Alcohol and other drug treatment services in Australia 2005–06

Report on the National Minimum Data Set

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DRUG TREATMENT SERIES
Number 7

Alcohol and other drug treatment services in Australia 2005–06

Report on the National Minimum Data Set

AIHW

July 2007

Australian Institute of Health and Welfare
Canberra
AIHW cat. no. HSE 53

This publication is part of the Australian Institute of Health and Welfare's Drug Treatment Series. A complete list of the Institute's publications is available from the Institute's website <www.aihw.gov.au>.

ISSN 1447–6746

ISBN 978 1 74024 702 3

Suggested citation

Australian Institute of Health and Welfare 2007. Alcohol and other drug treatment services in Australia 2005–06: report on the National Minimum Data Set. Drug Treatment Series no.7. Cat. no. HSE 53. Canberra: AIHW.

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Published by the Australian Institute of Health and Welfare

Printed by

Contents

Acknowledgments

Project team and AIHW support

The authors of this report were Kate Williams and Chrysanthe Psychogios. Kate Williams was also responsible for data cleaning and analyses, and Elena Ougrinovski provided invaluable assistance with data management issues relating to the collection.

Data providers

This report would not have been possible without the valued cooperation and efforts of staff in treatment agencies and data providers in the health authorities of the states and territories—the Australian Institute of Health and Welfare (AIHW) expresses its appreciation for the supply of data and assistance with data validation.

The AIHW also acknowledges the work undertaken by data managers and staff in each jurisdiction to compile and validate the information supplied by data providers.

The AIHW would also like to thank the following members of the Intergovernmental Committee on Drugs, Alcohol and Other Drug Treatment Services National Minimum Data Set (IGCD AODTS–NMDS) Working Group who assisted in the planning of this report and provided advice on its content:

- Mr Harry Lai (New South Wales—Department of Health)
- Ms Karen Faunt (Victoria—Department of Human Services) (Deputy Chair for 2007)
- Ms Karen Furlong (Queensland—Department of Health)
- Dr Anne Bartu (Western Australia—Health Department)
- Mr Richard Cooke (South Australia—Drug and Alcohol Services South Australia) (Chair for 2007)
- Mr Andrew Foskett (Tasmania—Health and Human Services)
- Ms Tracey Andrews (Australian Capital Territory—Health Department)
- Ms Tania Karjaluoto (Northern Territory—Health and Community Services)
- Ms Karen Price, Ms Michelle Clewett and Ms Nadia Docrat (Australian Government—Department of Health and Ageing)
- Associate Professor Jan Copeland (National Drug and Alcohol Research Centre, University of New South Wales)
- Mr John Sant (Australian Bureau of Statistics).

The AIHW gratefully acknowledges the funding provided by the Australian Government Department of Health and Ageing for this project.

Abbreviations

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

Symbols

–	nil or rounded to zero
. .	not applicable

Summary

This is the sixth report in the series of annual publications on the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS). New to this edition is the inclusion of summaries on each of the principal drugs of concern nominated by clients seeking treatment for their alcohol or other drug use, and each of the main treatment types received as part of a client's treatment plan.

This report also presents data from other relevant collections to provide the reader with a broader picture of drug use and drug treatment in Australia. The report contains data from the 2004 National Drug Strategy Household Survey on patterns of drug use for selected drugs, and treatment data from the 2006 National Opioid Pharmacotherapy Statistics Annual Data Collection (NOPSAD) and Australian Government-funded Aboriginal and Torres Strait Islander substance use services and primary health care services. Data on mortality and morbidity attributable to the use of alcohol and other drug use are also reported.

Treatment agencies and episodes

- In 2005–06, 664 government-funded alcohol and other drug treatment agencies from across Australia reported data to the AODTS–NMDS collection.
- The majority (57%) of agencies identified as being non-government providers, and most were located in major cities (56%).
- The 664 agencies delivered 151,362 closed treatment episodes, an increase from 142,144 episodes reported in 2004–05.

Client profile

Of the 151,362 closed treatment episodes reported in 2005–06:

- 96% (or 144,963 episodes) involved clients seeking treatment for their own alcohol or other drug use, while the remaining 4% involved clients seeking treatment for someone else's alcohol or other drug use.
- The median age of persons receiving treatment for their own drug use was 31 years, while for people seeking treatment for someone else's drug use the median age was 43 years.
- Male clients accounted for two-thirds (66%) of all closed treatment episodes, which has been the case since 2001–02.
- 10% (or 15,070 episodes) involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin, which is higher than the overall proportion of Aboriginal and Torres Strait Islander peoples, aged 10 years and over, in the Australian population (2.1%; ABS 2004).[1]

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1 This figure is likely to be an underestimate of the total number of Indigenous Australians who received treatment for alcohol and other drugs in 2005–06 since the majority of Australian Government-funded Aboriginal and Torres Strait Islander substance use services or primary health care services are not included in the AODTS–NMDS collection.

- The majority (86%) of treatment episodes were for clients born in Australia and 95% of treatment episodes were for clients whose preferred language was English.

Drugs of concern

- Overall, alcohol was the most common principal drug of concern reported in closed treatment episodes (39%), followed by cannabis (25%), opioids (17%, with heroin accounting for 14%) and amphetamines (11%). Benzodiazepines accounted for 2% of closed treatment episodes and fewer than 1% of episodes were for the principal drugs ecstasy and cocaine (0.6% and 0.3% respectively).
- When all drugs of concern are considered (that is, the principal and all other drugs of concern nominated by the client), alcohol and cannabis remained the two most commonly reported drugs of concern in 2005–06—more than half (54%) of all episodes included alcohol as a drug of concern, while 46% of episodes included cannabis. Amphetamines were the third most common reported drug of concern overall, accounting for 23% of episodes, followed by nicotine (18% of episodes).
- For clients aged 10–19 years, cannabis was the most common principal drug of concern nominated (50% of episodes). The principal drugs of concern were more evenly distributed for clients aged 20–29 years, with cannabis being the most commonly nominated drug (30%), followed by alcohol (25%), heroin (19%) and amphetamines (15%). While for clients aged 30 years and over, alcohol was the most common principal drug of concern—highest for clients aged 60 years and over (81% of episodes).

Treatment programs

- Overall, counselling was the most common form of main treatment provided (38% of treatment episodes), followed by withdrawal management (detoxification) (17%), assessment only (15%), information and education only (10%), and support and case management only and rehabilitation (both 8%).
- Where the main treatment type was counselling, withdrawal management (detoxification), assessment only or rehabilitation, alcohol accounted for the greatest proportion of episodes (45%, 43%, 45% and 42% respectively). In contrast, where the main treatment type was information and education only or support and case management only, cannabis accounted for the highest proportion of episodes (61% and 32% respectively).

Other data sources

- Nationally, an estimated 38,659 clients were receiving pharmacotherapy treatment on a 'snapshot/specified' day in June 2006—71% of clients were receiving methadone, 23% buprenorphine and 6% buprenorphine/naloxone.
- There were 78,620 hospital separations reported in 2005–06 with a substance use disorder as the principal diagnosis, representing 1.1% of all hospital separations in Australia in that year.

1 Introduction

This report presents national, state and territory data on alcohol and other drug treatment services and their clients, including information about the drug problems for which treatment is sought and the types of treatment received. This is the sixth report in the series of annual publications on the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS) (AIHW 2002, 2003, 2004a, 2005a, 2006).

1.1 Report purpose and structure

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

The structure of the AODTS–NMDS report for 2005–06 has changed from previous years to include separate sections on each of the main drugs of concern nominated by clients (Chapter 4) and each of the main treatment types received (Chapter 5). Furthermore, the 2005–06 report presents, for the first time, data from the 2004 National Drug Strategy Household Survey (NDSHS) (AIHW 2005b, 2005c) on patterns of drug use for selected drugs alongside treatment data relating to these drugs (see Sections 4.3 to 4.9).

The AODTS–NMDS report for 2005–06 is structured as follows:

- Chapter 2 provides a profile of the alcohol and other drug treatment agencies that supplied data for the 2005–06 AODTS–NMDS collection.
- Chapter 3 reports on the demographic profile of clients that received treatment services in 2005–06.
- Chapter 4 focuses on the drugs of concern reported by clients, including the main drug that led them to seek treatment (Section 4.1) and all drugs of concern (Section 4.2), and examines each of the main drugs of concern in relation to client, drug and treatment profiles (Sections 4.3 to 4.9).
- Chapter 5 focuses on main treatment types received by clients (Section 5.1) as well as additional treatments (Section 5.2), and examines each main treatment type in relation to client, treatment and principal drug profiles (Sections 5.3 to 5.8).
- Chapter 6 presents drug treatment data from the National Opioid Pharmacotherapy Statistics Annual Data Collection (NOPSAD) and from Australian Government-funded Aboriginal and Torres Strait Islander substance use services and primary health care services that provide treatment for drug use, as well as mortality and morbidity data relating to alcohol and other drug use.
- Chapter 7 describes the comprehensiveness and quality of data from the 2005–06 AODTS–NMDS collection.

1.2 Collection method and data included

The AODTS–NMDS is an administrative by-product collection whereby data are collated from information already collected for the purposes of administering or providing a service. The AODTS–NMDS collection for 2005–06 consists of de-identified unit record data for treatment agencies and closed treatment episodes (see Appendix 1 for a full list of data items included in the national collection for 2005–06).

The methods of collecting data vary across the country, although a common feature across jurisdictions is the requirement for agencies to collect and provide treatment service data consistent with the AODTS–NMDS specifications (see AIHW 2005d for the data specifications relating to the 2005–06 AODTS–NMDS collection). The policy and administrative features of the AODTS–NMDS collection within each jurisdiction are outlined in Appendix 2.

Responsibility for the collection

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

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

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

Government health authorities

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

Government 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 Government, state and territory government departments have custodianship of their own data collections under the NHIA.

Alcohol and other drug treatment agencies

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

AIHW

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

1.3 Scope of the AODTS–NMDS

Agencies and clients included

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

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

Agencies and clients excluded

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

- agencies whose sole activity is to prescribe and/or dose for opioid pharmacotherapy treatment
- clients who are on an opioid pharmacotherapy program and who are not receiving any other form of treatment that falls within the scope of the AODTS–NMDS
- agencies for which the main function is to provide accommodation or overnight stays such as 'halfway houses' and 'sobering-up shelters'

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

1.4 Collection count

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

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

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

A treatment episode may cease for a number of 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 three months or more, unless the period of non-contact was planned between the client and the treatment agency.

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

1.5 Interpretation of the 2005–06 collection

In 2005–06, the overall quality and comprehensiveness of the AODTS–NMDS data continued to improve. Data quality issues relating to the 2005–06 AODTS–NMDS collection are detailed further in Chapter 7.

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

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

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

Third, readers should be aware of the following general features of the 2005–06 AODTS–NMDS data:

- Reported numbers for each state/territory include services provided under the National Illicit Drug Strategy Non-Government Organisation Treatment Grants Programme (NGOTGP) (funded by the Australian Government). (Since the 2002–03 AODTS–NMDS annual report, these data are not analysed separately under the heading 'other'.)
- Reported numbers do not include the majority of Australian Government-funded Aboriginal and Torres Strait Islander substance use services (7 out of 37 were included) or Aboriginal and Torres Strait Islander primary health care services (10 out of 141 were included) that also provide treatment for alcohol and other drug problems. These services are generally not under the jurisdiction of the state or territory health authority and are not included in the specific program under which the Australian Government currently reports NMDS data. Furthermore, the data collections relating to these services have a different collection basis to the AODTS–NMDS (see Section 6.1). 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 underrepresents the total number of Indigenous Australians who received treatment for alcohol and other drug problems during 2005–06.

Finally, the reader should be aware of the following data completeness issues in 2005–06:

- The total number of closed treatment episodes for Queensland may be undercounted due to the exclusion of a number of publicly funded non-government agencies. Furthermore, non-government agencies that provide services to clients under the Illicit Drug Diversion Initiative (IDDI) only supply data on these clients.
- The total number of closed treatment episodes in Tasmania may be undercounted because two agencies only supplied data for clients receiving treatment under the IDDI.

- Reported numbers do not include agencies delivering pharmacotherapy services where their sole activity is to prescribe and/or dose for opioid pharmacotherapy treatment. Approximately 39,000 clients were recorded as receiving these services throughout Australia as at June 2006 (see Section 6.1).

1.6 Outputs from the AODTS–NMDS collection

Each year the AODTS–NMDS data are processed and published in a detailed and comprehensive national report—this being the report for the 2005–06 collection period. A 12-page national AODTS–NMDS bulletin is also produced along with data briefings specific to individual states and territories. All publications released by the AIHW are available free of charge on the AIHW web site <www.aihw.gov.au> or in hard copy.

Further to this, 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 2001–02 to 2005–06 collections. This site allows anyone who has access to the Internet to look up figures and present them in a way suitable to their needs. The site can be found at <www.aihw.gov.au/drugs/datacubes/index.cfm>.

2 Treatment agency profile

This chapter provides a profile of the alcohol and other drug treatment agencies that supplied data for the 2005–06 AODTS–NMDS collection. It is important to note that the number of treatment agencies reported in this section does not necessarily equate to the overall number of service delivery outlets in Australia, as some treatment agencies report under the main administrative centre of the service.

2.1 Treatment agency sector

- A total of 664 alcohol and other drug treatment agencies provided data for the period 2005–06 (Table 2.1), up from 635 agencies in 2004–05.
- It is important to note that much of the increase in the number of treatment agencies over time is related to methodological changes (that is, moving from collecting data at the administrative or management level to the service outlet level) and increased coverage of in-scope agencies, rather than an increase in service delivery capacity.
- The overall response rate for in-scope treatment agencies was 97% in 2005–06 (see Chapter 7 for further details).
- Treatment agencies were most likely to be located in New South Wales (43%), followed by Victoria (21%) and Queensland (17%).
- Over half of all agencies identified as being non-government providers (57% or 379 out of 664).[2]

Table 2.1: Treatment agencies by sector of service and jurisdiction, Australia, 2005–06

Sector of service	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					(number)				
Government	201	—	40	5	32	3	1	3	285
Non-government	81	138	74	39	12	7	9	19	379
Total	**282**	**138**	**114**	**44**	**44**	**10**	**10**	**22**	**664**
					(per cent)				
Government	71.3	—	35.1	11.4	72.7	30.0	10.0	13.6	42.9
Non-government	28.7	100.0	64.9	88.6	27.3	70.0	90.0	86.4	57.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Per cent of total treatment agencies	**42.5**	**20.8**	**17.2**	**6.6**	**6.6**	**1.5**	**1.5**	**3.3**	**100.0**

[2] For the 2005–06 collection, all agencies funded under the NGOTGP were recorded as being in the non-government sector, which has not been the case in previous years. Care should therefore be taken when comparing figures relating to sector of service across collection years.

2.2 Location of treatment agencies

- Treatment agencies were mostly located in major cities (56%) and inner regional areas (26%) in 2005–06 (Table 2.2).
- A large proportion of treatment agencies in the Northern Territory (59%) and, to a lesser extent, Queensland (12%) were located in remote or very remote areas.
- It is important to note that the number of agencies located in major cities may be over-represented as some treatment agencies, particularly those in non-metropolitan areas, report under the main administrative service centre which is located in a major city. Furthermore, outreach services are also often reported under the main administrative service centre.

Table 2.2: Treatment agencies by geographical location[(a)] and jurisdiction, Australia, 2005–06

Location	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					(number)				
Major cities	170	90	43	31	27	—	10	—	371
Inner regional	89	39	24	4	8	6	—	—	170
Outer regional	23	9	33	5	8	4	—	9	91
Remote	—	—	7	4	1	—	—	11	23
Very remote	—	—	7	—	—	—	—	2	9
Total	**282**	**138**	**114**	**44**	**44**	**10**	**10**	**22**	**664**
					(per cent)				
Major cities	60.3	65.2	37.7	70.5	61.4	—	100.0	—	55.9
Inner regional	31.6	28.3	21.1	9.1	18.2	60.0	—	—	25.6
Outer regional	8.2	6.5	28.9	11.4	18.2	40.0	—	40.9	13.7
Remote	—	—	6.1	9.1	2.3	—	—	50.0	3.5
Very remote	—	—	6.1	—	—	—	—	9.1	1.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) The geographical location of treatment agencies in the 2005–06 AODTS–NMDS has been analysed using the Remoteness Areas of the Australian Bureau of Statistics Australian Standard Geographical Classification (see Appendix 4 for information on how these categories are derived).

3 Client profile

This chapter provides a demographic profile of clients that received alcohol and other drug treatment services in 2005–06. The analysis is based on 'closed treatment episodes' (see Box 3.1).

Box 3.1: Key definition and counts for closed treatment episodes, 2005–06

Closed treatment episode *refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. In 2005–06 there were* ***151,362*** *closed treatment episodes, of which* ***144,963*** *closed treatment episodes were for clients seeking treatment for their own substance use.*

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

3.1 Client type

- There were 151,362 closed treatment episodes reported in 2005–06 (Table 3.1).
- Victoria accounted for the largest proportion of closed treatment episodes (32%), followed by New South Wales (29%), Queensland (16%) and Western Australia (11%).
- Ninety-six per cent of all closed treatment episodes involved clients seeking treatment for their own alcohol or other drug use.
- In most states and territories, around 4% or less of closed treatment episodes were related to another person's drug use (with the exception of Western Australia, Tasmania and the Northern Territory where 11%, 10% and 7% of episodes were for clients receiving treatment for another person's drug use, respectively).

Appendix Table A3.1 provides additional data on the profile of clients receiving treatment for each jurisdiction.

Table 3.1: Closed treatment episodes by client type and jurisdiction, Australia, 2005–06 (per cent)

Client type	NSW	Vic	Qld[(a)]	WA	SA	Tas[(b)]	ACT	NT	Australia	Total (no.)
Own drug use	97.2	95.4	98.5	88.9	96.3	89.7	97.7	93.1	95.8	144,963
Other's drug use	2.8	4.6	1.5	11.1	3.7	10.3	2.3	6.9	4.2	6,399
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**. .**
Total (number)	**43,798**	**48,999**	**24,524**	**16,342**	**9,100**	**1,512**	**4,634**	**2,453**	**. .**	**151,362**
Per cent of all closed treatment episodes	**28.9**	**32.4**	**16.2**	**10.8**	**6.0**	**1.0**	**3.1**	**1.6**	**100.0**	**. .**

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

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

3.2 Age and sex

- The median age of persons receiving treatment for their own drug use was 31 years in 2005–06 (Table 3.2). Of people seeking treatment for someone else's drug use, the median age was 43 years.
- Around one-third (32%) of all closed treatment episodes were for clients aged 20–29 years, while more than one-quarter (28%) were for clients aged 30–39 years.
- The age distribution of clients receiving treatment in 2005–06 is almost identical to that of previous collection periods.
- Male clients accounted for two-thirds (66% or 99,243 of 151,362) of all closed treatment episodes, which has been the case since 2001–02.
- Female clients accounted for the majority (71% or 4,510 of 6,399) of treatment episodes for someone else's drug use.

Table 3.2: Closed treatment episodes by sex and age group, Australia, 2005–06 (per cent)

	Age group (years)								
	10–19	20–29	30–39	40–49	50–59	60+	Total[(a)]	Total (no.)	Median age
Males									
Own drug use	12.7	33.8	29.1	16.4	5.9	1.8	100.0	97,363	30
Other's drug use	22.3	11.8	12.7	18.1	22.0	9.9	100.0	1,880	41
Total males	12.9	33.4	28.7	16.4	6.2	2.0	100.0	. .	31
Total males (number)	*12,814*	*33,110*	*28,528*	*16,276*	*6,135*	*1,938*	. .	*99,243*	. .
Females									
Own drug use	12.9	32.4	28.5	17.2	6.4	2.1	100.0	47,453	31
Other's drug use	12.2	10.0	16.3	25.9	23.3	9.6	100.0	4,510	44
Total females	12.9	30.5	27.4	17.9	7.8	2.8	100.0	. .	32
Total females (number)	*6,678*	*15,846*	*14,252*	*9,327*	*4,074*	*1,448*	. .	*51,963*	. .
Persons[(b)]									
Own drug use	12.8	33.3	28.9	16.6	6.0	1.9	100.0	144,963	31
Other's drug use	15.2	10.5	15.3	23.6	22.9	9.7	100.0	6,399	43
Total persons	**12.9**	**32.4**	**28.3**	**16.9**	**6.8**	**2.2**	**100.0**	**. .**	**31**
Total (number)	**19,508**	**49,006**	**42,825**	**25,625**	**10,221**	**3,389**	**. .**	**151,362**	**. .**

(a) Includes 'not stated' for age.

(b) Includes 'not stated' for sex.

3.3 Indigenous status

- In 2005–06, one in ten (10%) closed treatment episodes involved clients that identified as being of Aboriginal and/or Torres Strait Islander origin (Table 3.3).
- The proportion of Indigenous clients in 2005–06 was identical to that in 2004–05 and 2003–04, while slightly higher than in 2002–03 (9%) and 2001–02 (8%), and was higher than the overall proportion of Indigenous peoples, aged 10 years and over, in the total Australian population (2.1%; ABS 2004).

- The proportion of closed treatment episodes where 'not stated' was reported for Indigenous status was 5% in 2005–06, the same proportion as in 2004–05.
- Treatment episodes were relatively more common among Indigenous clients aged 10–19 years (20% of treatment episodes) than among other Australians aged 10–19 years (12%).
- Treatment episodes involving clients 40 years and over were less common for Indigenous clients than for other Australians, which may relate to differences in the underlying age structures of the two populations, with Indigenous peoples having a younger age profile than other Australians.

Data on Aboriginal and Torres Strait Islander clients in the AODTS population should be interpreted with caution since the majority of dedicated substance use services for Aboriginal and Torres Strait Islander peoples are not included in the AODTS–NMDS collection (see Section 1.5 for further details and Section 6.1 for data on these services).

Table 3.3: Closed treatment episodes by age group, Indigenous[a] status and sex, Australia, 2005–06

Age group (years)	Indigenous			Non-Indigenous			Not stated			Total persons[c]
	Males	Females	Total[b]	Males	Females	Total[b]	Males	Females	Total[b]	
					(number)					
10–19	1,962	971	2,935	10,338	5,426	15,773	514	281	800	19,508
20–29	3,229	1,881	5,112	28,316	13,258	41,602	1,565	707	2,292	49,006
30–39	2,808	1,624	4,433	24,316	11,891	36,239	1,404	737	2,153	42,825
40–49	1,233	664	1,899	14,188	8,188	22,392	855	475	1,334	25,625
50–59	294	143	437	5,503	3,692	9,203	338	239	581	10,221
60+	70	36	106	1,739	1,319	3,061	129	93	222	3,389
Not stated	78	69	148	311	244	557	53	25	83	788
Total	**9,674**	**5,388**	**15,070**	**84,711**	**44,018**	**128,827**	**4,858**	**2,557**	**7,465**	**151,362**
					(per cent)					
10–19	20.3	18.0	19.5	12.2	12.3	12.2	10.6	11.0	10.7	12.9
20–29	33.4	34.9	33.9	33.4	30.1	32.3	32.2	27.6	30.7	32.4
30–39	29.0	30.1	29.4	28.7	27.0	28.1	28.9	28.8	28.8	28.3
40–49	12.7	12.3	12.6	16.7	18.6	17.4	17.6	18.6	17.9	16.9
50–59	3.0	2.7	2.9	6.5	8.4	7.1	7.0	9.3	7.8	6.8
60+	0.7	0.7	0.7	2.1	3.0	2.4	2.7	3.6	3.0	2.2
Not stated	0.8	1.3	1.0	0.4	0.6	0.4	1.1	1.0	1.1	0.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Per cent of treatment population	**6.4**	**3.6**	**10.0**	**56.0**	**29.1**	**85.1**	**3.2**	**1.7**	**4.9**	**100.0**

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

(b) There were 8 closed treatment episodes for Indigenous people where sex was not stated, 98 episodes for non-Indigenous people where sex was not stated and 50 episodes where Indigenous status and sex were not stated.

(c) Includes 'not stated' for sex.

3.4 Country of birth and preferred language

Country of birth

- The majority (86% or 130,054) of closed treatment episodes in 2005–06 involved clients born in Australia (Table A3.1).
- Clients born in other countries were represented in only a small proportion of closed treatment episodes, with England and New Zealand (both 2%) being the next most common countries of birth.

Preferred language

- As in previous reporting periods, English was the most frequently reported preferred language in 2005–06 (95% or 143,414 of 151,362 closed treatment episodes) (Table A3.1).
- Two per cent of episodes involved clients who reported an Australian Indigenous language as their preferred language.
- Other preferred languages were relatively uncommon, with Vietnamese being the next most reported preferred language (0.4% or 550 episodes), followed by Arabic (0.1% or 96 episodes), Spanish (0.1% or 86 episodes) and Italian (0.1% or 81 episodes).

4 Drugs of concern

This chapter focuses on the drugs of concern reported by clients, including the main drug that led them to seek treatment (Section 4.1) and all drugs of concern (Section 4.2), and examines each of the main drugs of concern in relation to client, drug and treatment profiles (Sections 4.3 to 4.9).

This chapter reports only on those 144,963 closed treatment episodes where clients were seeking treatment for their own substance use as it is reasoned that only substance users themselves can accurately report on the principal drug of concern to them. Further information about treatment episodes where clients were seeking treatment for their own or someone else's substance use is presented in Chapter 5.

Box 4.1: Key definitions and counts for closed treatment episodes and drugs, 2005–06

Closed treatment episode *refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. In 2005–06 there were* ***151,362*** *closed treatment episodes, of which* ***144,963*** *closed treatment episodes were for clients seeking treatment for their own substance use.*

Principal drug of concern *refers to the main substance that the client states led them to seek treatment from the alcohol and other drug treatment agency. In this report, only clients seeking treatment for their own substance use are included in analyses involving principal drug of concern as it is assumed that only substance users themselves can accurately report on the principal drug of concern to them. In 2005–06,* ***144,963*** *closed treatment episodes were reported for principal drug of concern.*

Other drugs of concern *refers to any other drugs apart from the principal drug of concern which clients perceive as being a health concern. Clients can nominate up to five other drugs of concern. In 2005–06, there were* ***77,074*** *closed treatment episodes that included at least one other drug of concern, which provided a total of* ***128,663*** *other drugs of concern (apart from principal drug of concern) reported. This equates to* ***1.7*** *other drugs of concern per treatment episode.*

All drugs of concern *refers to all drugs reported by clients including principal drug of concern and all other drugs of concern. In 2005–06, there were a total of* ***273,626*** *drugs of concern reported, either as a principal or other drug of concern.*

4.1 Principal drugs of concern

Nationally in 2005–06, alcohol (39%) and cannabis (25%) were the most common principal drugs of concern in treatment episodes, followed by opioids (17% of all closed treatment episodes, with heroin accounting for 14%)[3] and amphetamines (11%). Benzodiazepines accounted for 2% of closed treatment episodes and fewer than 1% of episodes were for the principal drugs ecstasy and cocaine (0.6% and 0.3% respectively) (Table 4.1).

Only a small proportion of closed treatment episodes were for clients who identified nicotine as their principal drug of concern (1.8% or 2,618 treatment episodes). It is important to note,

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

however, that this does not equate to the total number of people in Australia 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 proportion of treatment episodes relating to nicotine as the principal drug of concern in this collection is not surprising given that, in most states and territories, the majority of people with a nicotine addiction obtain treatment through pharmacies, general practitioners or 'quit' lines.

Principal drug of concern across Australia

- Alcohol was the most common principal drug of concern reported in all jurisdictions except Queensland in 2005–06.
- Queensland reported the lowest proportion of treatment episodes where alcohol was the principal drug (28%) and the highest proportion of treatment episodes where cannabis was the principal drug (41%).[4]

Table 4.1: Closed treatment episodes by principal drug of concern and jurisdiction, Australia, 2005–06[(a)] (per cent)

Principal drug	NSW	Vic	Qld[(b)]	WA	SA	Tas[(c)]	ACT	NT	Australia	Total (no.)
Alcohol	43.0	38.1	27.9	36.5	44.7	38.0	45.4	63.0	38.7	56,076
Amphetamines	11.2	6.3	10.2	24.6	17.6	11.8	8.3	3.8	11.0	15,935
Benzodiazepines	2.2	2.2	0.9	1.2	1.9	1.3	0.9	0.8	1.8	2,583
Cannabis	20.2	24.8	41.1	18.8	14.4	34.0	15.4	14.4	24.6	35,636
Cocaine	0.6	0.2	0.2	0.2	0.2	0.1	0.3	—	0.3	434
Ecstasy	0.3	0.7	1.0	0.3	0.7	1.1	1.0	0.4	0.6	897
Nicotine	1.2	0.6	6.6	0.5	0.8	2.0	0.1	1.4	1.8	2,618
Opioids										
Heroin	15.6	18.3	4.3	10.2	9.4	0.8	26.5	0.8	13.6	19,776
Methadone	2.2	1.5	0.8	2.1	2.2	3.4	1.0	1.0	1.7	2,462
Morphine	0.8	—	1.6	0.2	2.7	4.7	0.2	10.0	0.9	1,292
Total opioids	*20.2*	*20.5*	*8.1*	*12.9*	*16.2*	*10.6*	*28.4*	*11.8*	*17.4*	*25,158*
All other drugs[(d)]	1.0	6.5	4.0	5.0	3.6	1.1	0.3	4.5	3.9	5,626
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**. .**
Total (number)	**42,589**	**46,759**	**24,159**	**14,521**	**8,766**	**1,357**	**4,529**	**2,283**	**. .**	**144,963**

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

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

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

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

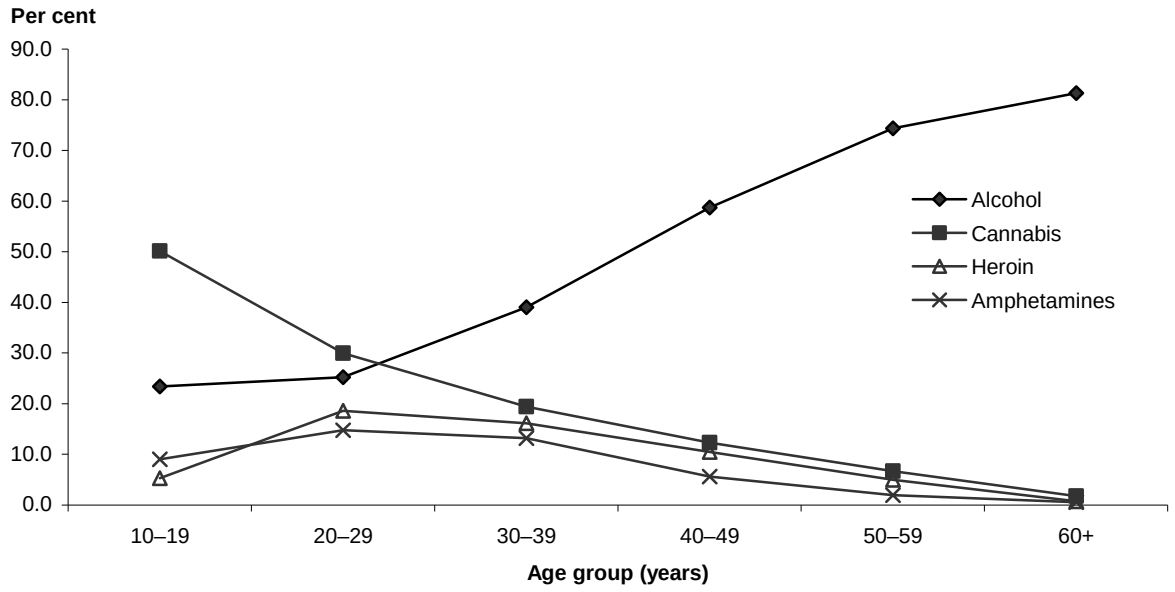
4 This pattern of principal drugs of concern in Queensland relates largely to the scope of their collection, namely the inclusion of IDDI clients (from the Police Diversion Program and the Illicit Drugs Court Diversion Program) which accounted for 41% of all episodes. In Queensland, 73% of episodes relating to IDDI clients had cannabis recorded as the principal drug of concern.

- In the following jurisdictions, there were principal drugs of concern whose proportions were notably higher than the corresponding national figures:
  - In the Northern Territory, alcohol was the principal drug of concern in 63% of treatment episodes compared to the national figure of 39%.
  - In Western Australia, amphetamines were the principal drug of concern in 25% of treatment episodes compared to the national figure of 11%.
  - In the Australian Capital Territory, heroin was the principal drug of concern in 27% of treatment episodes compared to the national figure of 14%.

Appendix Tables A3.2 and A3.3 provide additional data on drug-related items (including injecting drug use status and usual method of use) for each jurisdiction.

Age and principal drug of concern

- The principal drug of concern nominated by the client in a treatment episode was strongly related to the client's age.
  - For clients aged 10–19 years, cannabis was the most common principal drug of concern reported (50% of episodes) (Figure 4.1).
  - For clients aged 20–29 years, the principal drugs of concern were more evenly distributed, with cannabis being the most commonly nominated principal drug (30% of episodes), followed by alcohol (25%), heroin (19%) and amphetamines (15%).
  - For clients aged 30 years and over, alcohol was the most common principal drug of concern—highest for clients aged 60 years and over (81% of episodes).



Source: Table A3.4.

Figure 4.1: Closed treatment episodes by selected principal drug of concern and age group, Australia, 2005–06

Indigenous status and principal drug of concern

- Indigenous clients were most likely to report the same four principal drugs of concern as the population overall—alcohol (45% of episodes), cannabis (25%), opioids (13% with heroin accounting for 10%) and amphetamines (10%) (Table 4.2).
- Alcohol was more likely to be nominated by Indigenous clients (45% of episodes, compared with 38% for other Australians) and opioids less so (13%, compared with 18%).

As previously noted, data relating to Indigenous status should be interpreted with caution since the majority of dedicated substance use services for Aboriginal and Torres Strait Islander peoples are not included in the AODTS–NMDS collection (see Section 1.5 for further details and Section 6.1 for data on these services).

Table 4.2: Closed treatment episodes[(a)] by principal drug of concern and Indigenous status, Australia, 2005–06

Principal drug of concern	Indigenous		Non-Indigenous		Not stated		Total	
	No.	%	No.	%	No.	%	No.	%
Alcohol	6,636	44.9	46,529	37.8	2,911	40.8	56,076	38.7
Amphetamines	1,465	9.9	13,817	11.2	653	9.1	15,935	11.0
Benzodiazepines	136	0.9	2,326	1.9	121	1.7	2,583	1.8
Cannabis	3,681	24.9	30,343	24.7	1,612	22.6	35,636	24.6
Cocaine	21	0.1	386	0.3	27	0.4	434	0.3
Ecstasy	15	0.1	844	0.7	38	0.5	897	0.6
Nicotine	163	1.1	2,225	1.8	230	3.2	2,618	1.8
Opioids								
Heroin	1,426	9.6	17,550	14.3	800	11.2	19,776	13.6
Methadone	193	1.3	2,126	1.7	143	2.0	2,462	1.7
Morphine	129	0.9	1,069	0.9	94	1.3	1,292	0.9
Total opioids	*1,854*	*12.5*	*22,134*	*18.0*	*1,170*	*16.4*	*25,158*	*17.4*
All other drugs[(b)]	819	5.5	4,426	3.6	381	5.3	5,626	3.9
Total	**14,790**	**100.0**	**123,030**	**100.0**	**7,143**	**100.0**	**144,963**	**100.0**
Per cent of Indigenous status	**10.2**	**. .**	**84.9**	**. .**	**4.9**	**. .**	**100.0**	**. .**

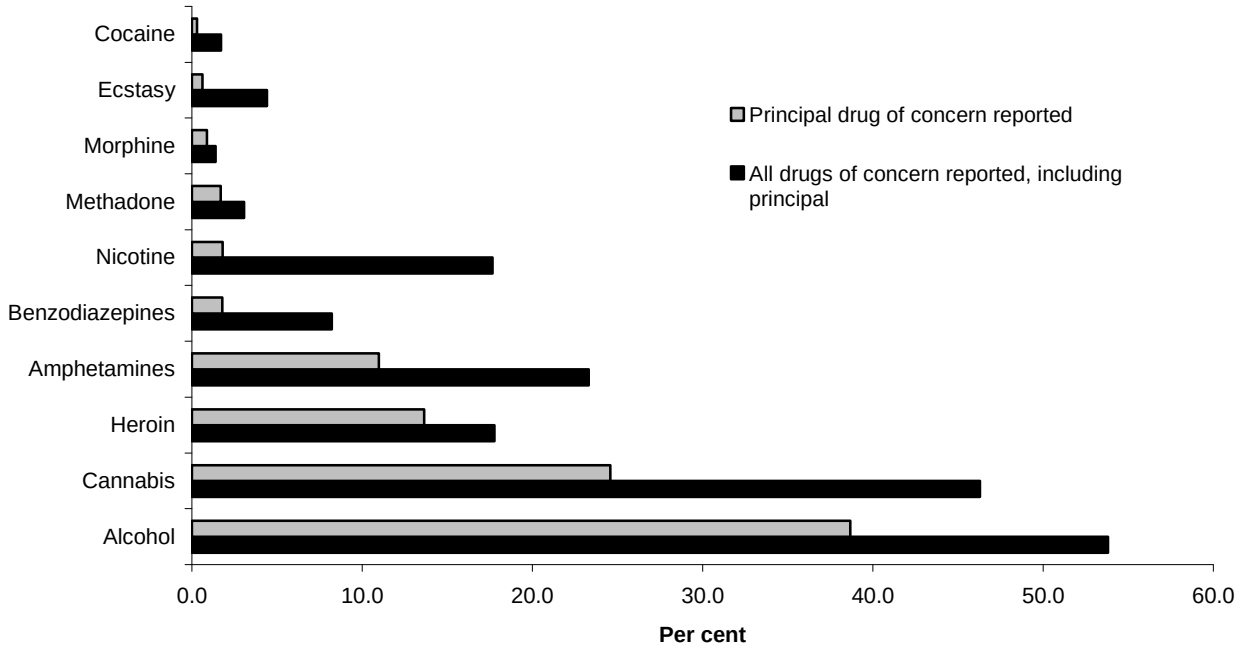
(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

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

4.2 All drugs of concern

- Alcohol and cannabis remained the two most commonly reported drugs of concern when all drugs were considered (that is, the principal drug of concern and all other drugs of concern nominated by the client) (Figure 4.2).
  - More than half (54%) of all episodes included alcohol as a drug of concern, while 46% of all episodes included cannabis as a drug of concern.

- Amphetamines were reported as a principal drug of concern in 11% of episodes, yet when all drugs of concern are considered almost one in four (23%) treatment episodes included amphetamines as a drug of concern.
- Despite being reported as a principal drug of concern in only 2% of treatment episodes, nicotine was the fourth most common drug of concern reported overall, accounting for 18% of all closed treatment episodes.



Source: Table A3.5.

Figure 4.2: Closed treatment episodes by principal drug of concern and all drugs of concern, Australia, 2005–06

4.3 Alcohol

Patterns of use in Australia

Alcohol is the most widely used drug in the Australian community. Based on data from the 2004 NDSHS (AIHW 2005b, 2005c):

- 83.6% of the population aged 14 years and over had consumed at least one glass of alcohol in the 12 months prior to the survey—8.9% of Australians drank alcohol on a daily basis, 41.2% on a weekly basis and 33.5% on a less-than-weekly basis.
- The proportion of the population aged 14 years and over that were daily drinkers increased with age, from 0.6% of those aged 14–19 years to 17.0% of those aged 60 years and over. The proportion of weekly drinkers peaked at the 40–49 year age group, with almost half the population (48.6%) in this age group consuming alcohol on a weekly basis.

- Males were twice as likely to be daily drinkers (12.0%) compared with females (5.8%), and males were also more likely to drink weekly (47.6%) than females (35.0%).
- In the 12 months prior to the survey, one in ten (9.8%) Australians aged 14 years and over consumed alcohol at levels that are considered risky or high risk to health in the long term, with persons in the 20–29 year age group most likely to consume alcohol in a way that put them at risk of long-term alcohol-related harm.[5]
- Around one-third of people (35.4%) aged 14 years and over consumed alcohol at levels considered risky or high risk to health in the short-term on at least one drinking occasion during the 12 months prior to the survey.
- The average age at which males first consumed a full glass of alcohol was 16.4 years, whereas for females it was 18.0 years.

Alcohol as a principal drug of concern in treatment

- Alcohol was the most common principal drug of concern for which treatment was sought in 2005–06, accounting for 39% (or 56,076 of 144,963) of closed treatment episodes (Table 4.1).
- When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 54% of treatment episodes included alcohol as a drug of concern in 2005–06 (Figure 4.2).
- Alcohol was also the most common principal drug of concern reported for the 2001–02 to 2004–05 collection periods. Over this period the proportion of episodes for alcohol as the principal drug of concern has fluctuated between 37% and 38% (Table A3.6).

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

Client profile (Table A3.7)

- The majority (69%) of episodes were for male clients.
- The median age of persons receiving treatment was 36 years (males 36 years; females 38 years).
- Persons aged 30–39 years accounted for the greatest proportion of episodes (29%), followed by persons aged 40–49 years (25%).
- 12% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (5% 'not stated' response).
- Self-referral was the most common source of referral (39% of episodes), followed by referrals from alcohol and other drug treatment services and correctional services (both 12%).

Drug profile (Tables A3.8, A3.9 and A3.10)

- Ingestion was the most common method of use (99% of episodes).

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

- The majority (67%) of episodes involved clients who reported never having injected drugs. Six per cent of episodes involved clients who reported being current injectors, while 14% involved clients who reported they had injected drugs in the past. Caution should be taken, however, when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (14% of treatment episodes).
- 24,174 episodes (or 43%) included at least one other drug of concern. From these episodes, 35,939 other drugs of concern were recorded (clients can report up to five other drugs of concern), equating to 1.5 other drugs of concern per treatment episode.
  - Of the 35,939 other drugs of concern recorded, 38% were for cannabis, 26% nicotine, 14% amphetamines and 7% benzodiazepines.

Treatment profile (Tables A3.11 and A3.12)

- Counselling was the most common main treatment type received (42% of episodes), followed by withdrawal management (detoxification) (20%) and assessment only (18%).
- Treatment was most likely to take place in a non-residential treatment facility (70% of episodes), followed by a residential treatment facility (19%) and an outreach setting (7%).
- The majority (61%) of episodes ended because the treatment was completed. The next most common reason for treatment episodes to end was that the client ceased to participate without notifying the service provider (18% of episodes ended this way).
- The median number of days for a treatment episode was 16.

4.4 Cannabis

Patterns of use in Australia

Cannabis is the most widely used illicit drug in Australia. According to the 2004 NDSHS (AIHW 2005b, 2005c), of Australians aged 14 years and over:

- One in three (33.6%) had used cannabis[6] at some stage in their lifetime, while one in nine (11.3%) had used it at least once in the last 12 months.
- The 20–29 and 30–39 year age groups were more likely to have ever used cannabis (both 54.5%) than any other age group, while the 20–29 year age group was most likely to have used cannabis in the last 12 months (26.0%).
- Males aged 30–39 years were most likely to have ever used cannabis (59.1%) and males aged 20–29 were most likely to have recently used cannabis (32.4%).
- Males were more likely than females to have used cannabis in the last 12 months (14.4% and 8.3% respectively).
- Of those who have ever used cannabis, the average age at which Australians first used cannabis was 18.7 years.

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

Cannabis as a principal drug of concern in treatment

- Cannabis was the second most common principal drug of concern for which treatment was sought in 2005–06, accounting for 25% (or 35,636 of 144,963) of closed treatment episodes (Table 4.1).
- When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 46% of treatment episodes included cannabis as a drug of concern in 2005–06 (Figure 4.2).
- Cannabis was also the second most common principal drug of concern reported for the 2001–02 to 2004–05 collection periods. Over this time, the proportion of episodes for cannabis as the principal drug of concern has gradually increased from 21% in 2001–02 (Table A3.6). Much of this increase is likely to be related to the expansion of drug diversion programs in jurisdictions, particularly police diversion programs for minor cannabis offences, which can require people to receive treatment that is reported in the AODTS–NMDS.

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

Client profile (Table A3.7)

- The majority (70%) of episodes were for male clients.
- The median age of persons receiving treatment was 24 years (males 24 years; females 25 years).
- Persons aged 20–29 years accounted for the greatest proportion of episodes (41%), followed by persons aged 10–19 years (26%).
- 10% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (5% 'not stated' response).
- Self-referral was the most common source of referral (28% of episodes), followed by referrals from police diversion (17%) and court diversion (11%).

Drug profile (Tables A3.8, A3.9 and A3.10)

- Smoking was the most common method of use (91% of episodes), followed by inhaling (5%).
- The majority (61%) of episodes involved clients who reported never having injected drugs. Nine per cent of episodes involved clients who reported being current injectors, while 18% involved clients who reported they had injected drugs in the past. Caution should be taken, however, when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (13% of treatment episodes).
- 20,186 episodes (or 57%) had at least one other drug of concern reported. From these episodes, 32,575 other drugs of concern were recorded (clients can report up to five other drugs of concern), equating to 1.6 other drugs of concern per treatment episode.
  - Of the 32,575 other drugs of concern recorded, 36% were for alcohol, 21% nicotine, 20% amphetamines and 7% ecstasy.

Treatment profile (Tables A3.11 and A3.12)

- Counselling was the most common main treatment type received (33% of episodes), followed by information and education only (24%) and withdrawal management (detoxification) (14%).
- Treatment was most likely to take place in a non-residential treatment facility (72% of episodes), followed by a residential treatment facility (12%) and an outreach setting (10%).
- Almost half (47%) of treatment episodes ended because the treatment was completed. The next most common reason for treatment episodes to end was that the client ceased to participate at expiation—that is, where the client had completed an education or information program as a requirement of diversion (23% of episodes ended this way).
- The median number of days for a treatment episode was 11.

4.5 Heroin and other opioids

Patterns of use in Australia

According to the 2004 NDSHS (AIHW 2005c), of Australians aged 14 years and over:

- 2.3% (or 384,800) had used heroin, methadone (for non-maintenance purposes) and other opioids (such as morphine and pethidine for non-medical purposes) in their lifetime, while 0.3% (or 56,300) had used opioids in the 12 months prior to the survey.
- More males than females had used opioids in their lifetime (3.1% compared with 1.7%). However, for recent use (that is, in the previous 12 months), this variation was greatly reduced (0.4% of males, compared with 0.3% of females).
- Persons in the 20–29 and 30–39 year age groups were most likely to have used any opiate in their lifetime (3.4% each), while persons in the 20–29 year age group were most likely to have used any opiate in the last 12 months (0.7%).
- Of those who had used heroin and/or methadone in the last 12 months, 45.0% used these drugs daily or weekly and 29.3% used them only once or twice a year.
- The average age at which Australians first used heroin was 21.2 years and for methadone was 24.8 years.

Heroin as a principal drug of concern in treatment

- Heroin was the third most common principal drug of concern for which treatment was sought in 2005–06, accounting for 14% (or 19,776 of 144,963) of closed treatment episodes (Table 4.1).
- When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 18% of treatment episodes included heroin as a drug of concern in 2005–06 (Figure 4.2).
- Heroin was also the third most common principal drug of concern reported for the 2001–02 to 2004–05 collection periods. The proportion of episodes where heroin was the principal drug of concern has generally declined over this time from 18% in 2001–02 (Table A3.6). It is important to note that the AODTS–NMDS collection excludes

agencies whose sole purpose is to prescribe and/or dose for methadone or other opioid pharmacotherapies. Therefore, the collection excludes many clients receiving treatment for heroin use.

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

Client profile (Table A3.7)

- The majority (66%) of episodes were for male clients.
- The median age of persons receiving treatment was 29 years (males 30 years; females 28 years).
- Persons aged 20–29 years accounted for the greatest proportion of episodes (45%), followed by persons aged 30–39 years (34%).
- 7% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (4% 'not stated' response).
- Self-referral was the most common source of referral (40% of episodes), followed by referrals from alcohol and other drug treatment services (15%) and correctional services (13%).

Drug profile (Tables A3.8, A3.9 and A3.10)

- Injecting was the most common usual method of use (91% of episodes), followed by smoking (6%).
- The majority (63%) of treatment episodes involved clients who reported being current injectors, while 28% involved clients who reported they had injected drugs in the past (19% between 3 and 12 months ago and 9% 12 or more months ago).
- Only 5% of episodes involved clients who reported never having injected drugs.
- 12,578 episodes (or 64%) included at least one other drug of concern. From these episodes, 24,018 other drugs of concern were recorded (clients can report up to five other drugs of concern), equating to 1.9 other drugs of concern per treatment episode.
  - Of the 24,018 other drugs of concern recorded, 28% were for cannabis, 18% amphetamines, 13% for both alcohol and nicotine and 12% benzodiazepines.

Treatment profile (Tables A3.11 and A3.12)

- Counselling was the most common main treatment type received (29% of episodes), followed by withdrawal management (detoxification) (20%) and assessment only (18%).
- Treatment was most likely to take place in a non-residential treatment facility (67% of episodes), followed by a residential treatment facility (22%).
- The majority (56%) of episodes ended because treatment was completed. The next most common reason treatment ended was because the client ceased to participate without notifying the service provider (16% of episodes ended this way).
- The median number of days for a treatment episode was 27.

4.6 Amphetamines

Patterns of use in Australia

Amphetamines constitute the second most commonly used illicit drug in Australia after cannabis. According to the 2004 NDSHS (AIHW 2005b, 2005c), of Australians aged 14 years and over:

- 9.1% had used amphetamines[7] for non-medical purposes at some stage in their lifetime, and 3.2% had used them in the previous 12 months.
- The age group most likely to have ever used amphetamines was the 20–29 year age group (21.1%). Persons aged 20–29 years were also most likely to have used amphetamines in the previous 12 months (10.7%).
- Males were more likely than females to have used amphetamines in the last 12 months (4.0% and 2.5% respectively); however, females aged 14–19 years were slightly more likely to be recent users than males in the same age group (4.9% and 4.0% respectively).
- Of those who had ever used amphetamines, the average age of first use was 20.8 years.

Amphetamines as a principal drug of concern in treatment

- Amphetamines were the fourth most common principal drug of concern for which treatment was sought in 2005–06, accounting for 11% (or 15,935 of 144,963) of closed treatment episodes (Table 4.1).
- When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the clients), 23% of treatment episodes included amphetamines as a drug of concern in 2005–06 (Figure 4.2).
- Amphetamines were also the fourth most common principal drug of concern reported for the 2001–02 to 2004–05 collection periods. Over this period, the proportion of episodes where amphetamines were the principal drug of concern has remained constant at approximately 11% (Table A3.6).

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

Client profile (Table A3.7)

- The majority (67%) of episodes were for male clients.
- The median age of persons receiving treatment was 28 years (males 29 years; females 27 years).
- Persons aged 20–29 years accounted for the greatest proportion of episodes (45%), followed by persons aged 30–39 years (35%).
- 9% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (4% 'not stated' response).

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7 The 2004 NDSHS refers to this group of drugs as meth/amphetamines. Similarly, within this report, the term 'amphetamines' includes those drugs that are classified as methamphetamines, such as ice, crystal and speed.

- Self-referral was the most common source of referral (35% of episodes), followed by referrals from correctional services (13%), court diversion (11%) and alcohol and other drug treatment services (10%).

Drug profile (Tables A3.8, A3.9 and A3.10)

- Injecting was the most common method of use (73% of episodes), followed by ingestion (11%) and smoking (9%).
  - The proportion of episodes where clients reported injecting as their usual method of use has decreased from 86% in 2001–02 to 73% in 2005–06, while the proportion of episodes where smoking was reported as the usual method of use has increased over this time from 1% to 9% respectively (Table A3.13).
- The majority (60%) of episodes involved clients who reported being current injectors, while 21% involved clients who reported they had injected drugs in the past (13% between 3 and 12 months ago and 8% 12 or more months ago).
- 15% of episodes involved clients who reported never having injected drugs.
- 10,655 episodes (or 67%) included at least one other drug of concern. From these episodes, 19,514 other drugs of concern were reported (clients can report up to five other drugs of concern), equating to 1.8 other drugs of concern per treatment episode.
  - Of the 19,514 other drugs of concern recorded, 36% were for cannabis, 21% alcohol, 10% nicotine and 8% for both heroin and ecstasy.

Treatment profile (Tables A3.11 and A3.12)

- Counselling was the most common main treatment type received (39% of episodes), followed by assessment only (18%), rehabilitation (14%) and withdrawal management (detoxification) (13%).
- Treatment was most likely to take place in a non-residential treatment facility (67%), followed by a residential treatment facility (20%) and an outreach setting (7%).
- The majority (50%) of episodes ended because the treatment was completed. The next most common reason treatment ended was because the client ceased to participate without notifying the service provider (22% of episodes ended this way).
- The median number of days for a treatment episode was 16.

4.7 Benzodiazepines

Patterns of use in Australia

According to the 2004 NDSHS (AIHW 2005c), of Australians aged 14 years and over:

- 1.0% reported using benzodiazepines such as tranquillisers or sleeping pills in the previous 12 months for non-medical purposes, with peak use reported amongst those aged 20–29 years (2.1%).
- There was very little overall difference in the prevalence of tranquillisers or sleeping pill use between males (1.1%) and females (1.0%).
- People aged 20–29 years were more likely than those of other age groups to have used pharmaceuticals (such as tranquillisers, barbiturates, painkillers/analgesics and/or

steroids) for non-medical purposes in their lifetime (10.8%), in the past 12 months (5.1%) and in the last month (2.4%).

Benzodiazepines as a principal drug of concern in treatment

- Benzodiazepines as a principal drug of concern accounted for 1.8% (or 2,583 of 144,963) of closed treatment episodes in 2005–06 (Table 4.1).
- When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 8% of treatment episodes included benzodiazepines as a drug of concern in 2005–06 (Figure 4.2).
- The proportion of treatment episodes where benzodiazepines were reported as the principal drug of concern has remained stable since 2001–02 at approximately 2% (Table A3.6).

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

Client profile (Table A3.7)

- The majority (54%) of episodes were for female clients—benzodiazepines are the only principal drug of concern where females account for a larger proportion of treatment episodes than males.
- The median age of persons receiving treatment was 34 years (males 33 years; females 36 years).
- Persons aged 30–39 years accounted for the greatest proportion of episodes (34%), followed by persons aged 20–29 years (29%).
- 5% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (5% 'not stated' response).
- Self-referral was the most common source of referral (42% of episodes), followed by referrals from alcohol and other drug treatment services (16%) and a medical practitioner (11%).

Drug profile (Tables A3.8, A3.9 and A3.10)

- Ingestion was the most common method of use (94% of episodes), followed by injecting (5%).
- More than one-third (37%) of episodes involved clients who reported never having injected drugs. Twenty-five per cent of episodes involved clients who reported being current injectors, while 26% involved clients who reported they had injected drugs in the past. Caution should be taken, however, when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (12% of episodes).
- 1,611 episodes (or 62%) included at least one other drug of concern. From these episodes, 2,810 other drugs of concern were recorded (clients can report up to five other drugs of concern), equating to 1.7 other drugs of concern per treatment episode.
  - Of the 2,810 other drugs of concern recorded, 21% were for cannabis, 18% alcohol, 13% amphetamines and 11% for both nicotine and heroin.

Treatment profile (Tables A3.11 and A3.12)

- Withdrawal management (detoxification) was the most common main treatment type received (37% of episodes), followed by counselling (33%)—benzodiazepines are the only principal drug of concern where counselling was not the most common main treatment type received.
- Treatment was most likely to take place in a non-residential treatment facility (66% of episodes), followed by a residential treatment facility (23%).
- The majority (59%) of episodes ended because treatment was completed. The next most common reason for treatment episodes to end was that the client ceased to participate without notifying the service provider (14% of episodes ended this way).
- The median number of days for a treatment episode was 17.

4.8 Ecstasy

Patterns of use in Australia

Following cannabis and amphetamines, ecstasy is the third most widely used illicit drug in Australia. According to the 2004 NDSHS (AIHW 2005b, 2005c), of Australians aged 14 years and over in 2004:

- 7.5% had used ecstasy at some stage in their lifetime, and 3.4% had used it in the previous 12 months.
- The age group most likely to have ever used ecstasy was the 20–29 year age group (22.0%). Persons aged 20–29 years were also most likely to have used ecstasy within the last 12 months (12.0%).
- Overall, males were more likely than females to have used ecstasy in the last 12 months (4.4% and 2.4% respectively). This was the case for all age groups with the exception of those aged 14–19 years where females were slightly more likely to be recent users than males in the same age group (4.7% and 3.9% respectively).
- Of those who had ever used amphetamines, the average age of first use was 22.8 years.

Ecstasy as a principal drug of concern in treatment

- Ecstasy as a principal drug of concern accounted for 0.6% (or 897 of 144,963) of closed treatment episodes in 2005–06 (Table 4.1).
- When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 4% of treatment episodes included ecstasy as a drug of concern in 2005–06 (Figure 4.2).
- The proportion of episodes where ecstasy was reported as the principal drug of concern has continually increased from 0.2% in 2001–02 (Table A3.6). Much of this increase may be attributed to the expansion of diversion (both police and court) programs in states and territories, with referrals to treatment from police diversion increasing from 10% in 2003–04 to 16% in 2005–06, and referrals from court diversion increasing from 5% to 21% of episodes over the same period (AIHW 2005a).

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

Client profile (Table A3.7)

- The majority (75%) of episodes were for male clients.
- The median age of persons receiving treatment was 21 years (males 22 years; females 21 years).
- Persons aged 20–29 years accounted for the greatest proportion of episodes (55%), followed by persons aged 10–19 years (28%).
- 2% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (4% 'not stated' response)—the lowest proportion of Indigenous clients among all principal drugs of concern.
- Court diversion was the most common source of referral (21% of episodes), followed closely by self-referrals (20%) and referrals from police diversion (16%).

Drug profile (Tables A3.8, A3.9 and A3.10)

- Ingestion was the most common method of use (90% of episodes), followed by injecting (5%).
- The majority (73%) of episodes involved clients who reported never having injected drugs. Eight per cent of episodes involved clients who reported being current injectors, while 9% involved clients who reported they had injected drugs in the past. Caution should be taken, however, when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (11% of episodes).
- 560 episodes (or 62%) included at least one other drug of concern. From these episodes, 1,061 other drugs of concern were recorded (clients can report up to five other drugs of concern), equating to 1.9 other drugs of concern per treatment episode.
  - Of the 1,061 other drugs of concern recorded, 25% were for both alcohol and cannabis, and 24% for amphetamines.

Treatment profile (Tables A3.11 and A3.12)

- Counselling was the most common main treatment type received (45% of episodes), followed by information and education only (19%) and assessment only (16%).
- Treatment was most likely to take place in a non-residential treatment facility (82% of episodes), followed by an outreach setting (11%).
- The majority (58%) of episodes ended because the treatment was completed. The next most common reason for treatment episodes to end was that the client ceased to participate at expiation—that is, where the client had completed an education or information program as a requirement of diversion (19% of episodes ended this way).
- The median number of days for a treatment episode was 13.

4.9 Cocaine

Patterns of use in Australia

According to the 2004 NDSHS (AIHW 2005b, 2005c), of Australians aged 14 years and over:

- 4.7% had ever used cocaine at some stage in their lifetime, while 1.0% reported having used cocaine in the last 12 months.
- The 20–29 year age group had the highest proportion (8.9%) of persons ever using cocaine compared with all other age groups. Likewise, the 20–29 year age group had the highest proportion (3.0%) of persons who had recently used cocaine.
- Overall, males were more likely (1.3%) than females (0.8%) to have recently used cocaine. This was the case for all age groups, with the exception of the 14–19 year age group where females were more likely (1.4%) than males (0.6%) to have recently used cocaine.
- The average age at which Australians used cocaine for the first time was 23.5 years.

Cocaine as a principal drug of concern in treatment

- Cocaine as a principal drug of concern accounted for a very small proportion of closed treatment episodes in 2005–06 (0.3% or 434 of 144,963 episodes) (Table 4.1).
- When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 2% of treatment episodes included cocaine as a drug of concern in 2005–06 (Figure 4.2).
- The proportion of episodes where cocaine was reported as the principal drug of concern more than halved between 2001–02 to 2002–03 (from 0.7% to 0.3% of episodes), and has since remained relatively stable at approximately 0.3% of episodes (Table A3.6).

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

Client profile (Table A3.7)

- The majority (75%) of episodes were for male clients.
- The median age of persons receiving treatment was 30 years (males 30 years; females 26 years).
- Persons aged 20–29 years accounted for the greatest proportion of episodes (40%), followed by persons aged 30–39 years.
- 5% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (6% 'not stated' response).
- Self-referral was the most common source of referral (30% of episodes), followed by referrals from correctional services (15%) and alcohol and other drug treatment services (12%).

Drug profile (Tables A3.8, A3.9 and A3.10)

- Sniffing was the most common method of use (45% of episodes), followed by injecting (34%).

- One-third (33%) of episodes involved clients who reported never having injected drugs. Twenty-seven per cent of episodes involved clients who reported being current injectors, and a further 27% involved clients who reported they had injected drugs in the past. Caution should be taken, however, when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (13% of episodes).
- 313 episodes (or 72%) included at least one other drug of concern. From these episodes, 592 other drugs of concern were recorded (clients can report up to five other drugs of concern), equating to 1.9 other drugs of concern per treatment episode.
- Of the 592 other drugs of concern recorded, 22% were for amphetamines, 18% cannabis, 17% alcohol, and 13% for both ecstasy and heroin.

Treatment profile (Tables A3.11 and A3.12)

- Counselling was the most common main treatment type received (33% of episodes), followed by assessment only (22%) and withdrawal management (detoxification) and rehabilitation (both 15%).
- Treatment was most likely to take place in a non-residential treatment facility (69% of episodes), followed by a residential treatment facility (23%).
- The majority (58%) of episodes ended because the treatment was completed. The next most common reason for treatment episodes to end was that the client ceased to participate without notifying the service provider (18% of episodes).
- The median number of days for a treatment episode was 15.

5 Treatment programs

This chapter focuses on main treatment types received by clients (Section 5.1) as well as additional treatments (Section 5.2), and examines each main treatment type in relation to client, treatment and principal drug profiles (Sections 5.3 to 5.8).

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

Box 5.1: Key definitions and counts for treatment programs, 2005–06

Closed treatment episode *refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. In 2005–06 there were* ***151,362*** *closed treatment episodes, of which* ***144,963*** *closed treatment episodes were for clients seeking treatment for their own substance use.*

Main treatment type *refers to the principal activity, as judged by the treatment provider, that is necessary for the completion of the treatment plan for the principal drug of concern. In 2005–06, main treatment type was reported for* ***151,362*** *treatment episodes.*

Caution should be taken when comparing the number of closed treatment episodes for main treatment type from the collection periods 2002–03 to 2005–06 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.

Other treatment type *refers to all other forms of treatment provided to the client in addition to the main treatment type (up to four other treatment types can be recorded for each client). In 2005–06, there were* ***15,406*** *closed treatment episodes that included at least one other treatment type, which provided a total of* ***18,002*** *other treatment types. As in previous collections, in 2005–06 closed treatment episodes from Victoria were excluded from any analysis involving 'other treatment types' as Victoria does not provide data for 'other treatment types'.*

All treatment types *refers to all treatment types reported by a client including main treatment and other treatment. In 2005–06, there were a total of* ***169,364*** *treatment types reported, either as a main or other treatment type.*

5.1 Main treatment types

Nationally, counselling was the most common main treatment type provided in 2005–06 (38% of treatment episodes), followed by withdrawal management (detoxification) (17%), assessment only (15%), information and education only (10%), and support and case management only and rehabilitation (both 8%) (Table 5.1).

Overall, 'other' treatment accounted for 4% of closed treatment episodes, with pharmacotherapy as a main treatment type accounting for 2% (or 2,970 treatment episodes). It is important to note that the number of episodes where pharmacotherapy was recorded as the main treatment type in this collection represents only a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS (see Section 6.1).

Main treatment types across Australia

- Counselling was the most common main treatment type reported in most states and territories in 2005–06, with the exception of Queensland, the Australian Capital Territory and Northern Territory (Table 5.1).
- In Queensland, information and education only was the most common main treatment type (48% of episodes), followed by counselling (23%).[8]
- In the Australian Capital Territory and Northern Territory, assessment only was the most common main treatment type, accounting for 39% and 32% of episodes respectively.

Appendix Tables A3.14 and A3.15 provide additional data on treatment program items (including delivery setting and reason for ending treatment) for each jurisdiction.

Table 5.1: Closed treatment episodes by main treatment type and jurisdiction, Australia, 2005–06 (per cent)

Main treatment type	NSW	Vic	Qld[(a)]	WA	SA	Tas[(b)]	ACT[(c)]	NT	Australia	Total (no.)
Withdrawal management (detoxification)	20.9	21.8	5.4	9.4	18.5	1.7	22.4	14.3	17.1	25,828
Counselling	32.5	47.5	22.6	57.1	27.2	62.4	16.3	28.3	37.8	57,277
Rehabilitation	10.2	3.6	3.6	14.1	13.4	8.2	5.0	12.0	7.5	11,331
Support and case management only	9.8	13.2	2.3	1.4	5.1	2.3	6.8	1.2	8.2	12,417
Information and education only	1.6	0.4	48.0	5.8	4.4	16.6	4.6	6.9	9.7	14,655
Assessment only	20.6	10.0	14.2	5.2	24.0	6.9	39.3	31.5	15.3	23,125
Other[(d)]	4.4	3.3	3.8	6.9	7.4	2.0	5.6	5.6	4.4	6,729
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**..**
Total (number)	**43,798**	**48,999**	**24,524**	**16,342**	**9,100**	**1,512**	**4,634**	**2,453**	**..**	**151,362**

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

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

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

(d) 'Other' includes 2,970 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 6.1).

Indigenous status and treatment programs

- Closed treatment episodes involving Indigenous clients were most likely to involve counselling (36%), followed by assessment only (18%), withdrawal management (detoxification) and information and education only (both 12%) (Table 5.2).

8 This pattern of main treatment in Queensland relates largely to the scope of their collection, namely the inclusion of IDDI clients (from the Police Diversion Program and the Illicit Drugs Court Diversion Program). In Queensland, IDDI clients automatically have the main treatment type recorded as 'information and education only'.

- Indigenous clients were less likely to receive withdrawal management (detoxification) as a main treatment (12% of treatment episodes) compared with other Australians (18%).
- In contrast, treatment episodes involving Indigenous clients were more likely to receive information and education only and assessment only as main treatments (12% and 18% respectively), compared with episodes for other Australian clients (9% and 15% respectively).

Table 5.2: Closed treatment episodes by main treatment type and Indigenous status, Australia, 2005–06

	Indigenous		Non-Indigenous		Not stated		Total	
Main treatment type	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Withdrawal management (detoxification)	1,843	12.2	22,867	17.8	1,118	15.0	25,828	17.1
Counselling	5,442	36.1	48,928	38.0	2,907	38.9	57,277	37.8
Rehabilitation	1,332	8.8	9,785	7.6	214	2.9	11,331	7.5
Support and case management only	1,217	8.1	10,820	8.4	380	5.1	12,417	8.2
Information and education only	1,831	12.1	12,071	9.4	753	10.1	14,655	9.7
Assessment only	2,692	17.9	18,708	14.5	1,725	23.1	23,125	15.3
Other[(a)]	713	4.7	5,648	4.4	368	4.9	6,729	4.4
Total	**15,070**	**100.0**	**128,827**	**100.0**	**7,465**	**100.0**	**151,362**	**100.0**
Per cent of closed treatment episodes	**10.0**	**. .**	**85.1**	**. .**	**4.9**	**. .**	**100.0**	**. .**

(a) 'Other' includes 2,970 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 6.1).

5.2 Additional treatments

This section looks at the main treatment type recorded for clients together with other treatment types and provides an indication of multiple treatment usage in alcohol and other drug treatment services. As in previous years, Victoria was excluded from this analysis as it does not provide data for 'other treatment type'.

- Of the 102,363 closed treatment episodes where clients were seeking treatment in 2005–06, 15,406 episodes (15%) reported at least one other treatment type—that is, a main treatment type and at least one other treatment type (Table 5.3).
- The proportion of episodes that included at least one other treatment type varied with the main treatment type:
  - where withdrawal management (detoxification) was the main treatment type reported, 39% of episodes included at least one other treatment type
  - where rehabilitation was the main treatment type, 38% of episodes included at least one other treatment type
  - only 12% of episodes included at least one other treatment type when counselling was the main treatment type.

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

Table 5.3: Number of closed treatment episodes by main treatment type, with or without other treatment type, Australia[(a)], 2005–06

Main treatment type	With other treatment type	With no other treatment type	Total closed treatment episodes	Proportion of episodes with other treatment type (%)
Withdrawal management (detoxification)	5,948	9,179	15,127	39.3
Counselling	4,198	29,800	33,998	12.3
Rehabilitation	3,594	5,956	9,550	37.6
Support and case management only	—	5,932	5,932	—
Information and education only	—	14,440	14,440	—
Assessment only	—	18,224	18,224	—
Other[(b)]	1,666	3,426	5,092	32.7
Total	**15,406**	**86,957**	**102,363**	**15.1**

(a) Excludes 48,999 closed treatment episodes from Victoria as this jurisdiction does not provide data for 'other treatment type'.

(b) 'Other' includes 2,084 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 6.1).

5.3 Counselling

What is counselling?

There are many different types of alcohol and other drug counselling available, including individual and group counselling in both outpatient and residential settings. These programs are not distinguished within the AODTS–NMDS collection, but are instead grouped under the general heading 'counselling'.

The goal of counselling is to encourage and support emotional and behavioural change. 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 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.

Counselling as a main treatment type

- Counselling was the most common main treatment provided in 2005–06, accounting for 38% (or 57,277 of 151,362) of closed treatment episodes (Table 5.1).
- Since 2001–02, counselling has consistently been the most common main treatment type reported in the AODTS–NMDS. The proportion of treatment episodes where counselling was reported as the main treatment type has fluctuated over this time between 38% and 43% of episodes (Table A3.16).

In 2005–06, of the 57,277 closed treatment episodes where counselling was nominated as the main treatment type received:

Client profile (Table A3.17)

- 91% (or 52,042 episodes) were for clients seeking treatment for their own drug use.
- The majority (62%) of episodes were for male clients.
- The median age of persons receiving treatment was 33 years (males 32 years; females 34 years).
- Persons aged 20–29 and 30–39 years accounted for the largest proportion of episodes (both 30%), followed by persons aged 40–49 years (19%).
- 10% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (5% 'not stated' response).
- Self-referral was the most common source of referral (41% of episodes), followed by 'other' referrals (12%) and referrals from alcohol and other drug treatment services and correctional services (both 9%).

Treatment profile (Tables A3.18 and A3.19)

- Treatment was most likely to occur in a non-residential treatment facility (94% of episodes).
- The majority (53%) of episodes ended because the treatment was completed. The next most common reason for ending a treatment episode was that the client ceased to participate with notifying the service provider (27% of episodes ended this way).
- The median number of days for a treatment episode was 43.

Principal drug profile (Table A3.20)

Of the 52,042 closed treatment episodes in 2005–06 where counselling was nominated as the main treatment type and the client was seeking treatment for their own drug use:

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

5.4 Withdrawal management (detoxification)

What is withdrawal management (detoxification)?

Withdrawal management, or detoxification, refers to the elimination of toxic levels of a drug from the body (ADF 2003). 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 broader treatment program.

Withdrawal management (detoxification) as a main treatment

- Withdrawal management (detoxification) was the second most common main treatment type provided in 2005–06, accounting for 17% (or 25,828 of 151,362) of closed treatment episodes (Table 5.1).
- Since 2001–02, withdrawal management (detoxification) has consistently been the second most common main treatment type reported in the AODTS–NMDS. Over this time, the proportion of treatment episodes where withdrawal management (detoxification) was reported as the main treatment type has seen a slight continual decline from 19% (Table A3.16).

In 2005–06, of the 25,828 closed treatment episodes where withdrawal management (detoxification) was nominated as the main treatment type received:

Client profile (Table A3.17)

- All episodes were for clients seeking treatment for their own drug use.
- The majority (64%) of episodes were for male clients.
- The median age of persons receiving treatment was 34 years (males 34 years; females 33 years).
- Persons aged 30–39 years accounted for the greatest proportion of episodes (31%), followed by persons aged 20–29 years (28%).
- 7% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (4% 'not stated' response).
- Self-referral was the most common source of referral (49% of episodes), followed by referrals from alcohol and other drug treatment services (19%).

Treatment profile (Tables A3.18 and A3.19)

- Treatment was most likely to occur in a residential treatment facility (55% of episodes), followed by a non-residential treatment facility (34%).
- The majority (65%) of episodes ended because the treatment was completed. The next most common reason for ending a treatment episode was that the client ceased to participate without notifying the service provider (11% of episodes ended this way).
- The median number of days for a treatment episode was 8.

Principal drug profile (Table A3.20)

Of the 25,828 closed treatment episodes in 2005–06 where withdrawal management (detoxification) was nominated as the main treatment type and the client was seeking treatment for their own drug use:

- Alcohol was the most common principal drug of concern reported (43% of episodes), followed by cannabis (19%) and heroin (15%).

5.5 Assessment only

What is 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 levels of use and dependence, previous drug history, motivation to change, and other health and lifestyle factors (ADF 2003).

Assessment itself is not a treatment; rather, its general aim is to match clients with an appropriate treatment intervention. It is therefore noted that service contacts would almost always include an assessment component. However, for the purpose of the AODTS–NMDS collection, a record of 'assessment only' means that a client has been assessed and no additional treatment has been provided.

Assessment only as a main treatment type

- Assessment only was the third most common main treatment type provided in 2005–06, accounting for 15% (or 23,125 of 151,362) of closed treatment episodes (Table 5.1).
- Since 2001–02, assessment only has consistently been the third most common main treatment type reported in the AODTS–NMDS. Over this time, the proportion of treatment episodes where assessment only was reported as the main treatment type has fluctuated between 12% and 15% (Table A3.16).

In 2005–06, of the 23,125 closed treatment episodes where assessment only was nominated as the main treatment type received:

Client profile (Table A3.17)

- Almost all (99% or 22,989) episodes were for clients seeking treatment for their own drug use.
- The majority (75%) of episodes were for male clients.
- The median age of persons receiving treatment was 31 years (males and females both 31 years).
- Persons aged 20–29 years accounted for the greatest proportion of episodes (36%), followed by persons aged 30–39 years (31%).
- 12% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (8% 'not stated' response).

- A referral from correctional services was the most common source of referral (30% of episodes), followed by self-referrals (27%).

Treatment profile (Tables A3.18 and A3.19)

- Treatment was most likely to occur in a non-residential treatment facility (80% of episodes).
- The majority (84%) of episodes ended because the treatment was completed. The next most common reason for ending a treatment episode was that the client ceased to participate without notifying the service provider (8% of episodes ended this way).
- The median number of days for a treatment episode was 2.

Principal drug profile (Table 3.20)

Of the 22,989 closed treatment episodes in 2005–06 where assessment only was nominated as the main treatment type and the client was seeking treatment for their own drug use:

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

5.6 Information and education only

What is information and education?

The Australian Government and state and territory governments provide a number of information and education programs on alcohol and other drugs as part of their public health programs. Programs include fact sheets on specific drugs and other drug-related reports available on the Internet and 24-hour telephone services that provide information on drugs, access to drug and alcohol counselling, and referrals to appropriate services.

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 a service as a result of a police or court diversion order, as well as information on harm minimisation strategies to increase the client's ability to maintain behaviour that reduces drug-related harm.

Service contacts would almost always include an information or education component. However, for the purpose of the AODTS–NMDS collection, a record of 'information and education only' means that a client received information and education on alcohol or other drugs and no additional treatment was provided.

Information and education only as a main treatment type

- Information and education only was the fourth most common main treatment type provided in 2005–06, accounting for 10% (or 14,655 of 151,362) of closed treatment episodes (Table 5.1).
- Since 2001–02, information and education only has been the fourth most common main treatment type reported in the AODTS–NMDS (with the exception of the 2003–04 collection period where it was the sixth most common main treatment type). Over this

time, the proportion of treatment episodes where information and education only was reported as the main treatment type has fluctuated between 8% and 10% (Table A3.16).

In 2005–06, of the 14,655 closed treatment episodes where information and education only was nominated as the main treatment type received:

Client profile (Table A3.17)

- 97% (or 14,246 episodes) were for clients seeking treatment for their own drug use.
- The majority (72%) of episodes were for male clients.
- The median age of persons receiving treatment was 24 years (males 23 years; females 25 years).
- Persons aged 20–29 years accounted for the greatest proportion of episodes (37%), followed by persons aged 10–19 years (30%).
- 13% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (5% 'not stated' response).
- Referrals from police diversion was the most common source of referral (50% of episodes), followed by referrals from court diversion (24%).

Treatment profile (Tables A3.18 and A3.19)

- Treatment was most likely to occur in a non-residential treatment facility (74% of episodes), followed by an outreach setting (14%).
- The majority (72%) of episodes ended because the client expiated their offence—that is, the client had completed an education or information program as a requirement of diversion. The next most common reason for treatment episodes to end was because the treatment was completed (17% of episodes ended this way).
- The median number of days for a treatment episode was 1.

Principal drug profile (Table A3.20)

Of the 14,246 closed treatment episodes in 2005–06 where information and education only was nominated as the main treatment type and the client was seeking treatment for their own drug use:

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

5.7 Support and case management only

What is support and case management only?

There are many different models of case management, and subsequently various operational definitions exist. Although case management defies an exact definition, it can be generally described as ongoing supportive care and service coordination to address specific aspects of a client's life (Siegal 1998). The components of case management often include assessment, case planning that includes goal setting, coordination of services and supports, and monitoring and review (Vanderplasschen et al. 2004).

Support and case management is often an adjunct to treatment, therefore it is acknowledged that service contacts would most often include a component of support/case management. For the purpose of the AODTS–NMDS collection, a record of 'support and case management only' means that a client received some form of support/case management and no additional treatment was provided.

Support and case management only as a main treatment type

- Support and case management only as a main treatment type accounted for 8% (12,417 of 151,362) of closed treatment episodes in 2005–06 (Table 5.1).
- The proportion of episodes where support and case management only was reported as the main treatment type increased from 6% in 2001–02 to 8% in 2003–04, and has since remained relatively stable at approximately 8% (Table A3.16).

In 2005–06, of the 12,417 closed treatment episodes where support and case management only was nominated as the main treatment type received:

Client profile (Table 3.17)

- 96% (or 11,859 episodes) were for clients seeking treatment for their own drug use.
- The majority (61%) of episodes were for male clients.
- The median age of persons receiving treatment was 23 years (males 24 years; females 22 years).
- Persons aged 20–29 years accounted for the greatest proportion of episodes (36%), followed by persons aged 10–19 years (31%).
- 10% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (3% 'not stated' response).
- Self-referral was the most common source of referral for clients receiving support and case management (33% of episodes), followed by court diversion (15%).

Treatment profile (Tables 3.18 and 3.19)

- Treatment was most likely to occur in either an outreach setting (48% of episodes) or a non-residential treatment facility (47%).
- The majority (59%) of episodes ended because the treatment was completed. The next most common reason for ending a treatment episode was that the client ceased to participate without notifying the service provider (15% of episodes ended this way).
- The median number of days for a treatment episode was 45.

Principal drug profile (Table 3.20)

Of the 11,859 closed treatment episodes in 2005–06 where support and case management only was nominated as the main treatment type and the client was seeking treatment for their own drug use:

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

5.8 Rehabilitation

What is rehabilitation?

Rehabilitation programs are often intensive treatment programs that integrate a range of services and therapeutic activities that may include counselling, behavioural treatment approaches, recreational activities, social and community living skills, group work and relapse prevention (AIHW 2005d). Rehabilitation activities can occur in residential or non-residential settings.

Residential rehabilitation programs may be short term (4–6 weeks) or long term (2 or more months) (NSW Health Department 2000). Short-term programs are suitable for people who do not have a long-term history of substance dependence, who have been unsuccessful at outpatient treatment, do not have significant cognitive impairment or comorbidity and have psychosocial supports. Long-term programs are more suitable for people who have severe alcohol and drug use problems, who have substance use problems that were not overcome by outpatient or short-term residential treatment, who have non-supportive home environments and social settings, or who have significant comorbid disorders.

Rehabilitation as a main treatment type

- Rehabilitation as a main treatment type accounted for 8% (or 11,331 of 151,362) of closed treatment episodes in 2005–06 (Table 5.1).
- The proportion of treatment episodes where rehabilitation was reported as the main treatment type increased from 6% in 2001–02 to 9% in 2003–04, but has remained relatively stable at approximately 8% since 2004–05.

In 2005–06, of the 11,331 closed treatment episodes where rehabilitation was nominated as the main treatment type received:

Client profile (Table 3.17)

- All episodes were for clients seeking treatment for their own drug use.
- The majority (69%) of episodes were for male clients.
- The median age of persons receiving treatment was 31 years (males and females both 31 years).
- Persons aged 20–29 years accounted for the greatest proportion of episodes (36%), followed by persons aged 30–39 years (33%).
- 12% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin (2% 'not stated' response).
- Self-referral was the most common source of referral (30% of episodes), followed by referrals from alcohol and other drug treatment services (22%).

Treatment profile (Table 3.18 and 3.19)

- Treatment was most likely to occur in a residential treatment facility (68% of episodes), followed by a non-residential treatment facility (28%).
- The most common reason for treatment episodes to end was because the treatment was completed (38% of episodes). The next most common reason for ending a treatment

episode was because the client ceased to participate against the advice of a service provider (17% of episodes ended this way).

- The median number of days for a treatment episode was 33.

Principal drug profile (Table 3.20)

Of the 11,331 closed treatment episodes in 2005–06 where rehabilitation was nominated as the main treatment type and the client was seeking treatment for their own drug use:

- Alcohol was the most common principal drug of concern reported (42% of episodes), followed by amphetamines (20%), cannabis (17%) and heroin (16%).

6 Other data sources

This chapter focuses on other relevant data sources that relate to alcohol and other drug treatment services in Australia, specifically pharmacotherapy data from the National Opioid Pharmacotherapy Statistics Annual Data Collection (NOPSAD) and data from Australian Government-funded Aboriginal and Torres Strait Islander substance use services and primary health care services that provide treatment for drug and alcohol problems. Mortality and morbidity data relating to alcohol and other drug use are also presented in this chapter. (See AIHW 2006 for information on other data sources and surveys relating to drug use and treatment in Australia.)

6.1 Other treatment data

National pharmacotherapy statistics

The first part or this section presents information on pharmacotherapy statistics collected by state and territory governments and provided to the AIHW. The second part provides some information on the small number of treatment episodes relating to opioid pharmacotherapies, collected as part of the AODTS–NMD.

National Opioid Pharmacotherapy Statistics Annual Data collection 2006

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

The broad goal of treatment for opioid dependence is to reduce the health, social and economic harms to individuals and the community arising from illicit opioid use (IGCD MOTS 2004).

Data on the clients participating in opioid pharmacotherapy programs are collected through the National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection. These data are routinely collected as at 30 June of the financial year by the state and territory health departments and, since the 2004 collection, provided annually to the AIHW for collation (prior to 2004, data were provided directly to the Australian Government Department of Health and Ageing).

Numbers of pharmacotherapy clients have been collected since 1986, with the most recent data being from 2006 (Table 6.1). The type of data collected has varied in terms of detail across this period, and there is still inconsistency in the way data items are defined and collected across jurisdictions, which impacts on the reliability and interpretability of national pharmacotherapy data.

Table 6.1: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a specified/snapshot day[(a)] by state/territory, 1998–2006

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

(a) Number of clients on the program on a 'snapshot/specified' day in June 2006, except for Western Australia, where the number of clients treated through the month of June is reported for 2005 and 2006. Prior to 2005, Western Australia provided the number of pharmacotherapy clients over the whole year. The 2005 and 2006 figures reported for Western Australia are therefore substantially lower than previous years.

Source: Unpublished data from the NOPSAD collection held at the AIHW 2007.

Number of clients receiving pharmacotherapy treatment

Nationally, an estimated 38,659 clients were receiving pharmacotherapy treatment on the 'snapshot/specified' day in June 2006 (Table 6.1). The distribution of clients by pharmacotherapy drug type was:

- 71% (or 27,588) of clients were receiving methadone
- 23% (or 8,950) of clients were receiving buprenorphine
- 6% (or 2,121) of clients were receiving buprenorphine/naloxone (Table 6.2).

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

New South Wales accounted for the greatest proportion of clients receiving pharmacotherapy treatment on a specified/snapshot day in 2006 (42%), followed by Victoria (28%), Queensland (12%), Western Australia (8%) and South Australia (7%). The Australian Capital Territory and Tasmania accounted for 2% of all clients each, while the Northern Territory accounted for less than 1% of all clients receiving pharmacotherapy treatment.

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

Table 6.2: Proportion of pharmacotherapy clients receiving pharmacotherapy treatment on a 'specified/snapshot' day[a], by type of pharmacotherapy provided and state/territory, 2006 (per cent)

Pharmacotherapy drug type	NSW[b]	Vic	Qld[c]	WA	SA[d]	Tas	ACT	NT	Total	Total (no.)
Methadone	83.9	59.6	61.2	64.8	62.5	86.5	75.9	53.0	71.4	27,588
Buprenorphine	16.1	26.8	38.8	18.8	30.9	13.5	24.1	30.6	23.2	8,950
Buprenorphine/naloxone	—	13.6	—	16.4	6.6	—	—	16.4	5.5	2,121
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**38,659**
Per cent of all clients by jurisdiction	**42.3**	**27.8**	**12.0**	**7.5**	**6.5**	**1.6**	**2.0**	**0.3**	**100.0**	**. .**

(a) Number of clients on the program on a 'snapshot/specified' day in June 2006, except for Western Australia, where the number of clients treated through the month of June 2006 is reported.

(b) In New South Wales, patients prescribed Buprenorphine/naloxone are counted under Buprenorphine.

(c) In Queensland, the number of clients 'registered' (Table 6.2) and 'dosed' (Table 6.4) varies due to outstanding paperwork in the jurisdiction.

(d) In South Australia, the estimated number of clients reported in Tables 6.1 and 6.2 relates to the number of clients who received pharmacotherapy treatment on the 'specified/snapshot' day, whereas the South Australian total in Table 6.3 relates to the number of clients authorised as at 30 June 2006.

Number of clients by prescriber type

The estimated number of clients receiving pharmacotherapy treatment reported in Table 6.3 differs from the estimated number of clients reported in Tables 6.1 and 6.2, as the client count in South Australia in Table 6.3 (2,823) relates to the number of clients authorised to receive treatment as at 30 June 2006, as opposed to the number of clients receiving treatment on a 'specified/snapshot' day (2,517) in Tables 6.1 and 6.2.

Of the 38,965 estimated clients authorised to receive pharmacotherapy treatment on the 'snapshot/specified' day in June 2006:

- 64% (or 25,018) received the treatment from a private prescriber
- 28% (or 10,794) received the treatment from a public prescriber
- 7% (or 2,680) received the treatment from a practitioner in a correctional facility (Table 6.3).

When jurisdictions are considered separately, a large proportion of estimated clients received treatment from a private prescriber in Victoria (96%), Tasmania (68%), New South Wales (59%), South Australia (56%) and Western Australia (55%). This differs from the Northern Territory, Australian Capital Territory and Queensland where the majority of clients received treatment from a public prescriber (79%, 75% and 71% respectively).

Table 6.3: Estimated proportion of pharmacotherapy clients by prescriber type and state/territory, (on a specified/snapshot day[a]) 2006 (per cent)

Prescriber type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Australia (number)[b]
Public prescriber	27.7	—	71.4	37.5	34.7	31.2	75.3	79.1	27.7	10,794
Private prescriber	59.0	95.9	28.1	54.7	56.3	67.6	22.3	18.7	64.2	25,018
Public/private prescriber	2.9	—	—	—	—	—	—	—	1.2	473
Correctional facility	10.4	4.1	0.5	7.9	9.0	1.2	2.4	2.2	6.9	2,680
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**. .**
Total (number)	**16,355**	**10,736**	**4,637**	**2,888**	**2,823**	**602**	**790**	**134**	**. .**	**38,965**

(a) Number of clients on the program on a 'snapshot/specified' day in June 2006, except for Western Australia, where the number of clients treated through the month of June 2006 is reported.

(b) In South Australia, the estimated number of clients reported in Tables 6.1 and 6.2 relates to the number of clients who received pharmacotherapy treatment on the 'specified/snapshot' day, whereas the South Australian total in Table 6.3 relates to the number of clients authorised as at 30 June 2006.

Number of clients by dosing points

During the reporting period—1 July 2005 to 30 June 2006—there were 2,139 pharmacotherapy dosing sites (AIHW unpublished analysis of the 2006 NOPSAD collection). Pharmacotherapy clients were most likely to receive their pharmacotherapy dose at a pharmacy (70%) on a specified/snapshot day in June 2006 (Table 6.4). Overall, public clinics were the next most common dosing point (12%), followed by private clinics (9%) and correctional settings (7%).

Table 6.4: Estimated proportion of pharmacotherapy clients by dosing point site and state/territory[a][b], (on a specified/snapshot day[c]) 2006 (per cent)

Dosing point site	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Public clinic	24.8	0.0	3.4	3.2	3.4	1.8	33.4	n.a.	12.3
Private clinic	19.1	1.4	0.0	0.0	0.0	0.0	0.0	n.a.	8.7
Pharmacy	43.1	94.5	91.7	89.0	86.5	96.8	64.2	n.a.	70.4
Correctional setting	10.3	4.1	0.6	7.9	9.5	1.3	2.4	n.a.	7.0
Other	2.8	0.0	4.4	0.0	0.6	0.0	0.0	n.a.	1.7
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**n.a.**	**100.0**
Total (number)	**16,355**	**10,736**	**3,864**	**2,888**	**2,517**	**602**	**790**	**n.a.**	**37,752**

(a) The total estimated number of clients reported in Table 6.4 excludes pharmacotherapy clients in the Northern Territory as data relating to dosing point site and clients are not available.

(b) The total estimated number of clients reported in Table 6.4 excludes clients in Queensland who were not physically dosed on the 'snapshot/specified' day in 2006. That is, they physically received a double or triple dose of buprenorphine prior to the snapshot/specified day which would have remained in their systems to cover the 'snapshot/specified' day.

(c) Number of clients on the program on a 'snapshot/specified' day in June 2006, except for Western Australia, where the number of clients treated through the month of June 2006 is reported.

Demographic profile of clients receiving pharmacotherapy treatment

Clients receiving pharmacotherapy treatment on a specified/snapshot day in June 2006 were predominately male (64% or, 25,012 of 38,965 clients). Of the 38,829 clients whose age group could be identified, 37% (or 14,334) of clients were aged 30–39 years, 28% aged 20–29 years and 27% aged 40–49 years (AIHW unpublished analysis of the 2006 NOPSAD collection).

Number of pharmacotherapy prescribers

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

As methadone was the first drug used for opioid pharmacotherapy treatment, jurisdictions first authorised their practitioners to prescribe only this drug. With the introduction of buprenorphine as an opioid pharmacotherapy drug, the registration process in most jurisdictions changed to allow practitioners to prescribe both drug types. Some prescribers—for various reasons—are only authorised to prescribe buprenorphine, and over the last 12 months, only buprenorphine/naloxone. (See Table 6.5 footnotes for further detail on jurisdiction authorisation differences.)

The data presented in Table 6.5 relate to all 'registered prescribers', except for prescribers in New South Wales, Queensland and South Australia. Prescribers in these states relate to 'active prescribers' only—that is, prescribers who were prescribing for at least one client through June 2006.

Nationally in 2006, 1,220 practitioners were authorised to prescribe pharmacotherapy drugs during the financial year (Table 6.5). Of these:

- 28% (or 341) were registered to prescribe buprenorphine/naloxone only
- 25% (or 305) were registered to prescribe buprenorphine only
- 24% (or 292) were registered to provide more than one pharmacotherapy drug
- 23% (or 282) were registered to prescribe methadone only.

Prescribers in South Australia and the Northern Territory follow a single accreditation process which allows them to prescribe for all pharmacotherapy drugs.

In 2006, Victoria accounted for the largest proportion of prescribers (38% or 463), followed by New South Wales (34% or 410), Queensland (11% or 134), Western Australia (6% or 68) and South Australia (5% or 65). Tasmania, the Australian Capital Territory and the Northern Territory had the lowest percentage of prescribers (4%, 2% and 1% respectively).

Table 6.5: Estimated number of prescribers registered[a] to prescribe pharmacotherapy drugs by drug type and state/territory, 2006

Pharmacotherapy drug type	NSW[b]	Vic[c]	Qld[d]	WA[e]	SA[f]	Tas[g]	ACT	NT	Total	Total %
Methadone only	123	122	9	15	—	—	13	—	282	23.1
Buprenorphine only	287	—	5	1	—	—	12	—	305	25.0
Buprenorphine/ naloxone only	—	341	—	—	—	—	—	—	341	28.0
Authorised to prescribe more than one drug type	—	—	120	52	65	48	—	7	292	23.9
Total (no.)	**410**	**463**	**134**	**68**	**65**	**48**	**25**	**7**	**1,220**	**100.0**
Total (per cent)	**33.6**	**38.0**	**11.0**	**5.6**	**5.3**	**3.9**	**2.0**	**0.6**	**100.0**	**. .**

(a) Data presented in this table relate to all registered prescribers, except in New South Wales, Queensland and South Australia, where active prescribers are counted—that is, prescribers who are scripting at least one client at 30 June 2006.

(b) In New South Wales, practitioners authorised to prescribe methadone can also have accreditation to prescribe buprenorphine, but not vice versa. However, a small number of medical practitioners have not completed any pharmacotherapy training, and are therefore not approved under Section 28A of the 1966 NSW Poisons and Therapeutic Goods Act. Currently, these practitioners may continue management of up to five stable patients.

(c) In Victoria, prior to the development of the current training course, prescribers were trained and approved indefinitely to prescribe methadone only, and had to apply separately to become approved to prescribe buprenorphine. Since the implementation of the new training, all prescribers undertaking training in Victoria are approved indefinitely to prescribe methadone and buprenorphine. In Victoria, no prescriber is authorised to prescribe only buprenorphine.

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

(e) In Western Australia, prescriber training is now for all pharmacotherapies currently available. The total number of prescribers includes active private practice, public clinics and correctional centres.

(f) In South Australia, prescribers are authorised to prescribe both methadone and buprenorphine. The number of prescribers reported in this table relates only to authorised private prescribers. Prescribers working in government drug treatment clinics and prison health services are excluded.

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

Data on opioid pharmacotherapies from the AODTS–NMDS

As outlined in Section 1.3, agencies whose sole activity is to prescribe and/or dose for opioid pharmacotherapy treatment (and their clients) are excluded from the AODTS–NMDS. In 2005–06 there were, however, 2,970 or 2% of closed treatment episodes where pharmacotherapy was the main treatment type provided (and where clients were seeking treatment for their own drug use). Throughout this report, these treatment episodes have been included in the 'other' treatment type category.

Of the 2,970 AODTS–NMDS treatment episodes where pharmacotherapy was the main treatment type, most of these episodes occurred in Victoria (886 treatment episodes), followed by Western Australia (804), South Australia (520), the Australian Capital Territory (259), Queensland (258), New South Wales (172), the Northern Territory (65) and Tasmania (6).

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

Reported numbers in the 2005–06 annual report on the AODTS–NMDS do not include the majority of Australian Government-funded Aboriginal and Torres Strait Islander substance use services or Aboriginal and Torres Strait Islander primary health care services. 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 AODTS–NMDS data. Data are collected in relation to these services under two data collections:

- Drug and Alcohol Service Report (DASR), coordinated by the Office for Aboriginal and Torres Strait Islander Health (OATSIH) in the Australian Government Department of Health and Ageing (DoHA). The DASR collects information from all Australian Government-funded Aboriginal and Torres Strait Islander substance use specific services. In 2005–06, 37 services (93% of funded services) provided DASR data. Of these, 11 were classified as residential substance use services and 26 were classified as non-residential.
- Service Activity Reporting (SAR), a joint collection by the National Aboriginal Community Controlled Health Organisation and OATSIH. The SAR collects information from Aboriginal and Torres Strait Islander primary health care services that receive Australian Government funding. In 2004–05, 141 services (99% of funded services) provided SAR data.

This section presents a selection of data from these collections to provide a broader picture of the types of treatment services being accessed by the Australian population for drug and alcohol problems. The SAR, DASR and AODTS–NMDS have different collection purposes, scope and counting rules. For example, the SAR and DASR collect service-level estimates for client numbers and episodes of care whereas the AODTS–NMDS collects unit records for closed treatment episodes. The definitions for 'closed treatment episodes' (AODTS–NMDS) and 'episodes of care' (SAR/DASR) are different (see Box 6.1).

In 2005–06, 7 out of the 37 Australian Government-funded services reporting in the DASR also reported under the AODTS–NMDS, and 10 out of the 141 Aboriginal and Torres Strait Islander primary health care services reporting in the SAR also reported under the AODTS–NMDS. From these 17 agencies, approximately 1,800 closed treatment episodes were reported in the 2005–06 AODTS–NMDS, with 90% of these closed treatment episodes relating to clients who identified as being of Aboriginal and/or Torres Strait Islander origin.

Box 6.1: Comparison of treatment episode definitions in the SAR, DASR and AODTS–NMDS

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

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

The DASR and SAR collections record information about clients of any age, whereas the AODTS–NMDS reports only about clients aged 10 years and over. The comparative information presented in this section should therefore be interpreted with caution.

Australian Government-funded Aboriginal and Torres Strait Islander substance use services (Drug and Alcohol Service Report)

In 2005–06, an estimated 28,200 clients were seen by Australian Government-funded Aboriginal and Torres Strait Islander substance use specific services (Table 6.6). Of these clients, 76% (or 21,400) identified as being of Aboriginal and/or Torres Strait Islander origin. The majority of clients accessed services in Queensland (42%) and South Australia (36%).

Table 6.6: Estimated number of clients seen by Australian Government-funded Aboriginal and Torres Strait Islander substance use specific services (DASR) by jurisdiction and Indigenous status, 2005–06

	Estimated number of clients					
	NSW & Vic	Qld	WA	SA	NT	Australia
Indigenous	1,400	6,600	1,700	8,900	2,800	21,400
Non-Indigenous	300	5,200	<100	800	<100	6,400
Total (number)	**1,700**	**11,900**	**1,700**	**10,000**	**2,900**	**28,200**
Total (per cent)	**6**	**42**	**6**	**36**	**10**	**100**

Note: Totals may not add up as figures are rounded to the nearest hundred.

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

Residential treatment and rehabilitation refers to residential programs where clients receive formal rehabilitation for substance use. In 2005–06, an estimated 4,500 episodes of care were provided to clients in residential treatment/rehabilitation services (Table 6.7). Of these episodes of care, 77% were for male clients.

In 2005–06, an estimated 5,300 episodes of care were provided to clients accessing sobering-up or residential respite services. Sobering-up clients are in residential care overnight to sober up and do not receive formal rehabilitation, while residential respite clients spend 1–7 days in residential care for the purpose of respite and do not receive formal rehabilitation. Two-thirds (67%) of episodes of care were for male clients.

'Other care' refers to a diverse range of non-residential programs, including preventative care, after-care follow-up and mobile assistance/night patrol. In 2005–06, there were an estimated 60,800 episodes for other care. The high number of other episodes of care, compared with residential or sobering-up episodes of care, is due to the short term nature of other care with some clients receiving multiple episodes of care over the course of the year (see Box 6.1). Almost two-thirds (66%) of episodes for other care were for male clients.

Table 6.7: Estimated number of 'episodes of care'[(a)] provided by Australian Government-funded Aboriginal and Torres Strait Islander substance use specific services (DASR) by sex, and treatment type, 2005–06

	Estimated number of 'episodes of care'					
	Males		Females		Total	
	No.	%	No.	%	No.	%
Residential treatment/rehabilitation[(b)]	3,500	77	1,000	23	4,500	100
Sobering-up/residential respite[(c)]	3,500	67	1,700	33	5,300	100
Other care[(d)]	39,900	66	20,900	34	60,800	100

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

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

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

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

Note: Figures have been rounded to the nearest hundred.

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

During 2005–06, all (100%) Australian Government-funded Aboriginal and Torres Strait Islander substance use specific services reported providing treatment or assistance for client alcohol use (Table 6.8). Other common substances/drugs for which services provided treatment or assistance included cannabis (95%), multiple drug use (73%), and amphetamines and tobacco/nicotine (62% each).

Table 6.8: Substances/drugs for which treatment/assistance was provided by Australian Government-funded Aboriginal and Torres Strait Islander substance use specific services, 2005–06 (per cent)

Substance/drug	Percentage of services that provided treatment/assistance for this substance/drug
Alcohol	100
Cannabis (marijuana, gunja, yamdi)	95
Multiple drug use (two or more drugs/substances)	73
Amphetamines (speed, uppers)	62
Tobacco/nicotine	62
Benzodiazepines (sleeping pills, Valium, Rohypnol)	59
Heroin	57
Other solvents/inhalants (chroming, paint, glue, aerosol cans)	49
Cocaine (coke, crack)	43
Petrol	41
Ecstasy/MDMA	41
Barbiturates (downers, Phenobarbital, Amytal)	38
Methadone	32
Morphine	27
LSD (acid, trips)	11
Other	5
Steroids/anabolic agents	3
Kava	3

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

Australian Government-funded Aboriginal and Torres Strait Islander primary health care services (Service Activity Report)

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

Aboriginal and Torres Strait Islander primary health care services tackle a range of substance use issues. In many cases, substance use issues are covered on an individual client basis as they arise during client care. Table 6.9 shows the proportion of services that covered substance use issues on an individual basis as they arose by substance/drug type. In 2004–05, most services covered issues relating to alcohol (92%), tobacco/nicotine (91%) or cannabis (89%), while around three in five services covered issues relating to substances such as benzodiazepines (61%), multiple drug use (59%) and heroin (56%).

Table 6.9: Substances/drugs for which Australian Government-funded Aboriginal and Torres Strait Islander primary health care services cover substance use issues on an individual basis as they arise, 2004–05 (per cent)

Substance/drug	Percentage of services that cover substance use issues on an individual basis as they arise
Alcohol	92
Tobacco/nicotine	91
Cannabis (marijuana, gunja, yamdi)	89
Benzodiazepines (sleeping pills, Valium, Rohypnol)	61
Multiple drug use (two or more drugs/substances)	59
Heroin	56
Methadone	54
Other solvents/inhalants (chroming, paint, glue, aerosol cans)	51
Amphetamines (speed, uppers)	50
Petrol	46
Barbiturates (downers, Phenobarbital, Amytal)	41
Morphine	35
Ecstasy/MDMA	33
Cocaine (coke, crack)	28
LSD (acid, trips)	21
Steroids/anabolic agents	17
Kava	13
Other	6

Source: Australian Government Department of Health and Ageing analysis of the 2004–05 Service Activity Report.

6.2 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 the most recent Burden of Disease and Injury in Australia study (Begg et al. 2007) it is estimated that in 2003:

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

Morbidity

There were 78,620 hospital separations reported in 2005–06 with a substance use disorder as the principal diagnosis (Table 6.10), representing 1.1% of all separations in Australia in that year (AIHW 2007). This section refers only to these separations. 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.

Hospital separations by drugs of concern

As in previous years, sedatives and hypnotics accounted for the highest number of hospital separations (48,481 or 62% of all separations), with alcohol the main contributor in this category (38,842 or 49% of all separations) (Table 6.10). Fourteen per cent (or 11,003) of all separations reported were for analgesics, with opioids (heroin, opium, morphine and methadone) accounting for just over half of this group (51%) and 7% of all separations. Stimulants and hallucinogens accounted for 11% (or 8,436) of all separations.

Same-day versus overnight separations

Overnight separations were more common than same-day separations, accounting for 61% of all separations (Table 6.10). Separations were relatively more likely to be overnight when the principal drug identified was cannabis or 'other stimulants' such as amphetamines, volatile nitrates and caffeine (both 77%of such separations were overnight). The highest proportion of same-day and overnight separations was for separations where the principal diagnosis was alcohol (62% of same-day separations and 42% of overnight separations).

Table 6.10: Same-day and overnight separations[a] with a principal diagnosis related to substance use disorders, by drug of concern, Australia, 2005–06

Drug of concern identified in principal diagnosis[b]	Same-day separations	Overnight separations	Total separations[c]
Analgesics			
Opioids (includes heroin, opium, morphine & methadone)	1,756	3,839	5,595
Non-opioid analgesics (includes paracetamol)	1,553	3,855	5,408
Total	*3,309*	*7,694*	*11,003*
Sedatives & hypnotics			
Alcohol	18,925	19,917	38,842
Other sedatives & hypnotics (includes barbiturates & benzodiazepines; excludes alcohol)	3,035	6,604	9,639
Total	*21,960*	*26,521*	*48,481*
Stimulants & hallucinogens			
Cannabinoids (includes cannabis)	834	2,663	3,497
Hallucinogens (includes LSD & ecstasy)	228	184	412
Cocaine	134	100	234
Tobacco & nicotine	21	29	50
Other stimulants (includes amphetamines, volatile nitrates & caffeine)	1,035	3,208	4,243
Total	*2,252*	*6,184*	*8,436*
Antidepressants & antipsychotics	1,768	4,843	6,611
Volatile solvents	402	443	845
Other & unspecified drugs of concern			
Multiple drug use	832	2,246	3,078
Unspecified drug use & other drugs not elsewhere classified	68	98	166
Total	*900*	*2,344*	*3,244*
Total	**30,591**	**48,029**	**78,620**

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

(b) Drug of concern codes based on ASCDC which are mapped to ICD-10-AM 4th edition codes.

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

Source: AIHW National Hospital Morbidity Database 2005–06.

7 Data quality of the AODTS–NMDS in 2005–06

7.1 Comprehensiveness of the data

In 2005–06, data were provided from 566 (97%) of the 581 agencies that were in scope for this collection. This calculation excludes Queensland agencies as the number of missing non-government agencies has not been recorded.

More detailed information on the undercount of Australian Government-funded Aboriginal and Torres Strait Islander substance use services and primary 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 and territory in 2005–06 include services provided under the National Illicit Drug Strategy Non-Government Organisation Treatment Grants Programme (NGOTGP), funded by the Australian Government. Since the 2002–03 AODTS–NMDS annual report, Australian Government data have not been analysed separately under the heading 'other'; rather, they have been analysed as part of the jurisdiction in which the NGOTGP agency was located.

7.2 Data quality

Overall, the quality of the 2005–06 AODTS–NMDS data has continued the trend of improvement across collection periods. The proportions of those responses that were 'not stated', 'missing' or 'unknown' in 2005–06 are provided in Table 7.1 for each state and territory and nationally, as a proportion of total responses for each data item.

The proportion of 'not stated' responses for Indigenous status has continued to decline over recent years, with the overall 2005–06 rate of 4.9% of all closed treatment episodes being the lowest proportion recorded. As in previous years, there was variation in the rates of 'not stated' for Indigenous status across the states and territories, with Western Australia reporting the lowest rate of 0.9% and Tasmania reporting a highest rate of 16.7%.

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

Table 7.1: Not stated/missing/unknown responses for data items by jurisdiction, Australia, 2005–06[(a)] (per cent)

Data item	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Client data items									
Client type	—	—	—	—	—	—	—	—	—
Country of birth	2.7	3.3	3.2	0.1	2.0	0.1	0.5	6.7	2.6
Date of birth/age	—	1.2	0.4	0.5	0.2	—	0.2	—	0.5
Indigenous status	4.1	6.1	6.5	0.9	4.9	16.7	4.6	1.7	4.9
Preferred language	1.8	3.3	1.7	0.1	3.5	—	0.1	0.4	2.1
Sex	—	0.2	0.1	—	—	—	—	0.1	0.1
Source of referral	0.3	1.7	0.3	0.3	2.4	0.8	0.3	1.3	0.9
Drug data items[(b)]									
Principal drug of concern	—	—	—	—	—	—	—	—	—
Method of use	1.1	1.7	3.6	0.2	1.3	1.4	—	2.6	1.6
Injecting drug use	7.8	16.6	17.1	3.0	5.4	17.8	8.5	13.0	11.8
Treatment data items									
Main treatment type	—	—	—	—	—	—	—	—	—
Reason for cessation	0.3	0.4	2.4	0.8	0.3	0.6	1.2	11.8	0.9
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 2005–06

The detailed data definitions for the data elements included in the AODTS–NMDS for 2005–06 are published in the National Health Data Dictionary (NHDD) version 13 (HDSC 2006) and are available on the AIHW's Metadata Online Registry (METeOR) at <http://meteor.aihw.gov.au/content/index.phtml/itemId/334288>.

Table A1.1 lists all data elements collected for 2005–06.

Table A1.1: Data elements for the AODTS–NMDS, 2005–06

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

Appendix 2: Policy and administrative features in each jurisdiction

New South Wales

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

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

Victoria

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

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

Victorian AODT service providers use the SWITCH or FullADIS information systems to report quarterly activity. Both are ageing systems and SWITCH, used by hospitals and community health centres, is about to be replaced by two purpose-built client management systems known as HealthSMART. Lead agencies will commence migration to HealthSMART systems in 2006–07.

Queensland

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

Queensland Health has recently introduced a statewide web-based clinical information management system supporting the collection of AODTS–NMDS items for all Queensland Government AODT services. Queensland Health is also currently moving towards being the sole data custodian of all AODT services in Queensland.

Western Australia

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

South Australia

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

Non-government alcohol and other drug treatment services in South Australia are subject to service agreements between themselves and the South Australian Minister for Mental Health and Substance Abuse. As part of these service agreements, non-government organisations are required to provide timely client data in accordance with the AODTS–NMDS guidelines. Data are forwarded to DASSA for collation and checking. DASSA then forwards cleaned data to the AIHW annually.

Tasmania

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

The department is in the final stage of conducting a business, gap analysis and business case with a view to implementing a clinical information management system (the ADS IMPS project). This project aims to provide a clinical information management system with a client and outcomes focus, whereas the current system was specifically designed to meet AODTS–NMDS requirements. It is expected that the new system will be in place in 2008–09.

Australian Capital Territory

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

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

Northern Territory

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

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

Australian Government Department of Health and Ageing

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

Reported numbers for each state/territory in the AODTS–NMDS annual report include services provided under the National Illicit Drug Strategy Non-Government Organisation Treatment Grants Programme.

Appendix 3: Detailed tables

Client profile table

Table A3.1: Closed treatment episodes by client data items and jurisdiction, Australia, 2005–06

	NSW	Vic	Qld[a]	WA	SA	Tas[b]	ACT	NT	Australia
Client type									
Own drug use	42,589	46,759	24,159	14,521	8,766	1,357	4,529	2,283	144,963
Others' drug use	1,209	2,240	365	1,821	334	155	105	170	6,399
Sex									
Male	29,558	30,911	17,149	10,278	5,728	907	3,125	1,587	99,243
Female	14,220	17,991	7,345	6,060	3,370	605	1,509	863	51,963
Not stated	20	97	30	4	2	—	—	3	156
Age group (years)									
10–19	3,214	7,046	4,599	2,528	1,195	152	585	189	19,508
20–29	13,714	16,072	8,674	5,212	2,635	520	1,519	660	49,006
30–39	13,756	13,425	6,053	4,474	2,624	402	1,295	796	42,825
40–49	8,456	8,023	3,338	2,509	1,675	281	783	560	25,625
50–59	3,441	2,931	1,312	1,195	674	121	339	208	10,221
60+	1,201	933	462	337	278	36	102	40	3,389
Not stated	16	569	86	87	19	—	11	—	788
Indigenous status									
Indigenous	4,656	2,906	2,460	2,664	673	110	384	1,217	15,070
Not Indigenous	37,358	43,116	20,462	13,530	7,979	1,150	4,038	1,194	128,827
Not stated	1,784	2,977	1,602	148	448	252	212	42	7,465
Country of birth									
Australia	37,953	41,809	21,137	13,596	7,870	1,430	4,099	2,160	130,054
England	987	540	447	1,029	345	20	50	31	3,449
Germany	93	107	72	64	27	4	4	1	372
Ireland	122	127	56	116	22	5	24	4	476
Italy	77	171	21	51	29	1	8	2	360
New Zealand	791	727	982	479	112	12	49	26	3,178
Scotland	179	219	85	127	57	4	26	6	703
South Africa	79	87	56	79	24	5	5	3	338
United States of America	111	60	50	38	18	—	13	6	296
Viet Nam	248	781	37	52	38	—	37	7	1,200
All other countries	1,982	2,500	773	695	376	29	296	42	6,693
Not elsewhere classified	13	266	25	—	—	—	—	—	304
Inadequately described	19	606	188	6	6	2	—	—	827
Not stated	1,144	999	595	10	176	—	23	165	3,112

(continued)

Table A3.1 (continued): Closed treatment episodes by client data items and jurisdiction, Australia, 2005–06

	NSW	Vic	Qld[a]	WA	SA	Tas[b]	ACT	NT	Australia
Preferred language									
Arabic	52	38	2	3	1	—	—	—	96
Australian Indigenous languages	14	1,670	7	73	3	2	—	818	2,587
Croatian	14	15	1	14	3	—	2	—	49
English	42,421	44,446	23,959	16,151	8,707	1,503	4,613	1,614	143,414
Greek	17	27	2	1	2	—	—	—	49
Italian	30	26	14	6	4	1	—	—	81
Serbian	21	12	—	—	11	—	1	—	45
Spanish	49	19	9	5	3	—	1	—	86
Turkish	13	28	—	1	—	—	—	—	42
Vietnamese	128	372	10	23	9	—	5	3	550
All other languages	237	751	101	53	37	6	9	9	1,203
Inadequately described	10	542	12	1	4	—	—	9	578
Not stated	792	1,053	407	11	316	—	3	—	2,582
Source of referral									
Self	16,794	18,298	6,121	5,565	3,348	858	2,771	1,046	54,801
Family member/ friend	2,366	1,835	790	1,555	591	35	121	120	7,413
Medical practitioner	2,967	2,197	759	736	530	49	16	66	7,320
Hospital	1,714	754	1,622	282	918	44	193	44	5,571
Mental health care service[c]	1,375	920	799	356	165	16	83	71	3,785
AODTS	6,629	7,103	923	1,040	700	70	466	184	17,115
Other community/health care services[d]	1,257	2,555	552	852	466	55	201	203	6,141
Correctional service	3,834	5,919	1,770	3,125	172	51	125	295	15,291
Police diversion	179	310	6,787	573	446	237	58	69	8,659
Court diversion	4,088	1,030	3,448	1,281	246	—	448	216	10,757
Other	2,476	7,259	878	929	1,300	85	138	106	13,171
Not stated	119	819	75	48	218	12	14	33	1,338
Total	**43,798**	**48,999**	**24,524**	**16,342**	**9,100**	**1,512**	**4,634**	**2,453**	**151,362**

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

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

(c) Includes residential and non-residential services.

(d) Includes outpatient clinics and aged care facilities.

Drugs of concern tables

Table A3.2: Closed treatment episodes by drug-related data items and jurisdiction, Australia, 2005–06[a]

	NSW	Vic	Qld[b]	WA	SA	Tas[c]	ACT	NT	Australia
Injecting drug use									
Current injector	11,308	9,042	3,718	4,263	2,727	244	1,392	356	33,050
Injected 3–12 months ago	2,482	5,867	1,147	1,243	523	66	433	65	11,826
Injected 12+ months ago	4,248	4,685	2,468	1,551	872	119	318	137	14,398
Never injected	21,239	19,395	12,699	7,025	4,167	687	2,000	1,428	68,640
Not stated	3,312	7,770	4,127	439	477	241	386	297	17,049
Method of use									
Ingests	21,391	21,539	8,126	6,445	4,999	662	2,245	1,528	66,935
Smokes	10,103	10,592	11,329	3,244	1,341	465	722	354	38,150
Injects	10,232	10,944	3,222	4,529	2,122	197	1,527	283	33,056
Sniffs (powder)	292	393	76	109	40	3	17	6	936
Inhales (vapour)	71	2,189	476	126	139	6	18	52	3,077
Other	20	305	69	33	8	5	—	1	441
Not stated	480	797	861	35	117	19	—	59	2,368
Principal drug of concern									
Analgesics									
Heroin	6,635	8,579	1,034	1,474	824	11	1,201	18	19,776
Methadone	943	707	198	308	191	46	46	23	2,462
Balance of analgesics[d]	1,061	308	762	596	439	92	41	232	3,531
Total analgesics	*8,639*	*9,594*	*1,994*	*2,378*	*1,454*	*149*	*1,288*	*273*	*25,769*
Sedatives and hypnotics									
Alcohol	18,304	17,810	6,744	5,294	3,915	515	2,056	1,438	56,076
Benzodiazepines	948	1,012	209	172	165	18	41	18	2,583
Balance of sedatives and hypnotics[d]	17	—	14	16	7	—	—	4	58
Total sedatives and hypnotics	*19,269*	*18,822*	*6,967*	*5,482*	*4,087*	*533*	*2,097*	*1,460*	*58,717*

(continued)

Table A3.2 (continued): Closed treatment episodes by drug-related data items and jurisdiction, Australia, 2005–06[a]

	NSW	Vic	Qld[b]	WA	SA	Tas[c]	ACT	NT	Australia
Stimulants and hallucinogens									
Amphetamines	4,789	2,949	2,454	3,574	1,546	160	376	87	15,935
Cannabis	8,615	11,617	9,924	2,734	1,259	462	697	328	35,636
Ecstasy	138	336	248	50	58	15	44	8	897
Cocaine	255	83	37	26	19	1	13	—	434
Nicotine	510	303	1,601	71	70	27	3	33	2,618
Balance of stimulants and hallucinogens[d]	21	20	77	23	55	3	9	1	209
Total stimulants and hallucinogens	*14,328*	*15,308*	*14,341*	*6,478*	*3,007*	*668*	*1,142*	*457*	*55,729*
Balance of drugs of concern[d]	353	3,035	857	183	218	7	2	93	4,748
Total	**42,589**	**46,759**	**24,159**	**14,521**	**8,766**	**1,357**	**4,529**	**2,283**	**144,963**

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

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

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

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

Table A3.3: Number of other drugs of concern by jurisdiction, Australia, 2005–06[a]

Other drugs of concern	NSW	Vic	Qld[b]	WA	SA	Tas[c]	ACT	NT	Australia
Analgesics									
Heroin	1,490	2,895	511	540	363	4	166	23	5,992
Methadone	866	572	177	184	73	9	97	2	1,980
Balance of analgesics[d]	867	298	494	456	287	14	66	27	2,509
Total analgesics	*3,223*	*3,765*	*1,182*	*1,180*	*723*	*27*	*329*	*52*	*10,481*
Sedatives and hypnotics									
Alcohol	4,578	8,960	4,741	1,963	1,124	21	560	4	21,951
Benzodiazepines	2,423	4,311	704	954	540	19	374	10	9,335
Balance of sedatives and hypnotics[d]	67	—	45	74	19	1	8	4	218
Total sedatives and hypnotics	*7,068*	*13,271*	*5,490*	*2,991*	*1,683*	*41*	*942*	*18*	*31,504*
Stimulants and hallucinogens									
Amphetamines	4,637	7,663	2,108	1,793	992	35	594	50	17,872
Cannabis	8,778	12,753	3,822	3,055	1,768	59	1,134	104	31,473
Ecstasy	1,104	2,584	850	604	217	8	100	40	5,507
Cocaine	900	579	223	198	96	2	42	5	2,045
Nicotine	6,197	7,422	4,595	1,667	1,502	36	1,494	76	22,989
Balance of stimulants and hallucinogens[d]	353	85	477	302	116	9	27	3	1,372
Total stimulants and hallucinogens	*21,969*	*31,086*	*12,075*	*7,619*	*4,691*	*149*	*3,391*	*278*	*81,258*
Balance of drugs of concern[d]	372	4,204	249	348	202	—	24	21	5,420
Total	**32,632**	**52,326**	**18,996**	**12,138**	**7,299**	**217**	**4,686**	**369**	**128,663**

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

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

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

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

Table A3.4: Closed treatment episodes[a] by principal drug of concern and age group, Australia, 2005–06 (per cent)

Principal drug of concern	Age group (years)						Not stated	Total	Total (number)
	10–19	20–29	30–39	40–49	50–59	60+			
Alcohol	23.4	25.2	39.0	58.7	74.3	81.3	46.0	38.7	56,076
Amphetamines	9.0	14.8	13.2	5.6	2.0	0.6	10.2	11.0	15,935
Benzodiazepines	0.4	1.5	2.1	2.5	2.3	2.8	1.6	1.8	2,583
Cannabis	50.1	30.0	19.4	12.3	6.7	1.8	19.8	24.6	35,636
Cocaine	0.2	0.4	0.4	0.2	0.1	—	0.3	0.3	434
Ecstasy	1.3	1.0	0.3	0.1	—	—	0.7	0.6	897
Nicotine	2.4	1.3	1.3	1.9	3.7	7.5	1.5	1.8	2,618
Opioids									
Heroin	5.3	18.6	16.2	10.5	5.0	0.8	11.4	13.6	19,776
Methadone	0.3	1.9	2.1	2.1	1.1	0.2	0.3	1.7	2,462
Morphine	0.2	0.8	1.1	1.3	1.1	0.5	0.3	0.9	1,292
Total opioids	*5.9*	*22.1*	*20.9*	*15.6*	*8.5*	*3.1*	*13.2*	*17.4*	*25,158*
All other drugs[b]	7.3	3.8	3.3	3.1	2.3	2.8	6.8	3.9	5,626
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**. .**
Total (number)	**18,536**	**48,334**	**41,848**	**24,112**	**8,756**	**2,770**	**607**	**. .**	**144,963**

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

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

Table A3.5: Closed treatment episodes by principal drug of concern and all drugs of concern, Australia, 2005–06[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]
Alcohol	56,076	38.7	78,027	53.8
Amphetamines	15,935	11.0	33,807	23.3
Benzodiazepines	2,583	1.8	11,918	8.2
Cannabis	35,636	24.6	67,109	46.3
Cocaine	434	0.3	2,479	1.7
Ecstasy	897	0.6	6,404	4.4
Heroin	19,776	13.6	25,768	17.8
Methadone	2,462	1.7	4,442	3.1
Morphine	1,292	0.9	2,032	1.4
Nicotine	2,618	1.8	25,607	17.7
Other drugs[c]	7,254	5.0	16,033	11.1
Total	**144,963**	**—**	**273,626**	**—**

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

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

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

Table A3.6: Closed treatment episodes by principal drug of concern, Australia, 2001–02 to 2005–06[a]

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

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

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

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

Table A3.7: Closed treatment episodes[a] by principal drug of concern and client data items, Australia, 2005–06 (per cent)

	Alcohol	Ampheta-mines	Benzodiaz-epines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Other opioids	Other drug[b]	Total
						(years)					
Median age (years)											
Males	36	29	33	24	30	22	30	34	35	28	30
Females	38	27	36	25	26	21	28	30	34	29	31
All persons	*36*	*28*	*34*	*24*	*30*	*21*	*29*	*32*	*35*	*29*	*31*
						(per cent)					
Age group (years)											
10–19	7.7	10.5	2.5	26.1	7.8	27.8	5.0	1.9	1.7	21.7	12.8
20–29	21.7	44.7	28.8	40.7	40.1	55.1	45.4	37.3	26.2	29.6	33.3
30–39	29.1	34.6	34.3	22.8	38.9	14.2	34.2	36.3	37.3	23.4	28.9
40–49	25.3	8.5	23.0	8.3	10.1	2.3	12.8	20.1	25.2	14.8	16.6
50–59	11.6	1.1	7.9	1.6	2.3	0.1	2.2	4.1	7.2	6.4	6.0
60+	4.0	0.1	3.0	0.1	0.2	0.1	0.1	0.2	2.1	3.5	1.9
Not stated	0.5	0.4	0.4	0.3	0.5	0.4	0.3	0.1	0.3	0.6	0.4
Sex											
Male	69.1	67.0	46.3	69.8	74.7	74.7	65.8	54.1	59.6	58.0	67.2
Female	30.8	32.9	53.5	30.1	25.3	25.3	34.1	45.7	40.4	41.9	32.7
Not stated	0.1	0.1	0.2	0.1	—	—	0.1	0.1	—	0.1	0.1
Indigenous status											
Indigenous	11.8	9.2	5.3	10.3	4.8	1.7	7.2	7.8	8.0	11.9	10.2
Not Indigenous	83.0	86.7	90.1	85.1	88.9	94.1	88.7	86.4	84.2	80.7	84.9
Not stated	5.2	4.1	4.7	4.5	6.2	4.2	4.0	5.8	7.8	7.4	4.9

(continued)

Table A3.7 (continued): Closed treatment episodes[a] by principal drug of concern and client data items, Australia, 2005–06 (per cent)

	Alcohol	Ampheta-mines	Benzodiaz-epines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Other opioids	Other drug[b]	Total
Source of referral											
Self	38.8	35.3	42.4	28.1	29.7	20.0	40.4	39.8	44.8	34.4	35.8
Family member/ friend	3.9	6.7	2.5	4.7	9.4	7.8	3.9	3.2	3.9	3.5	4.4
Medical practitioner	5.9	3.1	10.9	3.2	5.3	2.0	3.2	9.4	15.3	6.8	4.9
Hospital	5.5	2.8	4.8	1.7	3.9	1.1	1.9	6.4	6.2	5.6	3.8
Mental health care service[c]	3.0	2.6	3.8	3.0	2.5	1.2	0.8	1.4	2.3	1.9	2.5
AODTS	11.6	10.4	16.3	10.1	12.2	5.0	15.1	17.3	11.2	7.8	11.5
Other community/health care service[d]	4.0	4.2	3.1	3.9	3.2	3.9	3.5	3.2	2.5	5.6	3.9
Correctional service	11.5	13.0	4.3	8.9	14.5	11.7	13.0	4.8	4.3	5.1	10.5
Police diversion	1.5	2.9	0.5	16.8	2.5	16.4	0.5	0.5	0.8	11.7	5.9
Court diversion	4.0	11.1	5.1	11.3	9.4	21.0	7.8	3.5	3.0	7.4	7.4
Other	9.4	7.4	5.4	7.4	6.9	9.1	9.6	10.0	5.0	9.1	8.5
Not stated	0.9	0.5	0.8	1.0	0.2	0.8	0.3	0.5	0.6	1.1	0.8
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)	**56,076**	**15,935**	**2,583**	**35,636**	**434**	**897**	**19,776**	**2,462**	**2,920**	**8,244**	**144,963**

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

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

(c) Includes residential and non-residential services.

(d) Includes outpatient clinics and aged care facilities.

Table A3.8: Closed treatment episodes[a] by principal drug of concern and drug-related data items, Australia, 2005–06 (per cent)

	Alcohol	Ampheta-mines	Benzodiaz-epines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Other opioids	Other drug[b]	Total
Method of use											
Ingests	99.0	11.2	93.6	1.8	3.5	89.6	1.0	86.8	53.6	22.3	46.2
Smokes	0.3	9.0	0.7	91.4	12.4	1.6	5.6	0.5	0.4	33.4	26.3
Injects	0.2	73.2	4.6	0.5	34.3	4.9	91.3	10.8	42.7	14.8	22.8
Sniffs (powder)	—	4.0	—	0.1	44.7	1.2	0.1	—	—	0.4	0.6
Inhales (vapour)	0.1	0.6	0.1	4.7	1.2	0.2	0.7	0.1	0.1	13.6	2.1
Other	0.1	0.2	0.2	0.3	—	0.4	0.1	0.2	0.7	2.9	0.3
Not stated	0.3	1.7	0.8	1.4	3.9	2.0	1.1	1.6	2.5	12.6	1.6
Injecting drug use											
Current injector	5.6	59.5	24.7	9.3	26.5	7.6	62.8	38.7	49.2	18.3	22.8
Injected 3–12 months ago	3.8	12.9	11.0	6.6	10.8	3.6	18.8	18.2	6.7	6.8	8.2
Injected 12+ months ago	9.8	7.5	15.2	11.1	16.1	5.0	9.2	21.8	10.5	7.7	9.9
Never injected	67.3	15.3	36.9	60.5	33.2	72.8	4.5	5.4	24.0	42.0	47.4
Not stated	13.6	4.9	12.2	12.6	13.4	11.0	4.8	16.0	9.6	25.2	11.8
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)	**56,076**	**15,935**	**2,583**	**35,636**	**434**	**897**	**19,776**	**2,462**	**2,920**	**8,244**	**144,963**

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

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

Table A3.9: Number of closed treatment episodes[a] by principal drug of concern, with or without other drugs of concern, Australia, 2005–06

Principal drug of concern	With other drugs	With no other drugs	Total closed treatment episodes	Proportion of episodes with 'other drugs' of concern (%)
Alcohol	24,174	31,902	56,076	43.1
Amphetamines	10,655	5,280	15,935	66.9
Benzodiazepines	1,611	972	2,583	62.4
Cannabis	20,186	15,450	35,636	56.6
Cocaine	313	121	434	72.1
Ecstasy	560	337	897	62.4
Heroin	12,578	7,198	19,776	63.6
Methadone	1,442	1,020	2,462	58.6
Other opioids	1,526	1,394	2,920	52.3
All other drugs[b]	4,029	4,215	8,244	48.9
Total	**77,074**	**67,889**	**144,963**	**53.2**

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

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

Table A3.10: Other drugs of concern nominated for selected principal drugs of concern, Australia, 2005–06[a]

Other drugs of concern	Alcohol		Ampheta-mines		Benzodiaz-epines		Cannabis		Cocaine		Ecstasy		Heroin		Methadone		All principal drugs[b]	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Alcohol	56	0.2	4,042	20.7	506	18.0	11,725	36.0	101	17.1	270	25.4	3,093	12.9	236	9.1	21,951	17.1
Amphetamines	4,923	13.7	98	0.5	351	12.5	6,376	19.6	128	21.6	258	24.3	4,349	18.1	305	11.8	17,872	13.9
Benzodiazepines	2,525	7.0	1,149	5.9	50	1.8	1,173	3.6	29	4.9	16	1.5	2,943	12.3	454	17.6	9,335	7.3
Cannabis	13,619	37.9	7,072	36.2	584	20.8	—	—	106	17.9	268	25.3	6,712	27.9	569	22.0	31,473	24.5
Cocaine	406	1.1	546	2.8	14	0.5	369	1.1	—	—	57	5.4	584	2.4	26	1.0	2,045	1.6
Ecstasy	1,092	3.0	1,456	7.5	47	1.7	2,118	6.5	75	12.7	—	—	535	2.2	15	0.6	5,507	4.3
Heroin	1,361	3.8	1,598	8.2	302	10.7	1,435	4.4	75	12.7	26	2.5	—	—	457	17.7	5,992	4.7
Methadone	301	0.8	226	1.2	147	5.2	243	0.7	7	1.2	1	0.1	915	3.8	—	—	1,980	1.5
Nicotine	9,327	26.0	1,927	9.9	319	11.4	6,884	21.1	41	6.9	100	9.4	2,994	12.5	339	13.1	22,989	17.9
Other opioids	404	1.1	309	1.6	198	7.0	269	0.8	22	3.7	1	0.1	513	2.1	78	3.0	1,957	1.5
Other drugs[c]	1,925	5.4	1,091	5.6	292	10.4	1,983	6.1	8	1.4	64	6.0	1,380	5.7	104	4.0	7,562	5.9
Total	**35,939**	**100.0**	**19,514**	**100.0**	**2,810**	**100.0**	**32,575**	**100.0**	**592**	**100.0**	**1,061**	**100.0**	**24,018**	**100.0**	**2,583**	**100.0**	**128,663**	**100.0**

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

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

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

Table A3.11: Closed treatment episodes[a] by principal drug of concern and treatment data items, Australia, 2005–06 (per cent)

	Alcohol	Ampheta-mines	Benzodiaz-epines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Other opioids	Other drug[b]	Total
Main treatment type											
Withdrawal management (detoxification)	19.7	12.9	37.0	13.9	15.0	4.2	20.2	23.1	29.1	16.0	17.8
Counselling	41.5	39.2	32.7	32.5	32.7	44.6	29.4	23.8	18.2	32.0	35.9
Rehabilitation	8.4	14.0	4.5	5.4	15.0	3.9	9.0	6.3	3.7	2.4	7.8
Support and case management only	5.0	8.3	7.4	10.7	8.5	11.4	11.9	10.6	4.7	9.8	8.2
Information and education only	4.3	4.4	1.1	24.3	1.8	18.8	1.1	1.6	3.6	23.0	9.8
Assessment only	18.4	18.0	13.6	11.0	21.9	15.8	18.0	13.6	25.7	7.6	15.9
Other[c]	2.6	3.2	3.7	2.3	5.1	1.2	10.4	20.9	15.0	9.1	4.6
Treatment delivery setting											
Non-residential treatment facility	69.7	66.5	65.9	71.7	68.9	82.1	67.3	67.1	67.8	68.9	69.4
Residential treatment facility	19.3	19.7	23.2	12.1	23.3	4.3	21.5	20.6	19.1	7.8	17.2
Home	2.4	2.0	5.5	2.4	1.2	0.9	1.6	3.0	2.3	3.2	2.3
Outreach setting	6.9	6.9	4.1	10.2	2.5	10.9	6.1	7.8	9.2	16.5	8.1
Other	1.8	4.9	1.3	3.6	4.1	1.8	3.6	1.4	1.5	3.5	2.9
Reason for cessation											
Treatment completed	61.3	50.0	58.8	47.2	58.3	58.3	56.4	54.8	49.8	49.0	54.8
Change in main treatment type	0.6	0.6	1.2	0.4	0.2	0.2	0.5	1.2	5.3	0.9	0.7
Change in delivery setting	0.6	1.4	0.7	0.4	0.5	0.6	0.8	1.1	2.2	0.8	0.7
Change in principal drug of concern	—	0.1	0.1	—	—	0.1	0.1	—	0.1	—	—
Transferred to another service provider	4.7	5.0	7.2	3.5	5.8	2.3	7.4	10.6	9.2	3.8	5.0

(continued)

Table A3.11 (continued): Closed treatment episodes[a] by principal drug of concern and treatment data items, Australia, 2005–06 (per cent)

	Alcohol	Ampheta-mines	Benzodiaz-epines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Other opioids	Other drug[b]	Total
Ceased to participate against advice	4.0	5.2	4.6	3.1	6.7	1.2	5.8	5.5	6.2	3.7	4.2
Ceased to participate without notice	17.5	21.6	14.1	14.4	17.5	12.2	16.2	14.2	16.8	14.4	16.7
Ceased to participate involuntary (non-compliance)	1.5	3.7	3.0	1.5	3.2	2.0	3.3	2.9	1.8	1.0	2.0
Ceased to participate at expiation	2.7	4.5	1.5	22.9	1.6	18.7	1.2	0.8	1.4	16.5	8.5
Ceased to participate by mutual agreement	2.6	2.9	3.9	2.2	2.1	2.0	1.5	1.2	1.8	2.6	2.4
Drug court and/or sanctioned by court diversion service	0.1	0.7	0.3	0.2	0.5	0.2	0.4	0.1	0.2	0.1	0.2
Imprisoned, other than drug court sanctioned	0.4	1.2	0.5	0.5	0.9	0.3	1.7	2.4	0.7	0.7	0.8
Died	0.1	0.1	0.2	—	—	—	0.2	0.1	0.2	0.1	0.1
Other	2.8	2.0	3.2	2.9	2.1	1.4	3.7	4.2	2.6	4.9	3.0
Not stated	1.0	1.0	0.5	0.6	0.7	0.3	0.9	0.9	1.6	1.4	0.9
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**56,076**	**15,935**	**2,583**	**35,636**	**434**	**897**	**19,776**	**2,462**	**2,920**	**8,244**	**144,963**

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

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

(c) 'Other' includes 2,970 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 6.1).

Table A3.12: Median duration in days of closed treatment episodes[a] by principal drugs of concern, Australia, 2005–06

Principal drug of concern	Total median number of days	Total number of treatment episodes
Alcohol	16	56,076
Amphetamines	16	15,935
Benzodiazepines	17	2,583
Cannabis	11	35,636
Cocaine	15	434
Ecstasy	13	897
Heroin	27	19,776
Methadone	18	2,462
Other opioids	9	2,920
All other drugs[b]	14	8,244
Total	**16**	**144,963**

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

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

Table A3.13: Closed treatment episodes[(a)] where amphetamines were the principal drug of concern by usual method of use, Australia, 2001–02 to 2005–06

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

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

Treatment program tables

Table A3.14: Closed treatment episodes by treatment data items and jurisdiction, Australia, 2005–06

	NSW	Vic	Qld[(a)]	WA	SA	Tas[(b)]	ACT	NT	Australia
Main treatment type									
Withdrawal management (detoxification)	9,159	10,701	1,328	1,541	1,683	25	1,039	352	25,828
Counselling	14,251	23,279	5,545	9,329	2,479	943	756	695	57,277
Rehabilitation	4,481	1,781	889	2,312	1,215	124	234	295	11,331
Support and case management only	4,303	6,485	560	227	462	35	315	30	12,417
Information and education only	685	215	11,765	954	404	251	211	170	14,655
Assessment only	9,002	4,901	3,494	848	2,184	104	1,819	773	23,125
Other[(c)]	1,917	1,637	943	1,131	673	30	260	138	6,729
Cessation reason									
Treatment completed	27,416	34,879	4,786	6,466	5,665	510	2,955	1,184	83,861
Change in main treatment type	—	271	347	18	62	25	47	217	987
Change in delivery setting	—	—	583	226	147	38	65	8	1,067
Change in principal drug of concern	—	6	8	3	8	2	40	—	67
Transferred to another service provider	3,077	2,168	755	751	353	66	142	54	7,366
Ceased to participate against advice	2,867	1,231	715	524	459	63	202	110	6,171
Ceased to participate without notice	7,329	4,762	4,873	4,832	1,730	361	844	385	25,116
Ceased to participate involuntary (non-compliance)	1,399	542	131	549	156	30	108	63	2,978
Ceased to participate at expiation	—	484	9,989	1,452	74	238	43	8	12,288
Ceased to participate by mutual agreement	—	1,778	679	907	252	94	67	100	3,877
Drug court and/or sanctioned by court diversion service	120	45	15	145	25	—	5	2	357
Imprisoned, other than drug court sanctioned	328	395	91	219	53	5	19	14	1,124
Died	47	57	26	27	22	3	1	4	187
Other	1,063	2,215	951	100	72	69	43	34	4,547
Not stated	152	166	575	123	22	8	53	270	1,369

(continued)

Table A3.14 (continued): Closed treatment episodes by treatment data items and jurisdiction, Australia, 2005–06

	NSW	Vic	Qld[a]	WA	SA	Tas[b]	ACT	NT	Australia
Treatment delivery setting									
Non-residential treatment facility	29,557	34,551	17,291	12,372	7,192	1,150	2,895	1,140	106,148
Residential treatment facility	11,691	6,946	1,306	1,465	1,281	132	1,481	718	25,020
Home	457	2,095	200	620	73	10	5	20	3,480
Outreach setting	1,149	5,407	4,394	408	300	219	253	307	12,437
Other	944	—	1,333	1,477	254	1	—	268	4,277
Total	**43,798**	**48,999**	**24,524**	**16,342**	**9,100**	**1,512**	**4,634**	**2,453**	**151,362**

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

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

(c) 'Other' includes 2,970 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 6.1).

Table A3.15: Numbers of other treatment type by jurisdiction, Australia, 2005–06[a]

Other treatment type	NSW	Qld[b]	WA	SA	Tas[c]	ACT	NT	Australia
Withdrawal management (detoxification)	761	136	4	390	6	62	21	1,380
Counselling	5,273	1,186	106	950	18	598	327	8,458
Rehabilitation	609	186	—	171	4	39	48	1,057
Other[d]	3,473	1,949	183	1,308	8	154	32	7,107
All other treatments	**10,116**	**3,457**	**293**	**2,819**	**36**	**853**	**428**	**18,002**

(a) Excludes 48,999 closed treatment episodes from Victoria as this jurisdiction does not provide data for 'other treatment type'.

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

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

(d) 'Other' includes 1,947 closed treatment episodes where other/additional treatment type was reported as pharmacotherapy.

Table A3.16: Closed treatment episodes by main treatment type, Australia, 2001–02 to 2005–06

Main treatment type	2001–02[(a)]	2002–03	2003–04	2004–05	2005–06
			(number)		
Withdrawal management (detoxification)	21,744	24,767	25,123	25,458	25,828
Counselling	44,184	54,395	51,514	57,076	57,277
Rehabilitation	7,195	9,865	11,717	10,959	11,331
Support and case management only	6,951	9,097	11,494	11,240	12,417
Information and education only	11,197	10,478	10,465	12,609	14,655
Assessment only	16,647	16,632	20,414	17,663	23,125
Other[(b)]	5,787	5,696	6,142	7,139	6,729
Total	**113,705**	**130,930**	**136,869**	**142,144**	**151,362**
			(per cent)		
Withdrawal management (detoxification)	19.1	18.9	18.4	17.9	17.1
Counselling	38.9	41.5	37.6	40.2	37.8
Rehabilitation	6.3	7.5	8.6	7.7	7.5
Support and case management only	6.1	6.9	8.4	7.9	8.2
Information and education only	9.8	8.0	7.6	8.9	9.7
Assessment only	14.6	12.7	14.9	12.4	15.3
Other[(b)]	5.1	4.4	4.5	5.0	4.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Excludes South Australia.

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

Table A3.17: Closed treatment episodes by main treatment type and client data items, Australia, 2005–06

	Withdrawal management (detox)	Counselling	Rehabilitation	Support and case management only	Information and education only	Assessment only	Other[(a)]	Total
				(years)				
Median age (years)								
Males	34	32	31	24	23	31	31	31
Females	33	34	31	22	25	31	31	32
All persons	*34*	*33*	*31*	*23*	*24*	*31*	*31*	*31*
				(per cent)				
Age group (years)								
10–19	7.7	9.6	9.0	30.7	29.6	9.1	10.9	12.9
20–29	28.4	30.0	35.5	36.3	36.9	35.8	33.4	32.4
30–39	30.8	29.7	32.8	18.9	18.7	30.5	29.4	28.3
40–49	21.5	18.5	15.8	10.0	10.5	16.3	17.0	16.9
50–59	8.3	8.4	5.2	2.7	3.2	6.2	6.6	6.8
60+	2.8	2.8	1.5	0.9	1.1	2.0	2.2	2.2
Not stated	0.4	0.9	0.1	0.6	0.1	0.1	0.6	0.5
Client type								
Own drug use	100.0	90.9	100.0	95.5	97.2	99.4	99.1	95.8
Others' drug use	—	9.1	—	4.5	2.8	0.6	0.9	4.2
Sex								
Male	64.1	61.9	68.8	61.3	71.6	74.9	59.4	65.6
Female	35.9	38.0	31.1	38.6	28.3	24.8	40.5	34.3
Not stated	0.1	0.1	0.1	0.1	0.1	0.3	0.1	0.1

(continued)

Table A3.17 (continued): Closed treatment episodes by main treatment type and client data items, Australia, 2005–06

	Withdrawal management (detox)	Counselling	Rehabilitation	Support and case management only	Information and education only	Assessment only	Other[a]	Total
Indigenous status								
Indigenous	7.1	9.5	11.8	9.8	12.5	11.6	10.6	10.0
Not Indigenous	88.5	85.4	86.4	87.1	82.4	80.9	83.9	85.1
Not stated	4.3	5.1	1.9	3.1	5.1	7.5	5.5	4.9
Source of referral								
Self	49.4	41.4	30.3	33.1	12.0	27.3	40.4	36.2
Family member/ friend	3.9	6.2	7.0	5.0	1.2	4.1	4.9	4.9
Medical practitioner	7.6	5.3	3.1	2.2	0.7	4.0	10.1	4.8
Hospital	5.4	2.4	5.2	1.7	2.3	5.1	7.1	3.7
Mental health care service[b]	2.3	3.1	2.5	1.8	0.8	2.8	2.1	2.5
AODTS	18.6	9.2	21.8	12.0	1.2	8.2	15.1	11.3
Other community/health care service[c]	3.6	4.8	6.5	4.9	1.5	2.8	3.7	4.1
Correctional service	0.9	8.7	9.1	8.3	4.0	30.2	6.1	10.1
Police diversion	0.1	1.5	1.3	0.6	49.7	1.1	0.3	5.7
Court diversion	2.0	3.9	7.2	14.8	24.1	7.2	2.4	7.1
Other	5.4	12.3	5.2	14.3	2.4	6.7	6.9	8.7
Not stated	0.9	1.2	0.5	1.4	0.2	0.3	0.9	0.9
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**25,828**	**57,277**	**11,331**	**12,417**	**14,655**	**23,125**	**6,729**	**151,362**

(a) 'Other' includes 2,970 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 6.1).

(b) Includes residential and non-residential services.

(c) Includes outpatient clinics and aged care facilities.

Table A3.18: Closed treatment episodes by main treatment type and treatment type items, Australia, 2005–06 (per cent)

	Withdrawal management (detox)	Counselling	Rehabilitation	Support and case management only	Information and education only	Assessment only	Other[(a)]	Total
Treatment delivery setting								
Non-residential treatment facility	34.1	93.5	27.8	46.6	74.4	80.2	80.2	70.1
Residential treatment facility	54.9	0.5	68.2	0.5	2.0	10.4	1.3	16.5
Home	10.0	1.0	0.2	0.8	0.2	0.4	1.1	2.3
Outreach setting	0.9	3.1	1.3	47.5	14.2	6.6	11.1	8.2
Other	0.1	1.9	2.5	4.5	9.2	2.4	6.4	2.8
Reason for cessation								
Treatment completed	64.7	52.6	38.3	59.4	16.7	84.2	50.2	55.4
Change in main treatment type	1.0	0.5	0.4	0.5	0.2	1.0	1.5	0.7
Change in delivery setting	0.7	0.4	1.7	0.3	0.8	0.9	1.2	0.7
Change in principal drug of concern	—	—	0.1	0.2	0.1	—	—	—
Transferred to another service provider	5.5	4.8	6.1	10.6	0.6	1.3	11.7	4.9
Ceased to participate against advice	9.7	2.2	16.8	1.5	0.4	0.6	2.3	4.1
Ceased to participate without notice	10.5	26.7	14.9	15.0	2.6	7.7	20.6	16.6
Ceased to participate involuntary (non-compliance)	2.4	0.9	12.2	2.4	0.2	0.2	1.0	2.0
Ceased to participate at expiation	0.4	2.1	1.3	0.4	71.7	1.1	0.4	8.1
Ceased to participate by mutual agreement	2.6	3.7	3.9	2.2	0.5	0.8	1.3	2.6
Drug court and/or sanctioned by court diversion service	—	0.3	0.4	0.5	—	0.2	0.2	0.2

(continued)

Table A3.18 (continued): Closed treatment episodes by main treatment type and treatment type items, Australia, 2005–06 (per cent)

	Withdrawal management (detox)	Counselling	Rehabilitation	Support and case management only	Information and education only	Assessment only	Other[(a)]	Total
Imprisoned, other than drug court sanctioned	0.2	1.0	0.8	1.9	0.1	0.2	1.8	0.7
Died	0.1	0.1	0.1	0.2	—	0.1	0.3	0.1
Other	1.6	3.8	2.4	4.3	4.3	0.7	5.1	3.0
Not stated	0.4	0.8	0.5	0.6	1.8	1.1	2.3	0.9
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**25,828**	**57,277**	**11,331**	**12,417**	**14,655**	**23,125**	**6,729**	**151,362**

(a) 'Other' includes 2,970 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 6.1).

Table A3.19: Median duration in days of closed treatment episodes by main treatment type, Australia, 2005–06

Main treatment type	Total median number of days	Total number of treatment episodes
Withdrawal management (detoxification)	8	25,828
Counselling	43	57,277
Rehabilitation	33	11,331
Support and case management only	45	12,417
Information and education only	1	14,655
Assessment only	2	23,125
Other[(a)]	54	6,729
Total	**16**	**151,362**

(a) 'Other' includes 2,970 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 6.1).

Table A3.20: Closed treatment episodes[a] by main treatment type and principal drug of concern, Australia, 2005–06 (per cent)

Principal drug of concern	Withdrawal management (detox)	Counselling	Rehabilitation	Support and case management only	Information and education only	Assessment only	Other[b]	Total
Alcohol	42.8	44.7	41.6	23.8	17.1	45.0	21.9	38.7
Amphetamines	7.9	12.0	19.6	11.2	5.0	12.5	7.5	11.0
Benzodiazepines	3.7	1.6	1.0	1.6	0.2	1.5	1.4	1.8
Cannabis	19.1	22.2	17.1	32.2	60.7	17.0	12.3	24.6
Cocaine	0.3	0.3	0.6	0.3	0.1	0.4	0.3	0.3
Ecstasy	0.1	0.8	0.3	0.9	1.2	0.6	0.2	0.6
Heroin	15.4	11.2	15.7	19.8	1.5	15.5	30.8	13.6
Methadone	2.2	1.1	1.4	2.2	0.3	1.5	7.7	1.7
Other opioids	3.3	1.0	1.0	1.2	0.7	3.3	6.6	2.0
Other drugs[c]	5.1	5.1	1.8	6.8	13.3	2.7	11.2	5.7
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**25,828**	**52,042**	**11,331**	**11,859**	**14,246**	**22,989**	**6,668**	**144,963**

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

(b) 'Other' includes 2,970 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 6.1).

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

Appendix 4: 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 2004b).

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 areas of the alcohol and other drug treatment agencies are placed:

- major cities of Australia
- inner regional Australia
- outer regional Australia
- remote Australia
- very remote Australia.

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

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

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

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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