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Number 3

Alcohol and other drug treatment services in Australia 2002–03

Report on the National Minimum Data Set

Australian Institute of Health and Welfare
Canberra

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Intergovernmental Committee on Drugs Alcohol and Other Drug Treatment Services National Minimum Data Set (IGCD AODTS–NMDS) Working Group

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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
BEACH	Bettering the Evaluation and Care of Health survey
DoHA	(Australian Government) Department of Health and Ageing
IGCD	Intergovernmental Committee on Drugs
n.e.c	not elsewhere classified
NHDD	National Health Data Dictionary
NMDS	National Minimum Data Set

Highlights

Treatment agencies

(Sections 2.1 and 2.2)

- A national total of 587 government-funded alcohol and other drug treatment agencies supplied data for 2002–03. The overall response rate for in-scope treatment agencies was 94%.
- Just over half of all treatment agencies were identified as non-government agencies (55%).
- Treatment agencies were most likely to be located in major cities (56%) and inner regional areas (25%).

Client profile

(Sections 3.1 – 3.5)

- During 2002–03, there were 130,930 closed treatment episodes in alcohol and other drug treatment services reporting in the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS) collection. These episodes related to an estimated 108,042 client registrations. On average, each of these registrations accounted for 1.2 closed treatment episodes during the year.
- 94% of closed treatment episodes in 2002–03 involved clients seeking treatment for their own alcohol or other drug use. The remaining closed treatment episodes involved clients seeking treatment for another's drug use.
- Male clients accounted for close to two-thirds (65%) of all closed treatment episodes.
- The majority of closed treatment episodes were for clients aged between 20 and 49 years (77%), with one-third of all treatment episodes (33%) provided for clients in the 20–29 year age group.
- Nine per cent (12,136) of closed treatment episodes involved clients who identified as Aboriginal and Torres Strait Islander people, which is higher than the overall proportion of Aboriginal and Torres Strait Islander people in the Australian population (2.4%). This figure needs to be interpreted with caution due to a high number of 'not stated' responses and the fact that the majority of dedicated Indigenous substance use services are not included in the AODTS–NMDS collection.
- The majority of closed treatment episodes were for clients born in Australia (85%) and 95% were for clients who nominated English as their preferred language.

Principal drug of concern

Client profile and principal drug of concern

(Sections 4.1 – 4.4)

- Nationally in 2002–03, alcohol (38%) and cannabis (22%) were the most common principal drugs of concern to clients in closed treatment episodes, followed by heroin (18%) and amphetamines (11%).

- 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 for males (24%) and cannabis and heroin for females (19% each).
- For closed treatment episodes involving 20–29 year olds there was a fairly even distribution across the four main drugs of concern (alcohol, cannabis, heroin and amphetamines), with younger clients much more likely to report cannabis, and older clients to report alcohol.
- Overall, treatment episodes involving Aboriginal and Torres Strait Islander people were most likely to involve alcohol (46%), 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 (46%, compared to 38% for other Australians) and heroin less so (12%, compared to 18% for other Australians).

Geographic location and principal drug of concern

(Sections 4.1 and 4.5)

- Across all geographic areas, alcohol was reported as the most prominent drug of concern to clients—accounting for 37% of treatment episodes in major cities, 42% in inner regional, 38% in outer regional, 68% in remote and 67% in very remote areas.
- In most areas, the second most common principal drug was cannabis (accounting for 28% of treatment episodes in inner regional areas, 36% in outer regional, 18% in remote and 31% in very remote areas). However, for major cities, the second most prominent drug of concern was heroin (accounting for 23% of treatment episodes in major cities).
- Across jurisdictions, the proportion of treatment episodes where alcohol was the principal drug of concern varied from 72% in the Northern Territory to 33% in Western Australia and 25% in Queensland. The pattern of principal drugs in Queensland relates largely to the scope of their collection in 2002–03 (see Section 1.3 for further details).

Referral source and principal drug of concern

(Section 4.6)

- More than one-third (37%) of all treatment episodes involved clients who were self-referred, followed by referrals from alcohol and other drug treatment services (12%) and community-based corrections and police or court diversions (10% each).
- Of treatment episodes where the client was self-referred, the principal drug of concern was most likely to be recorded as alcohol (41%) or heroin (21%). The majority of referrals to treatment through a police or court diversion process involved clients who nominated cannabis as their principal drug of concern (63%).

Other drugs of concern

(Section 4.7)

- Just over half (51%) of all closed treatment episodes involved at least one other drug of concern in addition to the principal drug of concern ('other' drug of concern).
- From the 63,116 closed treatment episode where another drug of concern was reported, there were on average 1.7 other drugs of concern.

Ceasing treatment and principal drug of concern

(Section 4.9)

- Treatment episodes most commonly ceased because the treatment was completed (51%), because the client ceased to participate without notice (16%) or because the client transferred to another service provider (7%).
- The reason for cessation varied across treatment episodes according to the principal drug of concern. For example, treatment episodes where alcohol was the principal drug were more likely to end because treatment was completed (58%) than treatment episodes where heroin (50%), amphetamines (43%) or cannabis (43%) were the principal drug.
- Nearly one-quarter (24%) of treatment episodes with cannabis as the principal drug ceased at expiation, compared to about 1% of episodes for alcohol, heroin and amphetamines.
- Compared to heroin, alcohol and cannabis, a relatively high proportion of treatment episodes with amphetamines as the principal drug ended because the client ceased to participate without notice (21%, compared to 16%, 16% and 14% respectively).

Treatment programs

Treatment types

(Section 5.1)

- Nationally in 2002–03, counselling (42%), withdrawal management (detoxification) (19%) and assessment only (13%) were the most common forms of main treatment provided.

Principal drug of concern and treatment programs

(Section 5.2)

- Counselling accounted for the highest proportion of closed treatment episodes when alcohol (44%), cannabis (36%), heroin (33%) or amphetamines (43%) were the principal drug of concern.
- The median number of days for a treatment episode was 17 days when calculated by principal drug of concern. The highest median number of treatment days within a treatment episode occurred where the principal drug was heroin (22 days).
- As might be expected, the median number of days for a treatment episode was higher when the main treatment type was counselling (44 days), support and case management only (43 days) and rehabilitation (32 days), compared to withdrawal management (detoxification) (7 days), information and education only (1 day) or assessment only (1 day).

Client profile and treatment programs

(Sections 5.4 – 5.5)

- Closed treatment episodes for female clients were more likely to involve counselling as the main treatment (47%) than treatment episodes for male clients (39%), and less likely to involve withdrawal management (detoxification) (18% and 20% respectively).
- The proportion of treatment episodes with counselling as the main treatment type increased with the age of the client, from 32% of episodes for clients aged 10–19 years to 50% of episodes for clients in the 50–59 years and 60 years or more age groups.

- Treatment episodes for clients identifying as Aboriginal or Torres Strait Islander people were more likely to involve information and education only (15%, compared to 8% for other Australians) and less likely to involve withdrawal management (detoxification) (13%, compared to 20% for other Australians).

Geographic location and treatment programs

(Section 5.6)

- In 2002–03, across all areas—except for very remote areas—counselling was the most commonly reported main treatment (accounting for 39% of treatment episodes in major cities, 50% in inner regional, 42% in outer regional and 45% in remote areas). In very remote areas, rehabilitation was the most common treatment type (35% of treatment episodes).

Other treatments

(Section 5.7)

- Nearly one-fifth (19%) of all closed treatment episodes (excluding Victoria) involved at least one treatment type in addition to the main treatment ('other' treatment type).
- From the 16,108 closed treatment episodes where another treatment was reported, there were on average 1.3 other treatment types.

Ceasing treatment and treatment programs

(Section 5.8)

- Treatment was relatively more likely to cease because it was completed where the main treatment type was assessment only (73% of episodes with this treatment type) and less likely where the main treatment type was rehabilitation (35%) or information or education only (26%).
- In contrast, the majority (62%) of treatment episodes for information and education only ceased due to expiation. This is not surprising given that, in the context of the AODTS–NMDS, expiation means that a client has expiated their offence by completing a recognised education or information program.
- Counselling was the treatment type most likely to end because the client ceased to participate without notice (25% of all episodes for counselling ended for this reason), while rehabilitation and withdrawal management (detoxification) were the treatment types most likely to end with a client ceasing to participate against advice (16% and 11% of treatment episodes respectively ending for this reason).

Treatment delivery setting and treatment programs

(Section 5.9)

- Over two-thirds (67%) of treatment episodes occurred at a non-residential treatment facility, 21% in a residential treatment facility and 7% in an outreach setting such as a mobile van service.
- Treatment episodes conducted in residential treatment facilities were most likely to involve withdrawal management (detoxification) (56%) or rehabilitation (27%) as the main treatment.

- Of treatment episodes that were conducted in non-residential treatment facilities, the majority had counselling as the main treatment (56%), followed by assessment only (16%).
- The highest median number of treatment days for a treatment episode occurred where the treatment delivery was either in a non-residential treatment facility or in an outreach setting (26 days each).

Special theme—clients aged 10–29 years

(Sections 6.1–6.3)

- Compared to clients aged 30 years or more, clients aged 10–29 years were:
  - marginally more likely to be male (68% of treatment episodes for clients aged 10–19 years and 67% for clients aged 20–29 years were for males, compared to 65% for clients aged 30 years or more);
  - more likely to seek treatment for cannabis (50% of treatment episodes among 10–19 year olds and 26% among 20–29 year olds, compared to 13% among clients aged 30 years or more) and amphetamines (11% and 15%, compared to 8%);
  - less likely to seek treatment for alcohol (17% and 22%, compared to 54%);
  - more likely to seek treatment for so-called 'party drugs' such as amphetamines, ecstasy and cocaine—'party drugs' were the principal drug of concern in 11% of treatment episodes for 10–19 year olds, 16% for 20–29 year olds and 8% for clients aged 30 years or more; and
  - less likely to refer themselves to a treatment service (21% and 35%, compared to 41%) and more likely to be referred via community-based corrections (18% and 12% compared to 7%) or police/court diversion processes (17% and 12%, compared to 6%).
- Clients aged 20–29 years were:
  - more likely than the younger or older age groups to seek treatment for heroin (27% of all treatment episodes among 20–29 year olds were for this drug, compared to 12% among clients aged 10–19 years and 14% among clients aged 30 years or more); and
  - more likely to be current injectors (36% of all treatment episodes among this age group were for current injectors, compared to 21% among both the 10–19 and 30 years or more age groups).
- Clients aged 10–19 years were:
  - more likely than clients in the older age groups to receive treatment in outreach settings (21% of treatment episodes for 10–19 year olds were conducted in this setting, compared to 6% for 20–29 year olds and 4% for clients aged 30 years or more); and
  - more likely to identify as Aboriginal and Torres Strait Islander people (13% of treatment episodes among clients aged 10–19 years were for Indigenous clients, compared to 9% in the 20–29 years and 8% in the 30 years or more age groups).

Data quality

- The data transmission process for the 2002–03 AODTS–NMDS collection represented an improvement on that of previous years. Data were received earlier at AIHW and cleaned faster.
- Overall, the quality of the 2002–03 AODTS–NMDS data has continued to improve from previous years.

1 Introduction

1.1 Background

This report presents national, state and territory statistics about alcohol and other drug treatment services and their clients, including information about the types of drug problems for which treatment is sought and the types of treatment provided. This is the third report in the series of annual publications on the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS) (AIHW 2002a, 2003a).

The AODTS–NMDS was implemented to assist in monitoring and evaluating key objectives of the National Drug Strategic Framework 1998–99 to 2003–04 and to assist in the planning, management and quality improvement of alcohol and other drug treatment services (see Grant and Petrie 2001 for historical development of the AODTS–NMDS). The AODTS–NMDS will continue to support the National Drug Strategy 2004–09, particularly as trend data become available in the coming years.

Since 1985, Australia's drug strategies have been based on the principle of minimising harm caused by licit drugs, illicit drugs and other substances. The principle of harm minimisation incorporates harm reduction strategies to reduce drug-related harm to individuals and communities as well as supply and demand reduction strategies. No single data collection can provide all of the information relating to national treatment-related objectives. This report therefore also presents information from a range of other data sources to provide context to the AODTS–NMDS data and present a fuller picture of the current state of alcohol and other drug treatment services in Australia today (see Chapter 7).

There is a general expectation that an appropriate and adequate range of treatment services will be accessible for all drug users and their families, regardless of age, ethnic origin, gender, sexual preference and location (MCDS 1998). The data presented in this report, in conjunction with other information sources, can be used to inform issues of access to treatment services as well as to inform debate, policy decisions and planning processes that occur within the alcohol and other drug treatment sector.

1.2 The AODTS–NMDS collection

This report is predominantly based on data from the AODTS–NMDS, which is a subset of information routinely collected by the Australian, state and territory governments to monitor alcohol and other drug treatment services in receipt of funding from their jurisdiction. The AODTS–NMDS is a nationally agreed set of common data items collected by all in-scope agencies.

Scope of the collection

Agencies and clients included

The agencies, clients and treatment activities that were included in the 2002–03 AODTS–NMDS collection are as follows:

- All publicly funded (at state, territory and/or Australian government level) government and non-government agencies that provide one or more specialist alcohol and/or other drug treatment services, including residential and non-residential agencies. 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. out-patient services).
- All clients who had completed one or more treatment episodes at an alcohol and other drug treatment service that was in scope during the relevant reporting period (1 July 2002 to 30 June 2003).

Agencies and clients excluded

There is a diverse range of alcohol and other drug treatment services in Australia and not all of these are currently included in the scope of the AODTS–NMDS. For example, agencies whose sole activity is to prescribe and/or dose opioid maintenance pharmacotherapies and Aboriginal and Torres Strait Islander substance use services are not within the scope of the AODTS–NMDS. Data sources relating to these services, along with a range of other supporting data sources, are detailed in Chapter 7. Data quality issues relating to the scope of the 2002–03 NMDS collection are discussed in Chapter 8.

Specifically, agencies and clients excluded from the AODTS-NMDS collection are:

- agencies whose sole activity was to prescribe and/or dose for opioid maintenance pharmacotherapy treatment;
- clients who were on an opioid maintenance pharmacotherapy program and who were not receiving any other form of treatment that fell within the scope of the AODTS–NMDS;
- agencies for which the primary function was to provide accommodation or overnight stays such as ‘halfway houses’ and ‘sobering-up shelters’;
- agencies for which the primary function was to provide services concerned with health promotion (e.g. needle and syringe exchange programs);
- treatment services based in prison or other correctional institutions;
- 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;

- clients receiving treatment from services based in prison or other correctional institutions;
- alcohol and drug treatment units in acute care or psychiatric hospitals that only provided treatment to admitted patients;
- admitted patients in acute care or psychiatric hospitals;
- people who sought advice or information but were not formally assessed and accepted for treatment; and
- private treatment agencies that did not receive public funding.

Some people who are concerned about their alcohol or other drug use may approach a general practitioner or pharmacy for advice and/or treatment rather than attending a specialist alcohol and other drug treatment service. Thus the estimates in this report do not reflect the total number of people in Australia receiving treatment for alcohol and other drug use. (See Section 1.3 for more details on some of these exclusions.)

Basis of the collection

The AODTS–NMDS for 2002–03 consists of de-identified unit record data for treatment agencies and closed treatment episodes. Each agency record consists of three data items and each treatment episode record consists of 20 data items. The treatment episode data items collect demographic information on the client, along with information about their drug use behaviour and the types of treatment received. See Appendix 1 for a full list of data items included in the national collection for 2002–03.

Counts in the collection

The main unit of measurement for the 2002–03 AODTS–NMDS collection is completed or closed treatment episodes (the 2000–01 AODTS–NMDS focussed on client registrations and a small amount of data are presented in this report on client registrations for continuity). 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 utilisation. This measure allows information to be reported about the types of treatment received by clients, such as the length of treatment episode. Technical notes, including a discussion of the use of client registration and closed treatment episode data, are included in Appendix 2.

A closed treatment episode may be for a single treatment, such as education and information only that may not be part of a larger treatment plan, or for a specific treatment, such as withdrawal management (detoxification) or counselling that may be part of a long-term overall treatment plan. Details of each treatment type included in the AODTS–NMDS are included in Appendix 3.

The following counting rules have been used for the data included in this report.

Closed treatment episodes

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; and
- a treatment episode may cease for a number of valid reasons such as the treatment being completed or the client ceasing to participate without notice. A treatment episode is deemed to have terminated in the event that there has been no (service) contact between the client and the treatment agency for a period of 3 months or more, unless the period of non-contact was planned between the client and the treatment agency.

If a client receives treatment in multiple settings, in some cases, a separate treatment episode is reported for each setting. Therefore, it is possible that more than one treatment episode may be in progress for a client at any one time. It is possible for each of these episodes to have different dates of commencement and cessation.

Responsibility for the collection

The AODTS–NMDS is a nationally agreed set of common 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 an overarching coordinating role as national secretariat to the collection. The Intergovernmental Committee on Drugs 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, and organisations such as the Australian Institute of Health and Welfare, the Australian Bureau of Statistics and the National Drug and Alcohol Research Centre. Key responsibilities for 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:

- allocate establishment identifiers and ensure that these are consistent with establishment identifiers used in other NMDS collections where appropriate;
- establish a suitable process for collecting client-level information (e.g. use of data entry software) and a process for agencies to deliver the data to the Australian, state or territory government authority;
- establish time lines for the delivery of data to the relevant health authority; and

- establish a process to check and validate data at the state/territory level and, where possible, assist and advise on data quality at the agency level.

Governmental health authorities also need to 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, state and territory government departments have custodianship of their own data collections under the National Health Information Agreement.

Alcohol and other drug treatment agencies

Publicly funded alcohol and other drug treatment agencies are responsible for collecting the agreed data elements and forwarding this information to the appropriate health authority as arranged. Agencies need to ensure that the required information is accurately recorded, and inform their health authority if they have difficulty collecting the information. They must ensure that their clients are generally aware of the purpose for which the information is being collected; the fact that the collection of the information is authorised or required; and whether any personal information is passed on to another agency. Treatment agencies are also responsible for ensuring 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 need to ensure that their procedures comply with relevant state, territory and Australian government legislation.

AIHW

Under a memorandum of understanding with the Australian Government Department of Health and Ageing, the AIHW is responsible for the management of the AODTS–NMDS. The AIHW maintains a coordinating role in the collection, including providing the secretariat for the responsible working group, undertaking data development work, and highlighting national and jurisdictional implementation and collection issues. The AIHW is also the data custodian of the collection and prepares annual reports (at national and state/territory levels) and on-line interactive data cubes, in consultation with the Working Group.

Outputs from the collection

Reports and bulletins

AODTS-NMDS data outputs are designed to provide useful information to government health authorities, researchers and the broader community, as well as to provide an important form of feedback to treatment agencies that took part in the collection. Each year the AODTS–NMDS data are processed and presented in a detailed and comprehensive national report—this being the report for 2002–03 data—published and also made available to the public free of charge on the AIHW website <www.aihw.gov.au/drugs/> or in hardcopy for a small fee.

As well as this detailed annual report, a national AODTS–NMDS bulletin is produced, which is a 12 page newsletter summarising the main findings from the collection. Data briefings specific to individual states and territories are also produced.

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 2002–03 collection. This site can be found at <www.aihw.gov.au/drugs/datacubes/index.html> and allows anyone who has access to the Internet to view a subset of the AODTS–NMDS data via the web interface. The user can look up figures and present them in a way meaningful to their needs. (See Box 1.1 for more information on the contents of this site, and some hints for using it effectively.)

Agency feedback

Each year the agencies that contribute data via the AODTS–NMDS receive a state/territory briefing, containing data specifically designed to be relevant to their jurisdiction.

In addition, agencies that provide data under the AODTS–NMDS are surveyed each year with the aim of discovering special areas of interest to treatment agencies. This input feeds into the AODTS–NMDS reporting, and in particular the special theme chapter in this report.

Box 1.1: Interactive alcohol and other drug treatment data

Interactive data are presented on the AIHW's website as 'data cubes'. National 2002–03 data relating to AODTS clients (e.g. age, sex, Indigenous status, client type), their drug-related information (e.g. principal drug of concern, method of use), their treatment programs (e.g. treatment type, service delivery setting, reason for cessation) and the treatment agencies they attend (e.g. geographic location and sector) are included within the cubes.

The site for the cubes is <http://www.aihw.gov.au/drugs/datacubes/index.html>.

Due to the multi-dimensional nature of the alcohol and other drug treatment data cubes, extra steps have been taken to ensure the confidentiality of the data. This means that only a selection of variables has been included within the cubes, and data are not available by state/territory.

Following are some handy hints to access the data cubes and obtain data as required:

Definition function *By clicking the word 'definitions' located at the top of the screen, a pop-up window is opened providing definitions for variables and categories. The source of these definitions is AIHW 2002c.*

Graphically presenting the data *To view the data presented in the table in a graphical representation, select one of the five graph symbols located on the bottom toolbar of the cube. Once selected, the variables of the graph may be changed by using the drop-down menus, which appear next to the graph.*

Saving and exporting the data *Once the data cube has been customised to your needs, there are various avenues for saving the data. These include printing the table, exporting the data as comma-separated value (.csv) tables which can be opened in other applications such as Microsoft Excel, and bookmarking the table so it can be opened at a future time. Comments and feedback relating to the use of the interactive alcohol and other drug treatment data cubes can be made by email to drugs@aihw.gov.au.*

1.3 The 2002–03 AODTS–NMDS collection

In 2002–03 the overall quality and comprehensiveness of the AODTS–NMDS data continued to improve and, for the first time, all jurisdictions provided data based on the concept of 'closed treatment episode'. When interpreting the data in this report, however, it is important to consider a number of features of the collection.

Firstly, the national collection is a compilation of agency administrative data from state and territory health authority systems. There is some diversity across Australian jurisdictions in the data collection systems and practices in place within the alcohol and other drug treatment sector.

Secondly, national implementation of the AODTS–NMDS collection has been staged. Caution 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. In 2002–03, data were also provided from Queensland government AODTS agencies and/or police diversion clients but not for other non-government-funded agencies. It is anticipated that Queensland will be able to report on most Queensland-funded treatment agencies for the 2004–05 annual report.
- Data relating to police and court diversion programs have been included for all jurisdictions except Tasmania in 2002–03. It is anticipated that full diversion data from Tasmania will be included in the AODTS–NMDS from 2003–04.
- The total number of agencies may have increased in 2002–03, compared to 2001–02, as a result of methodological changes (i.e. moving from collecting data at the administrative or management level to the service outlet level) and increased coverage of in-scope agencies.

Finally, readers should be aware of the following general caveats to the 2002–03 AODTS–NMDS data:

- Reported numbers for each state/territory include services provided under the National Illicit Drug Strategy Non-Government Organisation Treatment Grants Programme (funded by the Australian Government). Unlike in previous reports, Australian government data are therefore not analysed separately under the title 'other'.
- Reported numbers do not include the majority of Australian government-funded Indigenous substance use services (4 out of 43 were included) or Aboriginal primary health care services (8 out of 137 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. In addition, the data collections relating to these services have a different collection basis to the AODTS–NMDS. 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 2002–03.
- Reported numbers do not include agencies delivering pharmacotherapy services, where their sole activity is to prescribe and/or dose for opioid maintenance pharmacotherapy treatment. Approximately 37,000 clients were recorded as receiving these services throughout Australia in 2002–03, an unknown proportion of whom may also have accessed the services included in the AODTS–NMDS (see Section 7.4).

1.4 Recent drug use

This section provides a brief overview of drug use patterns in the Australian population, as background to the data on treatment services in the remainder of the report. The 2001 National Drug Strategy Household Survey is the most recent data source for population data on this topic. Data from the 2004 National Drug Strategy Household Survey will be available in 2005.

The 2001 survey estimated that 82% of Australians aged 14 years or more recently consumed alcohol and nearly one-quarter (23%) smoked tobacco (Table 1.1). Lower proportions of people in this age group reported using cannabis (13%) and heroin (0.2%).

Almost 10% of people aged 14 years or more consumed alcohol at levels that were risky or high risk for long-term harm.

Table 1.1: Summary of selected drugs recently[(a)] used, and principal drugs for which treatment was sought, Australia (per cent)

Drug/behaviour	Recent use of drugs, population aged 14 years or more[(b)] 2001	Clients of AODT services aged 10 years or more[(c)] 2002–03
Tobacco	23.2	1.6
Alcohol	82.4	36.9
Risky or high risk for short-term harm[(d)]	34.4	n.a.
Risky or high risk for long-term harm[(d)]	9.8	n.a.
Illicits		
Marijuana/cannabis	12.9	23.3
Heroin	0.2	17.0
Methadone[(e)]	0.1	1.8
Amphetamines	3.4	11.3
Cocaine	1.3	0.3
Ecstasy/designer drugs	2.9	0.4
Any illicit drug	*16.9*	*60.4*
No alcohol, tobacco or illicit drugs	**14.7**	**n.a.**

(a) Used in the last 12 months. For tobacco, 'recent use' means daily, weekly and less than weekly smokers.

(b) Proportion of population aged 14 years and over from 2001 National Drug Strategy Household Survey who recently used drugs.

(c) Proportion of clients aged 10 years or more from alcohol and other drug treatment services reporting to the 2002–03 AODTS–NMDS. Excludes clients seeking treatment for the drug use of others. Based on client registration data (see Box 3.1 for the definition of registration).

(d) Risky or high risk for long-term harm for males occurs when 5 or more standard drinks are consumed on an average day (3 or more for females) or 29 or more standard drinks are consumed weekly (15 or more for females). Risky or high risk for short-term harm for males occurs when 7 or more standard drinks are consumed on any one day at least once per year (5 or more for females) (NHMRC 2001).

(e) Used for non-maintenance purposes.

Source: AIHW 2002b.

In the 2002–03 AODTS–NMDS collection, alcohol (37%) was the most common principal drug of concern nominated by clients aged 10 years or more (Table 1.1). This reflects the pattern of consumption amongst the Australian population where alcohol was the most common drug used. Tobacco, which was nominated as the second most used drug in the population (23%), accounted for less than 2 per cent (1.6%) of clients seeking treatment and recorded in the AODTS–NMDS. These differences in treatment for tobacco (nicotine) are perhaps not surprising given that most 'treatment' for nicotine addiction is through pharmacies, general practitioners (e.g. advice and nicotine patches) or 'quit' lines.

Other information from the 2001 National Drug Strategy Household Survey showed that, during the 12 months prior to the survey, an estimated 405,000 people aged 14 years or more (2.6%) sought treatment to reduce or quit smoking tobacco and 146,000 people (0.9%) received counselling or sought treatment to help reduce their consumption of alcohol. A further 26,000 people aged 14 years or more received treatment at a detoxification centre (AIHW 2002b).

While very low proportions of the general population reported using heroin (0.2%), 17% of clients of alcohol and other drug treatment services nominated heroin as their principal drug of concern. The differences in results from the two sources of data reflect the nature of the treatment services captured by the AODTS–NMDS. These services focus on the people who have a problem with their drug use, whereas the household survey data cover all people who consume alcohol or use tobacco or other drugs regardless of whether they think they have a problem or not. Further to this, agencies whose sole purpose is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS; therefore the collection may exclude many clients receiving treatment for heroin. See Section 7.4 for some information about the estimated numbers of clients receiving treatment from pharmacotherapy programs in Australia.

2 Treatment agency profile

This chapter presents the main features of the alcohol and other drug treatment agencies that supplied data for the 2002–03 AODTS–NMDS collection. The number of treatment agencies does not necessarily equate to the number of service delivery outlets as some treatment agencies were only reported under the main administrative centre of the service.

2.1 Establishment sector

A total of 587 alcohol and other drug treatment agencies contributed data for the period 2002–03, with 323 agencies (55%) identified as non-government providers. The largest proportion of agencies were located in New South Wales (39%), followed by Victoria (25%) and Queensland (16%). Services were more likely to be provided by non-government agencies in Victoria (148 or 100% of agencies), Western Australia (22 or 79% of agencies), Tasmania (8 or 73% of agencies), the Australian Capital Territory (5 or 83% of agencies) and the Northern Territory (15 or 79% of agencies). In contrast, services were more likely to be provided by the government sector in New South Wales (162 or 71% of agencies) and South Australia (39 or 78% of agencies). In Queensland, approximately half of all services were provided by government agencies (51%) but this relates to the current exclusion of non-government agencies, except for those providing police diversion programs (see Section 1.3). The overall response rate for in-scope treatment agencies was 94% (see Chapter 8 for further details).

Table 2.1: Treatment agencies by sector of service and jurisdiction, Australia, 2002–03

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					(number)				
Government	162	—	49	6	39	3	1	4	264
Non-government	67	148	47	22	11	8	5	15	323
Total	**229**	**148**	**96**	**28**	**50**	**11**	**6**	**19**	**587**
					(per cent)				
Government	61.4	—	18.6	2.3	14.8	1.1	0.4	1.5	100.0
Non-government	25.4	45.8	14.6	6.8	3.4	2.5	1.5	4.6	100.0
Total	**39.0**	**25.2**	**16.4**	**4.8**	**8.5**	**1.9**	**1.0**	**3.2**	**100.0**

The number of treatment agencies reporting under the AODTS–NMDS in 2002–03 was higher than in 2001–02 (587, compared to 505). However, much of this increase related to methodological changes and increased coverage of in-scope agencies (see Section 1.3 for further details).

2.2 Location of treatment agencies

Treatment agencies were mostly located in major cities (56%) and inner regional areas (25%) (Table 2.2). The number of agencies located in major cities, however, may be over-represented as some treatment agencies, particularly a number of those in non-metropolitan areas, were only reported under the main administrative centre of the service. The bulk of the Australian population lives in major cities (66%), 31% in regional areas and 3% in remote areas (AIHW 2004a).

A significant proportion of treatment agencies in the Northern Territory (53%) and, to a lesser extent, Queensland (17%) were located in remote and very remote areas.

Table 2.2: Treatment agencies by geographical location[(a)] and jurisdiction, Australia, 2002–03

Location	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					(number)				
Major cities	144	95	32	18	35	—	6	—	330
Inner regional	67	43	22	4	6	7	—	—	149
Outer regional	18	10	25	4	8	4	—	9	78
Remote	—	—	8	2	1	—	—	8	19
Very remote	—	—	8	—	—	—	—	2	10
Not stated	—	—	1	—	—	—	—	—	1
Total	**229**	**148**	**96**	**28**	**50**	**11**	**6**	**19**	**587**
					(per cent)				
Major cities	62.9	64.2	33.3	64.3	70.0	—	100.0	—	56.2
Inner regional	29.3	29.1	22.9	14.3	12.0	63.6	—	—	25.4
Outer regional	7.9	6.8	26.0	14.3	16.0	36.4	—	47.4	13.3
Remote	—	—	8.3	7.1	2.0	—	—	42.1	3.2
Very remote	—	—	8.3	—	—	—	—	10.5	1.7
Not stated	—	—	1.0	—	—	—	—	—	0.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) The geographic location of treatment agencies in the 2002–03 AODTS-NMDS has been analysed using the Remoteness Areas of the Australian Bureau of Statistics Australian Standard Geographical Classification (see Appendix 5 for information on how these categories are derived).

3 Client profile

This chapter begins with a brief overview of the estimated number of clients who registered for alcohol and other drug treatment services and the number of closed treatment episodes in 2002–03 (see Section 3.1). Sections 3.2–3.5 then examine the characteristics and profile of the clients utilising treatment services in 2002–03. The analysis is based on 'closed treatment episodes'.

Box 3.1: Key definitions and counts for closed treatment episodes and registrations, 2002–03

Closed treatment episode *refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. In 2002–03 there were* ***130,930*** *closed treatment episodes.*

Client registrations *refers to the estimated number of clients who registered or re-registered for alcohol and other drug treatment services. In 2002–03 there were an estimated* ***108,042*** *client registrations.*

Caution should be taken when comparing the client registration data in 2000–01 with those of 2001–02 and 2002–03, as the method for calculating 'registrations' has changed. In the 2000–01 collection, registrations were based on all new or returning clients who registered or re-registered for treatment during the reporting period. In the 2001–02 and 2002–03 collections, registrations were only based on the number of episodes closed within the reporting period.

See Section 1.2 and Boxes 4.1 and 5.1 for other related definitions.

3.1 Closed treatment episodes and client registrations

In 2002–03 there were 130,930 closed treatment episodes in alcohol and other drug services reported in the AODTS–NMDS collection. These episodes related to an estimated 108,042 client registrations[1]. On average, each of these registrations accounted for 1.2 treatment episodes during the year.

The number of closed treatment episodes in the 2002–03 AODTS–NMDS collection was considerably higher than in 2001–02 (130,930, compared to 120,869). However, it is likely that this increase relates mostly to the increasing comprehensiveness of the AODTS–NMDS collection in 2002–03. For example, this was the first collection year in which South Australia supplied information about closed treatment episodes and in which Queensland supplied information about treatment episodes conducted through its government-provided treatment agencies.

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[1] It is important to note that the estimated number of client registrations 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 record number. See Appendix 2 for more information on treatment episodes and client registrations.

3.2 Client type and jurisdictions

Overall, 94% of all closed treatment episodes in 2002–03 involved clients seeking treatment for their own alcohol or other drug use (Table 3.1). This general pattern was observed in most states and territories except Western Australia and the Northern Territory, where 85% and 65% respectively of closed treatment episodes were for the client's own drug use.

Accordingly, less than 10% of closed treatment episodes in most states and territories were solely related to another person's drug use. However, 11% of all closed treatment episodes in Tasmania, 15% in Western Australia and 35% in the Northern Territory were for clients receiving treatment for another person's alcohol or drug use.

Table 3.1: Closed treatment episodes by client type and jurisdiction, Australia, 2002–03

Client type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					(number)				
Own drug use[(a)]	40,002	43,048	13,683	12,142	6,946	2,292	2,958	1,961	123,032
Other's drug use	1,164	2,258	512	2,080	494	276	43	1,071	7,898
Total	**41,166**	**45,306**	**14,195**	**14,222**	**7,440**	**2,568**	**3,001**	**3,032**	**130,930**
					(per cent)				
Own drug use[(a)]	97.2	95.0	96.4	85.4	93.4	89.3	98.6	64.7	94.0
Other's drug use	2.8	5.0	3.6	14.6	6.6	10.7	1.4	35.3	6.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Per cent of all closed treatment episodes	***31.4***	***34.6***	***10.8***	***10.9***	***5.7***	***2.0***	***2.3***	***2.3***	***100.0***

(a) Own drug use includes people who sought treatment for their own and another's drug use.

3.3 Sex and age

In 2002–03, the majority of closed treatment episodes were for clients aged between 20 and 49 years who were accessing treatment services (101,073 or 77%), with one-third of all treatment episodes (33%) provided for clients in the 20–29 years age group. A small proportion (2%) of treatment episodes were for clients aged over 60 years. This age distribution is very similar to that in 2001–02 AODTS–NMDS collection.

As was the case in 2001–02, male clients in 2002–03 accounted for close to two-thirds (65% or 88,537) of all closed treatment episodes (Table 3.2). Of treatment episodes for male clients, just over a third (34% or 29,309 of 85,537) were for clients aged 20–29 years, with another quarter (27% or 23,244 of 85,537) for clients in the 30–39 age group. Nearly four-fifths (78% or 66,330 of 85,537) of all closed treatment episodes with a male client involved men between 20 and 49 years of age. The age distribution was similar for males and females.

Overall, 97% of closed treatment episodes involving males were for those seeking treatment for their own drug use. This proportion ranged from 90% for males aged 60 years or more to 99% for males in the 20–29 age group. Proportionally fewer closed treatment episodes involving female clients were for their own drug use (88%), particularly females aged 50 years and over (66% of treatment episodes for females aged 50–59 years and 67% for females aged 60 years or more).

Around two-thirds (67% or 5,277 of 7,898) of treatment episodes for someone else's drug use were for female clients. Female clients aged 40 years or more were more likely than younger women to seek treatment for the substance use of another person. For example, 19% or treatment episodes for females aged 40–49 years and 35% for females aged 50–59 years were for treatment related to someone else's substance use, compared to 4% of treatment episodes for females aged 20–29 years and 8% for females in the 10–19 and 30–39 age groups.

Table 3.2: Closed treatment episodes by sex and age group, Australia, 2002–03

	Age group (years)						
	10–19	20–29	30–39	40–49	50–59	60+	Total[(a)]
				(number)			
Males							
Own drug use[(b)]	10,340	28,980	22,833	13,177	4,800	1,673	82,932
Other's drug use	491	329	411	600	465	186	2,605
Total males	*10,831*	*29,309*	*23,244*	*13,777*	*5,265*	*1,859*	*85,537*
Females							
Own drug use[(b)]	4,692	13,575	11,391	6,597	2,215	731	39,954
Other's drug use	432	594	966	1,506	1,165	360	5,277
Total females	*5,124*	*14,169*	*12,357*	*8,103*	*3,380*	*1,091*	*45,231*
Persons[(c)]							
Own drug use[(b)]	15,045	42,606	34,257	19,798	7,019	2,410	123,032
Other's drug use	923	923	1,377	2,112	1,637	548	7,898
Total persons	**15,968**	**43,529**	**35,634**	**21,910**	**8,656**	**2,958**	**130,930**
				(per cent)			
Males							
Own drug use[(b)]	95.5	98.9	98.2	95.6	91.2	90.0	97.0
Other's drug use	4.5	1.1	1.8	4.4	8.8	10.0	3.0
Total males	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Females							
Own drug use[(b)]	91.6	95.8	92.2	81.4	65.5	67.0	88.3
Other's drug use	8.4	4.2	7.8	18.6	34.5	33.0	11.7
Total females	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Persons[(c)]							
Own drug use[(b)]	94.2	97.9	96.1	90.4	81.1	81.5	94.0
Other's drug use	5.8	2.1	3.9	9.6	18.9	18.5	6.0
Total persons	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Includes not stated for age.

(b) Own drug use also includes clients who sought treatment for their own and another's drug use.

(c) Includes not stated for sex.

3.4 Indigenous status

Of the 130,930 closed treatment episodes in 2002–03, 12,136 (or 9%) involved clients identified as being Aboriginal and/or Torres Strait Islander people (Table 3.3). This is a higher proportion than the overall proportion of Aboriginal and Torres Strait Islander people in the Australian population (2.4%; ABS 2004). For a number of reasons the data on Aboriginal and Torres Strait Islander clients in the AODTS treatment population should be interpreted with caution. The overall proportion of episodes relating to clients identified as being Aboriginal and Torres Strait Islander people is only slightly higher than the proportion of episodes where Indigenous status was 'not stated'. Further, the majority of dedicated substance use services for Aboriginal and Torres Strait Islander people are not included in the AODTS–NMDS collection (see Section 1.3 for further details).

Compared to 2001–02, in 2002–03 a slightly higher percentage of treatment episodes were for clients who identified as being from an Aboriginal and/or Torres Strait Islander background (8%, compared to 9%). This was mirrored by a 1% reduction in the 'not stated' responses to this data item.

Table 3.3: Closed treatment episodes by age group, Indigenous status and sex, Australia, 2002–03

	Indigenous[a]		Non-Indigenous		Not stated		Total		
Age group (years)	**Males**	**Females**	**Males**	**Females**	**Males**	**Females**	**Males**	**Females**	**Persons[b]**
					(number)				
10–19	1,481	582	8,759	4,282	591	260	10,831	5,124	15,968
20–29	2,528	1,427	25,025	11,914	1,756	828	29,309	14,169	43,529
30–39	2,266	1,252	19,551	10,341	1,427	764	23,244	12,357	35,634
40–49	1,000	542	11,988	7,075	789	486	13,777	8,103	21,910
50–59	246	142	4,716	3,029	303	209	5,265	3,380	8,656
60+	91	29	1,653	980	115	82	1,859	1,091	2,958
Not stated	318	232	828	695	106	80	1,252	1,007	2,275
Total	**7,930**	**4,206**	**72,520**	**38,316**	**5,087**	**2,709**	**85,537**	**45,231**	**130,930**
					(per cent)				
10–19	18.7	13.8	12.1	11.2	11.6	9.6	12.7	11.3	12.2
20–29	31.9	33.9	34.5	31.1	34.5	30.6	34.3	31.3	33.2
30–39	28.6	29.8	27.0	27.0	28.1	28.2	27.2	27.3	27.2
40–49	12.6	12.9	16.5	18.5	15.5	17.9	16.1	17.9	16.7
50–59	3.1	3.4	6.5	7.9	6.0	7.7	6.2	7.5	6.6
60+	1.1	0.7	2.3	2.6	2.3	3.0	2.2	2.4	2.3
Not stated	4.0	5.5	1.1	1.8	2.1	3.0	1.5	2.2	1.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Per cent of treatment population	***6.1***	***3.2***	***55.4***	***29.3***	***3.9***	***2.1***	***65.3***	***34.5***	***100.0***

(a) In tables the term 'Indigenous' refers to people who identified as Aboriginal or Torres Strait Islander people; 'Non-Indigenous' refers to people who said they were not Aboriginal or Torres Strait Islander people.

(b) Includes not stated for sex.

Treatment episodes were relatively more common among young Aboriginal and Torres Strait Islander males (aged under 20 years) than among other young males (19%, compared to 12%). This pattern was also true for female clients but was not so marked (14%, compared to 11%). In contrast, treatment episodes involving clients older than 40 years were less common for Aboriginal and Torres Strait Islander clients than for other clients. This finding may relate to differences in the underlying age structures of the two populations, with Aboriginal and Torres Strait Islander people having a younger age profile than other Australians.

3.5 Country of birth and preferred language

The great majority (85%) of closed treatment episodes in 2002–03 involved clients born in Australia (Table 3.4). Clients born in other countries were represented in only a very small proportion of closed treatment episodes, with England (3%) and New Zealand (2%) being the next most common countries of birth.

English was the most frequently reported preferred language—95% of treatment episodes involved a client who indicated English as their preferred language (Table A4.4). One per cent of closed treatment episodes involved clients with an Australian Indigenous language as their preferred language. Other preferred languages were relatively uncommon—each accounting for less than 1% of treatment episodes.

Table 3.4: Closed treatment episodes by country of birth,[(a)] Australia, 2002–03

Country of birth	Number	Per cent
Australia	111,722	85.3
England	3,460	2.6
New Zealand	2,493	1.9
Viet Nam	1,227	0.9
Scotland	736	0.6
Ireland	438	0.3
Germany	378	0.3
Italy	366	0.3
USA	353	0.3
South Africa	306	0.2
Not elsewhere classified	377	0.3
All other countries	6,205	4.7
Inadequately described	530	0.4
Not stated	2,339	1.8
Total	**130,930**	**100.0**

(a) The countries listed here are the 10 most frequently recorded countries; all other countries are combined in the row labelled ‘All other countries’.

4 Drugs of concern

This chapter examines the profile, pattern and characteristics of the clients utilising treatment services related to the principal drug of concern nominated in 2002–03. The analysis is based on 'closed treatment episodes'.

The principal drug of concern refers to the main substance that the client states led him or her to seek treatment from the alcohol and other drug treatment agency. This section reports only on those 123,032 episodes where clients were seeking treatment for their own substance use. It is reasoned that only substance users themselves can accurately report on the principal drug of concern to them.

Box 4.1: Key definitions and counts for closed treatment episodes, 2002–03

Closed treatment episodes *refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. In 2002–03 there were* ***130,930*** *closed treatment episodes.*

Principal drug of concern *refers to the main substance that the client states led him or her to seek treatment from the alcohol and other drug treatment agency. Within this report, only clients seeking treatment for their own substance use are included in analysis involving principal drug of concern. It is assumed that only substance users themselves can accurately report on the principal drug of concern to them. In 2002–03,* ***123,032*** *closed treatment episodes were reported for principal drug of concern.*

Other drug of concern *refers to any other drugs apart from principal drug of concern which the client perceives as being a health concern. Clients can nominate up to five other drugs of concern. In 2002–03, there were* ***109,314*** *other drugs of concern (excluding principal drug of concern) reported.*

All drugs of concern *refers to all drugs reported by a client including principal drug of concern and all other drugs of concern. In 2002–03, there were a total of* ***232,346*** *drugs of concern reported, either as a principal or other drug of concern.*

See Section 1.2 and Boxes 3.1 and 5.1 for other definitions.

4.1 Jurisdictions and principal drug of concern

Nationally in 2002–03, alcohol (38%) and cannabis (22%) were the most common principal drugs of concern in treatment episodes, followed by heroin (18%) and amphetamines (11%)[2]. Overall, less than 1 per cent of closed treatment episodes were for the principal drugs ecstasy and cocaine (0.3% each). The distribution of principal drug of concern across treatment episodes was almost identical in the 2001–02 AODTS–NMDS collection (AIHW 2003a).

Alcohol was the most common principal drug of concern reported in all jurisdictions except for Queensland. In the Northern Territory, alcohol as the principal drug accounted for 72% of all treatment episodes, in South Australia for 47% and in New South Wales for 42%. Queensland reported the lowest proportion of treatment episodes where alcohol was the principal drug (25%) and the highest proportion of treatment episodes where cannabis was the principal drug (50%). The pattern of principal drugs in Queensland relates largely to the scope of their collection in 2002–03 (namely the inclusion of police diversion and government-provided services but not non-government-funded services: see Section 1.3 for further details).

After alcohol, the three most commonly nominated drugs of concern nationally—cannabis, heroin and amphetamines—varied in their 'position' from state to state. Heroin was second in Victoria (25% of treatment episodes), New South Wales and the Australian Capital Territory (21% each), followed by cannabis (Victoria 22%, New South Wales and the Australian Capital Territory 15% each). In Western Australia and South Australia, amphetamines were second (26% and 20% respectively), followed by cannabis in Western Australia (25%) and heroin in South Australia (13%).

Nationally, only a small proportion of closed treatment episodes were for clients who identified nicotine as their principal drug of concern (1.4% or 1,693 treatment episodes). It is important to note, however, that this does not equate to the total number of clients receiving treatment for nicotine use but, rather, to the number of clients who attended a government-funded alcohol and other drug treatment service and nominated nicotine as their principal drug of concern. The relatively low rate of treatment for nicotine identified in this data collection is not surprising as in most states and territories the majority of people with a nicotine addiction obtain treatment through pharmacies, general practitioners (e.g. advice and nicotine patches) or 'quit' lines. Tasmania recorded the highest proportion of episodes where nicotine was reported as the principal drug of concern (18%), and South Australia and the Australian Capital Territory the lowest proportion (0.1% each).

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[2] The AODTS–NMDS collection excludes agencies whose sole purpose is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies. Therefore, the collection excludes many clients receiving treatment for heroin.

Table 4.1: Closed treatment episodes by principal drug of concern and jurisdiction, Australia, 2002–03[(a)] (per cent)

Principal drug	NSW	Vic	Qld[(b)]	WA	SA	Tas	ACT	NT	Australia	Total (no.)
Alcohol	42.1	36.6	24.6	32.7	47.4	40.7	40.3	71.7	38.0	46,747
Amphetamines	10.9	6.1	8.9	26.2	19.6	7.9	5.9	6.4	10.7	13,213
Benzodiazepines	2.4	2.5	1.1	1.5	2.3	0.7	2.1	0.9	2.1	2,609
Cannabis	15.4	21.6	50.4	24.5	10.1	18.6	15.2	9.2	22.0	27,106
Cocaine	0.5	0.1	0.2	0.1	0.3	0.1	0.1	0.2	0.3	323
Ecstasy	0.3	0.4	0.4	0.2	0.3	0.1	0.3	0.0	0.3	416
Heroin	21.4	24.9	5.4	8.6	13.2	0.5	20.7	1.5	18.4	22,642
Methadone	2.5	1.4	1.7	0.6	1.6	3.4	1.6	0.6	1.8	2,173
Nicotine	1.2	0.7	2.8	0.8	0.1	18.0	0.1	1.2	1.4	1,693
All other drugs [(c)]	2.0	5.7	4.5	4.1	5.0	10.0	10.3	8.3	4.4	5,434
Not stated	1.3	0.0	0.0	0.6	0.0	0.0	3.5	0.0	0.5	676
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**. .**
Total (number)	**40,002**	**43,048**	**13,683**	**12,142**	**6,946**	**2,292**	**2,958**	**1,961**	**123,032**	**123,032**

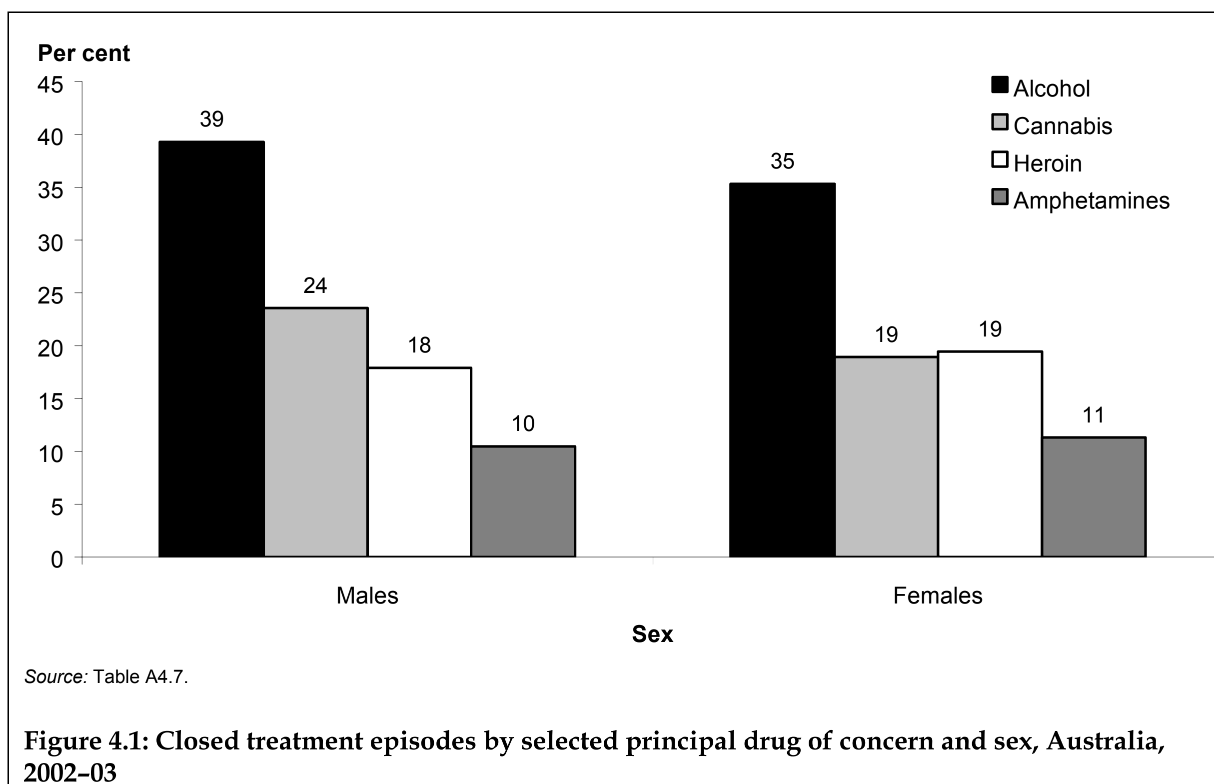
(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

(b) In Queensland a client undergoing Police Diversion automatically has the principal drug of concern recorded as 'cannabis', the main treatment type as 'information and education only' and reason for cessation as 'ceased at expiation'. It is possible that the principal drug is not actually cannabis and it is anticipated that future modifications to data collection processes will enable this possibility to be reflected.

(c) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 6 and Table A4.5.

4.2 Sex, age and principal drug of concern

In 2002–03, the principal drug of concern in treatment episodes varied by sex (Figure 4.1). For all treatment episodes, alcohol was the most commonly recorded principal drug for both sexes (39% for males and 35% for females), followed by cannabis for males (24%) and cannabis and heroin for females (19% each). The proportion of treatment episodes where amphetamines were recorded as the principal drug did not vary between sexes (11% each).

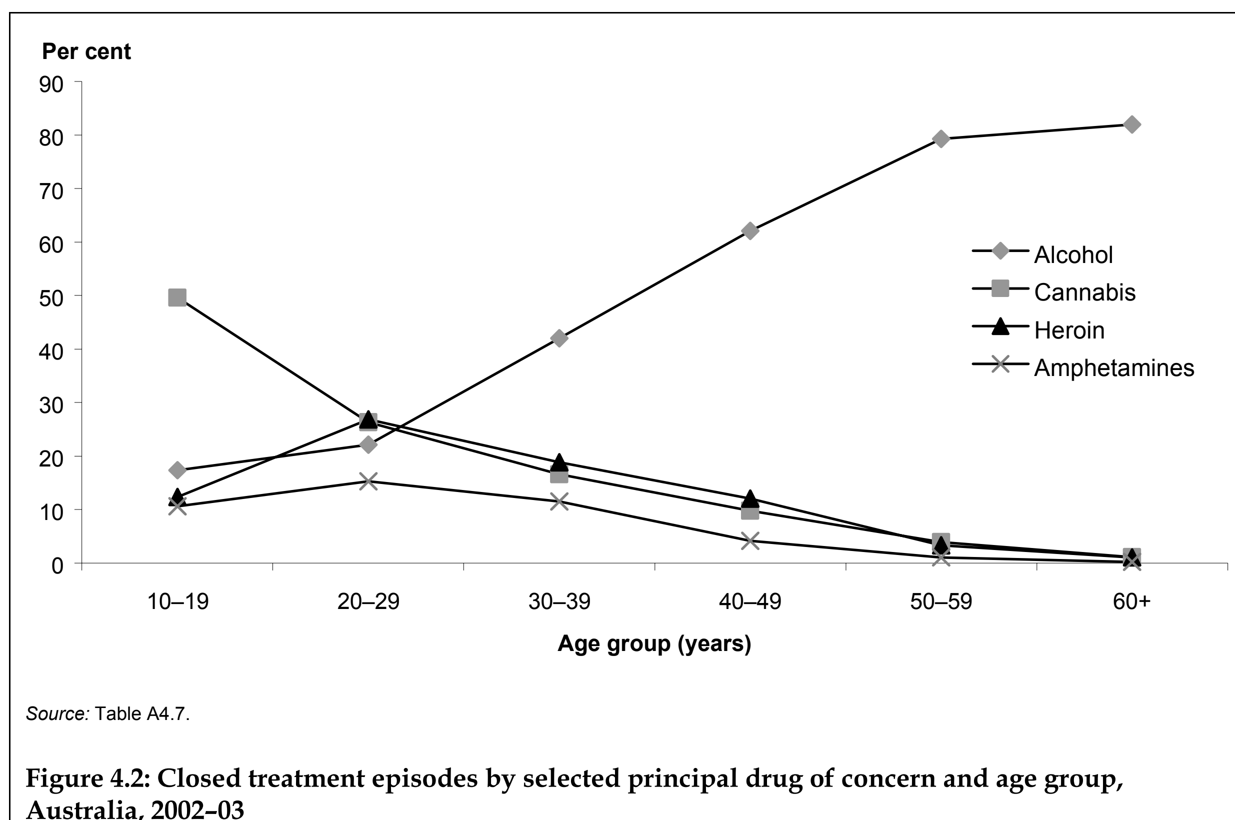


Source: Table A4.7.

Figure 4.1: Closed treatment episodes by selected principal drug of concern and sex, Australia, 2002–03

The principal drug of concern in treatment episodes was strongly related to the client's age. For closed treatment episodes involving 20–29 year olds, there was a fairly even distribution of drugs of concern, with younger clients much more likely to report cannabis as the drug of concern, and older clients to report alcohol (Figure 4.2). Specifically:

- For treatment episodes of clients in the 10–19 age group, the most commonly reported principal drug was cannabis (50%) (Figure 4.2). This proportion varied by sex—55% for males in this age group and 38% for females (Table A4.7). While 12% of all treatment episodes among the 10–19 years age group had heroin as the principal drug, females were more likely than males to be seeking treatment for this drug (19%, compared to 9%).
- Overall, for treatment episodes of clients in the 20–29 age group, heroin was the drug most commonly recorded (27%), followed closely by cannabis (26%) and then alcohol (22%). This general pattern was reflected for females in this age group (29%, 23% and 18% respectively). However, for treatment episodes involving male clients, the most commonly reported principal drug was cannabis (28%), followed by heroin (26%) and alcohol (24%).
- While, overall, alcohol was the drug most likely to be named as the principal drug of concern (38% of closed treatment episodes), this proportion was even higher for clients aged over 30 years (42%) and peaked for males in the 60 years and over age group (87%) and for females in the 50–59 age group (73%).



Source: Table A4.7.

Figure 4.2: Closed treatment episodes by selected principal drug of concern and age group, Australia, 2002–03

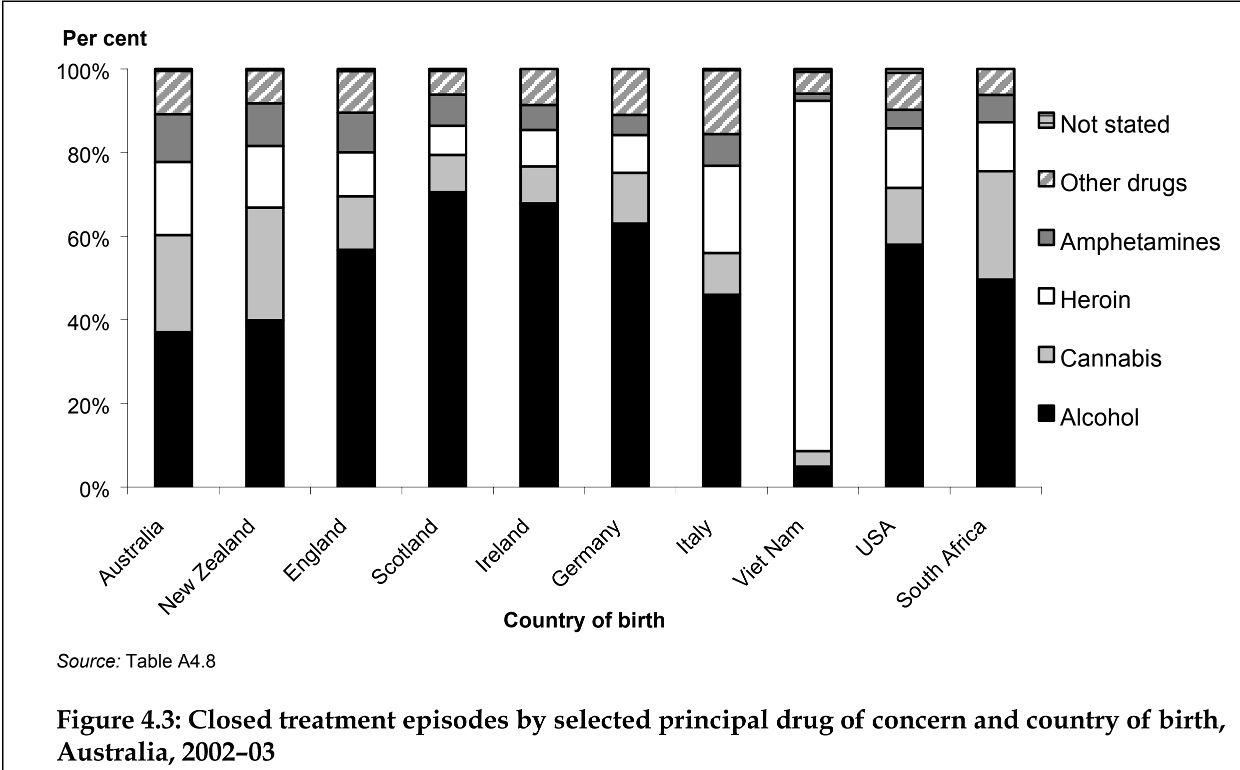
4.3 Country of birth and principal drug of concern

The distribution of the reported principal drug of concern varied somewhat with the client's country of birth (Figure 4.3). For treatment episodes where clients reported being born in Australia, 37% reported alcohol as their principal drug of concern, followed by cannabis (23%) and heroin (18%). This pattern was reflected for clients born in a number of other countries, including New Zealand (40% alcohol, 27% cannabis and 15% heroin), South Africa (50%, 26% and 12%), England (57%, 13% and 11%) and Germany (63%, 12% and 9%).

Alcohol was the principal drug most commonly reported for treatment episodes where clients were born in Italy (46%), followed by heroin (21%), cannabis (10%) and amphetamines (8%). Treatment episodes for clients born in Viet Nam were most likely to have heroin (84%) as the principal drug of concern, followed by alcohol (5%).

The highest proportion of treatment episodes where amphetamines were reported as the principal drug of concern were recorded for clients born in Australia (11%), followed by New Zealand and England (10% each) and Scotland and Italy (8% each).

It is important to note that the age distributions of migrants from the aforementioned countries are not the same, for example, migrants from the United Kingdom and European countries are likely to be older than those from many Asian countries (ABS 2003). Given the strong relationship between age and principal drug of concern, it is not surprising that alcohol is the most likely drug of concern for most European migrants.



Source: Table A4.8

Figure 4.3: Closed treatment episodes by selected principal drug of concern and country of birth, Australia, 2002–03

4.4 Indigenous status and principal drug of concern

Overall, treatment episodes involving Aboriginal and Torres Strait Islander clients were most likely to involve alcohol (46%), cannabis (23%), heroin (12%) and amphetamines (11%)—that is, the same four principal drugs of concern as the population overall—but with alcohol much more likely to be nominated (46%, compared to 38%) and heroin less so (12%, compared to 18%) (Table 4.2). As previously noted, data relating to Indigenous status should be interpreted with caution for a number of reasons, including the relatively high proportion of treatment episodes where Indigenous status was 'not stated' (6%) (see Section 1.3 for further details). Further, for some principal drugs of concern, the number of treatment episodes where Indigenous status was 'not stated' was higher than the number of episodes where the client identified as being an Aboriginal or Torres Strait Islander person. For example, 1,301 episodes where the client identified as being an Aboriginal or Torres Strait Islander person had heroin as the principal drug of concern, compared to 1,525 episodes where Indigenous status was 'not stated'.

Table 4.2: Closed treatment episodes by principal drug of concern and Indigenous status, Australia, 2002–03[(a)]

Principal drug of concern	Indigenous[(b)]		Non-Indigenous		Not stated		Total	
	No.	%	No.	%	No.	%	No.	%
Alcohol	5,047	45.7	39,052	37.3	2,648	35.8	46,747	38.0
Amphetamines	1,168	10.6	11,376	10.9	669	9.0	13,213	10.7
Benzodiazepines	124	1.1	2,347	2.2	138	1.9	2,609	2.1
Cannabis	2,512	22.7	23,219	22.2	1,375	18.6	27,106	22.0
Cocaine	25	0.2	275	0.3	23	0.3	323	0.3
Ecstasy	22	0.2	366	0.3	28	0.4	416	0.3
Heroin	1,301	11.8	19,816	18.9	1,525	20.6	22,642	18.4
Methadone	187	1.7	1,839	1.8	147	2.0	2,173	1.8
Nicotine	99	0.9	1,443	1.4	151	2.0	1,693	1.4
All other drugs[(c)]	495	4.5	4,376	4.2	563	7.6	5,434	4.4
Not stated	62	0.6	485	0.5	129	1.7	676	0.5
Total	**11,042**	**100.0**	**104,594**	**100.0**	**7,396**	**100.0**	**123,032**	**100.0**
Per cent of Indigenous status	***9.0***	. .	***85.0***	. .	***6.0***	. .	***100.0***	. .

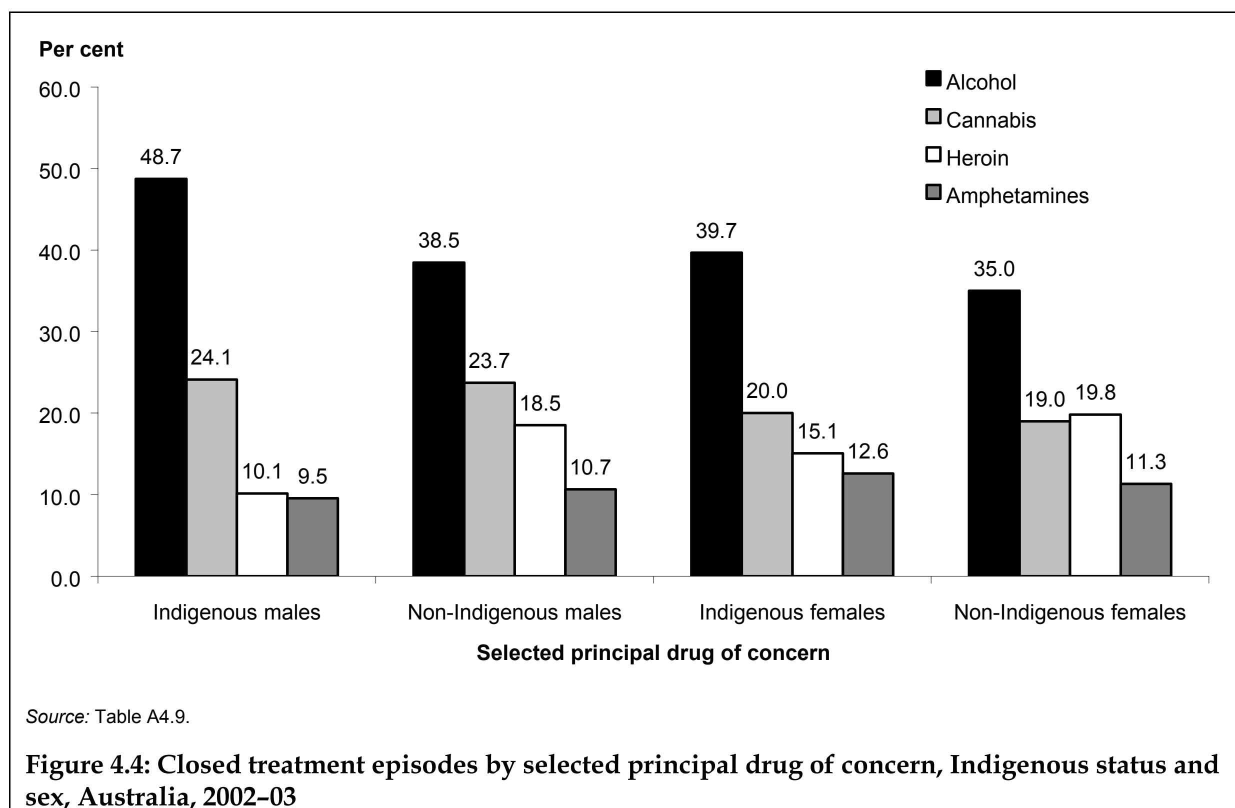
(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

(b) In tables the term 'Indigenous' refers to people who identified as Aboriginal or Torres Strait Islander people; 'Non-Indigenous' refers to people who said they were not Aboriginal or Torres Strait Islander people.

(c) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 6.

The pattern of principal drug of concern among treatment episodes for Aboriginal and Torres Strait Islander clients also varied according to clients' sex (Figure 4.4). Forty-nine per cent of treatment episodes for male clients identifying as Aboriginal and Torres Strait Islander people involved alcohol as the principal drug of concern, compared with 39% for other male clients; while 40% of closed treatment episodes for female Aboriginal and Torres Strait Islander clients involved alcohol as the principal drug of concern, compared with 35% for other female clients.

Heroin was reported as the principal drug of concern for 12% of closed treatment episodes where the clients were identified as Aboriginal and Torres Strait Islander people, compared with 19% for other clients. Treatment episodes for female Indigenous clients were more likely than those for male Indigenous clients to involve heroin as the principal drug of concern (15% of all treatment episodes compared to 10% for male Indigenous clients). This relates to the higher proportion of treatment episodes involving Indigenous male clients where alcohol is the principal drug of concern. This difference was less apparent in other clients—20% of treatment episodes for other female clients involved heroin as the principal drug of concern, compared to 19% for other male clients.



Source: Table A4.9.

Figure 4.4: Closed treatment episodes by selected principal drug of concern, Indigenous status and sex, Australia, 2002–03

4.5 Geographic location and principal drug of concern

The geographic location of treatment agencies in the 2002–03 AODTS–NMDS has been analysed using the Remoteness Areas of the Australian Bureau of Statistics Australian Standard Geographical Classification (see Appendix 5 for information on how these categories are derived). In 2002–03, across all areas, alcohol was the most commonly reported drug of concern (42% inner regional, 38% outer regional, 68% remote areas and 67% very remote areas—Table 4.3). In most areas, the second most prominent drug of concern reported was cannabis (28% inner regional, 36% outer regional, 18% remote and 31% very remote). In major cities, alcohol, while still the most common principal drug of concern, was nominated in 37% of treatment episodes, followed by heroin 23%, cannabis 19% and amphetamines 12%—a much more even spread than in other regions.

Caution should be taken when interpreting geographical data—especially for remote and very remote areas—due to the small population size of some areas. In addition, the number of agencies located in major cities may be over-represented as some treatment agencies, particularly in non-metropolitan areas, were only reported under the main administrative centre of the services. Geographical location may also have an effect on the type of treatment services available, especially in more remote areas with the focus of the services available possibly targeted to a particular substance.

Table 4.3: Closed treatment episodes by principal drug of concern and geographic location, Australia, 2002–03[(a)] (per cent)

Principal drug of concern	Major cities	Inner regional	Outer regional	Remote	Very remote	Total [b)]	Total (number)[(b)]
Alcohol	36.5	41.5	38.2	67.9	67.2	38.0	46,747
Amphetamines	11.6	9.1	7.8	6.6	0.7	10.7	13,213
Benzodiazepines	2.3	1.9	1.3	0.1	—	2.1	2,609
Cannabis	18.9	27.8	36.3	17.9	31.4	22.0	27,106
Cocaine	0.3	0.1	0.3	—	—	0.3	323
Ecstasy	0.4	0.1	0.4	—	—	0.3	416
Heroin	22.9	9.1	3.2	2.1	—	18.4	22,642
Methadone	1.7	2.2	1.9	0.2	—	1.8	2,173
Nicotine	0.9	2.6	2.5	1.6	—	1.4	1,693
All other drugs[(c)]	3.9	4.9	7.9	3.6	0.7	4.4	5,434
Not stated	0.6	0.5	0.3	—	—	0.5	676
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	. .
Total (number)	**88,127**	**23,375**	**9,852**	**1,517**	**137**	. .	**123,032**
Per cent of location	***71.6***	***19.0***	***8.0***	***1.2***	***0.1***	***100.0***	. .

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

(b) Includes not stated for location.

(c) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 6.

4.6 Source of referral and principal drug of concern

More than one-third of all closed treatment episodes (37%) involved clients who were self-referred, followed by referrals from alcohol and other drug treatment services (12%) and community-based corrections and police or court diversions (10% each) (Table 4.4).

Of treatment episodes where the client was self-referred, the principal drug of concern was most likely to be recorded as alcohol (41%) or heroin (21%). Much smaller proportions of self-referring clients nominated cocaine (0.2%) or ecstasy (0.3%) as their principal drug of concern. Referrals from community-based corrections were most likely to involve clients who nominated alcohol (38%), cannabis (22%) or heroin (21%) as their principal drug.

The majority of referrals to treatment through the police or court diversion process involved clients who nominated cannabis as their principal drug of concern (63% of closed treatment episodes in this group). Of treatment episodes where the client was referred from a psychiatric and/or other hospital, the principal drug of concern was most likely to be recorded as alcohol (55%), cannabis (11%) or amphetamines (10%).

Table 4.4: Closed treatment episodes by principal drug of concern and source of referral, Australia, 2002–03[a]

Principal drug of concern	Self	Family member/ friend	GP/medical specialist	Psychiatric and/or other hospital	Community mental health service	AODTS	Other community health/care services	Community -based corrections	Police/court diversions	Other	Not stated	Total
						(number)						
Alcohol	18,448	2,235	3,964	2,480	1,219	5,930	2,153	4,733	1,050	4,186	349	46,747
Amphetamines	4,748	1,067	589	453	277	1,570	646	1,743	1,122	887	111	13,213
Benzodiazepines	1,041	93	351	143	84	409	97	107	93	164	27	2,609
Cannabis	7,082	1,642	923	493	769	2,607	1,180	2,792	7,358	2,115	145	27,106
Cocaine	104	25	19	8	4	34	13	35	39	38	4	323
Ecstasy	144	55	18	12	7	29	15	31	47	55	3	416
Heroin	9,384	816	1,083	320	157	3,574	712	2,574	1,641	2,231	150	22,642
Methadone	1,007	62	292	127	16	319	76	85	49	108	32	2,173
Nicotine	638	65	393	231	32	53	60	37	9	168	7	1,693
All other drugs[b]	2,190	247	633	203	109	659	294	395	128	500	76	5,434
Total [c]	**45,026**	**6,324**	**8,319**	**4,485**	**2,681**	**15,224**	**5,286**	**12,569**	**11,687**	**10,498**	**933**	**123,032**
						(per cent)						
Alcohol	41.0	35.3	47.6	55.3	45.5	39.0	40.7	37.7	9.0	39.9	37.4	38.0
Amphetamines	10.5	16.9	7.1	10.1	10.3	10.3	12.2	13.9	9.6	8.4	11.9	10.7
Benzodiazepines	2.3	1.5	4.2	3.2	3.1	2.7	1.8	0.9	0.8	1.6	2.9	2.1
Cannabis	15.7	26.0	11.1	11.0	28.7	17.1	22.3	22.2	63.0	20.1	15.5	22.0
Cocaine	0.2	0.4	0.2	0.2	0.1	0.2	0.2	0.3	0.3	0.4	0.4	0.3
Ecstasy	0.3	0.9	0.2	0.3	0.3	0.2	0.3	0.2	0.4	0.5	0.3	0.3
Heroin	20.8	12.9	13.0	7.1	5.9	23.5	13.5	20.5	14.0	21.3	16.1	18.4
Methadone	2.2	1.0	3.5	2.8	0.6	2.1	1.4	0.7	0.4	1.0	3.4	1.8
Nicotine	1.4	1.0	4.7	5.2	1.2	0.3	1.1	0.3	0.1	1.6	0.8	1.4
All other drugs[b]	4.9	3.9	7.6	4.5	4.1	4.3	5.6	3.1	1.1	4.8	8.1	4.4
Total[c]	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Per cent of referrals	***36.6***	***5.1***	***6.8***	***3.6***	***2.2***	***12.4***	***4.3***	***10.2***	***9.5***	***8.5***	***0.8***	**. .**

(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 6.

(c) Includes not stated for principal drug of concern.

4.7 Other drugs of concern

In 2002–03, of the 123,032 closed treatment episodes where clients were seeking treatment for their own drug use, 63,115 episodes (51%) involved at least one other drug of concern—that is, a principal drug of concern and at least one other drug of concern (Table 4.5). This proportion varied with the principal drug of concern—in closed treatment episodes where cocaine was reported as the principal drug, 71% included at least one other drug of concern; where amphetamines were reported as the principal drug, 69% of episodes involved at least one other drug of concern; and for ecstasy, 68% included at least one other drug of concern. Treatment episodes where nicotine and alcohol were reported as the principal drug were less likely to report additional drugs of concern (20% and 42% respectively).

These data indicate the drugs of concern to clients and should not be used as a proxy indicator for poly-drug use.

Table 4.5: Number of closed treatment episodes by principal drug of concern, with or without other drug of concern, Australia, 2002–03[(a)]

Principal drug of concern	With other drugs	With no other drugs	Total closed treatment episodes	Proportion of episodes with 'other drugs' of concern (%)
Alcohol	19,642	27,105	46,747	42.0
Amphetamines	9,135	4,078	13,213	69.1
Benzodiazepines	1,671	938	2,609	64.0
Cannabis	13,937	13,169	27,106	51.4
Cocaine	229	94	323	70.9
Ecstasy	282	134	416	67.8
Heroin	13,460	9,182	22,642	59.4
Methadone	1,303	870	2,173	60.0
Nicotine	342	1,351	1,693	20.2
All other drugs[(b)]	3,014	2,420	5,434	55.5
Not stated	100	576	676	14.8
Total[(b)]	**63,115**	**59,917**	**123,032**	**51.3**

(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 6.

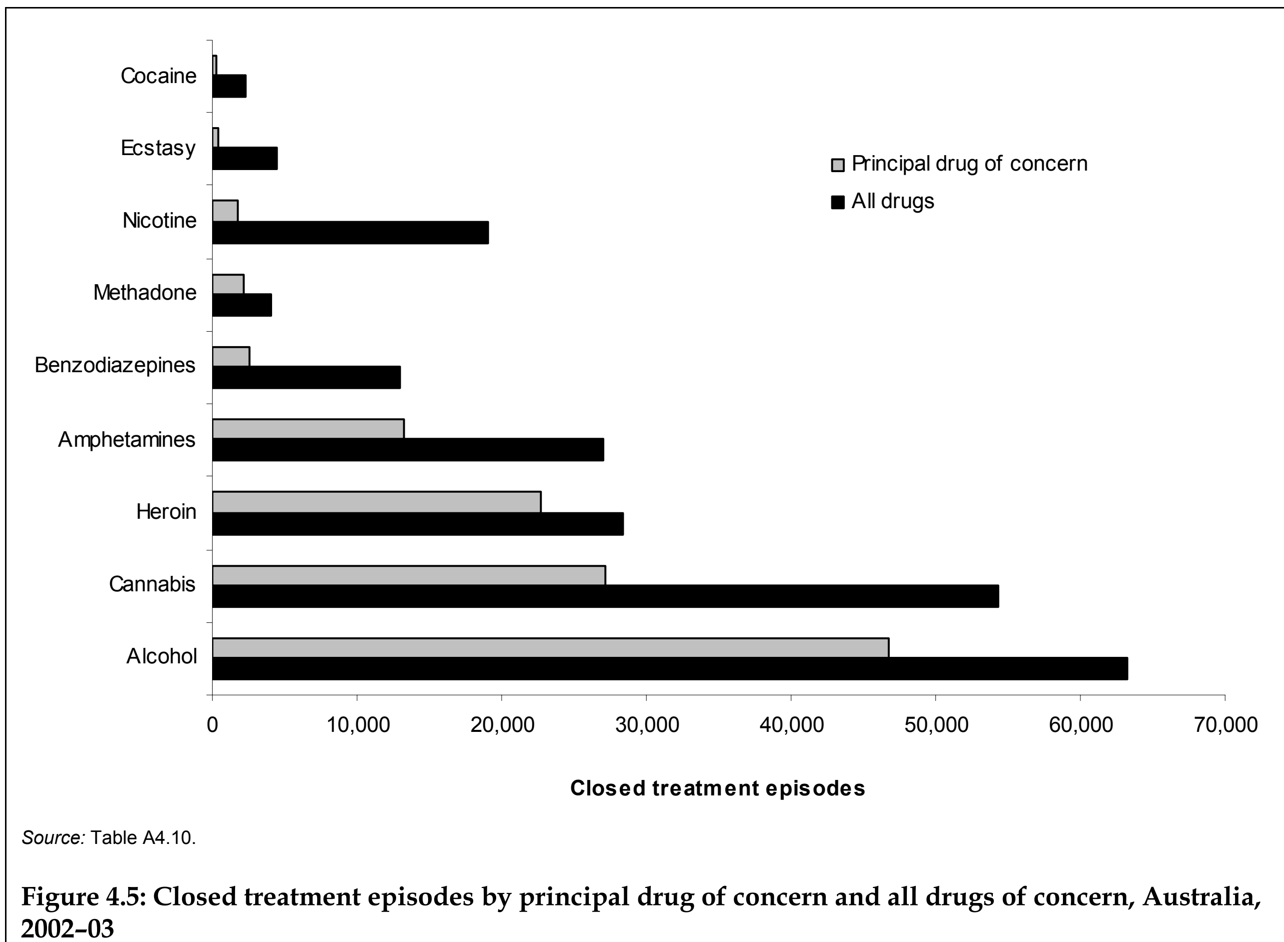
From the 63,115 closed treatment episodes that did involve at least one other drug of concern, 109,314 other drugs of concern were reported (clients are able to report up to five other drugs of concern). This equates to 1.7 other drugs of concern for clients of these treatment episodes.

When considering all drugs of concern, alcohol and cannabis remain the two most commonly reported drugs of concern (Figure 4.5). Alcohol was reported as the principal drug of concern in 38% of treatment episodes, yet, when all drugs are considered 52% of treatment episodes included alcohol as one of the drugs of concern. A similar pattern can be seen for cannabis (identified in 22% of treatment episodes as the principal drug of concern and in 44% of treatment episodes as one of the drugs of concern) (Table A4.10).

Likewise, benzodiazepines were reported as a principal drug of concern in 2% of treatment episodes, yet when all drugs are considered, 11% of treatment episodes included benzodiazepines as one of the drugs of concern. Treatment episodes involving amphetamines also followed this pattern—11% of treatment episodes involved amphetamines as the principal drug of concern, whereas 22% included them as a drug of concern. Eighteen per cent of closed

treatment episodes involved heroin as the principal drug of concern, rising to 23% when all drugs of concern are considered.

Despite being reported as a principal drug of concern in 1% of treatment episodes, nicotine was the fifth most common overall, reported in 16% of closed treatment episodes as one of the clients' drugs of concern (see Section 4.1 for further information on nicotine treatment).



Source: Table A4.10.

Figure 4.5: Closed treatment episodes by principal drug of concern and all drugs of concern, Australia, 2002–03

4.8 Injecting drug use and method of use

For the purposes of the AODTS–NMDS collection, 'injecting drug use' includes drug administration methods such as intravenous, intramuscular and subcutaneous forms of injection.

Over two-fifths (41%) of closed treatment episodes involved clients who reported never having injected drugs (Table 4.6). Over one-quarter (26%) of treatment episodes involved clients who identified themselves as current injectors (i.e. injected within the previous 3 months) and a further 19% involved clients who reported they had injected drugs in the past (9% between 3 months and 12 months ago and 10% 12 or more months ago).

Caution should be taken, however, when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (14% of treatment episodes).

A relatively high proportion of closed treatment episodes for clients in the 20–29 and 30–39 age groups reported being 'current injectors' (36% and 28% respectively), with a significant proportion of clients within these age groups also reporting having injected drugs some time in the past (approximately 22% of treatment episodes for each age group).

In only a small proportion of treatment episodes were clients aged 50 years or more reported as being 'current injectors' (5% of episodes in the 50–59 age group and 1% for those aged 60 years or more). Accordingly, a very high proportion of treatment episodes for clients in these age groups were reported as never having injected drugs—72% of treatment episodes for clients aged 50–59 years and 81% for clients aged 60 years or more.

Table 4.6: Closed treatment episodes by injecting drug use and age group, Australia, 2002–03[(a)]

Injecting drug use	10–19	20–29	30–39	40–49	50–59	60+	Not stated	Total
				(number)				
Current injector	3,157	15,359	9,690	3,151	334	24	426	32,141
Injected 3–12 months ago	1,125	5,185	3,181	1,174	133	26	168	10,992
Injected 12+ months ago	564	4,187	4,163	2,285	358	23	102	11,682
Never injected	8,089	12,500	12,326	10,055	5,047	1,957	535	50,509
Not stated	2,110	5,375	4,897	3,133	1,147	380	666	17,708
Total persons	**15,045**	**42,606**	**34,257**	**19,798**	**7,019**	**2,410**	**1,897**	**123,032**
				(per cent)				
Current injector	21.0	36.0	28.3	15.9	4.8	1.0	22.5	26.1
Injected 3–12 months ago	7.5	12.2	9.3	5.9	1.9	1.1	8.9	8.9
Injected 12+ months ago	3.7	9.8	12.2	11.5	5.1	1.0	5.4	9.5
Never injected	53.8	29.3	36.0	50.8	71.9	81.2	28.2	41.1
Not stated	14.0	12.6	14.3	15.8	16.3	15.8	35.1	14.4
Total persons	**100.0**	**100.0**	**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.

As part of the AODTS–NMDS, clients are asked to nominate the usual method of administering their principal drug of concern, that is, their 'method of use'. In 2002–03, the most likely methods of use were ingestion (45% of all treatment episodes for clients seeking treatment for their own drug use), followed by injection (28%) and smoking (23%). Sniffing or inhaling was the method of use for around 1% of treatment episodes each (Table A4.5).

4.9 Reason for cessation and principal drug of concern

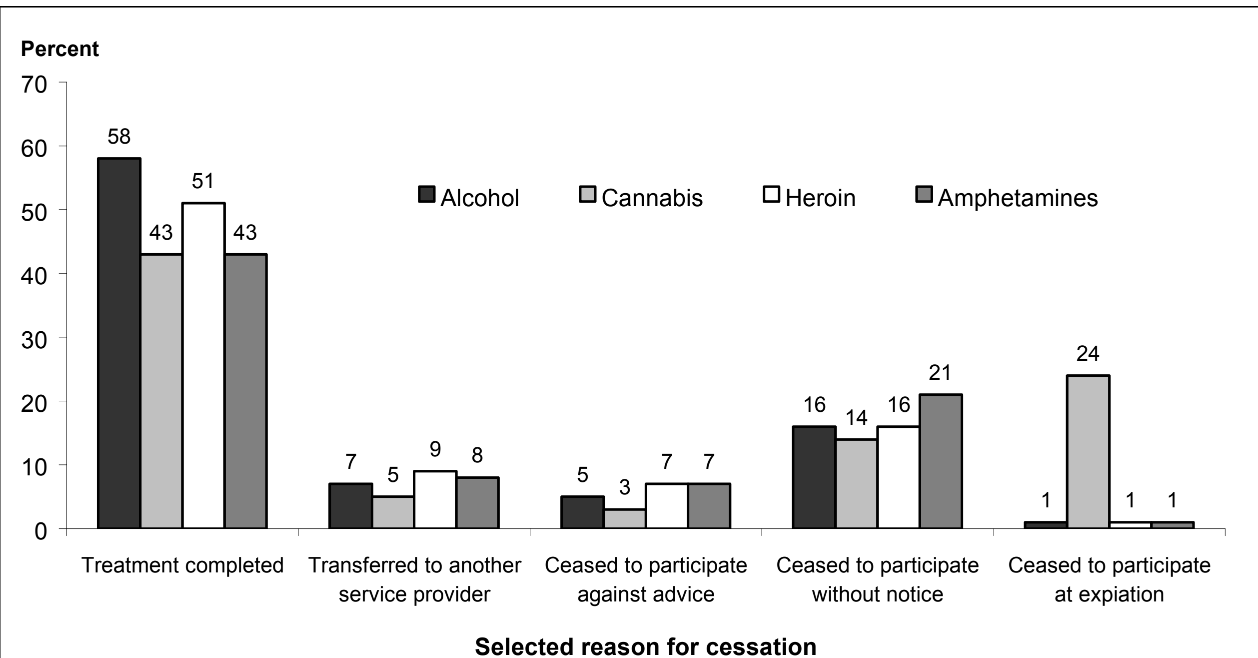
According to the AODTS–NMDS definition, there are a number of reasons why a treatment episode can cease. The treatment may be completed, which in the context of this collection means that all of the immediate goals of the treatment plan have been fulfilled. Other reasons include a change in main treatment type for the client; a change in delivery setting; the client ceasing to participate without notice, or by mutual agreement with the service provider; or the client being imprisoned or dying.

In 2002–03, the majority of treatment episodes involving clients seeking treatment for their own drug use ceased because the treatment was completed (51%; Table A4.11a).

The next most common reason for treatment episodes to end was that the client ceased to participate without notice (16%) or the client transferred to another service provider (7%). Only 5% of episodes ended because the client ceased to participate against advice and 6% ended at expiation—that is, where the client had expiated their offence by completing a recognised education or information program. Nationally, a very small proportion of treatment episodes ceased because the client had died (0.1%) or because the client was imprisoned (1%).

The reason for cessation 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 (58%) than treatment episodes where heroin (50%), amphetamines (43%) or cannabis (43%) were the principal drug (Figure 4.6). Nearly one-quarter of all treatment episodes with cannabis as the principal drug ceased due to expiation (24%), compared to about 1% each of treatment episodes for alcohol, heroin and amphetamines. Compared to heroin, alcohol and cannabis, a relatively high proportion of treatment episodes with amphetamines as the principal drug ended because the client ceased to participate without notice (21%, compared to 16%, 16% and 14% respectively).

Examining these figures from another angle we see that, of all treatment episodes ending due to expiation, 89% involved cannabis as the principal drug of concern (Table A4.11b). Accordingly, only a small proportion of treatment episodes where alcohol, heroin or amphetamines were the principal drug ended due to expiation (4% of episodes for alcohol and heroin and 2% for amphetamines).



Source: Table A4.11a.

Figure 4.6: Closed treatment episodes by selected reason for cessation and selected principal drug of concern, Australia, 2002–03

5 Treatment programs

'Main treatment type' is the main activity determined at assessment by the treatment agency to treat the client's principal alcohol and/or other drug problem. This chapter focuses on these treatment types and programs, and examines them and their relationship to a selection of variables of interest. The chapter begins with a summary of clients' main treatment types and the combination of main treatment type with principal drug of concern.

Box 5.1: Key definitions and counts for treatment programs, 2002–03

Closed treatment episode *refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. In 2002–03 there were* ***130,930*** *closed treatment episodes.*

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 2002–03, main treatment type was reported for* ***130,930*** *treatment episodes..*

Caution should be taken when comparing the number of closed treatment episodes for main treatment type in 2002–03 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.

Main treatment type with principal drug of concern *In 2002–03, data on the combination of these two data items were reported for* ***123,032*** *closed treatment episodes. This count excludes closed treatment episodes for clients seeking treatment for the drug use of others.*

Other treatment type *refers to all other forms of treatment provided to the client in addition to the main treatment (the client can have up to three other treatment types). In 2002–03, there were* ***16,108*** *closed treatment episodes which provided a total of* ***20,245*** *other treatment types. In 2002–03, closed treatment episodes from Victoria are excluded from any analysis involving 'other treatment types' as Victoria did 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 2002–03, there were a total of* ***151,175*** *treatment types reported, either as a main or other treatment type.*

See Section 1.2 and Boxes 3.1 and 4.1 for other definitions.

5.1 Jurisdictions and treatment programs

Nationally in 2002–03, counselling (42%), withdrawal management (detoxification) (19%) and assessment only (13%) were the most common main treatment types provided within alcohol and other drug treatment services (Table 5.1)[3]. Compared to 2001–02, in 2002–03 a slightly lower proportion of treatment episodes were for assessment only (13% in 2002–03, compared to 15% in

[3] In 2002–03, a very small number of closed treatment episodes (2,064) involved pharmacotherapy as the main treatment type. Throughout this chapter these episodes are included in the main treatment type category 'other'. It is important to note that agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS. Data on pharmacotherapy services in Australia are discussed in Section 7.4.

2001–02) and a slightly higher proportion for counselling (42% in 2002–03, compared to 39% in 2001–02).

In 2002–03, counselling was the most common main treatment type reported in all jurisdictions except for Queensland and the Australian Capital Territory. In Western Australia, counselling as the main treatment accounted for 58% of all treatment episodes, Tasmania 56% and Victoria 49%. The Australian Capital Territory reported the lowest proportion of treatment episodes where counselling was the main treatment (16%) and the highest proportion of treatment episodes where withdrawal management (detoxification) was the main treatment (51%).

South Australia reported an even spread of treatment episodes across most treatment types, with both counselling and rehabilitation each accounting for 23% of treatment episodes and withdrawal management (detoxification) and assessment only 22% each. In Queensland, the highest proportion of closed treatment episodes were for information and education only (45%), followed by counselling (29%). This pattern of main treatment in Queensland relates largely to the scope of their collection in 2002–03 (namely the inclusion of police diversion and government-provided services but not non-government-funded services; see Section 1.3 for further details).

Table 5.1: Closed treatment episodes by main treatment type and jurisdiction, Australia, 2002–03 (per cent)

Main treatment type	NSW	Vic	Qld[a]	WA	SA	Tas	ACT	NT	Australia	Total (no.)
Withdrawal management (detoxification)	22.6	21.0	5.4	9.7	21.6	15.7	50.7	8.9	18.9	24,767
Counselling	37.9	48.6	29.2	58.0	23.3	55.7	15.8	24.7	41.5	54,395
Rehabilitation	9.0	3.7	7.4	6.1	22.6	5.3	7.4	17.4	7.5	9,865
Support and case management only	6.0	11.2	4.2	0.7	2.5	3.2	15.8	3.7	6.9	9,097
Information and education only	2.8	0.3	45.1	13.8	1.9	0.8	0.1	21.4	8.0	10,478
Assessment only	17.3	10.6	5.6	9.5	21.8	7.5	4.4	19.9	12.7	16,632
Other[b]	4.4	4.6	3.1	2.1	6.3	11.8	5.8	4.1	4.4	5,696
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	. .
Total (number)	**41,166**	**45,306**	**14,195**	**14,222**	**7,440**	**2,568**	**3,001**	**3,032**	**130,930**	130,930
Per cent of closed treatment episodes	***31.4***	***34.6***	***10.8***	***10.9***	***5.7***	***2.0***	***2.3***	***2.3***	***100.0***	. .

(a) In Queensland a client undergoing Police Diversion automatically has the 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'. It is possible that the principal drug is not actually cannabis and it is anticipated that future modifications to data collection processes will enable this possibility to be reflected.

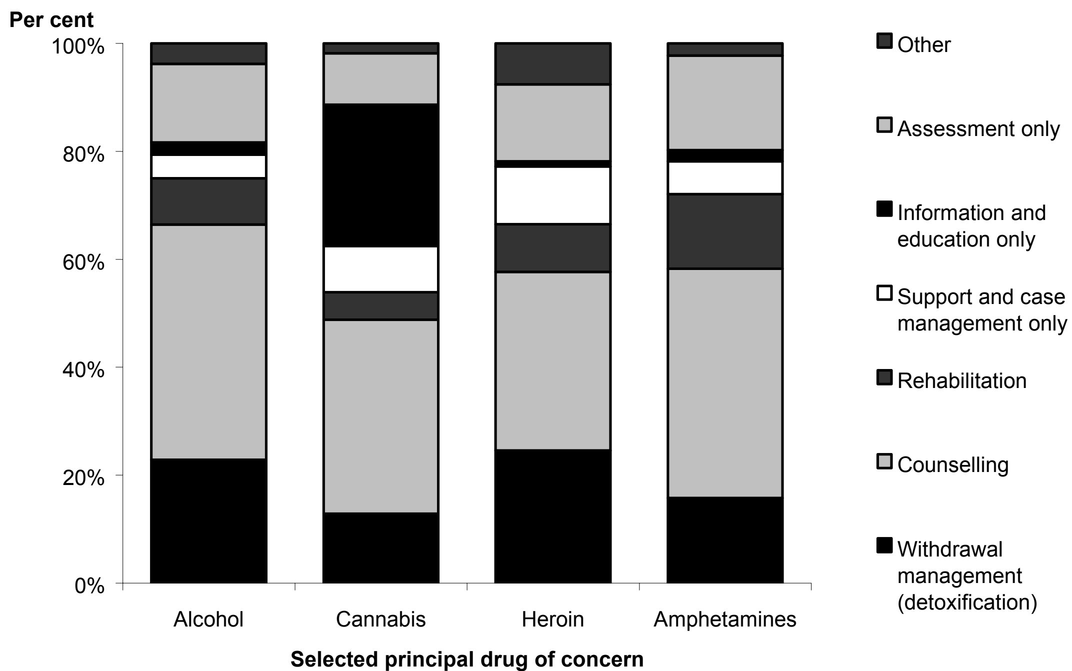
(b) 'Other' includes 2,064 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 7.4).

5.2 Main treatment for selected principal drugs

The main treatment type varied depending on the principal drug of concern the client sought treatment for. Overall, counselling accounted for the highest proportion of closed treatment episodes when alcohol (44%), cannabis (36%), heroin (33%) or amphetamines (43%) were the principal drug of concern (Figure 5.1). Where alcohol was the principal drug, the next most common treatment type was withdrawal management (detoxification) (23% of treatment episodes), followed by assessment only (15%) and rehabilitation (9%).

For treatment episodes where cannabis was reported as the principal drug, information and education only followed counselling as the next most common treatment (26%), with withdrawal management (detoxification) and assessment only the next most common treatments (13% and 10% respectively).

The most common treatment types reported for treatment episodes where heroin was the principal drug of concern were counselling (33%), withdrawal management (detoxification) (25%), assessment only (14%) and other (7%). For treatment episodes where amphetamines were reported as the principal drug, following counselling, assessment only (18%), withdrawal management (detoxification) (16%) and rehabilitation (14%) were the most common treatments.



Note: 'Other' includes 2,064 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 7.4).

Source: Table A4.14.

Figure 5.1: Closed treatment episodes by selected main treatment type and selected principal drug of concern, Australia, 2002–03

Duration of treatment episode—principal drug of concern

Duration of a closed treatment episode is determined in the AODTS–NMDS by calculating the number of days between the date the client commenced a treatment episode and the date the client ended the treatment episode. The following analysis investigates duration using the 'median number of days' per treatment episode for principal drug of concern.

The duration of a treatment episode may depend on the type of treatment received and the principal drug of concern for which treatment is provided. Overall, the median number of days for a treatment episode was 17 days (Table 5.2). The highest median number of treatment days within a treatment episode occurred where the principal drug of concern was heroin (22 days), followed by treatment episodes where either alcohol or amphetamines were the principal drug

of concern (17 days). Treatment episodes where the principal drug was cannabis had the lowest median treatment days (11 days) of the four drugs considered.

The category 'other' treatment had the highest number of treatment days per treatment episode (55 days). This is largely due to the inclusion of treatment episodes where pharmacotherapy was identified as the main treatment type.

Counselling had the second highest median number of treatment days per treatment episode (44 days). This varied slightly when principal drug was considered. For treatment episodes where the client was receiving counselling as their main treatment, the median number of days per treatment episode was highest when heroin was the principal drug of concern (52 days), compared to 44 days when alcohol was the principal drug, 43 days for cannabis and 42 days for amphetamines.

The median length of time spent on support and case management was longest where the principal drug of concern was heroin (51 days) and shortest where alcohol was the principal drug (32 days). For rehabilitation treatment, the overall median number of treatment days per treatment episode was 32 days, ranging from 26 days when amphetamines were the principal drug to 39 days for heroin.

Table 5.2: Duration of closed treatment episodes by main treatment type and selected principal drugs of concern, Australia, 2002–03[(a)]

Main treatment type	Alcohol	Heroin	Cannabis	Amphetamines	Total[(b)]
			(median number of days)		
Withdrawal management (detoxification)	7	7	9	6	7
Counselling	44	52	43	42	44
Rehabilitation	35	39	29	26	32
Support and case management only	32	51	49	40	43
Information and education only	3	1	1	1	1
Assessment only	1	8	2	1	1
Other[(c)]	43	87	32	25	55
Total (median number of days)	**17**	**22**	**11**	**17**	**17**
Total (number of treatment episodes)	**46,747**	**22,642**	**27,106**	**13,213**	**123,032**

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

(b) Includes not stated for Principal drug of concern and balance of principal drugs of concern coded according to ASCDC. See Appendix 6.

(c) 'Other' includes 2,064 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 7.4).

5.3 Client type, source of referral and treatment programs

Overall in 2002–03, the most common referrals to services were self-referrals (37% of treatment episodes), followed by referrals from alcohol and other drug treatment services (12%) and referrals from community-based corrections (10%) and police and court diversions (9%) (Table 5.3). Compared to 2001–02, treatment episodes in 2002–03 were slightly more likely to have resulted from self- referral (37% in 2002–03, compared to 35% in 2001–02) and referral via policy and court diversions (9% in 2002–03, compared to 8% in 2001–02).

As noted in Section 3.3, a very high proportion of closed treatment episodes were for clients seeking treatment for their own drug use (94%), and therefore the pattern of referral for this client group is expected to mirror the overall referral patterns. However, the referral pattern for clients seeking treatment for others' drug use was different from those seeking treatment for their own drug use. Where treatment is sought for someone else's drug use, a higher proportion of closed treatment episodes were self-referred (47%), followed by referrals from family members or friends (16%).

Table 5.3: Closed treatment episodes by client type and source of referral, Australia, 2002–03

	Own drug use		Others' drug use		Total	
Source of referral	**No.**	**%**	**No.**	**%**	**No.**	**%**
Self	45,026	36.6	3,679	46.6	48,705	37.2
Family member/friend	6,324	5.1	1,221	15.5	7,545	5.8
GP/medical specialist	8,319	6.8	291	3.7	8,610	6.6
Psychiatric and/or other hospitals	4,485	3.6	74	0.9	4,559	3.5
Community mental health services[(a)]	2,681	2.2	109	1.4	2,790	2.1
Alcohol & other drug treatment services[(a)]	15,224	12.4	559	7.1	15,783	12.1
Other community/health care services[(b)]	5,286	4.3	583	7.4	5,869	4.5
Community-based corrections	12,569	10.2	146	1.8	12,715	9.7
Police and court diversions	11,687	9.5	263	3.3	11,950	9.1
Other	10,498	8.5	895	11.3	11,393	8.7
Not stated	933	0.8	78	1.0	1,011	0.8
Total	**123,032**	**100.0**	**7,898**	**100.0**	**130,930**	**100.0**
Per cent of closed treatment episodes	***94.0***	. .	***6.0***	. .	***100.0***	. .

(a) Includes residential and non-residential services.

(b) Comprises other residential community care unit; non-residential medical and/or allied health care agency; other non-residential community health care agency/out-patient clinic; and other community service agency.

When closed treatment episodes for clients seeking treatment for their own drug use are considered, the most common treatments received were counselling (40%), withdrawal management (detoxification) (20%) and assessment only (13%) (Table 5.4). These proportions are very similar to those for the treatment population overall (Section 5.1)

As might be expected, some treatment types, such as withdrawal management (detoxification) and rehabilitation, are not used by clients receiving treatment only for someone else's drug use. Of the treatments used by people seeking treatment for others' drug use, the highest proportion of closed treatment episodes were for counselling (74%), then information and education only (16%). Clients seeking treatment for others' drug use also received support and case management only (4% of treatment episodes) and assessment only (3%).

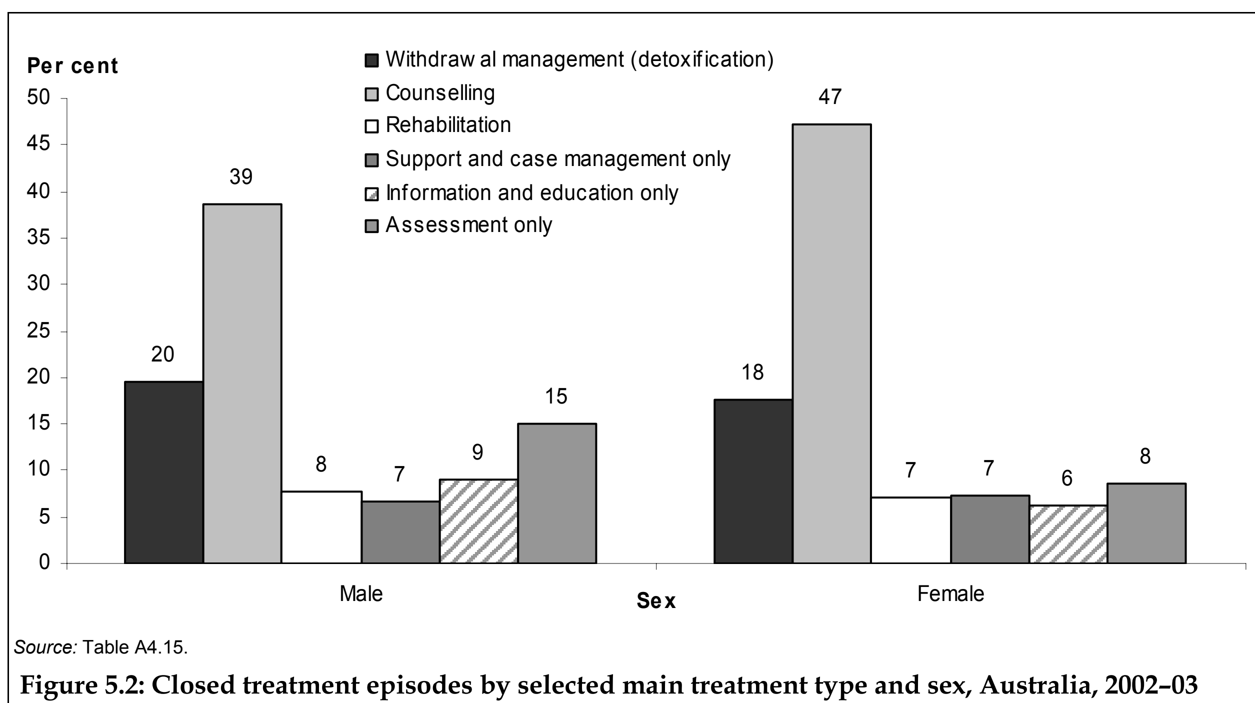
Table 5.4: Closed treatment episodes by client type and main treatment type, Australia, 2002–03

	Own drug use		Others' drug use		Total	
Main treatment type	**No.**	**%**	**No.**	**%**	**No.**	**%**
Withdrawal management (detoxification)	24,767	20.1	—	—	24,767	18.9
Counselling	48,577	39.5	5,818	73.7	54,395	41.5
Rehabilitation	9,865	8.0	—	—	9,865	7.5
Support and case management only	8,774	7.1	323	4.1	9,097	6.9
Information and education only	9,219	7.5	1,259	15.9	10,478	8.0
Assessment only	16,365	13.3	267	3.4	16,632	12.7
Other[(a)]	5,465	4.4	231	2.9	5,696	4.4
Total	**123,032**	**100.0**	**7,898**	**100.0**	**130,930**	**100.0**

(a) 'Other' includes 2,064 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 7.4).

5.4 Sex, age and treatment program

In 2002–03, the main treatment type often varied depending on the sex and age group of the client (Figures 5.2 and 5.3). Of treatment episodes where the clients were female, a higher proportion involved counselling as the main treatment (47%) than for males (39%). Male clients were slightly more likely to receive withdrawal management (detoxification) as their main treatment (20% of treatment episodes) than were females (18%), as was the case for assessment only (15% of treatment episodes for males, compared to 9% for females) and information and education only (9% for males and 6% for females). Seven per cent of treatment episodes for males and females were for clients receiving support and case management only.



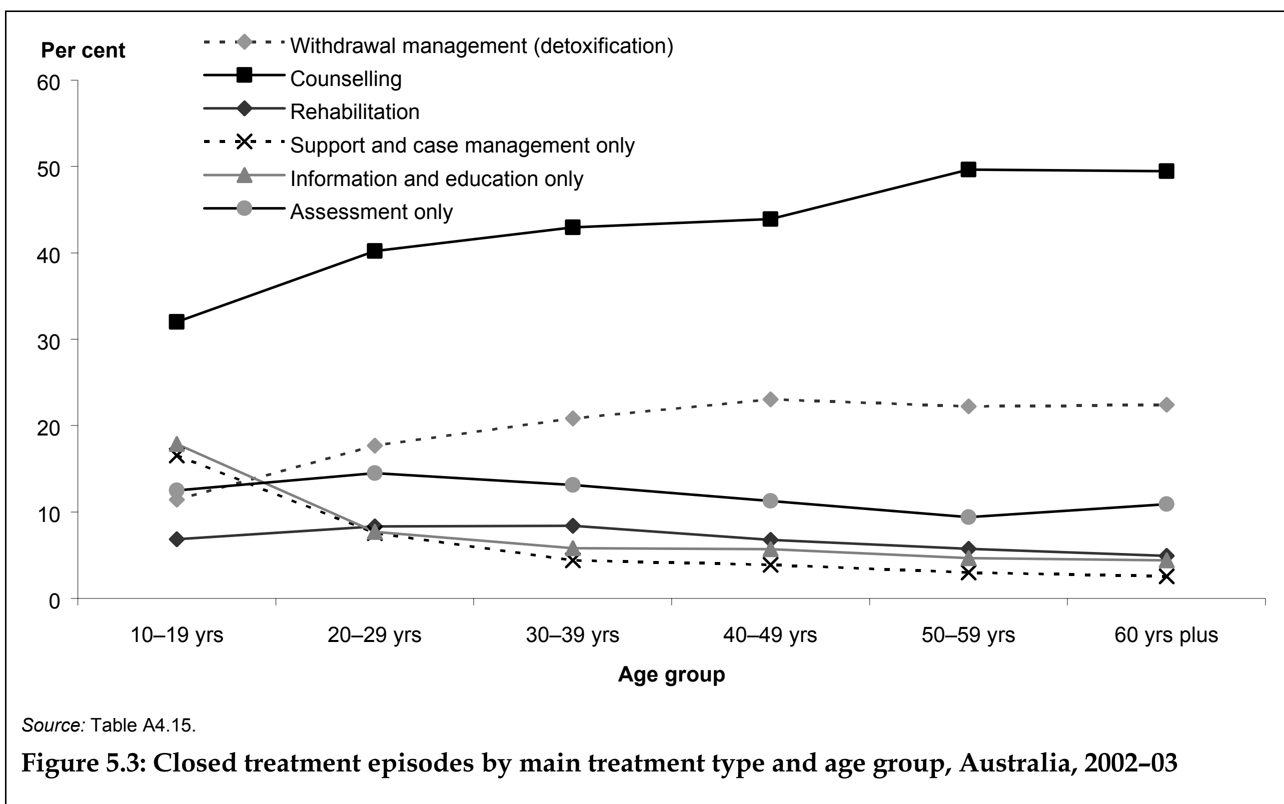
Source: Table A4.15.

Figure 5.2: Closed treatment episodes by selected main treatment type and sex, Australia, 2002–03

Overall, counselling accounted for 42% of closed treatment episodes nationally; however, this proportion varied when age group was considered (Figure 5.3). In 2002–03, the proportion of treatment episodes where counselling was the main treatment increased with the age of the client, from 32% of closed treatment episodes for clients aged between 10 and 19 years to 50% of episodes for clients in the 50–59 and the 60 and over age groups.

Withdrawal management (detoxification) was most common in treatment episodes where the clients were aged between 40 and 49 years (23%), followed by those aged in the 50–59 age group and clients aged 60 years or more (22% of treatment episodes each). Withdrawal management was least common amongst the younger age groups—11% of treatment episodes for clients aged between 10 and 19 years and 18% for those in the 20–29 age group.

Compared with counselling and withdrawal management (detoxification), there was a more even spread of closed treatment episodes across age groups for rehabilitation services. Rehabilitation ranged between 5% and 8% of treatment episodes for all age groups, slightly higher in younger clients (e.g. 8% of closed treatment episodes among those 20–29 years of age) and slightly lower in older clients (e.g. 5% of episodes for clients aged 60 years or more).



Source: Table A4.15.

Figure 5.3: Closed treatment episodes by main treatment type and age group, Australia, 2002–03

5.5 Indigenous status and treatment program

There are a number of differences when comparing treatment types for Aboriginal and Torres Strait Islander clients and other Australians. Specifically, treatment episodes involving Aboriginal and Torres Strait Islander clients were less likely to have withdrawal management (detoxification) as the main treatment (13% of treatment episodes for Indigenous clients, compared to 20% of episodes for other Australians) or counselling as the main treatment (38% for Indigenous clients, compared to 42% for other Australian clients) (Table 5.5). On the other hand, treatment episodes involving Aboriginal and Torres Strait Islander clients were more

likely to have information and education only and assessment only as the main treatments (15% each), compared to episodes for other Australian clients (8% and 12% respectively).

Table 5.5: Closed treatment episodes by main treatment type and Indigenous status, Australia, 2002–03

	Indigenous[(a)]		Non-Indigenous		Not stated		Total	
Main treatment type	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Withdrawal management (detoxification)	1,597	13.1	22,164	20.0	1,006	12.8	24,767	18.9
Counselling	4,580	37.7	46,651	42.1	3,164	40.3	54,395	41.5
Rehabilitation	1,189	9.8	8,308	7.5	368	4.7	9,865	7.5
Support and case management only	849	7.0	7,466	6.7	782	10.0	9,097	6.9
Information and education only	1,828	15.0	8,279	7.5	371	4.7	10,478	8.0
Assessment only	1,797	14.8	13,206	11.9	1,629	20.8	16,632	12.7
Other[(b)]	308	2.5	4,858	4.4	530	6.8	5,696	4.4
Total	**12,148**	**100.0**	**110,932**	**100.0**	**7,850**	**100.0**	**130,930**	**100.0**
Per cent of closed treatment episodes	***9.3***	. .	***84.7***	. .	***6.0***	. .	***100.0***	. .

(a) In tables the term 'Indigenous' refers to people who identified as Aboriginal or Torres Strait Islander people; 'Non-Indigenous' refers to people who said they were not Aboriginal or Torres Strait Islander people.

(b) 'Other' includes 2,064 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 7.4).

5.6 Geographic location and treatment program

In 2002–03, across all areas—except for very remote areas—counselling was the most commonly reported main treatment (accounting for 39% of treatment episodes in major cities, 50% in inner regional, 42% in outer regional and 45% in remote areas) (Table 5.6). In very remote areas, rehabilitation was the most common treatment type (35% of treatment episodes). The spread of other treatment types varied by geographic location of the treatment agency. In major cities and inner regional areas, withdrawal management (detoxification) was the second most common treatment (22% and 13% respectively), followed by assessment only in major cities (15%) and information and education only in inner regional areas (10%). In outer regional, remote and very remote areas, information and education only was the second most prominent treatment type (27%, 17% and 28%respectively), followed by withdrawal management (detoxification) in outer regional and very remote areas (9% and 22% respectively) and assessment only in remote areas (12%). As noted in Section 4.5 caution should be taken when interpreting geographical data.

Table 5.6: Closed treatment episodes by main treatment type and geographic location,[a] Australia, 2002–03 (per cent)

Main treatment type	Major cities	Inner regional	Outer regional	Remote	Very remote	Total [b]	Total (number)[b]
Withdrawal management (detoxification)	21.9	13.0	8.9	7.7	21.8	18.9	24,767
Counselling	39.1	50.1	42.4	44.8	7.0	41.5	54,395
Rehabilitation	8.1	6.3	4.4	15.2	34.5	7.5	9,865
Support and case management only	6.6	8.6	7.2	2.8	2.8	6.9	9,097
Information and education only	4.9	10.2	27.1	16.5	27.5	8.0	10,478
Assessment only	14.6	8.4	6.8	11.5	4.9	12.7	16,632
Other[c]	4.8	3.4	3.2	1.5	1.4	4.4	5,696
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**130,930**
Per cent of closed treatment episodes	***70.8***	***19.0***	***8.6***	***1.3***	***0.1***	***100.0***	. .

(a) The geographic location of treatment agencies in the 2002–03 AODTS–NMDS has been analysed using the Australian Bureau of Statistics Australian Standard Geographical Classification (see Appendix 5).

(b) Includes not stated for geographic location.

(c) 'Other' includes 2,064 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 7.4).

5.7 Additional treatments

As well as identifying the main treatment type, all other forms of treatment provided to the client for alcohol and other drugs are also recorded as part of the AODTS–NMDS. This section looks at the main treatment type of clients together with a short list of other treatment types. This analysis provides an indication of multiple treatment usage in alcohol and other drug treatment services. For this analysis, Victoria was excluded as it did not provide data for 'other treatment type'.

In 2002–03, of the 85,624 closed treatment episodes where clients were seeking treatment, 16,108 episodes (19%) reported at least one other treatment type—that is, a main treatment type and at least one other treatment type (Table 5.7). This proportion varied with the main treatment type—in closed treatment episodes where rehabilitation was the main treatment type, 45% of clients reported at least one other treatment; and where withdrawal management (detoxification) was the main treatment, 35% of clients reported more than one treatment type. Where counselling was the main treatment, only 17% of clients reported at least one other treatment type.

The nature of some treatments—such as support and case management only, information and education only and assessment only—means that they can not be reported as a secondary treatment type, therefore these treatments were only recorded as main treatments.

Table 5.7: Number of closed treatment episodes by main treatment type, with or without other treatment type, Australia, 2002–03[a]

Main treatment type	With other treatment type	With no other treatment type	Total episodes	Proportion of episodes with other treatment type
Withdrawal management (detoxification)	5,361	9,894	15,255	35.1
Counselling	5,386	27,006	32,392	16.6
Rehabilitation	3,693	4,500	8,193	45.1
Support and case management only	—	4,011	4,011	—
Information and education only	—	10,341	10,341	—
Assessment only	—	11,814	11,814	—
Other[b]	1,668	1,950	3,618	46.1
Total	**16,108**	**69,516**	**85,624**	**18.8**

(a) Excludes 45,306 closed treatment episodes from Victoria, as it did not provide data for 'other treatment type'.

(b) 'Other' includes 2,064 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 7.4).

From the 16,108 closed treatment episodes that did report at least one other treatment type, 20,245 other treatment types were reported (clients are able to report up to four other treatment types) (Table A4.13). This equates to an average of 1.3 other treatments for clients of these treatment episodes.

5.8 Reason for cessation and treatment program

As described in Section 4.9, in the AODTS–NMDS there are a number of reasons why a treatment episode can end. Overall, the most common reason for ending a treatment episode was because the treatment was completed (52%), followed by treatment ending where the client ceased to participate without notice to the treatment agency (16%)[4] (Table 5.8).

The reason for cessation of a treatment episode differs by main treatment type. Treatment was relatively more likely to be completed where the main treatment type was assessment only (73% of episodes with this treatment type) and less likely where the main treatment type was rehabilitation (35%) or information and education only (26%) (Table 5.8). The low proportion of episodes for information and education ending in completion related to the fact that the majority of these treatment episodes ended at expiation (62%). This finding may be expected as expiation, as defined in the AODTS–NMDS, refers to when a client has expiated their offence by completing a recognised education or information program. This relates closely to the use of

[4] This number is different from that reported in Chapter 4, as data reported in this Chapter include all client types, not just those receiving treatment for their own drug use or their own and someone else's drug use (as is the case in Chapter 4).

expiation for cannabis use—77% of all treatment episodes where information and education was the main treatment type involved cannabis as the principal drug of concern[5].

A relatively high proportion of treatment episodes for counselling were recorded as ending because the client ceased to participate without notice (25% of all episodes for counselling). Rehabilitation and withdrawal management (detoxification) were the treatment types with the highest proportion of episodes ending with a client ceasing to participate against advice (16% and 11% of treatment episodes respectively).

Table 5.8: Closed treatment episodes by main treatment type and selected reason for cessation, Australia, 2002–03 (per cent)

Main treatment type	Treatment completed	Transferred to another service provider	Ceased to participate without notice	Ceased to participate against advice	Ceased to participate at expiation	Other[(a)]	Total[(b)]	Total (no.)
Withdrawal management (detoxification)	60.1	4.9	9.8	11.6	0.7	10.9	100.0	24,767
Counselling	49.0	7.0	25.4	2.3	1.0	13.5	100.0	54,395
Rehabilitation	34.7	5.9	13.8	16.1	1.0	26.0	100.0	9,865
Support and case management only	57.9	9.2	11.4	2.0	0.6	17.6	100.0	9,097
Information and education only	25.7	1.9	2.3	1.1	61.6	6.7	100.0	10,478
Assessment only	73.3	11.5	4.5	1.1	0.5	8.3	100.0	16,632
Other[(c)]	48.7	10.3	18.4	2.1	0.5	14.6	100.0	5,696
Total (per cent)	**51.9**	**7.0**	**15.8**	**4.8**	**5.7**	**13.1**	**100.0**	. .
Total (number)	**67,892**	**9,144**	**20,654**	**6,314**	**7,454**	**17,118**	**130,930**	. .

(a) Includes: change in main treatment type; change in delivery setting; change in the principal drug of concern; all other ceased to participate categories; drug court and/or sanctioned by court diversion service; Imprisoned other than drug court sanctioned; and died.

(b) Includes not stated for reason for cessation.

(c) 'Other' includes 2,064 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 7.4).

[5] In Queensland a client undergoing Police Diversion automatically has the principal drug of concern recorded as 'cannabis', the main treatment type as 'information and education only' and reason for cessation as 'ceased to participate at expiation'. It is possible that the principal drug of concern is not actually cannabis and it is anticipated that future modifications to data collection processes will enable this to be reflected.

5.9 Treatment delivery setting and treatment program

Treatment delivery setting refers to the setting in which the main treatment is provided—settings include non-residential or residential facilities, homes, outreach settings or other settings. Just over two-thirds (67%) of treatment episodes occurred at a non-residential facility[6] (Table 5.9). About one-fifth (21%) of treatment episodes occurred in residential facilities and 7% in an outreach setting such as a mobile van service.

Treatment episodes conducted in residential facilities or home settings were most likely to be for withdrawal management (detoxification) (56% and 68% respectively). The next most likely treatment in a residential treatment facility was rehabilitation (27%), while, for home settings, the next most likely treatment type was counselling (16%) or assessment only (10%).

Of treatment episodes that were conducted in a non-residential treatment facility, the majority of episodes had counselling as the main treatment (56%), followed by assessment only (16%) and withdrawal management (detoxification) and information and education only (8% each).

A high proportion of treatment episodes that were conducted in an outreach setting reported support and case management only as their main treatment (45%). The next most common treatments for this delivery setting were counselling (28%) and information and education only (16%).

Table 5.9: Closed treatment episodes by main treatment type and treatment delivery setting, Australia, 2002–03 (per cent)

Main treatment type	Non-residential treatment facility	Residential treatment facility	Home	Outreach setting	Other	Total
Withdrawal management (detoxification)	7.8	55.6	68.3	2.8	2.6	18.9
Counselling	56.2	4.7	15.9	27.7	17.7	41.5
Rehabilitation	2.2	27.1	0.6	2.1	7.6	7.5
Support and case management only	5.1	0.6	2.8	45.3	1.3	6.9
Information and education only	8.1	2.6	1.7	15.6	45.1	8.0
Assessment only	15.7	5.8	10.0	5.1	16.0	12.7
Other[(a)]	4.9	3.5	0.6	1.4	9.6	4.4
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**88,178**	**27,827**	**3,066**	**9,474**	**2,385**	**130,930**
Per cent of closed treatment episodes	***67.3***	***21.3***	***2.3***	***7.2***	***1.8***	***100.0***

(a) 'Other' includes 2,064 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 7.4).

Duration of treatment episode—treatment delivery setting

Overall, the median number of treatment days for a treatment episode was 17 days (Table 5.10). The highest median number of days within a treatment episode occurred where the treatment delivery was either in a non-residential treatment facility or in an outreach setting (26

[6] Some of these non-residential facilities may also have a component of residential care available.

and 25 days respectively). Treatment episodes where the treatment delivery setting was a client's home had a median length of treatment of 16 days, while clients receiving treatment in residential treatment facilities had a median length of 7 treatment days.

The category 'other' treatment had the highest number of treatment days per treatment episode (51 days). This is largely due to the inclusion of treatment episodes where pharmacotherapy was identified as the main treatment type.

Overall, the median length of time spent on support and case management was 43 days. This varied by treatment delivery setting—46 days for those receiving treatment in an outreach setting, 39 days for non-residential treatment facilities, 21 days for home and 8 days for residential treatment facilities.

The median duration of treatment episodes involving withdrawal management (detoxification) was 7 days. The highest median length for this treatment type was for clients receiving services in a non-residential treatment facility or at home (17 and 16 days respectively). The shortest median duration for this treatment type was for clients receiving treatment through an outreach setting (4 days).

Table 5.10: Duration[(a)] of closed treatment episodes by main treatment type and treatment delivery setting, Australia, 2002–03

Main treatment type	Non-residential treatment facility	Residential treatment facility	Home	Outreach setting	Other	Total
	(median number of days)					
Withdrawal management (detoxification)	17	6	16	4	5	7
Counselling	47	22	64	29	30	45
Rehabilitation	24	35	29	4	32	32
Support and case management only	39	8	21	46	19	43
Information and education only	1	3	1	1	1	1
Assessment only	2	1	1	1	1	1
Other[(b)]	42	113	23	3	31	51
Total	**26**	**7**	**16**	**25**	**1**	**17**
Total (number of treatment episodes)	**88,178**	**27,827**	**3,066**	**9,474**	**2,385**	**130,930**

(a) As stated in Section 5.3, duration of a closed treatment episode is determined in the AODTS–NMDS by calculating the number of days between the date the client commenced a treatment episode and the data the client ended a treatment episode. This analysis investigates duration using the 'median number of days' per treatment episode for treatment delivery setting.

(b) 'Other' includes 2,064 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 7.4).

Treatment delivery setting and principal drug of concern

For treatment episodes where the delivery setting was either a non-residential treatment facility, a residential treatment facility or the client's home, the principal drug of concern to the client was most likely to be alcohol (38%, 43% and 38% respectively) (Table 5.11). The next most common principal drug for clients in non-residential facilities and at home was cannabis (24% and 21% respectively), followed by heroin for both treatment settings (17% each). The second

most common principal drug of concern where the treatment delivery setting was a residential treatment facility was heroin (24%), then amphetamines and cannabis (12% each).

For treatment episodes where the delivery setting was either an outreach setting or an 'other' delivery setting, the most common principal drug was cannabis (28% and 47% respectively). The next most common principal drug of concern for clients receiving treatment through an outreach setting was alcohol (24%), then heroin (15%) and amphetamines (11%). This pattern was repeated for those receiving treatment through 'other' delivery settings (26%, 9% and 9% respectively).

These patterns reflect the fact that alcohol, cannabis, heroin and amphetamines are the four most common principal drugs of concern in the AODTS–NMDS for 2002–03.

Table 5.11: Closed treatment episodes by principal drug of concern and treatment delivery setting, Australia, 2002–03[(a)] (per cent)

Principal drug of concern	Non-residential treatment facility	Residential treatment facility	Home	Outreach setting	Other	Total
Alcohol	38.1	42.8	38.2	23.9	25.9	38.0
Amphetamines	10.3	11.9	11.1	11.3	9.1	10.7
Benzodiazepines	2.1	2.2	4.4	1.3	1.0	2.1
Cannabis	24.1	12.2	21.0	28.0	46.5	22.0
Cocaine	0.3	0.3	0.1	0.4	0.3	0.3
Ecstasy	0.4	0.1	0.2	0.7	0.2	0.3
Heroin	17.0	24.3	16.9	15.4	8.8	18.4
Methadone	1.7	1.7	1.9	2.8	1.7	1.8
Nicotine	1.1	0.5	0.4	7.8	1.2	1.4
Other drugs[(b)]	4.2	3.7	5.6	8.4	4.3	4.4
Not stated	0.7	0.4	0.2	0.2	1.0	0.5
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**81,714**	**27,727**	**2,989**	**8,346**	**2,256**	**123,032**
Per cent of closed treatment episodes	***66.4***	***22.5***	***2.4***	***6.8***	***1.8***	***100.0***

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

(b) Includes not stated for principal drug of concern, and balance of principal drugs of concern coded according to ASCDC. See Appendix 6.

6 Special theme—clients aged 10–29 years

Previous chapters of this report have profiled clients who seek treatment from government-funded alcohol and other drug treatment services, the types of drugs for which they seek treatment and the types of treatment they receive. This special theme chapter shifts the focus to younger clients (aged between 10 and 29 years), comparing their characteristics and treatment experiences to older clients (aged 30 years and over). This theme was selected on the basis of feedback received from the agencies that provide data for the AODTS–NMDS via the 2003 Survey of Treatment Agencies.

Further information about the use of and perceptions about use of drugs among different age groups within the Australian population is included in Section 7.3 on the National Drug Strategy Household Survey.

Box 6.1: Key definitions and counts for closed treatment episodes and treatment programs, 2002–03

Closed treatment episode *refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. In 2002–03 there were:*

- ***15,968*** *closed treatment episodes for clients aged 10–19 years;*
- ***43,529*** *closed treatment episodes for clients aged 20–29 years; and*
- ***69,158*** *closed treatment episodes for clients aged 30 years or more.*

Principal drug of concern *refers to the main substance that the client states led him or her to seek treatment from the alcohol and other drug treatment agency. Within this report, only clients seeking treatment for their own substance use are included in analysis involving principal drug of concern. It is assumed that only substance users themselves can accurately report on the principal drug of concern to them. In 2002–03 there were:*

- ***15,045*** *closed treatment episodes for clients aged 10–19 years reporting a principal drug;*
- ***42,606*** *closed treatment episodes for clients aged 20–29 years reporting a principal drug; and*
- ***63,484*** *closed treatment episodes for clients aged 30 years or more reporting a principal drug.*

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 2002–03 the number of closed treatment episodes reporting a main treatment is the same as the 'closed treatment episode' count above.*

See Section 1.2 and Boxes 3.1, 4.1 and 5.1 for other definitions.

6.1 Client profile

Client type and sex

Of the 130,930 closed treatment episodes in 2002–03, approximately 12% (15,955) were for clients aged 10–19 years, 33% (43,478) were for clients aged 20–29 years and 53% (69,076) for clients aged 30 years or more (Table 6.1).

Among the treatment population overall, males were more likely than females to receive treatment—65% of treatment episodes relating to male and 35% to female clients of all ages. This pattern was slightly accentuated among the younger treatment population—males accounting for 68% of 10–19 year olds and 67% of 20–29 year olds receiving treatment.

Overall, clients aged under 30 years of age were less likely than clients aged 30 years or more to receive treatment for someone else's drug problem—3% (or 1,846 from 59,433) of treatment episodes among clients aged 10–29 years, compared with 8% (or 5,659 from 69,076) of treatment episodes among clients aged 30 years or more. However, this pattern varied within the younger age groups and between the sexes. Among females, clients aged 30 years or more were substantially more likely to seek treatment in relation to another person's drug use (16%, compared to 4% of female clients aged 20–29 years and 8% of female clients aged 10–19 years). In contrast, while males aged 30 years or more were more likely than those aged 20–29 years to receive treatment for someone else's drug problem (4%, compared to 1%), they were marginally less likely to do so than males aged 10–19 years (5%).

Table 6.1: Closed treatment episodes by age group by client type and sex, Australia, 2002–03

	10–19 years		20–29 years		30 years and over		Total[(a)]		
Client type	**Males**	**Females**	**Males**	**Females**	**Males**	**Females**	**Males**	**Females**	**Persons[(b)]**
					(Number)				
Own drug use	10,340	4,692	28,980	13,575	42,483	20,934	82,932	39,954	123,032
Others' drug use	491	432	329	594	1,662	3,997	2,605	5,277	7,898
Total	**10,831**	**5,124**	**29,309**	**14,169**	**44,145**	**24,931**	**85,537**	**45,231**	**130,930**
					(Per cent)				
Own drug use	95.5	91.6	98.9	95.8	96.2	84.0	97.0	88.3	94.0
Others' drug use	4.5	8.4	1.1	4.2	3.8	16.0	3.0	11.7	6.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Per cent of closed treatment episodes	***8.3***	***3.9***	***22.4***	***10.8***	***33.7***	***19.0***	***65.3***	***34.5***	***100.0***

(a) Includes 2,275 closed treatment episodes where age was not stated.

(b) Includes 162 closed treatment episodes where sex was not stated.

Indigenous status

As noted in Chapter 3, 12,136 closed treatment episodes (or 9% of the 130,930 closed treatment episodes in 2002–03) involved clients who identified as Aboriginal and Torres Strait Islander people (Table 3.3), which is higher than the overall proportion of Aboriginal and Torres Strait Islander people in the total Australian population (2.4%; ABS 2004)[7]. The percentage of treatment episodes for clients aged 10–19 years was higher for Aboriginal and Torres Strait Islander clients (17%) than for other Australians (12% in the same age group) (Table A4.16). However, treatment episodes for clients aged over 30 years were relatively less common among Aboriginal and Torres Strait Islander clients (46% of Aboriginal and Torres Strait Islander clients were aged over 30 years) compared to other Australian clients (53% of other Australian clients were aged over 30 years). It is likely that these patterns relate to differences in the underlying age structure of Aboriginal and Torres Strait Islander people in the general population, with Indigenous people having a younger age profile than other Australians.

6.2 Drugs of concern

Principal drug of concern

Young clients have a markedly different profile in terms of their principal drug of concern (Table 6.2). For example:

- clients aged under 30 years were much more likely than older clients to receive treatment related to cannabis—50% of treatment episodes among the 10–19 age group and 26% among the 20–29 age group had cannabis as the principal drug of concern, compared to 13% of treatment episodes for clients aged 30 years or more;
- clients aged under 30 years were also somewhat more likely to receive treatment related to amphetamines (accounting for 11% of treatment episodes among 10–19 year olds and 15% among 20–29 year olds, compared to 8% among clients aged 30 years or more);
- clients aged under 30 years were far less likely to receive treatment for alcohol as the principal drug of concern (accounting for 17% of treatment episodes among 10–19 year olds, 22% among 20–29 year olds and 54% among clients aged 30 years or more); and
- the age group most likely to be receiving treatment for heroin was the 20–29 age group—27% of all treatment episodes in this age group were for heroin, compared to 12% among clients aged 10–19 years and 14% among clients aged 30 years or more.

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[7] As also noted in Chapter 3, data on Aboriginal and Torres Strait Islander people in the AODTS treatment population should be interpreted with caution. The overall proportion of episodes relating to clients reported as being of Aboriginal and/or Torres Strait Islander origin is only slightly higher than the proportion of episodes where Indigenous status was 'not stated'. Further, the majority of dedicated Indigenous substance use services are not included in the AODTS–NMDS collection (see Section 1.3 for further details).

Table 6.2: Closed treatment episodes by age group and principal drug of concern, Australia, 2002–03[(a)]

Principal drug of concern	10–19 years	20–29 years	30 years or more	Total[(b)]	10–19 years	20–29 years	30 years or more	Total[(b)]
	(Number)				(Per cent)			
Alcohol	2,616	9,432	34,233	46,747	17.4	22.1	53.9	38.0
Amphetamines	1,599	6,498	4,863	13,213	10.6	15.3	7.7	10.7
Benzodiazepines	108	777	1,686	2,609	0.7	1.8	2.7	2.1
Cannabis	7,466	11,218	7,924	27,106	49.6	26.3	12.5	22.0
Cocaine	26	126	146	323	0.2	0.3	0.2	0.3
Ecstasy	87	219	88	416	0.6	0.5	0.1	0.3
Heroin	1,855	11,439	9,095	22,642	12.3	26.8	14.3	18.4
Methadone	80	861	1,206	2,173	0.5	2.0	1.9	1.8
Nicotine	213	171	1,221	1,693	1.4	0.4	1.9	1.4
All other drugs[(c)]	894	1,624	2,698	5,434	5.9	3.8	4.2	4.4
Not stated/ missing	101	241	324	676	0.7	0.6	0.5	0.5
Total	**15,045**	**42,606**	**63,484**	**123,032**	**100.0**	**100.0**	**100.0**	**100.0**

(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 drug of concern coded according to the ASCDC. See Appendix 6.

‘Party drugs’

‘Party drugs’ are a group of drugs commonly used at dance parties, raves and night clubs. Party drugs include, but are not limited to: ecstasy, LSD, Ketamine, amphetamines (including methamphetamines such as speed, crystal and base), GHB and cocaine. These drugs—mainly stimulants—are used to enhance the party environment by making the music sound different, lights appear brighter and, due to the stimulant effect, enable the user to dance for longer periods, giving them more energy and the ability to stay awake. The potential for harm when using ‘party drugs’ may range from general confusion through to psychosis and, in extreme cases, death (NDARC 2000).

In 2002–03 there were 13,991 closed treatment episodes relating to drugs often referred to as ‘party drugs’ or ‘club drugs’ (Table 6.3). These treatment episodes represent a relatively small proportion of all treatment received and reported under the AODTS–NMDS, accounting for about 11% of all treatment episodes in 2002–03 for which a principal drug was reported.

When we consider ‘party drugs’ as the principal drug of concern, we see that, overall, treatment episodes involving clients aged 10–29 were more than one and a half times as likely to involve these selected drugs—accounting for 8,575 treatment episodes, compared to 5,265 treatment episodes among clients aged 30 years or more. The 20–29 age group accounted for by far the highest number of treatment episodes relating to these drugs (6,856 treatment episodes).

By far the most common 'party drugs' for which treatment was received were amphetamines, accounting for around 94% of treatment episodes for these drugs. Ecstasy and cocaine were the next most likely 'party drugs' for which treatment was sought; however, the ordering of these drugs varied slightly among the three age groups. Among the younger age groups the second most likely 'party drug' was ecstasy (5% for 10–19 year olds and 3% for 20–29 year olds) and then cocaine (2% each), while for clients aged 30 years or more, cocaine was the second most likely (3%) and then ecstasy (2%). Very few treatment episodes related to other party drugs such as LSD (30 episodes), GHB (1), ketamine (6) and amyl nitrate (2) as a principal drug.

Table 6.3: Closed treatment episodes by age group and principal drug of concern—'party drugs', Australia, 2002–03[(a)]

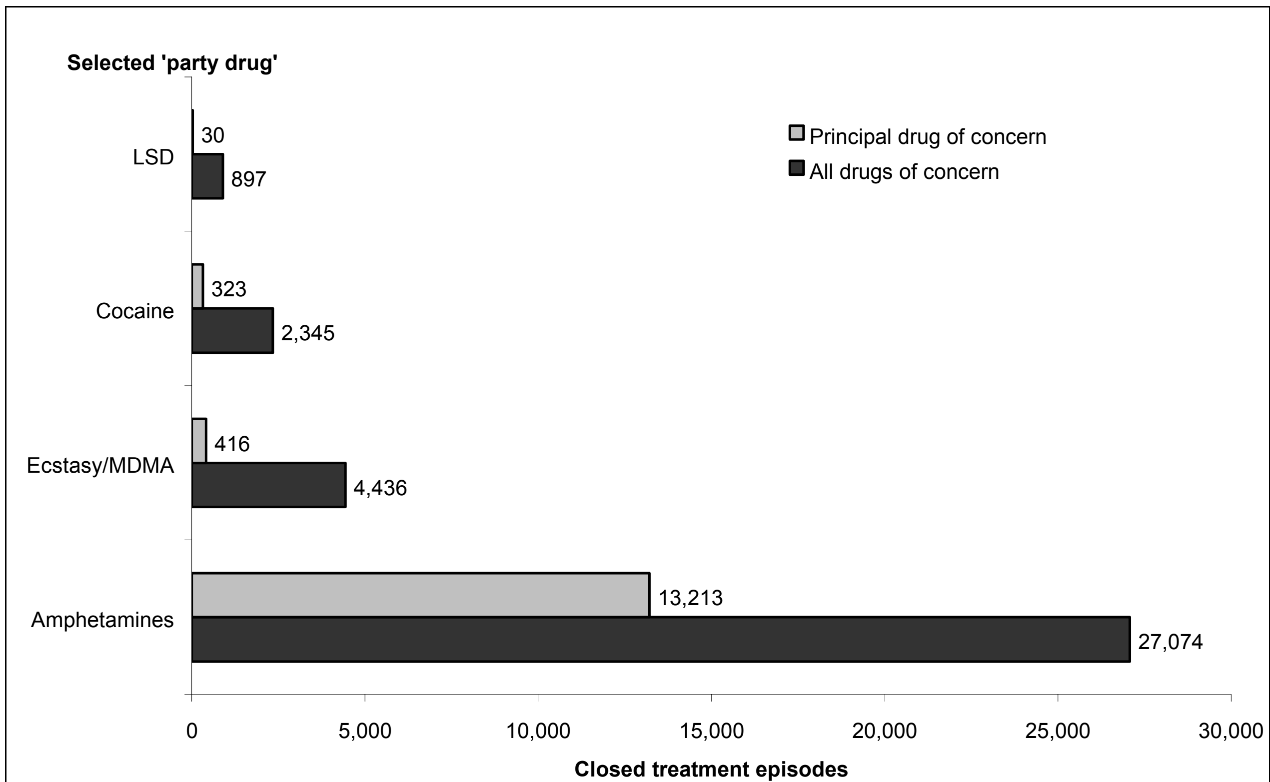
Principal drug of concern	10–19 years		20–29 years		30 years and over		Total[(c)]	
	No.	%	No.	%	No.	%	No.	%
Amphetamines[(b)]	1,599	93.0	6,498	94.8	4,863	92.4	13,213	94.4
Ecstasy	87	5.1	219	3.2	88	1.7	416	3.0
Cocaine	26	1.5	126	1.8	146	2.8	323	2.3
LSD	7	0.4	7	0.1	5	0.1	30	0.2
GHB	0	0.0	1	0.0	0	0.0	1	0.0
Ketamine	0	0.0	5	0.1	1	0.0	6	0.0
Amyl nitrate	0	0.0	0	0.0	2	0.0	2	0.0
Total	**1,719**	**100.0**	**6,856**	**100.0**	**5,265**	**100.0**	**13,991**	**100.0**

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

(b) Amphetamines include methamphetamines such as ice, crystal, base and speed.

(c) Includes not stated for age.

When considering all 'party drugs' of concern (that is, 'party drugs' nominated as the principal drug of concern or as an other drug of concern), a different pattern emerges (Figure 6.1). For all age groups, 29% of closed treatment episodes involved a 'party drug' as one of their drugs of concern, compared to 11% as the principal drug of concern (Table A4.17). This pattern was particularly marked in the case of treatment episodes involving amphetamines (13,213 or 11% of treatment episodes involved amphetamines as the principal drug of concern whereas, 27,074 or 22% included them as a drug of concern), ecstasy (identified in 416 or 0.3% of treatment episodes as the principal drug and 4,436 or 4% as a drug of concern) and cocaine (identified in 323 or 0.3% of treatment episodes as the principal drug and 2,345 or 2% as a drug of concern).

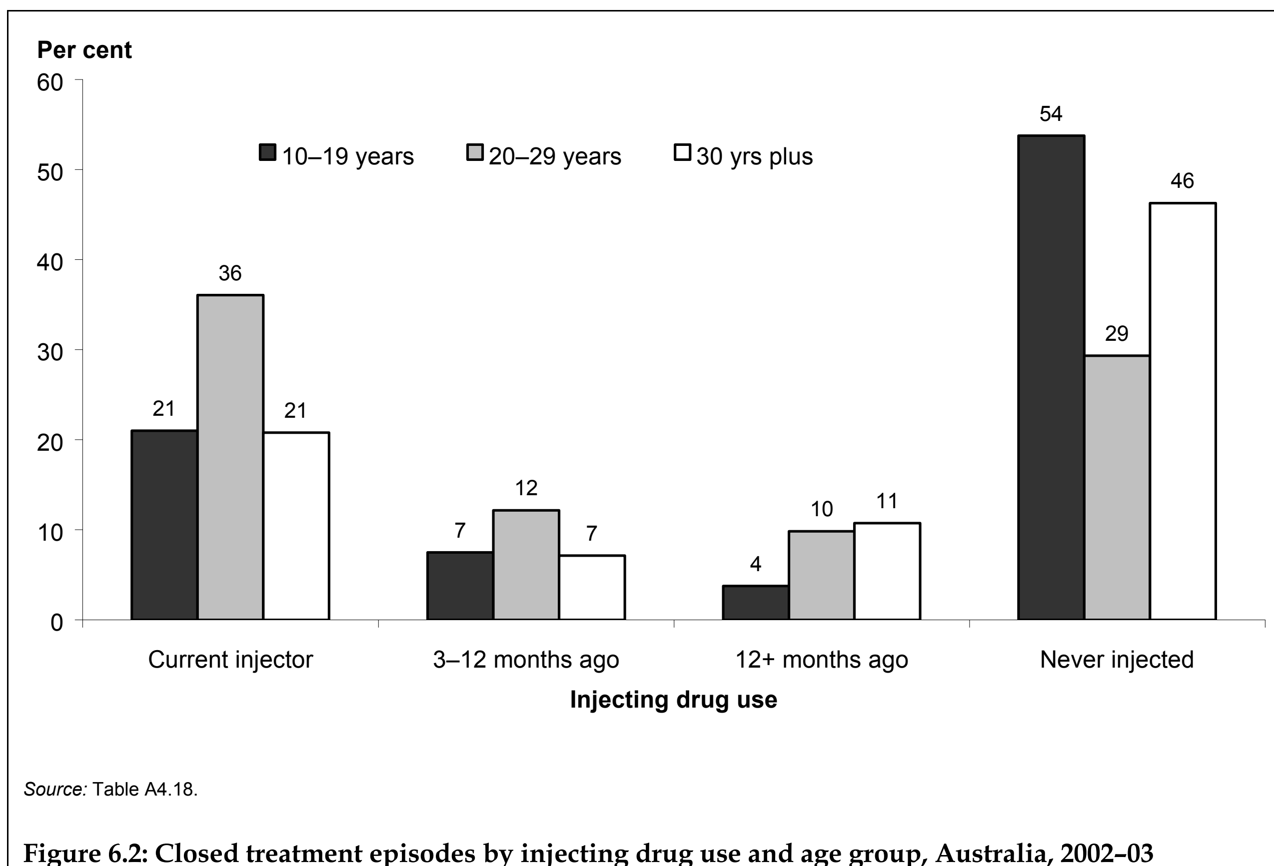


Source: Table A4.17.

Figure 6.1: Closed treatment episodes by principal drug of concern and all drugs of concern, selected 'party drugs', Australia, 2002–03

Injecting drug use

Overall, 26% of clients reported that they were current injectors, a further 19% had injected in the past (9% between 3 and 12 months ago and 10% 12 or more months ago) and 41% had never injected (Table 4.6 or Table A4.18). The 20–29 age group were more likely than the younger and older age groups to be current injectors (36%, compared with 21% for both clients aged 10–19 years and 30 years or more) and less likely to have never injected (29%, compared with 54% and 46% respectively) (Figure 6.2). Note that caution should be taken when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (14% of treatment episodes).



Source: Table A4.18.

Figure 6.2: Closed treatment episodes by injecting drug use and age group, Australia, 2002–03

Source of referral

Compared to clients aged 30 years or more, younger clients were less likely to self-refer (21% among treatment episodes for 10–19 year olds and 35% for 20–29 year olds, compared with 41% among clients aged 30 years or more), less likely to be referred by a general practitioner or medical specialist (2% and 5%, compared with 9% respectively), and more likely to be referred via community-based corrections (18% and 12%, compared with 7%) or police/court diversion processes (17% and 12%, compared with 6%) (Table 6.4). It is likely that the relatively high proportion of referrals via police/court diversion processes among the younger age groups relates to the higher proportion of treatment for cannabis among younger clients compared with older clients. Cannabis was the principal drug of concern for 50% of clients aged 10–19 and 26% of clients age 20–29 years, compared with 13% for clients aged 30 year or more in 2002–03, and cannabis was the principal drug in 63% of treatment episodes referred by police or court diversion processes (Tables 6.2 and 4.4). This pattern, in turn, is affected by the large number of treatment episodes from Queensland for clients undergoing police diversion (these accounted for more than half of all treatment episodes of this referral type)[8].

[8] In Queensland, clients referred for treatment as part of a police diversion process automatically have the principal drug of concern recorded as 'cannabis', the main treatment type as 'information and education only' and reason for cessation as 'ceased at expiation'. It is possible that the principal drug is not actually cannabis and it is anticipated that future modifications to data collection processes will enable this possibility to be reflected.

Table 6.4: Closed treatment episodes by source of referral and age group, Australia, 2002–03[a]

	10–19 years		20–29 years		30 years and over		Total[b]	
Source of referral	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Self	3,202	21.3	14,941	35.1	25,974	40.9	45,026	36.6
Family member/friend	1,293	8.6	2,254	5.3	2,612	4.1	6,324	5.1
GP/medical specialist	355	2.4	2,014	4.7	5,892	9.3	8,319	6.8
Psychiatric/other hospital	243	1.6	1,117	2.6	3,107	4.9	4,485	3.6
Community mental health service[c]	261	1.7	945	2.2	1,452	2.3	2,681	2.2
AODTS[c]	1,472	9.8	5,401	12.7	8,181	12.9	15,224	12.4
Other community health/care services[d]	981	6.5	1,644	3.9	2,545	4.0	5,286	4.3
Community-based corrections	2,762	18.4	5,057	11.9	4,699	7.4	12,569	10.2
Police/court diversions	2,618	17.4	5,128	12.0	3,918	6.2	11,687	9.5
Other	1,739	11.6	3,789	8.9	4,617	7.3	10,498	8.5
Not stated	119	0.8	316	0.7	487	0.8	933	0.8
Total	**15,045**	**100.0**	**42,606**	**100.0**	**63,484**	**100.0**	**123,032**	**100.0**

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

(b) Includes not stated for age.

(c) Includes residential and non-residential services.

(d) Comprises other residential community care unit; non-residential medical and/or allied health care agency; other non-residential community health care agency/out-patient clinic; and other community service agency.

6.3 Treatment programs

Main treatment type

Overall, the most common main treatment type for clients was counselling (42%), followed by withdrawal management (detoxification) (19%), assessment only (13%), rehabilitation (8%) and information and education only (8%) (Table 6.5). There were some variations in this treatment pattern according to age group. For example, clients aged under 30 years were somewhat less likely than clients aged 30 years or more to receive counselling as their main treatment type (accounting for 32% of treatment episodes among 10–19 year olds and 40% among 20–29 year olds, compared with 44% among clients aged 30 years or more) or withdrawal management (detoxification) (11% and 18%, compared with 22% respectively). Conversely, younger clients were more likely than older clients to receive support and case management only (accounting for 17% of treatment episodes among 10–19 year olds and 8% among 20–29 year olds, compared with 4% among clients aged 30 years or more) and information and education only (18% and

8%, compared with 6% respectively). These patterns also relate to the most likely principal drug of concern for the different age groups. For example, treatment episodes relating to clients aged 30 years or more were more likely than those for younger clients to relate to alcohol which, in turn, was more likely to be associated with counselling as a main treatment type. In contrast, as noted previously, treatment episodes for the 10–19 age group were far more likely to relate to cannabis, which was in turn more likely to be associated with information and education only as a main treatment type (see Tables 6.2 and A4.15 for more detail).

Table 6.5: Closed treatment episodes by main treatment type and age group, Australia, 2002–03

Main treatment type	10–19 years		20–29 years		30 years and over		Total[(a)]	
	No.	%	No.	%	No.	%	No.	%
Withdrawal management (detoxification)	1,828	11.4	7,704	17.7	15,065	21.8	24,767	18.9
Counselling	5,111	32.0	17,495	40.2	30,679	44.4	54,395	41.5
Rehabilitation	1,095	6.9	3,629	8.3	5,109	7.4	9,865	7.5
Support and case management only	2,641	16.5	3,278	7.5	2,747	4.0	9,097	6.9
Information and education only[(b)]	2,851	17.9	3,347	7.7	3,847	5.6	10,478	8.0
Assessment only	1,994	12.5	6,311	14.5	8,283	12.0	16,632	12.7
Other[(c)]	448	2.8	1,765	4.0	3,328	4.9	5,696	4.4
Total	**15,968**	**100.0**	**43,529**	**100.0**	**69,158**	**100.0**	**130,930**	**100.0**

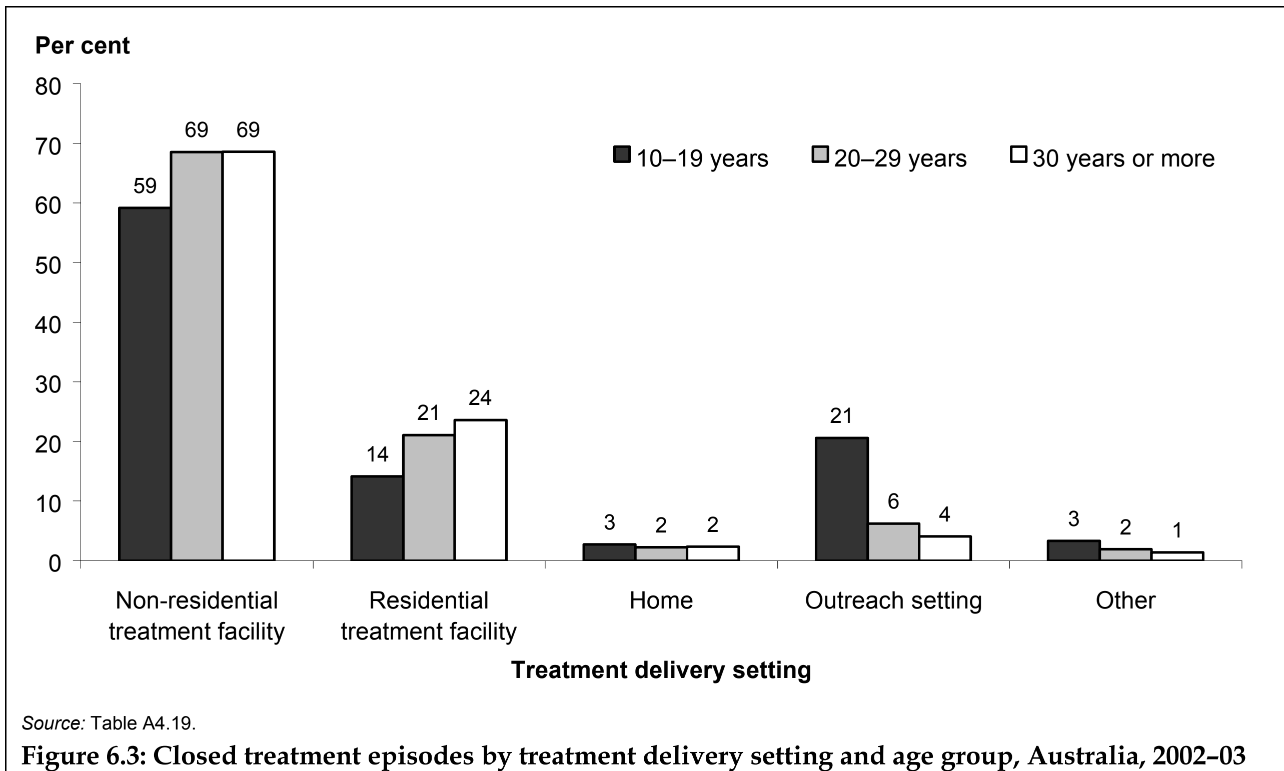
(a) Includes not stated for age.

(b) In Queensland a client undergoing Police Diversion automatically has the 'principal drug of concern' recorded as cannabis, the 'main treatment type' as information and education only and 'reason for cessation' as ceased at expiation. It is possible that the principal drug is not actually cannabis and it is anticipated that future modifications to data collection processes will enable this possibility to be reflected.

(c) Other includes 2,064 treatment episodes where the main treatment type was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

Treatment delivery setting

Overall, around two-thirds of all treatment episodes are conducted in non-residential treatment facilities (67%), around one-fifth in residential treatment facilities (21%) and 7% in outreach settings (see Table 5.9). This pattern varied somewhat for the youngest age group—with a much higher proportion of treatment episodes for 10–19 year olds being conducted in outreach settings (21%, compared to 6% for 20–29 year olds and 4% for clients aged 30 years or more) (Figure 6.3). Clients aged 10–19 years were less likely to receive treatment in non-residential treatment facilities (59% of treatment episodes among 10–19 year olds were in this setting, compared with 69% for both the 20–29 and 30 years or more age groups) and residential treatment facilities (14% for 10–19 year olds, compared with 21% for the 20–29 years and 24% for the 30 years or more age group).



Source: Table A4.19.

Figure 6.3: Closed treatment episodes by treatment delivery setting and age group, Australia, 2002–03

Reason for cessation of treatment episode

In 2002–03, younger clients were a little less likely than older clients to cease treatment because treatment had been completed (51% of treatment episodes for clients aged 10–19 years and 48% for clients aged 20–29 years ceased for this reason, compared with 55% for clients aged 30 years or more) and more likely to cease treatment due to expiation (13% and 7%, compared with 4%) (Table 6.6). Reason for cessation also relates closely to the principal drug of concern, with younger clients more likely to be receiving treatment for cannabis, which in turn is more likely to the subject of a police/court diversion process and therefore more likely to cease due to expiation. There was very little difference between the two broad age groups in all other reasons for cessation of treatment.

Table 6.6: Closed treatment episodes by reason for cessation and age group, Australia, 2002–03

	10–19 years		20–29 years		30 years and over		Total[(a)]	
Reason for cessation	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Treatment completed	8,085	50.6	21,074	48.4	37,873	54.8	67,892	51.9
Change in main treatment	250	1.6	785	1.8	1,097	1.6	2,171	1.7
Change in delivery setting	141	0.9	227	0.5	445	0.6	1,054	0.8
Change in principal drug	65	0.4	83	0.2	122	0.2	277	0.2
Transferred to another service provider	835	5.2	3,209	7.4	4,969	7.2	9,144	7.0
Ceased to participate against advice	590	3.7	2,331	5.4	3,363	4.9	6,314	4.8
Ceased to participate without notice	2,104	13.2	7,440	17.1	10,845	15.7	20,654	15.8
Ceased to participate involuntary (non-compliance)	406	2.5	1,244	2.9	1,293	1.9	2,956	2.3
Ceased to participate at expiation	2,089	13.1	2,933	6.7	2,411	3.5	7,454	5.7
Ceased to participate by mutual agreement	509	3.2	1,088	2.5	2,245	3.2	3,995	3.1
Drug court &/or sanctioned by court diversion	35	0.2	191	0.4	125	0.2	351	0.3
Imprisoned, other than drug court sanctioned	140	0.9	370	0.9	363	0.5	886	0.7
Died	7	0.0	48	0.1	126	0.2	188	0.1
Other	501	3.1	1,760	4.0	2,516	3.6	5,240	4.0
Not stated	211	1.3	746	1.7	1,365	2.0	2,354	1.8
Total	**15,968**	**100.0**	**43,529**	**100.0**	**69,158**	**100.0**	**130,930**	**100.0**

(a) Includes not stated for age.

7 Other data collections

This chapter briefly describes a range of relevant Australian data collections that provide context to the information presented in the remainder of this report.

7.1 Background

Harmful drug use has many social, health and economic impacts on Australian society. It is estimated that, in 1998, 17,671 deaths and 185,558 hospital separations were related to drug use (633 of the deaths were attributable to alcohol, 12,944 to tobacco and 14,414 to illicit drugs; 43,033 of the hospital separations were attributable to alcohol, 142,525 to tobacco and 14,471 to illicit drugs) (Ridolfo & Stevenson 2001). The economic costs associated with harmful drug use, including prevention, treatment, loss of productivity in the workplace, property crime, theft, accidents and law-enforcement activities, amount to over $18 billion annually (Collins & Lapsley 1996).

Internationally, there is great interest in improving the coordination of drug information systems. An effective and integrated drug information system should be able to 'address questions about emerging drug trends, general population prevalence, treatment seeking, demographics of drug users, at-risk groups, the drugs-crime nexus, drug-related harms (mortality and morbidity) and the effectiveness of education, health and law enforcement strategies' (Shand et al. 2003). In Australia, data are already collected in all of these areas. For example, the AODTS–NMDS provides data about a large proportion of the treatment-seeking population (those attending government-funded treatment services), the National Drug Strategy Household Survey provides information about national prevalence of drug use and perceptions of drugs, and school-based surveys provide information about at-risk groups. These and a range of other Australian data sources relating to drugs are described below.

7.2 Monitoring alcohol and other drug problems

Key data collections relating to alcohol and other drug treatment services

- Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS).
- Aboriginal and Torres Strait Islander substance use specific services data from the Australian Government Department of Health and Ageing. See for example, *Drug and Alcohol Service Report (DASR): 2000–2001 Key Results* (DoHA 2003a).
- Indigenous primary health care services (includes substance use services) data from a joint initiative of the Office for Aboriginal and Torres Strait Islander Health (OATSIH) and the National Aboriginal Community Controlled Health Organisations (NACCHO). See, for example, *A National Profile of Australian Government Funded Aboriginal and Torres Strait Islander Primary Health Care Services, Service Activity Reporting: 2000–2001 Key Results* (DoHA 2003b).
- Pharmacotherapy client statistics provide data on the number of pharmacotherapy clients and the type and location of their prescribers (see Section 7.4).

- National Hospital Morbidity database (held by AIHW) on the estimated numbers of hospital episodes and bed days caused by alcohol, cigarettes and illicit drug use in Australia (see Section 7.3).
- National Mortality database (held by AIHW) for deaths related to alcohol, tobacco and illicit drug use (see Section 7.3).

Key population surveys relating to drug use and treatment

- National Drug Strategy Household Survey (see Section 7.3).
- Australian Secondary School Alcohol and Drugs Survey (ASSADS) (1996 and 1999) samples school students aged 12–17 years across Australia and uses a self-completion questionnaire to identify drug and alcohol knowledge, attitudes, awareness and behaviours among secondary school students. The data are collected under the umbrella of the National Cancer Council.

Other data collections and surveys relating to drug use and treatment

The following collections include information of relevance to drug and alcohol use and treatment activities:

- Clients of Treatment Services Agencies (COTSA): a one-day snapshot census of all clients using drug and alcohol treatment services across Australia, conducted in 1990, 1992, 1995 and 2001 (e.g. Shand & Mattick 2002). This census has effectively been superseded by the AODTS–NMDS.
- The Council of Australian Governments Illicit Drug Diversion Initiative (COAG IDDI) provides drug users with the opportunity to be diverted from the criminal justice system to receive education, treatment and support to address their drug problem (DoHA 2004). All government and non-government agencies funded under this initiative are asked to collect data under the COAG IDDI NMDS, and available data are held centrally by the Australian Government Department of Health and Ageing.
- Drug Use Monitoring in Australia (DUMA): an ongoing quarterly collection that measures recent drug use among persons detained by police and includes information on demographic characteristics and financial, criminal, drug use, drug market and treatment activities. Treatment information includes current and previous treatment history, types of treatment utilised, substance being treated for and reasons for entering treatment (AIC 2003).
- Drug Use Careers of Offenders (DUCO): a survey of a random sample from prisons in all states and territories which examines the relationship between drug-using careers and criminal careers. Key objectives are to examine: the relationship between illicit drug use and violent and property crime in the adult and juvenile incarcerated population; links between criminal careers and family background and mental health; and the nature of alcohol and other drug treatment both in and outside of prison. The interviewer-administered questionnaire includes questions on sociodemographic characteristics, past criminal history, past drug history, illicit drug market activity, offender decision-making processes, estimated costs associated with drug use, and use of alcohol and other drug treatment, including perceptions of effectiveness of treatment currently received (AIC 2004).

- Illicit Drug Reporting System (IDRS): a survey that monitors emerging trends in the use and supply of illicit drugs in Australia. The system collects data annually about the price, purity, availability and patterns of use of heroin, methamphetamine, cocaine and cannabis. The IDRS has three components: interviews with injecting drug users; interviews with key informants (professionals who have regular contact with illicit drug users through their work); and analysis of other sources of indicator data related to illicit drugs. The survey is designed to be sensitive to trends over time rather than describing issues in detail and is not based on a representative sample of intravenous drug users (Breen et al. 2004a). The IDRS also involves a Party Drug Initiative, conducted nationally for the first time in 2003. This collection involves surveys with regular ecstasy users, interviews with people who have had contact with users, and analysis of existing indicator data sources to monitor emerging issues in party drugs markets (see, for example, Breen et al. 2004b).
- Bettering the Evaluation and Care of Health survey data (BEACH): a continuous survey of general practice activity covering about 100,000 general practitioner–patient encounters each year. Information is available on the number of encounters that provide advice, education, counselling or rehabilitation for alcohol, tobacco and illicit drug use and alcohol and tobacco risk factors (see, for example, Britt et al. 2003).
- National Survey of Mental Health and Wellbeing of Adults (ABS 1998): provided information on estimates of the population prevalence of the more common forms of illicit drug use and on alcohol use and misuse and comorbid disorders.
- National Coroners Information System (NCIS): a national Internet-based data storage and retrieval system for coronial cases in Australia. The NCIS draws on coroners' files including police investigation reports, autopsy reports, supporting forensic medical reports and coroners' findings, and the core data set includes case demographics, cause of death details, and incident information such as the activity the person was engaged in at the time of death (MUNCCI 2004).
- National Community Mental Health Care Database (held by AIHW): contains information on non-admitted patient service contacts provided by public community mental health establishments. Data include basic demographic details of patients such as date of birth and sex, clinically relevant information such as principal diagnosis and mental health legal status, and the date of service contact (e.g. AIHW 2003b).
- Australian Needle and Syringe Programme Survey: collected and collated by the National Centre in HIV Epidemiology and Clinical Research annually since 1995, this collection surveys intravenous drug users to monitor the prevalence of HIV, HBV and HCV infection among injecting drug users and examines injecting and sexual behaviours associated with these infections (NCHECR 2003).
- Medicare data: these data provide information on the type of service provided and the benefit paid by Medicare for the service. The Health Insurance Commission collects these data and provides them to the Australian Government Department of Health and Ageing.
- Pharmaceuticals Benefits Scheme (PBS) data: these data provide information on the type and cost of medication prescribed, the speciality of the prescribing practitioner and the location of the supplying pharmacy. The Health Insurance Commission collects these data and provides them to the Australian Government Department of Health and Ageing.

Information on a range of national sources of data relating to illicit drug use is available from the ABS publication *Illicit Drug Use, Sources of Australian Data* (2001). Information on a range of national data sources relating to alcohol is available from the AIHW publication *A Guide to Australian Alcohol Data* (AIHW 2004d) <www.aihw.gov.au>.

The following sections outline more detailed information from the National Drug Strategy Household Survey; National Hospital Morbidity database; National Mortality database; and pharmacotherapy client statistics.

7.3 Use, mortality and morbidity data

This section provides an overview of trends in alcohol and other drug use, as well as trends in mortality and morbidity that can be attributed to the use of alcohol and other drugs.

National Drug Strategy Household Survey

The National Drug Strategy Household Survey provides information on patterns and trends in the use of alcohol and other drugs in the Australian population. Surveys have been conducted every two to three years from 1985 onwards, with the most recent survey underway in 2004. The 2001 and 2004 surveys have been managed by the AIHW on behalf of the Australian Government Department of Health and Ageing (AIHW 2002b).

In 2001, almost 27,000 participants aged 14 years and over were surveyed from a stratified random sample of households across Australia. As the sample was based on households it excluded homeless and institutionalised persons. The 2001 survey was designed to explore the opinions and perceptions of Australians about a variety of drug-related issues, including personal approval of drug use, the impact of drugs on the general community and on mortality, and perceptions about health risks from alcohol and tobacco consumption. Participants were therefore asked about their knowledge and attitudes towards drugs, their drug consumption histories and related behaviours (AIHW 2002b).

The 2001 survey found that the most commonly used drugs in 2001 were alcohol (82%), tobacco (23%) and marijuana/cannabis (13%) (Table 7.1). Illicit drugs were used by less than one in five Australians (17%) in the last 12 months, with generally greater proportions of males than females, and 20–29 year olds being recent illicit drug users (AIHW 2002b). Marijuana/cannabis was the most used illicit drug in 2001, with over 2 million Australians aged 14 years and over (or 12.9% of the population of this age) using the drug in the last 12 months. A much smaller proportion of Australians aged 14 years and over had used other illicit drugs such as hallucinogens (1.1%), heroin (0.2%), methadone (0.1%), other opiates (0.3%), amphetamines (3.4%), ecstasy/designer drugs (2.9%) or cocaine (1.3%) in the last 12 months.

Between 1993 and 2001, the proportion of the population recently consuming alcohol increased from 73% to 82%. Between 1998 and 2001, the proportion using tobacco decreased slightly (from 25% to 23%), as did the proportion using any illicit drugs (22% to 17%) (Table 7.1). There were fluctuations in the proportion of the population recently using marijuana/cannabis, with a peak in 1998 of 18%, before a return to 13% in 2001.

The survey also explored drug use behaviour and found that approximately one in ten Australians reported drinking at levels considered risky or high risk for both short- and long-term harm to health. While males were more likely to have recently consumed at levels risky to their short-term health, males and females were similar in terms of consumption levels considered risky to long-term health (AIHW 2002b).

Table 7.1: Summary of drugs recently[(a)] used by the population aged 14 years and over, Australia, 1993–2001 (per cent)

Drug	1993	1995	1998	2001
Tobacco	n.a.	n.a.	24.9	23.2
Alcohol	73.0	78.3	80.7	82.4
Illicits				
Marijuana/cannabis	12.7	13.1	17.9	12.9
Painkillers/analgesics[(b)]	1.7	3.5	5.2	3.1
Tranquillisers/sleeping pills[(b)]	0.9	0.6	3.0	1.1
Steroids[(b)]	0.3	0.2	0.2	0.2
Barbiturates[(b)]	0.4	0.2	0.3	0.2
Inhalants	0.6	0.6	0.9	0.4
Heroin	0.2	0.4	0.8	0.2
Methadone[(c)]	n.a.	n.a.	0.2	0.1
Other opiates[(b)]	n.a.	n.a.	n.a.	0.3
Amphetamines[(b)]	2.0	2.1	3.7	3.4
Cocaine	0.5	1.0	1.4	1.3
Hallucinogens	1.3	1.8	3.0	1.1
Ecstasy/designer drugs	1.2	0.9	2.4	2.9
Injected drugs	0.5	0.6	0.8	0.6
Any illicit	*14.0*	*17.0*	*22.0*	*16.9*
None of the above	21.0	17.8	14.2	14.7

(a) Used in the last 12 months. For tobacco 'recent use' means daily, weekly and less than weekly smokers.

(b) For non-medical purposes.

(c) Used for non-maintenance purposes.

n.a. not available

Source: AIHW 2002b.

Age patterns

Some data on age patterns from the National Drug Strategy Household Survey are presented here to support the information in Chapter 6 on the younger AODTS population.

Younger survey respondents, particularly those aged 20–29 years, were more likely to approve of the regular use by an adult of selected drugs. For example, of all age groups, people in the 20–29 age group were most likely to personally approve of the regular use of tobacco (54% of 20–29 year old males, compared to 43% of all males; 50% of 20–29 year old females, compared to 37% of all females), alcohol (86% of 20–29 year old males, compared to 81% of all males; 78% of 20–29 year old females, compared to 68% of all females) (Table 7.2). Younger people were also

more likely to approve of the regular use by an adult of a range of illicit drugs such as marijuana/cannabis (32% of 14–19 and 45% of 20–29 year old males, compared to 27% of all males and 27% of 14–19 and 36% of 20–29 year old females, compared to 20% of all females) and ecstasy/designer drugs (7% of 14–19 year old males and 14% of 20–29 year old males, compared to 5% of all males; 5% of 14–19 year old females and 7% of 20–29 year old females, compared to 3% of all females) (AIHW 2002a).

Table 7.2: Personal approval of the regular use by an adult of selected drugs, persons aged 14 years and over by age group and sex, Australia, 2001 (per cent)

	Males			Females		
Drug	14–19 years	20–29 years	All ages	14–19 years	20–29 years	All ages
Tobacco	44.8	53.6	42.5	47.8	50.3	36.8
Alcohol	79.7	85.6	81.4	76.3	78.3	68.0
Illicit drugs						
Marijuana/cannabis	31.6	44.8	27.4	27.3	35.6	20.1
Prescribed drugs[(a)]	9.8	13.2	8.9	9.7	9.3	6.8
Inhalants	0.9	2.5	1.1	1.0	0.6	0.5
Heroin	1.3	2.1	1.5	1.1	1.0	0.6
Amphetamines/speed	5.1	9.4	4.1	5.3	5.7	2.3
Cocaine	3.0	6.0	2.9	2.1	3.7	1.5
Hallucinogens	6.7	12.5	5.7	4.5	6.0	2.5
Ecstasy/designer drugs	6.9	13.7	5.3	4.8	7.3	2.6
Methadone[(b)]	1.6	2.7	1.7	1.1	1.5	0.9

(a) Includes prescription drugs such as pain-killers/analgesics, tranquillisers/sleeping pills, steroids and barbiturates, used for non-medical purposes.

(b) Used for non-maintenance purposes.

Source: AIHW 2002b.

Younger people were generally more likely to have had the opportunity to use selected drugs in the past 12 months. For example, 48% of 14–19 year olds and 50% of 20–29 year olds reported having the opportunity to use marijuana/cannabis in the last 12 months, compared to 24% of all people (Table 7.3). These patterns applied to all selected illicit drugs but not to prescribed drugs such as pain-killers/analgesics and sleeping pills (where 39% of the 14–19 age group had had an opportunity to use, compared to 46% overall) (AIHW 2002b).

People aged 20–29 years were more likely to have had the opportunity to use alcohol (96%) in the last 12 months, compared with those aged 14–19 years and of all people (90% each). Further to this, younger people were also more likely than the older surveyed population to experience memory loss after drinking at least once in the previous 12 months—28% of 14–19 year olds and 31% of 20–29 year olds reported this, compared to 18% of 30–39 year olds and 9% of people aged 40 years or more (AIHW 2002b).

Table 7.3: Opportunity to use selected drugs in the past 12 months, persons aged 14 years and over, by age group, Australia 2001

	Age group		
Drug	**14–19 years**	**20–29 years**	**All ages**
Tobacco	70.3	77.7	57.2
Alcohol	89.2	95.5	90.4
Illicit drugs			
Marijuana/cannabis	48.3	50.1	24.2
Prescribed drugs[(a)]	39.4	49.3	46.2
Inhalants	6.8	6.1	3.2
Heroin	3.5	3.4	1.5
Amphetamines/speed	15.8	21.8	7.6
Cocaine	5.5	10.1	3.4
Hallucinogens	9.8	12.6	4.3
Ecstasy/designer drugs	16.4	24.1	7.8

(a) Includes prescription drugs such as pain-killers/analgesics, tranquillisers/sleeping pills, steroids and barbiturates, used for non-medical purposes.

Source: AIHW 2002b.

Finally, younger people were more likely to have used an illicit drug in the last 12 months—28% of 14–19 year olds and 36% of 20–29 year olds, compared to 20% of 30–39 year olds and 8% of people aged 40 year or more (Table 7.4). For example, the younger age groups were more likely to have used marijuana/cannabis in the last 12 months (25% of 14–19 year olds and 29% of 20–29 year olds, compared to 16% of 30–39 year olds and 4% of people aged 40 years or more) (AIHW 2002b).

Overall, the younger age groups (14–19 years and 20–29 years) were more likely than the older age groups (30–39 years and 40 years or more) to have taken all listed drugs in the last 12 months, with one exception. In the case of cocaine, the same proportion of people in the 14–19 and the 30–39 age groups were estimated to have used cocaine in the last 12 months (less than 2%), compared to 4% of people aged 30–39 years and less than 1% of people aged 40 years or more.

More information on this topic is available from the report *2001 National Drug Strategy Household Survey: detailed findings* (AIHW 2002b).

Table 7.4: Summary of illicit drugs used in the last 12 months by persons aged 14 years and over by age group, Australia 2001 (per cent)

	Age group				
Drug	**14–19 years**	**20–29 years**	**30–39 years**	**40+ years**	**All ages**
Marijuana/cannabis	24.6	29.3	16.1	4.1	12.9
Prescribed drugs[(a)]	4.4	5.9	3.8	3.0	3.8
Inhalants	1.0	1.0	0.5	0.1	0.4
Heroin, methadone and/or other opiates	0.9	1.1	0.5	0.2	0.5
Amphetamines/speed	6.2	11.2	3.1	0.4	3.4
Cocaine	1.5	4.3	1.5	0.3	1.3
Hallucinogens	2.4	4.0	1.0	0.1	1.1
Ecstasy/designer drugs	5.0	10.4	2.4	0.2	2.9
Any illicit drug	27.7	35.5	20.3	7.5	37.7

(a) Includes prescription drugs such as pain-killers/analgesics, tranquillisers/sleeping pills, steroids and barbiturates, used for non-medical purposes.

Source: AIHW 2002b.

Mortality and morbidity attributable to tobacco, alcohol and illicit drug use

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 2001, there were 20,624 deaths attributed to the smoking of tobacco, the use of illicit drugs and to alcohol-related diseases (AIHW 2003 unpublished data).

An estimated 15,524 deaths in 2001 were attributable to the smoking of tobacco—10,185 for males and 5,339 for females. The standardised death rate for males (1,229 deaths per million population) was higher than that for females (479 deaths per million population). A total of 36 diseases are attributed to the smoking of tobacco; however, the majority of smoking-related deaths are due to lung cancer, ischaemic heart disease and chronic obstructive pulmonary disease (COPD) (Table 7.5; AIHW 2003 unpublished data).

An estimated 4,279 deaths in 2001 (3,058 for males and 1,221 for females) were attributable to alcohol. The standardised death rate for males (348 deaths per million population) was three times that for females (115 deaths per million population). Alcohol intake also had some benefits through the reduction of heart disease deaths which are not included below. There are 35 diseases, accidents or injuries such as stroke, liver cancer, alcoholic liver cirrhosis, road and fall injuries, drowning and assault that can be partially attributed to the consumption of alcohol.

An estimated 821 deaths in 2001 (573 for males and 249 for females) were attributed to illicit drugs. The standardised death rate for males (60 deaths per million population) was higher than that for females (25 deaths per million population) (AIHW 2003 unpublished data).

Table 7.5: Death rates attributable to tobacco, alcohol and illicit drugs related diseases, Australia, 2001

	Age-standardised death rate per million population		
	Males	Females	Persons
Tobacco	1,229	479	854
Lung cancer	524	190	357
Ischaemic heart disease	111	39	75
COPD	345	139	242
Other	248	111	180
Alcohol harm	348	115	232
Alcohol dependence	25	5	15
Road traffic accidents	39	6	23
Stroke	57	13	35
Liver cirrhosis	52	19	36
Other	176	72	124
Illicit drugs	60	25	42
Heroin and poly drug	37	14	25
Poisoning	7	5	6
Suicide	2	1	1
Other	14	5	9

Notes

1. Age-standardised to the June 2001 Australian population.
2. Attribution of deaths to different drugs estimated using risk ratios and methods from AIHW: Mathers et al. The burden of disease and injury in Australia 1999; and Statistics on drug use in Australia which contains estimates of drug use prevalence in 2001 (AIHW 2002b).

Source: AIHW 2003 unpublished data.

Morbidity

There were 69,875 hospital separations reported in 2002–03 with a substance use disorder as the principal diagnosis (Table 7.6). As in 2001–02, this represents 1.1% of all separations in Australia this year (AIHW 2004b). Separations are reported separately by same day (where the patient was admitted and separated on the same day) and overnight (where the patient spends at least one night in hospital) as well as by drugs of concern. The following sections refer only to those separations that had a substance use disorder as the principal diagnosis.

Separations by drugs of concern

As in previous years, sedatives and hypnotics accounted for the highest number of hospital separations (41,660 or 60% of all separations), with alcohol the main contributor in this category (32,143 or 46% of all separations) (Table 7.6). Fifteen per cent (or 10,782) of all separations reported were for analgesics, with opioids (heroin, opium and methadone) accounting for more than half of this group (5,620 or 8% of all separations). Antidepressants and antipsychotics accounted for 10% (or 6,791) of all separations.

Same-day versus overnight separations

Overnight separations were more common than same-day separations, accounting for 63% of all separations (Table 7.6). Separations were relatively more likely to be overnight when the principal drug identified was an opioid (77% of such separations were overnight), for multiple drug use (77%), tobacco and nicotine (76%) or cocaine (74%). The highest proportion of same-day and overnight separations were for separations where the principal diagnosis was alcohol (57% of same-day separations and 39% of overnight separations).

Table 7.6: Same-day and overnight separations with a principal diagnosis related to substance use disorders, by drug of concern, Australia, 2002–03

Drug of concern identified in principal diagnosis[(a)]	Same-day separations	Overnight separations	Total separations[(b)]
Analgesics			
Opioids (includes heroin, opium & methadone)	1,318	4,302	5,620
Non-opioid analgesics (includes paracetamol)	1,603	3,559	5,162
Total	*2,921*	*7,861*	*10,782*
Sedatives & hypnotics			
Alcohol	14,759	17,384	32,143
Other sedatives & hypnotics (includes barbiturates & benzodiazepines; excludes alcohol)	3,151	6,366	9,517
Total	*17,910*	*23,750*	*41,660*
Stimulants & hallucinogens			
Cannabinoids (includes cannabis)	700	1,814	2,514
Hallucinogens (includes LSD & ecstasy)	87	82	169
Cocaine	21	59	80
Tobacco & nicotine	16	51	67
Other stimulants (includes amphetamines, volatile nitrates & caffeine)	1,074	2,687	3,761
Total	*1,898*	*4,693*	*6,591*
Antidepressants & antipsychotics	1,956	4,835	6,791
Volatile solvents	405	498	903
Other & unspecified drugs of concern			
Multiple drug use	690	2,271	2,961
Unspecified drug use & other drugs not elsewhere classified	74	113	187
Total	*764*	*2,384*	*3,148*
Total (number)	**25,854**	**44,021**	**69,875**

(a) Drug of concern codes based on Australian Standard Classification of Drugs of Concern which are mapped to ICD-10-AM 2nd edition codes.

(b) Refers to total separations for substance use disorders.

Source: AIHW analysis of the National Hospital Morbidity Database 2002–03.

7.4 National pharmacotherapy statistics

The first part of this section presents information about pharmacotherapy statistics collected by state and territory governments and provided to the Australian Government Department of Health and Ageing. This is followed in the second part of the section by some information about the small number of treatment episodes relating to opioid maintenance pharmacotherapies, collected as part of the AODTS–NMDS.

Opioid maintenance pharmacotherapy program data

Methadone maintenance was endorsed as an effective treatment for opioid dependence in 1985. The *National Pharmacotherapy Policy for People Dependent on Opioids* (DoHA personal communication, 2004) recognises that methadone is currently the most common pharmacotherapy used in Australia and is recognised nationally and internationally as an effective method for treating opioid dependence. Buprenorphine has also been used as a maintenance treatment for opioid dependence in Australia since 2000. These opioid pharmacotherapy treatment programs facilitate access to treatment and promote the principle of harm reduction and education of users.

Data on the clients participating in opioid pharmacotherapy maintenance programs are routinely collected by the state and territory health departments and provided each year to the Australian Government Department of Health and Ageing. Data items held include number of clients registered with public and private prescribers and correctional institutions in each state and territory, and number of clients collecting doses at pharmacies, public clinics, private clinics, correctional facilities and other outlets in each state and territory.

Numbers of pharmacotherapy clients have been collected since 1986, with the most recent data being from 2003. The type of data collected has varied in detail over this period of time.

Table 7.7: Number of pharmacotherapy clients by state and territory, Australia, 1998–2003[(a)]

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
1998[(b)]	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

(a) The number of clients on the program at 30 June each year, except for Western Australia in 2003, when the number of clients treated throughout the year is reported.

(b) The figure for SA has been updated from 1,810 to 1,839, to include pharmacotherapy provided in prisons. The total figure for Australia in 1998 has therefore been amended from 24,628 to 24,657 and differs from previous reports.

Source: Unpublished data from the Australian Government Department of Health and Ageing, 2004.

Table 7.8: Proportion of pharmacotherapy clients by prescriber, states and territories, Australia, 2003[(a)] (per cent)

Prescriber	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public prescriber	16.8	0.0	78.1	34.2	33.7	30.3	79.7	79.6	24.5
Private prescriber	68.9	97.4	19.4	60.2	57.8	67.7	17.9	20.4	67.0
Public/private prescriber[(b)]	2.0	—	—	—	—	—	—	—	0.9
Correctional facilities	11.7	2.6	2.6	5.6	8.5	2.0	2.3	—	7.3
Total (per cent)[(c)]	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**16,165**	**8,685**	**4,289**	**4,079**	**2,486**	**498**	**686**	**98**	**36,986**

(a) Number of clients on program at 30 June, except for Western Australia, where the number of clients treated throughout the year is reported.

(b) Public/private prescriber includes hospitals.

(c) Includes 85 clients in New South Wales with missing program type.

Source: Unpublished data from the Australian Government Department of Health and Ageing, 2004.

Table 7.9: Proportion of pharmacotherapy clients by dosing site, states and territories, Australia, 2003[(a)] (per cent)

Dosing site	NSW[(b)]	Vic[(c)]	Qld[(d)]	WA	SA[(e)]	Tas[(f)]	ACT	NT	Australia
Pharmacies	38.3	94.7	79.7	81.6	88.2	95.8	62.2	79.6	65.8
Public clinics	23.8	0.0	10.3	12.8	3.2	0.0	35.4	20.4	14.0
Private clinics	18.5	1.6	0.0	0.0	0.0	0.0	0.0	0.0	8.5
Correctional facilities	12.8	2.6	1.9	5.6	8.5	2.0	2.3	0.0	7.7
Other	4.2	1.0	8.1	0.0	0.1	2.2	0.0	0.0	3.1
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**16,165**	**8,685**	**4,236**	**4,079**	**2,486**	**498**	**686**	**98**	**36,933**

(a) Number of clients on program at 30 June, except for Western Australia, where the number of clients treated throughout the year is reported.

(b) Due to a lag in the recording of program end date for some persons, numbers may be higher than the actual number of people in the program as at 30 June 2003. 'Public clinics' include patients dosed in a public hospital in-patient and public hospital out-patient setting. 'Private clinics' include surgeries and private hospital in-patients and out-patients. 'Other' includes 600 people who are missing information about their current dosing point. A dosing point may be listed as missing where the payment type has not been identified (public or private), the dosing point type has not been identified (pharmacy or a clinic) or the drug type has not been identified (for pharmacotherapy statistics).

(c) 'Other' comprises 275 clients receiving doses at hospitals and 70 clients receiving doses from doctors.

(d) For Queensland there are 53 less clients than in Table 7.8 because: (i) if a client changed between pharmacy types then they are counted once for each change; (ii) there are a number of dispensings entered which are currently being checked for data entry errors. 'Other' includes 275 dosings at hospitals and 70 by doctors.

(e) 'Other' comprises 2 clients who were private patients receiving doses from a public hospital pharmacy.

(f) 'Other' comprises 11 clients receiving doses at public hospitals.

Source: Unpublished data from the Australian Government Department of Health and Ageing, 2004.

Data on opioid maintenance pharmacotherapies from the AODTS–NMDS

As outlined in Section 1.3, agencies whose sole activity is to prescribe and/or dose for opioid maintenance pharmacotherapy treatment (and their clients) are excluded from the AODTS–NMDS. In 2002–03 there were, however, 2,064 or 2% of closed treatment episodes where pharmacotherapy was the main treatment type provided (and where the client was seeking treatment for their own drug use). These treatment episodes were provided by AODT agencies that, among other treatment types included in the AODTS–NMDS, also prescribed and/or dosed for methadone or other opioid pharmacotherapies during the collection period. Throughout this report these treatment episodes have been included in the 'other' treatment type category.

Of the 2,064 AODTS–NMDS treatment episodes with pharmacotherapy as the main treatment type, most were provided in Victoria (898 treatment episodes) and South Australia (410), followed by Western Australia (233), Queensland (214), New South Wales (210), the Australian Capital Territory (61) and the Northern Territory (38). No treatment episodes with pharmacotherapy as the main treatment type were reported in Tasmania.

8 Data quality of the AODTS–NMDS in 2002–03

The data transmission process for the 2002–03 AODTS–NMDS collection represented an improvement on that of previous years. Jurisdictions were able to transmit their data to the AIHW much earlier than in previous years and the AIHW also streamlined its data receipt and validation processes with the introduction of new software. These factors have contributed to the more timely release of this annual report and associated data products for the 2002–03 collection.

8.1 Introduction

A range of activities is undertaken in each year of the AODTS–NMDS collection to maximise the quality of the data collected, including:

- communication between the AIHW and jurisdictions prior to the supply of data, including written guidelines and file specifications;
- updating by the AIHW of the guidelines on the validation process to improve data collating and editing (see AIHW 2002c);
- jurisdictions improving their own data quality and checking mechanisms, and providing training to their service providers and written guidelines for collecting the National Minimum Data Set; and
- the validation processes that occur within each jurisdiction prior to forwarding the data to the AIHW, and within the AIHW on receipt of the data.

Comprehensiveness of the data

In 2002–03, data were provided from 589 (94%) of the 628 agencies that were in scope for this collection. More detailed information on the undercount of Indigenous substance use services and Aboriginal health care services, as well as other data caveats, are available in Section 1.3.

Presentation of Australian government data

Data reported for each state/territory in 2002–03 include services provided under the National Illicit Drug Strategy Non-Government Organisation Treatment Grants Programme (funded by the Australian Government). Unlike previous reports, Australian government data are therefore not analysed separately under the title 'other'; rather, they have been analysed as part of the jurisdiction in which the agency was located.

8.2 Data quality

Overall, the quality of the 2002–03 AODTS–NMDS data is better than in previous years (e.g. AIHW 2003a). Nationally, the proportion of responses that were 'not stated', 'missing' or 'unknown' was lower for all data items except country of birth and date of birth.

Proportions of those responses that were 'not stated', 'missing' or 'unknown' in 2002–03 are given for each state and territory and nationally, in Table 8.1, as a proportion of total responses for each data item.

For the client data items:

- 'Indigenous status' was 'not stated' for 6% of responses—with the highest rates in the Tasmanian data (20% missing) and the Victorian and Australian Capital Territory data (8% each).
- Overall, 2% of responses were 'not stated' for 'preferred language'—this proportion was higher in the Australian Capital Territory (8%) and the Northern Territory (7%).
- The Australian Capital Territory had higher proportions of 'not stated' responses, compared to national proportions for all client data items, except for 'date of birth'.

For drug data items:

- 'Injecting drug use' was 'not stated' for 14% of responses—higher in Tasmania (38%), the Australian Capital Territory (22%), the Northern Territory (20%), South Australia (18%) and Victoria (15%).
- Nationally, 2% of responses were 'not stated' for 'method of use'; however, this proportion was higher in the Australian Capital Territory (12%).

For treatment data items, 'reason for cessation' was 'not stated' for 2% of responses—higher in the Northern Territory and the Australian Capital Territory (16% each).

Table 8.1: Not stated/missing/unknown responses for data items by jurisdiction, Australia, 2002–03[(a)] (per cent)

Data item	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Client data items									
Client type	—	—	—	—	—	—	—	—	**—**
Country of birth	1.7	3.7	0.1	0.4	3.2	—	5.7	0.5	**2.2**
Date of birth/age	0.1	2.7	6.6	0.2	0.5	—	1.0	0.0	**1.7**
Indigenous status	5.1	8.0	4.1	1.3	7.2	19.9	7.7	2.2	**6.0**
Preferred language	0.6	4.1	1.3	0.4	2.7	0.0	7.7	7.1	**2.3**
Sex	0.1	0.1	0.0	0.0	—	—	1.8	—	**0.1**
Source of referral	0.9	0.4	0.2	1.5	1.1	0.1	1.3	1.8	**0.8**
Drug data items[(b)]									
Principal drug of concern	1.3	—	0.0	0.6	—	—	3.5	—	**0.5**
Method of use	2.0	2.1	1.6	0.6	3.2	1.4	11.8	1.8	**2.2**
Injecting drug use	13.2	15.4	11.9	8.8	17.5	37.9	21.8	19.7	**14.4**
Treatment data items									
Main treatment type	—	—	—	—	—	—	—	—	**—**
Reason for cessation	1.5	1.0	1.4	0.3	0.2	2.2	15.8	16.1	**1.8**
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 included in the AODTS–NMDS for 2002–03

The detailed data definitions for the data elements included in the AODTS–NMDS for 2002–03 are published in the National Health Data Dictionary (NHDD) version 12 (NDHC 2003). Table A1.1 lists all data elements collected for 2002–03.

Table A1.1: Data elements for the AODTS–NMDS, 2002–03

Data element	NHDD code
Establishment-level data elements	
Establishment identifier (comprising)	000050
— State identifier	000380
— Establishment sector	000379
— Region code	000378
— Establishment number	000377
Establishment type	000327
Geographical location of establishment	000260
Client-level data elements	
Client type	000426
Country of birth	000035
Date of birth	000036
Date of cessation of treatment episode for alcohol and other drugs	000424
Date of commencement of treatment episode for alcohol and other drugs	000430
Establishment identifier	000050
Indigenous status	000001
Injecting drug use	000432
Main treatment type for alcohol and other drugs	000639
Method of use for principal drug of concern	000433
Other drugs of concern	000442
Other treatment type for alcohol and other drugs	000642
Person identifier	000127
Preferred language	000132
Principal drug of concern	000443
Reason for cessation of treatment episode for alcohol and other drugs	000423
Sex	000149
Source of referral to alcohol and other drug treatment services	000444
Treatment delivery setting for alcohol and other drugs	000646
Supporting data element concepts	
Cessation of treatment episode for alcohol and other drugs	000422
Commencement of treatment episode for alcohol and other drugs	000427
Service contact	000401
Treatment episode for alcohol and other drugs	000647

Appendix 2: Technical notes

This section provides information on data presentation, population definitions and transformation of data from treatment episodes to estimates of number of clients within agencies. As noted previously, the state/territory data collection systems for the AODTS–NMDS are highly diverse. As a result:

- it is important to understand the agreed definitions, terms and collection rules—these are outlined in this appendix, with full specifications available in AIHW (2002c); and
- there is a need to edit the data in a number of ways to enable their meaningful presentation in this report and to maximise comparability of the data between jurisdictions (see AIHW 2002c).

A2.1 Data presentation

The tables within this report include data only for government-funded in-scope alcohol and other dug treatment services from the Australian Government, states and territories for which data were available. Throughout the publication, percentages may not add up to 100.0 due to rounding.

Population definitions

Populations used in the publication comprise treatment agencies, client registrations and closed treatment episodes:

- *Treatment agency population* refers to the number of alcohol and other drug treatment agencies that provided data for 2002–03.
- *Client registration population* refers to the number of clients registering or re-registering during 2002–03 (also see A2.2).
- *Closed treatment episode population* refers to the number of treatment episodes that closed during 2002–03. For all tables using this population that include principal drug of concern, other drug of concern, or injecting drug use status, the treatment episode population excludes clients seeking treatment for the drug use of others.

See also Boxes 3.1, 4.1, 5.1 and 6.1 for other key definitions and counts.

A2.2 Client registration data versus treatment episode data

Client registration data, 2000–01

In 2000–01, unit record data were collected for both establishment-level and client-level data. For the establishment data, a single unit record was reported for each agency/organisation that provided client data. For client-level data, all new or returning clients who registered or re-registered for treatment during the reporting period were required to be included in the collection. Data were to be reported as a single unit record for each new client registration on commencement of treatment. A client is identified as commencing treatment when one or more of the following applies:

(a) they are a new client; or

(b) they have had no contact with the service for a period of 3 months, nor plan in place for further contact; and/or

(c) they are a current client whose principal drug of concern has changed.

For the 2000–01 collection, the AODTS–NMDS was to be a registration-based data collection that consisted of an establishment-level component and a client-level component. The establishment-level data items collected information about the type and location of the service provider. The client-level data items collected demographic and drug-related information about clients using the services within scope for the NMDS.

In practice, the 2000–01 collection also contained treatment episode data. New South Wales, Victoria and the Australian Capital Territory provided data based on the forthcoming treatment episode approach and a further three jurisdictions provided data that were a mixture of both collection types. This had a number of implications for the data analysis phase and for obtaining comparable counts across jurisdictions. For example, the data based on completed treatment episodes excluded clients with open episodes or records at 30 June 2001. This resulted in an undercounting of actual client numbers from these jurisdictions for the 2000–01 collection period as clients with open records were to be included under the client registration-based collection system. All data were converted back to client registration data and reported on that basis (see AIHW 2002b).

Treatment episode data, 2001–02 and 2002–03

For the 2001–02 collection, the majority of jurisdictions provided treatment episode data based on treatment episodes that closed during the period 1 July 2001 – 30 June 2002. South Australia supplied client registration data based on clients who opened treatment episodes during this period. For the 2002–03 collection, all jurisdictions were able to provide treatment episode data.

For the purposes of calculating a closed treatment episode, a treatment episode is considered closed when one or more of the following applies:

(a) a client's treatment plan has been completed;

(b) there has been no treatment contact between the client and the treatment agency for a period of 3 months, unless that period of non-contact was planned;

(c) the client's principal drug of concern has changed;

(d) the client's main treatment type has changed;

(e) the treatment delivery setting for the client's main treatment type has changed; and/or

(f) the client's treatment has ceased for other reasons (e.g. imprisoned, ceased treatment against advice or died).

Estimates of number of client registrations in 2001–02 and 2002–03

Although the majority of data presented in this report are based on treatment episodes, the report also includes estimates of the number of client registrations within agencies (Section 3.1 and Tables A4.1–A4.3). These estimates were obtained through a data transformation process (see below). More detailed information on factors affecting these estimates is available in Section 1.3.

Transformation of 2002–03 treatment episode data to estimates of number of client registrations was done as follows:

1. Select each record where the establishment identifier, person identifier, date of birth and sex are the same.
2. From that group of records select the record that has the earliest date of cessation.
3. Use that record as the equivalent of an estimate of number of client registrations.

Note that, in contrast to 2000–01 client registration data, the 2002–03 (and 2001–02) estimates of client registrations, for all jurisdictions, were based on the date the client ceased treatment for an alcohol or other drug problem. In 2001–02, South Australian registration data were based on the date treatment commenced.

Appendix 3: AODTS–NMDS treatment types

Alcohol and other drug treatment activities can range from an early, brief intervention to long-term residential treatment. Brief intervention refers to the intervention at an early stage of a person's alcohol or drug use to prevent the development of serious drug problems later on. It involves less face-to-face counselling than other more traditional methods, has a strongly educational focus and places more emphasis on self-management (Australian Drug Foundation 2003). The brief intervention approach has been found successful in the treatment of alcohol misuse; simple advice from a general practitioner resulted in reductions in alcohol consumption for some patients (Teesson & Proudfoot 2003). In contrast, long-term residential treatment often involves a highly structured program of counselling and support services, designed to make changes in the drug user's lifestyle and facilitate long-term recovery (Australian Drug Foundation 2003).

The AODTS–NMDS covers a wide variety of treatment interventions and includes, among others, detoxification and rehabilitation programs, pharmacotherapy and counselling treatments, and information and education courses. A summary is provided below on each of these treatments.

Assessment

All new or returning clients are assessed in some form to determine the most appropriate treatment. The method of assessment depends on the type of treatment offered, and the client's drug use, personal history and individual needs. A combination of interview and questionnaire may be used to obtain information on the client's lifestyle and drug taking habits, such as their levels of use and dependence, previous drug history, motivation to change and other health and lifestyle factors (Australian Drug Foundation 2003). Assessment itself is not a treatment; rather. its general aim is to match clients with an appropriate treatment intervention.

Withdrawal management (detoxification)

Withdrawal management , or detoxification, refers to the elimination of toxic levels of a drug from the body. Detoxification usually also involves counselling and is often a gradual process, taking a number of days or weeks and may occur in a variety of settings including general hospitals, specialist drug and alcohol units, outpatient clinics and homes (Gowing et al. 2001). Although the detoxification process can be a treatment in itself, it can also be a precursor to a full treatment program.

Information gained on the type of drug used and the duration of use during the assessment period will guide the choice of detoxification program. For opiate detoxification these can range from several months on a stable dose of methadone prior to gradual reduction, through to detoxification using only non-opiates to alleviate withdrawal symptoms.

The following list contains the main types of opiate detoxification programs that are available (Ghodse 2002). These programs are not distinguished within the AODTS–NMDS collection but are grouped into the general heading 'withdrawal management (detoxification)'.

Non-opiate treatment includes neuroleptic drugs which reduce the symptoms of withdrawal, beta-adrenoreceptor blocking drugs which abolish the euphoric effect and reduce cravings, or other drugs such as clonidine which suppress the autonomic signs of withdrawal but are less successful at reducing subjective discomfort. These drugs are administered for periods of 5 days

up to 3 weeks. They are suitable for clients who are not opiate dependent or who do not want to use opiates in their withdrawal program. Clients are usually treated on an out-patient basis.

Accelerated detoxification over 4 days uses an opiate antagonist such as naloxone or naltrexone to displace the existing opiates in the body. During this process, withdrawal symptoms are treated with non-opiate medication and hospital or in-patient treatment is required.

Detoxification using opiates generally involves the administration of an opiate such as methadone or buprenorphine to stabilise the client before a dose reduction regime is implemented. Dose reduction programs can take one month or more and treatment can be provided on an in-patient or out-patient basis (see also 'Pharmacotherapy treatment' below).

Detoxification may also be required from alcohol or other non-opiate illicit drugs (Kasser et al. 2002).

For **alcohol detoxification** sedative-hypnotics such as benzodiazepine are most commonly used to reduce withdrawal symptoms and prevent seizures and delirium. Clients are usually treated as in-patients, but out-patient detoxification is also possible.

Sedative-hypnotic withdrawal does not usually require detoxification, although clients may be stabilised on a substitute medication such as diazepam before being tapered off. Treatment may occur in an in-patient or out-patient setting or a combination of both.

Stimulant withdrawal such as from cocaine or amphetamine does not usually require detoxification but symptoms can be alleviated by the use of bromacriptine or amantadine, tricyclic antidepressants or short-acting benzodiazepines (Kasser et al. 2002). In cases of severely dependent clients or those who have consumed large quantities of stimulants, in-patient detoxification may be necessary (Ghodse 2002).

Where clients require detoxification from multiple drugs of a different pharmacologic class, the program must provide treatment for each drug class (Kasser et al. 2002).

Relapse involving resumption of illicit drug use can occur both during the detoxification program or after it has been completed. As a result, for many individuals detoxification may need to be repeated (Ghodse 2002).

Pharmacotherapy treatment

Pharmacotherapy treatments are provided by pharmacies, public and private clinics, general practitioners, or hospitals. In the AODTS–NMDS collection, pharmacotherapy treatment includes those used as maintenance therapies or relapse prevention (e.g. naltrexone, buprenorphine, LAAM (levo alpha acetyl methadol) and specialist methadone treatment). However, agencies whose sole activity is to prescribe and/or dose for methadone, or other opioid maintenance pharmacotherapies, are currently excluded from the AODTS–NMDS, as are treatments provided by pharmacies, private clinics or general practitioners.

Pharmacotherapy treatments include reduction therapy, where the aim is to reduce the quantity of all drugs used, and maintenance therapy (also known as substitution treatment) which aims to stabilise the user by prescribing a less harmful drug rather than eliminate drug use in the short term (Drugscope 2000).

The drugs prescribed for reduction therapy usually consist of blocking and aversive agents that either stop the drug of dependence having an effect or produce an undesirable effect when combined with the drug of dependence (e.g. naltrexone) (Gowing et al. 2001).

Maintenance therapy is most commonly used for opiate addiction but can also be used for addiction to alcohol or other illicit drugs. There are two main drugs generally prescribed for opiate addiction, with methadone being the most common maintenance drug used in Australia. As a synthetic opioid antagonist it has reduced but similar effects to heroin and, although it is not a cure for heroin dependence, it can lead to improvements in the client's mental and physical health and the stability of their lifestyle. It is usually provided in syrup form and the effect lasts for around 24 hours, consequently most clients must attend on a daily basis to receive their treatment.

Buprenorphine is the other main drug used for maintenance therapy for opiate addiction. It is a partial opioid antagonist, that is, it blocks the effects of heroin. Unlike methadone, one dose may last up to 3 days so clients are not required to attend daily to receive their treatment. It is provided in tablet form and is dissolved under the tongue (Australian Drug Foundation 2003). It is quite common for clients to switch between buprenorphine and methadone treatments.

LAAM is a similar substance to methadone but has a milder effect. It is available in Australia under clinical trial arrangements and is being actively investigated as an additional treatment for opioid maintenance programs. One benefit of using LAAM is that it only needs to be administered every 3 days and therefore offers greater flexibility to clients and staff (Gowing et al. 2001).

For clients who want to maintain abstinence from heroin or other opioids, the drug naltrexone may be prescribed. Its effectiveness depends heavily on clients' commitment to remain off heroin, the level of support they receive and the continuation of regular counselling. Tablets are taken orally from 1 to 3 days apart depending on dose. It is more expensive than methadone or buprenorphine. In addition, because naltrexone reduces tolerance to heroin, there is a greater risk of a heroin overdose if treatment is discontinued and heroin use resumes (Australian Drug Foundation 2003).

Naltrexone can also be used to support abstinence or harm reduction measures for alcohol-dependent clients, although the drug acamprosate is normally considered the treatment drug of choice for a total abstinence approach (Graham et al. 2002).

Counselling

There are many different types of alcohol and other drug counselling available, including individual and group counselling in both out-patient and residential settings. The following discussion outlines the main types of counselling programs available. These programs are not distinguished within the AODTS–NMDS collection, but are grouped into the general heading 'counselling'.

At its most basic level, drug counselling provides advice and support to the client from a professional counsellor on an appointment basis. Areas discussed can include the client's drug-taking behaviour, their school, work and leisure activities and relationships with family and friends.

Types of counselling include motivational interviewing, cognitive and behavioural techniques such as problem-solving skills, drink and drug refusal skills, relapse prevention, contingency management and aversive conditioning, and other skills-based training such as anger or sleep management, relaxation, assertiveness training and vocational rehabilitation (Ghodse 2002). The treatment can be provided at the individual or group level and by a range of specialists such as psychologists, social workers, community nurses, drug and alcohol workers, medical practitioners, Alcoholics Anonymous or Narcotics Anonymous and others (New South Wales Health Department 2000).

The goal of counselling is to encourage and support emotional and behavioural change. Lifestyle adjustment is facilitated by the development of skills to cope with factors that trigger drug use or prevent full relapse to regular drug use (Gowing et al. 2001).

Rehabilitation

Rehabilitation programs begin with a thorough assessment and detoxification, if necessary. A specific treatment plan is then developed which may be provided as residential or out-patient treatment. This plan may include regular counselling, group and/or family therapy sessions, a pharmacotherapy program, an education program providing advice on ways to achieve and maintain recovery, exercise and relaxation sessions, plus support with employment and living arrangements (Ghodse 2002).

Residential rehabilitation programs may be short term (4 to 6 weeks) or long term (2 to 6 months). Short-term programs are suitable for people without a long-term history of substance dependence, who have not succeeded at out-patient treatment, do not have significant cognitive impairment or co-morbidity and have better psycho-social supports. Long-term programs are preferred for people who have severe alcohol and drug use problems, or whose substance use problems were not addressed by out-patient or short-term residential treatment, or people with significant co-morbid disorders (New South Wales Health Department 2000).

The goals of rehabilitation and treatment activities in general include reducing the use of illicit drugs, reducing the risk of infectious diseases, improving physical and psychological health, reducing criminal behaviour and improving social functioning (Gowing et al. 2001).

Information and education

Commonwealth, state and territory governments provide a number of information and education programs, as well as 24-hour telephone information services, on alcohol and other drugs as part of their public health programs. National initiatives to provide information on drug-related harm to the wider community include the Australian Drug Information Network and the Community Partnership Initiative (MCDS 1998). Services provided by the states and territories include 24-hour telephone services and fact sheets on specific drugs and other drug-related reports available from the Internet. The telephone services provide information on drugs, access to drug and alcohol counselling, and referrals to appropriate services (Department of Human Services 2002).

Information and education programs are also provided specifically for clients of alcohol and other drug treatment services. These include: education on the effects of cannabis or other drugs for clients who have been required to attend the service as a result of a police or court diversion order; information on what the client can expect during the withdrawal (detoxification) process; and information on harm minimisation strategies to increase the client’s ability to maintain behaviour that reduces drug-related harm (Department of Human Services 2002).

Appendix 4: Detailed tables

Client registrations

Table A4.1: Estimated number of client registrations by age group and sex, Australia,[(a)] 2002–03

	Males		Females		Not stated		Persons	
Age group (years)	No.	%	No.	%	No.	%	No.	%
10–19	9,361	8.7	4,096	3.8	12	0.0	13,469	12.5
20–29	24,809	23.0	11,476	10.6	47	0.0	36,332	33.6
30–39	19,203	17.8	10,077	9.3	32	0.0	29,312	27.1
40–49	10,932	10.1	6,581	6.1	26	0.0	17,539	16.2
50–59	4,156	3.8	2,762	2.6	9	0.0	6,927	6.4
60+	1,526	1.4	935	0.9	6	0.0	2,467	2.3
Not stated	1,118	1.0	862	0.8	16	0.0	1,996	1.8
Total	**71,105**	**65.8**	**36,789**	**34.1**	**148**	**0.1**	**108,042**	**100.0**

(a) Client registrations refer to the estimated number of clients who registered or re-registered for alcohol and other drug treatment services.

Table A4.2: Estimated number of client registrations by client type and sex, Australia[(a)], 2002–03

	Males		Females		Not stated		Persons	
Client type	No.	%	No.	%	No.	%	No.	%
Own drug use[(b)]	68,803	63.7	32,064	29.7	135	0.1	101,002	93.5
Others' drug use	2,302	2.1	4,725	4.4	13	0.0	7,040	6.5
Total	**71,105**	**65.8**	**36,789**	**34.1**	**148**	**0.1**	**108,042**	**100.0**

(a) Client registrations refer to the estimated number of clients who registered or re-registered for alcohol and other drug treatment services.

(b) Own drug use also includes clients who were seeking treatment for both their own and other's drug use.

Table A4.3: Estimated number of client registrations by age group and Indigenous status, Australia[(a)], 2002–03

	Indigenous		Non-Indigenous		Not stated		Total	
Age group (years)	No.	%	No.	%	No.	%	No.	%
10–19	1,780	1.6	10,921	10.1	768	0.7	13,469	12.5
20–29	3,323	3.1	30,725	28.4	2,284	2.1	36,332	33.6
30–39	2,895	2.7	24,533	22.7	1,884	1.7	29,312	27.1
40–49	1,187	1.1	15,274	14.1	1,078	1.0	17,539	16.2
50–59	301	0.3	6,185	5.7	441	0.4	6,927	6.4
60+	92	0.1	2,211	2.0	164	0.2	2,467	2.3
Not stated	476	0.4	1,346	1.2	174	0.2	1,996	1.8
Total	**10,054**	**9.3**	**91,195**	**84.4**	**6,793**	**6.3**	**108,042**	**100.0**

(a) Client registrations refers to the estimated number of clients who registered or re-registered for alcohol and other drug treatment services.

Client tables

Table A4.4: Closed treatment episodes by client data items by jurisdiction, Australia, 2002–03[(a)]

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Client type									
Own drug use[(b)]	40,002	43,048	13,683	12,142	6,946	2,292	2,958	1,961	123,032
Others' drug use	1,164	2,258	512	2,080	494	276	43	1,071	7,898
Sex									
Male	27,841	28,602	9,746	9,021	5,011	1,472	1,910	1,934	85,537
Female	13,276	16,647	4,448	5,200	2,429	1,096	1,037	1,098	45,231
Not stated	49	57	—	—	—	—	54	—	162
Age group (years)									
10–19	3,368	6,165	2,279	2,708	561	292	401	194	15,968
20–29	13,760	16,010	4,534	4,513	2,163	719	1,073	757	43,529
30–39	12,126	11,880	3,315	3,528	2,324	593	768	1,100	35,634
40–49	7,661	6,848	2,100	2,139	1,476	535	489	662	21,910
50–59	3,118	2,477	724	1,034	568	306	179	250	8,656
60+	1,097	713	309	273	313	123	62	68	2,958
Not stated	36	1,213	934	27	35	—	29	—	2,275
Indigenous status									
Indigenous	3,579	2,504	1,308	1,904	629	196	196	1,832	12,148
Not Indigenous	35,472	39,178	12,307	12,132	6,276	1,860	2,574	1,133	110,932
Not stated	2,115	3,624	580	186	535	512	231	67	7,850
Country of birth									
Australia	35,409	37,859	12,542	11,826	6,287	2,432	2,489	2,878	111,722
England	1,129	586	308	887	400	30	77	43	3,460
Germany	125	126	40	41	31	6	9	—	378
Ireland	201	110	26	74	18	—	5	—	438
Italy	99	181	15	43	16	—	7	—	366
Scotland	208	229	47	138	71	10	18	15	736
South Africa	97	90	32	72	6	—	5	—	306
New Zealand	836	628	509	364	76	21	35	24	2,493
United States of America	139	86	39	51	7	—	22	—	353
Viet Nam	248	880	16	26	35	—	20	—	1,227
All other countries	1,945	2,526	591	643	256	54	143	47	6,205
Not elsewhere classified	37	326	14	—	—	—	—	—	377
Inadequately described	127	374	16	—	9	—	—	—	530
Not stated	566	1,305	—	57	228	—	167	16	2,339
Preferred language									
Australian Indigenous languages	13	41	—	35	19	—	—	940	1,048
Arabic	45	23	—	—	—	—	—	—	73
Cantonese	15	24	—	—	—	—	—	—	49
Croatian	27	13	6	—	7	—	—	—	57

(continued)

Table A4.4 (continued): Closed treatment episodes by client data items by jurisdiction, Australia, 2002–03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
English	40,299	42,218	13,917	14,006	7,158	2,567	2,757	1,797	124,719
Greek	33	30	9	—	—	—	—	—	73
Italian	40	36	—	10	5	—	—	—	96
Polish	19	32	—	9	—	—	—	—	69
Spanish	67	27	10	—	5	—	—	—	112
Vietnamese	134	455	7	7	9	—	—	—	613
All other languages	231	547	47	84	25	0	6	81	1,021
Inadequately described	6	91	—	—	—	—	—	6	105
Not stated	237	1,769	187	61	202	—	231	208	2,895
English Proficiency (EP) Groups[c]									
Australia	35,403	37,633	12,542	11,825	6,287	2,432	2,489	2,878	111,489
EP Group 1	2,721	1,987	991	1,638	599	92	179	95	8,302
EP Group 2	899	1,247	257	379	123	19	72	28	3,024
EP Group 3	1,018	1,318	351	283	138	24	64	11	3,207
EP Group 4	395	1,116	24	40	56	—	26	—	1,662
Inadequately described/invalid	127	374	16	—	9	—	—	—	530
Not elsewhere classified	37	326	14	—	—	—	—	—	377
Not stated/missing	566	1,305	—	57	228	—	167	16	2,339
Source of referral									
Self	17,650	15,863	3,252	4,285	2,816	1,365	1,977	1,497	48,705
Family member/ friend	2,484	1,962	590	1,470	586	162	88	203	7,545
GP/medical specialist	3,571	2,000	1,354	838	476	234	34	103	8,610
Psychiatric and/or other hospitals	1,787	651	544	411	755	270	15	126	4,559
Community mental health services[d]	860	1,044	366	266	106	20	59	69	2,790
Alcohol and other drug treatment services[d]	5,589	7,769	547	846	585	157	105	185	15,783
Other community/health care services[e]	1,502	2,152	466	692	451	116	262	228	5,869
Community-based corrections	2,420	5,877	755	2,951	63	86	203	360	12,715
Police and court diversions	3,399	1,063	5,721	1,096	428	22	102	119	11,950
Other	1,515	6,727	567	1,153	1,093	134	116	88	11,393
Not stated	389	198	33	214	81	—	40	54	1,011
Total	**41,166**	**45,306**	**14,195**	**14,222**	**7,440**	**2,568**	**3,001**	**3,032**	**130,930**

(a) Small cell sizes have been suppressed to preserve confidentiality. These are marked with a '—'.

(b) Own drug use also includes clients who were seeking treatment for both their own and others' drug use (that is, 0.4% of total closed treatment episodes).

(c) See AIHW 2003a for further information about English Proficiency Groups.

(d) Includes residential and non-residential services.

(e) Comprises other residential community care unit; non-residential medical and/or allied health care agency; other non-residential community health care agency/outpatient clinic; and other community service agency.

Substance users tables

Table A4.5: Closed treatment episodes by drug-related data items by jurisdiction, Australia, 2002–03[(a)(b)]

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Injecting drug use									
Current injector	12,770	9,647	2,420	3,853	1,985	396	789	281	32,141
Injected 3–12 months ago	2,197	5,782	714	928	440	91	771	69	10,992
Injected 12+ months ago	3,463	4,739	1,445	891	769	141	122	112	11,682
Never injected	16,287	16,257	7,481	5,405	2,538	796	632	1,113	50,509
Not stated	5,285	6,623	1,623	1,065	1,214	868	644	386	17,708
Method of use									
Ingests	19,534	18,877	4,246	4,669	4,012	1,093	1,262	1,477	55,170
Smokes	6,688	9,602	6,946	3,093	653	830	403	195	28,410
Injects	12,573	12,558	2,075	4,048	2,006	323	916	230	34,729
Sniffs (powder)	246	223	43	131	36	—	15	—	701
Inhales (vapour)	37	596	125	89	11	8	2	15	883
Other	116	274	30	39	6	—	10	—	484
Not stated	808	918	218	73	222	31	350	35	2,655
Principal drug of concern									
Analgesics									
Heroin	8,565	10,715	744	1,049	916	12	611	30	22,642
Methadone	1,011	609	226	78	112	79	46	12	2,173
Balance of analgesics[(c)]	632	1,057	448	317	294	173	287	128	3,336
Total analgesics	*10,208*	*12,381*	*1,418*	*1,444*	*1,322*	*264*	*944*	*170*	*28,151*
Sedatives and hypnotics									
Alcohol	16,836	15,747	3,371	3,967	3,295	933	1,191	1,407	46,747
Benzodiazepines	942	1,073	152	185	161	16	62	18	2,609
Balance of sedatives and hypnotics[(b)]	12	104	6	16	8	16	—	—	165
Total sedatives and hypnotics	*17,790*	*16,924*	*3,529*	*4,168*	*3,464*	*965*	*1,256*	*1,425*	*49,521*
Stimulants and hallucinogens									
Amphetamines	4,357	2,613	1,219	3,186	1,358	180	175	125	13,213
Cannabinoids	6,168	9,313	6,892	2,975	703	426	449	180	27,106
Ecstasy	131	171	57	23	22	—	9	—	416
Cocaine	194	60	26	14	20	—	—	—	323
Nicotine	482	282	384	97	9	412	3	24	1,693
Balance of stimulants and hallucinogens[(c)]	36	108	22	22	5	—	—	—	198
Total stimulants and hallucinogens	*11,368*	*12,547*	*8,600*	*6,317*	*2,117*	*1,023*	*642*	*335*	*42,949*
Balance of drugs of concern[(c)]	131	1,196	135	146	43	40	13	31	1,735
Not stated/missing	505	—	—	67	—	—	103	—	676
Total	**40,002**	**43,048**	**13,683**	**12,142**	**6,946**	**2,292**	**2,958**	**1,961**	**123,032**

(a) Small cell sizes have been suppressed to preserve confidentiality. These are marked with a '—'.

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

(c) Includes balance of pincipal drugs of concern coded according to ASCDC. See Appendix 6.

Table A4.6: Number of other drugs of concern by jurisdiction, Australia, 2002–03[(a)]

Other drug of concern	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Analgesics									
Heroin	1,552	2,362	392	1,020	224	11	84	30	5,675
Methadone	827	416	178	218	129	22	53	15	1,858
Balance of analgesics[(b)]	463	910	455	391	151	50	91	39	2,550
Total analgesics	*2,842*	*3,688*	*1,025*	*1,629*	*504*	*83*	*228*	*84*	*10,083*
Sedatives and hypnotics									
Alcohol	3,883	6,361	2,071	2,933	768	101	321	121	16,559
Benzodiazepines	2,548	4,347	620	1,778	604	60	315	50	10,322
Balance of sedatives and hypnotics[(b)]	26	334	15	126	7	2	3	8	521
Total sedatives and hypnotics	*6,457*	*11,042*	*2,706*	*4,837*	*1,379*	*163*	*639*	*179*	*27,402*
Stimulants and hallucinogens									
Amphetamines	3,870	5,718	1,014	1,987	769	90	316	97	13,861
Cannabinoids	7,972	10,733	1,852	3,913	1,541	237	744	278	27,270
Ecstasy	827	1,461	251	1,340	48	3	69	21	4,020
Cocaine	935	408	76	450	93	3	46	11	2,022
Nicotine	4,826	5,526	2,560	3,057	571	87	703	61	17,391
Balance of stimulants and hallucinogens[(b)]	493	973	86	2,033	129	9	7	27	3,757
Total stimulants and hallucinogens	*18,923*	*24,819*	*5,839*	*12,780*	*3,151*	*429*	*1,885*	*495*	*68,321*
Balance of drugs of concern[(b)]	105	1,121	95	700	47	4	20	29	2,121
Not stated/missing	0	0	170	0	1,215	2	0	0	1,387
No other drug of concern	20,903	20,151	6,843	4,689	2,758	1	1,350	1,488	58,183

(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 6.

Table A4.7: Closed treatment episodes by principal drug of concern, sex and age group, Australia, 2002–03[(a)]

	Age group (years)							
Principal drug	**10–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Not stated**	**Total**
Males				(per cent)				
Alcohol	18.5	23.9	43.0	62.6	82.3	86.6	23.6	39.3
Amphetamines	9.3	14.5	11.8	4.5	1.2	0.2	14.3	10.5
Benzodiazepines	0.4	1.5	1.9	1.7	1.5	1.9	1.5	1.5
Cannabis	54.9	28.0	17.0	10.0	4.1	1.1	29.0	23.5
Cocaine	0.1	0.3	0.4	0.2	0.0	0.0	1.6	0.3
Ecstasy	0.5	0.5	0.3	0.1	0.0	0.1	1.6	0.4
Heroin	9.3	25.8	19.1	13.2	3.4	0.8	12.1	17.9
Methadone	0.4	1.3	1.8	1.9	0.9	0.4	0.9	1.3
Nicotine	1.1	0.3	0.6	1.4	3.4	6.6	5.0	1.0
Other[(b)]	5.1	3.4	3.7	4.0	2.9	1.9	10.3	3.8
Not stated	0.5	0.5	0.5	0.5	0.3	0.5	0.2	0.5
Total males (per cent)	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total males (number)	*10,340*	*28,980*	*22,833*	*13,177*	*4,800*	*1,673*	*1,129*	*82,932*
Females								
Alcohol	14.9	18.4	40.0	61.0	72.8	71.4	26.2	35.3
Amphetamines	13.6	16.9	10.9	3.6	0.8	0.3	12.1	11.3
Benzodiazepines	1.5	2.5	4.1	4.4	5.3	7.4	2.8	3.4
Cannabis	38.2	22.7	15.8	9.4	3.7	1.4	22.6	18.9
Cocaine	0.3	0.3	0.3	0.1	0.0	0.1	0.9	0.2
Ecstasy	0.7	0.5	0.1	0.1	0.0	0.1	0.4	0.3
Heroin	19.1	29.1	18.3	9.7	3.2	1.6	15.4	19.4
Methadone	0.9	3.7	2.9	2.3	0.9	0.1	2.1	2.6
Nicotine	2.0	0.7	1.4	2.9	7.9	13.8	4.2	2.1
Other[(b)]	7.8	4.7	5.6	6.0	4.7	3.6	13.0	5.7
Not stated	1.0	0.6	0.6	0.6	0.6	0.1	0.3	0.6
Total females (per cent)	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total females (number)	*4,692*	*13,575*	*11,391*	*6,597*	*2,215*	*731*	*753*	*39,954*

(continued)

Table A4.7 (continued): Closed treatment episodes by principal drug of concern, sex and age group, Australia, 2002–03[(a)]

	Age group (years)							
Principal drug	**10–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Not stated**	**Total**
Persons[(c)]								
Alcohol	17.4	22.1	42.0	62.1	79.3	82.0	24.6	38.0
Amphetamines	10.6	15.3	11.5	4.2	1.1	0.2	13.3	10.7
Benzodiazepines	0.7	1.8	2.6	2.6	2.7	3.6	2.0	2.1
Cannabis	49.6	26.3	16.6	9.8	3.9	1.2	26.3	22.0
Cocaine	0.2	0.3	0.3	0.1	0.0	0.0	1.3	0.3
Ecstasy	0.6	0.5	0.2	0.1	0.0	0.1	1.2	0.3
Heroin	12.3	26.8	18.8	12.0	3.3	1.1	13.3	18.4
Methadone	0.5	2.0	2.1	2.0	0.9	0.3	1.4	1.8
Nicotine	1.4	0.4	0.9	1.9	4.8	8.8	4.6	1.4
Other drugs[(b)]	5.9	3.8	4.3	4.6	3.4	2.4	11.5	4.4
Not stated	0.7	0.6	0.5	0.5	0.4	0.4	0.5	0.5
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**15,045**	**42,606**	**34,257**	**19,798**	**7,019**	**2,410**	**1,897**	**123,032**

(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 6.

(c) Includes not stated for sex.

Table A4.8: Closed treatment episodes by principal drug of concern and country of birth, Australia, 2002–03(a)

	Alcohol	Cannabis	Heroin	Amphetamines	Other drugs(b)	Not stated	Total
				(number)			
Australia	38,931	24,442	18,405	11,902	10,911	516	105107
New Zealand	954	645	354	243	189	8	2,393
England	1,780	402	331	297	312	16	3,138
Scotland	497	63	49	53	40	3	705
Ireland	274	36	35	24	35	0	404
Germany	223	43	32	17	39	0	354
Italy	139	30	63	23	46	1	302
Viet Nam	57	43	971	21	60	8	1,160
United States of America	196	46	48	15	30	3	338
South Africa	136	71	32	18	17	0	274
All other countries	155	167	81	21	71	1	496
Inadequately described	2,460	817	1,515	368	559	29	5,748
Not elsewhere classified	184	43	67	35	32	4	365
Not stated	761	258	659	176	307	87	2,248
Total	**46,747**	**27,106**	**22,642**	**13,213**	**12,648**	**676**	**123,032**
				(per cent)			
Australia	37.0	23.3	17.5	11.3	10.4	0.5	100.0
New Zealand	39.9	27.0	14.8	10.2	7.9	0.3	100.0
England	56.7	12.8	10.5	9.5	9.9	0.5	100.0
Scotland	70.5	8.9	7.0	7.5	5.7	0.4	100.0
Ireland	67.8	8.9	8.7	5.9	8.7	0.0	100.0
Germany	63.0	12.1	9.0	4.8	11.0	0.0	100.0
Italy	46.0	9.9	20.9	7.6	15.2	0.3	100.0
Viet Nam	4.9	3.7	83.7	1.8	5.2	0.7	100.0
United States of America	58.0	13.6	14.2	4.4	8.9	0.9	100.0
South Africa	49.6	25.9	11.7	6.6	6.2	0.0	100.0
All other countries	42.8	14.2	26.4	6.4	9.7	0.5	100.0
Inadequately described	31.3	33.7	16.3	4.2	14.3	0.2	100.0
Not elsewhere classified	50.4	11.8	18.4	9.6	8.8	1.1	100.0
Not stated	33.9	11.5	29.3	7.8	13.7	3.9	100.0
Total	**38.0**	**22.0**	**18.4**	**10.7**	**10.3**	**0.5**	**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 6.

Table A4.9: Closed treatment episodes by principal drug of concern, Indigenous status and sex, Australia, 2002–03[(a)]

	Males		Females		Persons[(b)]		
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Total [(c)]
				(number)			
Alcohol	3,591	27,150	1,452	11,869	5,047	39,052	46,747
Amphetamines	703	7,535	461	3,833	1,168	11,376	13,213
Benzodiazepines	61	1,112	63	1,232	124	2,347	2,609
Cannabis	1,779	16,763	732	6,443	2,512	23,219	27,106
Cocaine	19	190	6	84	25	275	323
Ecstasy	15	264	7	101	22	366	416
Heroin	748	13,088	551	6,714	1,301	19,816	22,642
Methadone	94	957	93	882	187	1,839	2,173
Nicotine	47	725	52	717	99	1,443	1,693
Other drugs [(d)]	277	2,536	217	1,831	495	4,376	5,434
Not stated	37	290	25	195	62	485	676
Total	**7,371**	**70,610**	**3,659**	**33,901**	**11,042**	**104,594**	**123,032**
				(per cent)			
Alcohol	48.7	38.5	39.7	35.0	45.7	37.3	38.0
Amphetamines	9.5	10.7	12.6	11.3	10.6	10.9	10.7
Benzodiazepines	0.8	1.6	1.7	3.6	1.1	2.2	2.1
Cannabis	24.1	23.7	20.0	19.0	22.7	22.2	22.0
Cocaine	0.3	0.3	0.2	0.2	0.2	0.3	0.3
Ecstasy	0.2	0.4	0.2	0.3	0.2	0.3	0.3
Heroin	10.1	18.5	15.1	19.8	11.8	18.9	18.4
Methadone	1.3	1.4	2.5	2.6	1.7	1.8	1.8
Nicotine	0.6	1.0	1.4	2.1	0.9	1.4	1.4
Other drugs [(d)]	3.8	3.6	5.9	5.4	4.5	4.2	4.4
Not stated	0.5	0.4	0.7	0.6	0.6	0.5	0.5
Total	**100.0**	**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) Includes not stated for sex.

(c) Includes not stated for Indigenous status.

(d) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 6.

Table A4.10: Closed treatment episodes by principal drug of concern and all drugs of concern, Australia, 2002–03[(a)]

	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[(c)]
Alcohol	46,747	38.0	63,306	51.5
Amphetamines	13,213	10.7	27,074	22.0
Benzodiazepines	2,609	2.1	12,931	10.5
Cannabis	27,106	22.0	54,376	44.2
Cocaine	323	0.3	2,345	1.9
Ecstasy	416	0.3	4,436	3.6
Heroin	22,642	18.4	28,317	23.0
Methadone	2,173	1.8	4,031	3.3
Nicotine	1,693	1.4	19,084	15.5
Other drugs[(b)]	5,434	4.4	14,383	11.7
Not stated	676	0.5	2,063	1.7
Total	**123,032**	**—**	**232,346**	**—**

(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 6.

(c) 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.

Table A4.11a: Closed treatment episodes by principal drug of concern and reason for cessation, Australia, 2002–03[a] (per cent)

Reason for cessation	Alcohol	Amphetamines	Benzodiazepines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Nicotine	Other drug[b]	Total[c]	Total (number)
Treatment completed	58.1	43.4	51.0	42.7	49.5	57.9	50.7	52.5	48.0	52.5	51.1	62,824
Change in main treatment type	1.4	1.7	2.8	1.3	0.6	1.4	2.5	1.7	0.6	3.2	1.7	2,082
Change in delivery setting	0.7	1.9	0.3	0.7	1.5	1.2	0.5	0.9	2.4	2.2	0.8	1,045
Change in principal drug of concern	0.2	0.2	0.2	0.2	0.3	0.0	0.3	0.1	0.1	0.1	0.2	272
Transferred to another service provider	7.1	8.3	11.1	4.9	7.1	5.8	8.5	14.0	6.1	7.4	7.2	8,871
Ceased to participate against advice	4.9	6.8	5.4	3.0	7.1	3.1	7.2	4.4	1.9	4.8	5.1	6,227
Ceased to participate without notice	15.7	21.3	14.3	14.1	14.9	16.8	15.5	13.0	27.6	14.3	15.9	19,597
Ceased to participate involuntary (non-compliance)	1.8	4.5	2.4	1.7	5.3	1.4	3.5	2.4	0.5	1.3	2.4	2,929
Ceased to participate at expiation	0.6	1.1	0.8	23.7	0.6	1.4	1.2	0.7	0.3	0.9	5.9	7,235
Ceased to participate by mutual agreement	3.1	3.6	3.7	2.6	1.9	2.9	1.7	1.3	4.6	2.8	2.8	3,396
Drug court and/or sanctioned by court diversion service	0.1	0.7	0.3	0.2	0.0	0.5	0.7	0.1	0.0	0.2	0.3	351
Imprisoned, other than drug court sanctioned	0.4	1.1	0.6	0.5	0.0	0.5	1.4	1.3	0.1	0.8	0.7	882
Died	0.2	0.0	0.4	0.0	0.3	0.0	0.2	0.2	0.4	0.2	0.1	179
Other	3.7	4.2	4.0	3.4	8.7	6.3	4.8	5.4	6.4	4.7	4.1	5,001
Not stated	2.0	1.1	2.6	1.0	2.2	0.7	1.5	2.0	0.9	4.7	1.7	2,141
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)	**46,747**	**13,213**	**2,609**	**27,106**	**323**	**416**	**22,642**	**2,173**	**1,693**	**5,434**	**123,032**	. .

(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 6.

(c) Includes not stated for principal drugs of concern.

Table A4.11b: Closed treatment episodes by reason for cessation and principal drug of concern, Australia, 2002–03[a] (per cent)

Reason for cessation	Alcohol	Amphetamines	Benzodiazepines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Nicotine	Other drug[b]	Total[c]	Total (number)
Treatment completed	43.2	9.1	2.1	18.4	0.3	0.4	18.3	1.8	1.3	4.5	100.0	62,824
Change in main treatment type	31.1	10.6	3.6	16.9	0.1	0.3	26.7	1.8	0.5	8.4	100.0	2,082
Change in delivery setting	29.4	23.8	0.9	17.8	0.5	0.5	10.0	1.9	3.8	11.5	100.0	1,045
Change in principal drug of concern	39.3	7.7	1.8	21.3	0.4	0.0	25.4	1.1	0.4	1.5	100.0	272
Transferred to another service provider	37.2	12.4	3.3	15.0	0.3	0.3	21.8	3.4	1.2	4.5	100.0	8,871
Ceased to participate against advice	36.9	14.5	2.2	13.2	0.4	0.2	26.1	1.5	0.5	4.2	100.0	6,227
Ceased to participate without notice	37.5	14.3	1.9	19.5	0.2	0.4	17.9	1.4	2.4	4.0	100.0	19,597
Ceased to participate involuntary (non-compliance)	29.2	20.1	2.2	15.8	0.6	0.2	26.8	1.8	0.3	2.4	100.0	2,929
Ceased to participate at expiation	4.0	2.0	0.3	88.8	0.0	0.1	3.7	0.2	0.1	0.7	100.0	7,235
Ceased to participate by mutual agreement	42.1	14.2	2.9	21.1	0.2	0.4	11.5	0.8	2.3	4.4	100.0	3,396
Drug court and/or sanctioned by court diversion service	6.8	27.1	2.6	14.0	0.0	0.6	42.2	0.6	0.0	3.1	100.0	351
Imprisoned, other than drug court sanctioned	22.2	17.0	1.8	14.1	0.0	0.2	35.4	3.2	0.1	5.1	100.0	882
Died	48.0	3.4	5.6	6.1	0.6	0.0	23.5	2.8	3.9	5.0	100.0	179
Other	35.0	11.2	2.1	18.3	0.6	0.5	21.7	2.3	2.2	5.1	100.0	5,001
Not stated	43.9	6.8	3.1	13.0	0.3	0.1	15.4	2.0	0.7	11.8	100.0	2,141
Total (per cent)	**38.0**	**10.7**	**2.1**	**22.0**	**0.3**	**0.3**	**18.4**	**1.8**	**1.4**	**4.4**	**100.0**	**123,032**

(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 6.

(c) Includes not stated for principal drugs of concern.

Treatment program tables

Table A4.12: Closed treatment episodes by treatment data items by jurisdiction, Australia, 2002–03[(a)]

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Main treatment type									
Withdrawal management (detoxification)	9,312	9,512	770	1,374	1,606	402	1,522	269	24,767
Counselling	15,609	22,003	4,144	8,248	1,737	1,431	474	749	54,395
Rehabilitation	3,709	1,672	1,045	874	1,680	136	222	527	9,865
Support and case management only	2,455	5,086	593	106	189	82	474	112	9,097
Information and education only	1,159	137	6,407	1,964	138	21	—	649	10,478
Assessment only	7,119	4,818	796	1,352	1,621	193	131	602	16,632
Other[(b)]	1,803	2,078	440	304	469	303	175	124	5,696
Cessation reason									
Treatment completed	20,915	30,508	2,278	6,207	3,918	1,079	1,265	1,722	67,892
Change in main treatment type	28	1,499	275	102	155	22	9	81	2,171
Change in delivery setting	17	—	667	138	118	57	26	31	1,054
Change in principal drug of concern	—	152	10	10	7	—	92	—	277
Transferred to another service provider	5,289	1,595	718	519	400	179	386	58	9,144
Ceased to participate against advice	2,752	1,267	603	474	731	224	182	81	6,314
Ceased to participate without notice	7,130	5,029	2,298	3,735	1,270	619	266	307	20,654
Ceased to participate involuntary (non-compliance)	1,552	411	189	463	237	29	29	46	2,956
Ceased to participate at expiation	269	532	5,598	968	25	25	33	—	7,454
Ceased to participate by mutual agreement	—	1,657	490	981	380	226	147	114	3,995
Drug court and/or sanctioned by court diversion service	190	55	62	24	12	—	—	—	351
Imprisoned, other than drug court sanctioned	275	331	80	127	40	—	—	26	886
Died	49	66	24	18	18	5	—	—	188
Other	2,078	1,745	703	416	111	37	84	66	5,240
Not stated	620	459	200	40	18	56	474	487	2,354

(continued)

Table A4.12 (continued): Closed treatment episodes by treatment data items by jurisdiction, Australia, 2002–03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Treatment delivery setting									
Non-residential treatment facility	27,203	31,929	9,883	9,725	5,785	1,344	1,310	999	88,178
Residential treatment facility	12,573	7,591	800	2,284	1,485	560	1,583	951	27,827
Home	478	1,666	198	518	63	18	—	123	3,066
Outreach setting	443	4,120	2,099	1,439	88	644	—	640	9,474
Other	469	—	1,215	256	19	—	105	319	2,385
Total	**41,166**	**45,306**	**14,195**	**14,222**	**7,440**	**2,568**	**3,001**	**3,032**	**130,930**

(a) Small cell sizes have been suppressed to preserve confidentiality. These are marked with a '—'.

(b) 'Other' includes 2,064 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapy are currently excluded from the AODTS–NMDS (see also Section 7.4).

Table A4.13: Closed treatment episodes by other treatment type by jurisdiction, Australia, 2002–03[(a)]

Other treatment type	NSW	Qld	WA	SA	Tas	ACT	NT	Australia
Withdrawal management (detoxification)	792	130	203	493	16	6	15	1,655
Counselling	5,322	991	372	970	282	40	366	8,343
Rehabilitation	1,113	234	62	375	11	7	52	1,854
Other treatment type[(b)]	5,245	903	319	1,455	394	14	63	8,423
All other treatments	*12,472*	*2,258*	*956*	*3,293*	*703*	*67*	*496*	*20,245*
No other treatment	31,149	12,336	13,412	5,245	1,904	2,934	2,536	69,516

(a) Excludes 45,306 closed treatment episodes from Victoria, as it did not provide data for 'other treatment type'.

(b) 'Other' includes 2,669 closed treatment episodes where other/additional treatment type was reported as pharmacotherapy.

Table A4.14: Closed treatment episodes by principal drug of concern and main treatment type, Australia, 2002–03[(a)]

Main treatment type	Alcohol	Amphetamines	Benzodiazepines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Nicotine	Other drug[(b)]	Not stated	Total[(c)]
						(number)						
Withdrawal management (detoxification)	10,670	2,080	922	3,476	36	30	5,570	460	75	1,362	86	24,767
Counselling	20,377	5,620	980	9,744	140	222	7,484	821	1,000	1,946	243	48,577
Rehabilitation	4,031	1,822	88	1,378	44	31	1,999	114	140	173	45	9,865
Support and case management only	2,036	805	178	2,329	27	38	2,423	224	98	559	57	8,774
Information and education only	1,066	275	36	7,097	21	38	220	55	195	151	65	9,219
Assessment only	6,802	2,315	274	2,580	47	46	3,224	217	127	592	141	16,365
Other[(c)]	1,765	296	131	502	8	11	1,722	282	58	651	39	5,465
Total	**46,747**	**13,213**	**2,609**	**27,106**	**323**	**416**	**22,642**	**2,173**	**1,693**	**5,434**	**676**	**123,032**
						(per cent)						
Withdrawal management (detoxification)	22.8	15.7	35.3	12.8	11.1	7.2	24.6	21.2	4.4	25.1	12.7	20.1
Counselling	43.6	42.5	37.6	35.9	43.3	53.4	33.1	37.8	59.1	35.8	35.9	39.5
Rehabilitation	8.6	13.8	3.4	5.1	13.6	7.5	8.8	5.2	8.3	3.2	6.7	8.0
Support and case management only	4.4	6.1	6.8	8.6	8.4	9.1	10.7	10.3	5.8	10.3	8.4	7.1
Information and education only	2.3	2.1	1.4	26.2	6.5	9.1	1.0	2.5	11.5	2.8	9.6	7.5
Assessment only	14.6	17.5	10.5	9.5	14.6	11.1	14.2	10.0	7.5	10.9	20.9	13.3
Other [(c)]	3.8	2.2	5.0	1.9	2.5	2.6	7.6	13.0	3.4	12.0	5.8	4.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**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) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 6.

(c) 'Other' includes 2,064 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 7.4).

Table A4.15: Closed treatment episodes by main treatment type, sex and age group, Australia, 2002–03

Main treatment type	Age group (years) 10–19	20–29	30–39	40–49	50–59	60+	Not stated	Total
				(per cent)				
Males								
Withdrawal management (detoxification)	10.1	17.5	21.5	25.5	27.2	26.7	7.5	19.6
Counselling	30.4	38.8	40.1	39.6	42.2	42.8	43.1	38.6
Rehabilitation	6.8	8.3	8.6	7.4	6.3	5.3	1.4	7.7
Support and case management only	14.9	7.1	4.4	4.0	3.5	2.7	21.7	6.8
Information and education only	21.5	8.5	6.1	5.9	4.5	4.3	22.5	8.9
Assessment only	14.1	16.7	15.6	13.3	11.9	14.0	2.0	14.9
Other[(a)]	2.3	3.2	3.7	4.4	4.4	4.2	1.9	3.4
Total males (per cent)	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total males (number)	*10,831*	*29,309*	*23,244*	*13,777*	*5,265*	*1,859*	*1,252*	*85,537*
Females								
Withdrawal management (detoxification)	14.4	18.2	19.5	18.9	14.5	14.9	7.2	17.6
Counselling	35.4	43.0	48.3	51.3	61.1	61.0	55.9	47.1
Rehabilitation	7.0	8.5	8.0	5.8	4.8	4.2	1.5	7.2
Support and case management only	20.1	8.3	4.3	3.6	2.2	2.2	15.8	7.3
Information and education only	10.3	6.1	5.3	5.4	5.0	4.6	14.7	6.3
Assessment only	9.1	10.0	8.5	7.9	5.6	5.8	1.7	8.5
Other[(a)]	3.8	5.9	6.1	7.2	6.9	7.3	3.2	6.0
Total females (per cent)	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total females (number)	*5,124*	*14,169*	*12,357*	*8,103*	*3,380*	*1,091*	*1,007*	*45,231*
Persons[(b)]								
Withdrawal management (detoxification)	11.4	17.7	20.8	23.1	22.2	22.4	7.5	18.9
Counselling	32.0	40.2	42.9	43.9	49.6	49.5	48.8	41.5
Rehabilitation	6.9	8.3	8.4	6.8	5.7	4.9	1.4	7.5
Support and case management only	16.5	7.5	4.4	3.9	3.0	2.5	18.9	6.9
Information and education only	17.9	7.7	5.8	5.7	4.7	4.4	19.0	8.0
Assessment only	12.5	14.5	13.1	11.3	9.4	10.9	1.9	12.7
Other[(a)]	2.8	4.0	4.5	5.4	5.3	5.4	2.4	4.4
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**15,968**	**43,529**	**35,634**	**21,910**	**8,656**	**2,958**	**2,275**	**130,930**

(a) 'Other' includes 2,064 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 7.4).

(b) Includes not stated for sex.

Special theme—clients aged 10–29 years tables

Table A4.16: Closed treatment episodes by age group and Indigenous status, Australia, 2002–03

	Indigenous		Non-Indigenous		Not stated		Total	
Age group	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
10–19 years	2,067	17.0	13,048	11.8	853	10.9	15,968	12.2
20–29 years	3,957	32.6	36,968	33.3	2,604	33.2	43,529	33.2
30 years and over	5,574	45.9	59,385	53.5	4,199	53.5	69,158	52.8
Not stated	550	4.5	1,531	1.4	194	2.5	2,275	1.7
Total	**12,148**	**100.0**	**110,932**	**100.0**	**7850**	**100.0**	**130,930**	**100.0**

Table A4.17: Closed treatment episodes by principal drug of concern and all drugs of concern, selected 'party drugs', Australia, 2002–03[(a)]

	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)]
Amphetamines[(c)]	13,213	10.7	27,074	22.0
Ecstasy/MDMA	416	0.3	4,436	3.6
Cocaine	323	0.3	2,345	1.9
LSD	30	0.0	897	0.7
GHB	1	0.0	6	0.0
Ketamine	6	0.0	15	0.0
Amyl nitrate	2	0.0	5	0.0
Total 'party drugs'	**13,991**	**11.4**	**34,778**	**28.3**

(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) Amphetamines includes methamphetamines such as ice, crystal, base and speed.

Table A4.18: Closed treatment episodes by injecting drug use and age group, Australia, 2002–03[(a)]

	10–29 years		30 years and over		Total[(b)]	
Injecting drug use	**No.**	**%**	**No.**	**%**	**No.**	**%**
Current injector	18,516	32.1	13,199	20.8	32,141	26.1
Injected 3–12 months ago	6,310	10.9	4,514	7.1	10,992	8.9
Injected 12+ months ago	4,751	8.2	6,829	10.8	11,682	9.5
Never injected	20,589	35.7	29,385	46.3	50,509	41.1
Not stated	7,485	13.0	9,557	15.1	17,708	14.4
Total	**57,651**	**100.0**	**63,484**	**100.0**	**123,032**	**100.0**

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

(b) Includes not stated for age.

Table A4.19: Closed treatment episodes by treatment delivery setting and age group, Australia, 2002–03

Treatment delivery setting	10–29 years		30 years and over		Total[(a)]	
	No.	%	No.	%	No.	%
Non-residential treatment facility	39,280	66.0	47,441	68.6	88,178	67.3
Residential treatment facility	11,440	19.2	16,315	23.6	27,827	21.3
Home	1,407	2.4	1,625	2.3	3,066	2.3
Outreach setting	6,001	10.1	2,798	4.0	9,474	7.2
Other	1,369	2.3	979	1.4	2,385	1.8
Total	**59,497**	**100.0**	**69,158**	**100.0**	**130,930**	**100.0**

(a) Includes not stated for age.

Appendix 5: Australian Standard Geographical Classification

The Australian Standard Geographical Classification (ASGC) was released in 2001 by the ABS, and was based on an enhanced measure of remoteness (ARIA+) developed by the National Key Centre for Social Applications of Geographical Information (AIHW 2004c).

The Remoteness Areas of the ASGC 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 area of the alcohol and other drugs treatment agency 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 (2004c).

Appendix 6: 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).

TYPE OF DRUG CLASSIFICATION: BROAD GROUPS, NARROW GROUPS AND DRUGS OF CONCERN

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

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