



Alcohol and other drug treatment services in Australia 2004–05

Findings from the National Minimum Data Set

Highlights

- In 2004–05, 635 government-funded alcohol and other drug treatment agencies provided 142,144 ‘closed treatment episodes’ (see page 2 for definition).
- One-third (33%) of closed treatment episodes were for clients aged 20–29 years, and more than one-quarter (28%) were for clients aged 30–39 years.
- Male clients accounted for two-thirds (66%) of all closed treatment episodes.
- Ten per cent of closed treatment episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- Overall, alcohol (37%) and cannabis (23%) were the most common principal drugs of concern in closed treatment episodes, followed by opioids (21%, with heroin accounting for 17%) and amphetamines (11%).
- For closed treatment episodes involving clients in the 10–19 year age group, cannabis was the principal drug most commonly reported (50%).
- For closed treatment episodes involving clients in the 20–29 year age group, there was a fairly even distribution across the four main principal drugs of concern—cannabis (28%), heroin (24%), alcohol (23%) and amphetamines (15%).
- Overall, counselling was the most common form of main treatment provided (40% of treatment episodes), followed by withdrawal management (detoxification) (18%) and assessment only (12%).
- Treatment episodes most commonly ceased because the treatment was completed (53%), followed by the client ceasing to participate without notice to the treatment agency (17%).

44 Bulletin

CONTENTS

| | |
|---------------------------|----|
| Purpose of the AODTS–NMDS | 2 |
| Treatment agencies | 2 |
| Client profile | 2 |
| Principal drug of concern | 3 |
| Treatment programs | 6 |
| Special theme: cannabis | 9 |
| The AODTS–NMDS collection | 10 |
| References | 11 |



Alcohol and other drug treatment services in Australia 2004–05

Purpose of the AODTS–NMDS

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

This is the fifth bulletin in the series of annual bulletins on the AODTS–NMDS. The data contained in this bulletin are derived from the comprehensive AODTS–NMDS 2004–05 annual report (AIHW 2006).

Closed treatment episodes

The analysis in this bulletin is based on ‘closed treatment episodes’. A closed treatment episode refers to a period of contact, with defined start and end dates, between a client and a treatment agency. A closed treatment episode may be for a specific treatment, such as information and education only, that may be part of a larger treatment plan; or it may be for a specific treatment, such as withdrawal management (detoxification), that is part of a long-term overall treatment plan.

Treatment agencies

A national total of 635 government-funded alcohol and other drug treatment agencies supplied data for 2004–05, with the largest proportion of agencies in New South Wales (45%), Victoria (21%) and Queensland (14%). Just under half of all agencies identified as non-government providers (49%).

Treatment agencies were most likely to be located in major cities (57%) and inner regional areas (28%) in 2004–05.

Client profile

- During 2004–05, there were 142,144 closed treatment episodes in alcohol and other drug treatment services reported in the AODTS–NMDS collection. These episodes related to an estimated 121,812 client registrations. On average, each of these registrations accounted for 1.2 treatment episodes during the reporting period.
- Ninety-five per cent (or 135,202 closed treatment episodes) involved clients seeking treatment for their own alcohol or other drug use. The remaining 5% (or 6,942 closed treatment episodes) involved clients seeking treatment for another person’s alcohol or other drug use.
- Almost three-quarters (73%) of treatment episodes for another person’s drug use were for female clients.
- One-third (33%) of closed treatment episodes were for clients aged 20–29 years. More than one-quarter (28%) of treatment episodes were for clients aged 30–39 years and 12% were for clients aged 10–19 years (Table 1).
- Male clients accounted for two-thirds (66%) of all closed treatment episodes.

- The majority of treatment episodes were for clients born in Australia (86%) and 95% of treatment episodes were for clients whose preferred language was English.
- Ten per cent (or 13,666 episodes) involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin, which is higher than the overall proportion of Aboriginal and Torres Strait Islander peoples, aged 10 years and over, in the Australian population (2.1%; ABS 2004). However, this figure needs to be interpreted with caution due to the high number of 'not stated' responses for Indigenous status and the fact that the majority of Australian Government-funded Indigenous substance use services or Aboriginal primary health care services are not included in the AODTS–NMDS collection.

Table 1: Closed treatment episodes by sex and age of client, 2004–05 (per cent)

| Age groups (years) | Males | Females | Persons ^(a) |
|--|---------------|---------------|------------------------|
| 10–19 | 12.3 | 12.1 | 12.2 |
| 20–29 | 33.8 | 30.2 | 32.5 |
| 30–39 | 28.6 | 27.6 | 28.2 |
| 40–49 | 16.2 | 18.1 | 16.9 |
| 50–59 | 6.1 | 8.1 | 6.7 |
| 60+ | 2.1 | 2.8 | 2.3 |
| Total^(b) (per cent) | 100.0 | 100.0 | 100.0 |
| Total (per cent of all closed treatment episodes) | 65.5 | 34.2 | 100.0 |
| Total^(b) (number) | 93,088 | 48,579 | 142,144 |

(a) Includes 'not stated' for sex.

(b) Includes 'not stated' for age.

Source: AIHW analysis of the 2004–05 AODTS–NMDS, 2006.

Principal drug of concern

The principal drug of concern refers to the main substance that the client states led them to seek treatment from the alcohol and other drug treatment agency. This section of the bulletin reports only on the 135,202 closed treatment episodes where clients were seeking treatment for their own alcohol or other drug use.

Client profile and principal drug of concern

- Nationally in 2004–05, alcohol (37%) and cannabis (23%) were the most common principal drugs of concern in closed treatment episodes, followed by opioids (21%, with heroin accounting for 17%) and amphetamines (11%) (Table 2).
- Alcohol was the drug most commonly involved in treatment episodes for both sexes (39% for males and 35% for females). This was followed by cannabis (24% for males, 21% for females) and heroin (17% and 18% respectively) (Figure 1).
- For closed treatment episodes involving clients in the 10–19 year age group, cannabis was the principal drug most commonly reported (50%). This varied between sexes: 53% for males and 43% for females in this age group.

Alcohol and other drug treatment services in Australia 2004–05

- For closed treatment episodes involving clients in the 20–29 year age group, there was a fairly even distribution across the four main principal drugs of concern—cannabis was the principal drug most commonly reported (28%), followed by heroin (24%), alcohol (23%) and amphetamines (15%). This pattern varied by sex—for male clients, cannabis (29%) was the most commonly reported principal drug, followed by alcohol (25%) and heroin (22%), while for female clients, heroin (28%) was the most commonly reported principal drug, followed by cannabis (25%) and alcohol (18%).
- Treatment episodes involving Aboriginal and Torres Strait Islander peoples were most likely to involve alcohol (43%), cannabis (23%), heroin (12%) and amphetamines (11%)—that is, the same four principal drugs of concern as the population overall, but with alcohol more likely to be nominated (43%, compared with 37% for other Australians) and heroin less so (12%, compared with 18%).
- The pattern of principal drug of concern among treatment episodes for Aboriginal and Torres Strait Islander clients varied somewhat by sex—46% of closed treatment episodes for male Indigenous clients involved alcohol as their principal drug of concern, compared with 36% of female Indigenous clients, while treatment episodes for male Indigenous clients were less likely than those for female Indigenous clients to involve heroin as the principal drug of concern (10% of all treatment episodes compared with 16% respectively).

Table 2: Closed treatment episodes^(a) by client's principal drug of concern and age, 2004–05 (per cent)

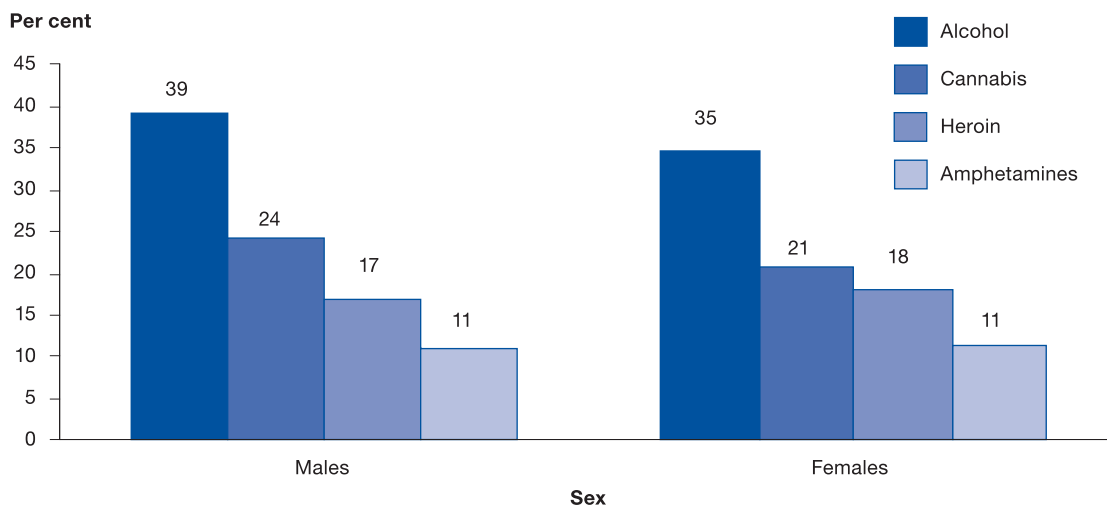
| Principal drug of concern | Age group (years) | | | | | | Total ^(b) |
|----------------------------|-------------------|---------------|---------------|---------------|--------------|--------------|----------------------|
| | 10–19 | 20–29 | 30–39 | 40–49 | 50–59 | 60+ | |
| Alcohol | 20.6 | 22.9 | 38.4 | 58.6 | 74.4 | 81.1 | 37.2 |
| Amphetamines | 9.7 | 15.0 | 12.7 | 5.0 | 1.7 | 0.4 | 10.9 |
| Benzodiazepines | 0.5 | 1.6 | 2.1 | 2.8 | 2.8 | 3.8 | 1.9 |
| Cannabis | 49.7 | 27.9 | 17.8 | 10.8 | 5.7 | 2.0 | 23.0 |
| Cocaine | 0.3 | 0.4 | 0.4 | 0.2 | 0.1 | 0.0 | 0.3 |
| Ecstasy | 1.0 | 0.7 | 0.2 | 0.0 | 0.0 | 0.0 | 0.4 |
| Nicotine | 3.1 | 0.9 | 1.1 | 2.1 | 4.1 | 7.9 | 1.8 |
| Opioids | | | | | | | |
| Heroin | 7.6 | 24.0 | 19.5 | 12.7 | 5.0 | 0.6 | 17.2 |
| Methadone | 0.4 | 2.0 | 2.3 | 2.2 | 0.9 | 0.3 | 1.8 |
| Morphine | 0.4 | 0.9 | 1.3 | 1.3 | 1.2 | 0.6 | 1.0 |
| <i>Total opioids</i> | 8.4 | 27.4 | 24.0 | 17.4 | 8.2 | 1.9 | 20.7 |
| Other drugs ^(c) | 7.2 | 4.6 | 5.6 | 5.6 | 5.2 | 3.9 | 3.7 |
| Total (per cent) | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Total (number) | 16,470 | 45,417 | 38,975 | 22,252 | 8,058 | 2,725 | 135,202 |

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

(b) Includes 'not stated' for age.

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

Source: AIHW 2006, Table A4.7.



Source: AIHW 2006, Figure 4.1.

Figure 1: Closed treatment episodes by selected principal drug of concern and sex, 2004-05

Referral source and principal drug of concern

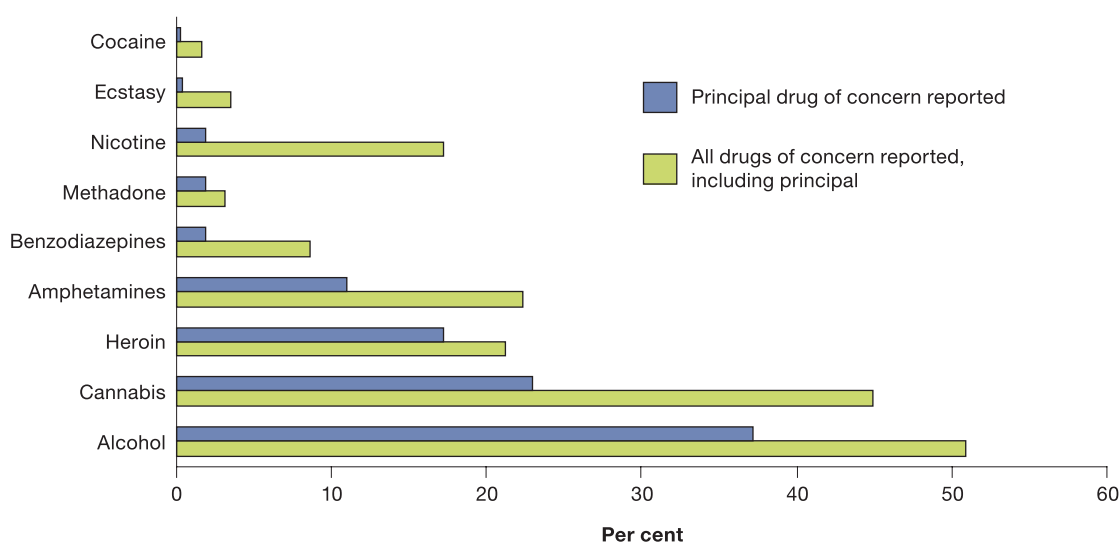
- Self referral was the most common source of referral for clients seeking treatment for their own drug use (36% of treatment episodes), followed by referrals from alcohol and other drug treatment services (12%) and correctional services (10%).
- Of treatment episodes where the client was self-referred, the principal drug of concern was most likely to be recorded as alcohol (40%), followed by heroin (20%) and cannabis (18%).
- Police and court diversion were the only two referral sources where alcohol was not the most commonly reported principal drug of concern. Of closed treatment episodes where the client was referred through court diversion, 27% involved clients who nominated cannabis as their principal drug of concern, while a higher proportion of episodes where the client was referred through police diversion involved cannabis (80%).¹

Other drugs of concern

- Just over half (52%) of all closed treatment episodes involved at least one other drug of concern (in addition to the principal drug of concern).
- From the 70,068 closed treatment episodes where another drug of concern was reported, there were, on average, 1.6 other drugs of concern.
- When all drugs of concern are considered, alcohol and cannabis were the two most commonly reported drugs of concern. Alcohol was reported as the principal drug of concern in 37% of treatment episodes, and when all drugs of concern are considered, 51% of treatment episodes included alcohol as one of the drugs of concern. Similarly, cannabis was the principal drug of concern in 23% of treatment episodes, yet when all drugs of concern are considered, 45% of treatment episodes included cannabis as one of the drugs of concern (Figure 2).

¹ In Queensland, clients undergoing police diversion automatically have their principal drug of concern recorded as 'cannabis'.

Alcohol and other drug treatment services in Australia 2004–05



Source: AIHW 2006, Figure 4.5.

Figure 2: Closed treatment episodes by principal drug of concern and all drugs of concern, 2004–05

Injecting drug use and method of use

- One-quarter (25%) of treatment episodes involved clients who identified as being current injectors (i.e. injected within the previous 3 months) and a further 18% involved clients who reported they had injected drugs in the past. Caution should be used, however, when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (12% of treatment episodes).
- Ingestion (45% of treatment episodes), followed by injection (26%) and smoking (25%) were the most common methods of using the principal drug of concern.

Ceasing treatment and principal drug of concern

- Treatment episodes most commonly ceased because the treatment was completed (53%), the client ceased to participate without notice (17%), the client ceased to participate at expiation (7%) (that is, where a client had completed the required intervention), the client transferred to another service provider (6%), or the client ceased to participate against advice (4%).
- The reason for ceasing treatment varied across treatment episodes according to the principal drug of concern. For example, treatment episodes where alcohol was the principal drug of concern were more likely to end because treatment was completed (60%) than treatment episodes where heroin (51%), cannabis (46%) or amphetamines (46%) were the principal drug of concern.

Treatment programs

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

Client profile and treatment programs

- Nationally in 2004–05, counselling (40%), withdrawal management (detoxification) (18%) and assessment only (12%) were the most common forms of main treatment provided (Table 3).
- The main treatment for female clients was more likely to be counselling (45%) than for male clients (38%), and less likely to be assessment only (9% and 14% respectively) and information and education only (7% and 10% respectively) (Table 3).
- Counselling as the main treatment type was more likely among older clients—from 31% of closed treatment episodes for clients aged 10–19 years to 49% of episodes for clients aged 50–59 years.

Table 3: Closed treatment episodes by main treatment type and sex of client, 2004–05 (per cent)

| Main treatment | Male | Female | Persons ^(a) |
|--|---------------|---------------|------------------------|
| Withdrawal management (detoxification) | 17.9 | 18.1 | 17.9 |
| Counselling | 37.6 | 44.7 | 40.2 |
| Rehabilitation | 8.2 | 6.8 | 7.7 |
| Support and case management only | 7.5 | 8.7 | 7.9 |
| Information and education only | 9.9 | 7.0 | 8.9 |
| Assessment only | 14.4 | 8.7 | 12.4 |
| Other ^(b) | 4.6 | 6.0 | 5.0 |
| Total (per cent) | 100.0 | 100.0 | 100.0 |
| Total (number) | 93,088 | 48,579 | 142,144 |

(a) Includes 'not stated' for sex.

(b) 'Other' includes 4,299 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.

Source: AIHW 2006, Table A4.18.

Principal drug of concern and treatment programs

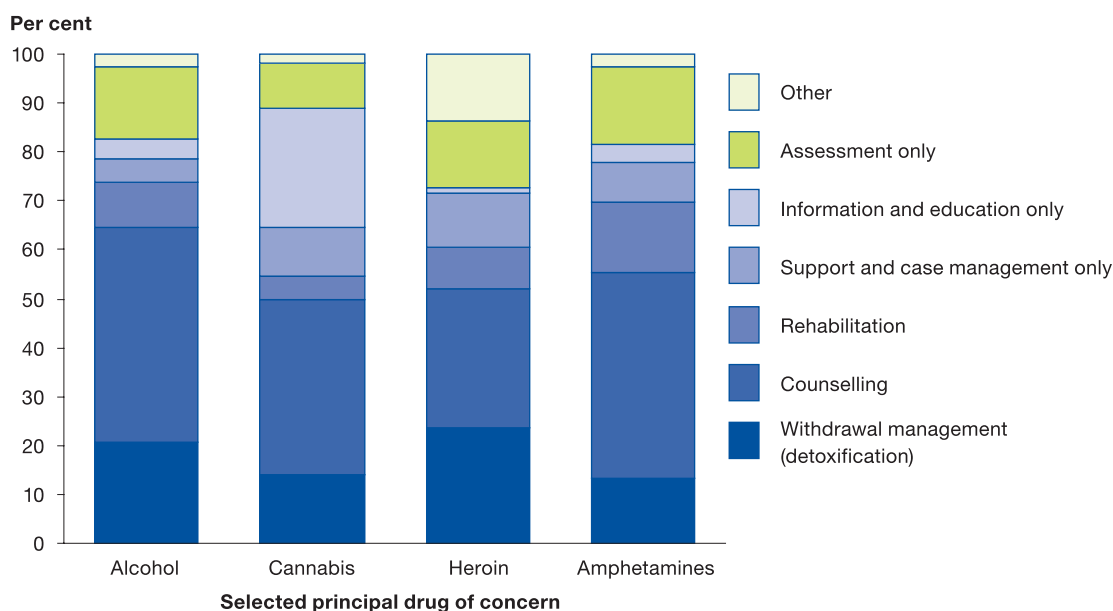
In those closed treatment episodes where clients were seeking treatment for their own drug use:

- Counselling as the main treatment type accounted for the highest proportion of closed treatment episodes when alcohol (44%), cannabis (36%), heroin (29%) or amphetamines (42%) were the principal drug of concern (Figure 3).
- The overall median number of days for a treatment episode was 18. The highest median number of treatment days within a treatment episode occurred where the principal drug was heroin (27 days), followed by amphetamines (20 days), then alcohol (19 days) and cannabis (12 days).
- The median number of days for a treatment episode was highest when the main treatment type was recorded as 'other' (which includes pharmacotherapy) (61 days), followed by support and case management only (45 days) and counselling (43 days).

Additional treatments

- Nineteen per cent of closed treatment episodes (excluding Victoria where this data item is not collected) involved at least one other treatment type in addition to the main treatment.
- From the 18,432 closed treatment episodes where another treatment was reported, there were on average 1.2 other treatment types.

Alcohol and other drug treatment services in Australia 2004–05



Source: AIHW 2006, Figure 5.2.

Figure 3: Closed treatment episodes by main treatment type and selected principal drug of concern, 2004–05

Ceasing treatment and treatment programs

- Treatment was more likely to cease because it was completed where the main treatment type was assessment only (74% of episodes with this treatment type) and withdrawal management (detoxification) (63%), and less likely where the main treatment type was information and education only (23%).
- The majority (61%) of treatment episodes for information and education only ceased at expiation. This is not surprising given that, in the context of the AODTS–NMDS, expiation means that a client has completed the required education or information program. It is important to note that in Queensland, clients undergoing police diversion automatically have their principal drug of concern recorded as cannabis, the main treatment type as information and education only and the reason for cessation as ceased to participate at expiation.
- Counselling was the treatment type most likely to end because the client ceased to participate without notice (26% of all episodes), and rehabilitation and withdrawal management (detoxification) were the treatment types most likely to end with a client ceasing to participate against advice (15% and 10% of treatment episodes respectively).

Treatment delivery setting and treatment programs

- Over two-thirds (70%) of treatment episodes occurred at a non-residential facility, 18% in a residential facility and 7% in an outreach setting such as a mobile van service.
- Treatment episodes were most likely to occur at a non-residential treatment facility where the main treatment was counselling (93% of episodes with this treatment type), assessment only (80%) and information and education only (70%).

- Treatment episodes were most likely to occur at a residential treatment facility where the main treatment was rehabilitation (68%) and withdrawal management (detoxification) (58%).
- Where support and case management only was the main treatment, treatment episodes were most likely to occur at a non-residential treatment facility (48%) or at an outreach setting (47%).
- The highest median number of treatment days for a treatment episode occurred where the treatment delivery setting was either a non-residential treatment facility or in an outreach setting (26 and 23 days respectively).

Special theme: cannabis

This special theme section focuses on closed treatment episodes where cannabis was the principal drug of concern for a client in 2004–05. This theme was selected on the basis of feedback received from agencies via the 2005 Survey of Treatment Agencies. Themes from previous years have focused on amphetamines, clients aged 10–19 years and alcohol.

Cannabis use in Australia

Cannabis is the most widely used illicit drug in Australia. It is estimated that of Australians aged 14 years and over in 2004 (AIHW 2005a):

- Just over one in three (34%) had used cannabis at some stage in their lifetime, and one in nine (11%) had used it at least once in the last 12 months.
- The 20–29 and 30–39 year age groups were most likely to have ever used cannabis (55% each) than any other age group, while the 20–29 year age group was most likely to have used cannabis in the last 12 months (26%). Males aged 30–39 years were most likely to have ever used cannabis (59%) and males aged 20–29 were most likely to have recently used cannabis (32%).
- Males were more likely than females to have used cannabis in the last 12 months (14% and 8% respectively). This was also true for lifetime use (37% compared with 30% respectively).
- Of those who have ever used cannabis, the average age of initiation was 18.7 years.

Cannabis users often report using alcohol and other drugs. The 2004 National Drug Strategy Household Survey found that 86% of recent cannabis users had used alcohol at the same time as cannabis, 28% had used meth/amphetamines at the same time and 24% had used ecstasy at the same time. Only 11% of recent cannabis users had not used another drug with cannabis (AIHW 2005b).

Treatment services relating to cannabis

Of those closed treatment episodes in 2004–05 where cannabis was the principal drug of concern:

- 71% of treatment episodes related to male clients and 29% to female clients—similar to the overall pattern.
- A higher proportion of episodes involved clients in the 10–19 and 20–29 year age groups (26% and 41% respectively) compared with episodes for all other principal drugs of concern (8% of episodes for 10–19-year-olds and 31% for 20–29-year-olds).
- Clients were less likely to be current injectors than those nominating all other principal drugs of concern (9%, compared with 29%).
- Of the 25,267 other drugs of concern recorded for clients who nominated cannabis as their principal drug of concern, 36% of these were alcohol, 21% nicotine, 20% amphetamines and 6% ecstasy.

Alcohol and other drug treatment services in Australia 2004–05

- Clients were more likely to have been referred to treatment through police diversion (21%, compared with 2% of episodes for clients who nominated a principal drug of concern other than cannabis)², and were less likely to be referred to treatment by a hospital (1%, compared with 4%) or by a general practitioner or medical specialist (3%, compared with 7%).
- Clients were more likely to receive information and education only (24%) and support and case management only (10%), compared with clients who nominated a principal drug of concern other than cannabis (4% and 7% respectively).

In 2004–05, where cannabis was the principal drug of concern, 46% of episodes ceased because the treatment was completed, compared with 55% for other principal drugs of concern. The next most common reason for ceasing treatment among clients who nominated cannabis as their principal drug of concern was expiation (22%).

The AODTS–NMDS collection

The AODTS–NMDS is a nationally agreed set of common data items collected by government-funded service providers for clients registered for alcohol and other drug treatment. The AODTS–NMDS Working Group is responsible for developing and implementing the national collection. The AIHW is the secretariat for the Working Group and data custodian for the national data set. The NMDS enables the compilation of data from a wide range of agencies and the nine Australian jurisdictions into a single framework and a conceptually consistent national collection. The report *Alcohol and other drug treatment services in Australia 2004–05: report on the National Minimum Data Set* (AIHW 2006) is the source for this bulletin and contains more information on the AODTS–NMDS collection.

Agencies and clients in scope

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

All clients who had completed one or more treatment episodes from an alcohol and other drug treatment service that was in scope during the relevant reporting period (1 July 2004 to 30 June 2005) were included.

Exclusions

- Agencies whose sole activity is to prescribe and/or dose for opioid pharmacotherapy treatment.
- Clients who were on an opioid pharmacotherapy program and who were not receiving any other form of treatment.
- Clients receiving support from the majority of Australian Government-funded Indigenous substance use services or Aboriginal primary health care services that also provide treatment for alcohol and other drug problems.

² In Queensland, clients undergoing police diversion automatically have their principal drug of concern recorded as 'cannabis'. Of clients seeking treatment for cannabis as the principal drug of concern, who were referred to treatment by police diversion in 2004–05, 86% (or 5,634 of 6,541 closed treatment episodes) were from Queensland.

- Halfway houses and sobering-up shelters, correctional institutions, and health promotion services (e.g. needle and syringe exchange programs).
- 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.
- Private treatment agencies that do not receive public funding.
- People who sought advice or information but were not formally assessed and accepted for treatment.
- Clients aged under 10 years.

Caveats

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

- Queensland Health supplied data from Queensland government AODTS agencies and from police diversion processes (all with cannabis as the principal drug of concern) but not for other non-government-funded agencies.
- The number of Aboriginal and Torres Strait Islander clients may be undercounted as the majority of Australian Government-funded Indigenous substance use services or Aboriginal primary health care services that provide treatment for alcohol and other drug problems do not supply data to the AODTS–NMDS. Furthermore, Indigenous status was ‘not stated’ for 5% of all treatment episodes.

For more details on data completeness issues in 2004–05, see Section 1.5 of the AODTS–NMDS 2004–05 annual report (AIHW 2006).

Interactive alcohol and other drug treatment data

The AIHW has an interactive alcohol and other drug treatment data site containing subsets of national information on alcohol and other drug treatment services from the 2004–05 collection. This site can be found at <www.aihw.gov.au/drugs/datacubes/index.cfm> and allows anyone who has access to the Internet to view AODTS–NMDS data via the web interface. Users can look up figures and present them in a way meaningful to their needs.

Accessing data from the AODTS–NMDS

The document *Access to alcohol and other drug treatment services national minimum data set* outlines the process to be followed for data requests from the AODTS–NMDS. This document is available from the AIHW website at <www.aihw.gov.au/drugs/treatment/aodts_access_sept05.doc>.

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