clients aged 10–19 years most frequently reported cannabis as their principal drug of concern (47% of episodes) (Figure 4.1). Alcohol was the principal drug of concern for 29% of these young people.
- 20–29 year olds were less likely to be concerned about cannabis as a group (28%). Alcohol was the most common principal drug of concern for this group (30%). Amphetamines (17%) and heroin (14%) also concerned substantial proportions of the 20–29 year old age group.
- 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).



Source: Table A3.5.

Figure 4.1: Closed treatment episodes by selected principal drug of concern and age group, 2006–07

Indigenous status and principal drug of concern

- Indigenous clients were most likely to report the same four principal drugs of concern as the population overall—alcohol (49% of episodes), cannabis (22%), opioids (11% with heroin accounting for 8%) and amphetamines (11%) (Table 4.3).
- Alcohol was more likely to be nominated by Indigenous clients (49% of episodes, compared with 42% for other Australians) and opioids less so (11%, compared with 15%).

As previously noted, these data relating to Indigenous status do not tell the whole story about substance use services provided to Aboriginal and Torres Strait Islander peoples in Australia. A substantial number of agencies providing treatment to Indigenous people for substance use report to different data collections (see Section 1.5 for further details and Appendix 6 for data on these services).

Table 4.3: Closed treatment episodes[(a)] by principal drug of concern and Indigenous status, 2006–07

Principal drug of concern	Indigenous		Non-Indigenous		Not stated		Total	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Alcohol	6,975	49.0	49,384	41.4	3,121	44.1	59,480	42.3
Amphetamines	1,546	10.9	15,029	12.6	717	10.1	17,292	12.3
Benzodiazepines	101	0.7	2,080	1.7	117	1.7	2,298	1.6
Cannabis	3,134	22.0	27,312	22.9	1,534	21.7	31,980	22.8
Cocaine	24	0.2	402	0.3	22	0.3	448	0.3
Ecstasy	41	0.3	924	0.8	45	0.6	1,010	0.7
Nicotine	242	1.7	2,059	1.7	149	2.1	2,450	1.7
Opioids								
Heroin	1,078	7.6	13,157	11.0	635	9.0	14,870	10.6
Methadone	220	1.5	1,938	1.6	110	1.6	2,268	1.6
Morphine	163	1.1	1,042	0.9	94	1.3	1,299	0.9
Total opioids	*1,555*	*10.9*	*17,658*	*14.8*	*983*	*13.9*	*20,196*	*14.4*
All other drugs[(b)]	614	4.3	4,315	3.6	392	5.5	5,321	3.8
Total	**14,232**	**100.0**	**119,163**	**100.0**	**7,080**	**100.0**	**140,475**	**100.0**
Per cent of Indigenous status	**10.1**	**. .**	**84.8**	**. .**	**5.0**	**. .**	**100**	**. .**

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

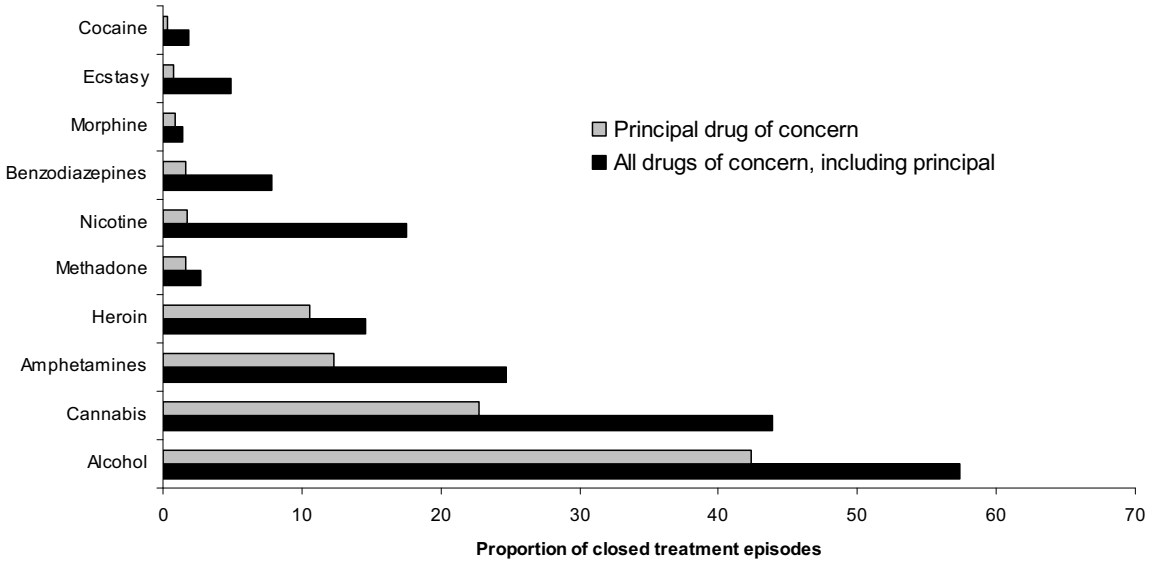
(b) 'Total opioids' includes the balance of opioid drugs coded according to ASCDC. See Appendix 5.

(c) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 5.

4.3 All drugs of concern

When all drugs of concern are considered (that is, the principal and all other drugs of concern nominated by the client):

- Alcohol and cannabis remained the two most commonly reported drugs of concern in 2006–07 (Figure 4.2).
- More than half (57%) of all episodes included alcohol as a drug of concern, while 44% of episodes included cannabis.
- Amphetamines (reported in 25% of treatment episodes) became more common than opioids when all reports of both drugs are compared.
- Despite being reported as a principal drug of concern in only 2% of treatment episodes, nicotine was the fourth most common drug of concern reported overall, accounting for 18% of all closed treatment episodes.



Source: Table A3.6.

Figure 4.2: Closed treatment episodes by principal drug of concern and all drugs of concern, 2006–07

4.4 Alcohol

Patterns of use in Australia

Alcohol is the most widely used drug in the Australian community. Based on data from the 2007 NDSHS (AIHW 2008b, AIHW unpublished):

- 83% of the population aged 14 years and over had consumed at least one glass of alcohol in the 12 months prior to the survey—8 % of Australians drank alcohol on a daily basis, 41% on a weekly basis and 34% on a less-than-weekly basis.
- The proportion of the population aged 14 years and over that were daily drinkers increased with age, from 1% of those aged 14–19 years to 16% of those aged 60 years and over. The proportion of weekly drinkers peaked at the 20–29 year age group, with almost half the population (48%) in this age group consuming alcohol on a weekly basis.
- Males were twice as likely to be daily drinkers (11%) compared with females (6%), and males were also more likely to drink weekly (47%) than females (36%).
- In the 12 months prior to the survey, one in ten (10%) Australians aged 14 years and over consumed alcohol at levels that are considered risky or high risk to health in the long

term, with persons in the 20–29 year age group most likely to consume alcohol in a way that put them at risk of long-term alcohol-related harm.[2]

- Around one-third of people (35%) aged 14 years and over consumed alcohol at levels considered risky or high risk to health in the short term on at least one drinking occasion during the 12 months prior to the survey.
- Almost one quarter of recent drinkers[3] reported being 'unable to remember afterwards what happened' while they were drinking (24%) or reported having 'a feeling of guilt or remorse after drinking' (23%) at least once in the previous 12 months.
- Almost one in five recent drinkers reported that they 'were not able to stop drinking' once they had started (19%) or 'failed to do what was normally expected' of them because of drinking (18%) at least once in the previous 12 months.
- Around 3% of recent drinkers reportedly 'needed a first drink in the morning to get yourself going after a heavy drinking session' in the previous 12 months.

Alcohol as a principal drug of concern in treatment

- Alcohol was the most common principal drug of concern for which treatment was sought in 2006–07, accounting for 42% of closed treatment episodes (Table 4.1).
- When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 57% of treatment episodes included alcohol as a drug of concern in 2006–07 (Figure 4.2).
- Alcohol has been the most common principal drug of concern reported in all years of the collection (which started in 2001–02).

In 2006–07, of the 59,480 closed treatment episodes where alcohol was nominated as the principal drug of concern:

Client profile (Table A3.8)

- The majority (69%) of episodes were for male clients.
- The median age of persons receiving treatment was 36 years (males 35 years; females 38 years).
- Clients aged 30–39 years accounted for the greatest proportion of episodes (29%), followed by clients aged 40–49 years (24%) and those aged 20–29 years (23%).
- 12% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (in 5% of episodes Indigenous status was not reported).
- Most treatment episodes for alcohol involved people who referred themselves to treatment (40% of episodes). Alcohol and other drug treatment services were the referral source for 12% of episodes; correctional services for 10%. 'Correctional services' generally include prisons and community services, such as parole services.

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2 The consumption of 29 or more (if male) or 15 or more (if female) standard drinks per week is considered risky or high risk to health in the long term, while consuming 7 or more (if male) or 5 or more (if female) standard drinks on any one day is considered risky or high risk to health in the short term.

3 A recent drinker is defined as a person who consumed a full serve of alcohol in the last 12 months.

Drug profile (tables A3.9, A3.10 and A3.11)

- 24,386 episodes (or 41% of episodes for alcohol) included at least one other drug of concern. From these episodes, 36,972 instances of other drugs of concern were recorded (clients can report up to five other drugs of concern), equating to 1.5 other drugs of concern per treatment episode. Of the 36,972 instances recorded, 37% were cannabis, 25% nicotine, 15% amphetamines and 7% benzodiazepines.
- Only a minority (20%) of alcohol-related episodes involved clients with a history of injecting drug use. Fewer still (6%) were current injectors. Note that 'injecting drug use status' was not reported for 14% of episodes where alcohol was the principal drug of concern.

Treatment profile (tables A3.12 and A3.14)

- Counselling was the most common main treatment type received (42% of episodes), followed by withdrawal management (detoxification) (20%) and assessment only (18%). 'Assessment only' refers to a range of situations, see section 5.5 for more information.
- Treatment was most likely to take place in a non-residential treatment facility (71% of episodes), followed by a residential treatment facility (18%). Treatment was less frequently provided in an outreach setting (7%) or at the home of the client (about 2%).
- Treatment episodes most often ended because the treatment was completed (60%). The next most common reason for treatment episodes to end was that the client ceased to participate without notifying the service provider (18% of episodes ended this way). For a full list of cessation reasons see Table A3.12.
- Treatment generally lasted around 17 days (median).

Alcohol and young people

Patterns of alcohol use by young people (AIHW 2008b)

- Estimates of alcohol use by younger people should be interpreted with caution due to the low prevalence and smaller sample sizes for these age groups. Nevertheless, in 2007, over two in three 12–15-year-olds (67%) had never consumed a full serve of alcohol.
- Rates of abstinence from drinking alcohol (never had a full serve of alcohol) fell sharply from two thirds (67%) for 12–15-year-olds to a rate for 18–19-year-olds (9%) closer to the rate of abstinence for all Australians aged 12 years or older (13%).
- By contrast, rates of daily alcohol consumption increased with age (less than 2% for 18–19-year-olds) but did not reach the 'population' rate (8% for Australians aged 12 years or older).
- In the age group 12–15 years, higher proportions of females (4%) than males (<1%) consumed alcohol daily or weekly. In the age groups 16–17 and 18–19 years, higher proportions of females than males consumed alcohol less than weekly. For all other combinations of age group and rate of alcohol consumption, the proportion of males was higher than that for females.

Young people in treatment for alcohol use (tables A3.13, A3.15, A3.22 & A3.25)

- The proportion of closed treatment episodes for young people aged 10–19 years of age, where alcohol was nominated as the principal drug of concern, was 29% in 2006–07 compared to 42% for across all ages.
- Young people aged 10–19 years accounted for 8% of the total number of treatment episodes where alcohol was the principal drug of concern, compared to 11% across all episodes.
- The most common main treatment type for young people aged 10–19 years was counselling (30%), information and education only (22%) and support and case management (20%).
- Where alcohol was nominated as the principal drug of concern, the most common main treatment types reported for young people aged 10–19 years were counselling (35%), support and case management (18%) and information and education only (16%). This pattern is not consistent with that seen for treatment for alcohol across all ages where counselling (42%), withdrawal management (19%) and assessment only (18%) were the three most prevalent main treatment types reported.
- The most common principal drug of concern reported for episodes where clients were aged 10–19 years was cannabis (47%), followed by alcohol (29%) and other drugs (9%). A large proportion of episodes reported here as other drugs were for nicotine and volatile solvents (including petrol).

4.5 Cannabis

Patterns of use in Australia

Cannabis is the most widely used illicit drug in Australia. According to the 2007 NDSHS (AIHW 2008b, AIHW unpublished), of Australians aged 14 years and over:

- One in three (34%) had used cannabis[4] at some stage in their lifetime, while one in 11 (9%) had used it at least once in the last 12 months.
- The 30–39 year age group was more likely to have ever used cannabis (55%) than any other age group, while the 20–29 year age group was most likely to have used cannabis in the last 12 months (21%).
- Males aged 30–39 years were most likely to have ever used cannabis (57%) and males aged 20–29 were most likely to have recently used cannabis (26%).
- Males were more likely than females to have used cannabis in the last 12 months (12% and 7% respectively).
- Of those who have ever used cannabis, the average age at which Australians first used cannabis was 19 years.
- 12% of recent cannabis users reported attempting to stop or cut down their use in the previous 12 months.

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4 The 2004 NDSHS refers to this group as marijuana/cannabis. Similarly, within this report, the term 'cannabis' includes those drugs that are classified as marijuana.

Cannabis as a principal drug of concern in treatment

- Cannabis was the second most common principal drug of concern for which treatment was sought in 2006–07, accounting for 23% of closed treatment episodes (Table 4.2). The proportion of treatment episodes where cannabis was nominated as the principal drug of concern declined slightly in 2006–07.
- When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 46% of treatment episodes included cannabis as a drug of concern in 2006–07 (Figure 4.2).

In 2006–07, of the 31,980 closed treatment episodes where cannabis was nominated as the principal drug of concern:

Client profile (Table A3.8)

- The majority (70%) of episodes were for male clients.
- Cannabis users had the youngest median age (25 years—for both males and females) for people receiving treatment, among all drug types.
- Clients aged 20–29 years accounted for the greatest proportion of episodes (41%). Clients aged 10–19 years and 30–39 years each accounted for 24% of treatment episodes.
- 10% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (5% 'not stated' response).
- Self-referral was the most common source of referral (28% of episodes), followed by referrals from police diversion (17%) and court diversion (11%).

Drug profile (tables A3.9, A3.10 and A3.11)

- Smoking was the most common method of use (92% of episodes), followed by inhaling vapour (5%). Around 2% of episodes were for people who ingested cannabis.
- 17,851 episodes (56%) had at least one other drug of concern reported. From these episodes, 30,029 other drugs of concern were recorded (clients can report up to five other drugs of concern), equating to 0.9 other drugs of concern per treatment episode. This represents a decrease in the number of other drugs of concern, which in the 2006–07 was 1.6 per treatment episode.
  - Of the 30,029 instances of other drugs of concern recorded, most were for alcohol (36%). Nicotine was the next most common (21%), then amphetamines (20%) and ecstasy (7%).
- The majority (61%) of episodes involved clients who reported never having injected drugs. Nine per cent of episodes involved clients who reported being current injectors, while 18% involved clients who reported they had injected drugs in the past. Caution should be taken, however, when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (13% of treatment episodes).

Treatment profile (tables A3.12 and A3.14)

- Counselling was the most common main treatment type received (34% of episodes), followed by information and education only (24%) and withdrawal management (detoxification) (14%).
- Treatment was most likely to take place in a non-residential treatment facility (72% of episodes), followed by an outreach setting (12%) and residential treatment facility (11%).

- Almost half (46%) of treatment episodes ended because the treatment was completed. The next most common reason for treatment episodes to end was that the client ceased to participate at expiation—that is, where the client had completed a treatment program as a requirement of police/court diversion (24% of episodes ended this way). 15% of episodes ended because the client ceased to participate in treatment without notifying the treatment provider.
- The median number of days for a treatment episode was 13.

4.6 Amphetamines

Patterns of use in Australia

According to the 2007 NDSHS (AIHW 2008b, AIHW unpublished), of Australians aged 14 years and over:

- 6% had used amphetamines[5] for non-medical purposes at some stage in their lifetime, and less than 3% 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 (16%). Persons aged 20–29 years were also most likely to have used amphetamines in the previous 12 months (7%).
- Males were more likely than females to have used amphetamines in the last 12 months. About one in five (18%) of males aged 20–29 years of age had ever used amphetamines and about half of those (10%) had used them in the past 12 months.
- Of those who had ever used amphetamines, the average age of first use was 20.9 years.
- 13% of recent amphetamine users reported attempting to stop or cut down their use in the previous 12 months.

Amphetamines as the principal drug of concern in treatment

- Amphetamines were the third most common principal drug of concern for which treatment was sought in 2006–07, accounting for 12% of closed treatment episodes (Table 4.1).
- When all types of opioids are combined (methadone, morphine, heroin and other opioids) they together account for slightly more episodes than amphetamines. However, no single opioid outnumbered amphetamines. Heroin was most commonly reported opioid, accounting for 11% of episodes.
- When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 25% of treatment episodes included amphetamines as a drug of concern in 2006–07 (Figure 4.2).

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5 The 2007 NDSHS refers to this group of drugs as meth/amphetamines. Similarly, within this report, the term 'amphetamines' includes those drugs that are classified as methamphetamines, such as ice, crystal and speed.

- Amphetamines have overtaken heroin as the third most common principal drug of concern this year, after heroin generally decreased as a proportion of treatment episodes between 2001–02 and 2005–06 (Table A3.7).

In 2006–07, of the 17,292 closed treatment episodes where amphetamines were nominated as the principal drug of concern:

Client profile (Table A3.8)

- The majority (67%) of episodes were for male clients.
- The median age of persons receiving treatment was 29 years (males 29 years; females 28 years).
- Persons aged 20–29 years accounted for the greatest proportion of episodes (45%), followed by persons aged 30–39 years (35%).
- 9% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (in 4% of episodes Indigenous status was not reported).
- Most people referred themselves to treatment (37%). 24% of episodes were initiated by a court diversion program or correctional service (12% each), and 10% were referrals from other alcohol and drug treatment services.

Drug profile (tables A3.9, A3.10 and A3.11)

- Injecting was the most commonly reported 'usual method of use' (69% of episodes), followed by smoking (14%) and ingesting (11%).
- 11,553 episodes (67%) included at least one other drug of concern. From these episodes, 20,954 other drugs of concern were recorded (clients can report up to five other drugs of concern), equating to 1.2 other drugs of concern per treatment episode.
  - Of the 20,954 instances of other drugs of concern recorded, 34% were for cannabis, 22% alcohol, and 10% for nicotine.
- The majority (57%) of treatment episodes involved clients who reported being current injectors, while 18% involved clients who reported they had injected drugs in the past and 19% involved clients who had never injected drugs.

Treatment profile (tables A3.12 and A3.14)

- Counselling was the most common main treatment type received (40% of episodes), followed by assessment only (18%), rehabilitation (14%) and withdrawal management (detoxification) (13%).
- Treatment was most likely to take place in a non-residential treatment facility (70% of episodes), followed by a residential treatment facility (19%).
- Almost half (48%) of episodes ended because treatment was completed. The next most common reason treatment ended (23%) was because the client ceased to participate without notifying the service provider.
- The median number of days for a treatment episode was 18.

4.7 Heroin

Patterns of use in Australia

According to the 2007 NDSHS (AIHW 2008b), of Australians aged 14 years and over:

- Less than 2% (0.3 million) had used heroin in their lifetime. Less than 1% had used heroin in the 12 months prior to the survey.
- More males than females had used heroin in their lifetime (2% compared with 1%).
- Persons in the 30–39 year age group were most likely to have used heroin in their lifetime (less than 3%), while persons in the 20–29 year age group were most likely to have used heroin in the last 12 months (less than 1%).
- The average age at which Australians first used heroin was 21.9 years of age.
- 61% of recent heroin users reported attempting to stop or cut down their use in the previous 12 months.

Heroin as a principal drug of concern in treatment

- Heroin was the fourth most common principal drug of concern for which treatment was sought in 2006–07, accounting for 11% of closed treatment episodes (Table 4.1).
- When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by clients), 15% of treatment episodes included heroin as a drug of concern in 2006–07 (Figure 4.2).

In 2006–07, of the 14,870 closed treatment episodes where heroin was nominated as the principal drug of concern:

Client profile (Table A3.8)

- The majority (65%) of episodes were for male clients.
- The median age of persons receiving treatment was 30 years (males 31 years; females 29 years).
- Clients aged 20–29 years accounted for the greatest proportion of episodes (43%), followed by persons aged 30–39 years (37%) and people aged 40–49 years (14%).
- 7% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (in 4% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (41% of episodes), as it was for most drug types. Correctional services referred 14%, as did alcohol and drug treatment services (14%).

Drug profile (tables A3.9, A3.10 and A3.11)

- Not surprisingly, injecting was the most common method of use (92% of episodes). In 5% of episodes, people reported that they most often smoked their heroin.
- 9,931 episodes (67%) included at least one other drug of concern. From these episodes, 18,716 instances of other drugs of concern were reported (clients can report up to five other drugs of concern), equating to 1.2 other drugs of concern per treatment episode.

- Of the 18,716 instances of other drugs of concern recorded, 26% were for cannabis and 19% for amphetamines.

- The majority (60%) of episodes involved clients who reported being current injectors, while 30% involved clients who reported they had injected drugs in the past (19% between 3 and 12 months ago and 11% 12 or more months ago).
- Only 4% of episodes involved clients who reported never having injected drugs.

Treatment profile (tables A3.12 and A3.14)

- Counselling was the most common main treatment type received (30% of episodes). This was one of the lowest proportions for counselling across all the drug types. 19% of episodes involved withdrawal management (detoxification), 17% assessment only and 12% support and case management only.
- Most treatment took place in either non-residential treatment facilities (70%) or residential treatment facilities (19%).
- Heroin followed the overall pattern in that the majority (54%) of episodes ended because the treatment was completed. The next most common reason treatment ended (17%) was because the client ceased to participate without notifying the service provider.
- Heroin had the longest treatment duration with a median number of 29 treatment days.

4.8 Benzodiazepines

Patterns of use in Australia

According to the 2007 NDSHS (AIHW 2008b, AIHW unpublished), of Australians aged 14 years and over:

- Less than 2% reported using benzodiazepines such as tranquillisers or sleeping pills in the previous 12 months for non-medical purposes, with peak use reported amongst those aged 20–29 years (3%).
- There was very little overall difference in the prevalence of recent use of tranquillisers or sleeping pill use between males and females (less than 2% each).

Benzodiazepines as a principal drug of concern in treatment

- Benzodiazepines as a principal drug of concern accounted for relatively few treatment episodes at less than 2% of closed treatment episodes in 2006–07 (Table 4.1).
- When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 8% of treatment episodes included benzodiazepines as a drug of concern in 2006–07 (Figure 4.2).
- The proportion of treatment episodes where benzodiazepines were reported as the principal drug of concern has remained stable since 2001–02 at approximately 2% (Table A3.7).

In 2006–07, of the 2,298 closed treatment episodes where benzodiazepines where nominated as the principal drug of concern:

Client profile (Table A3.8)

- Unlike every other drug type, the majority (54%) of episodes were for female clients.
- The median age of persons receiving treatment was 35 years (males 34 years; females 37 years).
- People in their 30s accounted for the greatest proportion of episodes (34%). People in their 20s and 40s accounted for 26% and 24% respectively.
- 4% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (10% of episodes for all drug types were for Indigenous people).
- Self-referral was the most common source of referral (41% of episodes), followed by referrals from alcohol and other drug treatment services (15%) and medical practitioners (11%). Medical practitioners were the referral source for a greater proportion of benzodiazepine episodes than all other drug types (apart from 'other' opioids).

Drug profile (tables A3.9, A3.10 and A3.11)

- Most clients (94%) reported ingesting benzodiazepines, however 5% said they usually injected them (5%).
- 1,470 episodes (64%) included at least one other drug of concern. From these episodes, 2,627 other drugs of concern were recorded (clients can report up to five other drugs of concern), equating to 1.1 other drugs of concern per treatment episode.
  - Of the 2,627 instances of other drugs of concern recorded, 21% of records were for alcohol, 18% cannabis, 13% amphetamines and 12% nicotine.
- Given that most people reported ingesting benzodiazepines, it is interesting that 46% stated that they were current or former injectors of drugs. Caution should be taken, however, when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (13% of episodes).

Treatment profile (tables A3.12 and A3.14)

- Withdrawal management (detoxification) was the most common main treatment type received (35% of episodes), the highest proportion of this treatment type for all drug types. Counselling (33%) was the next most common treatment provided, followed by assessment only (15%).
- Treatment was most likely to take place in a non-residential treatment facility (67% of episodes), followed by a residential treatment facility (20%).
- The majority (57%) of episodes ended because treatment was completed. The next most common reason for treatment episodes to end (15%) was ceasing to participate without notice.
- The median number of days for a treatment episode was 20.

4.9 Ecstasy

Patterns of use in Australia

Following cannabis, ecstasy is the second most widely used illicit drug in Australia. According to the 2007 NDSHS (AIHW 2008b, AIHW unpublished), of Australians aged 14 years and over:

- 9% had used ecstasy at some stage in their lifetime, and less than 4% had used it in the previous 12 months.
- The age group most likely to have ever used ecstasy was the 20–29 year age group (24%). Persons aged 20–29 years were also most likely to have used ecstasy within the last 12 months (11%). One in seven (14%) males aged 20–29 years had used ecstasy in the previous 12 months.
- Overall, males were more likely than females to have used ecstasy in the last 12 months.
- Of those who had ever used ecstasy, the average age of first use was 22.6 years.
- Less than 1% of recent ecstasy users reported attempting to stop or cut down their use in the previous 12 months.

Ecstasy as a principal drug of concern in treatment

- Ecstasy as a principal drug of concern accounted for less than 1% of closed treatment episodes in 2006–07 (Table 4.1).
- When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 5% of treatment episodes included ecstasy as a drug of concern in 2006–07 (Figure 4.2).
- The proportion of episodes where ecstasy was reported as the principal drug of concern has increased since 2001–02, but remained relatively minor at less than 1% of treatment episodes (Table A3.7).

In 2006–07, of the 1,010 closed treatment episodes where ecstasy was nominated as the principal drug of concern:

Client profile (Table A3.8)

- The majority (77%) of episodes were for male clients.
- People seeking treatment for ecstasy tend to be younger than those seeking treatment for other drugs. The median age for ecstasy-related episodes was 22 years (males 22 years; females 21 years).
- Not surprisingly then, people in their 20s accounted for the greatest proportion of episodes (56%), followed by persons aged 10–19 years (29%).
- 4% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (in 5% of episodes Indigenous status was not reported).
- Ecstasy-related episodes had a relatively low rate of self-referrals (18%) compared to other drug types. More episodes were initiated by a referral from a diversion program (49%), including police and court-based diversion.

Drug profile (tables A3.9, A3.10 and A3.11)

- Ingestion was the most common method of use (92% of episodes). Other methods reported included injecting (3%), smoking (2%) or sniffing (1%) ecstasy.
- 641 episodes (64%) included at least one other drug of concern. From these episodes, 1,161 instances of other drugs of concern were recorded (clients can report up to five other drugs of concern), equating to 1.1 other drugs of concern per treatment episode.
  - Of the 1,161 instances of other drugs of concern recorded, 28% were alcohol, 25% cannabis and 24% amphetamines.
- The majority (79%) of episodes involved clients who reported never having injected drugs. Thirteen per cent of episodes involved current or former injectors. 8% of episodes did not record an 'injecting drug use status' for the client.

Treatment profile (tables A3.12 and A3.14)

- Counselling was the most common main treatment type received (43% of episodes), followed by information and education only (27%) and support and case management only (12%).
- Treatment was most likely to take place in a non-residential treatment facility (83% of episodes), followed by an outreach setting (11%).
- The majority (47%) of episodes ended because the treatment was completed. The next most common reason for treatment episodes to end (30%) was that the client ceased to participate at expiation—that is, where the client had completed a treatment program as a requirement of a diversion program.
- Ecstasy-related treatment episodes were the shortest (median 8 days).

4.10 Cocaine

Patterns of use in Australia

According to the 2007 NDSHS (AIHW 2008b, AIHW unpublished), of Australians aged 14 years and over:

- 6% had ever used cocaine at some stage in their lifetime, while less than 2% reported having used cocaine in the last 12 months.
- The 20–29 year age group had the highest proportion (12%) of persons ever using cocaine compared with all other age groups. Likewise, the 20–29 year age group had the highest proportion (5%) of persons who had recently used cocaine.
- Overall, males were more likely than females to have recently used cocaine.
- The average age at which Australians used cocaine for the first time was 23.1 years.
- Less than 3% of recent cocaine users reported attempting to stop or cut down their use in the previous 12 months.

Cocaine as a principal drug of concern in treatment

- Cocaine as a principal drug of concern again accounted for a very small proportion of closed treatment episodes in 2006–07 (less than 1%) (Table 4.1).
- When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), around 2% of treatment episodes included cocaine as a drug of concern in 2006–07 (Figure 4.2).

In 2006–07, of the 448 closed treatment episodes where cocaine was nominated as the principal drug of concern:

Client profile (Table A3.8)

- The majority (76%) of episodes were for male clients.
- The median age of persons receiving treatment was 30 years (males 31 years; females 30 years).
- Out of all drug types, cocaine had the highest proportion of people aged 30–39 years (41%). People aged 20–29 years accounted for another 38%of episodes.
- 5% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (in 5% of episodes Indigenous status was not stated).
- Self-referral was the most common source of referral (38% of episodes). The next most common source of referral was family members and friends (12%). Cocaine had the highest proportion of referrals from family/friends. Court diversion and correctional services referred 11% and 10% respectively.

Drug profile (tables A3.9, A3.10 and A3.11)

- Sniffing cocaine as a powder was the most common method of use (50% of episodes), followed by injecting (34%) and smoking (13%).
- 329 episodes (73%) included at least one other drug of concern. From these episodes, 569 instances of other drugs of concern were recorded (clients can report up to five other drugs of concern), equating to 1.3 other drugs of concern per treatment episode.
- Of the 569 instances of other drugs of concern recorded, 25% were for alcohol, 19% amphetamines, and 17% cannabis.
- One-third (32%) of episodes involved clients who were current injectors. 46% involved clients who reported never injecting drugs. There was a 9% 'not stated' response for injecting drug use.

Treatment profile (tables A3.12 and A3.14)

- Counselling was the most common main treatment type received (40% of episodes), followed by assessment only (19%) and withdrawal management (detoxification) (16%).
- Treatment was most likely to take place in a non-residential treatment facility (73% of episodes), or a residential treatment facility (20%).
- The majority (58%) of episodes ended because the treatment was completed. The next most common reason for treatment episodes to end (23%) was that the client ceased to participate without notifying the service provider.
- The median number of days for a treatment episode was 17.

5 Treatment programs

This chapter focuses on main treatment types received by clients (Section 5.1) as well as additional treatments (Section 5.2), and examines each main treatment type in relation to client, treatment and principal drug profiles (sections 5.3 to 5.9).

Data presented in this chapter relate to all closed treatment episodes, that is, for clients seeking treatment for their own or someone else's drug use, however, sub-sections on the principal drug profile for each of the main treatment types relate only to episodes for clients seeking treatment for their own drug use.

Box 5.1: Key definitions and counts for treatment programs, 2006–07

Closed treatment episode *refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. In 2006–07 there were* ***147,325*** *closed treatment episodes, of which* ***140,475*** *closed treatment episodes were for clients seeking treatment for their own substance use.*

Main treatment type *refers to 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. In 2006–07, main treatment type was reported for* ***147,325*** *treatment episodes.*

Caution should be taken when comparing the number of closed treatment episodes for main treatment type from the collection periods 2002–03 to 2006–07 with those of 2001–02. In 2001–02 records from South Australia were excluded from tables using main treatment type as South Australia did not provide this data item.

Victoria does not differentiate between main and other treatment types, so caution should be taken when comparing Victorian results with other jurisdictions as every treatment type provided to a client is reported as an episode.

Other treatment type *refers to all other forms of treatment provided to the client in addition to the main treatment type (up to four other treatment types can be recorded for each client). In 2006–07, there were* ***14,345*** *closed treatment episodes that included at least one other treatment type. As in previous collections, in 2006–07 closed treatment episodes from Victoria were excluded from any analysis involving 'other treatment types' as Victoria does not provide data for 'other treatment types'.*

All treatment types *refers to all treatment types reported by a client including main treatment and other treatment. In 2006–07, there were a total of* ***164,604*** *treatment types reported, either as a main or other treatment type.*

5.1 Main treatment types

The treatment types reported to the AODTS–NMDS are broad categories. They are intended to group similar treatment types rather than represent in detail the large variety of treatment programs around Australia. It is also important to keep in mind that several jurisdictions 'map' their treatment data into the treatment types presented here. For example, a state's treatment agencies may report the number of episodes of Cognitive Behavioural Therapy, Dialectical Behavioural Therapy and relapse prevention counselling sessions; these are then amalgamated by the state health authority into 'counselling' and reported to the AIHW.

Nationally, counselling was the most common main treatment type provided in 2006–07 (39% of treatment episodes), followed by withdrawal management (detoxification) (17%), and assessment only (15%). Other treatment types reported included information and

education only (9%), support and case management only (8%) and rehabilitation (7%) (Table 5.1).

Any treatments not grouped into those categories already mentioned were reported as 'other' treatment, and accounted for 5% of closed treatment episodes. Pharmacotherapy as a main treatment type is also included in 'other' treatment for this report. This is because even though 2% (3,219 treatment episodes) were reported as having pharmacotherapy as the main treatment type, this represents only a small proportion of pharmacotherapy treatment in Australia. Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS (see Section 5.9).

When interpreting the 'treatment type' data it is important to note that it there is no agreement about the ideal type and amount of treatment that *should* be provided for people with drug use issues in Australia.

Main treatment types across Australia

- Counselling was the most common main treatment type reported in most states and territories in 2006–07, with the exception of Queensland, the Australian Capital Territory and Northern Territory (Table 5.1).
- In Queensland, information and education only was the most common main treatment type (45% of episodes), followed by counselling (24%). This pattern of main treatment in Queensland relates largely to the scope of their collection, namely the inclusion of IDDI clients (from the Police Diversion Program and the Illicit Drugs Court Diversion Program). In Queensland, IDDI clients automatically have the main treatment type recorded as information and education only.
- In the Australian Capital Territory and Northern Territory, the most common main treatment type was assessment only, accounting for 36% and 30% of episodes respectively.

Appendix tables A3.17 and A3.18 provide additional data on treatment program items (including treatment delivery setting and reason for ceasing treatment) for each jurisdiction.

Table 5.1: Closed treatment episodes by main treatment type and jurisdiction, 2006–07 (per cent)

Main treatment type	NSW	Vic[(a)]	Qld[(b)]	WA	SA	Tas[(c)]	ACT[(d)]	NT[(e)]	Australia	Total (no.)
Withdrawal management (detoxification)	21.0	22.5	4.7	8.2	20.3	2.2	16.3	11.1	16.6	24,467
Counselling	31.7	49.0	23.5	54.0	29.4	64.5	27.4	28.5	38.7	57,017
Rehabilitation	9.7	3.9	3.4	15.0	13.1	7.9	4.8	12.1	7.4	10,950
Support and case management only	9.7	13.4	3.7	2.3	3.2	2.8	6.6	4.3	8.3	12,290
Information and education only	1.6	0.5	44.6	4.3	1.7	19.4	4.5	5.3	9.3	13,723
Assessment only	19.3	7.8	18.4	10.4	24.7	2.7	35.7	30.4	15.1	22,295
Other[(f)]	7.0	2.8	1.6	5.7	7.6	0.4	4.6	8.4	4.5	6,583
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**..**
Total (number)	**37,945**	**48,668**	**25,340**	**17,802**	**9,020**	**1,564**	**4,516**	**2,470**	**..**	**147,325**

(a) The number of closed treatment episodes for Victoria may not be directly comparable to other jurisdictions because Victoria does not differentiate between main and other treatment types. All treatment provided is reported as a unique episode against main treatment type, regardless of whether it was judged to be the principal activity necessary for completion of a treatment plan.

(b) The total number of closed treatment episodes for Queensland may be under-counted due to the exclusion of a number of non-government agencies.

(c) The total number of closed treatment episodes for Tasmania may be under-counted because two agencies only supplied drug diversion data.

(d) The number of closed treatment episodes for assessment only in the Australian Capital Territory may be over-counted due to the inclusion of diversion assessments and changes in reporting practices.

(e) The total number of closed treatment episodes may be under-counted in the Northern Territory due to technical difficulties which prevented data being collected from one in-scope agency, and under-counted data from government agencies in two quarters.

(f) 'Other' includes 3,219 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 pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 5.9).

Indigenous status and treatment programs

- Closed treatment episodes involving Indigenous clients were most likely to involve counselling (38%), followed by assessment only (18%), withdrawal management (detoxification) (12%) and information and education only (11%) (Table 5.2).
- While Indigenous clients received counselling at a similar rate to non-Indigenous clients, they were less likely to receive withdrawal management (detoxification) as a main treatment (12% of treatment episodes) compared with other Australians (17%).
- Treatment episodes involving Indigenous clients were more likely to involve the main treatment type of assessment only (18%), compared with episodes for other Australian clients (14%).
- For more information about alcohol and other drug treatment provided to Indigenous people in services not included in the AODTS–NMDS see Appendix 6.

Table 5.2: Closed treatment episodes by main treatment type and Indigenous status, 2006–07

	Indigenous		Non-Indigenous		Not stated		Total	
Main treatment type	**No.**	**Per cent**	**No.**	**Per cent**	**No.**	**Per cent**	**No.**	**Per cent**
Withdrawal management (detoxification)	1,825	12.3	21,538	17.2	1,104	15.1	24,467	16.6
Counselling	5,682	38.3	48,510	38.8	2,825	38.5	57,017	38.7
Rehabilitation	1,163	7.8	9,484	7.6	303	4.1	10,950	7.4
Support and case management only	1,195	8.1	10,598	8.5	497	6.8	12,290	8.3
Information and education only	1,572	10.6	11,532	9.2	619	8.4	13,723	9.3
Assessment only	2,636	17.8	17,955	14.3	1,704	23.2	22,295	15.1
Other[(a)]	750	5.1	5,551	4.4	282	3.8	6,583	4.5
Total	**14,823**	**100.0**	**125,168**	**100.0**	**7,334**	**100.0**	**147,325**	**100.0**
Per cent of closed treatment episodes	**10.1**	**. .**	**85.0**	**. .**	**5.0**	**. .**	**100.0**	**. .**

(a) 'Other' includes 3,219 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 pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 5.9).

5.2 Additional treatments

This section looks at the main treatment type recorded for clients together with other treatment types that have been provided. As such it provides information about the provision of multiple treatment types, in the same treatment episode, by the same treatment agency. As in previous years, Victorian data were excluded from these analyses as Victoria does not report data for 'other treatment type'.

The provision of more than one treatment type during a treatment episode may occur for several reasons. Some treatment agencies may provide a continuity of treatment programs and report, for example, withdrawal as the main treatment type and counselling as other treatment type. In other agencies, participation in a variety of treatments may be a requirement for clients, for example, rehabilitation programs where individual, group or family counselling is part of the treatment. This may be reported as rehabilitation as the main treatment type and counselling as other treatment type.

- Of the 98,657 closed treatment episodes in 2006–07 (excluding Victoria), 14,345 episodes (15%) reported at least one other treatment type—that is, a main treatment type and at least one other treatment type (Table 5.3).
- The proportion of episodes that included at least one other treatment type varied with the main treatment type:
  - where withdrawal management (detoxification) was the main treatment type reported, 47% of episodes included at least one other treatment type
  - where rehabilitation was the main treatment type, 30% of episodes included at least one other treatment type

- only 9% of episodes included at least one other treatment type when counselling was the main treatment type. This proportion has been decreasing over time. In 2004–05 17% of counselling episodes included another treatment; 12% in 2005–06.

- Support and case management only, information and education only and assessment only are all reported as stand-alone treatment types. Therefore there are no additional treatments reported in those episodes.

Table 5.3: Closed treatment episodes by main treatment type, with or without other treatment type, Australia[(a)], 2006–07

Main treatment type	With other treatment type	With no other treatment type	Total closed treatment episodes	Proportion of episodes with other treatment type (%)
Withdrawal management (detoxification)	6,325	7,169	13,494	46.9
Counselling	2,892	30,297	33,189	8.7
Rehabilitation	2,731	6,318	9,049	30.2
Support and case management only	—	5,766	5,766	—
Information and education only	—	13,477	13,477	—
Assessment only	—	18,479	18,479	—
Other[(b)]	2,397	2,806	5,203	46.1
Total	**14,345**	**84,312**	**98,657**	**14.5**

(a) Excludes 48,668 closed treatment episodes from Victoria as this jurisdiction does not provide data for 'other treatment types' separately, but instead reports each treatment provided as a main treatment type in unique episodes.

(b) 'Other' includes 3,219 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 pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 5.9).

5.3 Counselling

What is counselling?

'Counselling' in the AODTS–NMDS captures a wide variety of services provided by alcohol and other drug treatment agencies. Counselling may be provided to individuals, groups or families; at an agency, at the client's home or over the phone. The number of sessions provided in counselling can vary greatly from one to many over a period of months. The 'counsellor' may be a doctor, social worker, psychologist, specialist drug and alcohol worker, generalist welfare worker or other worker.

There are many types of counselling but they can all be described as '… a joint endeavour between the counsellor and client involving the development of a therapeutic relationship with treatment plans and goals negotiated and agreed upon, by both parties' (Dale & Marsh 2000). Counselling approaches frequently used in the alcohol and other drug field include cognitive behavioural therapy which, among other things, builds skills to deal with lapses; and motivational interviewing, which aims to assist ambivalent clients by exploring both the 'good and not so good' aspects of their drug use. Other counselling approaches such as

narrative therapy may also be used, particularly when they may be more appropriate for particular populations (Bacon 2007).

Counselling as a main treatment type

- Counselling was the most common main treatment provided in 2006–07, accounting for 39% of closed treatment episodes (Table 5.1).
- Since 2001–02, counselling has consistently been the most common main treatment type reported in the AODTS–NMDS. The proportion of treatment episodes where counselling was reported as the main treatment type has fluctuated over this time between 38% and 43% of episodes (Table A3.19).

In 2006–07, of the 57,017 closed treatment episodes where counselling was nominated as the main treatment type:

Client profile (Table A3.20)

- 91% of episodes were for clients seeking treatment for their own drug use. Of all the treatment types, counselling had the highest proportion of treatment episodes provided to people seeking treatment related to the drug use of someone else.
- The majority (63%) of episodes were for male clients.
- The median age of persons receiving treatment was 33 years (males 32 years; females 35 years).
- People in their 20s and 30s accounted for the largest proportion of episodes (both 30%), followed by people aged 40–49 years (19%).
- 10% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (in 5% of counselling episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (42% of episodes), followed by 'other' referrals (12%), referrals from alcohol and other drug treatment services (9%) and correctional services (8%).

Treatment profile (tables A3.21 and A3.23)

- Treatment was most likely to occur in a non-residential treatment facility (93% of episodes), rather than at the client's home (1%), an outreach setting (3%) or a residential treatment facility (less than 1%).
- The majority (53%) of episodes were reported to have ended because the treatment was completed. The next most common reason for ending a treatment episode (27%) was that the client ceased to participate with notifying the service provider.
- Counselling episodes were longer than most other treatment types, at a median length of 43 days.

Principal drug profile (Table A3.24)

Of the 51,630 closed treatment episodes in 2006–07 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 (48% of episodes), followed by cannabis (21%), amphetamines (13%) and heroin (9%).

5.4 Withdrawal management (detoxification)

What is withdrawal management (detoxification)?

'Withdrawal management' is a service to support people through the process of detoxification, where alcohol and/or other drugs are removed from the body. Withdrawal management assists clients by monitoring the withdrawal process and may include medical intervention as appropriate (Shand et al. 2003). Detoxification may be medicated or not, depending on the substances the client is receiving treatment for and the severity of dependency. Withdrawal management can take place in an inpatient, outpatient or home-based setting.

Withdrawal management (detoxification) as a main treatment

- Withdrawal management (detoxification) was the second most common main treatment type provided in 2006–07, accounting for 17% of closed treatment episodes (Table 5.1).
- Since 2001–02, withdrawal management (detoxification) has consistently been the second most common main treatment type reported in the AODTS–NMDS. Over this time, the proportion of treatment episodes where withdrawal management (detoxification) was reported as the main treatment type has seen a slight continual decline from 19% (Table A3.19).

In 2006–07, of the 24,467 closed treatment episodes where withdrawal management (detoxification) was nominated as the main treatment type received:

Client profile (Table A3.20)

- The majority (64%) of episodes were for male clients.
- The median age of clients receiving treatment was 35 years (males 35 years; females 34 years).
- People participating in withdrawal management were most likely to be aged in the 30–39 year age group (32%), followed by people aged 20–29 years (26%).
- 8% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (in 5% of treatment episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (49% of episodes)—this was the highest rate of self-referral (as opposed to other referral sources) out of all treatment types. Seventeen per cent of withdrawal management referrals came from alcohol and other drug services.

Treatment profile (tables A3.21 and A3.23)

- Treatment was most likely to occur in a residential treatment facility (59% of episodes). However, 30% of episodes were also provided via a non-residential setting, and almost 10% at the home of the client.
- The majority (65%) of episodes were reported to have ended because the treatment was completed. The next most common reason for ending a treatment episode (11%) was that the client ceased to participate against advice. Only rehabilitation had more episodes end due to the client ceasing to participate against advice.

- The median duration of a treatment episode was the same as 2005–06 at 8 days.

Principal drug profile (Table A3.24)

- Alcohol was the most common principal drug of concern reported (47% of episodes), followed by cannabis (18%) and heroin (11%). This represents a small increase compared with 2005–06 for alcohol (4%) and decrease for heroin (4%).

5.5 Assessment only

What is assessment only?

Assessment forms part of most treatments in alcohol and other drug treatment services. The process of assessment identifies the nature of the drug issue, the client's needs (which form the basis of the treatment plan) and which treatment would be most appropriate for the client. Assessment may be done by a central agency whose sole purpose is to make assessments and refer to appropriate treatment agencies, or completed in-house at an alcohol and other drug treatment agency as the first part or session in a course of treatment.

There can be many parts to assessment including gathering a detailed history of the client's drug use, current and past medical and psychiatric treatments; family and social history; and screening of blood or urine (Kleber et al., 2007).

Sometimes assessment itself is a brief intervention because it can have the effect of increasing the client's motivation (Flannery & Farrell, 2007). There is no brief intervention category in the AODTS–NMDS so some interventions of this nature are likely to be reported as assessment only.

It is also important to note that some episodes reported as assessment only are those in which clients have not returned for further treatment. The AODTS–NMDS does not collect detailed information about why clients do not return for treatment. Clients' reasons for not returning for treatment are likely to vary. For example, clients may feel they have received enough assistance, others may not have found the contact useful and others may not be motivated to continue.

Lastly, the number of assessment only episodes is influenced by the coding practices of the treatment agencies. Frequently, coding practices are driven by the service delivery processes within the agency. The method of counting assessment only episodes may differ between states/territories and comparison of data nationally and across jurisdictions should be interpreted with caution.

Assessment only as a main treatment type

- Assessment only was the third most common main treatment type provided in 2006–07, accounting for 15% of closed treatment episodes (Table 5.1).
- Since 2001–02, assessment only has consistently been the third most common main treatment type reported in the AODTS–NMDS. Over this time, the proportion of treatment episodes where assessment only was reported as the main treatment type has fluctuated between 12% and 15% (Table A3.19).

In 2006–07, of the 22,295 closed treatment episodes where assessment only was nominated as the main treatment type received:

Client profile (Table A3.20)

- Almost all (99%) episodes were for clients seeking treatment for their own drug use.
- The majority (74%) of episodes were for male clients.
- The median age of persons receiving treatment was 32 years (males 31 years; females 33 years).
- Persons aged 20–29 years accounted for the greatest proportion of episodes (36%), followed by persons aged 30–39 years (31%).
- 12% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (Indigenous status was not reported for 8% of episodes).
- People most often referred themselves (30%) or were referred by a correctional service (26%).

Treatment profile (tables A3.21 and A3.23)

- Treatment was most likely to occur in a non-residential treatment facility (85% of episodes), followed by an outreach setting (9%).
- The majority (81%) of episodes were reported to have ended because the treatment was completed. The next most common reason reported for ending a treatment episode (10%) was that the client ceased to participate without notifying the service provider.
- Assessment only episodes usually took place on one day.

Principal drug profile (Table 3.24)

Of the closed treatment episodes in 2006–07 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 (49% of episodes), followed by cannabis (15%) and amphetamines (14%).

5.6 Information and education only

What is information and education only?

'Drug education is teaching and communicating to help people avoid harm caused by the abuse of various drugs' (Wilson & Kolander, 2003). Often education is targeted at young people in a prevention capacity; however it can be used in a variety of settings with a range of people/clients.

An 'information and education only' episode in the AODTS–NMDS could be delivered on a group or individual basis. One example is a group information session about the health and legal effects of cannabis use. Examples of information and education only for individuals can be found in state/territory drug diversion schemes. In one state, people apprehended with a small quantity of cannabis may be referred to a qualified health service worker. The person may then attend a 2-hour session that encompasses an assessment of their drug use, education about drug use (both written material and viewing of a video) and the

development of a plan to stop using cannabis. The client may then be referred to a treatment program (Queensland Police Service, 2007).

Information and education only as a main treatment type

- Information and education only was the fourth most common main treatment type provided in 2006–07, accounting for 9% of closed treatment episodes (Table 5.1).
- Since 2001–02, information and education only has been the fourth most common main treatment type reported in the AODTS–NMDS (with the exception of the 2003–04 collection period where it was the sixth most common main treatment type). Over this time, the proportion of treatment episodes where information and education only was reported as the main treatment type has fluctuated between 8% and 10% (Table A3.19).

In 2006–07, of the 13,723 closed treatment episodes where information and education only was nominated as the main treatment type received:

Client profile (Table A3.20)

- 98% were for clients seeking treatment for their own drug use.
- The majority (73%) of episodes were for male clients.
- The median age of persons who received treatment was younger than the median age for all treatment types (24 years as compared to 32 years). Males receiving information and education had a median age of 24 years; females 25 years.
- Persons aged 20–29 years accounted for the greatest proportion of episodes (39%), followed by persons aged 10–19 years (26%).
- 12% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (Indigenous status was not reported for 5% of episodes).
- Police and court diversion programs were the most common sources of referral (50% and 28% of episodes respectively). Information and education had the lowest rate of self-referral (11%).

Treatment profile (tables A3.21 and A3.23)

- Treatment was most likely to occur in a non-residential treatment facility (77% of episodes), followed by an outreach setting (18%).
- The majority (72%) of episodes were reported to have ended because the client expiated their offence—that is, the client had completed an education or information program as a requirement of a diversion program. The next most common reason for treatment episodes to end (13%) was because the treatment was completed.
- Information and education only was likely to be delivered on a single day, rather than over a period of time or a number of sessions (the median number of days for a treatment episode was 1).

Principal drug profile (Table A3.24)

For clients who received information or education only about their own drug use:

- Cannabis was the most common principal drug of concern reported (57% of episodes), followed by alcohol (20%) and 'other' drugs (13%).

5.7 Support and case management only

What is support and case management only?

'Support and case management only' in alcohol and other drug treatment services take a variety of forms. 'Support' tends to encompass activities that do not fall into other treatment types. So for example, supportive contact with a client that does not meet the definition of information and education could be reported as support and case management only. An example of support is occasional contact with a client who drops in to a community agency from time to time for emotional support.

'Case management' is typically more structured than 'support'. The functions of case management have been described as assessment, planning, linking, monitoring and advocacy (Vanderplasschen et al. 2007). Generally, case management looks at the client's needs from a broad perspective, incorporating both general welfare needs such as housing, and drug-related issues.

There are numerous types or models of case management. These models include the 'brokerage' model where the case manager coordinates other services to meet the client's needs. Other models provide more services directly to clients. For example, some models include the provision of some counselling by the case manager (Vanderplasschen et al. 2007).

Support and case management only as a main treatment type

- Support and case management only as a main treatment type accounted for 8% of closed treatment episodes in 2006–07 (Table 5.1).
- The proportion of episodes where support and case management only was reported as the main treatment type increased from 6% in 2001–02 to 8% in 2003–04, and has since remained relatively stable at approximately 8% (Table A3.19).

In 2006–07, of the 12,290 closed treatment episodes where support and case management only was nominated as the main treatment type received:

Client profile (Table A3.20)

- 93% were for clients seeking treatment for their own drug use; 7% for people seeking treatment related to someone else's drug use.
- The majority (62%) of episodes were for male clients.
- The median age of persons receiving support and case management only was the youngest of all treatment types: 23 years (males 24 years; females 23 years).
- Clients aged 20–29 years accounted for the greatest proportion of episodes (35%), followed by those aged 10–19 years (31%).
- 10% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (4% of episodes had no recorded Indigenous status).
- One third of referrals were self-referrals, with police and court diversion making up another 27%.

Treatment profile (tables A3.21 and A3.23)

- Treatment was most likely to occur in an outreach setting (50% of episodes). This is a very large proportion of episodes provided by outreach (the proportion across all treatment types was 9%). Non-residential treatment facilities provided 44% of support and case management only.
- The majority (58%) of episodes were reported to have ended because the treatment was completed. The next most common reason reported for ending a treatment episode (15%) was that the client ceased to participate without notifying the service provider. Ten per cent also ended because the client transferred to another service provider. This was the highest percentage of episodes ending due to transfer to another service provider of all treatment types (apart from 'other' treatment types).
- Support and case management only episodes were the longest (apart from 'other' treatment types) with a median number of treatment days of 47.

Principal drug profile (Table A3.24)

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 (31% of episodes), followed by alcohol (27%) and heroin (16%). Heroin accounted for proportionately more support and case management episodes than it did for any other treatment type.

5.8 Rehabilitation

What is rehabilitation?

Rehabilitation is intended to support people to cease substance abuse, in order to address and prevent any future psychological, legal, financial, social, and physical consequences caused by problematic substance use. Rehabilitation includes residential treatment services, therapeutic communities and community-based rehabilitation services.

Residential rehabilitation provides an appropriate, often drug-free environment in which structured interventions can be delivered to people who are drug dependent (NSW Department of Health, 2007).

Rehabilitation programs offered in therapeutic communities are multidimensional. They may include psychological therapies, education, peer support and skills development. Residents stay in the community for varying periods of time, depending on their individual needs (NSW Department of Health, 2007).

Community-based rehabilitation programs are also available in some areas. These programs may begin with home-based detoxification and continue with both individual and group counselling over a period of time.

Rehabilitation as a main treatment type

- Rehabilitation as a main treatment type accounted for 7% of closed treatment episodes in 2006–07 (Table 5.1).

- The proportion of treatment episodes where rehabilitation was reported as the main treatment type increased from 6% in 2001–02 to 9% in 2003–04, but has remained relatively stable at approximately 8% since 2004–05.

In 2006–07, of the 10,950 closed treatment episodes where rehabilitation was nominated as the main treatment type received:

Client profile (Table A3.20)

- The majority (68%) of episodes were for male clients.
- The median age of persons receiving treatment was 31 years (males 31 years; females 32 years).
- Persons aged 20–29 years accounted for the greatest proportion of episodes 34%), followed by persons aged 30–39 years (33%).
- 12% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin with only 3% of episodes not including a report of Indigenous status. (There were also 3,100 residential treatment/rehabilitation episodes of care provided to Indigenous people in DASR agencies in 2006–07. See Appendix 6 for more information.)
- Self-referral was the most common source of referral (34% of episodes), followed by referrals from alcohol and other drug treatment services (24%).

Treatment profile (Table A3.21 and A3.23)

- Treatment was most likely to occur in a residential treatment facility (62% of episodes). 34% per cent of episodes were provided in a non-residential treatment facility.
- The most common reason reported for the cessation of treatment episodes was treatment completion (35%). 45% ended because the client ceased to participate against advice (15%), or without notice (19%) or because of non-compliance with the expectations of the rehabilitation provider (12%). Treatment provider expectations may include the person not bringing drugs on the premises and refraining from harassing other clients (12%).
- The median number of days for a treatment episode was 34.

Principal drug profile (Table A3.24)

- Alcohol was the most common principal drug of concern reported (44% of episodes), followed by amphetamines (22%), cannabis (21%) and heroin (9%, down from 16% in 2005–06).

5.9 Other main treatment types

'Other' main treatment types are modes of treatment that do not fit the descriptions of the main treatment types discussed previously. Examples of other main treatment types may be living skills classes, relapse prevention, and safe using or use reduction education and support. These may include aspects of the more common main treatment types but not to the extent that they could be coded as such. For example, where a service offers an assessment, brief intervention counselling and a fact sheet in one episode, this treatment is more appropriately coded as 'other', rather than counselling, information and education only or assessment only.

In this report, other main treatment includes those episodes where pharmacotherapy was reported as the main treatment type. This is because of the relatively small number of episodes where this was the main treatment type and the scope of the AODTS–NMDS, where those agencies whose sole purpose is to prescribe and provide opioid pharmacotherapy treatment and clients who are only receiving pharmacotherapy are not included in the collection. Information specific to opioid pharmacotherapy treatment can be found in the National Opioid Pharmacotherapy Statistical Annual Data (NOPSAD) Collection, later in this section.

Other main treatment types reported

- There were 6,583 episodes (4%) where 'other' was the main treatment type. Of these episodes 3,129 (2%) reported pharmacotherapy as the main treatment type.
- The proportion of episodes where other main treatment types were reported has remained relatively stable since 2001–02, between 4–5% of treatment episodes.

Client profile (Table A3.20)

- 98% of treatment episodes were for the client's own drug use.
- 61% of treatment episodes were for males.
- The median age for treatment was 33 years (33 years for males and 32 years for females).
- 30–39 year olds account for the greatest proportion of treatment episodes (32%) followed by 20–29 year olds (30%).
- 5% of episodes were for clients who identified as Aboriginal and/or Torres Strait Islander (4% 'not stated' response). This figure may under-represent the total number of services provided to Aboriginal and Torres Strait Islander people as they receive treatment from Indigenous-specific services. One type of 'other' treatment provided in those agencies is 'sobering up/residential respite'. There were an estimated 10,100 episodes of sobering up/respite care provided by Aboriginal and Torres Strait Islander substance use specific agencies in 2006–07. See Appendix 6 for more details.
- Self-referral was the main source of referral for 40% of episodes, followed by referral by an alcohol and other drug treatment agency or medical practitioner (both 12%).

Treatment profile (Table A3.21 and A3.23)

- Other main treatment types were most likely to occur in a non-residential treatment setting (88%) and least likely to be in the home of the client (1%). Residential treatment

settings for other treatment also had the highest median days in treatment (58 days) compared with home settings (1 day).

- The median number of days for other main treatment types, regardless of the setting, was 48.
- The majority of episodes ended because treatment had been completed (51%) followed by the client ceasing to participate without notice (21%).

Principal drug profile (Table 3.24)

Of the 6,583 episodes where other main treatment types were reported (including pharmacotherapy):

- Methadone was the most common principal drug of concern reported (24%) followed by other opioids (14%) and heroin (13%).

5.10 National Opioid Pharmacotherapy Statistics Annual Data collection 2007

This section refers to a separate but complementary collection to the AODTS–NMDS.

In Australia, people with opioid dependence have been treated using opioid pharmacotherapy for a number of decades (methadone since 1969 and buprenorphine since the 1980s). The Australian Government funds the provision of pharmacotherapy drugs via pharmaceutical benefits arrangements, through clinics and pharmacies approved by state and territory governments. Treatment of opioid dependence is administered according to the law of the relevant state or territory, and within a framework which includes not only medical treatment, but also social and psychological treatment.

The broad goal of treatment for opioid dependence is to reduce the health, social and economic harms to individuals and the community arising from illicit opioid use (Australian Government Department of Health and Ageing, 2007).

In 1985, methadone maintenance treatment was endorsed as Australian policy, and national information on the numbers of pharmacotherapy clients was first collated in 1986. In December 1999, the Commonwealth Government and state and territory governments, through the National Health Information Management Group, endorsed the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS) and collection commenced on 1 July 2000. However, due to particular complexities in collecting information about pharmacotherapies, agencies whose sole activity is to prescribe and/or dose for opioid pharmacotherapy treatment are excluded from the scope of the AODTS–NMDS collection. Instead, data on clients participating in opioid pharmacotherapy treatment have been routinely collected by state and territory health departments and provided each year to the Australian Government Department of Health and Ageing. In 2005, the Department of Health and Ageing commissioned the Australian Institute of Health and Welfare (AIHW) to manage the collection, including the analysis and reporting of pharmacotherapy treatment data. A set of agreed standards for reporting were developed in consultation with states and territories, and the National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection was developed. While jurisdictions strive to report data consistent with agreed standards, the NOPSAD collection is not a national minimum data set and some discrepancies do exist between the ways various jurisdictions report data.

Table 5.4: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day by jurisdiction, 1998–2007

Year	NSW	Vic	Qld	WA[(a)]	SA	Tas	ACT	NT	Australia
1998	12,107	5,334	3,011	1,654	1,839	306	406	—	24,657
1999	12,500	6,700	3,341	2,449	1,985	370	559	2	27,906
2000	13,594	7,647	3,588	2,140	2,198	423	615	32	30,237
2001	15,069	7,743	3,745	2,307	2,522	464	641	25	32,516
2002	15,471	7,700	3,896	3,602	2,417	513	590	21	34,210
2003	16,165	8,685	4,289	4,079	2,486	498	686	98	36,986
2004	15,719	10,003	4,470	4,437	2,706	576	748	82	38,741
2005	16,469	10,753	4,440	2,883	2,857	588	764	183	38,937
2006	16,355	10,736	4,637	2,888	2,517	602	790	134	38,659
2007	16,348	11,051	4,309	2,822	2,559	600	765	114	38,568

(a) In Western Australia the numbers of clients receiving pharmacotherapy treatment are reported through the month of June 2007. The 2005, 2006 and 2007 figures reported for Western Australia are substantially lower than previous years, which included data for the whole year.

Note: Each state and territory uses a different method to collect data on pharmacotherapy prescription and dosing. These differences may result in minor discrepancies if directly comparing one jurisdiction with another jurisdiction.

Source: AIHW 2008c.

Number of clients receiving pharmacotherapy treatment

Nationally, an estimated 38,568 clients were receiving pharmacotherapy treatment on the 'snapshot/specified' day in June 2007 (Table 5.4). The distribution of clients by pharmacotherapy drug type was:

- 72% (27,669) of clients were receiving methadone
- 18% (6,925) of clients were receiving buprenorphine
- 10% (3,974) of clients were receiving buprenorphine/naloxone (Table 5.5).

It is important to note that the number of clients receiving buprenorphine/naloxone is an underestimate since New South Wales and Queensland were not able to separately identify the number of clients receiving buprenorphine/naloxone. In New South Wales and Queensland, clients receiving buprenorphine/naloxone are reported under the category 'buprenorphine'.

The largest proportion of clients was seen in New South Wales (42%), followed by Victoria (29%), Queensland (11%). Western Australia and South Australia both provided services to approximately 7% of clients receiving pharmacotherapy treatment in 2007, however, the figure reported for Western Australia was for the number of clients who received treatment in the entire month of June.

The proportion of clients prescribed methadone, buprenorphine or buprenorphine/naloxone varied across jurisdictions, although over 60% of clients in most jurisdictions were prescribed methadone.

Table 5.5: Proportion of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day, by type of pharmacotherapy provided and jurisdiction, 2007 (per cent)

Pharmacotherapy drug type	NSW[(a)]	Vic	Qld[(a)]	WA[(b)]	SA	Tas	ACT	NT	Australia	Australia (no.)
Methadone	83.2	60.0	62.1	69.3	64.2	85.3	79.3	42.1	71.7	27,669
Buprenorphine	16.8	14.0	37.9	8.7	21.7	12.2	10.8	29.8	18.0	6,925
Buprenorphine/naloxone	—	26.0	—	21.9	14.1	2.5	9.8	28.1	10.3	3,974
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**38,568**
Per cent of all clients by jurisdiction	**42.4**	**28.7**	**11.2**	**7.3**	**6.6**	**1.6**	**2.0**	**0.3**	**100.0**	**. .**

(a) In New South Wales and Queensland, clients prescribed buprenorphine/naloxone are counted under buprenorphine.

(b) The number of clients on the program on a 'snapshot/specified' day in June, except for Western Australia, where the number of clients treated through the month of June is reported.

Note: Each state and territory uses a different method to collect data on pharmacotherapy prescription and dosing. These differences may result in minor discrepancies if directly comparing one jurisdiction with another jurisdiction.

Source: AIHW 2008c.

Number of clients by prescriber type

Of the 38,843 estimated clients authorised to receive pharmacotherapy treatment on the 'snapshot/specified' day in June 2007:

- 64% (24,700) received the treatment from a private prescriber
- 28% (10,695) received the treatment from a public prescriber
- 8% (2,995) received the treatment from a practitioner in a correctional facility (Table 6.3).

When jurisdictions are considered separately, a large proportion of estimated clients received treatment from a private prescriber in Victoria (95%), Tasmania (70%), New South Wales (57%), South Australia (55%) and Western Australia (54%). This differs from the Northern Territory, Queensland and the Australian Capital Territory where the majority of clients received treatment from a public prescriber (75%, 74% and 70% respectively).

Table 5.6: Estimated proportion of pharmacotherapy clients by prescriber type and jurisdiction, on a 'snapshot/specified' day, 2007 (per cent)

Prescriber type	NSW	Vic	Qld	WA[a]	SA	Tas	ACT	NT	Australia	Australia (number)[b]
Public prescriber	28.8	—	73.5	36.7	34.5	29.7	70.5	74.6	27.5	10,695
Private prescriber	57.4	94.8	25.9	54.0	55.1	69.7	27.2	21.9	63.6	24,700
Public/private prescriber[c]	2.8	—	—	—	—	0.2	—	—	1.2	453
Correctional facility	11.0	5.2	0.7	9.4	10.4	0.5	2.4	3.5	7.7	2,995
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**. .**
Total (number)	**16,348**	**11,051**	**4,309**	**2,822**	**2,834**	**600**	**765**	**114**	**. .**	**38,843**

(a) In Western Australia the number of clients receiving pharmacotherapy treatment is reported through the month of June 2007.
(b) The estimated number of clients receiving pharmacotherapy treatment reported in Table 5.6 differs from the estimated number of clients reported in tables 5.4 and 5.5, as the client count in South Australia in Table 5.6 (2,823) relates to the number of clients authorised to receive treatment as at 30 June 2007, as opposed to the number of clients receiving treatment on a 'specified/snapshot' day (2,517) in tables 5.4 and 5.5.
(c) In New South Wales, these figures relate to prescribing that cannot be segregated into public of private prescribers.

Note: Each state and territory uses a different method to collect data on pharmacotherapy prescription and dosing. These differences may result in minor discrepancies if directly comparing one jurisdiction with another jurisdiction.

Source: AIHW 2008c

Number of pharmacotherapy clients by dosing points

During the reporting period—1 July 2006 to 30 June 2007—there were 2,173 pharmacotherapy dosing sites (AIHW 2008c). Pharmacotherapy clients were most likely to receive their pharmacotherapy dose at a pharmacy (70%) on a specified/snapshot day in June 2007 (Table 5.7). Overall, public clinics were the next most common dosing point (11%), followed by correctional settings and private clinics (9% respectively).

Table 5.7: Estimated proportion of pharmacotherapy clients by dosing point site and jurisdiction, on a 'snapshot/specified' day, 2007 (per cent)

Dosing point site	NSW[a][c]	Vic	Qld[b][c]	WA	SA	Tas	ACT	NT	Australia
Public clinic	22.1	—	6.0	1.7	3.9	19.0	28.8	18.4	10.8
Private clinic	18.4	1.3	—	—	—	—	—	—	8.8
Pharmacy	44.2	93.4	87.9	88.9	84.6	80.3	68.9	78.1	68.9
Correctional setting	10.6	5.2	0.6	9.4	10.9	0.7	2.4	3.5	8.9
Other	4.8	—	5.4	—	0.6	—	—	—	2.7
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)[d]	**16,348**	**11,051**	**4,329**	**2,822**	**2,559**	**600**	**765**	**114**	**38,498**

.(a) In New South Wales the category 'other' includes clients dosed at hospitals, as hospital inpatients or hospital outpatients, as well as a small number of clients dosed in general practices. 'Other' also includes clients for whom the dosing point was not stated.
(b) Queensland excludes clients who are not physically dosed on the 'snapshot/specified' day in 2007. That is, they physically received a double or triple dose of buprenorphine prior to the 'snapshot/specified' day which would have remained in their systems to cover the 'snapshot/specified' day.
(c) In Queensland and New South Wales clients prescribed buprenorphine/naloxone are counted under buprenorphine.
(d) The number of clients on the program on a 'snapshot/specified' day in June, except for Western Australia, where the number of clients treated through the month of June is reported.

Note: Each state and territory uses a different method to collect data on pharmacotherapy prescription and dosing. These differences may result in minor discrepancies if directly comparing one jurisdiction with another jurisdiction.

Source: AIHW 2008c

Demographic profile of clients receiving pharmacotherapy treatment

Clients receiving pharmacotherapy treatment on a specified/snapshot day in June 2007 were predominately male (64%of clients). Of the 38,727 clients whose age group could be identified, 39% of clients were aged 30–39 years, 28% aged 40–49 years and 22% aged 20–29 years (AIHW 2008c).

Number of pharmacotherapy prescribers

Every jurisdiction has a registration process through which a general practitioner becomes authorised to prescribe a pharmacotherapy drug. This registration process usually involves attending a training course on prescribing pharmacotherapies and/or passing an examination.

As methadone was the first drug used for opioid pharmacotherapy treatment, jurisdictions first authorised their practitioners to prescribe only this drug. With the introduction of buprenorphine as an opioid pharmacotherapy drug, the registration process in most jurisdictions changed to allow practitioners to prescribe both drug types. Some prescribers, for various reasons, are authorised to prescribe buprenorphine only or buprenorphine/naloxone only. (See Table 5.8 footnotes for further detail on jurisdiction authorisation differences.)

The data presented in Table 5.8 relate to all 'registered prescribers', except for prescribers in New South Wales and South Australia. Prescribers in New South Wales relate to 'active prescribers' only and prescribers in South Australia relate to 'active private prescribers' only—that is, prescribers who were prescribing for at least one client through June 2007.

Nationally in 2007, 1,295 practitioners were authorised to prescribe pharmacotherapy drugs during the financial year (Table 5.8). Of these:

- 27% (355) were registered to prescribe methadone only
- 4.2% (54) were registered to prescribe buprenorphine only
- Fewer than 1% (5) were registered to prescribe buprenorphine/naloxone only
- 68% (881) were registered to prescribe more than one drug type.

Prescribers in South Australia and the Northern Territory follow a single accreditation process which allows them to prescribe for all pharmacotherapy drugs. In New South Wales, clients prescribed buprenorphine/naloxone are counted under buprenorphine only.

In 2007, Victoria accounted for the largest proportion of prescribers (38%), followed by New South Wales (35%), Queensland (8%), Western Australia (7%) and South Australia (6%). Tasmania, the Australian Capital Territory and the Northern Territory had the lowest percentage of prescribers (4%, 2% and 1% respectively).

Table 5.8: Estimated number of prescribers registered to prescribe pharmacotherapy drugs by drug type and state/territory, 2007

Pharmacotherapy drug type	NSW[a]	Vic	Qld[b]	WA[c]	SA	Tas[d]	ACT	NT	Total	Total %
Methadone only	176	122	2	15	—	29	11	—	355	27.4
Buprenorphine only[e]	30	—	5	1	—	18	—	—	54	4.2
Buprenorphine/ naloxone only	—	—	—	—	—	5	—	—	5	0.4
Authorised to prescribe more than one drug type	246	371	92	70	74	—	14	14	881	68.0
Total (no.)	**452**	**493**	**99**	**86**	**74**	**52**	**25**	**14**	**1,295**	**100.0**
Total (per cent)	**34.9**	**38.1**	**7.6**	**6.6**	**5.7**	**4.0**	**1.9**	**1.1**	**100.0**	**. .**

(a) In New South Wales, practitioners authorised to prescribe methadone can additionally be approved to prescribe buprenorphine, but not vice versa. Medical practitioners who manage up to five clients do not require an approval to prescribe drugs of addiction under Section 28A of the NSW *Poisons and Therapeutic Goods Act 1966* and are not required to complete pharmacotherapy training. The figures provided for New South Wales represent the type of drugs prescribed by approved prescribers on 30 June 2007 rather than the number of prescribers approved to prescribe each drug type.

(b) The total for Queensland includes those prescribers from private practice, public clinics, correctional centres and government medical offices.

(c) In Western Australia, prescriber training is provided for all pharmacotherapies currently available. The total number of prescribers includes those treating at least one client as at 30 June 2007 in private practice, public clinics and correctional centres.

(d) In Tasmania, training is provided separately for each pharmacotherapy drug.

(e) New South Wales data collection does not differentiate between prescribers who are authorised to prescribe buprenorphine and those authorised to prescribe buprenorphine/naloxone.

Notes

1. Each state and territory uses a different method to collect data on pharmacotherapy prescription and dosing. These differences may result in minor discrepancies if directly comparing one jurisdiction with another jurisdiction.
2. Data presented in this table relate to all registered prescribers, except in New South Wales, where active prescribers are counted and South Australia where active private prescribers are counted, that is, prescribers who are scripting at least one client at 30 June 2007.

Source: AIHW 2008c.

6 Data quality of the AODTS–NMDS in 2006–07

6.1 Comprehensiveness of the data

In 2006–07, data were provided from 528 (95%) of the 554 agencies that were in scope for this collection. This calculation excludes Queensland agencies as the number of missing non-government agencies has not been recorded.

More detailed information on the under-count of services provided to Aboriginal and Torres Strait Islander Peoples, as well as other data caveats, are available in Section 1.3.

Presentation of Australian Government data

Data reported for each state and territory in 2006–07 include services provided under the National Illicit Drug Strategy Non-Government Organisation Treatment Grants Programme (NGOTGP), funded by the Australian Government Department of Health and Ageing. Since the 2002–03 AODTS–NMDS annual report, Australian Government data have not been analysed separately; rather they have been analysed as part of the jurisdiction in which the NGOTGP agency was located.

6.2 Data quality

Overall, the quality of the 2006–07 AODTS–NMDS data has continued the trend of improvement across collection periods. The proportions of those responses that were 'not stated', 'missing' or 'unknown' in 2006–07 are provided in Table 6.1 for each state and territory and nationally, as a proportion of total responses for each data item.

The proportion of 'not stated' responses for Indigenous status has remained stable since 2005–06. As in previous years, there was variation in the rates of 'not stated' for Indigenous status across the states and territories, with the Northern Territory reporting the lowest rate of 0.9% and Tasmania reporting a highest rate of 13.4%.

The proportion of 'not stated' responses for injecting drug use continues to remain high. In 2006–07, the proportion of 'not stated' episodes was 12%—the same proportion as in 2004–05 and 2005–06 while a slightly lower proportion than in 2003–04 (13%).

Table 6.1: Not stated/missing/unknown responses for data items, by jurisdiction, 2006–07[(a)] (per cent)

Data item	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Client data items									
Client type	—	—	—	—	—	—	—	—	—
Country of birth	2.0	3.3	2.7	0.2	2.7	0.1	1.0	2.8	2.3
Date of birth/age	—	0.9	0.1	0.2	0.1	—	0.3	—	0.4
Indigenous status	3.3	6.7	6.2	1.4	5.4	13.4	6.1	0.9	5.0
Preferred language	1.4	2.5	1.1	0.1	2.5	—	0.6	7.5	1.7
Sex	—	0.4	—	—	—	0.1	—	0.2	0.2
Source of referral	0.2	1.7	0.3	0.1	2.6	0.1	0.1	1.0	0.8
Drug data items[(b)]									
Principal drug of concern	—	—	—	—	—	—	—	—	—
Method of use	0.9	1.4	3.0	0.2	1.3	0.7	—	0.6	1.4
Injecting drug use	6.5	16.9	16.8	5.8	7.9	13.5	10.0	9.2	11.9
Treatment data items									
Main treatment type	—	—	—	—	—	—	—	—	—
Reason for cessation	0.2	0.4	1.5	0.4	0.2	0.2	0.2	0.9	0.5
Treatment delivery setting	—	—	—	—	—	—	—	—	—

(a) Proportion of 'not stated' of all responses for data item.

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

Note: Includes 'inadequately described' for all data items except age group and Indigenous status.

Appendixes

Appendix 1: Data elements in the AODTS–NMDS for 2006–07

The detailed data definitions for the data elements included in the AODTS–NMDS for 2006–07 are published in the National Health Data Dictionary (NHDD) version 13 (HDSC 2006) and are available on the AIHW's Metadata Online Registry (METeOR) at <meteor.aihw.gov.au/content/index.phtml/itemId/334288>.

Table A1.1 lists all data elements collected for 2006–07.

Table A1.1: Data elements for the AODTS–NMDS, 2006–07

Data element	METeOR identifier
Establishment-level data elements	
Establishment identifier (comprising)	269973
– state identifier	269941
– establishment sector	269977
– region code	269940
– establishment number	269975
Geographical location of establishment	341802
Client-level data elements	
Client type	270083
Country of birth	270277
Date of birth	287007
Date of cessation of treatment episode for alcohol and other drugs	270067
Date of commencement of treatment episode for alcohol and other drugs	270069
Establishment identifier	269973
Indigenous status	291036
Injecting drug use	270113
Main treatment type for alcohol and other drugs	270056
Method of use for principal drug of concern	270111
Other drugs of concern	270110
Other treatment type for alcohol and other drugs	270076
Person identifier	290046
Preferred language	304128
Principal drug of concern	270109
Reason for cessation of treatment episode for alcohol and other drugs	270011
Sex	287316
Source of referral to alcohol and other drug treatment services	269946
Treatment delivery setting for alcohol and other drugs	270068
Supporting items	
Cessation of treatment episode for alcohol and other drugs	327302
Commencement of treatment episode for alcohol and other drugs	327216
Treatment episode for alcohol and other drugs	268961
Service delivery outlet	268970

Appendix 2: Policy and administrative features in each jurisdiction

New South Wales

New South Wales Health collects data from all Australian Government/state government-funded agencies as part of requirements stipulated within a signed service agreement at the commencement/renewal of each funding agreement. Data are provided monthly by agencies to their respective Area Health Service (AHS) Drug and Alcohol Data Coordinator (DADC) on treatment episodes currently open and those closed in the preceding month. The AHS DADC is responsible for checking and cleaning the data and forwarding it to the Mental Health and Drug and Alcohol Office at New South Wales Health. Frequency and data-quality reports are provided by New South Wales Health to AHS and by AHS DADCs to agencies every 6 months detailing services in the previous 6 or 12 months. New South Wales Health forwards cleaned data on treatment episodes closed during the reporting period to the AIHW annually.

New South Wales Health has developed a state-wide data collection system in Microsoft Access®, called MATISSE, which is provided free-of-charge to agencies to enable the registration of clients and the collection of the New South Wales MDS and the AODTS–NMDS. This data collection system will gradually be replaced in public sector agencies as the Community Health Information Management Enterprise is rolled out across New South Wales.

Victoria

The Victorian Drug Treatment Service Program provides a range of services to cover the needs of clients experiencing substance abuse issues. The Victorian Government purchases these drug treatment services from independent agencies (non-government organisations) on behalf of the community, and has developed the concept of an 'episode of care' as the fundamental unit for service funding. An episode of care is defined as 'a completed course of treatment, undertaken by a client under the care of an alcohol and drug worker, which achieves significant agreed treatment goals'.

The episode of care is a measure of successful client outcomes. It aims to develop performance measurement beyond activities, throughputs and outputs, to measure what the client gets out of treatment. Agencies funded to provide drug treatment services in Victoria have service provision targets, which are defined in terms of number of episodes of care to be provided by service type and by target group (for example, youth or adult). As a requirement of their funding agreement with the Victorian Department of Human Services, agencies are required to submit data on a quarterly basis detailing their provision of drug treatment services and achievement of episodes of care. A subset of this data is contributed to the AODTS–NMDS annually.

Victorian AODT service providers use the SWITCH or FullADIS information systems to report quarterly activity. Both are ageing systems that are being replaced in hospitals and community health centres by HealthSMART client management systems known as CMS and PCMS. Some AODTS agencies commenced migration to HealthSMART systems in 2007–08.

Queensland

Queensland Health collects data from all Queensland Government AODT service providers and from all Queensland Illicit Drug Diversion Initiative—Police and Court Diversion clients. The Australian Government currently collects data from the Australian Government-funded agencies operating in Queensland.

Queensland Health has a state-wide web-based clinical information management system supporting the collection of AODTS–NMDS items for all Queensland Government AODT services. Queensland Health will shortly be the sole data custodian of all AODT services in Queensland.

Western Australia

Data are provided by both government and non-government sectors. Non-government services are contracted by the Drug and Alcohol Office (DAO) to provide alcohol and drug services. They have contractual obligations to incorporate the data elements of the AODTS–NMDS in their collections. They are also obliged to provide data in a regular and timely manner to DAO. These data are collated and checked by DAO before submission to the AIHW annually.

South Australia

Data are provided by government (Drug and Alcohol Services SA—DASSA) and non-government alcohol and other drug treatment services.

Non-government alcohol and other drug treatment services in South Australia are subject to service agreements with the South Australian Minister for Mental Health and Substance Abuse. As part of these service agreements, non-government organisations are required to provide timely client data in accordance with the AODTS–NMDS guidelines. Data are forwarded to DASSA for collation and checking. DASSA then forwards cleaned data to the AIHW annually. DASSA does not collect information directly from those services funded by the NGOTGP. Data are provided directly to the Australian Government Department of Health and Ageing.

Tasmania

All Tasmanian-funded alcohol and other drug treatment agencies sign a service agreement at commencement of funding each financial year. A key element of the agreement is a requirement to input AODTS–NMDS data into the current collection application, as well as report against specific performance indicators in their annual reports to the Department of Health and Human Services.

Australian Capital Territory

ACT service providers supply ACT Health with data for the NMDS, as specified in their service agreement. These data are required to be submitted to ACT Health at the end of the financial year. At present, these service providers use a range of systems to collect their data.

The Australian Capital Territory is currently exploring the development of a standardised reporting system to be implemented in non-government alcohol and drug service agencies. This is expected to enhance uniformity and reliability of the data and increase the user-friendliness of the system for service providers.

Northern Territory

Alcohol and other drug treatment services in the Northern Territory are provided by government and non-government agencies. The bulk of services provided through non-government agencies are funded via service-level agreements with the NT Department of Health and Community Services. All funded agencies are required to provide the AODTS–NMDS data items to the department on a regular and timely basis. Summary statistical reports are sent to all agencies every 6 months detailing client activity for the previous 12 months.

The department has recently implemented an intranet-based data entry system for NMDS data collection and is now working on developing this into a web-based system for use by non-government organisations.

Australian Government Department of Health and Ageing

The Australian Government Department of Health and Ageing funds a number of alcohol and other drug treatment services under the National Illicit Drug Strategy Non-Government Organisation Treatment Grants Programme (NGOTGP). These agencies are required to collect data (according to the AODTS–NMDS specifications) to facilitate the monitoring of their activities and to provide quantitative information to the Australian Government on their activities. Data from these agencies are generally submitted to the relevant state/territory health authority, except for a number of agencies in Western Australia, South Australia and Queensland which submit data annually to the Department of Health and Ageing.

Reported numbers for each state/territory in the AODTS–NMDS annual report include services provided under the National Illicit Drug Strategy NGOTGP.

Appendix 3: Detailed tables

Client profile table

Table A3.1: Closed treatment episodes by client data items and jurisdiction, 2006–07

Client item	NSW	Vic	Qld[a]	WA	SA	Tas[b]	ACT	NT[c]	Australia
Client type									
Own drug use	36,967	45,769	24,885	16,110	8,709	1,478	4,340	2,217	140,475
Others' drug use	978	2,899	455	1,692	311	86	176	253	6,850
Sex									
Male	25,441	30,900	17,620	11,298	6,064	1,008	2,956	1,589	96,876
Female	12,489	17,570	7,718	6,502	2,953	555	1,560	877	50,224
Not stated	15	198	2	2	3	1	—	4	225
Age group (years)									
10–19	2,351	7,083	4,249	2,281	675	222	475	262	17,598
20–29	11,652	15,110	8,769	5,900	2,470	558	1,400	740	46,599
30–39	12,324	13,412	6,413	4,996	2,843	410	1,257	752	42,407
40–49	7,431	8,259	3,807	2,840	1,856	224	788	503	25,708
50–59	3,043	3,277	1,533	1,384	824	121	439	183	10,804
60+	1,049	1,072	540	374	342	29	145	30	3,581
Not stated	95	455	29	27	10	—	12	—	628
Indigenous status									
Indigenous	3,941	3,297	2,471	2,504	847	145	254	1,364	14,823
Not Indigenous	32,749	42,108	21,291	15,057	7,683	1,209	3,988	1,083	125,168
Not stated	1,255	3,263	1,578	241	490	210	274	23	7,334
Country of birth									
Australia	33,277	41,930	21,823	14,641	7,708	1,508	3,955	2,277	127,119
England	832	640	505	1,168	393	6	87	20	3,651
Germany	87	120	64	56	36	2	11	—	376
Ireland	90	96	54	106	15	4	7	4	376
Italy	49	126	20	50	33	—	3	2	283
New Zealand	727	753	1,090	501	88	10	57	25	3,251
Scotland	159	176	85	190	62	3	39	3	717
South Africa	95	91	67	106	16	1	14	1	391
United States of America	93	63	64	57	19	4	16	4	320
Viet Nam	195	513	41	58	77	—	27	16	927
All other countries	1,576	2,568	834	837	330	25	256	50	6,476
Inadequately described	13	—	133	—	—	1	—	—	147
Not stated	752	1,592	560	32	243	—	44	68	3,291

(continued)

Table A3.1 (continued): Closed treatment episodes by client data items and jurisdiction, 2006–07

Client item	NSW	Vic	Qld[a]	WA	SA	Tas[b]	ACT	NT[c]	Australia
Preferred language									
Arabic	26	59	4	1	1	—	—	—	91
Australian Indigenous languages	16	224	7	92	67	—	—	475	881
Croatian	10	17	—	2	2	—	2	—	33
English	37,018	44,956	24,941	17,590	8,609	1,563	4,460	1,796	140,933
Greek	7	38	—	—	10	—	—	2	57
Italian	11	21	10	7	7	—	—	1	57
Serbian	23	10	4	—	4	—	1	—	42
Spanish	39	32	7	4	2	—	5	2	91
Turkish	6	37	2	—	—	—	—	—	45
Vietnamese	113	308	7	21	37	—	4	—	490
All other languages	148	1,725	68	65	51	1	15	8	2,081
Inadequately described	9	—	14	3	6	—	—	—	32
Not stated	519	1,241	276	17	224	—	29	186	2,492
Source of referral									
Self	14,443	18,873	6,576	6,296	3,023	834	2,997	1,108	54,150
Family member/ friend	2,442	1,622	951	1,586	615	51	82	120	7,469
Medical practitioner	2,808	2,189	829	953	469	40	12	40	7,340
Hospital	1,635	774	1,483	410	1,155	29	159	27	5,672
Mental health care service[d]	1,121	1,078	825	397	172	50	48	64	3,755
AODTS	5,532	6,873	1,038	1,054	727	65	187	151	15,627
Other community/health care services[e]	923	2,616	502	762	398	50	66	182	5,499
Correctional service	3,264	4,943	1,991	2,665	212	56	124	350	13,605
Police diversion	80	866	6,246	408	453	369	95	43	8,560
Court diversion	3,640	1,005	3,641	2,333	267	0	318	226	11,430
Other	1,996	7,024	1,190	922	1,296	19	423	134	13,004
Not stated	61	805	68	16	233	1	5	25	1,214
Total	**37,945**	**48,668**	**25,340**	**17,802**	**9,020**	**1,564**	**4,516**	**2,470**	**147,325**

(a) The total number of closed treatment episodes for Queensland may be under-counted due to the exclusion of a number of non-government agencies.

(b) The total number of closed treatment episodes for Tasmania may be under-counted because two agencies only supplied drug diversion data.

(c) The total number of closed treatment episodes may be under-counted in the Northern Territory due to technical difficulties which prevented data being collected from one in-scope agency, and under-counted data from government agencies in two quarters.

(d) Includes residential and non-residential services.

(e) Includes outpatient clinics and aged care facilities.

Drugs of concern tables

Table A3.2: Closed treatment episodes by drug-related data items and jurisdiction, 2006–07[a]

Drug-related data item	NSW	Vic	Qld[b]	WA	SA	Tas[c]	ACT	NT[d]	Australia
Injecting drug use									
Current injector	9,647	7,548	3,570	4,772	2,486	230	1,136	307	29,696
Injected 3–12 months ago	2,156	5,168	1,091	1,165	496	69	337	55	10,537
Injected 12+ months ago	4,013	4,653	2,485	1,733	962	126	346	134	14,452
Never injected	18,747	20,662	13,563	7,505	4,079	853	2,089	1,516	69,014
Not stated	2,404	7,738	4,176	935	686	200	432	205	16,776
Method of use									
Ingests	19,246	23,168	10,007	7,768	5,360	656	2,539	1,476	70,220
Smokes	8,345	10,475	10,741	3,319	1,109	588	577	371	35,525
Injects	8,636	8,893	2,988	4,722	2,038	202	1,201	259	28,939
Sniffs (powder)	267	376	66	144	44	9	17	1	924
Inhales (vapour)	63	1,969	267	93	40	7	3	95	2,537
Other	59	226	77	28	9	5	2	2	408
Not stated	351	662	738	36	109	11	1	13	1,921
Principal drug of concern									
Analgesics									
Heroin	4,803	6,368	817	1,273	724	6	866	13	14,870
Methadone	765	663	220	346	216	25	25	8	2,268
Balance of analgesics[d]	1,040	378	861	763	499	59	65	178	3,843
Total analgesics	*6,608*	*7,409*	*1,898*	*2,382*	*1,439*	*90*	*956*	*199*	*20,981*
Sedatives and hypnotics									
Alcohol	16,623	19,393	8,398	6,435	4,294	532	2,399	1,406	59,480
Benzodiazepines	664	981	255	168	166	20	32	12	2298
Balance of sedatives and hypnotics[d]	16	—	24	21	9	—	—	—	70
Total sedatives and hypnotics	*17,303*	*20,374*	*8,677*	*6,624*	*4,469*	*552*	*2,431*	*1,418*	*61,848*

(continued)

Table A3.2 (continued): Closed treatment episodes by drug-related data items and jurisdiction, 2006–07[a]

Drug-related data item	NSW	Vic	Qld[b]	WA	SA	Tas[c]	ACT	NT[d]	Australia
Stimulants and hallucinogens									
Amphetamines	4,911	3,422	2,476	4,180	1,630	190	376	107	17,292
Cannabis	7,072	10,934	9,161	2,531	876	583	531	292	31,980
Ecstasy	158	318	340	68	64	25	30	7	1,010
Cocaine	272	78	39	26	22	2	8	1	448
Nicotine	271	355	1,591	69	53	24	3	84	2,450
Balance of stimulants and hallucinogens[e]	13	36	87	65	15	4	5	6	231
Total stimulants and hallucinogens	*12,697*	*15,143*	*13,694*	*6,939*	*2,660*	*828*	*953*	*497*	*53,411*
Balance of drugs of concern[e]	359	2,843	616	165	141	8	—	103	4,235
Total	**36,967**	**45,769**	**24,885**	**16,110**	**8,709**	**1,478**	**4,340**	**2,217**	**140,475**

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

(b) The total number of closed treatment episodes for Queensland may be under-counted due to the exclusion of a number of non-government agencies.

(c) The total number of closed treatment episodes for Tasmania may be under-counted because two agencies only supplied drug diversion data.

(d) The total number of closed treatment episodes may be under-counted in the Northern Territory due to technical difficulties which prevented data being collected from one in-scope agency, and under-counted data from government agencies in two quarters.

(e) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 5.

Table A3.3: Closed treatment episodes[a] by number of other drugs of concern and jurisdiction, 2006–07

Other drugs of concern	NSW	Vic	Qld[b]	WA	SA	Tas[c]	ACT	NT[d]	Australia
Analgesics									
Heroin	1,276	2,820	418	560	284	11	166	34	5,569
Methadone	682	458	111	180	72	16	99	4	1,622
Balance of analgesics[e]	831	350	353	540	381	33	69	43	2,600
Total analgesics	*2,789*	*3,628*	*882*	*1,280*	*737*	*60*	*334*	*81*	*9,791*
Sedatives and hypnotics									
Alcohol	4,055	9,508	3,787	2,237	960	88	445	10	21,090
Benzodiazepines	1,874	4,225	477	1,116	618	42	292	45	8,689
Balance of sedatives and hypnotics[e]	66	—	28	100	13	1	7	—	215
Total sedatives and hypnotics	*5,995*	*13,733*	*4,292*	*3,453*	*1,591*	*131*	*744*	*55*	*29,994*
Stimulants and hallucinogens									
Amphetamines	4,028	8,024	1,635	2,108	909	79	476	93	17,352
Cannabis	7,427	12,521	2,808	3,775	1,811	137	946	185	29,610
Ecstasy	758	2,871	976	836	223	25	125	70	5,884
Cocaine	746	699	223	249	93	7	54	12	2,083
Nicotine	5,828	7,747	3,441	1,908	1,601	78	1,449	133	22,185
Balance of stimulants and hallucinogens[e]	203	158	445	327	47	12	27	16	1,235
Total stimulants and hallucinogens	*18,990*	*32,020*	*9,528*	*9,203*	*4,684*	*338*	*3,077*	*509*	*78,349*
Balance of drugs of concern[e]	379	4,473	136	355	319	5	13	43	5,723
Total	**28,153**	**53,854**	**14,838**	**14,291**	**7,331**	**534**	**4,168**	**688**	**123,857**

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

(b) The total number of closed treatment episodes for Queensland may be under-counted due to the exclusion of a number of non-government agencies.

(c) The total number of closed treatment episodes for Tasmania may be under-counted because two agencies only supplied drug diversion data.

(d) The total number of closed treatment episodes may be under-counted in the Northern Territory due to technical difficulties which prevented data being collected from one in-scope agency, and under-counted data from government agencies in two quarters.

(e) Includes balance of other drugs of concern coded according to ASCDC. See Appendix 5.

Table A3.4: Closed treatment episodes[(a)] by principal drug of concern and geographical location[(b)], 2006–07 (per cent)

Principal drug of concern	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote	Australia
Alcohol	40.6	45.4	44.1	67.4	80.3	42.3
Amphetamines	13.7	10.1	7.8	4.7	0.4	12.3
Benzodiazepines	1.9	1.3	0.8	0.2	—	1.6
Cannabis	20.2	29.8	29.2	14.5	8.8	22.8
Cocaine	0.4	0.1	0.1	0.1	—	0.3
Ecstasy	0.8	0.6	0.6	0.1	—	0.7
Nicotine	1.2	1.9	5.1	3.7	9.4	1.7
Opioids						
Heroin	13.8	3.9	1.3	0.4	—	10.6
Methadone	1.7	1.5	1.1	0.4	—	1.6
Morphine	0.7	1.0	2.6	0.6	0.6	0.9
Total opioids	*17.6*	*7.6*	*6.1*	*1.7*	*0.8*	*14.4*
All other drugs	3.6	3.2	6.2	7.7	0.4	3.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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

(b) Geographical location of the treatment agency.

Table A3.5: Closed treatment episodes[a] by principal drug of concern and age group, 2006–07 (per cent)

Principal drug of concern	Age group (years)						Not stated	Total	Total (number)
	10–19	20–29	30–39	40–49	50–59	60+			
Alcohol	29.0	29.5	41.5	59.6	75.1	83.8	45.0	42.3	59,480
Amphetamines	9.6	17.1	14.7	6.5	2.2	0.9	8.8	12.3	17,292
Benzodiazepines	0.5	1.3	1.9	2.3	2.3	2.6	1.1	1.6	2,298
Cannabis	46.5	28.2	18.4	12.4	7.0	1.7	21.6	22.8	31,980
Cocaine	0.2	0.4	0.4	0.2	0.1	—	1.1	0.3	448
Ecstasy	1.8	1.2	0.3	0.1	—	—	0.9	0.7	1,010
Nicotine	2.5	1.5	1.2	1.7	2.8	5.5	2.3	1.7	2,450
Opioids									
Heroin	3.2	13.7	13.2	8.8	4.3	0.9	10.4	10.6	14,870
Methadone	0.2	1.7	2.2	1.9	1.0	0.3	1.6	1.6	2,268
Morphine	0.2	0.8	1.2	1.2	1.0	0.5	0.2	0.9	1,299
Total opioids	*3.7*	*17.1*	*18.2*	*13.8*	*8.0*	*2.9*	*12.6*	*14.4*	*20,196*
All other drugs[b]	6.2	3.7	3.4	3.4	2.5	2.6	6.5	3.8	5,321
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**. .**
Total (number)	**16,369**	**45,839**	**41,364**	**24,232**	**9,315**	**2,912**	**444**	**. .**	**140,475**

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

(b) Includes balance of other drugs of concern coded according to ASCDC. See Appendix 5.

Table A3.6: Closed treatment episodes: principal drug of concern and all drugs of concern, 2006–07[a]

Drug of concern	Principal drug of concern reported	Per cent of all closed treatment episodes	All drugs of concern reported, including principal	Per cent of all closed treatment episodes[b]
Alcohol	59,480	42.3	80,570	57.4
Amphetamines	17,292	12.3	34,644	24.7
Benzodiazepines	2,298	1.6	10,987	7.8
Cannabis	31,980	22.8	61,590	43.8
Cocaine	448	0.3	2,531	1.8
Ecstasy	1,010	0.7	6,894	4.9
Heroin	14,870	10.6	20,439	14.5
Methadone	2,268	1.6	3,890	2.8
Morphine	1,299	0.9	2,056	1.5
Nicotine	2,450	1.7	24,635	17.5
Other drugs[c]	7,080	5.0	16,096	11.5
Total	**140,475**	**—**	**264,332**	**—**

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

(b) The total for 'all drugs of concern' adds to more than the total number of closed treatment episodes, and the total for 'per cent of all closed treatment episodes' adds to more than 100%, since closed treatment episodes may be counted in more than one drug of concern.

(c) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 5.

Table A3.7: Closed treatment episodes by principal drug of concern, 2001–02 to 2006–07[a]

Principal drug of concern	2001–02[b]	2002–03	2003–04	2004–05	2005–06	2006–07
			(number)			
Alcohol	41,886	46,747	48,500	50,324	56,076	59,480
Amphetamines	12,211	13,213	14,208	14,780	15,935	17,292
Benzodiazepines	2,745	2,609	2,711	2,538	2,583	2,298
Cannabis	23,826	27,106	28,427	31,044	35,636	31,980
Cocaine	804	323	272	400	434	448
Ecstasy	253	416	508	580	897	1,010
Heroin	20,027	22,642	23,326	23,193	19,776	14,870
Methadone	2,570	2,173	2,404	2,454	2,462	2,268
Other opioids	2,209	2,273	2,408	2,661	2,920	3,058
All other drugs[c]	5,875	4,854	5,935	7,228	8,244	7,771
Not stated	825	676	632	—	—	—
Total	**113,231**	**123,032**	**129,331**	**135,202**	**144,963**	**140,475**
			(per cent)			
Alcohol	37.0	38.0	37.5	37.2	38.7	42.3
Amphetamines	10.8	10.7	11.0	10.9	11.0	12.3
Benzodiazepines	2.4	2.1	2.1	1.9	1.8	1.6
Cannabis	21.0	22.0	22.0	23.0	24.6	22.8
Cocaine	0.7	0.3	0.2	0.3	0.3	0.3
Ecstasy	0.2	0.3	0.4	0.4	0.6	0.7
Heroin	17.7	18.4	18.0	17.2	13.6	10.6
Methadone	2.3	1.8	1.9	1.8	1.7	1.6
Other opioids	2.0	1.8	1.9	2.0	2.0	2.2
All other drugs[c]	5.2	3.9	4.6	5.3	5.7	5.5
Not stated	0.7	0.5	0.5	—	—	—
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(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 ASCDC. See Appendix 5.

Table A3.8: Closed treatment episodes[a] by principal drug of concern and client data items, 2006–07 (per cent)

Client data item	Alcohol	Amphetamines	Benzodiazepines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Other opioids	Other drug[b]	Total
						(years)					
Median age (years)											
Males	35	29	34	25	31	22	31	35	35	30	31
Females	38	28	37	25	30	21	29	31	35	30	32
All persons	*36*	*29*	*35*	*25*	*30*	*22*	*30*	*33*	*35*	*30*	*31*
						(per cent)					
Age group (years)											
10–19	8.0	9.1	3.7	23.8	6.5	29.0	3.5	1.8	1.8	18.4	11.7
20–29	22.7	45.2	25.8	40.5	37.5	55.8	42.2	33.5	26.4	30.8	32.6
30–39	28.8	35.1	33.5	23.8	41.3	12.2	36.8	39.5	37.4	24.9	29.4
40–49	24.3	9.1	24.4	9.4	11.2	2.4	14.3	20.4	24.4	16.0	17.3
50–59	11.8	1.2	9.2	2.0	2.5	0.1	2.7	4.1	8.3	6.4	6.6
60+	4.1	0.1	3.3	0.2	—	0.1	0.2	0.4	1.6	3.0	2.1
Not stated	0.3	0.2	0.2	0.3	1.1	0.4	0.3	0.3	0.1	0.5	0.3
Sex											
Male	69.2	66.5	46.3	69.9	75.7	76.5	65.2	54.1	61.7	59.4	67.4
Female	30.6	33.5	53.5	30.0	24.3	23.4	34.7	45.9	38.3	40.1	32.5
Not stated	0.1	—	0.1	0.1	—	0.1	0.1	—	—	0.4	0.1
Indigenous status											
Indigenous	11.7	8.9	4.4	9.8	5.4	4.1	7.2	9.7	8.4	11.0	10.1
Not Indigenous	83.0	86.9	90.5	85.4	89.7	91.5	88.5	85.4	83.8	82.0	84.8
Not stated	5.2	4.1	5.1	4.8	4.9	4.5	4.3	4.9	7.8	7.0	5.0

(continued)

Table A3.8 (continued): Closed treatment episodes[a] by principal drug of concern and client data items, 2006–07 (per cent)

Client data item	Alcohol	Ampheta-mines	Benzodiaz-epines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Other opioids	Other drug[b]	Total
Source of referral											
Self	39.5	36.1	40.8	27.8	37.9	18.0	40.5	37.3	45.8	35.3	36.3
Family member/ friend	4.0	7.8	3.0	4.5	12.3	6.0	4.4	5.6	3.9	3.7	4.7
Medical practitioner	6.0	3.2	11.1	3.2	3.3	2.1	3.7	8.8	12.6	7.2	5.1
Hospital	5.9	2.7	4.4	1.4	1.1	1.5	1.9	7.3	7.3	4.7	4.0
Mental health care service[c]	3.1	2.3	3.6	2.9	2.5	2.0	0.9	1.0	2.4	1.8	2.6
AODTS	11.2	10.0	15.2	9.5	8.0	4.5	14.0	14.7	11.5	7.7	10.8
Other community/health care service[d]	3.6	3.4	4.1	3.7	1.6	1.5	3.1	3.3	3.1	4.5	3.6
Correctional service	10.1	11.6	4.1	8.2	10.0	7.1	14.4	5.3	4.0	4.0	9.6
Police diversion	1.7	3.1	0.3	17.4	3.3	19.0	0.8	0.7	1.0	12.9	6.0
Court diversion	4.8	12.2	5.3	13.0	10.7	30.3	6.4	4.6	2.6	8.3	8.1
Other	9.3	7.2	7.2	7.6	8.7	7.7	9.6	10.1	5.2	8.8	8.5
Not stated	0.8	0.4	0.9	0.8	0.4	0.3	0.3	1.2	0.6	1.1	0.7
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**59,480**	**17,292**	**2,298**	**31,980**	**448**	**1,010**	**14,870**	**2,268**	**3,058**	**7,771**	**140,475**

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

(b) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 5.

(c) Includes residential and non-residential services.

(d) Includes outpatient clinics and aged care facilities.

Table A3.9: Closed treatment episodes[a] by principal drug of concern and drug-related data items, 2006–07 (per cent)

Drug-related data item	Alcohol	Ampheta-mines	Benzodiaz-epines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Other opioids	Other drug[b]	Total
Method of use											
Ingests	99.2	11.0	93.6	1.8	1.3	92.4	1.1	88.4	51.1	24.9	50.0
Smokes	0.4	13.7	0.5	92.3	12.9	1.6	5.1	0.2	0.7	32.6	25.3
Injects	0.2	69.0	5.1	0.3	31.9	2.7	91.6	10.2	44.6	16.9	20.6
Sniffs (powder)	—	3.6	—	—	50.2	1.2	0.1	—	0.1	0.3	0.7
Inhales (vapour)	0.1	0.8	—	4.2	1.8	0.1	0.8	0.1	0.1	11.5	1.8
Other	—	0.2	0.2	0.2	—	0.3	0.1	0.1	1.0	3.0	0.3
Not stated	0.2	1.7	0.7	1.2	1.8	1.8	1.1	0.9	2.5	10.8	1.4
Injecting drug use											
Current injector	5.9	57.6	21.3	8.9	32.1	5.4	60.2	35.3	48.2	18.8	21.1
Injected 3–12 months ago	3.9	11.1	10.8	6.2	5.1	2.4	19.2	19.7	7.1	6.9	7.5
Injected 12+ months ago	10.1	6.9	14.3	11.4	8.5	5.0	11.2	24.5	11.1	8.3	10.3
Never injected	66.2	18.7	40.3	60.9	45.8	78.8	4.3	4.1	23.6	46.0	49.1
Not stated	14.0	5.8	13.4	12.7	8.5	8.3	5.1	16.3	9.9	20.0	11.9
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**59,480**	**17,292**	**2,298**	**31,980**	**448**	**1,010**	**14,870**	**2,268**	**3,058**	**7,771**	**140,475**

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

(b) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 5.

Table A3.10: Closed treatment episodes[a] by principal drug of concern, with or without other drugs of concern, 2006–07

Principal drug of concern	With other drugs	With no other drugs	Total closed treatment episodes	Proportion of episodes with 'other drugs' of concern (%)
Alcohol	24,386	35,094	59,480	41.0
Amphetamines	11,553	5,739	17,292	66.8
Benzodiazepines	1,470	828	2,298	64.0
Cannabis	17,851	14,129	31,980	55.8
Cocaine	329	119	448	73.4
Ecstasy	641	369	1,010	63.5
Heroin	9,931	4,939	14,870	66.8
Methadone	1,380	888	2,268	60.8
Other opioids	1,751	1,307	3,058	57.3
All other drugs[b]	3,876	3,895	7,771	49.9
Total	**73,168**	**67,307**	**140,475**	**52.1**

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

(b) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 5.

Table A3.11: Closed treatment episodes by other drugs of concern nominated for selected principal drugs of concern, 2006–07[a]

Other drugs of concern	Alcohol		Ampheta-mines		Benzodiaz-epines		Cannabis		Cocaine		Ecstasy		Heroin		Methadone		All principal drugs[b]	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Alcohol	11	—	4,574	21.8	548	20.9	10,621	35.4	143	25.1	318	27.4	2,453	13.1	273	10.9	21,090	17.0
Amphetamines	5,407	14.6	166	0.8	338	12.9	5,910	19.7	107	18.8	278	23.9	3,592	19.2	280	11.2	17,352	14.0
Benzodiazepines	2,435	6.6	1,200	5.7	29	1.1	1,161	3.9	25	4.4	20	1.7	2,284	12.2	427	17.1	8,689	7.0
Cannabis	13,527	36.6	7,217	34.4	480	18.3	—	—	96	16.9	292	25.2	4,788	25.6	501	20.1	29,610	23.9
Cocaine	477	1.3	598	2.9	27	1.0	372	1.2	—	—	52	4.5	468	2.5	25	1.0	2,083	1.7
Ecstasy	1,374	3.7	1,709	8.2	49	1.9	2,103	7.0	62	10.9	—	—	364	1.9	7	0.3	5,884	4.8
Heroin	1,401	3.8	1,556	7.4	230	8.8	1,224	4.1	68	12.0	11	0.9	—	—	368	14.7	5,569	4.5
Methadone	260	0.7	210	1.0	129	4.9	228	0.8	7	1.2	4	0.3	657	3.5	—	—	1,622	1.3
Nicotine	9,110	24.6	2,184	10.4	322	12.3	6,349	21.1	42	7.4	118	10.2	2,491	13.3	376	15.1	22,185	17.9
Other opioids	471	1.3	322	1.5	148	5.6	246	0.8	4	0.7	2	0.2	487	2.6	90	3.6	1,953	1.6
Other drugs[c]	2,499	6.8	1,218	5.8	327	12.4	1,815	6.0	15	2.6	66	5.7	1,132	6.0	150	6.0	7,820	6.3
Total	**36,972**	**100.0**	**20,954**	**100.0**	**2,627**	**100.0**	**30,029**	**100.0**	**569**	**100.0**	**1,161**	**100.0**	**18,716**	**100.0**	**2,497**	**100.0**	**123,857**	**100.0**

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

(b) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 5.

(c) Includes balance of other drugs of concern coded according to ASCDC.

Table A3.12: Closed treatment episodes[a] by principal drug of concern and treatment data items, 2006–07 (per cent)

Treatment data item	Alcohol	Ampheta-mines	Benzodiaz-epines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Other opioids	Other drug[b]	Total
Main treatment type											
Withdrawal management (detoxification)	19.4	13.2	35.2	13.8	15.8	2.9	18.5	20.4	27.1	16.8	17.4
Counselling	41.5	39.5	33.1	33.5	39.7	42.4	30.7	22.5	18.1	30.6	36.8
Rehabilitation	8.1	14.1	5.1	5.5	9.8	3.9	8.1	5.4	4.6	3.0	7.8
Support and case management only	5.2	8.6	6.1	10.9	8.9	12.1	11.9	12.7	5.9	10.1	8.1
Information and education only	4.5	3.8	1.0	24.0	2.9	27.6	1.0	1.9	3.0	23.1	9.5
Assessment only	18.1	18.4	15.4	10.6	18.8	10.0	16.5	13.1	27.0	8.5	15.7
Other[c]	3.1	2.3	4.1	1.7	4.0	1.2	13.2	24.0	14.3	7.8	4.6
Treatment delivery setting											
Non-residential treatment facility	70.5	69.3	66.8	72.4	72.5	82.5	70.4	67.2	66.7	69.5	70.6
Residential treatment facility	17.8	18.7	20.5	11.1	19.9	4.7	18.8	16.5	18.8	7.6	15.9
Home	2.4	2.0	5.5	2.5	1.1	1.0	1.6	4.9	2.2	3.6	2.4
Outreach setting	7.6	6.6	6.2	11.8	4.5	10.5	5.1	11.1	10.9	16.5	8.8
Other	1.7	3.4	1.0	2.2	2.0	1.4	4.1	0.3	1.4	2.8	2.3
Reason for cessation											
Treatment completed	60.0	48.0	56.8	45.7	57.6	46.8	53.4	56.8	49.3	47.7	53.5
Change in main treatment type	0.5	0.8	1.0	0.4	0.2	0.1	0.7	0.7	4.4	0.6	0.6
Change in delivery setting	0.7	1.3	1.0	0.4	0.4	0.8	0.7	0.7	2.5	0.5	0.7
Change in principal drug of concern	—	0.1	—	—	—	—	—	0.1	0.1	—	—
Transferred to another service provider	4.8	5.0	7.3	3.6	4.5	3.2	8.6	9.9	10.3	4.1	5.2

(continued)

Table A3.12 (continued): Closed treatment episodes[a] by principal drug of concern and treatment data items, 2006–07 (per cent)

	Alcohol	Ampheta-mines	Benzodiaz-epines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Other opioids	Other drug[b]	Total
Ceased to participate against advice	3.8	5.5	5.0	3.0	4.2	1.5	5.5	4.5	6.1	3.2	4.1
Ceased to participate without notice	17.9	22.5	15.4	14.8	23.0	12.0	17.7	14.6	16.1	14.2	17.4
Ceased to participate involuntary (non-compliance)	1.5	4.0	2.5	1.8	2.7	1.3	3.0	2.2	2.0	0.9	2.0
Ceased to participate at expiation	3.6	5.0	1.7	23.6	2.2	30.3	1.4	0.9	1.8	19.0	9.0
Ceased to participate by mutual agreement	3.0	3.0	4.3	2.6	2.0	1.5	1.7	1.8	2.2	3.4	2.8
Drug court and/or sanctioned by court diversion service	0.1	0.7	0.1	0.3	—	0.2	0.5	0.2	0.1	0.1	0.3
Imprisoned, other than drug court sanctioned	0.4	1.2	0.7	0.5	0.4	0.4	2.6	3.2	1.1	0.8	0.9
Died	0.2	0.1	0.3	0.1	—	0.2	0.3	0.4	0.2	0.3	0.2
Other	2.9	2.1	3.4	2.8	2.0	1.8	3.4	3.4	2.9	4.7	2.9
Not stated	0.6	0.7	0.3	0.4	0.7	—	0.5	0.7	0.9	0.5	0.5
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**59,480**	**17,292**	**2,298**	**31,980**	**448**	**1,010**	**14,870**	**2,268**	**3,058**	**7,771**	**140,475**

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

(b) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 5.

(c) 'Other' includes 3,219 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 pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 5.9).

Table A3.13: Closed treatment episodes[a] by principal drug of concern and main treatment type, clients aged 10–19 years of age, 2006–07 (per cent)

Treatment data item	Alcohol	Ampheta-mines	Benzodiaz-epines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Other opioids	Other drug[b]	Total
Main treatment type											
Withdrawal management (detoxification)	7.5	12.9	23.5	11.4	—	4.1	27.3	30.0	23.2	9.5	10.7
Counselling	35.3	34.5	31.8	27.8	37.9	37.9	17.4	17.5	19.6	17.5	29.5
Rehabilitation	5.9	12.6	10.6	5.0	6.9	2.0	4.3	2.5	8.9	3.1	5.8
Support and case management only	18.1	18.0	20.0	18.7	24.1	17.7	27.7	22.5	8.9	27.6	19.5
Information and education only	16.1	5.4	2.4	28.1	6.9	31.1	1.4	7.5	7.1	31.9	21.7
Assessment only	12.2	14.2	7.1	7.3	13.8	6.5	13.2	10.0	26.8	4.3	9.4
Other[c]	4.9	2.4	4.7	1.8	10.3	0.7	8.9	10.0	5.4	6.1	3.4
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	***4,745***	***1,566***	***85***	***7,606***	***29***	***293***	***517***	***40***	***56***	***1,432***	***16,369***

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

(b) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 5.

(c) 'Other' includes 35 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 pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 5.9).

Table A3.14: Median duration in days of closed treatment episodes[a] by principal drugs of concern, 2006–07

Principal drug of concern	Median number of days	Total number of treatment episodes
Alcohol	17	59,480
Amphetamines	18	17,292
Benzodiazepines	20	2,298
Cannabis	13	31,980
Cocaine	17	448
Ecstasy	8	1010
Heroin	29	14,870
Methadone	24	2,268
Other opioids	8	3,058
All other drugs[b]	16	7,771
Total	**16**	**140,475**

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

(b) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 5.

Table A3.15: Closed treatment episodes[a] by principal drug of concern by selected age groups, 2007 (per cent)

Age group (years)	Alcohol	Ampheta-mines	Benzodiaz-epines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Other opioids	Other drug[b]	Total
					(column per cent)						
10–11	—	—	—	—	—	—	—	—	—	0.2	—
12–13	0.2	0.1	—	0.4	—	—	—	—	—	1.0	**0.2**
14–15	1.3	0.5	0.1	3.1	0.7	2.0	0.1	—	0.1	4.4	**1.6**
16–17	2.6	2.8	1.0	8.5	2.9	6.0	0.8	0.4	0.3	6.1	**3.9**
18–19	3.9	5.6	2.5	11.8	2.9	21.0	2.5	1.4	1.4	6.7	**5.9**
20+	91.7	90.7	96.1	75.9	92.4	70.6	96.2	97.9	98.1	81.1	**88.0**
Not stated	0.3	0.2	0.2	0.3	1.1	0.4	0.3	0.3	0.1	0.5	**0.3**
Total (column per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
					(row per cent)						
10–11	17.2	—	—	27.6	—	—	3.4	—	—	51.7	**100.0**
12–13	31.2	2.9	0.3	39.5	—	—	0.6	—	—	25.5	**100.0**
14–15	34.6	4.1	0.1	43.9	0.1	0.9	0.9	—	0.2	15.1	**100.0**
16–17	28.4	8.9	0.4	49.8	0.2	1.1	2.1	0.2	0.2	8.7	**100.0**
18–19	27.8	11.8	0.7	45.3	0.2	2.6	4.5	0.4	0.5	6.3	**100.0**
20+	44.1	12.7	1.8	19.6	0.3	0.6	11.6	1.8	2.4	5.1	**100.0**
Not stated	45.0	8.8	1.1	21.6	1.1	0.9	10.4	1.6	0.7	8.8	**100.0**
Total (row per cent)	**42.3**	**12.3**	**1.6**	**22.8**	**0.3**	**0.7**	**10.6**	**1.6**	**2.2**	**5.5**	**100.0**
Total (number)	**59,480**	**17,292**	**2,298**	**31,980**	**448**	**1,010**	**14,870**	**2,268**	**3,058**	**7,771**	**140,475**

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

Table A3.16: Closed treatment episodes[(a)] where amphetamines were the principal drug of concern by usual method of use, 2001–02 to 2006–07

Usual method of use	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07
			(number)			
Ingests	913	1,271	1,558	1,671	1,788	1,907
Smokes	117	173	420	718	1,437	2,377
Injects	10,487	10,915	11,241	11,309	11,670	11,926
Sniffs	419	511	630	665	645	622
Inhales	4	27	65	59	97	133
Other	23	20	26	23	24	31
Not stated	248	296	268	335	274	296
Total	**12,211**	**13,213**	**14,208**	**14,780**	**15,935**	**17,292**
			(per cent)			
Ingests	7.5	9.6	11	11.3	11.2	11.0
Smokes	1.0	1.3	3.0	4.9	9.0	13.7
Injects	85.9	82.6	79.1	76.5	73.2	69.0
Sniffs	3.4	3.9	4.4	4.5	4.0	3.6
Inhales	—	0.2	0.5	0.4	0.6	0.8
Other	0.2	0.2	0.2	0.2	0.2	0.2
Not stated	2.0	2.2	1.9	2.3	1.7	1.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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

Treatment program tables

Table A3.17: Closed treatment episodes by treatment data items and jurisdiction, 2006–07

Treatment item	NSW	Vic	Qld[a]	WA	SA	Tas[b]	ACT	NT[c]	Australia
Main treatment type									
Withdrawal management (detoxification)	7,954	10,973	1,203	1,457	1,835	35	736	274	24,467
Counselling	12,018	23,828	5,954	9,616	2,650	1,009	1,239	703	57,017
Rehabilitation	3,688	1,901	859	2,677	1,186	123	218	298	10,950
Support and case management only	3,683	6,524	938	410	286	44	300	105	12,290
Information and education only	608	246	11,310	771	150	303	204	131	13,723
Assessment only	7,326	3,816	4,661	1,858	2,230	43	1,610	751	22,295
Other[c]	2,668	1,380	415	1,013	683	7	209	208	6,583
Cessation reason									
Treatment completed	23,697	34,458	4,482	7,250	5,068	427	2,943	1,556	79,881
Change in main treatment type	—	109	385	24	138	48	35	146	885
Change in delivery setting	—	—	600	246	106	16	65	17	1,050
Change in principal drug of concern	—	—	6	2	10	1	23	1	43
Transferred to another service provider	2,955	2,183	984	611	469	69	100	44	7,415
Ceased to participate against advice	2,496	1,173	594	489	626	63	207	108	5,756
Ceased to participate without notice	6,212	4,889	5,775	5,141	1,697	401	913	290	25,318
Ceased to participate involuntary (non-compliance)	1,126	615	140	565	198	101	108	48	2,901
Ceased to participate at expiation	—	489	9,810	2,014	75	293	7	20	12,708
Ceased to participate by mutual agreement	—	1,778	988	939	384	106	62	77	4,334
Drug court and/or sanctioned by court diversion service	90	54	18	168	37	—	—	4	371
Imprisoned, other than drug court sanctioned	369	388	110	187	94	8	23	19	1,198
Died	52	65	36	35	21	8	6	—	223
Other	876	2,259	1,029	59	75	20	13	119	4,450
Not stated	72	208	383	72	22	3	11	21	792

(continued)

Table A3.17 (continued): Closed treatment episodes by treatment data items and jurisdiction, 2006–07

Treatment item	NSW	Vic	Qld[a]	WA	SA	Tas[b]	ACT	NT[c]	Australia
Treatment delivery setting									
Non-residential treatment facility	26,625	33,863	18,424	13,578	7,056	1,225	3,145	1,020	104,936
Residential treatment facility	9,000	7,167	676	1,987	1,454	103	1,304	644	22,335
Home	333	2,012	358	588	186	25	—	8	3,510
Outreach setting	911	5,626	5,220	548	250	211	64	406	13,236
Other[d]	1,076	—	662	1,101	74	—	3	392	3,308
Total	**37,945**	**48,668**	**25,340**	**17,802**	**9,020**	**1,564**	**4,516**	**2,470**	**147,325**

(a) The total number of closed treatment episodes for Queensland may be under-counted due to the exclusion of a number of non-government agencies.

(b) The total number of closed treatment episodes for Tasmania may be under-counted because two agencies only supplied drug diversion data.

(c) The total number of closed treatment episodes may be under-counted in the Northern Territory due to technical difficulties which prevented data being collected from one in-scope agency, and under-counted data from government agencies in two quarters.

(d) 'Other' includes 3,219 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 pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 5.9).

Table A3.18: Closed treatment episodes by other treatment type and jurisdiction, 2006–07[a]

Other treatment type	NSW	Qld[b]	WA	SA	Tas[c]	ACT	NT[d]	Australia
Withdrawal management (detoxification)	632	67	6	377	6	23	3	1,114
Counselling	6,966	646	21	920	18	444	193	9,208
Rehabilitation	824	182	7	181	2	42	63	1,301
Other[e]	2,834	825	42	1,550	7	312	86	5,656
All other treatments	**11,256**	**1,720**	**76**	**3,028**	**33**	**821**	**345**	**17,279**

(a) Excludes analyses of Victorian data as this jurisdiction does not provide data for 'other treatment type'.

(b) The total number of closed treatment episodes for Queensland may be under-counted due to the exclusion of a number of non-government agencies.

(c) The total number of closed treatment episodes for Tasmania may be under-counted because two agencies only supplied drug diversion data.

(d) The total number of closed treatment episodes may be under-counted in the Northern Territory due to technical difficulties which prevented data being collected from one in-scope agency, and under-counted data from government agencies in two quarters.

(e) 'Other' includes 1,661 closed treatment episodes where other/additional treatment type was reported as pharmacotherapy.

Table A3.19: Closed treatment episodes by main treatment type, 2001–02 to 2006–07

Main treatment type	2001–02[a]	2002–03	2003–04	2004–05	2006–07	2006–07
			(number)			
Withdrawal management (detoxification)	21,744	24,767	25,123	25,458	25,828	24,467
Counselling	44,184	54,395	51,514	57,076	57,277	57,017
Rehabilitation	7,195	9,865	11,717	10,959	11,331	10,950
Support and case management only	6,951	9,097	11,494	11,240	12,417	12,290
Information and education only	11,197	10,478	10,465	12,609	14,655	13,723
Assessment only	16,647	16,632	20,414	17,663	23,125	22,295
Other[b]	5,787	5,696	6,142	7,139	6,729	6,583
Total	**113,705**	**130,930**	**136,869**	**142,144**	**151,362**	**147,325**
			(per cent)			
Withdrawal management (detoxification)	19.1	18.9	18.4	17.9	17.1	16.6
Counselling	38.9	41.5	37.6	40.2	37.8	38.7
Rehabilitation	6.3	7.5	8.6	7.7	7.5	7.4
Support and case management only	6.1	6.9	8.4	7.9	8.2	8.3
Information and education only	9.8	8	7.6	8.9	9.7	9.3
Assessment only	14.6	12.7	14.9	12.4	15.3	15.1
Other[b]	5.1	4.4	4.5	5	4.4	4.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Excludes South Australia.

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

Table A3.20: Closed treatment episodes by client data items and main treatment type, 2006–07

Client item	Withdrawal management (detox)	Counselling	Rehabilitation	Support and case management only	Information and education only	Assessment only	Other[a]	Total
				(years)				
Median age (years)								
Males	35	32	31	24	24	31	33	31
Females	34	35	32	23	25	33	32	32
All persons	*35*	*33*	*31*	*23*	*24*	*32*	*33*	*32*
				(per cent)				
Age group (years)								
10–19	7.2	9.3	8.6	31.2	26.1	7.0	9.6	11.9
20–29	26.4	29.9	33.8	34.7	38.5	35.4	29.5	31.6
30–39	31.7	29.8	32.8	19.5	19.9	30.8	32.0	28.8
40–49	21.9	18.7	16.7	10.3	10.6	17.3	19.1	17.4
50–59	9.4	8.5	6.1	3.2	3.7	7.0	7.4	7.3
60+	3.2	3.0	1.6	0.8	1.1	2.3	2.2	2.4
Not stated	0.2	0.8	0.3	0.3	0.1	—	0.2	0.4
Client type								
Own drug use	100.0	90.6	100.0	93.0	97.7	99.2	98.4	95.4
Others' drug use	—	9.4	—	7.0	2.3	0.8	1.6	4.6
Sex								
Male	64.1	62.8	67.7	62.1	72.6	73.5	60.9	65.8
Female	35.9	37.0	32.2	37.6	27.4	26.5	39.1	34.1
Not stated	0.1	0.2	0.2	0.3	—	—	—	0.2

(continued)

Table A3.20 (continued): Closed treatment episodes by client data items and main treatment type, 2006–07

Client item	Withdrawal management (detox)	Counselling	Rehabilitation	Support and case management only	Information and education only	Assessment only	Other[a]	Total
Indigenous status								
Indigenous	7.5	10.0	10.6	9.7	11.5	11.8	11.4	10.1
Not Indigenous	88.0	85.1	86.6	86.2	84.0	80.5	84.3	85.0
Not stated	4.5	5.0	2.8	4.0	4.5	7.6	4.3	5.0
Source of referral								
Self	48.8	41.4	34.0	33.0	10.6	30.1	40.1	36.8
Family member/ friend	4.2	5.8	7.6	5.6	1.3	5.4	3.5	5.1
Medical practitioner	8.8	5.0	2.9	2.3	0.5	4.0	12.2	5.0
Hospital	5.9	2.5	3.6	1.9	2.2	5.6	9.3	3.8
Mental health care service[b]	2.5	3.2	2.2	2.1	0.9	2.7	1.9	2.5
AODTS	16.7	9.1	23.5	10.2	1.1	7.0	12.3	10.6
Other community/health care service[c]	3.7	4.5	4.8	5.4	1.1	2.0	4.0	3.7
Correctional service	1.2	8.1	9.3	9.4	1.8	26.3	6.4	9.2
Police diversion	0.2	1.9	0.9	1.3	49.9	1.3	0.1	5.8
Court diversion	1.9	5.3	6.8	13.5	28.4	6.6	2.7	7.8
Other	5.2	12.0	4.1	13.9	2.0	8.8	7.2	8.8
Not stated	0.8	1.2	0.2	1.5	0.1	0.3	0.4	0.8
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**24,467**	**57,017**	**10,950**	**12,290**	**13,723**	**22,295**	**6,583**	**147,325**

(a) 'Other' includes 3,219 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 pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 5.9).

(b) Includes residential and non-residential services.

(c) Includes outpatient clinics and aged care facilities.

Table A3.21: Closed treatment episodes by main treatment type and treatment type items, 2006–07 (per cent)

Treatment item	Withdrawal management (detox)	Counselling	Rehabilitation	Support and case management only	Information and education only	Assessment only	Other[(a)]	Total
Treatment delivery setting								
Non-residential treatment facility	30.3	93.3	33.6	44.4	76.7	84.6	88.0	71.2
Residential treatment facility	59.0	0.7	61.4	1.3	0.1	2.6	0.2	15.2
Home	9.7	1.3	0.1	1.3	0.5	0.3	1.3	2.4
Outreach setting	0.9	3.3	2.0	49.8	18.2	8.6	6.0	9.0
Other	0.1	1.4	2.8	3.2	4.5	3.8	4.6	2.2
Reason for cessation								
Treatment completed	65.1	52.5	35.3	57.8	12.6	80.5	51.3	54.2
Change in main treatment type	0.5	0.4	0.7	0.4	0.5	1.3	0.5	0.6
Change in delivery setting	0.6	0.5	1.9	0.6	0.8	0.9	0.6	0.7
Change in principal drug of concern	—	—	0.1	0.1	—	—	—	—
Transferred to another service provider	6.0	4.6	6.9	10.1	0.6	2.3	11.8	5.0
Ceased to participate against advice	10.6	1.7	14.7	1.5	0.4	1.0	1.9	3.9
Ceased to participate without notice	9.5	26.5	18.5	16.1	2.5	9.7	21.0	17.2
Ceased to participate involuntary (non-compliance)	2.1	1.0	11.6	2.7	0.5	0.3	1.3	2.0
Ceased to participate at expiation	0.6	3.3	1.3	0.7	74.8	0.7	0.6	8.6
Ceased to participate by mutual agreement	3.1	4.0	4.9	2.1	0.8	1.4	1.2	2.9
Drug court and/or sanctioned by court diversion service	0.1	0.3	0.3	0.3	—	0.3	0.3	0.3

(continued)

Table A3.21 (continued): Closed treatment episodes by main treatment type and treatment type items, 2006–07 (per cent)

Treatment item	Withdrawal management (detox)	Counselling	Rehabilitation	Support and case management only	Information and education only	Assessment only	Other[(a)]	Total
Imprisoned, other than drug court sanctioned	0.2	0.9	0.7	1.8	0.1	0.4	3.8	0.8
Died	0.1	0.2	0.1	0.2	—	0.1	0.6	0.2
Other	1.5	3.6	2.3	5.1	4.9	0.9	4.1	3.0
Not stated	0.2	0.5	0.6	0.5	1.5	0.3	0.9	0.5
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**24,467**	**57,017**	**10,950**	**12,290**	**13,723**	**22,295**	**6,583**	**147,325**

(a) 'Other' includes 3,219 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 pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 5.9).

Table A3.22: Closed treatment episodes by main treatment type and selected age groups, 2006–07 (per cent)

Age group (years)	Withdrawal management (detox)	Counselling	Rehabilitation	Support and case management only	Information and education only	Assessment only	Other[(a)]	Total
				(column per cent)				
10–11	—	0.1	—	0.1	—	—	0.1	0.1
12–13	0.2	0.3	0.1	1.2	0.5	0.1	0.3	0.3
14–15	0.9	1.6	0.8	7.3	3.5	0.5	1.9	1.9
16–17	2.1	3.2	3.4	9.8	9.3	1.8	3.3	3.9
18–19	4.1	4.1	4.4	12.9	12.8	4.5	4.1	5.7
20+	92.6	90.0	91.0	68.5	73.8	92.8	90.1	87.6
Not stated	0.2	0.8	0.3	0.3	0.1	0.2	0.2	0.4
Total (column per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
				(row per cent)				
10–11	—	69.5	2.1	9.5	5.3	8.4	5.3	**100.0**
12–13	7.9	34.4	2.3	30.8	15.1	5.9	3.6	**100.0**
14–15	7.5	32.3	2.9	31.8	17.0	4.0	4.5	**100.0**
16–17	8.8	31.3	6.4	20.9	22.1	6.8	3.8	**100.0**
18–19	11.9	27.7	5.7	18.7	20.8	12.0	3.2	**100.0**
20+	17.6	39.7	7.7	6.5	7.8	16.0	4.6	**100.0**
Not stated	7.2	69.3	6.1	5.4	2.2	7.6	2.2	**100.0**
Total (row per cent)	**16.6**	**38.7**	**7.4**	**8.3**	**9.3**	**15.1**	**4.5**	**100.0**
Total (number)	***24,467***	***57,017***	***10,950***	***12,290***	***13,723***	***22,295***	***6,583***	***147,325***

(a) 'Other' includes 3,219 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 pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 5.9).

Table A3.23: Median duration in days of closed treatment episodes by main treatment type, 2006–07

Main treatment type	Median number of days	Total number of treatment episodes
Withdrawal management (detoxification)	8	24,467
Counselling	43	57,017
Rehabilitation	34	10,950
Support and case management only	47	12,290
Information and education only	1	13,723
Assessment only	1	22,295
Other[(a)]	48	6,583
Total	**17**	**147,325**

(a) 'Other' includes 3,219 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 pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 5.9).

Table A3.24: Closed treatment episodes[a] by main treatment type and principal drug of concern, 2006–07 (per cent)

Principal drug of concern	Withdrawal management (detox)	Counselling	Rehabilitation	Support and case management only	Information and education only	Assessment only	Other[b]	Total
Alcohol	47.1	47.9	44.2	27.3	19.8	48.7	28.6	42.3
Amphetamines	9.3	13.2	22.3	13.1	5.0	14.4	6.2	12.3
Benzodiazepines	3.3	1.5	1.1	1.2	0.2	1.6	1.5	1.6
Cannabis	18.0	20.7	16.1	30.6	57.3	15.3	8.3	22.8
Cocaine	0.3	0.3	0.4	0.4	0.1	0.4	0.3	0.3
Ecstasy	0.1	0.8	0.4	1.1	2.1	0.5	0.2	0.7
Heroin	11.2	8.8	11.0	15.5	1.1	11.1	30.4	10.6
Methadone	1.9	1.0	1.1	2.5	0.3	1.3	8.4	1.6
Other opioids	3.4	1.1	1.3	1.6	0.7	3.7	6.8	2.2
Other drugs[c]	5.3	4.6	2.2	6.9	13.4	3.0	9.4	5.5
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**24,467**	**51,630**	**10,950**	**11,424**	**13,403**	**22,122**	**6,479**	**140,475**

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

(b) 'Other' includes 3,219 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 pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 5.9).

(c) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 5.

Table A3.25: Closed treatment episodes[a], principal drug of concern and main treatment type for clients aged 10–19 years of age, 2006–07 (per cent)

Principal drug of concern	Withdrawal management (detox)	Counselling	Rehabilitation	Support and case management only	Information and education only	Assessment only	Other[b]	Total
Alcohol	20.3	34.7	29.5	26.9	21.5	37.7	42.1	29.0
Amphetamines	11.5	11.2	20.8	8.8	2.4	14.5	6.9	9.6
Benzodiazepines	1.1	0.6	1.0	0.5	0.1	0.4	0.7	0.5
Cannabis	49.2	43.7	40.2	44.6	60.2	36.3	24.2	46.5
Cocaine	—	0.2	0.2	0.2	0.1	0.3	0.5	0.2
Ecstasy	0.7	2.3	0.6	1.6	2.6	1.2	0.4	1.8
Heroin	8.0	1.9	2.3	4.5	0.2	4.4	8.3	3.2
Methadone	0.7	0.1	0.1	0.3	0.1	0.3	0.7	0.2
Other opioids	0.7	0.2	0.5	0.2	0.1	1.0	0.5	0.3
Other drugs[c]	7.7	5.2	4.8	12.4	12.9	4.0	15.7	8.7
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	***1,758***	***4,835***	***946***	***3,188***	***3,553***	***1,535***	***554***	***16,369***

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

(b) 'Other' includes 35 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 pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 5.9).

(c) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 5

Appendix 4: Australian Standard Geographical Classification

In 2001, the ABS included the Remoteness Area Structure (ASGC Remoteness Areas) to the Australian Standard Geographical Classification (ASGC). It is based on an enhanced measure of remoteness (ARIA+) developed by the National Key Centre for Social Applications of Geographical Information (AIHW 2004b).

The ASGC Remoteness Areas replace the former national standard classification of Rural, Remote and Metropolitan Area (RRMA). The Remoteness Area classification summarises the remoteness of an area based on the road distance to different-sized urban centres, where the population size of an urban centre is considered to govern the range and type of services available.

There are five major Remoteness Areas into which the statistical local areas of the alcohol and other drug treatment agencies are placed:

- Major Cities of Australia
- Inner Regional Australia
- Outer Regional Australia
- Remote Australia
- Very Remote Australia.

For further information on how Remoteness Areas are calculated, see AIHW 2004b.

Appendix 5: Australian Standard Classification of Drugs of Concern (ASCDC)

The main classification structure is presented below. For detailed information, supplementary codes and the full version of the coding index, see Australian Standard Classification of Drugs of Concern (ABS 2000).

1 ANALGESICS

11 Organic Opiate Analgesics

1101	Codeine
1102	Morphine
1199	Organic Opiate Analgesics, n.e.c.

12 Semisynthetic Opioid Analgesics

1201	Buprenorphine
1202	Heroin
1203	Oxycodone
1299	Semisynthetic Opioid Analgesics, n.e.c.

13 Synthetic Opioid Analgesics

1301	Fentanyl
1302	Fentanyl analogues
1303	Levomethadyl acetate hydrochloride
1304	Meperidine analogues
1305	Methadone
1306	Pethidine
1399	Synthetic Opioid Analgesics, n.e.c.

14 Non Opioid Analgesics

1401	Acetylsalicylic acid
1402	Paracetamol
1499	Non Opioid Analgesics, n.e.c.

2 SEDATIVES AND HYPNOTICS

21 Alcohols

2101	Ethanol
2102	Methanol
2199	Alcohols, n.e.c.

22 Anaesthetics

2201	Gamma-hydroxybutyrate
2202	Ketamine
2203	Nitrous oxide
2204	Phencyclidine
2299	Anaesthetics, n.e.c.

23 Barbiturates

2301	Amylobarbitone
2302	Methylphenobarbitone
2303	Phenobarbitone
2399	Barbiturates, n.e.c.

24 Benzodiazepines

2401	Alprazolam
2402	Clonazepam
2403	Diazepam
2404	Flunitrazepam
2405	Lorazepam
2406	Nitrazepam
2407	Oxazepam
2408	Temazepam
2499	Benzodiazepines, n.e.c.

29 Other Sedatives and Hypnotics

2901	Chlormethiazole
2902	Kava lactones
2903	Zopiclone
2999	Other Sedatives and Hypnotics, n.e.c.

3 STIMULANTS AND HALLUCINOGENS

31 Amphetamines

3101	Amphetamine
3102	Dexamphetamine
3103	Methamphetamine
3199	Amphetamines, n.e.c.

32 Cannabinoids

3201	Cannabinoids

33 Ephedra Alkaloids

3301	Ephedrine
3302	Norephedrine
3303	Pseudoephedrine
3399	Ephedra Alkaloids, n.e.c.

34 Phenethylamines

3401	DOB
3402	DOM
3403	MDA
3404	MDEA
3405	MDMA
3406	Mescaline
3407	PMA
3408	TMA
3499	Phenethylamines, n.e.c.

35 Tryptamines

3501	Atropinic alkaloids
3502	Diethyltryptamine
3503	Dimethyltryptamine
3504	Lysergic acid diethylamide
3505	Psilocybin
3599	Tryptamines, n.e.c.

36 Volatile Nitrates

3601	Amyl nitrate
3602	Butyl nitrate
3699	Volatile Nitrates, n.e.c.

39 Other Stimulants and Hallucinogens

3901	Caffeine
3902	Cathinone
3903	Cocaine
3904	Methcathinone
3905	Methylphenidate
3906	Nicotine
3999	Other Stimulants and Hallucinogens, n.e.c.

4 ANABOLIC AGENTS AND SELECTED HORMONES

41 Anabolic Androgenic Steroids

4101	Boldenone
4102	Dehydroepiandrosterone
4103	Fluoxymesterone
4104	Mesterolone
4105	Methandriol
4106	Methenolone
4107	Nandrolone
4108	Oxandrolone
4111	Stanozolol
4112	Testosterone
4199	Anabolic Androgenic Steroids, n.e.c.

42 Beta$_2$ Agonists

4201	Eformoterol
4202	Fenoterol
4203	Salbutamol
4299	Beta$_2$ Agonists, n.e.c.

43 Peptide Hormones, Mimetics and Analogues

4301	Chorionic gonadotrophin
4302	Corticotrophin
4303	Erythropoietin
4304	Growth hormone
4305	Insulin
4399	Peptide Hormones, Mimetics and Analogues, n.e.c.

49 Other Anabolic Agents and Selected Hormones

4901	Sulfonylurea hypoglycaemic agents
4902	Tamoxifen
4903	Thyroxine
4999	Other Anabolic Agents and Selected Hormones, n.e.c.

5 ANTIDEPRESSANTS AND ANTIPSYCHOTICS

51 Monoamine Oxidase Inhibitors

5101	Moclobemide
5102	Phenelzine
5103	Tranylcypromine
5199	Monoamine Oxidase Inhibitors, n.e.c.

52 Phenothiazines

5201	Chlorpromazine
5202	Fluphenazine
5203	Pericyazine
5204	Thioridazine
5205	Trifluoperazin
5299	Phenothiazines, n.e.c.

53 Serotonin Reuptake Inhibitors

5301	Citalopram
5302	Fluoxetine
5303	Paroxetine
5304	Sertraline
5399	Serotonin Reuptake Inhibitors, n.e.c.

54 Thioxanthenes

5401	Flupenthixol
5402	Thiothixene
5499	Thioxanthenes, n.e.c.

55 Tricyclic Antidepressants

5501	Amitriptyline
5502	Clomipramine
5503	Dothiepin
5504	Doxepin
5505	Nortriptyline
5599	Tricyclic Antidepressants, n.e.c.

59 Other Antidepressants and Antipsychotics

5901	Butyrophenones
5902	Lithium
5903	Mianserin
5999	Other Antidepressants and Antipsychotics, n.e.c.

6 VOLATILE SOLVENTS

61 Aliphatic Hydrocarbons

6101	Butane
6102	Petroleum
6103	Propane
6199	Aliphatic Hydrocarbons, n.e.c.

62 Aromatic Hydrocarbons

6201	Toluene
6202	Xylene
6299	Aromatic Hydrocarbons, n.e.c.

63 Halogenated Hydrocarbons

6301	Bromochlorodifluoromethane
6302	Chloroform
6303	Tetrachloroethylene
6304	Trichloroethane
6305	Trichloroethylene
6399	Halogenated Hydrocarbons, n.e.c.

69 Other Volatile Solvents

6901	Acetone
6902	Ethyl acetate
6999	Other Volatile Solvents, n.e.c.

9 MISCELLANEOUS DRUGS OF CONCERN

91 Diuretics

9101	Antikaliuretics
9102	Loop diuretics
9103	Thiazides
9199	Diuretics, n.e.c.

92 Opioid Antagonists

9201	Naloxone
9202	Naltrexone
9299	Opioid Antagonists, n.e.c.

99 Other Drugs of Concern

9999	Other Drugs of Concern

Appendix 6: Alcohol and other drug treatment provided by services funded to assist Aboriginal and Torres Strait Islander peoples

The number of treatment episodes reported through the AODTS–NMDS for Aboriginal and Torres Strait Islander peoples do not represent all alcohol and other drug treatments provided to Indigenous people in Australia for 2006–07. The majority of Australian Government-funded Aboriginal and Torres Strait Islander substance use specific services or Aboriginal and Torres Strait Islander primary health care services report to two other data collections:

- Drug and Alcohol Service Report (DASR), coordinated by the Office for Aboriginal and Torres Strait Islander Health (OATSIH) in the Australian Government Department of Health and Ageing (DoHA). The DASR collects information from all Australian Government-funded Aboriginal and Torres Strait Islander substance use specific services (agencies). In 2006–07, 40 services (98% of funded services) provided DASR data.
- Service Activity Reporting (SAR), a joint collection by the National Aboriginal Community Controlled Health Organisation (NACCHO) and OATSIH. The SAR collects information from Aboriginal and Torres Strait Islander primary health care services that receive Australian Government funding. In 2005–06, 150 services (99% of funded services) provided SAR data.

This appendix presents a selection of data from these collections. The SAR, DASR and AODTS–NMDS have different collection purposes, scope and counting rules. For example, the SAR and DASR collect service-level estimates for client numbers and episodes of care whereas the AODTS–NMDS collects unit records for closed treatment episodes. The definitions for 'closed treatment episodes' (AODTS–NMDS) and 'episodes of care' (SAR/DASR) are not consistent.

In 2006–07, 1 out of the 40 Australian Government-funded services reporting in the DASR also reported under the AODTS–NMDS, and 10 out of the 150 Aboriginal and Torres Strait Islander primary health care services reporting in the SAR also reported under the AODTS–NMDS.

Box A6.1: Comparison of treatment episode definitions in the SAR, DASR and AODTS–NMDS

*The **DASR** definition of 'episode of care' starts at admission and ends at discharge (from residential treatment/rehabilitation and sobering-up/respite). In the case of 'other care', the definition of 'episode of care' relates more to the number of visits or phone calls undertaken with clients. In contrast to the definition of 'closed treatment episode' used in the AODTS–NMDS, the definition used in this collection does not require agencies to commence a new 'episode of care' when the main treatment type ('treatment type') or primary drug of concern ('substance/drug') changes. It is therefore likely that this concept of 'episode of care' produces smaller estimates of activity than the AODTS–NMDS concept of 'closed treatment episode'.*

*The **SAR** definition of 'episode of care' relates to each time a person sees someone from the health clinic for health care. If a person sees more than one staff member on the same day this is considered one episode and there can only ever be one episode of care on a single day. However, if a person sees staff members (the same or different staff members) on two days, this is considered two episodes. In contrast to the AODTS–NMDS definition of 'closed treatment episode', this definition of 'episode of care' does not relate to a period of specific treatment (for example, for a particular drug of concern). It is therefore likely that this concept of 'episode of care' produces larger estimates of activity than the AODTS–NMDS concept of 'closed treatment episode'.*

The DASR and SAR collections record information about clients of any age, whereas the AODTS–NMDS reports only about clients aged 10 years and over. Any comparisons drawn between the collections should therefore be made with caution.

The Drug and Alcohol Service Report (DASR): substance use specific services

In 2006–07, approximately 25,600 people were seen by Australian government-funded Aboriginal and Torres Strait Islander substance use specific services.

Table A6.1: Estimated number of clients seen by Australian Government-funded Aboriginal and Torres Strait Islander substance use specific services (DASR) by jurisdiction and Indigenous status, 2006–07

Indigenous status	NSW & Vic	Qld	WA	SA	NT	Australia
Indigenous	1,600	4,200	3,000	6,700	2,500	18,000
Non-Indigenous	400	4,800	100	2,200	100	7,600
Total (number)	**2,000**	**9,000**	**3,100**	**8,900**	**2,600**	**25,600**
Total (per cent)	**8**	**35**	**12**	**35**	**10**	**100**

Note: Figures are rounded to the nearest hundred.

Source: Australian Government Department of Health and Ageing analysis of the 2006–07 Drug and Alcohol Service Report.

In addition to the number of clients seen, treatment agencies report on the drugs for which they provide treatment during the year. During 2006–07, all (100%) Australian Government-funded Aboriginal and Torres Strait Islander substance use specific services (agencies) reported providing treatment or assistance for client alcohol use (Table 6.8). Other common substances/drugs for which services provided treatment or assistance included cannabis (98%), multiple drug use (78%), and amphetamines and tobacco/nicotine (75% and 73% respectively).

Table A6.2: Substances/drugs for which treatment/assistance was provided by Australian Government-funded Aboriginal and Torres Strait Islander substance use specific services, 2006–07

Substance/drug	Percentage of services that provided treatment/assistance for this substance/drug
Alcohol	100
Cannabis (marijuana, gunja, yamdi)	98
Multiple drug use (two or more drugs/substances)	78
Amphetamines (speed, uppers)	75
Tobacco/nicotine	73
Petrol	35
Other solvents/inhalants (chroming, paint, glue, aerosol cans)	63
Benzodiazepines (sleeping pills, Valium, Rohypnol)	65
Heroin	60
Cocaine (coke, crack)	38
Barbiturates (downers, Phenobarbital, Amytal)	43
Methadone	38
Ecstasy/MDMA	45
Morphine	33
LSD (acid, trips)	25
Steroids/anabolic agents	8
Kava	5
Other	0

Source: Australian Government Department of Health and Ageing analysis of the 2006–07 Drug and Alcohol Service Report.

The Service Activity Report: primary care health services

Aboriginal and Torres Strait Islander primary health care services provide a wide variety of health care services, including extended care roles (for example, diagnosis and treatment of illness and disease, 24-hour emergency care, dental/hearing/optometry services), preventive health care (for example, health screening for children and adults), health-related community support (for example, school-based activities, transport to medical appointments) and support in relation to substance use issues. The number of clients who attended Aboriginal and Torres Strait Islander primary health care services and received alcohol or other drug treatment is not collected in the SAR. Similarly, the number of reported episodes of care that related solely or partially to alcohol or other drug treatment is not collected.

However, the drug types for which treatment was provided are known. In 2005–06, most services covered issues relating to alcohol (92%), tobacco/nicotine (87%) or cannabis (86%). Many service outlets also provided treatment for multiple drug use (65%), benzodiazepines (55%) and other solvents/inhalants (50%).

Table A6.3: Substances/drugs for which Australian Government-funded Aboriginal and Torres Strait Islander primary health care services cover substance use issues on an individual basis as they arise, 2005–06

Substance/drug	Percentage of services that cover substance use issues on an individual basis as they arise
Alcohol	92
Tobacco/nicotine	87
Cannabis (marijuana, gunja, yamdi)	86
Multiple drug use (two or more drugs/substances)	65
Benzodiazepines (sleeping pills, Valium, Rohypnol)	55
Other solvents/inhalants (chroming, paint, glue, aerosol cans)	50
Petrol	47
Heroin	47
Methadone	48
Amphetamines (speed, uppers)	48
Barbiturates (downers, Phenobarbital, Amytal)	33
Morphine	33
Cocaine (coke, crack)	31
Ecstasy/MDMA	33
LSD (acid, trips)	17
Steroids/anabolic agents	15
Kava	14
Other	5

Source: Australian Government Department of Health and Ageing analysis of the 2005–06 Service Activity Report.

Appendix 7: Mapping of ICD-10-AM codes to ASCDC output categories

The following table provides technical details about the mapping process applied to produce the hospital separations data in Chapter 4. Please note that these codes are not a complete list of ICD-10-AM codes for which a hospital separation may be attributed as (wholly or partially) drug-related. These codes are currently under review.

Table A7.1: Mapping of ICD-10-AM codes to ASCDC output categories

Drug of concern identified in principal diagnosis	ICD-10-AM codes
Analgesics	
Opioids (includes heroin, opium, morphine & methadone)	F11 (11.0-11.9), T40.0, T40.1, T40.2, T40.3, T40.4
Non opioid analgesics (includes paracetamol)	T39.0, T39.1, T39.9
Sedatives and hypnotics	
Alcohol	F10 (10.0-10.9), T51 (51.0-51.9), Z71.4, Z72.1
Other sedatives & hypnotics (includes barbiturates & benzodiazepines; excludes alcohol)	F13 (13.0-13.9), F55.6, T41.2, T42.6, T42.3, T42.4, T42.7
Stimulants and hallucinogens	
Cannabinoids (includes cannabis)	F12 (12.0-12.9), T40.7
Hallucinogens (includes LSD & ecstasy)	F16 (16.0-16.9), T40.8, T40.9
Cocaine	F14 (14.0-14.9), T40.5
Tobacco & nicotine	F17 (17.2-17.9), T65.2, Z72.0
Other stimulants (includes amphetamines, pseudoephedrine, volatile nitrates & caffeine)	F15 (15.0-15.9), T40.6, T44.9, T43.6, T46.3
Antidepressants and antipsychotics	
Antidepressants & antipsychotics	T43 (43.0-43.5)
Volatile solvents	
Volatile solvents	F18 (18.0-18.9), T52 (52.0-52.9), T53.6, T53.7, T59.8
Other and unspecified drugs of concern	
Multiple drug use	F19 (19.0-19.9)
Unspecified drug use & other drugs not elsewhere classified (includes psychotropic drugs not elsewhere classified; diuretics; anabolic and androgenic steroids & opiate antagonists)	Z71.5, Z72.2, T38.7, T43.8, T43.9, T50.1, T50.2, T50.3, T50.7

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