Australian Government
Australian Institute of Health and Welfare

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DRUG TREATMENT SERIES
Number 14

Alcohol and other drug treatment services in Australia 2009–10

Report on the National Minimum Data Set

November 2011

Australian Institute of Health and Welfare
Canberra
Cat. no. HSE 114

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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 978-1-74249-224-7

Suggested citation
Australian Institute of Health and Welfare 2011. Alcohol and other drug treatment services in Australia 2009–2010: report on the National Minimum Data Set. Drug treatment series no. 14. Cat. no. HSE 114. Canberra: AIHW.

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Published by the Australian Institute of Health and Welfare
Printed by Union Offset Printers

Please note that there is the potential for minor revisions of data in this report. Please check the online version at <www.aihw.gov.au> for any amendments.

Contents

Acknowledgments

Contributors to this report, the tenth in a series published by the AIHW, were Ms Kristina Da Silva, Ms Amber Jefferson, Ms Karen Pegrum, Ms Laura Smith, Ms Karen Webber and Ms Anna White

The AIHW thanks the numerous alcohol and other drug treatment service agencies that provided data for this report. Without the cooperation of the staff in these agencies in each state and territory, this collection and this report would not be possible.

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

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

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The AIHW gratefully acknowledges the Australian Government Department of Health and Ageing for providing funding for this report.

Abbreviations

ABS	Australian Bureau of Statistics
AHS	Area Health Service
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and other drug
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
DADC	Drug and Alcohol Data Coordinator
DAO	Drug and Alcohol Office
DASR	Drug and Alcohol Service Report
DASSA	Drug and Alcohol Services South Australia
DoHA	(Australian Government) Department of Health and Ageing
IGCD	Intergovernmental Committee on Drugs
NDSHS	National Drug Strategy Household Survey
NGO	Non-Government Organisation
NGOTGP	Non-Government Organisation Treatment Grants Program
NHDD	National Health Data Dictionary
NHIA	National Health Information Agreement
NHMRC	National Health and Medical Research Council
NMDS	National Minimum Data Set
NOPSAD	National Opioid Pharmacotherapy Statistics Annual Data
METeOR	Metadata Online Registry
OATSIH	Office for Aboriginal and Torres Strait Islander Health
OPT	Opioid Pharmacotherapy Treatment
OSR	OATSIH Services Reporting
RRMA	Rural Remote and Metropolitan Areas
SAR	Service Activity Reporting
SES	Socioeconomic Status
SLA	Statistical Local Area
QNADA	Queensland Network of Alcohol and Drug Agencies

Symbols

–	nil or rounded to zero
<0.1	non-zero estimate less than 0.1%
. .	not applicable
≈	approximately equal
*	increased by more than 4 percentage points
#	decreased by more than 4 percentage points
n.a.	not available
n.p.	not published (data cannot be released because of quality issues, confidentiality, or permission not granted)
n.e.c.	not elsewhere classified

A summary of alcohol and other drug treatment in 2009–10

Key findings

Agencies

- **Half** of agencies **(54%)** were **public/government**.
- **Fewer than one in 10** agencies **(8%)** were in ***Remote*** and ***Very remote*** Australia.

Clients

- **19 out of 20** treatment episodes **(96%)** were for clients seeking treatment for their **own drug use.**
- The **median age** of those in treatment was **32**.
- **Three in 10** episodes **(29%)** were for clients aged **20–29**, the **largest age cohort.**
- **Two in three** episodes **(66%)** were for **males.**
- When compared with their proportions in the general population**, Indigenous Australians** were over-represented in treatment episodes**.**

Drugs

- **Half** of all episodes (53%) had multiple drugs of concern.
- **Almost half** of episodes (48%) had **alcohol** as the principal drug of concern, the highest proportion since the collection began.
- **One in 10** episodes **(10%)** had **heroin** as the principal drug of concern**.**
- Despite being a **principal drug of concern in only 2**% of treatment episodes, **nicotine** was the **third most common** drug of concern reported **overall (20%)**.

Treatment

- **Counselling** was the most **common treatment type** (42% of episodes).
- **One in 10 (9%)** episodes nominated **more than one** treatment type.
- **Two in 10 (19%)** episodes were **court or police referrals**.
- **Three in 20 (15%)** episodes had **withdrawal management (detoxification)** as a main treatment.
- The **median duration** for a treatment episode was **22 days**.
- The most common **referral method** was **self-referral (35%)**.

1 Introduction

This is the tenth report in the series of annual publications on the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS) since 2002. It presents data about alcohol and other drug treatment services, their clients, drugs of concern and the types of treatment received. It also contains a chapter analysing hospital treatment (morbidity) data to supplement AODTS–NMDS data. Relevant information from other collections relating to alcohol and other drug treatment and use is also included.

Definitions of terms used in this report

Some key terms used throughout this report are briefly defined below. More detailed and additional definitions are in the relevant chapters.

Treatment episode — a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency.

Main treatment type — the principal activity, as judged by the provider, that is necessary for the completion of the treatment plan for the principal drug of concern.

Other treatment type — depending on the context, can be either a main treatment type that does not fit into the categories provided for the collection, or additional treatments provided to the client as well as a main treatment type.

Principal drug of concern — the main substance that the client stated led them to seek treatment from the alcohol and other drug treatment agency.

Other drugs of concern — any other drugs reported by the client, in addition to the principal drug of concern.

1.1 How are the data collected?

The AODTS–NMDS is a collection of data from publicly funded treatment services in all states and territories, including those directly funded by the Department of Health and Ageing (DoHA). Publicly funded alcohol and other drug treatment agencies collect the agreed data items and forward this information to the appropriate health authority as arranged. Agencies ensure that the required information is accurately recorded. They are also responsible for ensuring that their clients are generally aware of the purpose for which the information is being collected and that their data collection and storage methods comply with existing privacy principles. In particular, they are responsible for maintaining the confidentiality of their clients' data and/or ensuring that their procedures comply with relevant state, territory and Australian government legislation.

For most states and territories, the data provided for the national collection are a subset of a more detailed jurisdictional data set used for planning at that level. Figure 1.1 demonstrates the processes involved in constructing the national data.

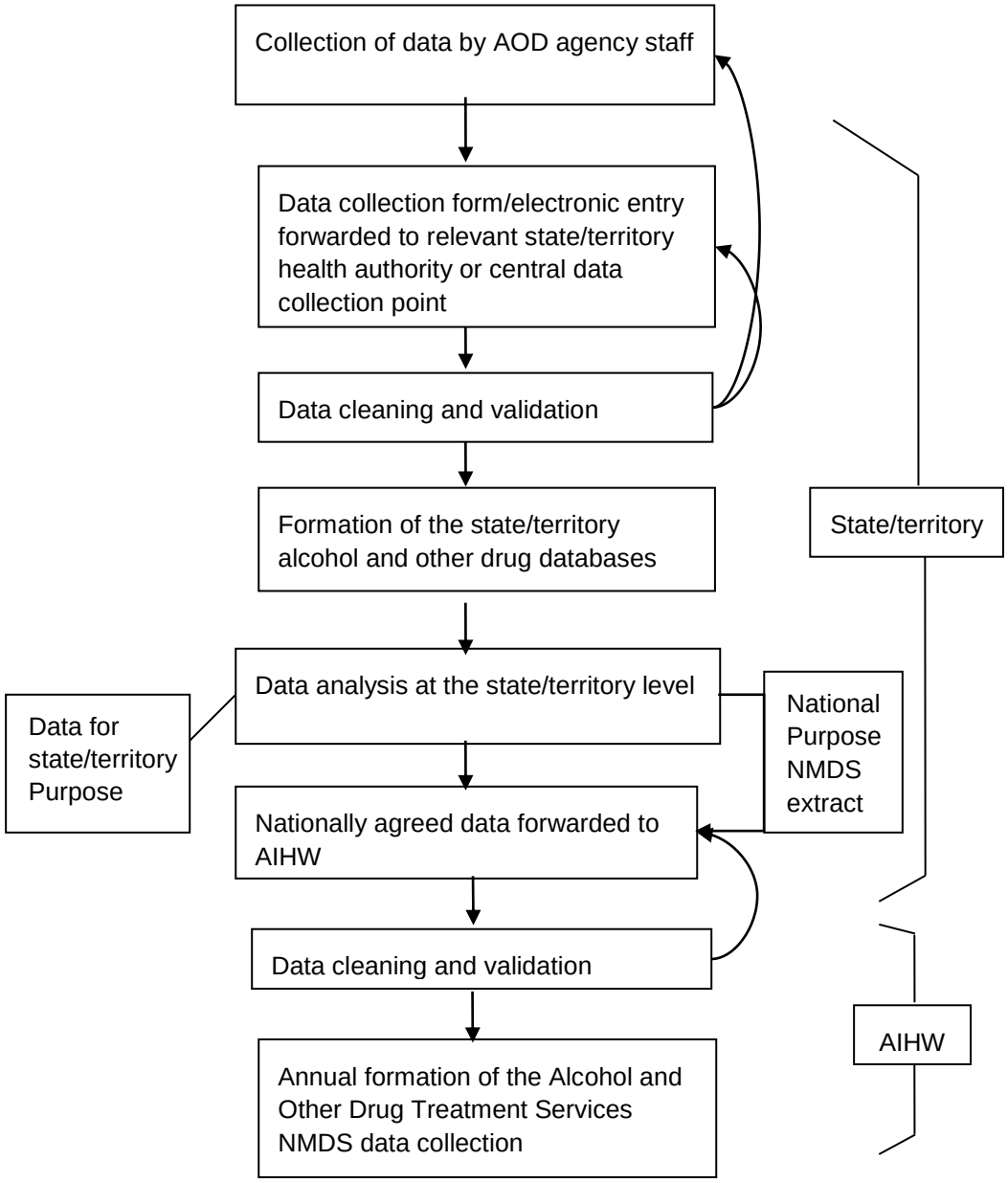


Figure 1.1: Alcohol and other drug treatment data collection flowchart

1.2 What's included?

The National Minimum Data Set (NMDS) counts treatment episodes completed during the collection period. For this report, the period was 1 July 2009 to 30 June 2010. More detail about the circumstances in which episodes are considered to be completed is in *Alcohol and other drug treatment services NMDS specifications and collection manual 2009–10*.

The agencies and clients agreed for inclusion—that is, the scope of the collection—has remained the same since 2000–01.

1.2.1 Agencies and clients included

- 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 1 July 2009 to 30 June 2010.

1.2.2 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. 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 services that are funded solely by the Office for Aboriginal and Torres Strait Islander Health (OATSIH) as Indigenous Substance Use Services, Aboriginal primary health care services, Aboriginal medical services and community controlled health services (these services contribute to an alternative reporting mechanism)
- people who seek advice or information but who are not formally assessed and/or 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
- admitted patients in acute care or psychiatric hospitals.

1.3 Important issues that explain the data

As an NMDS, there are collection, reporting and analysis characteristics of the collection that should be considered when reading and interpreting the data. These characteristics limit the application of some analyses and inferences should be drawn with caution.

Table 1.1 provides some explanatory notes to accompany the data in the tables and figures. There are further data quality issues to be aware of when interpreting results from the separate jurisdictions; these are outlined in Chapter 7.

1.3.1 Clients are not counted

The number of closed treatment episodes captured in the AODTS–NMDS does not equate to the total number of people in Australia receiving treatment for alcohol and other drug use. The current collection methodology does not identify when a client receives multiple treatment episodes in the same or different agencies, either concurrently or consecutively.

Jurisdictions are working towards implementing a collection methodology to allow for the counting of clients, not just episodes. It is expected that this information will be included in 2012–13.

1.3.2 Funding source cannot be differentiated

Data are reported by each state and territory regardless of funding type. Because all services are publicly funded, they receive at least some of their funding through a state, territory or Australian government program. The actual funding program cannot be differentiated, however, services are categorised according to their sector, with government funded and operated services reported as public services and those operated by non-government organisations reported as private services.

1.3.3 Covering of Indigenous substance use services is limited

Data relating to Indigenous substance use services in the AODTS–NMDS collection are drawn primarily from treatment episodes where clients identifying as Indigenous have accessed services that are available to all people in Australia (mainstream services) and/or services that receive funding from state and territory governments.

Indigenous substance use-specific services that are funded solely by the Office for Aboriginal and Torres Strait Islander Health (OATSIH), Department of Health and Ageing, generally do not report to the AODTS–NMDS because they have an alternative reporting mechanism, the OATSIH Services Report (OSR). Data from services drawn from the OSR collection are included where possible in this report to provide a more complete picture of AOD treatment for Aboriginal
and Torres Strait Islander people in Australia. More details are provided in Chapter 3 and Appendix 6.

1.3.4 Implementation makes a difference

National data are affected by variations in service structures and collection practices between states and territories and care should be taken when making comparisons between them. Also, the AODTS–NMDS has been implemented in stages, so comparisons across years need to be made with caution. Not all jurisdictions were able to provide data from the beginning of the collection and not all elements have been reported from the same time. These differences are described as data quality features and administrative features in Table 7.3, in Chapter 7, and as footnotes in tables where appropriate.

1.4 Data issues specific to the 2009–10 year

Each year there are events and issues that have an impact on the collection and these differ between collection periods. These issues are discussed in more detail in Chapter 7.

- In 2009–10, New South Wales submitted data from six more agencies than in 2008–09. However, the number of agencies was still lower (by 12) than in 2007–08 and so comparison over years with New South Wales data should be made with caution.
- In 2009–10 there was a review by the Department of Health and Ageing of the number of agencies funded by the Non-Government Organisation Treatment Grants Program (NGOTGP) that should be providing data for the collection. Any such change has an impact on the final proportion of in-scope agencies successfully reporting to the department.

1.5 Explanatory notes

Table 1.1 provides some data quality considerations and explanatory notes that apply to many of the tables and figures in this report.

Table 1.1: Overall data quality considerations and explanatory notes for the AODTS–NMDS collection

Component	Data quality considerations/explanatory notes
Data completeness	• AODTS–NMDS numbers are affected by fluctuations in data completeness, and different jurisdictions experience different issues with collection and submission of data. This means that careful consideration needs to be given to changes in data quality over time when considering trend data to ensure that all caveats are taken into account.
Agencies	• Geographical location reported from the AODTS–NMDS collection is that of the treatment agency (not the residential address of the person receiving treatment).The geographical location of treatment agencies in the 2009–10 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). • Sector of service refers to the public ('government') and voluntary/private ('non-government') sectors. • An issue was identified in previous years with the interpretation of the 'government' and 'non-government' classification being reported differently between some states and territories. In most cases for previous years, Non-Government Organisation Treatment Grants Program (NGOTGP) agencies had been reported as public agencies (referred to as 'government agencies'). The approach was clarified and a determination was made to classify NGOTGP agencies as 'non-government' or private, because the establishments are not controlled by 'government'. This determination may have contributed to an overall increase in the number of 'non-government' agencies for the 2008–09 and 2009–10 collections. As in 2008–09, the change in categorisation for NGOTGP agencies means that any time series analysis of this statistic should be interpreted with caution.
Clients	• The term 'Indigenous' refers to clients who identified as being Aboriginal and Torres Strait Islander people; 'non-Indigenous' refers to clients who said they were not Aboriginal and Torres Strait Islander people. • As data on episodes and not clients is reported, some information about clients may have been collected from the same individuals more than once.
Drugs	• Principal drug of concern data is only provided for episodes where clients were seeking treatment for their own drug use. A principal drug of concern is not reported for episodes where the client is seeking assistance for someone else's drug use. • Throughout this report, the term 'amphetamines' includes drugs that are referred to as methamphetamines. • The category 'other' in main treatment type includes 33% of closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia because agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS (see section 5.4 for more information about pharmacotherapy treatment). • Principal and additional drugs of concern are coded according to the ASCDC. See Appendix 5 for more information
Treatment	• It is important to keep in mind that jurisdictions map their treatment data into the treatment types presented here. For example, a state's treatment agencies may report specific types of counselling to the state's health authority but these are then amalgamated into 'counselling' for reporting to the AIHW. • 'Ceased to participate at expiation' is an expected/compliant completion in the sense that legally mandated treatment is completed. It is not possible to exclude episodes reported as 'ceased to participate at expiation' where clients finished enough treatment to expiate their offence but did not return for further treatment as expected. 'Other' and 'not stated' cessation reasons are not included in analysis.

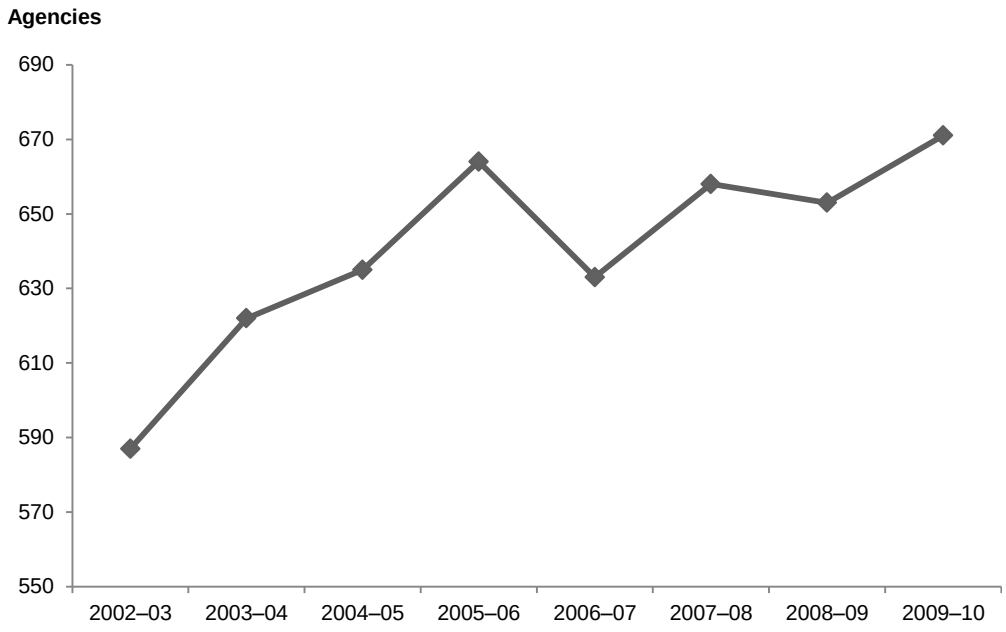
2 Treatment agencies–what sector and where are the treatment agencies?

Key findings

- In 2009–10**, 671** alcohol and other **drug treatment agencies** provided data for the AODTS–NMDS. This is the **highest number** of reporting **treatment agencies** since the beginning of the collection.
- The proportion of **government and non-government sector agencies** remained **relatively stable** between 2008–09 and 2009–10 (54% non–government and 46% government).
- Excluding Victoria, which only reports for non-government agencies, the **Australian Capital Territory** had the **largest proportion** of **non-government agencies** (90%) and **New South Wales** the **smallest** (24%).
- **Half** of treatment agencies **(51%)** were in ***Major cities*** and almost **three in 10 (28%)** in ***Inner regional*** **areas**.
- **In *Major cities*, withdrawal management** (detoxification) was the most common treatment type **(18%).**

Treatment agencies collect and supply data on treatment episodes for the AODTS–NMDS collection annually. The number of agencies reported in this chapter may not necessarily correspond with the total number of service delivery outlets in Australia. There are a variety of service delivery settings, including outreach locations or clients' homes. Some agencies may also have more than one service outlet but only report under the main administrative centre of the service.

- A total of 671 alcohol and other drug treatment agencies provided data for 2009–10, the highest number since the collection began, and an increase from 653 in 2008–09. (Figure 2.1).
- The number of agencies reporting in each jurisdiction has varied between years. This year there were eight additional agencies in both New South Wales and Western Australia, and four in South Australia.
- Several factors can contribute to changes in the number of agencies reporting between years. As well as changes in the actual numbers of agencies, some may change from collecting data at an administrative/ management level to a service outlet level, while others may experience technical issues submitting data correctly. Agencies may also move in and out of scope between collections (see Section 1.2).



Source: Table A3.1.

Figure 2.1: Number of agencies providing treatment data over time (2002–03 to 2009–10)

2.1 Service sector

In many data collections, including the AODTS–NMDS, a distinction is made between 'government' and 'non-government' agencies. Agencies are asked to identify whether they are managed by the government or non-government sector. In the AODTS–NMDS, the term 'private' (as identified through METeOR, a national metadata repository) refers to the 'non-government' sector.

Box 2.1: Defining a Non-Government Organisation Treatment Grants Program (NGOTGP) agency

An issue was identified in previous years with the interpretation of the 'government' and 'non-government' classification being reported differently between some states and territories. In most cases for previous years, Non-Government Organisation Treatment Grants Program (NGOTGP) agencies had been reported as public agencies (referred to as 'government' agencies). The approach was clarified and a determination was made to classify NGOTGP agencies as 'non-government' or 'private', because the establishments are not controlled by government. This determination contributed to an overall increase in the number of 'non-government' agencies for the 2008–09 and 2009–10 collections.

As in 2008–09, the change in categorisation for NGOTGP agencies means that any time series analysis of this statistic should be conducted with caution.

- In 2009–10, 364 non-government and 307 government agencies reported (Table 2.1). The proportion of non-government (54%) and government (46%) agencies remained relatively stable between 2008–09 and 2009–10.
- In most jurisdictions, there were more non-government than government agencies. The exceptions were New South Wales and South Australia, which both had more than 70% government agencies.
- The Australian Capital Territory had the highest proportion of non-government agencies (90%) while New South Wales had the lowest (24%).
- In Western Australia, a reform in the way non-residential treatment services are provided in the metropolitan area has resulted in the co-location and integration of some government and non-government services. Time series data do not adequately illustrate these changes.

Table 2.1: Treatment agencies reporting to the AODTS-NMDS, by sector of service[a] and jurisdiction, 2009–10

Sector of service	NSW	Vic	Qld	WA[b]	SA	Tas	ACT	NT	Australia
					Number				
Government	195	—	51	10	42	5	1	3	307
Non-government	63	138	67	42	17	11	9	17	364
Total	**258**	**138**	**118**	**52**	**59**	**16**	**10**	**20**	**671**
					Per cent				
Government	75.6	—	43.2	19.2	71.2	31.3	10.0	15.0	45.8
Non-government	24.4	100.0	56.8	80.8	28.8	68.8	90.0	85.0	54.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Percentage of total treatment agencies	**38.5**	**20.6**	**17.6**	**7.7**	**8.8**	**2.4**	**1.5**	**3.0**	**100.0**

a) Sector of service refers to the public ('government') and voluntary/private ('non-government') sectors. Agencies funded by the DoHA under the Non-Government Organisation Treatment Grants Program are now included in the 'non-government' sector, following clarification by the AODTS–NMDS Working Group. The agency figure quoted in this report may differ with the actual total number of agencies providing AOD treatment within each jurisdiction.

b) Services in WA are not directly comparable with other states, or previous years, because of the growth of integrated services that include 'government' and 'non-government' service providers.

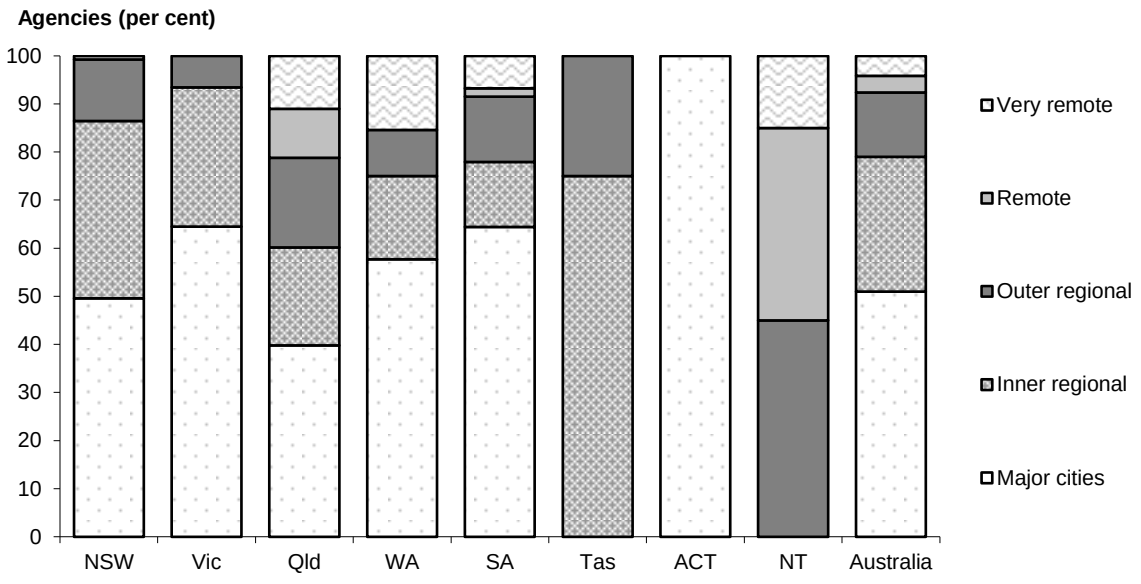
2.2 Locations

There are treatment agencies in all states and territories of Australia and in all geographical areas. The Australian Standard Geographical Classification (ASGC) classifies areas into *Major cities*, *Inner regional* areas, *Outer regional* areas, *Remote* and *Very remote* areas.

While the state or territory where an agency is located would not change unless the agency physically moved, the geographical region classification can change from year to year, as annual revisions of geographical boundaries are conducted.

- As in previous years, in 2009–10 treatment agencies were mostly in *Major cities* (51%) and *Inner regional* areas (28%) (Figure 2.2).
- In the Northern Territory, most services (85%) were in *Outer regional* or *Remote* areas, reflecting its geographical profile. Similarly, Tasmania's agencies were all in *Inner* and *Outer regional* areas, and in the ACT all were in *Major cities*.

- A review of geographical locations within some states and territories has resulted in more accurate reporting for small, non-metropolitan outlets or outreach activities. These services previously reported against the central agency location, but are now classified as agencies in remote regions. In Western Australia, the number of agencies reporting in *Very remote* areas increased from zero to eight between 2008–09 and 2009–10, while in Queensland, the number of *Very remote* agencies increased by six, from seven to 13.



Source: Table A3.2.

Figure 2.2: Treatment agencies by geographical location, 2009–10

2.3 Treatment types reporting from different geographical locations

The main treatment types provided by agencies varied somewhat depending on the geographical location of the agency (Table 2.2). The reasons are not clear from the data collected and numerous factors may affect the results.

- Nationally, counselling was the most widespread treatment type in 2009–10, accounting for 42% of treatment episodes. By geographical region, counselling was the most common treatment type in all but *Remote* areas.
- The proportions of counselling episodes in *Very remote* and *Remote* areas were affected by the geographical reclassification of agency locations in some states and territories. This resulted in some services being reassigned the geographical location *Very remote* from *Remote*. The proportion of episodes where counselling was the reported main treatment type in *Very remote* areas increased from 14% in 2008–09 to 62% in 2009–10, while the proportion in *Remote* areas declined from 43% to 22%. However, it is not clear whether this change was wholly due to this reclassification, or whether there were any actual changes in service delivery.

- Withdrawal management (detoxification) was more common in *Major cities* than in other regions, with three-quarters of withdrawal management (detoxification) episodes (75%) occurring in *Major cities*.
- Information and education only and assessment only treatment types were more common in *Remote* and *Very remote* areas, together making up 33% and 30% of all episodes in these areas. In comparison, they made up 21% of episodes in *Major cities* and 23% in *Inner regional* areas.

Table 2.2: Agencies by main treatment type and geographical location[(a)], 2009–10 (per cent)

Main treatment type	Major Cities	Inner Regional	Outer Regional	Remote	Very Remote	Australia
Withdrawal management (detoxification)	17.6	12.0	11.8	6.6	0.7	15.4
Counselling	41.1	44.5	45.2	22.5	62.0	42.2
Rehabilitation	4.5	6.2	6.0	11.4	3.4	5.1
Support and case management only	8.5	11.1	6.0	3.0	1.6	8.7
Information and education only	7.5	10.5	12.8	15.1	14.0	8.9
Assessment only	13.5	12.0	13.8	28.1	16.4	13.5
Other	7.3	3.7	4.3	13.3	1.9	6.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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

3 Clients – who uses alcohol and other drug treatment services?

This chapter presents information about the characteristics of people who received treatment (closed treatment episodes) from agencies that report to the AODTS–NMDS (Box 3.1). Section 3.2.2 includes data on treatment provided through Indigenous programs from the OATSIH Services Reporting database.

Box 3.1: Key definition and counts for closed treatment episodes, 2009–10

A **closed treatment episode** refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency.

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 ascertain how many people received multiple treatment episodes during the year. For this reason, direct comparison of client characteristics from the AODTS–NMDS and population statistics is not appropriate.

Those people who sought treatment in relation to someone else's drug use may include people looking for ideas to help someone with their drug use and people seeking assistance because of the personal impact on them of someone else's drug use. It is important to note that not all treatments related to someone else's drug use would be reported through the NMDS. It is likely that many people would approach other services for assistance, such as relationship counsellors.

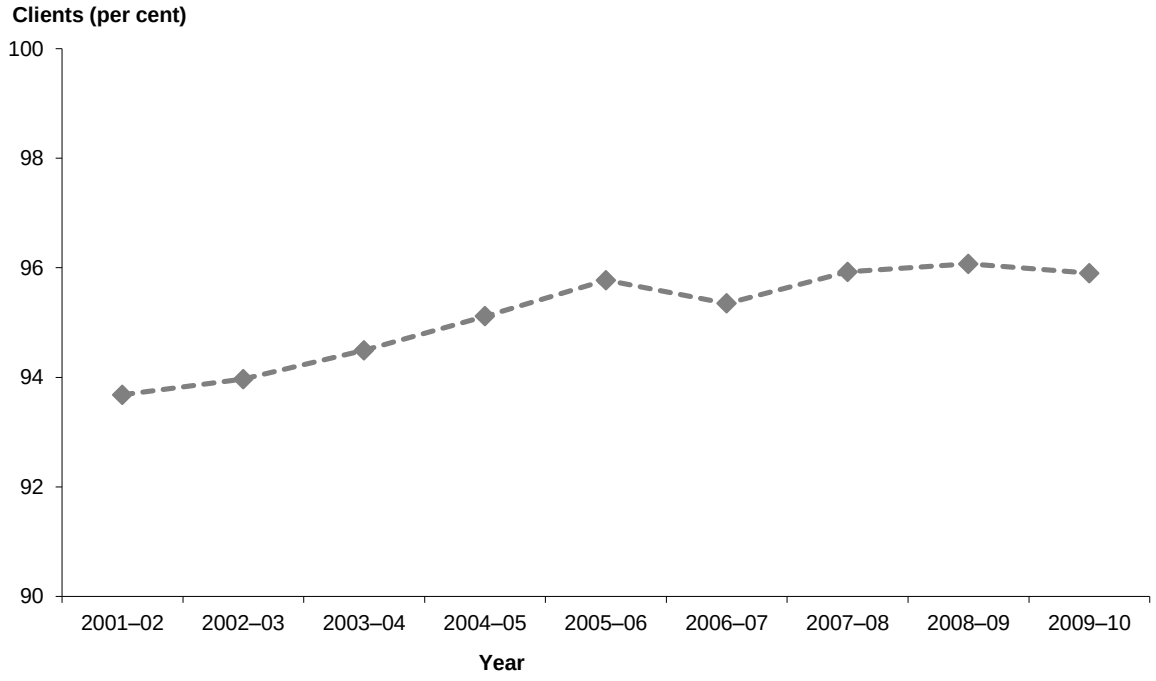
3.1 Own or other's drug use

Key findings

- In 2009–10, **146,786** closed treatment episodes were recorded, of which **140,769** (96%) were for clients seeking treatment for their **own substance use**.
- The **Northern Territory** had the **greatest proportion** of episodes where people were seeking **treatment for someone else's drug use** (11%).
- Clients seeking treatment for **another's drug use** tended to be **older** (median age of 40) than those seeking treatment for their own drug use (median age of 32).
- About **one in eight** (13%) episodes involved clients who identified as being of **Aboriginal and Torres Strait Islander origin.**
- The **majority** of episodes involved clients who were born in **Australia** (87%) and spoke **English** (99%).

Clients in the collection are categorised either as those seeking treatment for their own drug use or those seeking assistance because of the drug use of another person. As in previous reporting periods, clients in 2009–10 most often sought treatment for their own drug use. A small proportion (4%) of episodes pertained to clients receiving assistance related to someone else's drug use.

- In 2009–10 there were 146,786 closed treatment episodes, 140,769 for clients seeking treatment for their own drug use (Table 3.1) and 6,017 for people seeking assistance related to another person's drug use.
- Of the episodes for people seeking assistance related to someone else's drug use, 79% received counselling, 10% received support and case management only and 3% received information and education only.
- The proportion of episodes where clients sought treatment for their own drug use has gradually increased over time from less than 94% of episodes in 2001–02 to almost 96% of episodes in 2009–10 (Figure 3.1).



Source: **Table A3.3**.

Figure 3.1: Proportion of clients who sought treatment for their own drug use, 2001–02 to 2009–10

3.1.1 Across Australia

As in previous years, the proportion of treatment provided to people seeking assistance for their own drug use and those seeking assistance related to another person's drug use varied between jurisdictions.

The proportion of clients seeking treatment for their own drug use ranged from almost nine in 10 (89%) in the Northern Territory to almost all clients (99%) in Queensland (Table 3.1).

Table 3.1: Client type by jurisdiction, 2009–10 (per cent)

Client type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Total (no.)
Own drug use	97.9	94.3	98.9	93.4	97.3	96.6	95.4	89.2	95.9	140,769
Other's drug use	2.1	5.7	1.1	6.6	2.7	3.4	4.6	10.8	4.1	6,017
Total (number)	**35,202**	**52,133**	**23,090**	**17,187**	**9,092**	**2,699**	**3,585**	**3,798**	**. .**	**146,786**
State/territory (per cent)	24.0	35.5	15.7	11.7	6.2	1.8	2.4	2.6	. .	. .

3.1.2 Age and sex

As in previous years, the majority of episodes in 2009–10 involved male clients (66%). The median age of all clients was 32, with almost three in five episodes involving clients aged 20–29 (29%) or 30–39 (28%). However, the age and sex profile of clients changed according to whether they were seeking treatment for their own or someone else's drug use (Table 3.2).

- The majority of episodes where clients were seeking treatment for their own drug use involved males (68%) but when the episode involved assistance being sought for someone else's drug use, the client was more likely to be female (65%).
- Clients seeking treatment for their own drug use tended to be younger (median age of 32) than those seeking assistance for someone else's drug use (median age of 40).

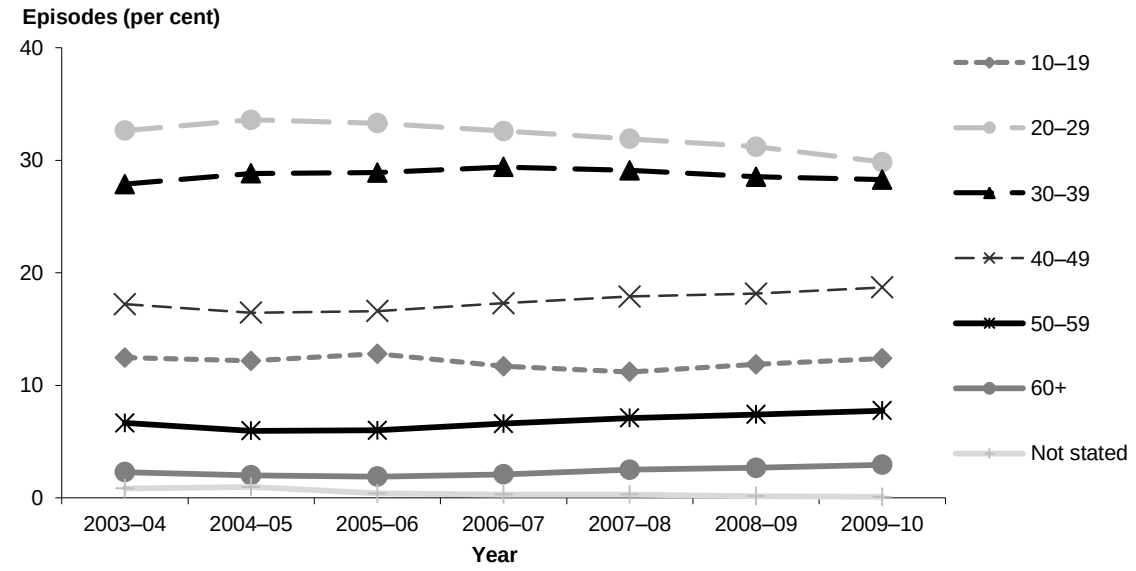
Table 3.2: Client type by sex by age group, 2009–10 (per cent)

	Age group (years)								
	10–19	20–29	30–39	40–49	50–59	60+	Not stated	Total (no.)	Median age
					Males				
Own drug use	12.5	30.8	28.2	18.0	7.6	2.8	<0.1	95,496	32
Other's drug use	27.2	15.2	16.9	17.7	14.5	8.3	0.1	2,108	34
Total males	*12.8*	*30.5*	*28.0*	*18.0*	*7.7*	*2.9*	*<0.1*	*. .*	*32*
Total males (number)	*12,520*	*29,763*	*27,301*	*17,548*	*7,554*	*2,858*	*60*	*97,604*	*. .*
					Females				
Own drug use	12.2	27.7	28.4	20.2	8.1	3.2	0.1	45,154	33
Other's drug use	15.3	11.4	17.1	21.6	20.5	13.6	0.4	3,899	42
Total females	*12.4*	*26.4*	*27.5*	*20.3*	*9.1*	*4.0*	*0.1*	*. .*	*33*
Total females (number)	*6,094*	*12,963*	*13,487*	*9,981*	*4,469*	*1,986*	*73*	*49,053*	*. .*
					Persons[(a)]				
Own drug use	12.4	29.8	28.3	18.7	7.8	2.9	<0.1	140,769	32
Other's drug use	19.5	12.8	17.1	20.3	18.4	11.7	0.3	6,017	40
Total persons	**12.7**	**29.1**	**27.8**	**18.8**	**8.2**	**3.3**	**<0.1**	**. .**	**32**
Total (number)	**18,621**	**42,769**	**40,824**	**27,558**	**12,031**	**4,846**	**137**	**146,786**	**. .**

(a) Includes 'not stated' for sex.

As shown in Figure 3.2, the age range of clients has remained relatively stable over time. The proportion of clients aged 20–29 has decreased slightly over time from 33% in 2003–04 to 30% in 2009–10. This has been accompanied by a slight increase in the proportion of clients aged 40–49, increasing from 17% in 2003–04 to 19% in 2009–10. The proportion of 10– to 19-year-olds has remained relatively constant. The proportion of episodes where age information is not collected or not reported has declined over the life of AODTS–NMDS.

This pattern of age group stability is similar among clients seeking treatment for another's drug use.



Source: Table A3.6.

Figure 3.2: Treatment episodes for clients' own drug use by age group, 2003–04 to 2009–10

3.2 Indigenous Australians

3.2.1 Indigenous clients in the AODTS-NMDS collection

In 2009–10, about one in seven episodes (13%) involved clients who identified as being of Aboriginal and Torres Strait Islander origin (Table 3.3). When compared with their proportions in the general population (2.5%), Aboriginal and Torres Strait Islander people were over-represented in this treatment collection (ABS, 2007).

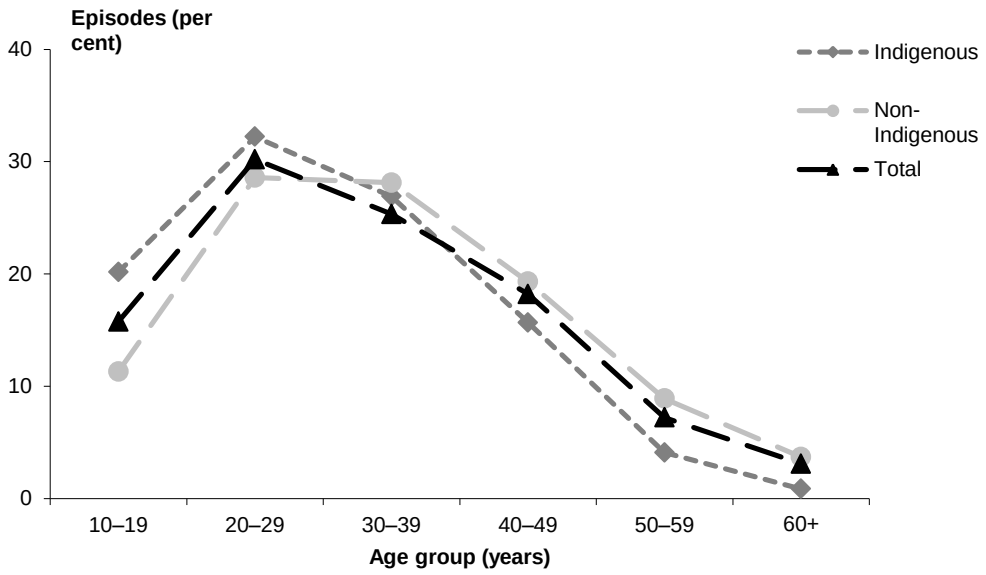
Table 3.3: Treatment episodes by age group by Indigenous status and sex, 2009–10

Age group (years)	Indigenous			Non-Indigenous			Not stated			Total persons[(b)]
	Males	Females	Total[(a)]	Males	Females	Total[(a)]	Males	Females	Total[(a)]	
					(number)					
10–19	2,366	1,352	3,719	9,269	4,254	13,529	885	488	1,373	22,691
20–29	3,835	2,101	5,941	24,016	10,161	34,196	1,912	701	2,632	42,769
30–39	3,098	1,861	4,964	22,708	10,918	33,653	1,495	708	2,207	40,824
40–49	1,857	1,030	2,888	14,614	8,442	23,084	1,077	509	1,586	27,558
50–59	536	218	754	6,583	4,058	10,648	435	193	629	12,031
60+	85	73	158	2,602	1,815	4,419	171	98	269	4,846
Not stated	14	4	18	38	58	100	8	11	19	137
Total	**11,791**	**6,639**	**18,442**	**79,830**	**39,706**	**119,629**	**5,983**	**2,708**	**8,715**	**146,786**
					(per cent)					
10–19	20.1	20.4	20.2	11.6	10.7	11.3	14.8	18.0	15.8	15.5
20–29	32.5	31.6	32.2	30.1	25.6	28.6	32.0	25.9	30.2	29.1
30–39	26.3	28.0	26.9	28.4	27.5	28.1	25.0	26.1	25.3	27.8
40–49	15.7	15.5	15.7	18.3	21.3	19.3	18.0	18.8	18.2	18.8
50–59	4.5	3.3	4.1	8.2	10.2	8.9	7.3	7.1	7.2	8.2
60+	0.7	1.1	0.9	3.3	4.6	3.7	2.9	3.6	3.1	3.3
Not stated	0.1	0.1	0.1	<0.1	0.1	0.1	0.1	0.4	0.2	0.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Proportion of treatment episodes	**8.0**	**4.5**	**12.6**	**54.4**	**27.1**	**81.5**	**4.1**	**1.8**	**5.9**	**100.0**

(a) There were 12 episodes for Indigenous Australians where sex was 'not stated', 93 episodes for non-Indigenous people where sex was 'not stated' and 24 episodes where Indigenous status and sex were 'not stated'.

(b) Includes 'not stated' for sex.

- As in previous years, episodes were most common among those aged 20–29 for Indigenous clients (32%).
- On average, Indigenous clients tended to be younger than non-Indigenous clients. The proportion of episodes in the 10–19 and 20–29 years age groups was greater among Indigenous clients than non-Indigenous (Figure 3.3). In contrast, the proportions of episodes among older age groups (30-plus) was higher for non-Indigenous than Indigenous clients. These differences may reflect the age structures of the two populations, as Indigenous Australians have a younger age profile than non-Indigenous Australians (ABS 2008).
- Indigenous status was 'not stated' for 6% of episodes nationally, a similar proportion to that observed in 2008–09. However, this varied substantially by age group, ranging from 3% for those aged 60-plus to 30% for those aged 20–29.



Source: Table 3.3.

Figure 3.3: Treatment episodes by age group by Indigenous status, 2009–10

Information on the drug services specifically aimed at Indigenous Australians (funded solely by OATSIH) are in the OATSIH Service Report (OSR) data collection, managed by the AIHW. Key information is provided below and additional information on the definitions used in the OSR report including the definition of 'episodes of care' is in Appendix 6.

3.2.2 Care provided by OATSIH-funded substance use-specific services

Residential treatment and rehabilitation refers to residential programs where clients receive formal rehabilitation for substance use. In 2009–10, an estimated 3,449 episodes of care were provided to clients in Australian Government-funded Indigenous residential treatment/rehabilitation services (Table 3.4). Of these episodes of care, 80% were for male clients. It is important to note that these data are not directly comparable with AODTS-NMDS data, since definitions of treatment episodes differ between the two collections.

In 2009–10, an estimated 16,257 episodes of care were provided to clients accessing Australian Government-funded Indigenous sobering-up or residential respite services. Sobering-up clients are in residential care overnight and do not receive formal rehabilitation, whereas residential respite clients spend one to seven days in residential care for the purpose of respite and do not receive formal rehabilitation. More than half (55%) of these episodes were for male clients.

'Other care' refers to a diverse range of non-residential programs, including preventive care, after-care follow-up and mobile assistance/night patrol. In 2009–10, there were an estimated 56,029 episodes of 'other care', up from about 50,000 in 2008–09. The high number of 'other care' episodes, compared with residential or sobering-up episodes, is due to their short-term nature, with some clients receiving multiple episodes of care over the course of the year (see Appendix 6). Three in five (58%) episodes of 'other care' were for males.

Table 3.4: Estimated number of episodes of care provided by Australian Government-funded Aboriginal and Torres Strait Islander substance use-specific services, by sex and treatment type, 2009–10

	Male		Female		Total	
Treatment type	No.	%	No.	%	No.	%
Residential treatment/rehabilitation	2,759	80.0	690	20.0	3,449	100.0
Sobering-up/residential respite	8,963	55.1	7,294	44.9	16,257	100.0
Other care	32,318	57.7	23,711	42.3	56,029	100.0

Source: AIHW OATSIH Services Reporting data base 2009–10.

3.3 Country of birth and preferred language

As in previous years, the majority (87%) of AODTS–NMDS episodes in 2009–10 involved clients born in Australia. This proportion is higher than that found in the general population (71%) in the 2006 Census.

Clients born in other countries were represented in only a small proportion of episodes, with England (2%) and New Zealand (2%) being the next most common countries of birth. In comparison, in the 2006 Census, 4% of people in Australia were born in England and 2% in New Zealand.

As in previous reporting periods, English was the most frequently reported preferred language in 2009–10, with clients in 19 in 20 (95%) episodes reporting English as a preferred language. One per cent of episodes involved clients who reported an Australian Indigenous language as their preferred language (see Table A3.4 for more information).

4 Drugs of concern–what drugs do people seek treatment for?

Alcohol, tobacco and illicit drug use is responsible, directly and indirectly, for a considerable number of accidents, injuries, illnesses and deaths in Australia. The use of these substances caused an estimated 20,600 deaths in Australia in 2003, as reported by the most recent Burden of Disease and Injury study (Begg et al. 2007). The study reported that alcohol and illicit drugs were the leading cause of burden in males in the zero to 44–year-old age group, and tobacco, in addition to high body mass, were the leading causes in the 45–64 years age group across both sexes.

The 2010 National Drug Strategy Household Survey report showed significant reductions in daily tobacco smoking since 2007 and a small overall rise in illicit drug use. It indicated mixed findings on alcohol consumption and risk (AIHW 2011).

This chapter presents contextual information on mortality, morbidity and behaviours associated with licit and illicit drug use in Australia. It also focuses on the drugs of concern reported by clients of alcohol and other drug treatment services. This includes the main drug that led them to seek treatment, called the principal drug of concern (Section 4.1), and all drugs reported to be of concern (Section 4.3). This chapter also briefly examines the relationships between most common drugs of concern, client and treatment profiles and how this relationship has changed over time (Section 4.2).

More detailed data on drugs of concern are in Appendix tables A3.7 to A3.21.

Box 4.1: Key definitions and counts for closed treatment episodes and drugs, 2009–10

Principal drug of concern refers to the main substance that the client stated led them to seek treatment from the alcohol and other drug treatment agency. In this report, only clients seeking treatment for their own substance use are included in analyses involving principal drug of concern because it is assumed that only substance users themselves can accurately report their own principal drug of concern.

Other drugs of concern refers to any other drugs reported by the client, in addition to the principal drug of concern. Clients can nominate up to five other drugs of concern.

All drugs of concern refers to all drugs reported by clients, including the principal drug of concern and all other drugs of concern.

4.1 Principal drugs of concern

Key findings

- In 2009–10, **140,769** episodes of treatment were delivered to clients seeking treatment for their own substance use, an **increase** from 138,027 in **2008–09**.
- An **increasing** proportion of treatment episodes for **alcohol use**, and a decreasing proportion of episodes for cannabis use can be observed as **age increases**.
- **Alcohol** was the **most common** principal drug of concern in all states and territories except Tasmania. **Cannabis** was the **most common** principal drug of concern in **Tasmania** (68%).
- **Ecstasy** as a principal drug of concern has more than **quadrupled** since 2001–02.
- **Alcohol** was the **most frequently reported** principal drug of concern for **all age groups,** except 10–19 years where **cannabis** was more common (50%).
- **Alcohol-related treatment** dominated service delivery in ***Very remote*** areas (68% of episodes), a **decrease** from 81% in **2008–09**.

The following data provide information about the principal drug of concern relating to episodes where clients were seeking treatment for their own substance use. A principal drug of concern is not collected where clients were seeking assistance for someone else's drug use.

4.1.1 Principal drugs of concern across Australia

As observed in previous years, in 2009–10, alcohol and cannabis were the most common principal drugs of concern nationally (accounting for 48% and 23% of treatment episodes, respectively). These were followed by opioids (15%, with heroin accounting for the majority of this figure) and amphetamines (7%). Benzodiazepines and nicotine each accounted for about 2% of episodes. Those receiving treatment for ecstasy represented 1% of episodes (Table 4.1).

Additional data on drug-related items are in tables A3.7 to A3.21.

When comparing jurisdictions to Australia overall:

- Alcohol was the most common principal drug of concern in all jurisdictions, except Tasmania. The Northern Territory reported the highest proportion of episodes where alcohol was the principal drug of concern (69% compared with the national proportion of 48%).
- In Tasmania, the most common principal drug of concern was cannabis, with more than two-thirds of all episodes (68%) reporting cannabis as the principal drug of concern. This proportion was significantly higher than the national proportion of 23%.
- Victoria and the Australian Capital Territory had the largest proportion of treatment episodes where heroin was the principal drug of concern (14% for both Victoria and the Australian Capital Territory compared with 10% nationally).
- Nicotine was reported as a principal drug of concern for 6% of episodes in Queensland, greater than the national proportion of 2%.
- The Northern Territory reported a higher-than-average proportion of episodes where morphine was the principal drug of concern (8% compared with the national proportion of 1%).

The large populations in New South Wales and Victoria heavily influenced national results and this should be considered when interpreting data.

The proportion of treatment episodes for alcohol use increased by up to three percentage points between 2008–09 and 2009–10 in almost all of the states and territories. The exception was Tasmania, where the proportion decreased from 38% in 2008–09 to 19% in 2009–10.

Table 4.1: Treatment episodes for client's own drug use by principal drug of concern and state and territory, 2009–10 (per cent)

Principal drug	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Total (no.)
Alcohol	53.9	46.2	37.6	49.3	56.4	19.2	54.8	69.0	47.9	67,450
Amphetamines	6.8	5.4	5.9	14.2	11.2	3.8	6.2	2.5	7.1	10,038
Benzodiazepines	2.1	1.9	1.0	0.9	1.6	0.7	0.9	0.5	1.6	2,238
Cannabis	18.4	23.4	36.4	18.6	10.0	67.5	16.7	9.2	23.2	32,676
Ecstasy	0.4	0.6	1.7	0.8	1.1	1.2	0.5	0.2	0.8	1,107
Nicotine	1.1	1.2	6.0	0.7	0.8	0.2	0.4	1.4	1.8	2,553
Opioids										
Heroin	9.6	14.4	3.6	8.7	8.9	0.3	14.1	0.6	9.9	13,882
Methadone	2.0	1.1	0.6	1.4	2.8	0.7	1.6	0.5	1.4	1,907
Morphine	1.1	0.9	1.3	0.4	2.2	4.1	0.6	7.7	1.2	1,751
Total opioids[(a)]	16.0	18.3	7.7	11.1	17.3	6.1	19.8	8.8	14.7	20,709
All other drugs[(b)]	1.2	3.1	3.8	4.4	1.7	1.3	0.6	8.3	2.8	3,998
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**. .**
Total (number)	**34,469**	**49,156**	**22,835**	**16,048**	**8,847**	**2,607**	**3,421**	**3,386**	**. .**	**140,769**

(a) 'Total opioids' includes the balance of opioid drugs coded according to ASCDC due to small numbers. See Appendix 5 and Table A3.8

(b) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 5 and Table A3.8.

Note: see Table 7.3 for further state-specific data quality features

Alcohol-related treatment continued to dominate service delivery in *Remote* and *Very remote* areas, with alcohol reported as the principal drug of concern in 71% and 68% of treatment episodes in these areas respectively (Table 4.2). The proportion of episodes in *Very remote* areas where alcohol was a principal drug of concern decreased from 81% in 2008–09. These variations may be attributed to changes in attention to problematic alcohol consumption, service availability, alcohol availability or variations in data quality.

Nationally, cannabis represented the second most common principal drug of concern and was most prevalent in *Inner regional* and *Outer regional* areas (30% and 25% respectively).

Episodes where heroin was the principal drug of concern were more common in *Major cities* (13%).

Table 4.2: Treatment episodes for client's own drug use by principal drug of concern and geographical location[a], 2009–10 (per cent)

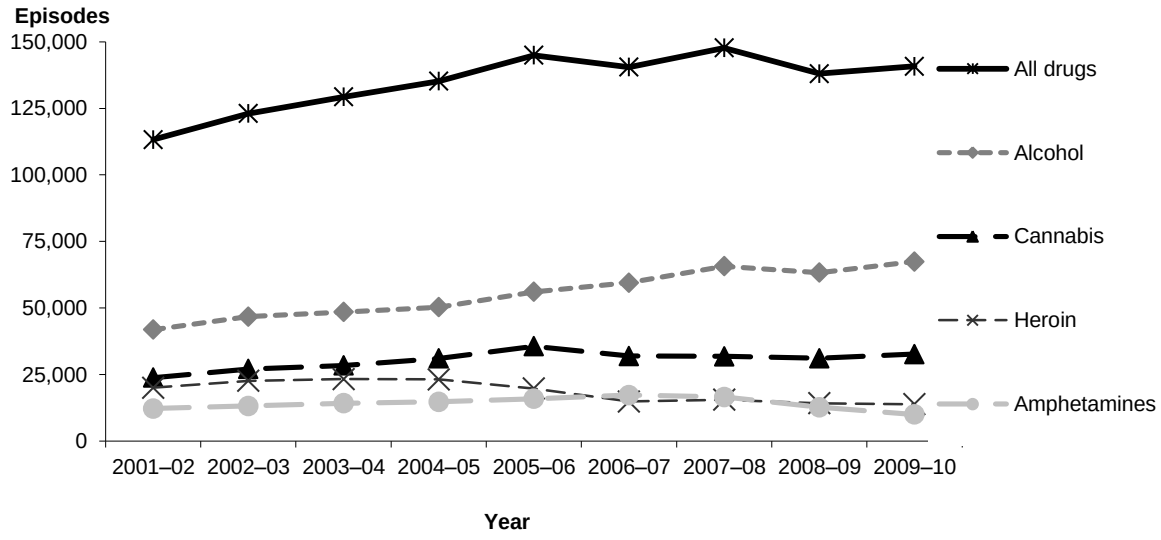
Principal drug of concern	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia
Alcohol	46.1	49.2	50.4	71.0	68.0	47.9
Amphetamines	8.3	5.8	4.3	0.8	2.1	7.1
Cannabis	20.9	29.9	25.3	13.0	19.3	23.2
Ecstasy	0.9	0.6	0.6	0.2	0.2	0.8
Nicotine	1.3	2.1	4.2	3.1	2.5	1.8
Opioids						
Heroin	13.4	4.3	1.8	0.4	0.5	9.9
Methadone	1.6	1.0	0.9	0.3	0.3	1.4
Morphine	0.8	1.4	3.7	1.9	0.2	1.2
Total opioids	18.2	8.9	8.2	3.1	1.3	14.7
All other drugs[b]	4.2	3.5	7.0	8.7	6.5	4.4
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Geographical location is based on the geographical location of the treatment agency.

(b) Cocaine and benzodiazepines are included in 'all other drugs' due to small numbers.

4.1.2 Principal drugs of concern over time

In 2009–10, there were 140,769 episodes of treatment delivered to clients concerned about their own drug use, a 24% cent increase since 2001–02 and a 2% increase since 2008–09 (Figure 4.1). The number of episodes of treatment delivered for these clients, in general, has increased over time. A decrease was observed in 2008–09, partly due to an under-reporting of episodes in New South Wales (see Chapter 7 for jurisdiction-specific data quality issues).



Source: Table A3.19.

Figure 4.1: Treatment episodes for client's own drug use by the four most common principal drugs of concern, 2001–02 to 2009–10

The number of episodes treating alcohol as the principal drug of concern has increased steadily since the collection began, from almost 42,000 episodes in 2001–02 to more than 67,000 in 2009–10.

The numbers of treatment episodes for other common drugs of concern, heroin and amphetamines, have decreased over time.

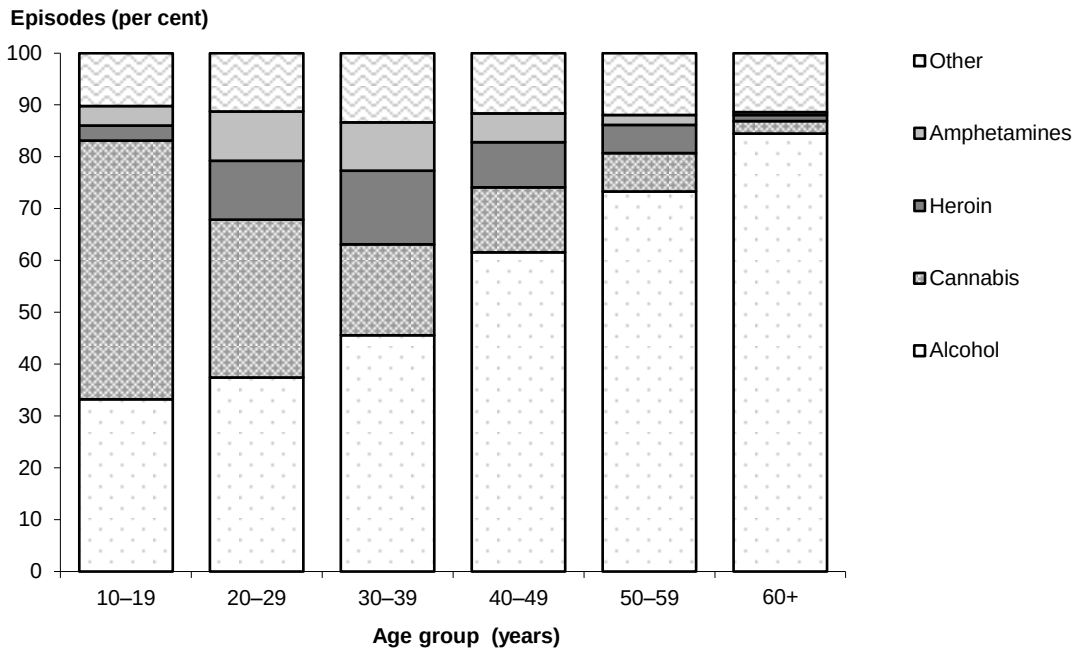
The current collection year presented the highest recorded numbers of treatment episodes for 'other opioids' at almost 5,000 episodes. Morphine and codeine were the most significant contributors to this number, with 1,751 and 983 episodes respectively. This year also had the second highest number of treatment episodes for cocaine (almost 600 episodes).

Trends for less common principal drugs of concern are difficult to observe over time, due to smaller numbers of episodes. However, patterns can be seen when looking at the relative increase or decrease for a specific drug over time. For example, in 2001–02, about 250 episodes of treatment for ecstasy were reported. This number more than quadrupled in 2009–10 to more than 1,000 episodes. The number of episodes for 'other opioids' followed a similar pattern, doubling between 2001–02 and 2009–10, from just over 2,000 to almost 5,000 in 2009–10 (Table A3.19).

It is important to understand that many factors may potentially contribute to changes in the pattern of drugs for which treatment is sought over time. These include availability, purity and cost of substances, the perception of substance use, and accessibility and capacity of treatment services. The development of policies that focus on specific drugs, groups or treatment types may also affect treatment.

4.1.3 Age and principal drug of concern

Figure 4.2 shows considerable variation in the principal drug of concern reported by age group. As has been observed in previous years, there is an increasing proportion of treatment episodes for alcohol use, and a decreasing proportion of episodes for cannabis use as age increases.



Source: Table A3.9.

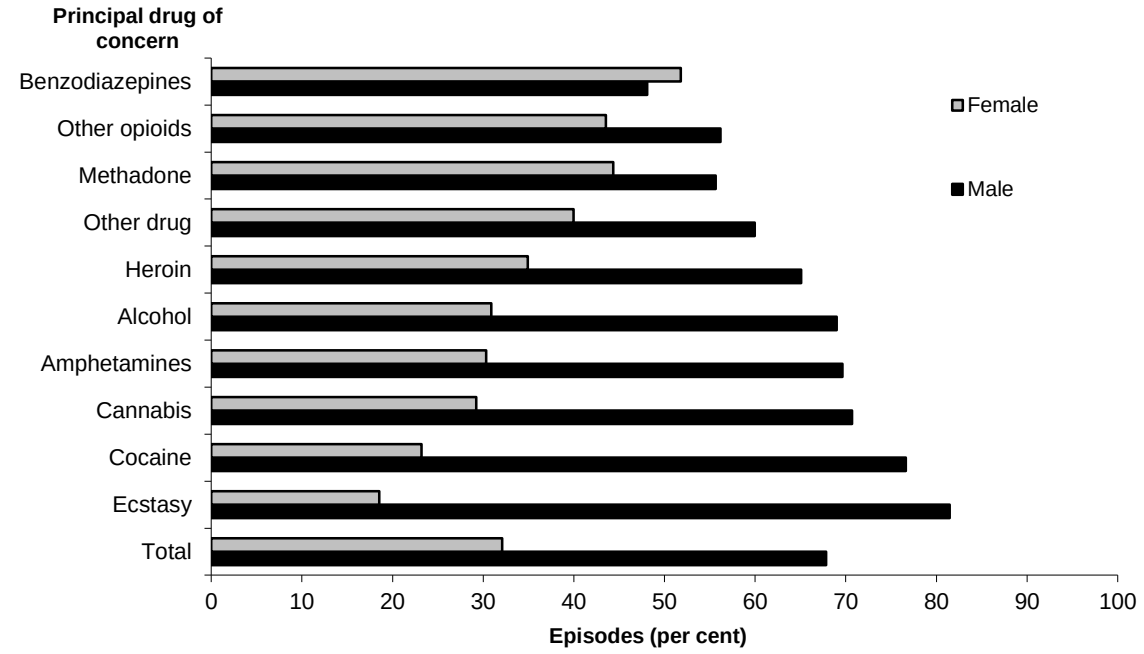
Figure 4.2: Treatment episodes for client's own drug use by selected top four principal drugs of concern and age group, 2009–10

- Alcohol was the most frequently reported principal drug of concern for all age groups except 10–19-year-olds, where it was second to cannabis. The proportion of episodes where alcohol was the principal drug of concern ranged from almost two in five for 20–29-year-olds (37%) to more than four in five clients aged over 60 (85%).
- Cannabis and heroin were the second and third most frequently reported principal drugs of concern among all age groups except 10–19-year-olds.
- Heroin use was greatest among 20–29 year olds and 30–39 year olds.

4.1.4 Sex and principal drugs of concern

In 2009–10 the majority of treatment episodes where clients were seeking treatment for their own drug use were for male clients (68%) (Figure 4.3). This was the case for episodes relating to all principal drugs of concern except for benzodiazepines, where the episodes were fairly evenly split between male clients and female clients (48% male).

Ecstasy and cocaine showed the greatest gender discrepancy, with about four in five clients seeking treatment being male (81% and 77% respectively).



Source: Table A3.10.

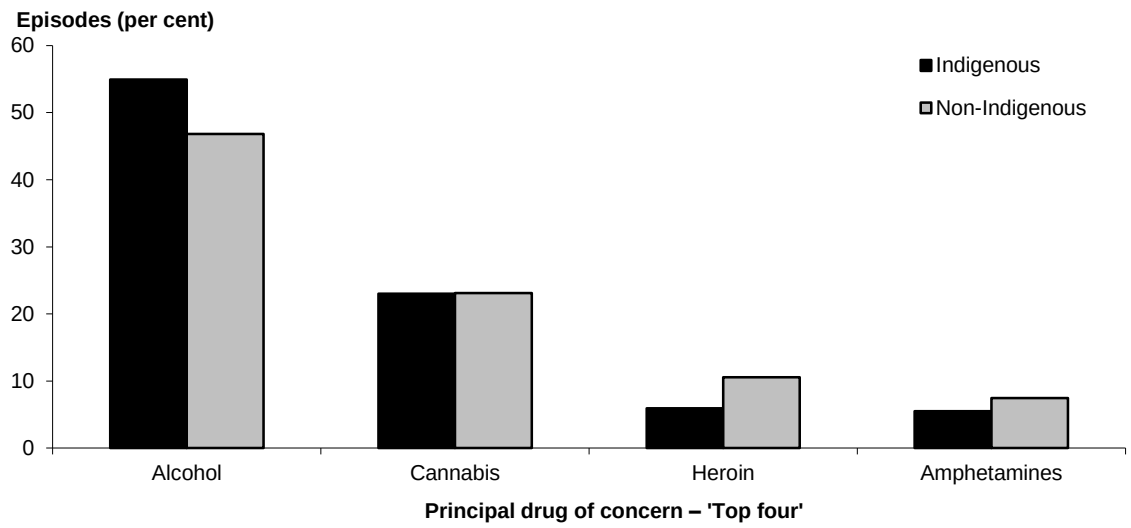
Figure 4.3: Treatment episodes for client's own drug use by principal drug of concern and sex, 2009–10

4.1.5 Indigenous Australians and principal drug of concern

Indigenous Australian clients reported the same top four principal drugs of concern as the population overall—alcohol (55% of episodes), cannabis (23%) and heroin and amphetamines (both about 6%).

Proportionately, alcohol was more likely to be reported by Indigenous Australian clients (55% of episodes compared with 47% for non-Indigenous clients), with heroin less so (6% compared with 11%). Cannabis and amphetamines were reported in similar proportions by the two population groups (Figure 4.4).

Trends in principal drug of concern among Indigenous clients remained relatively stable between 2008–09 and 2009–10 (Table A3.11).



Source: Table A3.11.

Figure 4.4: Treatment episodes for client's own drug use by selected top four principal drug of concern and Indigenous status, 2009–10

4.2 Individual principal drug of concern profiles

Key findings

- Almost **three-quarters** of all treatment episodes in 2009–10 were for **alcohol or cannabis** (48% and 23% respectively). Heroin was the third most common principal drug of concern, accounting for a further 10% of episodes.
- **Benzodiazepine use** was **more common** among **females** (52%) than males. For all other principal drugs of concern, treatment episodes were more likely to involve males.
- The median age of clients receiving treatment ranged from **22 for ecstasy-related** treatment to **37 for alcohol**.
- **Self-referral** was the **most common** source of referral for all principal drugs of concern except ecstasy, ranging from **25**% for **cannabis** to **42**% for **heroin**. For ecstasy, the most common source of referral was court diversion (42%).
- **Counselling** was the **most common form of treatment** for all principal drugs of concern, ranging from 35% of heroin-related episodes to 51% of amphetamine-related episodes.

The following section provides more detailed information on each of the key substances profiled in the AODTS–NMDS. Information about the drug, client and treatment profile is outlined for each of the individual principal drugs of concern. Some information about the use of the drug in Australia obtained from various other data sources is also provided.

For further information on data used in this section see tables A3.7 to A3.21.

4.2.1 Alcohol

Box 4.2: Alcohol consumption guidelines

The National Health and Medical Research Council (NHMRC) released the Australian guidelines to reduce health risks from drinking alcohol in March 2009. These take a different approach from the previous Australian alcohol guidelines by identifying a progressively increasing risk of harm with increasing amounts of alcohol consumed rather than specifying 'risky' or 'high risk' levels of consumption.

According to the NHMRC 2009 guidelines, the lifetime risk of harm from drinking alcohol increases with the amount consumed. For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury. On a single occasion of drinking, the risk of alcohol-related injury increases with the amount consumed. For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol-related injury arising from that occasion (NHMRC 2009).

Patterns of use in Australia

Alcohol is the most widely used drug in Australia. Analysis of the 2010 National Drug Strategy Household Survey (NDSHS) (AIHW 2011b) describes various behaviours, characteristics and attitudes of those who consume alcohol.

In the 12 months before the survey almost half of the population aged 14 and over (47%) drank alcohol on a daily or weekly basis, and about a third (34%) drank less than once a week. Older people were more likely to be daily drinkers than younger people, and males were more likely to be daily drinkers than females.

The proportion of people drinking alcohol at levels that put them at risk of harm over their lifetime remained relatively stable at one in five (20%) between 2007 and 2010.

However, more than 3.7 million people in Australia aged 14 and over were at risk of an alcohol-related disease or injury over their lifetime based on their pattern of drinking in 2010 (up from 3.5 million in 2007) and people aged 18–29 were more likely than any other age group to drink alcohol in a way that put them at risk of alcohol-related harm over their lifetime (32% for those aged 18–19 and 27% for those aged 20–29). In 2010 males were twice as likely as females to drink alcohol in quantities that put them at risk of incurring an alcohol-related chronic disease or injury over their lifetime (29% and 11% respectively) (AIHW 2011b).

Drug profile

- Alcohol was the most common principal drug of concern for which treatment was sought in 2009–10, accounting for almost half of episodes (48%), an increase from 46% in 2008–09.
- Alcohol has been the most common principal drug of concern reported since the collection began in 2001–02.
- Where alcohol was nominated as the principal drug of concern, reports of other drugs of concern were less likely compared with all other principal drugs of concern (ranging from 50% for nicotine as a principal drug of concern to 68% for benzodiazepines as a principal drug of concern.

- Cannabis was most likely to be an 'other drug of concern' when alcohol was the principal drug of concern.

Client profile

- Treatment episodes for alcohol were twice as likely to involve males as females (69% and 31% of episodes respectively).
- The median age for clients seeking treatment for alcohol was 37; older than the median of 32 for all drugs. This has increased slightly since 2008–09, from 36.
- The age range of clients seeking treatment for alcohol as a principal drug of concern remained relatively stable compared with 2008–09, with clients aged 30–39 accounting for the greatest proportion of episodes (27%), followed by those aged 40–49 (24%).
- About 15% of all episodes with alcohol as the principal drug of concern in 2009–10 were for Indigenous Australians. The proportion of episodes for alcohol treatment where the client identified as Indigenous has increased over time (45% in 2005–06 to 55% in 2009–10).

Treatment profile

- As in 2008–09, self-referral was the most common source of referral for alcohol treatment (37% of episodes).
- The most common main treatment type for alcohol was counselling (44%), higher than the proportion for alcohol in 2008–09 (39%) and the proportion of counselling for all drugs in 2009–10 (41%).
- Treatment was most likely to take place in a non-residential treatment facility (61% of episodes) or a residential treatment facility (21%), consistent with 2008–09 findings. The most common reason for cessation of treatment was that it was completed (63%).

4.2.2 Cannabis

Patterns of use in Australia

According to the 2010 NDSHS (AIHW 2011b), one in 10 people in Australia aged 14 and over (10%) had used cannabis at least once in the last 12 months and one in three (35%) had used cannabis at some stage in their lifetime. The average age of first use was 19 and males were more likely to have ever used, or recently used, cannabis than females. There has been an increase in cannabis use between 2007 and 2010.

Drug profile

- Cannabis was the second most common principal drug of concern for which treatment was sought in 2009–10, accounting for almost one in four treatment episodes (23% or 32,676 episodes).
- When 'other drugs of concern' are also considered, nearly one-half (45%) of episodes included cannabis as a drug of concern. This proportion has remained relatively stable over time.
- About three in five episodes (59%) included at least one other drug of concern in addition to cannabis, a slight decrease from 63% in 2008–09. This other drug of concern was most likely to be alcohol.
- Smoking was the most common method of using cannabis (89%).

Client profile

- Seven in 10 episodes (70%) where cannabis was reported as the principal drug of concern involved males.
- The median age for all clients seeking treatment for cannabis was 25, younger than the median for all drugs (32) and consistent with the median age observed in 2008–09.
- The age group involved in the greatest proportion of episodes was 20–29 (39%), followed by those aged 10–19 (27%).
- About one in eight episodes (13%) for cannabis treatment involved clients who identified as Indigenous, the same proportion as for all drugs. Of all treatment episodes involving Indigenous Australian clients, the proportion with cannabis as the principal drug of concern has slightly decreased from 25% in 2005–06 to 23% in 2009–10.

Treatment profile

- Self-referral was the most common source of referral in 2009–10, with one-quarter of episodes (25%) being referred by this method for cannabis use. This is a slight decrease from 27% in 2008–09. Referrals from police diversion and court diversion were also relatively common at 20% and 18%, respectively, in 2009–10.
- Counselling was the most common main treatment type received (39% of episodes), slightly lower than the proportion for all drugs (41%) and greater than in 2008–09 (34%). In 2009–10, information and assessment only was the second most common treatment type (22%).
- In 2009–10, treatment was most likely to take place in a non-residential treatment facility (69% of episodes). Treatment episodes most often ended because the treatment was completed (48%) or because the client ceased to participate at expiation (24%).

4.2.3 Heroin

Patterns of use in Australia

According to the 2010 NDSHS, fewer than 2% of Australians aged 14 and over have used heroin in their lifetime, with less than 1% having used heroin in the 12 months before the survey (AIHW 2011b). Those aged 30–39 were most likely to have used heroin in their lifetime (3%) compared with other age groups, with males twice as likely as females to have ever used heroin (2% compared with 1%). Of the 15 illicit drugs included in the 2010 NDSHS, heroin was the eleventh most commonly used (jointly with ketamine and methadone/ buprenorphine).

The average age at which Australians first used heroin was 21.

Drug profile

- Heroin was the third most common principal drug of concern for which treatment was sought in 2009–10 (10% of episodes), the same as in 2008–09.
- When other drugs of concern are also considered, 14% of episodes included heroin as a drug of concern, consistent with previous years.
- Nearly two-thirds of episodes (65%) included at least one other drug of concern in addition to heroin. This other drug was most likely to be cannabis.

- Injecting was the most common method of use among those seeking treatment for heroin (86% of episodes); a slight decrease from 89% in 2008–09. In 5% of episodes, clients reported that they most often smoked heroin.

Client profile

- The majority of episodes (65%) for heroin treatment involved males. This was slightly below the proportion for all drugs (68%) and slightly below the proportion for males reporting heroin as their principal drug of concern in 2008–09 (67%).
- The median age of clients receiving treatment for heroin was 32, compared with 31 in 2008–09.
- Three-quarters of all episodes (75%) were for clients aged 20–39.
- About one in 10 (8%) episodes for heroin treatment involved clients who identified as Indigenous; lower than the proportion for all drugs (13%). Of all episodes involving Indigenous Australian clients, the proportion for heroin has gradually decreased from 10% in 2005–06 to 6% in 2009–10. This decrease has also been observed among non-Indigenous clients (from 14% in 2005–06 to 11% in 2009–10).

Treatment profile

- Self-referral was the most common source of referral in 2009-10(42%, down from 44% in 2008-09). This was higher than the proportion for all drugs (34%). Referrals from court diversion and correctional services followed (16% and 13% respectively).
- Counselling was the most common main treatment type for heroin (35% of episodes compared with 30% in 2008–09). Withdrawal management (detoxification) was the second most common treatment type (19% of episodes, decreasing from 22% in 2008–09).
- In 2009–10, more than three in five episodes (64%) with heroin as the principal drug of concern were delivered in non-residential treatment facilities.
- Three in five treatment episodes for heroin ended because the treatment was completed (58%). The next most common reason for treatment ending was that the client ceased to participate without notifying the service (13%). This is a slight decrease from the proportion of clients providing this reason in 2008–09.

4.2.4 Amphetamines

Patterns of use in Australia

According to the 2010 NDSHS, 7% of Australians aged 14 and over had used amphetamines[1] for non-medical purposes at some stage in their lifetime, and 2% had used them in the past 12 months (AIHW 2011b).

People aged 30–39 were most likely to have ever used amphetamines (15%). Males were more likely than females to have used amphetamines in the past 12 months (3% compared with 2%). The average age of first use was 21. Between 1998 and 2010 there was a small

[1] The 2010 NDSHS refers to this group of drugs as meth/amphetamines. In this report the term 'amphetamines' also includes meth/amphetamines.

decrease from 4% to 2% in the recent us of amphetamines among people in Australia aged 14 and over.

Drug profile

- Amphetamines were the fourth most common principal drug of concern for which treatment was sought in 2009–10 (7% of episodes). This is lower than 2008–09 (9%).
- When other drugs of concern were also considered, 19% of all treatment episodes included amphetamines in 2009–10, a decrease from 2008–09 (22%).
- Nearly two-thirds (64%) of episodes included at least one other drug of concern in addition to amphetamines, a decrease from 67% in 2008–09. In both 2008–09 and 2009–10 this was most commonly cannabis.
- Injecting was the most commonly reported method of use (61% of episodes), a decrease from 64% of episodes in 2008–09.

Client profile

- The majority of episodes (70%) for amphetamines involved male clients, slightly above the proportion for all drugs and the proportion observed in 2008–09 (both 68%).
- The median age of clients receiving treatment for amphetamine use was 30, with clients aged 20–29 accounting for the greatest proportion of episodes (40%), followed by those aged 30–39 (37%). This is similar to 2008–09 where the age group of 20–29 was most common (42%).
- One in 10 episodes (10%) involved clients who identified as being an Indigenous Australian, lower than the proportion for all drugs (13%). Of all episodes involving Indigenous Australians, the proportion with amphetamines as a principal drug of concern decreased from 10% in 2008–09 to 6% in 2009–10.

Treatment profile

- One in three episodes for amphetamine treatment involved clients who referred themselves (34%).
- Similar to previous years, counselling was the most common main treatment type, with more than half (51%) of episodes receiving this treatment. This proportion was higher than the proportion for all principal drugs of concern (41%). Assessment only was the second most common treatment type in 2009–10 (16% of episodes).
- The most common treatment delivery setting for clients with amphetamines as the principal drug of concern was non-residential (67%), followed by residential (14%).
- The most common reason for treatment cessation in 2009–10 was completing treatment, with almost three in five episodes (58%) ceasing for this reason. This is an increase in the proportion observed in 2008–09 (53%). The second most common reason for cessation was the client ceased to participate without notifying the service provider (17% of episodes). Proportionately more treatment episodes for amphetamines ended this way, compared with any other principal drug of concern.

4.2.5 Benzodiazepines

Patterns of use in Australia

According to the 2010 NDSHS (AIHW 2011b), of people in Australia aged 14 and over, fewer than 2% reported using benzodiazepines (identified as tranquillisers or sleeping pills in the survey) in the previous 12 months for non-medical purposes. People aged 20–29 were most likely to use tranquillisers or sleeping pills (3%) compared with other age groups. There was very little overall difference in the prevalence of recent use of tranquillisers or sleeping pills between males and females. Of those who had ever used tranquillisers or sleeping pills, the average age of first use was 27.

Drug profile

- Benzodiazepines as a principal drug of concern accounted for fewer than 2% of episodes in 2009–10, remaining stable since 2001–02.
- When other drugs of concern are also considered, almost one in 10 treatment episodes (8%) included tranquillisers or sleeping pills.
- Seven in 10 episodes (68%) included at least one other drug of concern in addition to tranquillisers or sleeping pills, most commonly alcohol. This is similar to proportions observed in 2008–09.
- In almost all episodes (90%), clients reported ingesting tranquillisers or sleeping pills.

Client profile

- Treatment episodes for benzodiazepines were slightly more likely to involve female clients than male (52% and 48% respectively).
- As in 2008-09, the median age of clients receiving treatment was 35.
- Clients aged 30–39 accounted for the greatest proportion of episodes (38%), followed by those aged 20–29 (23%).
- One in 14 (7%) episodes involved clients who identified as being Indigenous, which was lower than the proportion for all drugs (13%). Of all treatment episodes involving Indigenous Australians, 1% were for benzodiazepines (compared with 2% for non-Indigenous clients).

Treatment profile

- Self-referral was the most common source of referral, accounting for two in five episodes (41%). Referral by medical practitioners was the next most common (14%).
- Counselling and withdrawal management (detoxification) were the most common main treatment types received (35% and 31% respectively).
- Three in five treatment episodes (61%) with benzodiazepine as a principal drug of concern were in non-residential facilities.
- Most treatment episodes ceased as the treatment had been completed (59%).

4.2.6 Ecstasy

Patterns of use in Australia

According to the 2010 NDSHS, one in 10 (10%) people in Australia aged 14 and over have used ecstasy at some stage in their lifetime, with 3% reporting use in the last 12 months (AIHW 2011b). Of those who had ever used ecstasy, the average age of first use was 22. Those aged 20–29 were more likely than others to have used ecstasy either recently or at least once in their lifetime (10% and 24%). Overall, males were more likely than females to have recently used ecstasy (4% compared with 2%). For the first time since 1995, ecstasy use declined between 2007 and 2010. A significant decline was seen among males aged 14 and over (from 4.4% in 2007 to 3.6% in 2010) and in the 14–19-year-old age group (from 5.0% in 2007 to 2.8% in 2010).

Drug profile

- Ecstasy as a principal drug of concern accounted for 1% of closed treatment episodes (1,107) in 2009–10, a four-fold increase since 2001–02 (253).
- When all drugs of concern are considered, 6% of treatment episodes included ecstasy as a drug of concern, down from 7% in 2008–09.
- Six in 10 episodes (58%) included at least one other drug of concern, a decrease from 63% in 2008–09. The most common other drug used in addition to ecstasy in 2009–10 was alcohol
- Nine in 10 episodes (89%) involved clients who reported ingestion as their preferred method of use.

Client profile

- The majority (82%) of episodes for ecstasy were for male clients, a slight increase from 2008–09 (80%). This was the highest proportion of episodes involving males of any principal drug of concern.
- The median age for clients seeking treatment for ecstasy was 22. Almost nine in 10 episodes (86%) involved clients under 30.
- Only 4% of episodes involved clients who identified as Indigenous Australian, the lowest proportion of all principal drugs of concern.

Treatment profile

- The majority of episodes were initiated either by a referral from court diversion (42%) or a police diversion (20%).
- Ecstasy-related episodes had a relatively low rate of self-referral (15%), a decrease from 18% in 2008–09.
- Counselling was the most common main treatment type received, with more than four in 10 episodes (46%) receiving this type of treatment, an increase from 38% in 2008–09. The second most common main treatment type was information and education only (28%).
- Eight in 10 episodes (81%) for ecstasy were conducted in a non-residential treatment facility, a similar proportion to that observed in 2008–09. Clients being treated with ecstasy as their principal drug of concern in 2009–10 were more likely than all other principal drugs of concern to be treated in a non-residential treatment facility.

- Accounting for more than half of episodes (53%), the most common reason for cessation was that treatment was completed, an increase from 48% in 2008–09. This was followed by ceasing to participate at expiation (29%), which had slightly decreased from 34% in 2008–09.

4.2.7 Cocaine

Patterns of use in Australia

According to the 2010 NDSHS (AIHW 2011b), 7% of people in Australia aged 14 and over had used cocaine at some stage in their lifetime, and 2% reported using cocaine in the previous 12 months. The average age at which cocaine was first used was 23. The 30–39 years age group had the highest proportion (14%) of persons ever using cocaine, with the 20–29 years age group having the highest proportion of persons who had recently used cocaine (7%). Overall, males were more likely than females to have recently used cocaine (3% compared with 2%). Recent cocaine use has been increasing since 2004, and this trend continued in 2010 with an increase in recent use, from 1.6% in 2007 to 2.1% in 2010.

Drug profile

- Consistent with previous years, cocaine as a principal drug of concern accounted for a small proportion of episodes in 2009–10 (less than 1%, or 595 episodes). This is an increase from 479 episodes in 2008–09.
- When other drugs of concern are also considered, 2% of treatment episodes included cocaine in 2009–10.
- Nearly two-thirds (64%) of episodes included at least one other drug of concern in addition to cocaine, a decrease from 69% in 2008–09. Alcohol was most commonly this other drug in 2009–10.
- The most common method of use was sniffing, accounting for 57% of episodes.

Client profile

- About three in four episodes (77%) were for males.
- The median age of clients receiving treatment was 31 in 2009–10, with clients aged 20–29 and 30–39 accounting for the greatest proportion of episodes. These findings are similar to those observed in 2008–09.
- About one in 20 cocaine-related episodes (4%) involved clients who identified as Indigenous Australian, lower than the proportion for all drugs (13%). Of all episodes involving Indigenous Australian clients, cocaine has rarely been the principal drug of concern from 2005–06 to 2009–10 (less than 1% in each year).

Treatment profile

- Self-referral was the most common source of referral for episodes with cocaine as the principal drug of concern (34%). This was a decrease from 37% observed in 2008–09.
- Counselling was the most common main treatment received by those reporting cocaine as a principal drug of concern, increasing from 40% of episodes in 2008–09 to 44% in 2009–10. This was followed by assessment only (15%).
- Treatment was most likely to take place in a non-residential treatment facility (71% of episodes) or a residential treatment facility (17%), similar to 2008–09.

4.3 All drugs of concern

Key findings

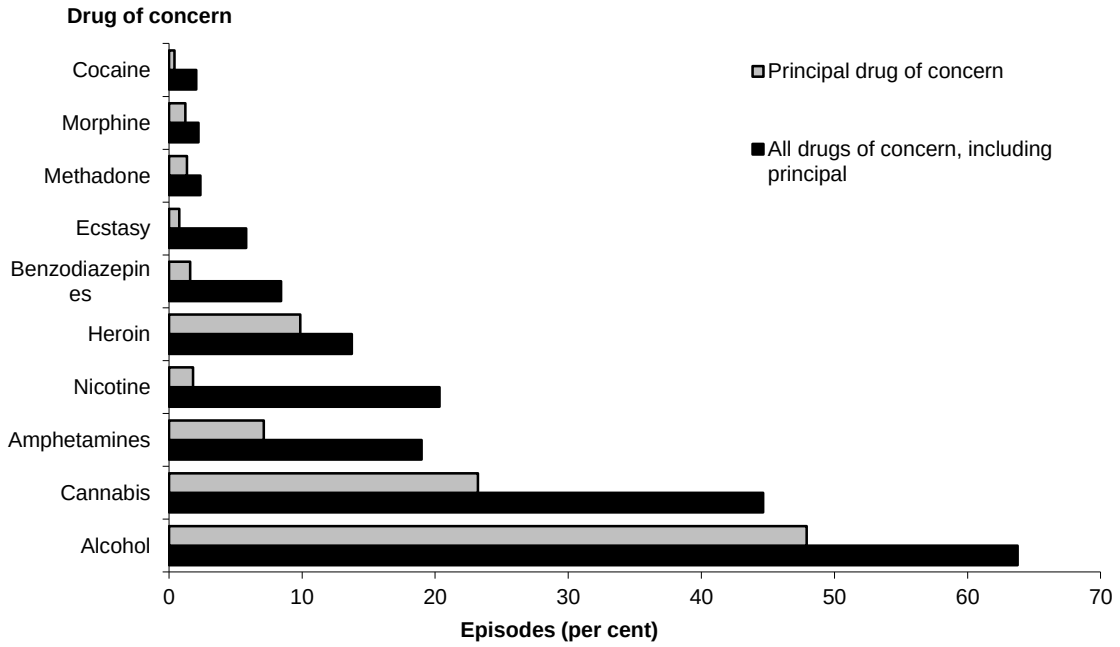
- **More than half** of episodes (53%) **had more than one drug of concern**.
- **Alcohol** remained the **most commonly reported drug of concern** in 2009–10 when all drugs of concern were considered (64%).
- Despite being a principal drug of concern in only 2% of treatment episodes, **nicotine** was the **third most common drug of concern reported overall** (20%).

As shown in Figure 4.5, when all drugs of concern (that is, principal drug of concern and all other drugs of concern nominated by the client) are considered, alcohol was the most commonly reported drug of concern in 2009–10 (64% of all drugs of concern).

Cannabis was recorded as the second most common drug of concern, both as a principal drug of concern and where all drugs of concern are considered (23% and 45% respectively).

Despite being reported as a principal drug of concern in only 2% of treatment episodes, nicotine was the third most common drug of concern reported overall, reported in 20% of all episodes.

This pattern of proportion of closed treatment episodes for principal drug of concern and all drugs of concern was relatively stable between 2008–09 and 2009–10.



Source: Table A3.13.

Figure 4.5: Treatment episodes for client's own drug use by principal drug of concern and all drugs of concern, 2009–10

5 Treatment – what treatments do people receive?

When attending an alcohol and other drug treatment agency, a client will receive a main treatment and sometimes additional or 'other' treatments.

There are two types of clients who seek treatment: those who seek treatment for their own drug use and those who seek assistance in relation to someone else's drug use. Data in this chapter explore main treatment and other treatment for both these client groups. However, data relating to a principal drug of concern for a treatment episode are only reported for those who sought treatment for their own drug use.

Box 5.1: Key definitions and counts for treatment programs, 2009–10

Main treatment type refers to the principal activity, as judged by the provider, that is necessary for the completion of the treatment plan for the principal drug of concern. In practice, however, the main treatment type may be the actual treatment provided, rather than that considered necessary at the start of the episode. Agencies are asked to provide the main treatment for each episode.

Other treatment type refers to two separate concepts in the technical specifications for the AODTS–NMDS collection. First, it refers to main treatment types that do not fit into the categories of withdrawal management (detoxification), counselling, rehabilitation, support and case management only, information and education only or assessment only. In this context, 'other treatment types' might include living skills classes or relapse prevention.

Second, 'other treatment type' refers to *additional* treatments provided to clients as well as the main treatment type. These are referred to as *additional treatment types* in this report. Additional treatment types most often include treatments from the categories used for main treatment type. For example, a client may receive withdrawal management (detoxification) as their main treatment and counselling as an additional treatment. Up to four additional treatment types can be recorded for each client.

All treatment types refers to all treatments reported by agencies as taking place during the collection period, including the main and additional treatments.

5.1 Main treatment

Key findings

- **Counselling** was the most common main treatment type nationally, used in **two in five** episodes (42%). This was followed by withdrawal management (15% of episodes) and assessment only (13%).
- **Counselling** was most common in **most states and territories**. The exceptions were **Queensland** where information and education only was the most common main treatment type (42%) and the **Northern Territory**, where assessment only was most common (39%).

The treatment types reported to the AODTS–NMDS are broad categories. They are intended to group similar treatments rather than represent in detail the large variety of treatment programs around Australia. It is important to note that there is no consensus about the 'right' mix of treatments or the volume of treatment services needed to meet the needs of people with drug use issues in Australia.

5.1.1 Main treatment types across Australia

Similar to the national picture, counselling was the most common main treatment type in most jurisdictions (New South Wales, Victoria, Western Australia, South Australia, Tasmania and the Australian Capital Territory). However, as can be seen in Table 5.1, there is variation in main treatment type by jurisdiction. The proportion of episodes where counselling was received differed, ranging from just over one in four (27%) in South Australia to almost three in four (73%) in Tasmania.

Information and education only was the most common main treatment type in Queensland (42%) while in the Northern Territory assessment only was most common (39%).

As was the case in previous years, there was substantial variation in the proportion of information and education only episodes provided, from less than 1% in Victoria to almost 42% in Queensland.

Table 7.3 provides information about data quality issues to be considered when comparing main treatment type across jurisdictions.

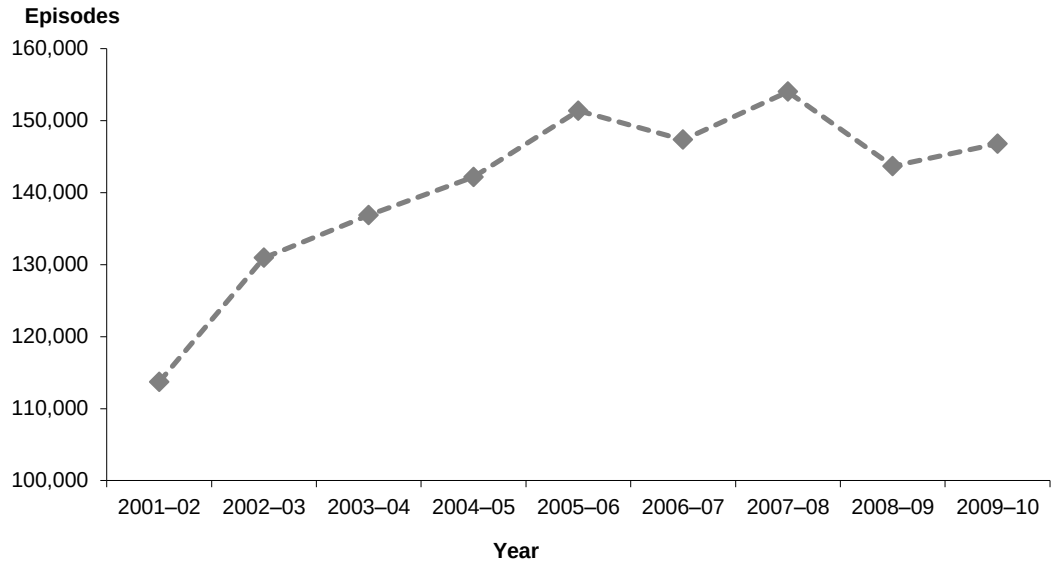
Table 5.1: Treatment episodes by main treatment type, and state and territory, 2009–10 (per cent)

Main treatment type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia	Total (no.)
Withdrawal management (detoxification)	19.8	19.3	5.5	8.4	18.8	0.6	20.7	7.3	15.4	22,534
Counselling	34.1	50.7	27.8	62.9	27.1	73.2	29.8	21.4	42.2	61,990
Rehabilitation	6.3	3.4	1.9	6.3	11.4	4.2	6.7	16.1	5.1	7,521
Support and case management only	9.9	12.9	3.8	4.8	2.8	0.5	12.9	1.6	8.7	12,718
Information and education only	1.2	0.7	41.7	5.6	7.3	16.0	10.9	5.2	8.9	13,034
Assessment only	15.5	10.0	17.2	4.9	25.6	2.9	13.1	38.6	13.5	19,803
Other[(a)]	13.2	3.0	2.1	7.1	6.9	2.6	5.9	9.9	6.3	9,186
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**..**
Total (number)	**35,202**	**52,133**	**23,090**	**17,187**	**9,092**	**2,699**	**3,585**	**3,798**	**..**	**146,786**

(a) In New South Wales, the 'Other' category includes outreach services provided to hospital patients by community-based alcohol and other drug treatment agencies. These 'consultation liaison' activities were excluded from the data in 2006–07. Consultation liaison was included in earlier years of the collection but increased substantially in 2007–08. The number of these episodes dropped in 2008–09 in proportion with all New South Wales main treatment types, owing to the under-reporting caused by system issues.

5.1.2 Main treatment types over time

The total number of treatment episodes delivered each year increased between 2001–02 and 2005–06. Since then, the number of treatment episodes has fluctuated, increasing slightly between 2008–09 and 2009–10 (Figure 5.1).



Source: Table A3.3.

Figure 5.1: Treatment episodes reported in the AODTS–NMDS, 2001–02 to 2009–10

As shown in Table 5.2, counselling was the most common main treatment type in 2009–10, with almost 62,000 episodes (42% of episodes). The number of episodes for counselling increased by more than 8,000 from 2008–09, to the highest number since the collection began.

The number of treatment episodes for withdrawal management (detoxification) dropped slightly between 2008–09 and 2009–10, from about 23,600 (16%) to 22,500 (15%). The number of rehabilitation episodes decreased from about 9,600 (7%) in 2008–09 to about 7,500 (5%) in 2009–10.

The number of treatment episodes for the remaining treatment types remained relatively constant between 2008–09 and 2009–10.

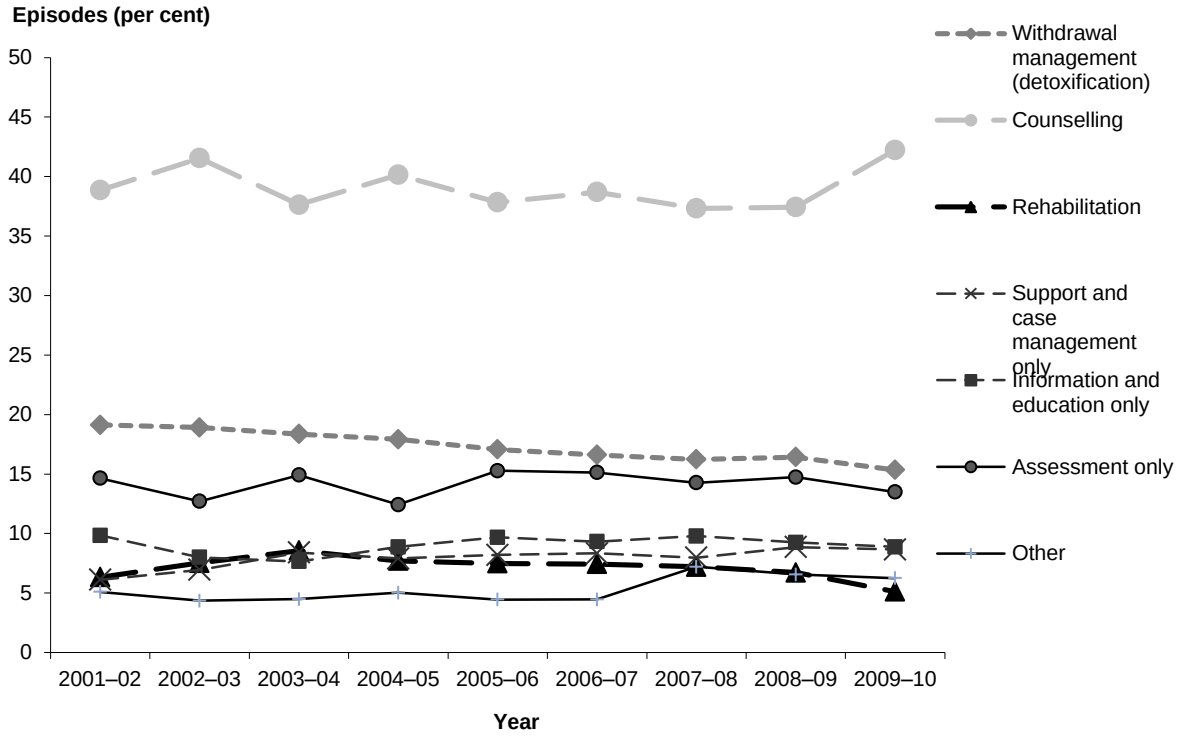
Table 1.1 and Table 7.3 provide more information comparing main treatment type over time.

Table 5.2: Treatment episodes by main treatment type, 2001–02 to 2009–10

Main treatment type	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10
					Number				
Withdrawal management (detoxification)	21,744	24,767	25,123	25,458	25,828	24,467	24,999	23,599	22,534
Counselling	44,184	54,395	51,514	57,076	57,277	57,017	57,470	53,787	61,990
Rehabilitation	7,195	9,865	11,717	10,959	11,331	10,950	11,099	9,667	7,521
Support and case management only	6,951	9,097	11,494	11,240	12,417	12,290	12,279	12,740	12,718
Information and education only	11,197	10,478	10,465	12,609	14,655	13,723	15,086	13,283	13,034
Assessment only	16,647	16,632	20,414	17,663	23,125	22,295	21,976	21,172	19,803
Other	5,787	5,696	6,142	7,139	6,729	6,583	11,089	9,424	9,186
Total	**113,705**	**130,930**	**136,869**	**142,144**	**151,362**	**147,325**	**153,998**	**143,672**	**146,786**
					Per cent				
Withdrawal management (detoxification)	19.1	18.9	18.4	17.9	17.1	16.6	16.2	16.4	15.4
Counselling	38.9	41.5	37.6	40.2	37.8	38.7	37.3	37.4	42.2
Rehabilitation	6.3	7.5	8.6	7.7	7.5	7.4	7.2	6.7	5.1
Support and case management only	6.1	6.9	8.4	7.9	8.2	8.3	8.0	8.9	8.7
Information and education only	9.8	8.0	7.6	8.9	9.7	9.3	9.8	9.2	8.9
Assessment only	14.6	12.7	14.9	12.4	15.3	15.1	14.3	14.7	13.5
Other	5.1	4.4	4.5	5.0	4.4	4.5	7.2	6.6	6.3
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

The year-to-year changes shown in Figure 5.2 may be attributable to major shifts in the national treatment focus. For example, between 2002–03 and 2009–10 there appears to have been a large increase in episodes of interventions such as support and case management only, assessment only, and information and education only. There is a large rise in the 'other' category, suggesting that any review of the AODTS–NMDS should consider refining definitions of existing treatment types. The majority of this change took place between the 2006–07 and 2007–08 collections, with the proportion of 'other' treatment types remaining relatively stable after 2007–08. This coincided with a notable increase (5%) in the overall quantity of treatment episodes. There was a large increase in information and education only from the 2004–05 to 2005–06 collections.

It is important to note that Figure 5.2 includes episodes of treatment delivered for someone else's drug use as well as that delivered to clients for their own drug use.



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

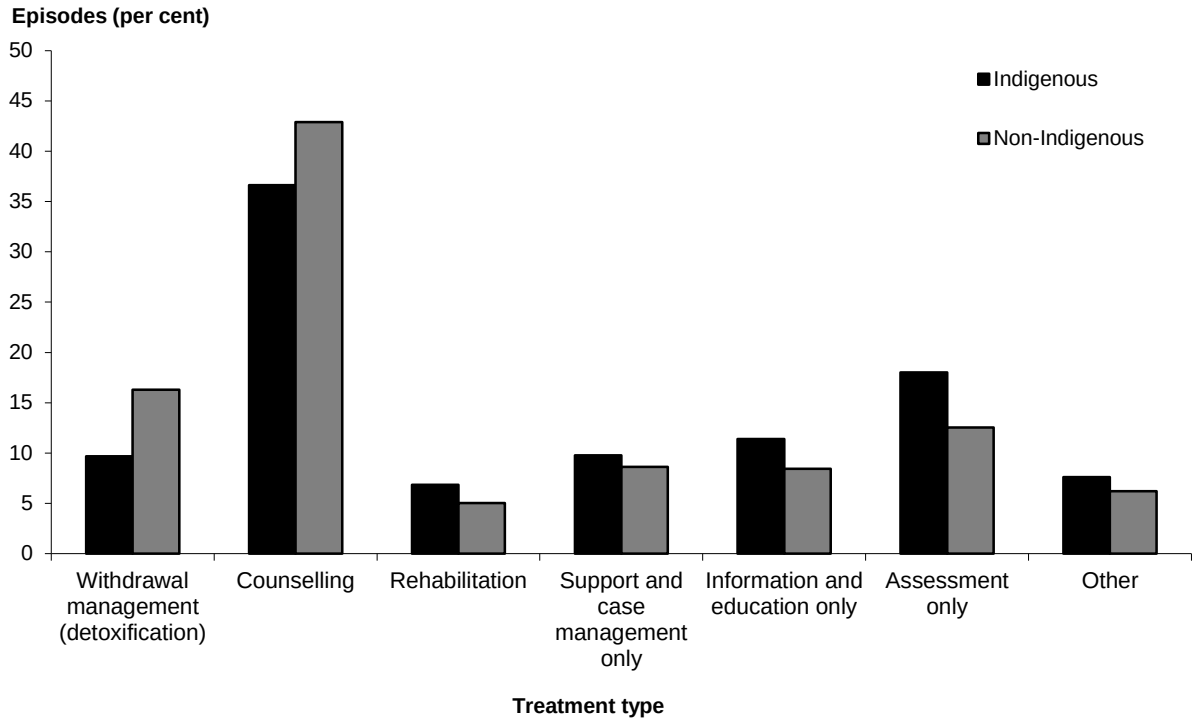
Source: Table A3.26.

Figure 5.2: Treatment episodes by main treatment type, 2001–02 to 2009–10

5.1.3 Aboriginal and Torres Strait Islander people and treatment programs

Episodes for Indigenous Australians were most likely to be for counselling (37%), followed by assessment only (18%) and information and education only (11%) (Figure 5.3).

As shown in Figure 5.3, withdrawal management (detoxification) and counselling were more common among non-Indigenous than Indigenous clients. All other main treatment types were more common among those who identified as Indigenous Australians. See Appendix 6 for more information about alcohol and other drug treatment provided to Indigenous Australians in services not included in the AODTS–NMDS.



Source: Table A3.31.

Figure 5.3: Treatment episodes by main treatment type and Indigenous status, 2009–10

5.1.4 Reasons for leaving treatment

Since the start of the collection in 2001–02, the reasons for treatment episodes ending have remained consistent. That is, the same five reasons for cessation have been the most commonly reported in each year. 'Treatment completed' has always been the most common reason reported, accounting for more than half of closed treatment episodes in each year, and 58% in 2009–10. The next most common has consistently been 'ceased to participate without notice' (14%). 'Transferred to another service provider', 'ceased to participate against advice' and 'ceased to participate at expiation' each accounted for between 3% and 8% of episodes during 2009–10 (see Table A3.26). Many of the remaining cessation reasons, such as 'change in main treatment type', were infrequently reported in all years of the collection (less than 1% in 2009–10).

The AODTS–NMDS does not contain an indicator of treatment outcomes. However, it is possible to group cessation reasons into categories that can be defined as 'expected/compliant completions', 'unexpected/non-compliant cessations', and 'changes to treatment mode' (or administrative cessations), as shown in Table 5.3. This method has been previously used to configure and present AODTS–NMDS data (AIHW 2009).

Table 5.3: Cessation reasons grouped by indicative outcome type in 2009–10[(a)]

Expected/compliant completions (68%)	Unexpected/non-compliant cessations (21%)	Changes to treatment mode (6%)
Treatment completed	Ceased to participate against advice	Change in treatment type
Ceased to participate at expiation[(b)]	Ceased to participate without notice	Change in delivery setting
Ceased to participate by mutual agreement	Ceased to participate involuntary (non-compliance)	Change in principal drug of concern
	Drug court/and or sanctioned by court diversion service	Transferred to another service provider
	Imprisoned, other than drug court sanctioned	
	Died	

(a) 'Other' and 'not stated' cessation reasons not included.

(b) 'ceased to participate at expiation' is an expected/compliant completion in the sense that legally mandated treatment is completed. It is not possible to exclude episodes reported as 'ceased to participate at expiation' where clients finished enough treatment to expiate their offence but did not return for further treatment as expected.

Expected/compliant completions accounted for almost seven in 10 closed episodes (68%), with two in 10 (21%) accounted for by unexpected/non-compliant cessations. Fewer than one in 10 episodes (6%) were closed due to changes in treatment mode.

For each principal drug of concern, expected/compliant reasons for cessation were reported for most closed episodes. However, this ranged from 51% for morphine-related episodes to 84% for ecstasy-related episodes. It is worth noting that for ecstasy there was a significant minority of episodes that closed because the client ceased to participate at expiation (29%) (Table A3.17).

Although 'treatment completed' has consistently been the most common reason for clients to cease alcohol and other drug treatment, many situations may be reported within this category. It is unclear how many 'treatment completed' episodes are reported when, for example, all immediate treatment goals are met, a client has only completed part of anticipated treatment or the term of treatment is not fixed.

5.2 Specific main treatment types

This section of the report explores the main treatment types in more detail. Each main treatment type is defined, with information about the principal drug of concern, client profile and treatment profile described.

Key findings

- The treatment type with the **longest median duration** was **support and case management** only (53 days), followed by counselling (50) and rehabilitation (46).
- For **information and education only**, **cannabis** was the **most common principal drug of concern**, accounting for over two thirds (67%) of episodes. Cannabis was also commonly associated with support and case management, with a similar proportion of episodes as alcohol (33%). For all other treatment types, alcohol was the most common principal drug of concern, ranging from 35% for support and case management only, to 55% for assessment only. The exception was
- The **median age of clients** ranged from **24** for **support and case management only**, to **36** for **withdrawal management**.
- Episodes involving clients who identified as **Indigenous** ranged from **8**% for **withdrawal management** to **17**% for **assessment only** and **rehabilitation**.

Appendix tables A3.22 to A3.31 provide more detailed data on main treatment types.

5.2.1 Counselling

Box 5.2: What is counselling?

In the context of the AODTS–NMDS, counselling is defined as any method of individual or group counselling directed towards identified problems with alcohol and/or other drug use or dependency (AIHW 2009). 'Counselling is a joint approach between the counsellor and the client with treatment plans negotiated and agreed upon by both parties' (NCETA 2004).

Though there is no agreed approach, style or type of counselling that is provided in the AOD sector, the Best Practice in Alcohol and Other Drug Interventions Working Group (2000) recommended that general counselling should include:

- linking patients with the appropriate services while the patient is still engaged
- anticipating and developing strategies with the patient to cope with difficulties before they arise
- specific evidence-based interventions where appropriate (for example, goal setting, cognitive behavioural therapy, motivational enhancement therapy and problem solving) focusing on positive internal and external resources and successes, as well as problems and disabilities
- consideration of the wider picture and helping the patient on a practical level (for example, with food, finances and housing) where appropriate, involving key supportive others to improve the possibility of behavioural change outside the therapeutic environment.

Principal drug profile

There were 61,990 episodes in 2009–10 where counselling was nominated as the main treatment. Of these, 57,260 (92%) were for clients seeking treatment for their own drug use. Alcohol was the most common principal drug of concern where counselling was the main treatment type (51% of episodes), followed by cannabis (22%), amphetamines (9%) and heroin (9%).

Client profile

- 92% of episodes were for clients seeking treatment for their own drug use. Counselling was also the treatment most likely to be provided to people seeking treatment related to someone else's drug use.
- The majority of episodes (65%) were for males.
- The median age of persons receiving treatment was 33 (males 32; females 35).
- People in their 20s and 30s accounted for the largest proportion of episodes (both 29%), followed by people aged 40–49 (19%).
- One in 10 episodes (11%) involved clients who identified as Indigenous Australians.
- Self-referral was the most common source of referral (39%), followed by court diversion (15%) and referrals from alcohol and other drug treatment services (9%).

Treatment profile

- Counselling was most likely to occur in a non-residential treatment facility (90%), rather than at the client's home (2%), an outreach setting (5%) or a residential treatment facility (2%).
- The majority of episodes (55%) were reported to have 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 (22%).
- Counselling episodes were longer than most other treatment types, with a median length of 50 days.

5.2.2 Withdrawal management (detoxification)

Box 5.3: What is withdrawal management (detoxification)?

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

Principal drug profile

Of the 22,534 closed treatment episodes in 2009–10 where withdrawal management was nominated as the main treatment type, alcohol was the most common principal drug of concern reported (54% of episodes), followed by cannabis (17%) and heroin (12%). All withdrawal management episodes were for clients seeking treatment for their own drug use.

Client profile

- Only clients seeking treatment for their own drug use received this main treatment type.
- The majority (65%) of episodes were for males.
- The median age of clients receiving treatment was 36 (males 37; females 36).
- People accessing withdrawal management (detoxification) were most likely to be aged 30–39 (30%), followed by people aged 40–49 (24%). In 2008–09, the second most reported age group was 20–29.
- Almost one in 10 episodes (8%) were for clients who identified as Indigenous Australians.
- Self-referral was the most common source of referral (51% of episodes); 18% of withdrawal management referrals came from alcohol and other drug treatment services.

Treatment profile

- Treatment was most likely to occur in a residential treatment facility, with six in 10 withdrawal management episodes (59%) provided in this type of facility. Three in 10 episodes (31%) were provided via a non-residential setting, and almost one in 10 (8%) were provided at the home of the client.
- The majority of episodes (68%) were reported to have ended because the treatment was completed. The next most common reason for ending a treatment episode was that the client ceased to participate against advice (10%).
- The median duration of a treatment episode was unchanged from previous years at eight days.

5.2.3 Assessment only

Box 5.4: What is assessment only?

To be included in the AODTS–NMDS, clients of specialist AOD agencies are assessed and/or accepted for one or more types of treatment for their own, or another person's, alcohol and other drug problem (AIHW 2009). For some clients, a treatment episode consists simply of an assessment and no other treatment is received. These episodes are reported as assessment only.

The process of assessment identifies the nature of the drug issue, including the extent and associated health implications, the client's needs (which form the basis of the treatment plan) and which treatment would be most appropriate for the client (NCETA 2004). Assessment may be done by a central agency whose sole purpose is to make assessments and refer to appropriate treatment agencies, or completed in-house at an alcohol and other drug treatment agency as the first part or session in a course of treatment.

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

Information from states and territories indicates that some episodes reported as 'assessment only' are those where clients did not return for further treatment. The AODTS–NMDS does not collect information about clients' reasons for not returning to treatment as expected. There are a variety of reasons that clients may not return after undergoing assessment. For example, a client may have felt that they received enough assistance, may not have found the contact useful or may not have been motivated to continue.

Sometimes the coding practices of treatment agencies can affect the number of assessment only episodes that are recorded. Coding practices are influenced by the service delivery processes within the agency. Therefore the method of counting assessment only episodes may differ between states and territories, and comparison of data nationally and across jurisdictions should be made with caution.

Principal drug profile

Of the 19,803 episodes in 2009–10 where assessment only was nominated as the main treatment, almost all (99%) involved clients seeking treatment for their own drug use. Alcohol was the most common principal drug of concern reported (55%), followed by cannabis (15%) and heroin (11%). There were only 213 episodes with assessment only as their main treatment type where clients were seeking assistance for someone else's drug use.

Client profile

- Almost all (99%) episodes were for clients seeking treatment for their own drug use.
- Three in four episodes (76%) were for males.
- The median age of persons receiving treatment was 32 (males 32; females 34).
- Persons aged 20–29 accounted for the greatest proportion of episodes (34%), followed by persons aged 30–39 (31%).
- Almost one in five episodes (17%) involved clients who identified as Indigenous Australians.

- Referral by a correctional service was the most common source of referral (37% of episodes). A further 24% were initiated through self-referral.

Treatment profile

- Treatment was most likely to occur in a non-residential treatment facility (58% of episodes) followed by 'other' treatment settings (30%).
- The majority of episodes were reported to have ended because the treatment was completed, with eight in 10 (80%) ending for this reason. The next most common reason was that the client ceased to participate without notifying the service provider, with almost one in 10 (8%) episodes ending for this reason.

5.2.4 Information and education only

Box 5.5: What is information and education only?

These episodes in the AODTS–NMDS comprise those where no treatment was provided to the client beyond information and education. They may be delivered to an individual or group. Group information and education is included in the AODTS–NMDS data only if the individuals involved are registered clients of a treatment agency. Open information sessions for the general public, or where clients are not registered, are not included.

Principal drug profile

There were 13,034 episodes in 2009–10 where information and education only was reported as the main treatment type. Of the 12,834 episodes involving clients who received information or education only about their own drug use, cannabis was the most common principal drug of concern reported (67%), followed by alcohol (19%).

Client profile

- 98% of episodes were for clients seeking treatment for their own drug use.
- The majority (73%) of episodes were for males.
- The median age of persons who received treatment was 25 (males 25; females 27).
- Persons aged 20–29 accounted for the largest proportion of episodes (36%), followed by persons aged 10–19 (26%).
- 16% of episodes involved clients who identified as Indigenous Australians.
- Police and court diversion programs were the most common sources of referral (48% and 28% of episodes, respectively). Information and education only had the lowest rate of self-referral (7%) of all treatment types.

Treatment profile

- Treatment was most likely to occur in a non-residential treatment facility (70% of episodes), followed by an outreach setting (14%).
- Seven in 10 episodes (70%) were reported to have ended because the client expiated their offence —that is, the client had completed an education or information program as a requirement of a diversion program. The next most common reason for episodes to end

was because the treatment was completed, with almost three in 10 (28%) episodes ending for this reason.

- Information and education only tended to be delivered on a single day, rather than over a number of sessions (the median number of days for a treatment episode was one).

5.2.5 Support and case management only

Box 5.6: What is support and case management only?

Support and case management only in alcohol and other drug treatment services takes a variety of forms. 'Support' tends to encompass activities that do not fall into other treatment types (AIHW 2009). For example, supportive contact with a client that does not meet the definition of information and education only could be reported as support and case management only. Occasional contact with a client who calls into an agency for emotional support is an example of this type of intervention.

'Case management' is generally more structured than 'support'. Its functions have been described as assessment, planning, linking, monitoring and advocacy (Vanderplasschen et al. 2007). Generally, case management takes a holistic approach, looking at general welfare needs, such as housing, together with drug-related issues.

Case management can be delivered in numerous ways. Case management models include the 'brokerage' approach where the case manager is responsible for coordinating other services to meet the client's needs. Other models may provide more services directly to clients. For example, some models include the provision of counselling by the case manager (Vanderplasschen et al. 2007).

Principal drug profile

Of the 12,781 episodes where support and case management only was the main treatment type, almost all (95%) were for clients seeking treatment for their own drug use. Alcohol was the most common principal drug of concern involved with this treatment type (35% of episodes), followed by cannabis (33%) and heroin (13%). There were 671 episodes with support and case management only as the main treatment type where clients were seeking assistance for someone else's drug use.

Client profile

- Almost all episodes (95%) were for clients seeking treatment for their own drug use.
- More than three in five (64%) episodes were for males.
- The median age of persons receiving support and case management only was 24 for both males and females.
- Clients aged 10–19 accounted for the greatest proportion of episodes (32%), followed by those aged 20–29 (30%), where previously 20–29 had the highest proportion.
- 14% of episodes involved clients who identified as Indigenous Australians.
- About one-third of referrals were self-referrals (36%), with court diversion (21%) being the next most common source of referral.

Treatment profile

- Treatment was most likely to occur in an outreach setting (49% of episodes). This is a large proportion compared with other treatment types (the proportion across all treatment types was 10%). Non-residential treatment facilities were the next most common treatment setting, at 47%.
- About two-thirds of episodes (62%) were reported to have ended because the treatment was completed. The next most common reason reported for ending an episode (13%) was that the client ceased to participate without notifying the service provider.
- Support and case management only episodes remained the longest treatment type, with a median number of treatment days of 53, an increase from the median number of days observed in 2008–09 (47 days).

5.2.6 Rehabilitation

Box 5.7: What is rehabilitation?

In the AODTS–NMDS, rehabilitation refers to an intensive treatment program that integrates 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. Rehabilitation treatment can provide a high level of support (that is, up to 24 hours a day) and tends towards a medium to longer term duration. Rehabilitation activities can occur in residential or non-residential settings (AIHW 2009).

Rehabilitation includes residential treatment services, therapeutic communities and community-based rehabilitation services. Residential rehabilitation provides an appropriate, often drug-free environment in which structured interventions can be delivered to people who are drug dependent (New South Wales Department of Health 2007). Rehabilitation programs offered in therapeutic communities are multidimensional (often including psychological therapies, education, peer support, and so forth) and residents stay in the community for varying periods of time, depending on their needs (New South Wales Department of Health 2007). Community-based rehabilitation programs may begin with home-based detoxification and continue with both individual and group counselling over a period of time.

Principal drug profile

In 2009–10, there were 7,521 episodes where rehabilitation was the main treatment type, with all of these involving clients seeking treatment for their own drug use. Alcohol was the most common principal drug of concern reported (55%), followed by cannabis (15%) and amphetamines (11%).

Client profile

- Two-thirds of episodes were for males (65%).
- The median age of persons receiving treatment was 33 for both males and females.
- Clients aged 30–39 accounted for 32% of episodes, followed closely by those aged 20–29 (31%).
- Almost one in five episodes (17%) involved clients who identified as Indigenous Australians. There were also 3,449 residential treatment/rehabilitation episodes of care

provided to Indigenous people in OSR substance use-specific services in 2009–10 (Table 3.4). See Appendix 6 for more information from this collection.

- Self-referral was the most common source of referral (39%), followed by referrals from alcohol and other drug treatment services (20%).

Treatment profile

- Treatment was most likely to occur in a residential treatment facility (78%). One in six (16%) of episodes were provided in a non-residential treatment facility.
- The most common reason reported for the cessation of episodes was treatment completion (42%). The next most common reasons for ending a treatment episode were that the client ceased to participate against advice (18%), or because of non-compliance with the expectations of the rehabilitation provider (12%).
- The median number of days for an episode increased to 46 for 2009–10, compared with 42 for 2008–09.

5.2.7 Other main treatment types

Box 5.8: What are 'other' main treatment types?

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

About 33% of the episodes reported here as providing an 'other main treatment type' actually involved pharmacotherapy. However, it is important to understand that AODTS–NMDS pharmacotherapy data do not tell the whole story about pharmacotherapy in Australia. Agencies that only provide pharmacotherapy are not required to report to the AODTS–NMDS. Those agencies that are required to report are asked to report only when they provide pharmacotherapy and another drug treatment to the same person. Information specific to opioid pharmacotherapy treatment can be found in the National Opioid Pharmacotherapy Statistical Annual Data (NOPSAD) collection (see Section 5.4).

Principal drug profile

There were 9,186 episodes in 2009–10 with a main treatment type classified as 'other'. Alcohol was the most common principal drug of concern involved with this treatment type (42%) followed by heroin (18%). 'Other opioids' and 'other' drugs were reported equally (12%).

Client profile

- The majority of episodes (97%) were for the client's own drug use.
- More than half (57%) of episodes were for males.
- The median age for treatment was 35 (36 for males and 35 for females).

- 30–39-year-olds accounted for the greatest proportion of episodes (26%) followed by 20–29-year-olds (21%).
- About 15% of episodes were for clients who identified as Indigenous Australians. This figure may under-represent the total number of services provided to Indigenous Australians because they also receive treatment from Indigenous-specific services, whose data is not captured in the AODTS–NMDS. One type of 'other' treatment provided in those agencies is 'sobering-up/residential respite'. There were 16,257 episodes of sobering-up/residential respite provided by Aboriginal and Torres Strait Islander substance use-specific agencies in 2009–10. See Chapter 3 for more details.
- Self-referral and medical practitioners were equally common referral sources (both 23%), followed by hospital (19%) and alcohol and other drug treatment services (9%).

Treatment profile

- Other main treatments were most likely to occur in a non-residential treatment setting, with half of episodes (52%) occurring in this setting. Treatment in a residential treatment facility was the next most common, with four in 10 (41%) episodes occurring in this setting. Other treatments were least likely to be provided in the home of the client (less than 1%).
- The median number of days for other main treatments, regardless of the setting, was seven in 2009–10. In 2006–07, the median treatment duration was 48 days, and in 2008–09 it was nine days. This change was related to the larger proportion of non-pharmacotherapy treatments included in the past two collection years.
- The majority of episodes ended because treatment had been completed (60%), followed by clients being transferred to another service provider (15%).

5.3 Additional treatments

Key findings

- **8,848 closed treatment episodes** included at least **one additional treatment type** in 2009–10, fewer than in 2008–09 (14,663).
- Almost **two in five** (37%) episodes receiving **rehabilitation** as a **main treatment type** also received an **additional treatment** in 2009–10.
- **One in five** (20%) episodes with **withdrawal** as a **main treatment type** received **additional treatment** in 2008–09, a decrease from 2008–09 (38%).
- **Less** than **one in five** (16%) episodes with **'other'** as a **main treatment type** received **additional treatment** in 2009–10, a **decrease** from 2008–09 (43%).

This section looks at the provision of multiple treatment types in the same episode by the same agency. As in previous reports in this series, Victorian data have been excluded from these analyses because it counts each treatment as a distinct episode.

The provision of more than one type of treatment during an episode may occur because treatment agencies provide multiple treatments that can be (but are not required to be) part of a single treatment plan. Other treatment agencies provide only one type of treatment and, therefore, do not report other treatment types.

An additional treatment type is not reported where it may be regarded as a core component of the main treatment type. For example, counselling that is required as part of a rehabilitation episode is not reported in addition to rehabilitation as the main treatment type.

As shown in Table 5.4, almost one in 10 episodes (9%) in 2009–10 reported at least one additional treatment type, a decrease from 15% in 2008–09. The most common main treatment type accompanied by an additional treatment was rehabilitation, with almost two in five episodes (37%) involving rehabilitation also receiving an additional treatment. This was a slight increase from 2008–09 (34%). The next most common main treatment type accompanied by an additional treatment was withdrawal management (detoxification), with almost one in five withdrawal treatment episodes (20%) receiving additional treatment. The proportion of episodes receiving withdrawal management accompanied by an additional treatment was almost half that observed in 2008–09 (38%).

The proportion of episodes receiving additional treatment with main treatment type 'other' decreased from more than two in five (43%) in 2008–09 to less than one in five (16%) in 2009–10.

Table 5.4: Treatment episodes, with or without additional treatment types, by main treatment type, 2009–10

Main treatment	With additional treatment	With no additional treatment	Total episodes	Proportion of episodes with additional treatment
	Number			Per cent
Withdrawal management (detoxification)	2,426	10,027	12,453	19.5
Counselling	3,079	32,470	35,549	8.7
Rehabilitation	2,143	3,587	5,730	37.4
Support and case management only	—	5,978	5,978	—
Information and education only	—	12,683	12,683	—
Assessment only	—	14,609	14,609	—
Other	1,200	6,446	7,646	15.7
Total	**8,848**	**85,800**	**94,648**	**9.3**

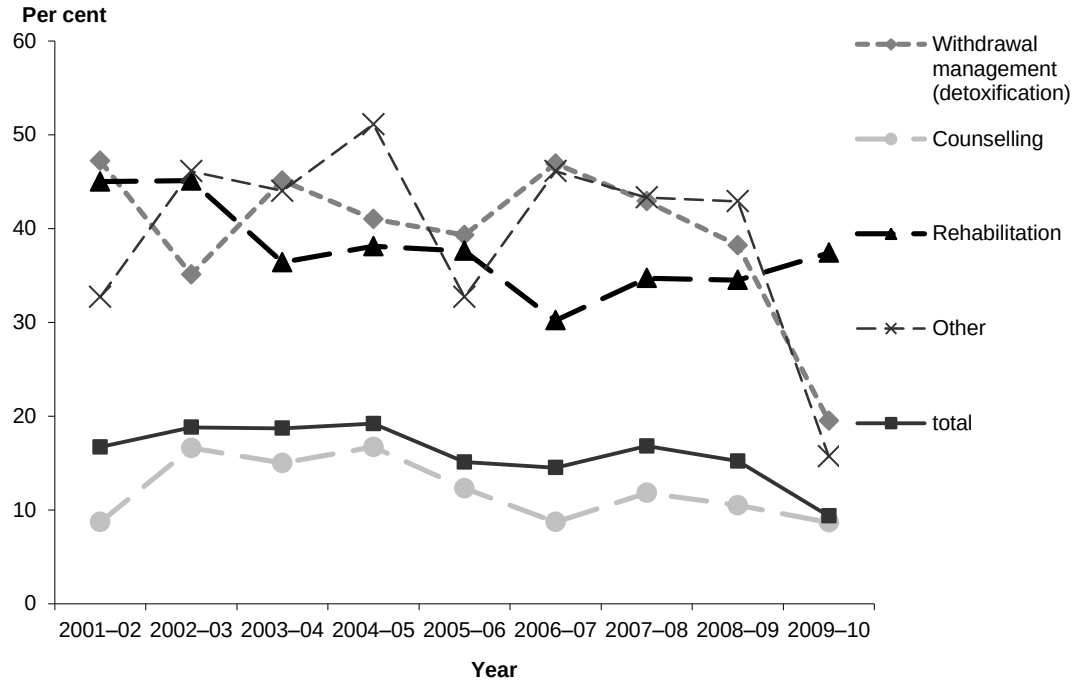
Note: Victorian data are excluded from this analysis because Victoria counts each treatment as an individual episode.

Over time, the proportion of all episodes that have included additional treatments remained relatively stable between 2001–02 and 2008–09 (ranging from 15% to 19%). In 2009–10, the proportion dropped to 9%, the lowest since the collection began (Figure 5.4).

Different main treatment types have had different trend patterns over the course of the collection. 'Other' treatment types showed the most variation over time, ranging from 51% in 2004–05 to 16% in 2009–10.

The proportion of episodes with withdrawal management as a main treatment type that also recorded an additional treatment gradually decreased between 2001–02 (47%) and 2005–06 (39%). The proportion then increased to 47% in 2006–07, followed by a gradual decline, reaching a low point of 19% in 2009–10. The proportion of episodes with 'other' as a main

treatment type that also had an additional treatment followed a similar pattern, reaching a low point of 16% in 2009–10 (see Figure 5.4).



Source: Table A3.30.

Figure 5.4: Proportion of treatment episodes with additional treatments by main treatment type, 2001–02 to 2009–10 (per cent)

5.4 National Opioid Pharmacotherapy Statistics Annual Data Collection 2010

Key findings

- On the snapshot day in 2010 there were **46,078** clients who received pharmacotherapy for opioid dependence, of who almost **two in three** were **male**.
- Methadone accounted for close to **seven in 10 clients'** pharmacotherapy type.

This section provides a more detailed picture of pharmacotherapy treatment in Australia than is available through the AODTS–NMDS collection alone.

Treatment of opioid dependence using opioid pharmacotherapy is administered according to the law of the relevant state or territory, and within a framework that may include not only medical treatment but also social and psychological treatment.

The Australian Government contributes funds for the provision of pharmacotherapy drugs via pharmaceutical benefits arrangements, through clinics and pharmacies approved by state and territory governments.

The data in this section are from the *National opioid pharmacotherapy statistics annual data (NOPSAD) collection: 2010 report* (AIHW 2011c).

The NOPSAD collection provides national data on the provision of opioid pharmacotherapy treatment. More specifically, it provides data on the practitioners who prescribe treatment, the dosing sites where pharmacotherapy drugs are dispensed, and the clients receiving opioid pharmacotherapy treatment.

Although jurisdictions strive to report data that is consistent with the agreed standards, the NOPSAD collection is not an official national minimum data set and some discrepancies do exist between jurisdictions in how they report data.

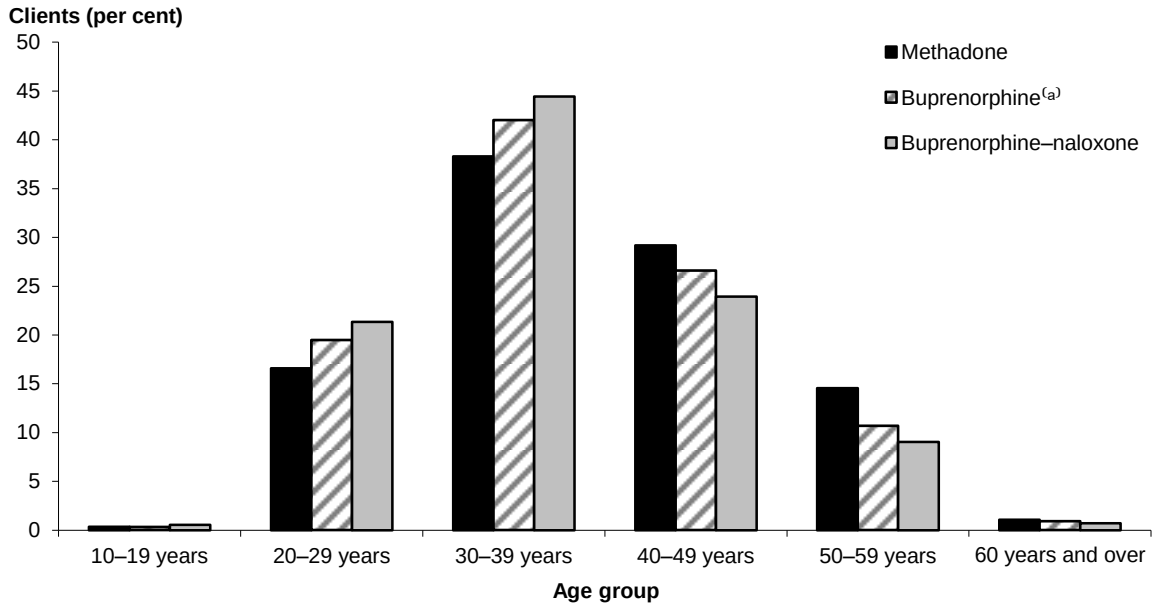
5.4.1 Number of clients receiving pharmacotherapy treatment

Nationally, on the snapshot day in 2010, there were 46,078 clients who received pharmacotherapy for opioid dependence, of which almost two in three were male. This was an overall increase of just over 2,600 clients since 2009.

This increase was accompanied by an increase in prescribers (from 1,435 in 2009 to 1,449 in 2010) and in dosing point sites (in 2010, there were 2,200 sites in Australia, a rise from 2,157 in 2009).

Since 2006 there has been a shift towards older clients. Between 2006 and 2010 the mean age of clients receiving pharmacotherapy increased. The proportion of clients aged 29 and younger decreased from about one in four clients in 2006 to about one in six in 2010. In the same time frame, the proportion of clients aged 30 and over increased from just over seven in 10 in 2006 to just over eight in 10 in 2010.

With respect to specific drug types, the combined product buprenorphine–naloxone is used more among clients younger than 40, with methadone more likely to be used among clients older than 40 (Figure 5.5).



(a) In New South Wales, clients prescribed buprenorphine-naloxone are counted under 'buprenorphine'.
Source: AIHW 2011c.

Figure 5.5: Clients, by age group and pharmacotherapy type, on a snapshot day, 2010

Consistent with previous years, in 2010 methadone accounted for close to seven in 10 clients' pharmacotherapy type, with the remaining three in 10 clients receiving either buprenorphine or buprenorphine–naloxone (Table 5.5).

Table 5.5: Clients, by pharmacotherapy type, and state and territory, on a snapshot day, 2010

Pharmacotherapy type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					Number				
Methadone	15,048	8,476	3,052	2,269	1,946	432	632	34	31,889
Buprenorphine	4,066	817	796	126	430	51	60	15	6,361
Buprenorphine–naloxone	n.a.	3,892	1,840	947	834	137	119	59	7,828
Total	**19,114**	**13,185**	**5,688**	**3,342**	**3,210**	**620**	**811**	**108**	**46,078**
					Per cent				
Methadone	78.7	64.3	53.7	67.9	60.6	69.7	77.9	31.5	69.2
Buprenorphine	21.3	6.2	14.0	3.8	13.4	8.2	7.4	13.9	13.8
Buprenorphine–naloxone	n.a.	29.5	32.3	28.3	26.0	22.1	14.7	54.6	17.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total clients by state/territory	**41.5**	**28.6**	**12.3**	**7.3**	**7.0**	**1.3**	**1.8**	**0.2**	**100.0**

Source: AIHW 2011c.

5.5 Opioid pharmacotherapy treatment in prison health services 2010

Key findings

- In 2010, **methadone was the most commonly available** treatment for opioid dependence in Australian prisons.
- **Methadone maintenance treatment programs** were offered to all detainees in all jurisdictions.
- **One in eight** (13%) entrants reported having **ever received an Opioid Pharmacotherapy Treatment**.

This section is in this report for the first time to provide further information about pharmacotherapy treatment in Australia beyond the community-based NOPSAD and AODTS–NMDS collections. This material is drawn from the 2010 National Prisoner Health Census (AIHW 2011d).

As of January 2008, Australia was one of 29 countries following the World Health Organization's 1993 guidelines to offer opioid pharmacotherapy in prisons (Larney & Dolan 2009). In some jurisdictions, however, this was restricted to prisoners who were receiving pharmacotherapy in the community before entering prison.

In 2010, methadone was the most commonly available treatment in Australian prisons, with maintenance treatment programs offered to all detainees in all jurisdictions. The use of buprenorphine was less common, with New South Wales, Victoria and South Australia the only jurisdictions providing this treatment in prisons. Buprenorphine/naloxone was only provided in Victoria and Western Australia and only for prisoners who were receiving this treatment before entering prison (Table 5.6).

Table 5.6: Availability of opioid substitution treatment in Australian prisons, states and territories, 2010

	Methadone		Buprenorphine		Buprenorphine/naloxone	
	Maintenance	Initiation	Maintenance	Initiation	Maintenance	Initiation
NSW	√	√	√	√	×	×
Vic	√	√	√	×	√	×
Qld	√	×	×	×	×	×
WA	√	√	×	×	√	×
SA	√	√	√	√	×	×
Tas	√	×	×	×	×	×
ACT	√	√	×	×	×	×
NT	√	×	×	×	×	×

Source: Supplementary data, National Prisoner Health Census 2010.

In the National Prisoner Health Census 2010, prison entrants were asked whether they were currently receiving an OPT (opioid pharmacotherapy treatment) or had been in the past. About
one in eight (13%) entrants reported having ever received an OPT. A small proportion of entrants indicated that they were currently receiving methadone treatment (3%) or other

opiate replacement program (2%). Just over one in 17 entrants (6%) had received methadone treatment at some time in the past, and a similar proportion (7%) had received another OPT in the past (Table 5.7).

Table 5.7: Prison entrants, opioid pharmacotherapy treatment history, 2010[(a)(b)]

	Currently		In the past	
Opioid pharmacotherapy treatment	**Number**	**Per cent**	**Number**	**Per cent**
Methadone	20	3	37	6
Other opiate replacement program	10	2	43	7
Total prison entrants	**610**	**100**	**610**	**100**

(a) Excludes New South Wales and Victoria, as they did not participate in the 2010 Census.

(b) Totals do not sum, as some prisoners may have been on more than one type of program.

Source: Entrant form, National Prisoner Health Census 2010.

6 Hospital treatment – what drug-related diagnoses do people go to hospital for?

This chapter supplements the 2009–10 AODTS–NMDS collection by presenting information on hospital treatment, or morbidity, based on hospital separations reported with a drug-related principal diagnosis. Data are sourced from the AIHW's National Hospital Morbidity Database (NHMD), which includes all public and private hospitals across most states and territories and public hospitals only in the Northern Territory.

To understand the characteristics of hospital separations with a drug-related principal diagnosis, demographic variables such as sex, age-group, Indigenous status and socioeconomic status (SES) are in this chapter. This chapter also explores whether these separations occurred in public or private hospitals.

Time series data are also explored to highlight patterns of drug-related hospital separations, across years, by sex and age.

Hospital separations where the diagnosis of drug-related harm or disorder is additional to another diagnosis have been excluded from this chapter. This includes problems related to certain chronic conditions caused by the use of drugs like tobacco and alcohol. Hospital separations for drug-related injuries and drug-related allergic responses have also been excluded from the analysis.

The data on which this analysis of hospital separations is based is in Appendix tables A3.32 to A3.40.

Box 6.1: Key definitions for terms used in this chapter

Principal diagnosis is the diagnosis listed in hospital records to describe the problem that was chiefly responsible for the patient's episode of care in hospital.

Separations refer to completed episodes of hospital care ending with a discharge, death, transfer or a change to another type of care.

'Drug-related' separations refer to hospital care with diagnoses of substance use disorder or harm due to selected substances.

Hospital separations can be either **same-day** (where the patient is admitted and is discharged on the same day) or **overnight** (where the patient is admitted to hospital and is discharged on different dates).

6.1 Drug-related hospital separations in 2009–10

Key findings

- In 2009–10, there were 104,614 hospital separations reported with a drug-related principal diagnosis, 1% of all hospital separations in that period. **Three-fifths (59%)** of drug-related separations in 2009–10 were **overnight separations.**
- **Three-fifths** of separations (61,125) were for **alcohol;** this was more than for any other drug.
- **Alcohol**-related separations were **most common** for all age groups excluding those under 10.
- **Males** were **more likely** than females to receive hospital treatment for **stimulants and hallucinogens** (65%), **alcohol** (60%) and **volatile solvents** (61%).
- **Seven in 10** (70%) separations among **Indigenous Australians** were for **alcohol**.
- **Analgesic–** related separations were **more common** among **low–to–mid SES groups** (15%), becoming less common among high SES groups (11–13%).
- **Seven in 10** separations (71%) with a drug–related hospital separation were treated in a **public hospital**.

Drugs described in this chapter include legal, accessible drugs such as alcohol and tobacco, drugs that are available via prescription, such as analgesics and antidepressants, and drugs that are generally not sourced through legal means such as heroin and ecstasy. A proportion of the separations reported may therefore result from harm resulting from the legal or therapeutic use of drugs.

6.1.1 Drugs associated with hospital separations

In 2009–10, there were 104,614 hospital separations reported with a drug-related principal diagnosis, 1.2% of all hospital separations for that period.

Overall, three in five drug-related separations (59%) were overnight separations. For most drug-related principal diagnosis categories, overnight separations were more common than same-day separations, ranging from 53% for alcohol to 72% for non-opioid analgesics (including paracetamol). The exceptions were hallucinogens and tobacco and nicotine, where hospital separations were more likely to be same-day (51% and 54% respectively).

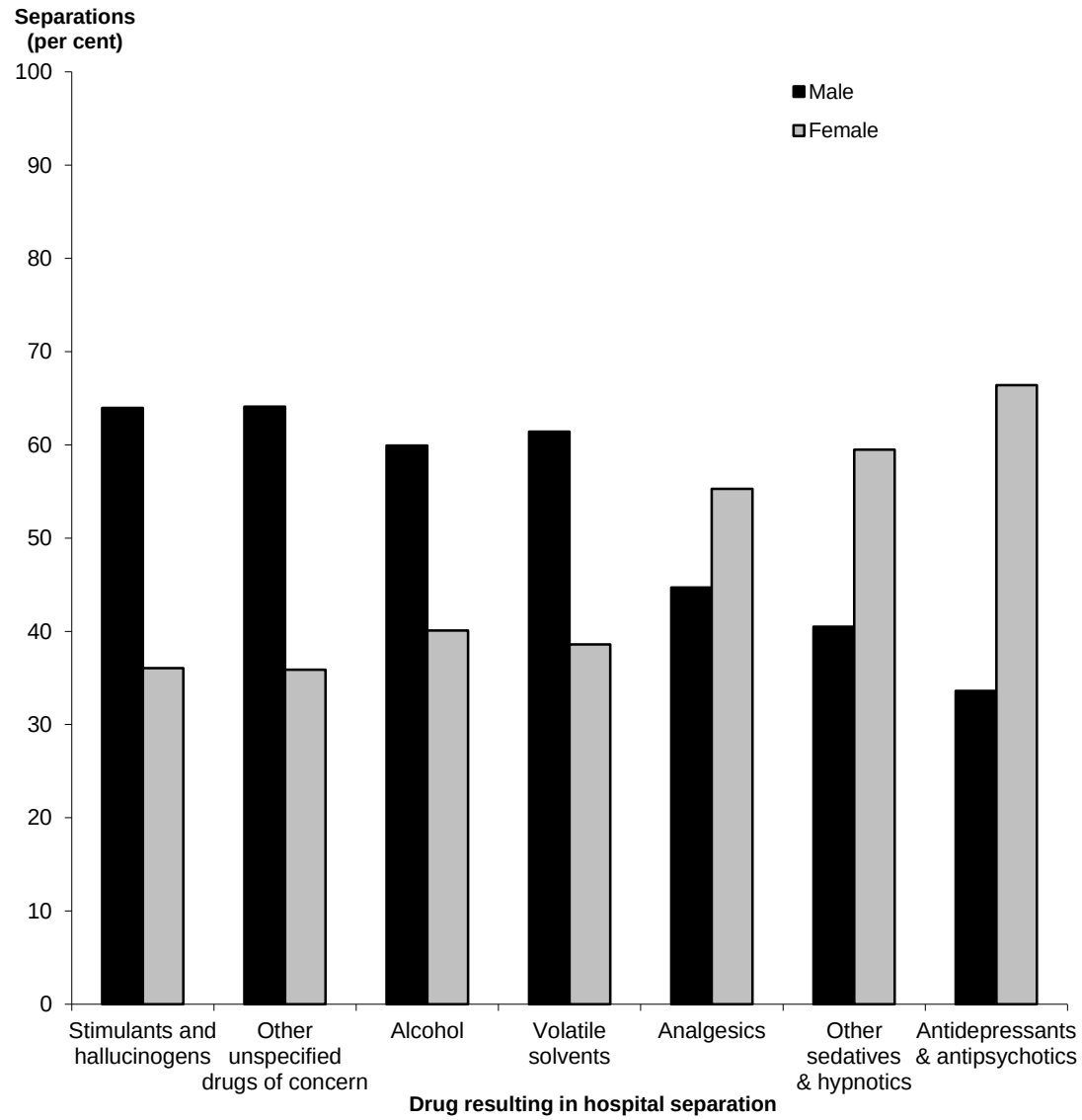
Table 6.1: Hospital separations by drug-related principal diagnosis, 2009–10 (number and per cent)

Drug- related principal diagnosis	Same-day separations		Overnight separations		Total separations	
	No.	Per cent	No.	Per cent	No.	Per cent
Analgesics						
Opioids (includes heroin, opium & methadone)	2,662	6.2	4,863	7.9	7,525	7.2
Non-opioid analgesics (includes paracetamol)	1,839	4.3	4,842	7.8	6,681	6.4
Total analgesics	*4,501*	10.5	*9,705*	15.7	*14,206*	*13.6*
Sedatives & hypnotics						
Alcohol	28,606	67.0	32,519	52.5	61,125	58.4
Other sedatives & hypnotics (includes barbiturates and benzodiazepines; excludes alcohol)	3,364	7.9	7,038	11.4	10,402	9.9
Total sedatives and hypnotics	*31,970*	*74.8*	*39,557*	*63.9*	*71,527*	*68.4*
Stimulants & hallucinogens						
Cannabinoids (includes cannabis)	1,071	2.5	2,293	3.7	3,364	3.2
Hallucinogens (includes LSD & ecstasy)	86	0.2	83	0.1	169	0.2
Cocaine	131	0.3	159	0.3	290	0.3
Tobacco & nicotine	27	0.1	23	<0.1	50	<0.1
Other stimulants (includes amphetamines, volatile nitrates and caffeine)	1110	2.6	2072	3.3	3182	3.0
Total stimulants and hallucinogens	*2,425*	5.7	*4,630*	7.5	*7,055*	*6.7*
Antidepressants & antipsychotics	1,982	4.6	5,558	9.0	7,540	7.2
Volatile solvents	326	0.8	454	0.7	780	0.7
Other drugs of concern and conditions						
Multiple drug use	1,479	3.5	1,854	3.0	3,333	3.2
Unspecified drug use and other drugs not elsewhere classified	36	0.1	107	0.2	143	0.1
Foetal and perinatal related conditions	–	–	30	<0.1	30	<0.1
Total other drugs of concern and conditions	*3,823*	*8.9*	*8,003*	*12.9*	*11,826*	*11.3*
Total	**42,719**	**100**	**61,895**	**100**	**104,614**	**100**

Source: AIHW analysis of the National Hospitals Morbidity Database 2009–10.

6.1.2 Hospital separations by sex

In 2009–10, just over half of all drug-related hospital separations (54%) were for male patients. When looking at specific drug-related principal diagnoses (see Figure 6.1), males were more likely than females to have a separation for a drug related principal diagnosis of stimulants and hallucinogens, alcohol and volatile solvents.



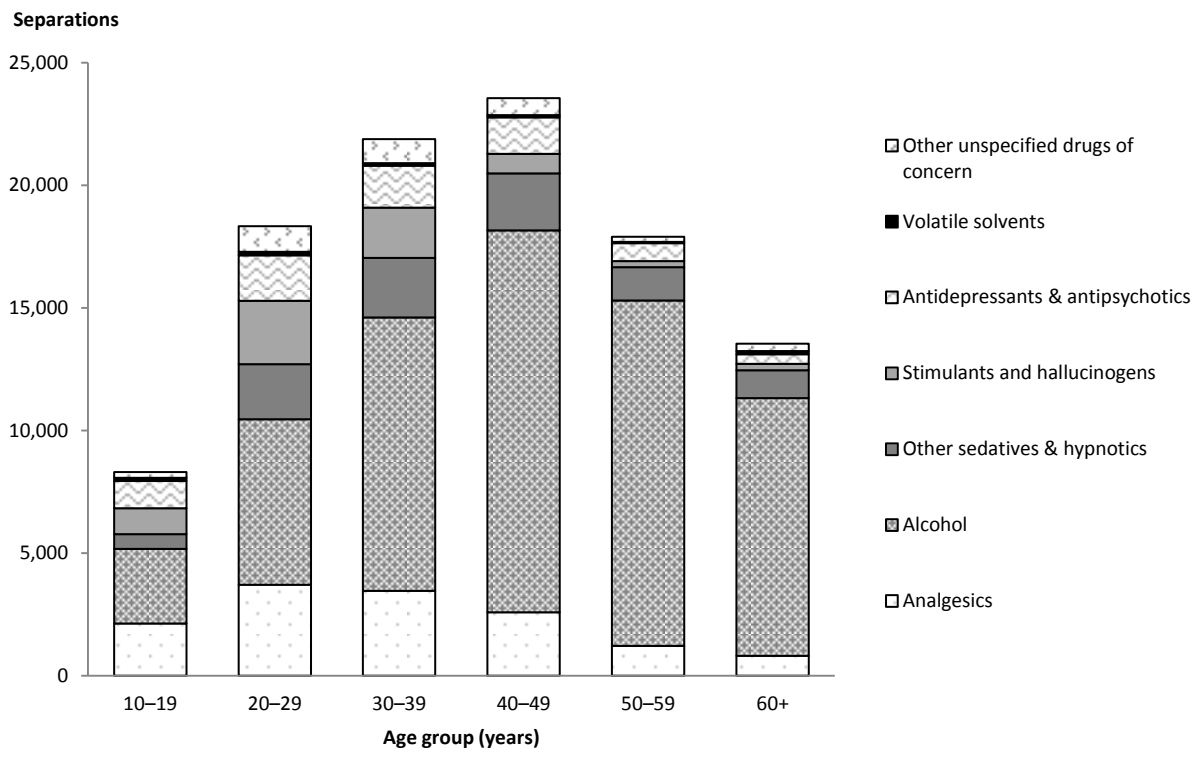
Source: Table A3.32.

Figure 6.1: Hospital separations with a drug-related principal diagnosis, by sex, 2009–10

6.1.3 Hospital separations by age

In 2009–10, there were 103,529 drug-related hospital separations among people aged 10 and over, peaking among those aged 40–49 (23,558 separations) and 30–39-year-olds (21,883 separations) (Figure 6.2). These two age groups accounted for 43% of all drug-related separations.

- For all age groups, alcohol was the drug most commonly associated with hospital separations, ranging from almost two in five (37%) separations among 20–29-year-olds to almost four in five among 50–59-year-olds (79%) and those over 60 (78%). As a general pattern, alcohol-related hospitalisations as a percentage of drug-related separation increased as age increased.
- Hospital separations where analgesics were the drug involved were more common among younger age groups than older (26% of separations among 10–19-year-olds compared with 7% among 50–59-year-olds). A similar pattern emerged for anti-depressants and anti-psychotics (13% among 10–19-year-olds compared with 4% among 50–59-year-olds).



Source: Table A3.33.

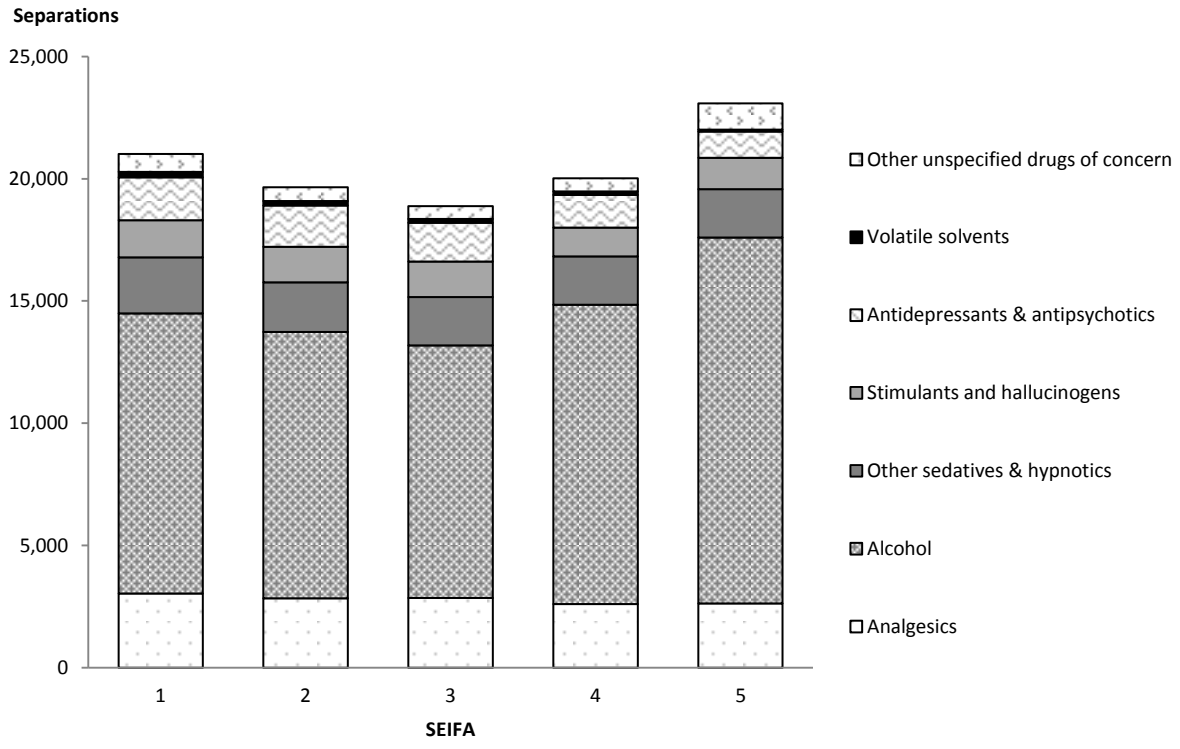
Figure 6.2: Hospital separations by drug-related principal diagnosis and age group, 2009–10

6.1.4 Hospital separations by socioeconomic status

Socioeconomic status (SES) groups are based on the Index of Relative Socio-Economic Disadvantage (SEIFA 2006) for the area of usual residence of the patient. The lowest quintile (1) includes the areas with the most socioeconomic disadvantage while the highest (5) includes the areas with the least.

Drug-related hospital separations were highest among people living in the highest SES quintile (23,080 separations in 2009–10), followed by those in the lowest (21,016)

Alcohol was by far the most common drug involved in hospital separations among all SES groups. However, there were differences between groups, with the proportion of separations involving alcohol ranging from 55% among the lowest SES group to 65% among the highest.



Source: Table A3.34.

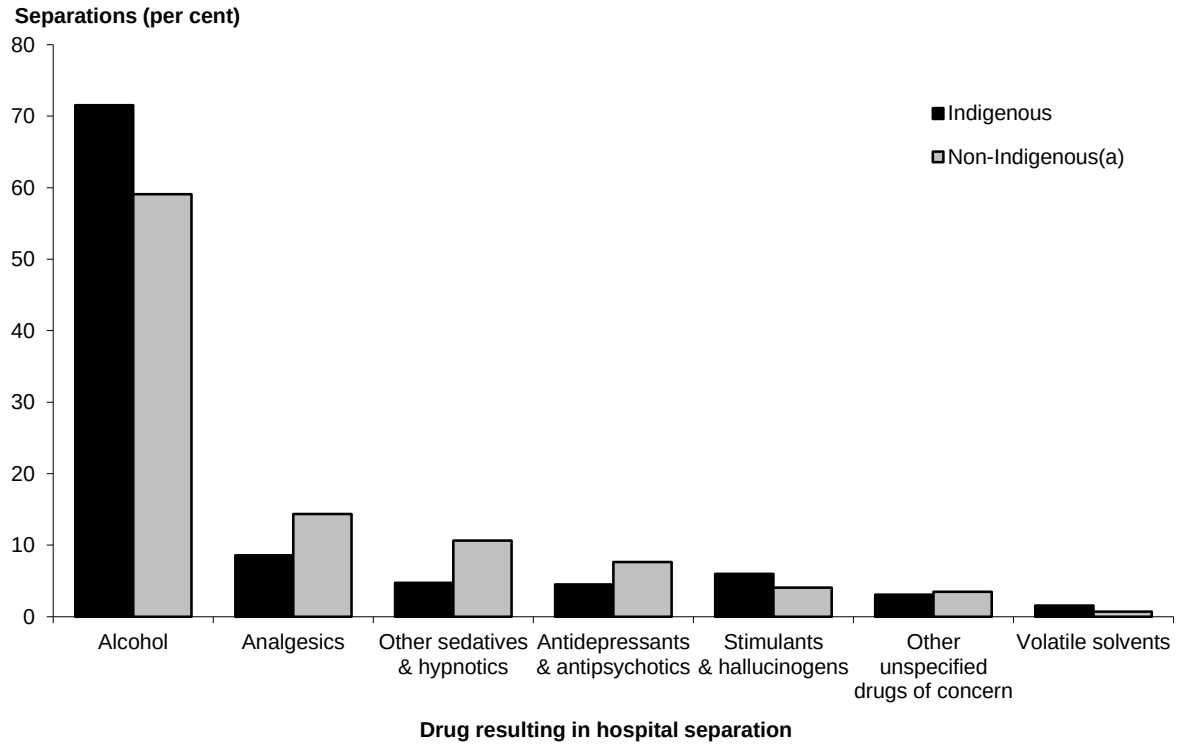
Figure 6.3: Hospital separations with a drug-related principal diagnosis, by socioeconomic group, 2009–10

6.1.5 Hospital separations among Indigenous Australians

In 2009–10, there were 7,702 drug-related hospital separations involving people identifying as Indigenous Australians. This equates to 7% of all drug-related hospital separations for that period.

Seven in 10 (70%) of drug-related hospital separations for Indigenous Australians were for a principal diagnosis relating to alcohol, higher than for non-Indigenous Australians (58%) (Figure 6.4).

Indigenous Australians were also more likely to receive treatment for diagnoses related to stimulants and hallucinogens (8%) and volatile substances (2%) than non-Indigenous Australians (7% and 1% respectively).



(a) Includes 'not stated' for Indigenous status.

Source: Table A3.35.

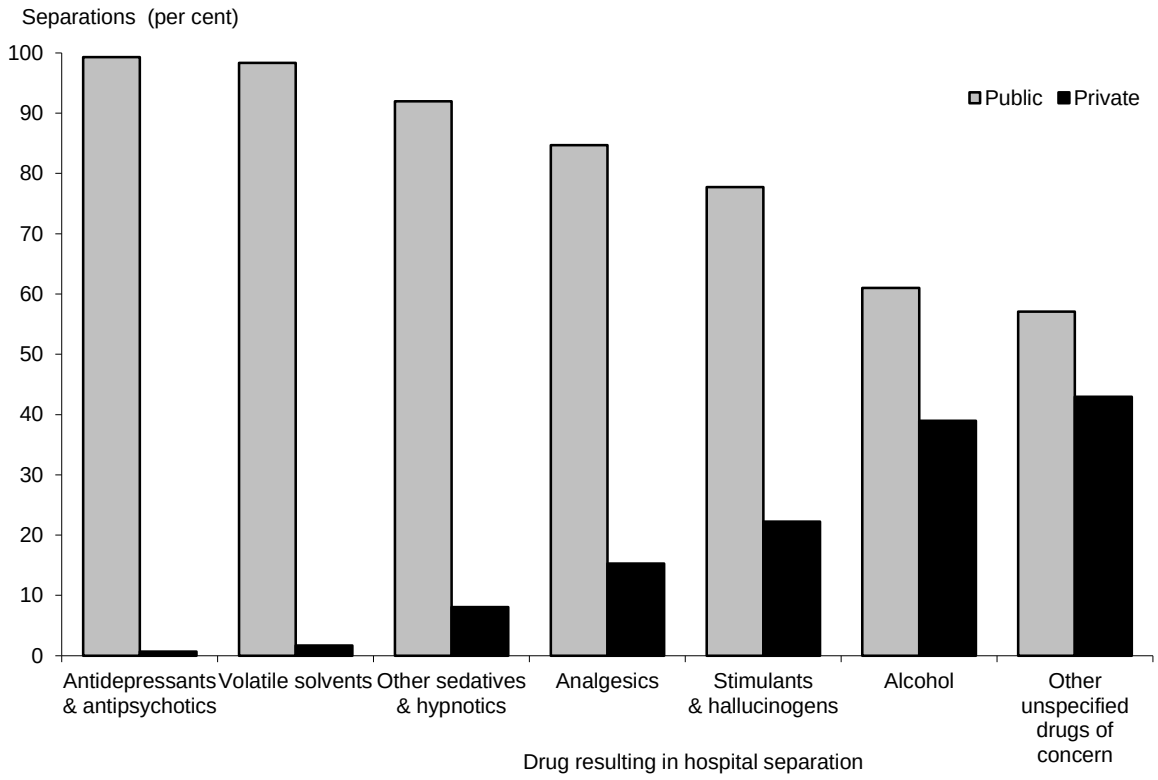
Figure 6.4: Hospital separations with a drug-related principal diagnosis, by Indigenous status, 2009–10

6.1.6 Public versus private hospitals

In 2009–10, hospital separations for each drug-related principal diagnosis were more likely to be in public than private hospitals.

As can be seen in Figure 6.5, the drugs resulting in hospital separations differed considerably between public and private hospitals. Almost all hospital separations where the principal diagnosis was related to antidepressants and antipsychotics and volatile solvents were in public hospitals (99% and 98% respectively).

Compared with other drugs, separations related to the use of stimulants and hallucinogens, alcohol and other unspecified drugs of concern were more common in private hospitals, with 22%, 39% and 43% of separations with these principal diagnoses in private hospitals.



Source: Table A3.36.

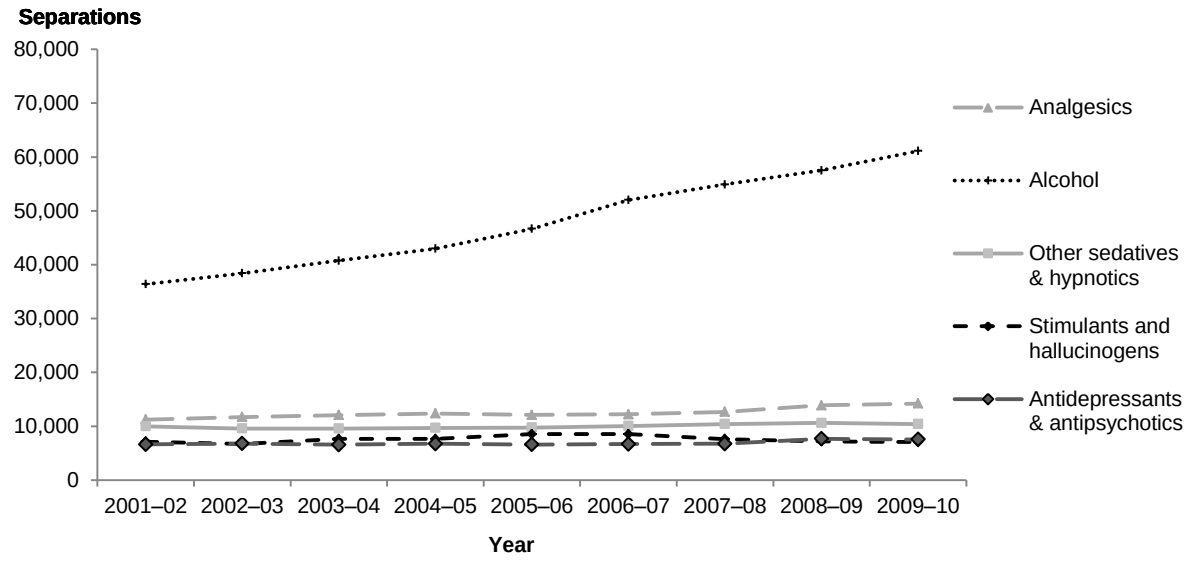
Figure 6.5: Hospital separations with a drug-related principal diagnosis, by public/private hospital, 2009–10

6.2 Hospital separation trends

Key findings

- The **total number** of drug-related hospital separations has gradually **increased** from 75,738 in 2001–02 to 104,614 in 2009–10.
- The **majority** of **drug-related hospital separations** have a principal diagnosis related to **alcohol** (from 36,382 in 2001–02 to 61,125 in 2009–10).
- **Separations** peaked slightly **in the January–March quarter** of every year.
- **Males consistently had more separations** than females between 2001–02 and 2009–10.
- Those aged **30–39** and **40–49** had **the highest number of separations**.

The total number of drug-related hospital separations has gradually increased from 75,738 in 2001–02 to 104,614 in 2009–10 (Figure 6.6). At the same time, total hospital separations have increased, with drug-related hospital separations consistently making up 1.2% of all hospital separations across this period.



Source: Table A3.37.

Figure 6.6: Hospital separations with a drug-related principal diagnosis, by broad category, 2001–02 to 2009–10

Alcohol has consistently been the drug-related principal diagnosis with the highest number of hospital separations from 2001–02 to 2009–10, with the number of separations almost doubling from 36,382 to 61,125 in that time (Table 6.2).

Table 6.2: Hospital separations with a drug-related principal diagnosis, by year, 2001–02 to 2009–10

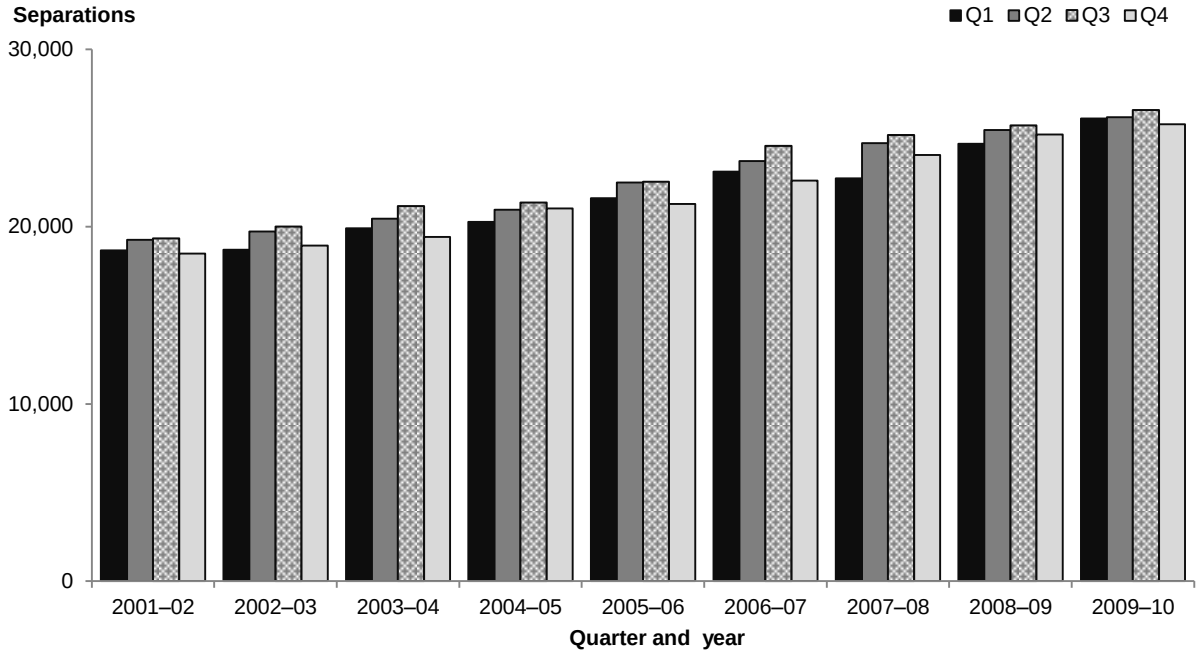
Drug-related principal diagnosis	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10
Analgesics									
Opioids (includes heroin, opium & methadone)	5,466	5,625	6,060	5,852	5,602	6,622	6,998	7,179	7,525
Non-opioid analgesics (includes paracetamol)	5,788	6,084	6,003	6,522	6,497	5,600	5,673	6,693	6,681
Total analgesics	*11,254*	*11,709*	*12,063*	*12,374*	*12,099*	*12,222*	*12,671*	*13,872*	*14,206*
Sedatives & hypnotics									
Alcohol	36,382	38,396	40,774	42,976	46,683	52,021	54,923	57,532	61,125
Other sedatives & hypnotics (includes barbiturates and benzodiazepines; excludes alcohol)	10,005	9,579	9,568	9,698	9,750	10,059	10,421	10,618	10,402
Total sedatives and hypnotics	*46,387*	*47,975*	*50,342*	*52,674*	*56,433*	*62,080*	*65,344*	*68,150*	*71,527*
Stimulants & hallucinogens									
Cannabinoids (includes cannabis)	2,743	2,501	2,672	2,881	3,497	3,263	3,047	3,270	3,364
Hallucinogens (includes LSD & ecstasy)	178	169	190	416	412	362	449	187	169
Cocaine	269	83	188	305	235	220	236	230	290
Tobacco & nicotine	39	59	49	37	46	59	34	51	50
Other stimulants (includes amphetamines, volatile nitrates and caffeine)	3,914	3,893	4,550	4,005	4,350	4,621	3,844	3,447	3,182
Total stimulants and hallucinogens	*7,143*	*6,705*	*7,649*	*7,644*	*8,540*	*8,525*	*7,610*	*7,185*	*7,055*
Antidepressants & antipsychotics	6,638	6,793	6,575	6,756	6,615	6,701	6,753	7,661	7,540
Volatile solvents	924	961	925	1,022	872	816	734	825	780
Other & unspecified drugs of concern									
Multiple drug use	3,066	2,969	3,065	2,845	3,112	3,415	3,339	3,134	3,333
Unspecified drug use and other drugs not elsewhere classified	248	192	239	206	172	156	135	146	143
Foetal and perinatal related conditions	78	60	52	46	45	41	43	50	30
Total other and unspecified drugs of concern	*3,392*	*3,221*	*3,356*	*3,097*	*3,329*	*3,612*	*3,517*	*3,330*	*3,506*
Total	**75,738**	**77,364**	**80,910**	**83,567**	**87,888**	**93,956**	**96,629**	**101,023**	**104,614**

Source: AIHW analysis of the National Hospitals Morbidity Database 2009–10.

As can be seen in Figure 6.7, the number of drug-related hospital separations has followed a similar quarterly pattern each financial year. The number of separations increased as the year

progressed, reaching a peak in the third quarter (January–March). The number of separations then decreased in the fourth quarter.

The first quarter of every year (July–September) has generally had the lowest number of hospital separations with a drug-related principal diagnosis across the years.

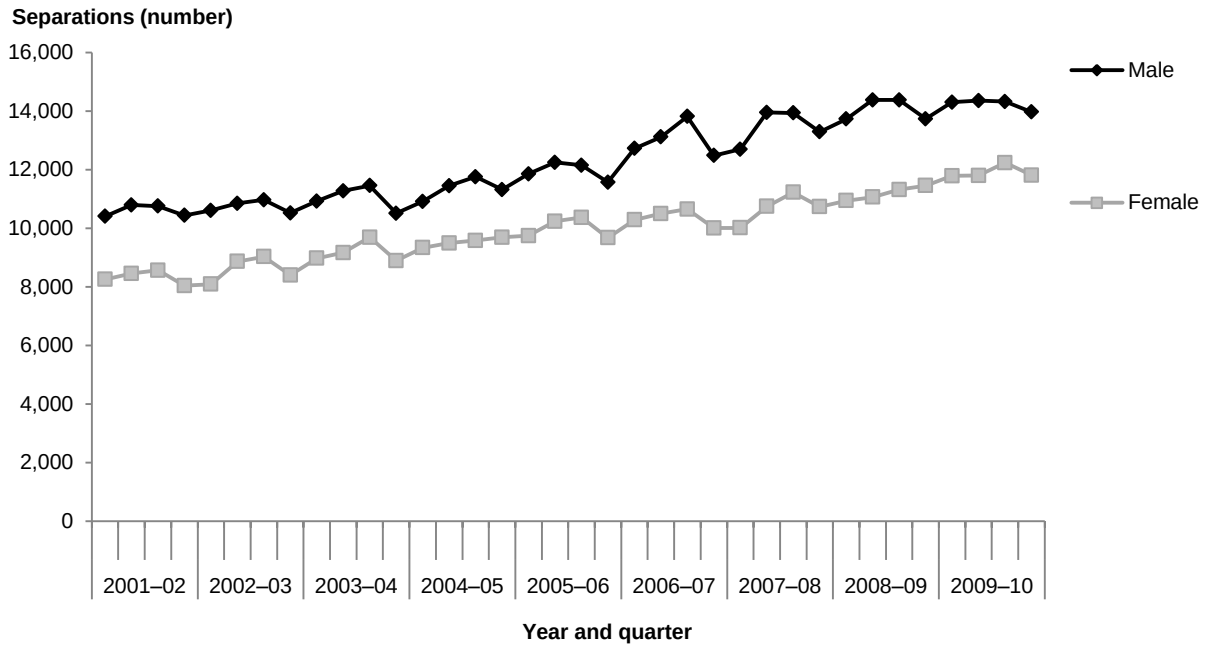


Source: Table A3.38.

Figure 6.7: Hospital separations with a drug-related principal diagnosis, by year and quarter, 2001–02 to 2009–10

From 2001–02 to 2009–10, there were consistently more hospital separations for males than females (Figure 6.8).

The total number of hospital separations with a drug-related principal diagnosis per quarter for males increased from 10,411 hospital separations in the first-quarter of 2001–02 to 13,969 in the fourth-quarter of 2009–10. Females also saw an increase from 8,254 to 11,813 hospital separations across the nine years.



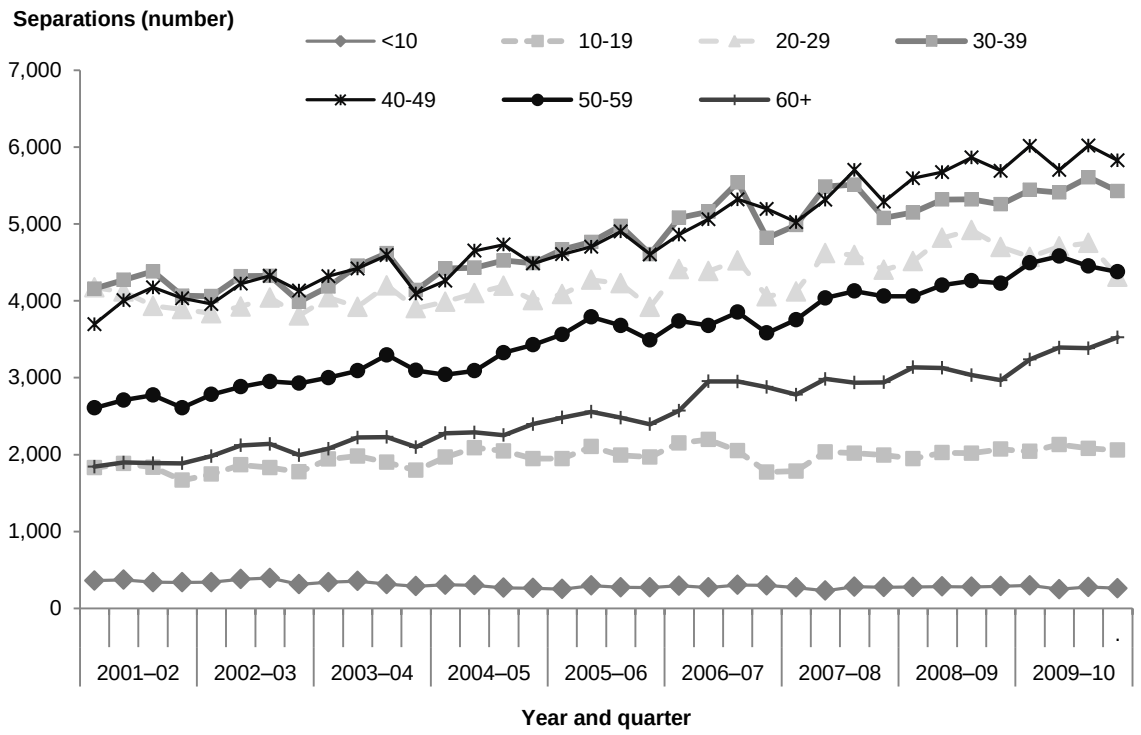
Source: Table A3.39.

Figure 6.8: Hospital separations with a drug-related principal diagnosis, by sex, year and quarter, 2001–02 to 2009–10

Those aged 30–39 and 40–49 have consistently had the highest number of hospital separations with a drug-related principal diagnosis per quarter, across the nine years from 2001–02 to
2009–10. From the first quarter in 2001–02, until around the third quarter in 2007–08, those aged 30–39 and 40–49 had a similar number of separations with a drug-related principal diagnosis. From the third quarter in 2007–08, the proportion of 40–49-year-olds with a drug-related principal diagnosis has increased, becoming the most common age group of drug-related hospital separations.

Total hospital separations with a drug-related principal diagnosis for those aged 10–19 and 20–29 remained fairly consistent across the years, at an average of about 1,957 separations per quarter for 10–19-year-olds, and 4,250 per quarter for 20–29-year-olds.

Total hospital separations with a drug-related principal diagnosis for those aged 50–59 and those aged 60 and over gradually increased between 2001–02 and 2009–10 (Figure 6.9).



Source: Table A3.40.

Figure 6.9: Hospital separations with a drug-related principal diagnosis, by age group, year and quarter, 2001–02 to 2009–10

7 Collection methods and data quality – how are the data collected?

7.1 Collection method and data included

The data in this report are administrative data, that is, they have been collected as part of the process of providing treatment. Some items, such as principal drug of concern, will be based on information collected from the client. Other data items, such as main treatment type, will be supplied by agencies from their records.

The NMDS is effectively a subset of a larger collection of jurisdictional data sets. Although all states and territories have agreed to report the data items that make up this NMDS, most jurisdictions collect more data for their own planning and monitoring purposes. The policy and administrative features of the AODTS–NMDS collection within each jurisdiction are outlined in Table 7.3.

Features of the national collection include:

- Data are reported by each state and territory regardless of funding source. For example, this report does not distinguish between services funded by the Australian Government's NGOTGP and services funded by states and territories. The data simply show where treatment occurred.
- National data are affected by variations in service structures and collection practices between states and territories. Care should be taken when making comparisons between states and territories. The administrative and policy features of each jurisdiction are outlined in
  Table 7.3.

7.2 Comprehensiveness of the data

In 2009–10, excluding Queensland, data were provided from 561 (87%) of the 646 agencies that were in scope for this collection. This is a similar percentage of agencies that were in scope and submitted in 2008–09 (86%).

New South Wales submitted data from an additional six agencies compared with 2008–09, when it submitted data from fewer than expected agencies because of system issues. However, the number of agencies and records submitted by New South Wales in 2009–10 is still lower than expected (12 agencies fewer than 2007–08) and so comparison of New South Wales data over time should be made with caution.

In 2007, Queensland Health funded the establishment of the Queensland Network of Alcohol and Drug Agencies (QNADA), the peak body for non-government organisations (NGOs) that provide alcohol and drug services. One of the key objectives for QNADA was the establishment of a database to collect the AODTS–NMDS. It is expected that this will enable a more comprehensive data set to be submitted to the AIHW in future.

Table 7.1 shows the states and territories' relative contributions to these data.

Table 7.1: In-scope agencies submitting data to AODTS–NMDS

Agency NMDS status	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	DoHA[(a)]	Australia
						Number				
Submitted	256	138	110	45	50	16	10	20	26	671
In-scope	311	140	n.a.	48	51	16	11	22	47	n.a.
(difference)	55	2	—	3	1	—	1	2	21	—
						Per cent				
In-scope agencies submitting	82.3	98.6	—	93.8	98.0	100.0	90.9	90.9	55.3	—

(a) Refers to NGOTGP programs only.

As in previous years, the majority of Indigenous substance use-specific services and Aboriginal primary health-care services funded directly by the OATSIH that provide alcohol and other drug treatment are not included in the 2009–10 collection.

7.2.1 Australian Government data

Data reported for each state and territory in 2009–10 includes services provided under the National Illicit Drug Strategy NGOTGP. Since the 2002–03 AODTS–NMDS report, Australian Government data have not been analysed separately, but as part of the jurisdiction in which the NGOTGP agency was located.

However, as a number of in-scope agencies did not submit data for the 2009–10 period, when analysing the proportion of submitting in-scope agencies, agencies reporting to the Australian Government are reported separately from the states and territories.

7.2.2 Data quality

Overall, the quality of the 2009–10 AODTS–NMDS data is similar to that in 2008–09, with the proportions of 'not stated' similar to 2008–09. In addition to the scope issues outlined in section 7.2, there were some data items with high levels of non-response.

The proportion of 'not stated' responses for injecting drug use remained high (14%), with a large increase observed between 2008–09 and 2009–10 in Tasmania (from 20% to 54%) This increase was due to a high number of records sourced from the Police Diversion program, which does not capture this information.

The proportion of 'not stated' responses for Indigenous status has historically remained around 5% or 6% nationally. 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 1% and Tasmania and the Australian Capital Territory the highest of 12% and 10% respectively.

Table 7.2: Not stated /missing/unknown responses for data items, by jurisdiction, 2009–10 (per cent)

Data item	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia[(a)]
Client data items									
Client type	—	—	—	—	—	—	—	—	—
Country of birth	0.9	3.3	2.2	0.3	2.3	—	0.8	#8.1	2.1
Date of birth/age	0.2	0.1	0.1	—	0.1	—	0.4	0.2	0.1
Indigenous status	2.6	9.2	7.6	0.9	4.0	12.2	10.0	1.2	5.9
Preferred language	0.7	5.6	1.0	0.3	1.8	<0.1	0.7	16.6	2.9
Sex	0.1	0.1	—	—	—	0.1	—	0.2	0.1
Source of referral	1.1	1.3	0.4	0.3	0.4	0.2	0.7	1.5	0.9
Drug data items									
Principal drug of concern	—	—	—	—	—	—	—	—	—
Method of use	2.4	*10.4	3.5	0.2	0.9	3.7	0.5	0.3	4.9
Injecting drug use	8.9	18.0	14.2	9.3	7.2	*54.0	13.2	*14.4	14.0
Treatment data items									
Main treatment type	—	—	—	—	—	—	—	—	—
Reason for cessation	0.6	1.4	1.2	0.7	0.4	1.3	#0.8	5.2	1.1
Treatment delivery setting	—	—	—	—	—	—	—	—	—

Notes

* Those cells marked with an asterisk increased between 2008–09 and 2009–10 by more than four percentage points.

\# Those cells marked with a hash decreased between 2008–09 and 2009–10 by more than four percentage points.

'(a) Australia' represents the value of the state data that have been provided.

7.3 Policy and administrative features in each jurisdiction

Table 7.3 outlines the policy and administrative features of each jurisdiction that have an impact on data completeness and quality.

Table 7.3: Policy, administrative and data quality features by jurisdiction for the AODTS–NMDS collection

Jurisdiction	Policy, administrative and data quality features
New South Wales	New South Wales Health collects data from all Australian Government/state government-funded agencies as part of requirements stipulated in a signed service agreement at the commencement/renewal of each funding agreement. Data are provided monthly by agencies to their respective Area Health Service (AHS) Drug and Alcohol Data Coordinator (DADC) on treatment episodes currently open and those closed in the preceding month. The AHS DADC is responsible for checking and cleaning the data and forwarding it to the Mental Health and Drug and Alcohol Office at New South Wales Health. Frequency and data quality reports are provided by New South Wales Health to AHSs and by AHS DADCs to agencies every six months detailing services in the previous six or 12 months. New South Wales Health forwards cleaned data on treatment episodes closed during the reporting period to the AIHW annually. New South Wales Health has developed a state-wide data collection system in Microsoft Access®, called MATISSE, which is provided free of charge to agencies to enable the registration of clients and the collection of the New South Wales Minimum Data Set 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. • The total number of agencies and episodes for New South Wales was under-reported because of system issues for the reporting period of 2008–09. This should be kept in mind when analysing time series data. The number of agencies submitted by New South Wales in 2009–10 was still lower than would be expected (12 agencies less than was recorded in 2007–08). This underreporting should be kept in mind when interpreting NSW agency and episode data. Comparisons over time with NSW data should also be made with caution. • The proportion of episodes for Amphetamine use will be under-reported because other sources indicate a relatively high incidence of methamphetamine clients in the agencies affected by under-reporting because of system issues.
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 a particular course of treatment in which the client achieves at least one significant treatment goal under the care of an alcohol and drug worker. 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 Health, 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. The majority of Victorian AOD service providers continue to use the SWITCH or FullADIS information systems to report quarterly activity. However, hospitals and community health centres have since 2007–08 used the HealthSMART client management systems to report on alcohol and other drug treatment activity. • In 2009–10, as in previous years, Victoria did not differentiate between main and other treatment types. As such, Victoria is not directly comparable with other jurisdictions because every treatment type provided is reported as a separate episode. • Victoria only provides information about non-government agencies that receive public funding.
Queensland	Queensland Health collects data from all Queensland Government AODT service providers and from all Queensland Illicit Drug Diversion Initiative—Police and Court Diversion clients. The Australian Government currently collects data from the Australian Government-funded agencies operating in Queensland. Queensland Health has a state-wide web-based clinical information management system supporting the collection of AODTS–NMDS items for all Queensland Government AODT services. Queensland Health will shortly be the sole data custodian of all AODT services in Queensland.

Jurisdiction	Policy, administrative and data quality features
	In 2007, Queensland Health funded the establishment of the Queensland Network of Alcohol and Drug Agencies (QNADA), the peak body for NGOs that provide alcohol and drug services. One of the key objectives for QNADA was the establishment of a database to collect the AODTS–NMDS. It is expected that this will enable a more comprehensive data set to be submitted to the AIHW in future. • Care should be taken when interpreting principal drug of concern over time for Queensland, as Queensland did not provide data consistent with the AODTS–NMDS specifications in 2001–02. • The total number of episodes for Queensland in 2009–10 may be under-counted because of the exclusion of a number of non-government agencies.
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. • Services in WA are not directly comparable with other states, or previous years, because of the growth of integrated services that include government and non-government service providers. • In Western Australia, a reform in the way non-residential treatment services are provided in the metropolitan area has resulted in the co-location and integration of some government and non-government services. Time series data do not adequately illustrate these changes. • Western Australia review the geographical demographics of their clients regularly throughout the year and adjust the locations of their Service Delivery Outlets accordingly to meet the demands of the population therefore variation between remote and very remote exists between years.
South Australia	Data are provided by government (Drug and Alcohol Services South Australia—DASSA) and non-government alcohol and other drug treatment services. Non-government alcohol and other drug treatment services in South Australia are subject to service agreements with the South Australian Minister for Mental Health and Substance Abuse. As part of these service agreements, non-government organisations are required to provide timely client data in accordance with the AODTS–NMDS guidelines. Data are forwarded to DASSA for collation and checking. DASSA then forwards cleaned data to the AIHW annually. DASSA does not collect information directly from those services funded by the NGOTGP. Data are provided directly to the DoHA. • Care should be taken when interpreting principal drugs of concern over time for South Australia, as South Australia did not provide data consistent with the AODTS–NMDS specifications in 2001–02. South Australia was excluded from analysis of main treatment type in 2001–02.
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. Injecting drug use increase for Tasmania is due to a high volume of data from Police Diversion referrals where this data element is 'not stated'.
Australian Capital Territory	Australian Capital Territory alcohol and other drug treatment service providers supply Health Directorate with data for the NMDS at the end of the financial year, as specified in their Service Funding Agreement. Since 1 July 2007 the treatment service providers have been encouraged to use a standardised reporting system developed by Health Directorate to enhance uniformity and reliability of data.
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 Northern Territory Department of Health and Families. All funded agencies are required to provide the AODTS–NMDS data items to the department on a regular and timely basis as a part of a larger data collection. Summary statistical reports are sent to all agencies every six months detailing client activity for the previous 12 months.

Jurisdiction	Policy, administrative and data quality features
Australian Government Department of Health and Ageing	The DoHA funds a number of alcohol and other drug treatment services under the National Illicit Drug Strategy NGOTGP. These agencies are required to collect data (according to the AODTS–NMDS specifications) to facilitate the monitoring of their activities and to provide quantitative information to the Australian Government on their activities. Data from these agencies are generally submitted to the relevant state/territory health authority, except for a number of agencies in Western Australia, South Australia and Queensland, which submit data annually to the DoHA. Reported numbers for each state and territory in the AODTS–NMDS annual report include services provided under the National Illicit Drug Strategy NGOTGP. To ensure consistency with previous years data, when collating the 2009-10 NMDS information, where an organisations sub projects have been given two Establishment Identifiers those identifiers were used and so sub projects were counted as separate agencies. When an organisations sub projects have been given one Establishment Identifier, only this establishment identifier was used, and so counted as one agency.

7.4 Data quality considerations for other collections

Table 7.4 outlines data quality considerations relating to the additional data collections used in this report.

Table 7.4: Data quality considerations for additional data collections included in this report

Data collection	Data quality considerations
National Drug Strategy Household Survey	The introduction of the 2009 guidelines has implications for the interpretation of NDSHS alcohol data that were collected before 2009. In this report, results from the 2010 NDSHS were analysed using the 2009 guidelines, as these were current during the collection period. Results from the 2007, originally collected using the 2001 guidelines, have been re-analysed according to the 2009 guidelines, to enable time series comparisons (for more information on the guidelines and NDSHS data see AIHW 2011b). The 2010 NDSHS refers to this group of drugs as meth/amphetamines. Similarly, within this report, the term 'amphetamines' includes those drugs that are referred to as methamphetamines.
National Hospital Morbidity Data Base collection	Separations for which the care type was reported as newborn (without qualified days) and records for 'hospital boarders' and 'posthumous organ procurement' have been excluded from analysis of data in Chapter 6. Drug-related principal diagnosis refers to total drug-related separations, including substance-use disorders and instances of harm directly related to the use of selected drugs/substances. **The National Hospital Database collection** The National Hospital Morbidity Database (NHMD) is a compilation of episode-level records from admitted patient morbidity data collection systems in Australian hospitals. The database contains data relating to admitted patients in almost all hospitals, including public acute hospitals, public psychiatric hospitals, private acute hospitals, private psychiatric hospitals and private free-standing day hospital facilities. Public-sector hospitals that are not included are those not within the jurisdiction of a state or territory health authority (for example, hospitals operated by the Department of Defence or correctional authorities and hospitals located in offshore territories). **ICD-10-AM codes** Principal drug of concern codes used in this chapter are based on the Australian Standard Classification of Drugs of Concern (ASCDC), which are mapped to International statistical classification of diseases and related health problems, 10th revision, Australian modification (ICD-10-AM) 6th edition code Caution should be taken when comparing hospitals separations data from this chapter with hospital separations data from previous AODTS–NMDS annual reports, as the ICD-10-AM code framework used for analysis in this chapter has been modified with additional codes. For more information and data explanations, including limitations, for this chapter see the Australian Hospital Statistics 2009–10 publication (AIHW 2011a). **Socioeconomic status** Socioeconomic status (SES) groups in this report are based on the Index of Relative Advantage/Disadvantage (from SEIFA 2006) for the area of usual residence (SLA) of the patient. The SLAs are ranked from lowest to highest according to the Index of Relative Advantage/Disadvantage. The Index of Relative Advantage/Disadvantage of the patient is used in this chapter to assess the SES groups of those presenting with an initial diagnosis of drug-related harm or injury. The population living

	in the 20% of areas with the greatest overall disadvantage is described as the 'lowest SES fifth'. The 20% at the other end of the scale – the top fifth – is described as the 'highest SES fifth'. **Quality of Indigenous data** A major issue with the quality of data provided for Indigenous status in 2009–10 for drug-related harm or injury, was the number of not-stated records. Some jurisdictions have slightly different approaches to the collection and storage of the standard Indigenous status question and categories in their hospital collections. The 'not stated' category is missing from several collections. About 1.7% of total drug-related hospital separations for 2009–10 did not state Indigenous status.
National Opioid Pharmacotherapy Statistics Annual Data Collection	While states and territories strive to report data consistent with agreed standards, the NOPSAD collection is not a national minimum data set and some discrepancies exist between the ways in which data are reported. Please refer to the NOPSAD National Opioid Pharmacotherapy Statistics Annual Data collection: 2010 report for more information (AIHW 2011c). The number of clients reported reflects the number of clients in the program on a 'snapshot/specified' day in June, except for Western Australia, where the number of clients treated through the month of June is reported. In New South Wales, clients prescribed buprenorphine–naloxone are counted under buprenorphine.
National Prisoner Health Census	Prison entrants exclude New South Wales and Victoria, as they did not participate in the 2010 National Prisoner Health Census.

Appendix 1: About the collection

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 are outlined below.

Government health authorities

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

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

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

Alcohol and other drug treatment agencies

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

AIHW

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

Using AODTS–NMDS Data

To complement this national report and provide greater detail, state and territory bulletins are also produced annually and are available free on the AIHW website <www.aihw.gov.au/alcohol-and-other-drugs/>. Data subsets from the AODTS–NMDS are also available on the AIHW website as interactive data cubes. Cubes are currently available for the 2001–02 to 2008–09 collection periods and for the 2009–10 data in late–2011.

More specific information, such as cross tabulations or unit record data, may be requested from the AIHW, pending approval from jurisdiction data custodians and ethics approval where necessary.

Appendix 2: Data elements in the AODTS NMDS for 2009–10

The detailed data definitions for the data elements in the AODTS–NMDS for 2009–10 are published in the National Health Data Dictionary (NHDD) version 15 (NHISSC, 2010) and are available on the AIHW's Metadata Online Registry (METeOR) at <meteor.aihw.gov.au/content/index.phtml/itemId/374211>.

Table A2.1: Data elements for the AODTS–NMDS, 2009–10

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 3: Detailed tables

Agency tables

Table A3.1: Treatments agencies by jurisdiction, 2002–03 to 2009–10

Year	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
2002–03	229	148	96	28	50	11	6	19	587
2003–04	259	143	94	34	53	12	8	19	622
2004–05	287	136	87	40	46	12	9	18	635
2005–06	282	138	114	44	44	10	10	22	664
2006–07	262	136	105	44	44	13	10	19	633
2007–08	268	138	106	51	49	16	10	20	658
2008–09	250	136	122	44	55	15	10	21	653
2009–10	258	138	118	52	59	16	10	20	671

Table A3.2: Treatment agencies by geographical location, 2009–10

Location	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Major cities	128	89	47	30	38	—	10	—	342
Inner regional	95	40	24	9	8	12	—	—	188
Outer regional	33	9	22	5	8	4	—	9	90
Remote	2	—	12	—	1	—	—	8	23
Very remote	—	—	13	8	4	—	—	3	28
Total	**258**	**138**	**118**	**52**	**59**	**16**	**10**	**20**	**671**

Client profile tables

Table A3.3: Episodes by client type, 2001–02 to 2009–10(number and per cent)

Client type	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10
Clients seeking treatment for their own drug use	113,231	123,032	129,331	135,202	144,963	140,475	147,721	138,027	140,769
Per cent	93.7	94.0	94.5	95.1	95.8	95.4	95.9	96.1	95.9
All clients	120,869	130,930	136,869	142,144	151,362	147,325	153,998	143,672	146,786

Table A3.4: Treatments episodes by selected client data items and jurisdiction, 2009–10

Client item	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Own drug use	34,469	49,156	22,835	16,048	8,847	2,607	3,421	3,386	140,769
Others' drug use	733	2,977	255	1,139	245	92	164	412	6,017
Sex									
Male	23,170	33,610	16,374	11,199	6,385	1,959	2,360	2,547	97,604
Female	11,995	18,449	6,711	5,988	2,706	737	1,225	1,242	49,053
Not stated	37	74	5	—	1	3	—	9	129
Age group (years)									
10–19	2,246	7,339	3,422	3,116	542	779	535	642	18,621
20–29	9,099	15,415	8,053	4,983	2,256	839	982	1,142	42,769
30–39	10,548	14,361	5,866	4,628	2,817	554	987	1,063	40,824
40–49	7,718	9,605	3,718	2,800	2,062	336	645	674	27,558
50–59	3,706	3,867	1,523	1,240	1,031	137	311	216	12,031
60+	1,828	1,515	490	417	378	54	109	55	4,846
Not stated	57	31	18	3	6	—	16	6	137
Indigenous status									
Indigenous	3,929	3,118	3,470	3,754	1,108	292	343	2,428	18,442
Not Indigenous	30,372	44,204	17,866	13,284	7,616	2,079	2,884	1,324	119,629
Not stated	901	4,811	1,754	149	368	328	358	46	8,715
Country of birth									
Australia	30,973	44,912	19,958	14,227	7,772	2,615	3,189	3,363	127,009
England	816	705	445	1,080	338	16	29	17	3,446
New Zealand	659	843	1,023	520	89	19	26	32	3,211
United States of America	117	80	65	60	21	5	6	6	360
All other countries	2,306	3,897	1,088	1,248	659	44	305	71	9,618
Inadequately described	9	1,696	75	—	3	—	—	—	1,783
Not stated	322	—	436	52	210	—	30	309	1,359

(continued)

Table A3.4 **(continued): Treatments episodes by demographic data items and jurisdiction, 2009–10**

Client item	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Preferred language									
Australian Indigenous languages	9	27	62	90	141	—	—	1,104	1,433
English	34,605	48,380	22,662	16,957	8,674	2,697	3,537	2,051	139,563
Italian	15	13	8	—	6	—	—	—	42
Turkish	11	32	—	—	—	—	—	—	43
All other languages	312	748	125	94	102	1	24	12	1,418
Inadequately described	17	2,933	18	1	3	—	2	—	2,974
Not stated	233	—	215	45	166	1	22	631	1,313
Source of referral									
Self	12,897	19,344	6,038	6,412	2,602	695	1,603	1,303	50,894
Family member/ friend	1,189	1,457	505	1,010	457	18	158	247	5,041
Medical practitioner	4,336	2,225	932	634	435	62	23	66	8,713
Hospital	3,072	745	1,400	269	932	14	151	59	6,642
Mental health care service	1,247	1,069	804	495	180	29	45	84	3,953
AODTS	3,489	6,312	566	2,832	1,165	24	295	252	14,935
Other community/health care services	710	2,587	252	332	408	63	199	283	4,834
Correctional service	2,587	6,484	2,545	857	448	83	281	526	13,811
Police diversion(a)	92	969	5,385	909	664	*1,621	152	79	9,871
Court diversion	3,110	7,257	3,615	2,557	159	32	430	429	17,589
Other	2,079	3,004	955	835	1,603	52	224	413	9,165
Not stated	394	680	93	45	39	6	24	57	1,338
Total	**35,202**	**52,133**	**23,090**	**17,187**	**9,092**	**2,699**	**3,585**	**3,798**	**146,786**

(a) Episodes for police diversion in Tasmania have increased from last year.

(b) 'Not elsewhere classified' and 'not stated' are combined for Victoria in 2009-10.

Table A3.5: Treatments episodes by demographic data items and geographical location, 2009–10 (number and per cent)

Data items	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia
Sector[(a)]			**Number**			
Government	33,722	15,290	6,820	758	1,802	58,392
Non-government	61,896	17,420	7,032	1,640	406	88,394
			Per cent			
Government	35.3	46.7	49.2	31.6	81.6	39.8
Non-government	64.7	53.3	50.8	68.4	18.4	60.2
Sex			**Number**			
Male	63,544	21,722	9,271	1,553	1,514	97,604
Female	32,000	10,967	4,552	841	693	49,053
Not stated	74	21	29	4	1	129
			Per cent			
Male	66.5	66.4	66.9	64.8	68.6	66.5
Female	33.5	33.5	32.9	35.1	31.4	33.4
Not stated	0.1	0.1	0.2	0.2	<0.1	0.1
Age group (years)			**Number**			
10–19	11,834	4,031	1,934	551	271	18,621
20–29	27,761	9,665	3,935	712	696	42,769
30–39	26,809	9,023	3,724	591	677	40,824
40–49	17,948	6,240	2,608	365	397	27,558
50–59	8,009	2,636	1,124	132	130	12,031
60+	3,161	1,099	509	45	32	4,846
Not stated	96	16	18	2	5	137
			Per cent			
10–19	12.4	12.3	14.0	23.0	12.3	12.7
20–29	29.0	29.5	28.4	29.7	31.5	29.1
30–39	28.0	27.6	26.9	24.6	30.7	27.8
40–49	18.8	19.1	18.8	15.2	18.0	18.8
50–59	8.4	8.1	8.1	5.5	5.9	8.2
60+	3.3	3.4	3.7	1.9	1.4	3.3
Not stated	0.1	<0.1	0.1	0.1	0.2	0.1

(continued)

Table A3.5 (continued): Treatment episodes by selected client data items and geographical location, 2009–10

Data items	Major cities	Inner regional	Outer regional	Remote	Very remote	Australia
Indigenous status			**Number**			
Indigenous	7,816	4,111	3,382	1,542	1,591	18,442
Not Indigenous	81,669	26,762	9,905	816	477	119,629
Not stated	6,133	1,837	565	40	140	8,715
			Per cent			
Indigenous	8.2	12.6	24.4	64.3	72.1	12.6
Not Indigenous	85.4	81.8	71.5	34.0	21.6	81.5
Not stated	6.4	5.6	4.1	1.7	6.3	5.9
Total	**95,618**	**32,710**	**13,852**	**2,398**	**2,208**	**146,786**

Table A3.6: Treatment episodes by age group, 2003–04 to 2009–10 (per cent)

Age group (years)	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10
10–19	12.5	12.2	12.8	11.7	11.2	11.9	12.4
20–29	32.6	33.6	33.3	32.6	31.9	31.2	29.8
30–39	27.9	28.8	28.9	29.4	29.1	28.5	28.3
40–49	17.2	16.5	16.6	17.3	17.9	18.2	18.7
50–59	6.7	6.0	6.0	6.6	7.1	7.4	7.8
60+	2.3	2.0	1.9	2.1	2.5	2.7	2.9
Not stated	0.8	1.0	0.4	0.3	0.3	0.2	0.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Drugs of concern tables

Table A3.7: Treatment episodes by drug-related data items and jurisdiction, 2009–10[(a)]

Drug-related item	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Injecting drug use									
Current injector	6,542	7,368	2,514	3,352	1,802	167	689	369	22,803
Injected 3–12 months ago	1,529	4,866	882	1,150	459	61	215	74	9,236
Injected 12+ months ago	4,169	5,554	2,316	2,016	1,129	147	280	205	15,816
Never injected	19,154	22,534	13,875	8,030	4,820	823	1,787	2,250	73,273
Not stated	3,075	8,834	3,248	1,500	637	1,409	450	488	19,641
Method of use									
Ingests	20,671	23,195	10,068	8,867	6,004	679	2,065	2,435	73,984
Smokes	7,313	10,159	9,548	3,469	1,259	1,668	616	343	34,375
Injects	5,320	8,020	2,064	3,485	1,412	136	678	316	21,431
Sniffs (powder)	238	319	73	68	31	8	18	9	764
Inhales (vapour)	41	2,023	211	115	24	12	20	270	2,716
Other	61	329	71	14	40	7	7	2	531
Not stated	825	5,111	800	30	77	97	17	11	6,968
Principal drug of concern									
Alcohol	18,579	22,691	8,576	7,905	4,986	500	1,876	2,337	67,450
Amphetamines	2,357	2,666	1,347	2,280	991	99	213	85	10,038
Benzodiazepines	740	914	223	150	145	19	30	17	2,238
Cannabis	6,326	11,520	8,317	2,984	883	1,761	572	313	32,676
Ecstasy	148	306	379	123	96	30	18	7	1,107
Heroin	3,305	7,059	812	1,404	789	9	484	20	13,882
Methadone	677	544	133	218	244	18	56	17	1,907
Nicotine	377	577	1,359	108	68	4	13	47	2,553
Balance of drugs of concern[(a)]	1,960	2,879	1,689	876	645	167	159	543	8,918
Total	**34,469**	**49,156**	**22,835**	**16,048**	**8,847**	**2,607**	**3,421**	**3,386**	**140,769**

(a) Balance of principal drugs of concern includes cocaine due to data suppression.

Table A3.8: Treatment episodes by other drugs of concern and jurisdiction, 2009–10

Other drugs of concern	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Analgesics									
Heroin	950	3,332	323	426	278	6	112	15	5,442
Methadone	482	593	80	150	59	8	28	12	1,412
Morphine	278	546	198	66	209	18	20	30	1,365
Balance of analgesics	870	1,594	297	568	179	14	74	—	3,596
Total analgesics	2,580	6,065	898	1,210	725	46	234	57	11,815
Sedatives and hypnotics									
Alcohol	3,398	10,473	4,411	2,329	835	128	514	230	22,318
Benzodiazepines	2,030	5,127	678	884	556	47	205	88	9,615
Balance of sedatives and hypnotics	87	352	22	64	19	3	5	4	556
Total sedatives and hypnotics	5,515	15,952	5,111	3,277	1,410	178	724	322	32,489
Stimulants and hallucinogens									
Amphetamines	2,718	8,890	1,737	1,966	764	79	376	147	16,677
Cannabis	5,919	13,845	3,581	3,493	1,764	174	704	672	30,152
Ecstasy	966	3,562	1,150	854	245	33	157	90	7,057
Nicotine	5,515	10,429	4,106	2,453	2,311	77	574	587	26,052
Balance of stimulants and hallucinogens[(a)]	978	2,607	790	704	119	21	168	37	5,424
Total stimulants and hallucinogens	*16,096*	*39,333*	*11,364*	*9,470*	*5,203*	*384*	*1,979*	*1,533*	*85,362*
Balance of drugs of concern[(b)]	298	1,442	109	125	55	4	50	141	2,224
Total	**24,489**	**62,792**	**17,482**	**14,082**	**7,393**	**612**	**2,987**	**2,053**	**131,890**

(a) Balance of stimulants and hallucinogens includes cocaine due to data suppression.

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

Table A3.9: Treatment episodes by principal drug of concern and age group, 2009–10 (per cent)

	Age group (years)								
Principal drug of concern	**10–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Not stated**	**Total**	**Total (number)**
Alcohol	33.2	37.5	45.6	61.5	73.3	84.5	61.0	47.9	67,450
Amphetamines	3.8	9.5	9.3	5.6	1.9	0.5	5.1	7.1	10,038
Benzodiazepines	0.3	1.2	2.1	1.9	2.0	2.5	0.8	1.6	2,238
Cannabis	49.9	30.4	17.5	12.5	7.4	2.4	13.6	23.2	32,676
Cocaine	0.2	0.5	0.6	0.3	0.1	0.1	—	0.4	595
Ecstasy	1.5	1.6	0.3	0.1	<0.1	—	—	0.8	1,107
Nicotine	3.0	1.6	1.3	1.5	2.8	4.0	0.8	1.8	2,553
Opioids									
Heroin	2.9	11.4	14.2	8.7	5.4	1.2	0.8	9.9	13,882
Methadone	0.1	1.0	2.0	1.8	1.5	0.7	—	1.4	1,907
Morphine	0.4	0.9	1.8	1.6	1.3	0.5	0.8	1.2	1,751
Total opioids	3.9	15.2	21.1	14.8	10.7	3.7	10.2	14.7	*20,709*
All other drugs	4.2	2.5	2.2	1.7	1.7	2.3	8.5	2.4	3,403
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**. .**
Total (number)	**17,448**	**42,001**	**39,797**	**26,339**	**10,924**	**4,142**	**118**	**. .**	**140,769**

Table A3.10: Treatments episodes by selected data items and principal drug of concern, 2009–10 (per cent)

Client data item	Alcohol	Ampheta-mines	Benzodiaz-epines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Other opioids	Other drug[(a)]	Total
						Years					
Median age											
Males	36	31	34	24	31	22	33	37	35	29	32
Females	38	30	38	25	30	22	31	33	35	31	33
All persons	37	30	35	25	31	22	32	36	35	30	32
						Per cent					
Age group (years)											
10–19	8.6	6.5	2.5	26.6	5.5	23.9	3.7	3.7	1.0	21.2	12.4
20–29	*23.3*	39.6	23.1	39.1	38.8	62.0	34.5	34.5	22.4	28.7	29.8
30–39	*26.9*	36.9	37.8	21.4	38.5	11.5	40.7	40.7	42.3	23.0	28.3
40–49	*24.0*	14.7	22.3	10.1	13.8	2.2	16.5	16.5	24.2	14.2	18.7
50–59	*11.9*	2.1	9.7	2.5	2.4	0.5	4.3	4.3	8.4	8.3	7.8
60+	5.2	0.2	4.6	0.3	1.0	—	0.4	0.4	1.6	4.4	2.9
Not stated	0.1	0.1	<0.1	<0.1	—	—	<0.1	<0.1	—	0.2	0.1
Sex											
Male	69.0	69.6	48.1	70.7	76.6	81.5	65.1	55.6	56.2	60.0	67.8
Female	30.9	30.3	51.8	29.2	23.2	18.5	34.9	44.4	43.5	40.0	32.1
Not stated	0.1	0.1	0.1	0.1	0.2	—	<0.1	—	0.3	0.1	0.1
Indigenous status											
Indigenous	14.6	9.8	6.7	12.6	4.4	3.8	7.6	12.5	7.0	18.7	12.7
Not Indigenous	79.6	85.3	88.4	81.1	89.2	91.9	87.2	83.1	86.4	72.8	81.4
Not stated	5.9	5.0	4.9	6.3	6.4	4.3	5.2	4.4	6.6	8.5	5.9

(continued)

Table A3.10 (continued): Treatments episodes by selected data items and principal drug of concern, 2009–10 (per cent)

Client data item	Alcohol	Ampheta-mines	Benzodiaz-epines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Other opioids	Other drug[(a)]	Total
Source of referral											
Self	36.9	34.2	40.8	25.1	33.9	14.6	42.2	38.0	43.2	28.0	34.2
Family member/ friend	2.8	4.0	2.5	2.9	6.2	4.1	2.8	3.1	2.4	3.9	2.9
Medical practitioner	7.4	2.7	13.5	3.4	7.2	1.5	3.5	15.2	13.3	5.7	6.0
Hospital	6.3	2.6	5.3	1.6	2.0	0.9	2.0	8.1	11.1	7.5	4.7
Mental health care service	3.1	2.7	3.9	3.0	1.8	1.4	0.9	1.5	2.5	2.0	2.7
AODTS	11.1	8.8	11.3	8.9	6.6	2.3	11.0	12.0	11.7	6.6	10.2
Other community/health care service(d)	3.3	2.4	2.9	3.1	2.9	1.1	3.1	2.7	3.1	3.6	3.1
Correctional service	10.3	14.0	4.1	8.3	9.1	8.7	13.1	6.3	3.2	5.6	9.8
Police diversion	1.9	6.0	0.7	20.0	4.2	20.3	0.9	0.5	1.2	15.6	6.9
Court diversion	8.7	18.0	9.3	17.7	21.5	41.8	15.8	5.0	3.9	12.2	12.4
Other	7.3	4.1	4.2	5.6	3.4	2.8	4.1	5.3	3.9	7.4	6.1
Not stated	1.0	0.4	1.4	0.6	1.2	0.5	0.5	2.0	0.6	1.9	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)	**67,450**	**10,038**	**2,238**	**32,676**	**595**	**1,107**	**13,882**	**1,907**	**4,920**	**5,956**	**140,769**

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

Table A3.11: Treatments episodes by Indigenous status and principal drug of concern, 2009–10 (number and per cent)

	Indigenous		Non-Indigenous		Not stated		Total	
Principal drug of concern	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Alcohol	9,816	54.9	53,659	46.8	3,975	47.9	67,450	47.9
Amphetamines	983	5.5	8,558	7.5	497	6.0	10,038	7.1
Benzodiazepines	150	0.8	1,978	1.7	110	1.3	2,238	1.6
Cannabis	4,115	23.0	26,494	23.1	2,067	24.9	32,676	23.2
Cocaine	26	0.1	531	0.5	38	0.5	595	0.4
Ecstasy	42	0.2	1,017	0.9	48	0.6	1,107	0.8
Nicotine	330	1.8	2,052	1.8	171	2.1	2,553	1.8
Opioids								
Heroin	1,056	5.9	12,104	10.6	722	8.7	13,882	9.9
Methadone	238	1.3	1,585	1.4	84	1.0	1,907	1.4
Morphine	252	1.4	1,414	1.2	85	1.0	1,751	1.2
Total opioids	*1,769*	9.9	*17,840*	15.6	*1,100*	13.3	*20,709*	14.7
All other drugs	635	3.6	2,478	2.2	290	3.5	3,403	2.4
Total	**17,866**	**100.0**	**114,607**	**100.0**	**8,296**	**100.0**	**140,769**	**100.0**
Per cent of Indigenous status	**12.7**	**. .**	**81.4**	**. .**	**5.9**	**. .**	**100**	**. .**

Table A3.12: Treatment episodes by drug-related data items and principal drug of concern, 2009–10 (per cent)

Drug-related data item	Alcohol	Ampheta-mines	Benzo-diazepines	Cannabis	Cocaine	Ecstasy	Nicotine	Heroin	Methadone	Morphine	Other opioids	Other drug	Total
Method of use													
Ingests	95.0	11.8	89.5	1.6	4.4	88.7	3.1	1.5	83.2	25.4	63.4	25.4	52.6
Smokes	0.4	17.8	0.4	88.8	8.2	1.2	90.4	5.1	0.2	0.6	1.0	5.8	24.4
Injects	0.1	60.5	5.0	0.3	22.9	1.3	0.2	86.3	11.0	70.8	26.0	19.0	15.2
Other	0.2	5.3	0.5	5.5	58.0	1.5	3.6	1.0	0.2	0.5	3.4	23.7	2.8
Not stated	4.3	4.6	4.5	3.8	6.6	7.3	2.7	6.0	5.5	2.7	6.2	26.2	4.9
Injecting drug use													
Current injector	4.9	45.0	19.4	6.9	21.0	4.0	3.5	61.6	33.7	64.6	34.9	17.9	16.2
Injected 3–12 months ago	3.6	12.9	12.5	5.5	5.9	1.6	2.4	17.4	14.8	9.0	7.9	5.9	6.6
Injected 12+ months ago	10.8	10.3	17.5	11.1	6.9	4.1	8.1	11.4	30.6	9.8	17.0	9.0	11.2
Never injected	65.9	24.1	36.6	59.5	56.1	80.8	70.0	4.5	4.9	9.6	28.1	39.1	52.1
Not stated	14.8	7.6	14.1	16.9	10.1	9.6	16.0	5.1	16.0	7.0	12.1	28.1	14.0
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**	**100.0**	**100.0**
Total (number)	**67,450**	**10,038**	**2,238**	**32,676**	**595**	**1,107**	**2,553**	**13,882**	**1,907**	**1,751**	**3,169**	**3,403**	**140,769**

Table A3.13: Treatment episodes by principal drug of concern and all drugs of concern, 2009–10

Drug of concern	Principal drug of concern reported	Proportion of all closed treatment episodes (per cent)	All drugs of concern reported, including principal	Proportion of all closed treatment episodes (per cent)
Alcohol	67,450	47.9	89,768	63.8
Amphetamines	10,038	7.1	26,715	19.0
Benzodiazepines	2,238	1.6	11,853	8.4
Cannabis	32,676	23.2	62,828	44.6
Cocaine	595	0.4	2,876	2.0
Ecstasy	1,107	0.8	8,164	5.8
Heroin	13,882	9.9	19,324	13.7
Methadone	1,907	1.4	3,319	2.4
Morphine	1,751	1.2	3,116	2.2
Nicotine	2,553	1.8	28,605	20.3
Other drugs	6,572	4.7	16,091	11.4
Total	**140,769**	**—**	**272,659**	**—**

(a) 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%, because closed treatment episodes have more than one drug of concern.

Table A3.14: Treatment episodes by principal drug of concern, with or without other drugs of concern, 2009–10

Principal drug of concern	With other drugs	With no other drugs	Total closed treatment episodes	Proportion of episodes with 'other drugs' of concern (per cent)
Alcohol	30,443	37,007	67,450	45.1
Amphetamines	6,421	3,617	10,038	64.0
Benzodiazepines	1,529	709	2,238	68.3
Cannabis	19,135	13,541	32,676	58.6
Cocaine	383	212	595	64.4
Ecstasy	637	470	1,107	57.5
Nicotine	1288	1265	2,553	50.5
Heroin	9,072	4,810	13,882	65.4
Methadone	1,078	829	1,907	56.5
Morphine	1,069	682	1,751	61.1
Other opioids	1,877	1,292	3,169	59.2
All other drugs	1,272	2,131	3,403	37.4
Total	**74,204**	**66,565**	**140,769**	**52.7**

Table A3.15: Treatment episode with other drugs of concern by selected principal drugs of concern, 2009–10

Other drugs of concern	Alcohol		Ampheta-mines		Benzo-diazepines		Cannabis		Cocaine		Ecstasy		Heroin		Methadone		All principal drugs	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Alcohol	20	<0.1	3,025	23.6	585	20.2	12,704	36.6	183	25.0	420	37.5	2,856	15.5	235	10.7	22,318	16.9
Amphetamines	6,119	12.7	86	0.7	288	10.0	5,676	16.4	126	17.2	196	17.5	2,922	15.8	183	8.3	16,677	12.6
Benzodiazepines	3,022	6.2	708	5.5	66	2.3	1,579	4.6	42	5.7	9	0.8	2,559	13.9	344	15.7	9,615	7.3
Cannabis	17,543	36.3	3,963	30.9	520	18.0	—	—	126	17.2	274	24.5	4,723	25.6	444	20.2	30,152	22.9
Cocaine	760	1.6	442	3.4	39	1.3	482	1.4	—	—	60	5.4	396	2.1	19	0.9	2,281	1.7
Heroin	1,850	3.8	836	6.5	298	10.3	1,439	4.1	41	5.6	10	0.9	—	—	310	14.1	5,442	4.1
Nicotine	12,818	26.5	1,521	11.9	381	13.2	7,178	20.7	71	9.7	92	8.2	2,282	12.4	388	17.7	26,052	19.8
Other opioids	1,493	3.1	369	2.9	438	15.2	885	2.6	23	3.1	2	0.2	1,597	8.6	180	8.2	5,497	4.2
Other drugs	4,731	9.8	1,882	14.7	275	9.5	4,750	13.7	119	16.3	56	5.0	1,141	6.2	94	4.3	13,856	10.5
Total	**48,356**	**100.0**	**12,832**	**100.0**	**2,890**	**100.0**	**34,693**	**100.0**	**731**	**100.0**	**1,119**	**100.0**	**18,476**	**100.0**	**2,197**	**100.0**	**131,890**	**100.0**

(a) ‘Other’ drugs of concern column, methadone has been combined with ‘Other opioids’

Table A3.16: Treatment episodes by selected treatment data items(a) and principal drug of concern, 2009–10 (per cent)

	Alcohol	Ampheta-mines	Benzo-diazepines	Cannabis	Cocaine	Ecstasy	Nicotine	Heroin	Methadone	Morphine	Other opioids	Other drug	Total
Main treatment type													
Withdrawal management (detoxification)	18.0	8.7	30.6	11.8	11.1	1.4	9.0	19.4	15.3	21.9	25.6	13.5	16.0
Counselling	43.7	50.8	35.1	38.8	44.0	46.1	28.6	35.2	26.4	21.3	24.9	35.2	40.7
Rehabilitation	6.2	8.5	4.6	3.4	6.4	4.3	0.8	6.1	2.3	4.5	1.9	4.1	5.3
Support and case management only	6.3	8.3	7.5	12.2	9.6	8.8	4.7	11.4	11.2	7.1	7.3	13.0	8.6
Information and education only	4.3	4.8	1.5	22.1	6.6	27.6	40.8	1.1	1.6	4.2	1.4	14.8	9.1
Assessment only	16.0	16.2	12.6	9.1	15.0	10.3	8.0	15.4	9.6	21.5	15.2	9.6	13.9
Other[(a)]	5.5	2.7	8.2	2.6	7.4	1.5	8.1	11.3	33.7	19.5	23.7	9.8	6.3
Treatment delivery setting													
Non-residential treatment facility	61.4	67.1	62.0	69.0	71.3	81.1	63.3	64.2	61.5	67.0	59.1	65.0	64.2
Residential treatment facility	21.3	13.9	24.4	11.4	17.0	4.0	7.3	19.1	24.1	17.7	29.1	10.0	17.8
Home	2.7	1.8	4.1	2.7	0.7	2.4	1.7	1.2	4.8	1.4	2.9	4.0	2.5
Outreach setting	8.6	8.7	6.3	10.4	3.4	8.2	14.6	6.4	7.0	9.0	7.3	17.6	9.0
Other	5.9	8.6	3.4	6.5	7.7	4.2	13.1	9.2	2.6	4.8	1.6	3.4	6.4
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**67,450**	**10,038**	**2,238**	**32,676**	**595**	**1,107**	**2,553**	**13,882**	**1,907**	**1,751**	**3,169**	**3,403**	**140,769**

(a) 'Other' includes 3,019 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia because agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 5.10).

Table A3.17: Treatment episodes by selected treatment data items and principal drug of concern, 2009–10 (per cent)

	Alcohol	Ampheta-mines	Benzodiaz-epines	Cannabis	Ecstasy	Nicotine	Heroin	Methadone	Morphine	Other opioids	Other drug[(a)]	Total
Reason for cessation												
Treatment completed	63.0	57.3	59.1	47.7	53.0	41.8	57.9	53.4	46.8	61.7	51.8	57.3
Change in main treatment type	0.4	0.3	0.5	0.2	0.3	0.7	0.5	0.8	7.2	1.4	1.1	0.5
Change in delivery setting	0.7	1.5	2.1	0.3	0.5	0.3	0.9	2.5	2.3	2.5	0.8	0.8
Transferred to another service provider	4.8	3.7	7.1	3.0	2.1	2.4	6.0	10.2	6.9	8.0	5.2	4.6
Ceased to participate against advice	3.6	3.9	4.7	2.9	1.6	2.6	5.2	3.3	6.5	4.2	2.6	3.6
Ceased to participate without notice	14.9	17.0	11.2	12.7	8.5	12.0	13.2	10.6	12.4	10.1	15.0	14.0
Ceased to participate involuntary (non-compliance)	1.7	2.7	1.7	2.2	1.3	0.5	2.8	1.9	3.9	1.4	1.4	2.0
Ceased to participate at expiation	2.4	3.8	2.6	23.7	28.5	33.8	1.8	0.6	2.6	1.4	9.5	8.3
Ceased to participate by mutual agreement	2.8	3.4	4.1	2.2	2.3	2.4	2.2	1.6	1.8	1.6	3.3	2.6
Imprisoned, other than drug court sanctioned	0.6	1.9	1.7	0.7	0.3	0.2	3.4	3.6	1.9	1.5	1.5	1.1

(continued)

Table A3.17 (continued): Treatment episodes by selected treatment data items and principal drug of concern, 2009–10 (per cent)

Treatment data item	Alcohol	Ampheta-mines	Benzo-diazepines	Cannabis	Ecstasy	Nicotine	Heroin	Methadone	Morphine	Other opioids	Other drug	Total
Died	0.2	0.2	0.3	0.1	—	0.1	0.4	0.7	0.3	0.4	0.4	0.2
Other	3.8	3.3	3.4	3.5	1.4	2.6	4.5	5.6	6.3	3.7	5.8	3.8
Not stated	1.1	0.9	1.6	0.7	0.4	0.7	1.3	5.3	1.1	2.1	1.9	1.1
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**	**100.0**
Total (number)	**67,450**	**10,038**	**2,238**	**32,676**	**1,107**	**2,553**	**13,882**	**1,907**	**1,751**	**3,169**	**3,998**	**140,769**

(a) Cocaine combined with ‘Other’ drugs

Table A3.18: Median duration in days of closed treatment episodes by principal drugs of concern, 2009–10

Principal drug of concern	Total median number of days	Total number of treatment episodes
Alcohol	22	67,450
Amphetamines	32	10,038
Benzodiazepines	22	2,238
Cannabis	16	32,676
Cocaine	20	595
Ecstasy	10	1,107
Heroin	34	13,882
Methadone	22	1,907
Other opioids	14	4,920
All other drugs	15	3,403
Total	**22**	**140,769**

Table A3.19: Treatment episodes for client's own drug use by principal drug of concern, 2001–02 to 2009–10

Principal drug of concern[a]	2001–02[b]	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10
					Number				
Alcohol	41,886	46,747	48,500	50,324	56,076	59,480	65,702	63,272	67,450
Amphetamines	12,211	13,213	14,208	14,780	15,935	17,292	16,588	12,739	10,038
Benzodiazepines	2,745	2,609	2,711	2,538	2,583	2,298	2,487	2,080	2,238
Cannabis	23,826	27,106	28,427	31,044	35,636	31,980	31,864	31,100	32,676
Cocaine	804	323	272	400	434	448	457	479	595
Ecstasy	253	416	508	580	897	1,010	1,321	1,397	1,107
Heroin	20,027	22,642	23,326	23,193	19,776	14,870	15,571	14,222	13,882
Methadone	2,570	2,173	2,404	2,454	2,462	2,268	2,296	2,136	1,907
Other opioids	2,209	2,273	2,408	2,661	2,920	3,058	3,513	4,532	4,920
All other drugs(c)	5,875	4,854	5,935	7,228	8,244	7,771	7,922	6,070	5,956
Not stated	825	676	632	—	—	—	—	—	—
Total	**113,231**	**123,032**	**129,331**	**135,202**	**144,963**	**140,475**	**147,721**	**138,027**	**140,769**
					Per cent				
Alcohol	37.0	38.0	37.5	37.2	38.7	42.3	44.5	45.8	47.9
Amphetamines	10.8	10.7	11.0	10.9	11.0	12.3	11.2	9.2	7.1
Benzodiazepines	2.4	2.1	2.1	1.9	1.8	1.6	1.7	1.5	1.6
Cannabis	21.0	22.0	22.0	23.0	24.6	22.8	21.6	22.5	23.2
Cocaine	0.7	0.3	0.2	0.3	0.3	0.3	0.3	0.3	0.4
Ecstasy	0.2	0.3	0.4	0.4	0.6	0.7	0.9	1.0	0.8
Heroin	17.7	18.4	18.0	17.2	13.6	10.6	10.5	10.3	9.9
Methadone	2.3	1.8	1.9	1.8	1.7	1.6	1.6	1.5	1.4
Other opioids	2.0	1.8	1.9	2.0	2.0	2.2	2.4	3.3	3.5
All other drugs(a)	5.2	3.9	4.6	5.3	5.7	5.5	5.4	4.4	4.2
Not stated	0.7	0.5	0.5	—	—	—	—	—	—
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

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

(b) Queensland supplied data for police diversion clients only.

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

Table A3.20: Treatment episodes by principal drug of concern and Indigenous status, 2005–06 to 2009–10 (per cent)

	2005–06		2006–07		2007–08		2008–09		2009–10	
Principal drug of concern	**Indigenous**	**Non-Indigenous**	**Indigenous**	**Non-Indigenous**	**Indigenous**	**Non-Indigenous**	**Indigenous**	**Non-Indigenous**	**Indigenous**	**Non-Indigenous**
Alcohol	44.9	37.8	49.0	41.4	52.8	43.5	53.7	44.8	54.9	46.8
Amphetamines	9.9	11.2	10.9	12.6	9.2	11.6	7.5	9.6	5.5	7.5
Benzodiazepines	0.9	1.9	0.7	1.7	0.8	1.8	0.6	1.6	0.8	1.7
Cannabis	24.9	24.7	22.0	22.9	21.6	21.6	23.4	22.3	23.0	23.1
Cocaine	0.1	0.3	0.2	0.3	0.2	0.3	0.2	0.4	0.1	0.5
Ecstasy	0.1	0.7	0.3	0.8	0.4	1.0	0.3	1.1	0.2	0.9
Nicotine	1.1	1.8	1.7	1.7	1.5	1.8	1.6	1.8	1.8	1.8
Opioids										
Heroin	9.6	14.3	7.6	11.0	6.8	11.0	6.1	10.9	5.9	10.6
Methadone	1.3	1.7	1.5	1.6	1.1	1.6	1.3	1.6	1.3	1.4
Morphine	0.9	0.9	1.1	0.9	1.1	0.9	1.1	1.4	1.4	1.2
Total opioids	12.5	18.0	10.9	14.8	9.9	15.0	9.5	16.0	9.9	15.6
All other drugs	5.5	3.6	4.3	3.6	3.6	3.5	3.2	2.4	3.6	2.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table A3.21: Treatment episodes where amphetamines were the principal drug of concern by usual method of use, 2001–02 to 2009–10 (number and per cent)

Usual method of use	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10
	Number								
Ingests	913	1,271	1,558	1,671	1,788	1,907	1,778	1,466	1,180
Smokes	117	173	420	718	1,437	2,377	2,784	2,091	1,790
Injects	10,487	10,915	11,241	11,309	11,670	11,926	10,900	8,203	6,076
Sniffs	419	511	630	665	645	622	554	437	372
Inhales	4	27	65	59	97	133	168	147	131
Other	23	20	26	23	24	31	33	38	26
Not stated	248	296	268	335	274	296	371	357	463
Total	**12,211**	**13,213**	**14,208**	**14,780**	**15,935**	**17,292**	**16,588**	**12,739**	**10,038**
	Per cent								
Ingests	7.5	9.6	11.0	11.3	11.2	11.0	10.3	11.5	11.8
Smokes	1.0	1.3	3.0	4.9	9.0	13.7	16.1	16.4	17.8
Injects	85.9	82.6	79.1	76.5	73.2	69.0	63.0	64.4	60.5
Sniffs	3.4	3.9	4.4	4.5	4.0	3.6	3.2	3.4	3.7
Inhales	<0.1	0.2	0.5	0.4	0.6	0.8	1.0	1.2	1.3
Other	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.3
Not stated	2.0	2.2	1.9	2.3	1.7	1.7	2.1	2.8	4.6
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Treatment program tables

Table A3.22: Treatment episodes by selected treatment data items and jurisdiction, 2009–10

Treatment item	NSW	Vic	Qld[a]	WA	SA	Tas[b]	ACT	NT	Australia
Main treatment type									
Withdrawal management (detoxification)	6,982	10,081	1,278	1,449	1,709	16	741	278	22,534
Counselling	12,007	26,441	6,419	10,804	2,462	1,975	1,070	812	61,990
Rehabilitation	2,220	1,791	430	1,078	1,039	114	239	610	7,521
Support and case management only	3,476	6,740	878	828	258	13	464	61	12,718
Information and education only	417	351	9,621	962	666	432	389	196	13,034
Assessment only	5,451	5,189	3,982	839	2,329	78	470	1,465	19,803
Other[c]	4,649	1,540	482	1,227	629	71	212	376	9,186
Cessation reason									
Treatment completed	23,651	37,304	4,816	8,889	5,596	477	2,066	1,851	84,650
Change in main treatment type	6	—	291	28	47	18	56	317	763
Change in delivery setting	5	—	692	222	129	—	35	35	1,118
Transferred to another service provider	2,415	1,921	603	1,041	398	50	159	68	6,655
Ceased to participate against advice	1,746	1,008	813	602	555	52	207	195	5,178
Ceased to participate without notice	4,728	4,841	4,410	3,819	1,352	59	672	730	20,611
Ceased to participate involuntary (non-compliance)	922[d]	460	132[d]	422	211	462	116[d]	92	2,817
Ceased to participate at expiation	3[d]	772	8,946[d]	573	49	1,404	3[d]	9	11,759
Ceased to participate by mutual agreement	9	1,548	848	986	328	15	82	129	3,945
Drug court and/or sanctioned by court diversion service	125	37	19	105	32	87	3	32	440
Imprisoned, other than drug court sanctioned	377	484	277	204	131	12	32	32	1,549
Died	49	78	46	40	27	12	31	3	286
Other	971	2,932	915	128	114	16	95	108	5,279
Not stated	195	748	282	128	123	35	28	197	1,736

(continued)

Table A3.22 (continued): Treatment episodes by selected treatment data items and jurisdiction, 2009–10

Treatment item	NSW	Vic	Qld	WA	SA	Tas	ACT	NT[(a)]	Australia
Treatment delivery setting									
Non-residential treatment facility	22,300	32,794	16,034	12,006	6,560	2,320	2,072	1,240	95,326
Residential treatment facility	11,745	6,810	946	1,684	1,382	119	1,342	1,139	25,167
Outreach setting	388	5,761	4,118	1,438	865	229	98	663	13,560
Other	769	6,768	1,992	2,059	285	31	73	756	12,733
Total	**35,202**	**52,133**	**23,090**	**17,187**	**9,092**	**2,699**	**3,585**	**3,798**	**146,786**

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

(b) 'Other' includes 3,019 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia because agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 5.10).

(c) Treatment delivery setting has combine 'Home' data in 'Other".

(d) To ensure that small cells are supressed, some data were moved between Ceased to participate involuntary (non-compliance) and Ceased to participate at expiation. This number was small (<5).

Table A3.23: Treatment episodes by other treatment type and jurisdiction, 2009–10[(a)]

Other treatment type	NSW	Qld	WA	SA	Tas	ACT	NT	Australia
Withdrawal management (detoxification)	439	137	144	354	16	33	95	1218
Counselling	1762	549	176	874	64	72	529	4026
Other[(b)]	1,470	1,511	169	1,786	54	44	282	5,316
All other treatments	**3,671**	**2,197**	**489**	**3,014**	**134**	**149**	**906**	**10,560**

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

(b) 'Other' includes 1,019 closed treatment episodes where other/additional treatment type was reported as pharmacotherapy. 'Other' also includes rehabilitation data

Table A3.24: Treatment episodes by selected client data items and main treatment type, 2009–10

Client item	Withdrawal management (detox)	Counselling	Rehabilitation	Support and case management only	Information and education only	Assessment only	Other[(a)]	Total
				Years				
Median age (years)								
Males	37	32	33	24	25	32	36	32
Females	36	35	33	24	27	34	35	33
All persons	*36*	*33*	*33*	*24*	*25*	*32*	*35*	*32*
				Per cent				
Age group (years)								
10–19	6.6	10.4	8.4	31.9	25.9	6.4	14.7	12.7
20–29	23.2	29.2	30.7	30.4	36.1	34.1	19.4	29.1
30–39	30.3	28.8	32.1	20.3	20.1	31.1	26.0	27.8
40–49	24.2	19.3	19.7	12.1	11.7	18.7	20.9	18.8
50–59	11.3	8.6	6.7	4.1	4.8	7.3	11.5	8.2
60+	4.4	3.6	2.4	1.1	1.4	2.4	7.3	3.3
Not stated	<0.1	0.1	0.1	<0.1	0.1	<0.1	0.3	0.1
Client type								
Own drug use	100.0	92.4	100.0	95.2	98.5	98.9	97.1	95.9
Others' drug use	—	7.6	—	4.8	1.5	1.1	2.9	4.1
Sex								
Male	64.7	64.9	64.7	63.8	72.6	76.2	57.2	66.5
Female	35.3	35.0	35.3	36.2	27.4	23.7	42.6	33.4
Not stated	0.1	0.1	<0.1	0.1	—	0.1	0.2	0.1

(continued)

Table A3.24 (continued): Treatment episodes by selected client data items and main treatment type, 2009–10

Client item	Withdrawal management (detox)	Counselling	Rehabilitation	Support and case management only	Information and education only	Assessment only	Other[(a)]	Total
Indigenous status								
Indigenous	7.9	10.9	16.8	14.2	16.1	16.8	15.3	12.6
Not Indigenous	86.5	82.8	80.1	81.0	77.4	75.7	80.7	81.5
Not stated	5.5	6.3	3.1	4.8	6.4	7.5	4.0	5.9
Source of referral								
Self	50.8	39.1	39.4	35.8	6.7	23.7	23.3	34.7
Family member/ friend	2.3	4.3	5.5	3.9	1.5	3.1	1.4	3.4
Medical practitioner	8.3	5.5	2.8	2.3	0.5	4.0	22.5	5.9
Hospital	5.9	2.9	3.5	1.7	2.4	5.1	18.6	4.5
Mental health care service(b)	2.5	3.2	2.5	1.7	1.1	2.6	3.5	2.7
AODTS	17.9	9.0	20.1	10.6	5.2	4.9	8.7	10.2
Other community/health care service(c)	4.1	3.7	4.9	4.5	0.6	2.1	2.1	3.3
Correctional service	1.2	6.6	6.0	7.9	2.2	37.3	3.4	9.4
Police diversion	0.2	3.4	1.5	1.8	48.5	2.3	6.7	6.7
Court diversion	2.7	14.5	8.3	21.4	27.7	4.3	1.6	12.0
Other	3.7	6.7	5.0	7.3	3.4	10.1	4.9	6.2
Not stated	0.4	1.1	0.6	0.9	0.2	0.5	3.3	0.9
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**22,534**	**61,990**	**7,521**	**12,718**	**13,034**	**19,803**	**9,186**	**146,786**

(a) 'Other' includes 3,019 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia because agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 5.10).

Table A3.25: Treatment episodes by selected treatment items and main treatment type, 2009–10 (per cent)

Treatment item	Withdrawal management (detox)	Counselling	Rehabilitation	Support and case management only	Information and education only	Assessment only	Other[(a)]	Total
Treatment delivery setting								
Non-residential treatment facility	31.0	90.2	15.9	46.7	69.8	57.9	51.9	64.9
Residential treatment facility	58.7	2.2	78.5	0.7	1.3	3.5	40.6	17.1
Home	8.2	1.8	0.1	2.1	1.8	0.6	0.7	2.5
Outreach setting	2.0	4.9	1.2	49.1	13.7	7.8	4.7	9.2
Other	0.2	1.0	4.3	1.4	13.3	30.3	2.1	6.2
Reason for cessation								
Treatment completed	67.6	55.4	41.8	61.7	20.8	80.4	59.6	57.7
Change in main treatment type	0.5	0.3	0.3	0.4	0.1	1.3	0.9	0.5
Change in delivery setting	0.9	0.7	0.6	0.4	0.3	1.2	1.1	0.8
Transferred to another service provider	4.8	4.3	3.9	6.2	0.4	2.0	15.1	4.5
Ceased to participate against advice	9.5	1.7	17.5	1.8	0.6	1.0	1.7	3.5
Ceased to participate without notice	7.5	21.6	10.6	13.3	4.1	8.0	9.9	14.0
Ceased to participate involuntary (non-compliance)	2.6	1.3	12.0	2.0	1.3	0.2	0.7	1.9
Ceased to participate at expiation	0.6	3.7	0.9	0.5	69.8	0.4	0.3	8.0
Ceased to participate by mutual agreement	3.0	3.4	4.7	2.3	0.6	2.0	0.8	2.7
Drug court and/or sanctioned by court diversion service	<0.1	0.5	0.7	0.4	0.1	0.1	0.2	0.3

(continued)

Table A3.25: (continued): Treatment episodes by selected treatment items and main treatment type, 2009–10 (per cent)

Treatment item	Withdrawal management (detox)	Counselling	Rehabilitation	Support and case management only	Information and education only	Assessment only	Other[(a)]	Total
Imprisoned, other than drug court sanctioned	0.6	1.1	0.6	2.2	0.1	0.7	2.7	1.1
Died	0.1	0.2	0.1	0.2	<0.1	0.1	0.6	0.2
Other	1.7	4.5	3.9	7.0	1.3	1.9	4.0	3.6
Not stated	0.6	1.3	2.4	1.4	0.4	0.8	2.4	1.2
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**22,534**	**61,990**	**7,521**	**12,718**	**13,034**	**19,803**	**9,186**	**146,786**

(a) 'Other' includes 3,019 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia because agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 5.10).

Table A3.26: Treatment episodes by main treatment type, 2001–02 to 2009–10 (per cent)

Main treatment type	2001–02[(a)]	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10
Withdrawal management (detoxification)	19.1	18.9	18.4	17.9	17.1	16.6	16.2	16.4	15.4
Counselling	38.9	41.5	37.6	40.2	37.8	38.7	37.3	37.4	42.2
Rehabilitation	6.3	7.5	8.6	7.7	7.5	7.4	7.2	6.7	5.1
Support and case management only	6.1	6.9	8.4	7.9	8.2	8.3	8.0	8.9	8.7
Information and education only	9.8	8.0	7.6	8.9	9.7	9.3	9.8	9.2	8.9
Assessment only	14.6	12.7	14.9	12.4	15.3	15.1	14.3	14.7	13.5
Other[(b)]	5.1	4.4	4.5	5.0	4.4	4.5	7.2	6.6	6.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Excludes South Australia.

(B) 'Other' includes closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia because agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 5.10).

Table A3.27: Treatment episodes by selected age groups and main treatment type, 2009–10 (per cent)

Age group (years)	Withdrawal management (detox)	Counselling	Rehabilitation	Support and case management only	Information and education only	Assessment only	Other[(a)]	Total
				Column per cent				
10–13	0.1	0.3	0.2	1.5	0.9	0.6	0.3	0.5
14–15	0.8	1.8	1.1	5.0	4.0	0.5	5.3	2.1
16–17	2.1	3.5	3.1	11.1	8.9	1.6	2.9	4.1
18–19	3.6	4.8	4.0	12.8	12.1	4.2	3.1	5.7
10–19	*6.6*	*10.4*	*8.4*	*30.4*	*25.9*	*6.9*	*11.6*	*12.4*
20+	93.4	89.5	91.5	70.1	74.0	93.6	86.4	87.5
Not stated	<0.1	0.1	0.1	<0.1	0.1	<0.1	0.3	0.1
Total (column per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
				Row per cent				
10–13	3.1	27.0	2.0	27.5	17.3	18.8	4.3	100.0
14–15	5.7	34.3	2.8	20.4	17.2	3.5	16.1	100.0
16–17	8.2	35.0	4.1	23.2	19.7	5.4	4.5	100.0
18–19	10.2	34.0	3.7	19.3	19.3	10.1	3.4	100.0
10–19	*8.5*	*34.1*	*3.6*	*21.1*	*19.0*	*7.7*	*5.9*	*100.0*
20+	17.1	41.6	5.6	6.9	7.7	14.9	6.3	100.0
Not stated	5.1	51.7	4.2	4.2	9.3	5.1	20.3	100.0
Total (row per cent)	16.0	40.7	5.3	8.6	9.1	13.9	6.3	100.0
Total (number)	**22,534**	**57,260**	**7,521**	**12,107**	**12,834**	**19,590**	**8,923**	**140,769**

(a) 'Other' includes 3,019 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia because agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 5.10).

Table A3.28: Median duration in days of closed treatment episodes by main treatment type, 2009–10

Main treatment type	Median number of days	Total number of treatment episodes
Withdrawal management (detoxification)	8	22,534
Counselling	50	57,260
Rehabilitation	46	7,521
Support and case management only	53	12,107
Information and education only	1	12,834
Assessment only	6	19,590
Other[(a)]	7	8,923
Total	**22**	**140,769**

(a) 'Other' includes 3,019 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia because agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 5.10).

Table A3.29: Treatment episodes by principal drug of concern [(a)] and main treatment type, 2009–10 (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	54.0	51.4	55.4	35.1	22.6	55.1	41.7	47.9
Amphetamines	3.9	8.9	11.4	6.9	3.7	8.3	3.1	7.1
Benzodiazepines	3.0	1.4	1.4	1.4	0.3	1.4	2.1	1.6
Cannabis	17.1	22.1	14.7	32.9	56.3	15.2	9.5	23.2
Cocaine	0.3	0.5	0.5	0.5	0.3	0.5	0.5	0.4
Ecstasy	0.1	0.9	0.6	0.8	2.4	0.6	0.2	0.8
Heroin	12.0	8.5	11.3	13.1	1.2	10.9	17.6	9.9
Methadone	1.3	0.9	0.6	1.8	0.2	0.9	7.2	1.4
Other opioids	5.3	2.0	1.8	2.9	0.9	4.4	12.2	3.5
Other drugs	3.1	3.4	2.2	2.9	12.0	2.7	12.2	4.2
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**22,534**	**57,260**	**7,521**	**12,107**	**12,834**	**19,590**	**8,923**	**140,769**

(a) 'Other' includes 3,019 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia because agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 5.10).

Table A3.30: Treatment episodes with an additional treatment type by main treatment type, 2001–02 to 2009–10 (per cent)

Main treatment Type	2001–02	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08	2008–09	2009–10
Withdrawal management (detoxification)	47.2	35.1	45.1	41	39.3	46.9	42.9	38.2	19.5
Counselling	8.7	16.6	15.0	16.7	12.3	8.7	11.8	10.5	8.7
Rehabilitation	45.0	45.1	36.4	38.1	37.6	30.2	34.7	34.5	37.4
Other	32.7	46.1	44.0	51.1	32.7	46.1	43.3	42.9	15.7
Total	**16.7**	**18.8**	**18.7**	**19.2**	**15.1**	**14.5**	**16.8**	**15.2**	**9.3**

Table A3.31: Treatment episodes by main treatment type and Indigenous status, 2009–10 (number and per cent)

	Indigenous		Non-Indigenous		Not stated		Total	
Main treatment type	**No.**	**Per cent**	**No.**	**Per cent**	**No.**	**Per cent**	**No.**	**Per cent**
Withdrawal management (detoxification)	1,787	9.7	19,498	16.3	1,249	14.3	22,534	15.4
Counselling	6,757	36.6	51,318	42.9	3,915	44.9	61,990	42.2
Rehabilitation	1,264	6.9	6,023	5.0	234	2.7	7,521	5.1
Support and case management only	1,803	9.8	10,301	8.6	614	7.0	12,718	8.7
Information and education only	2,102	11.4	10,094	8.4	838	9.6	13,034	8.9
Assessment only	3,324	18.0	14,985	12.5	1,494	17.1	19,803	13.5
Other	1,405	7.6	7,410	6.2	371	4.3	9,186	6.3
Total	**18,442**	**100.0**	**119,629**	**100.0**	**8,715**	**100.0**	**146,786**	**100.0**
Percentage of closed treatment episodes	**12.6**	**. .**	**81.5**	**. .**	**5.9**	**. .**	**100.0**	**. .**

Hospital separation tables

Table A3.32: Total hospital separations with a drug-related principal diagnosis, by sex, 2009–10 (number and per cent)

	Male		Female		Persons[(a)]	
Drug-related principal diagnosis	**No.**	**Per cent**	**No.**	**Per cent**	**No.**	**Per cent**
Analgesics						
Opioids (includes heroin, opium & methadone)	4,403	7.7	3,119	6.5	7,525	7.2
Non-opioid analgesics (includes paracetamol)	1,947	3.4	4,734	9.9	6,681	6.4
Total analgesics	6,350	11.1	7,853	16.5	14,206	13.6
Sedatives & hypnotics						
Alcohol	36,625	64.3	24,500	51.4	61,125	58.4
Other sedatives & hypnotics (includes barbiturates and benzodiazepines; excludes alcohol)	4,213	7.4	6,189	13.0	10,402	9.9
Total sedatives and hypnotics	40,838	71.7	30,689	64.4	71,527	68.4
Stimulants & hallucinogens						
Cannabinoids (including cannabis)	2,223	3.9	1,141	2.4	3,364	3.2
Hallucinogens (includes LSD & ecstasy)	110	0.2	59	0.1	169	0.2
Cocaine	217	0.4	73	0.2	290	0.3
Tobacco & nicotine	23	<0.1	27	0.1	50	<0.1
Other stimulants (includes amphetamines, volatile nitrates and caffeine)	1,939	3.4	1,243	2.6	3,182	3.0
Total stimulants and hallucinogens	4,512	7.9	2,543	5.3	7,055	6.7
Antidepressants & antipsychotics	2,534	4.4	5,006	10.5	7,540	7.2
Volatile solvents	479	0.8	301	0.6	780	0.7
Other drugs of concern and conditions						
Multiple drug use	2,178	3.8	1,154	2.4	3,333	3.2
Unspecified drug use and other drugs not elsewhere classified	57	0.1	86	0.2	143	0.1
Foetal & perinatal related conditions	12	<0.1	18	<0.1	30	<0.1
Total other drugs of concern and conditions	2,247	3.9	1,258	2.6	3,506	3.4
Total	**56,960**	**100**	**47,650**	**100**	**104,614**	**100**

(a) includes 'not stated' for sex.

Source: AIHW analysis of the National Hospitals Morbidity Database 2009–10.

Table A3.33: Number of total hospital separations with a drug-related principal diagnosis, by age-group, 2009–10 (number and per cent)

	Age group (years)													
	<10		10–19		20–29		30–39		40–49		50–59		60+		Total	
Drug-related principal diagnosis	**No.**	**Per cent**	**No.**	**Per cent**	**No.**	**Per cent**	**No.**	**Per cent**	**No.**	**Per cent**	**No.**	**Per cent**	**No.**	**Per cent**	**No.**	**Per cent**
Analgesics																
Opioids (includes heroin, opium & methadone)	93	8.6	193	2.3	1,983	10.8	2,393	10.9	1,643	7.0	749	4.2	471	3.5	7,525	7.2
Non-opioid analgesics (includes paracetamol)	199	18.3	1,934	23.3	1,723	9.4	1,071	4.9	943	4.0	472	2.6	339	2.5	6,681	6.4
Total analgesics	*292*	*26.9*	*2,127*	*25.6*	*3,706*	*20.2*	*3,464*	*15.8*	*2,586*	*11.0*	*1,221*	*6.8*	*810*	*6.0*	*14,206*	*13.6*
Sedatives & hypnotics																
Alcohol	18	1.7	3,048	36.7	6,749	36.8	11,143	50.9	15,574	66.1	14,087	78.7	10,506	77.6	61,125	58.4
Other sedatives & hypnotics (includes barbiturates and benzodiazepines; excludes alcohol)	297	27.4	594	7.1	2,247	12.3	2,430	11.1	2,334	9.9	1,357	7.6	1,143	8.4	10,402	9.9
Total sedatives and hypnotics	*315*	*29.0*	*3,642*	*43.8*	*8,996*	*49.1*	*13,573*	*62.0*	*17,908*	*76.0*	*15,444*	*86.3*	*11,649*	*86.1*	*71,527*	*68.4*
Stimulants & hallucinogens																
Cannabinoids (includes cannabis)	11	1.0	580	7.0	1,255	6.8	982	4.5	411	1.7	99	0.6	26	0.2	3,364	3.2
Hallucinogens (includes LSD & ecstasy)	–	–	59	0.7	76	0.4	21	0.1	7	<0.1	3	<0.1	3	<0.1	169	0.2
Tobacco & nicotine/ Cocaine	21	1.9	15	0.2	124	0.7	114	0.5	38	0.2	21	0.1	7	0.1	340	0.3
Other stimulants (includes amphetamines, volatile nitrates and caffeine)	41	3.8	410	4.9	1,129	6.2	932	4.3	330	1.4	121	0.7	219	1.6	3,182	3.0
Total stimulants and hallucinogens	*73*	*6.7*	*1,064*	*12.8*	*2,584*	*14.1*	*2,049*	*9.4*	*786*	*3.3*	*244*	*1.4*	*255*	*1.9*	*7,055*	*6.7*

(continued)

Table A3.33 (continued): Number of total hospital separations with a drug-related principal diagnosis, by age-group, 2009–10 (number and per cent)

	Age group (years)													
	<10		10–19		20–29		30–39		40–49		50–59		60+		Total	
Drug-related principal diagnosis	**No.**	**Per cent**	**No.**	**Per cent**	**No.**	**Per cent**	**No.**	**Per cent**	**No.**	**Per cent**	**No.**	**Per cent**	**No.**	**Per cent**	**No.**	**Per cent**
Antidepressants & antipsychotics	229	21.1	1,110	13.4	1,861	10.1	1,715	7.8	1,497	6.4	737	4.1	391	2.9	7,540	7.2
Volatile solvents	122	11.2	128	1.5	144	0.8	105	0.5	93	0.4	50	0.3	138	1.0	780	0.7
Other drugs of concern and conditions																
Multiple drug use	3	0.3	225	2.7	1,028	5.6	963	4.4	666	2.8	199	1.1	249	1.8	3,333	3.2
Unspecified drug use and other drugs not elsewhere classified	21	1.9	13	0.2	21	0.1	14	0.1	22	0.1	7	<0.1	45	0.3	143	0.1
Foetal and perinatal conditions	30	2.8	–	–	–	–	–	–	–	–	–	–	–	–	30	<0.1
Total other drugs of concern and conditions	*54*	5.0	*238*	2.9	*1,049*	5.7	*977*	4.5	*688*	2.9	*206*	1.2	*294*	2.2	*3,506*	3.4
Total	**1,085**	**100**	**8,309**	**100.0**	**18,340**	**100.0**	**21,883**	**100.0**	**23,558**	**100.0**	**17,902**	**100.0**	**13,537**	**100.0**	**104,614**	**100.0**

Source: AIHW analysis of the National Hospitals Morbidity Database 2009–10

Table A3.34: Total hospital separations with a drug-related principal diagnosis, by socioeconomic status (SES), 2009–10 (number and per cent)

	SES group											
	1-lowest		2		3		4		5-highest		Total [(a)]	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Analgesics												
Opioids (includes heroin, opium & methadone)	1,540	7.3	1,340	6.8	1,476	7.8	1,409	7.0	1,600	6.9	7,525	7.2
Non-opioid analgesics (includes paracetamol)	1,497	7.1	1,504	7.7	1,376	7.3	1,195	6.0	1,033	4.5	6,681	6.4
Total analgesics	*3,037*	*14.5*	*2,844*	*14.5*	*2,852*	*15.1*	*2,604*	*13.0*	*2,633*	*11.4*	*14,206*	*13.6*
Sedatives & hypnotics												
Alcohol	11,463	54.5	10,895	55.5	10,331	54.7	12,247	61.2	14,964	64.8	61,125	58.4
Other sedatives & hypnotics (includes barbiturates and benzodiazepines; excludes alcohol)	2,286	10.9	2,028	10.3	1,985	10.5	1,978	9.9	1,974	8.6	10,402	9.9
Total sedatives and hypnotics	*13,749*	*65.4*	*12,923*	*65.8*	*12,316*	*65.2*	*14,225*	*71.0*	*16,938*	*73.4*	*71,527*	*68.4*
Stimulants & hallucinogens												
Cannabinoids (includes cannabis)	799	3.8	767	3.9	661	3.5	473	2.4	599	2.6	3,364	3.2
Hallucinogens (includes LSD & ecstasy)	21	0.1	38	0.2	44	0.2	34	0.2	28	0.1	169	0.2
Cocaine	43	0.2	22	0.1	43	0.2	53	0.3	121	0.5	290	0.3
Tobacco & nicotine	13	0.1	11	0.1	8	<0.1	4	<0.1	14	0.1	50	<0.1
Other stimulants (includes amphetamines, volatile nitrates and caffeine)	648	3.1	609	3.1	690	3.7	613	3.1	521	2.3	3,182	3.0
Total stimulants and hallucinogens	*1,524*	*7.3*	*1,447*	*7.4*	*1,446*	*7.7*	*1.177*	*5.9*	*1,283*	*5.6*	*7,055*	*6.7*

(continued)

Table A3.34 (continued): Total hospital separations with a drug-related principal diagnosis, by socioeconomic status (SES), 2009–10 (number and per cent)

	SES group											
	1-lowest		2		3		4		5-highest		Total [(a)]	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Antidepressants & antipsychotics	1,755	8.4	1,696	8.6	1,589	8.4	1,336	6.7	1,079	4.7	7,540	7.2
Volatile solvents	222	1.1	182	0.9	149	0.8	137	0.7	75	0.3	780	0.7
Other drugs of concern and conditions												
Multiple drug use	682	3.2	515	2.6	494	2.6	515	2.6	1,048	4.5	3,333	3.2
Unspecified drug use and other drugs not elsewhere classified[(b)]	47	0.2	40	0.2	32	0.2	30	0.1	24	0.1	173	0.2
Total other drugs of concern and conditions	*729*	*3.5*	*555*	*2.8*	*526*	*2.8*	*545*	*2.7*	*1,072*	*4.6*	*3,506*	*3.4*
Total	**21,016**	**100.0**	**19,647**	**100.0**	**18,878**	**100.0**	**20,024**	**100.0**	**23,080**	**100.0**	**104,614**	**100.0**

(a) Separations for which SES were Not reported/unknown are included in totals.

(b) 'Foetal and perinatal related conditions' are grouped with 'Unspecified drug use and other drugs not elsewhere classified' due to small numbers.

Source: AIHW analysis of the National Hospitals Morbidity Database 2009–10.

Table A3.35: Total hospital separations with a drug-related principal diagnosis, by Indigenous status, 2009–10 (number and per cent)

	Indigenous		Non-Indigenous[(a)]	
Drug-related principal diagnosis	**No.**	**Per cent**	**No.**	**Per cent**
Analgesics				
Opioids (includes heroin, opium & methadone)	389	5.1	7,136	7.4
Non-opioid analgesics (includes paracetamol)	256	3.3	6,425	6.6
Total analgesics	*645*	*8.4*	*13,561*	*14.0*
Sedatives & hypnotics				
Alcohol	5,372	69.7	55,753	57.5
Other sedatives & hypnotics (includes barbiturates and benzodiazepines; excludes alcohol)	356	4.6	10,046	10.4
Total sedatives and hypnotics	*5,728*	*74.4*	*65,799*	*67.9*
Stimulants & hallucinogens				
Cannabinoids (includes cannabis)	414	5.4	2,950	3.0
Hallucinogens (includes LSD & ecstasy)	5	0.1	164	0.2
Cocaine	5	0.1	285	0.3
Other stimulants (includes amphetamines, volatile nitrates and caffeine, tobacco & nicotine)(b)	219	2.8	3,013	3.1
Total stimulants and hallucinogens	*643*	*8.3*	*6,412*	*6.6*
Volatile solvents	118	1.5	662	0.7
Antidepressants & antipsychotics	338	4.4	7,202	7.4
Other & unspecified drugs of concern				
Multiple drug use	208	2.7	3,125	3.2
Unspecified drug use and other drugs not elsewhere classified	14	0.2	129	0.1
Foetal and perinatal related conditions	*8*	*0.1*	*22*	*<0.1*
Total other and unspecified drugs of concern	*230*	*3.0*	*3,276*	*3.5*
Total	**7,702**	**100.0**	**96,912**	**100.0**

(a) Separations for which Indigenous status were 'Not reported/unknown' are included in Non-Indigenous.

(b) 'Tobacco and nicotine' are grouped with 'Other stimulants' due to small numbers.

Source: AIHW analysis of the National Hospitals Morbidity Database 2009–10.

Table A3.36: Total separations with a principal diagnosis of drug-related harm or disorder, by public/private hospitals, 2009–10 (number and per cent)

	Public hospitals		Private hospitals		Total	
Drug-related principal diagnosis	**No.**	**Per cent**	**No.**	**Per cent**	**No.**	**Per cent**
Analgesics						
Opioids (includes heroin, opium & methadone)	5,396	7.2	2,129	7.1	7,525	7.2
Non-opioid analgesics (includes paracetamol)	6,636	8.9	45	0.2	6,681	6.4
Total analgesics	*12,032*	*16.1*	*2,174*	*7.3*	*14,206*	*13.6*
Sedatives & hypnotics						
Alcohol	37,309	50.0	23,816	79.5	61,125	58.4
Other sedatives & hypnotics (includes barbiturates and benzodiazepines; excludes alcohol)	9,566	12.8	836	2.8	10,402	9.9
Total sedatives and hypnotics	*46,875*	*62.8*	*24,652*	*82.3*	*71,527*	*68.4*
Stimulants & hallucinogens						
Cannabinoids (includes cannabis)	2,343	3.1	1,021	3.4	3,364	3.2
Hallucinogens (includes LSD & ecstasy)	165	0.2	4	<0.1	169	0.2
Cocaine	171	0.2	119	0.4	290	0.3
Tobacco & nicotine	38	0.1	12	<0.1	50	<0.1
Other stimulants (includes amphetamines, volatile nitrates and caffeine)	2,769	3.7	413	1.4	3,182	3.0
Total stimulants and hallucinogens	*5,486*	*7.3*	*1,569*	*5.2*	*7,055*	*6.7*
Antidepressants & antipsychotics	7,489	10.0	51	0.2	7,540	7.2
Volatile solvents	767	1.0	13	<0.1	780	0.7
Other & unspecified drugs of concern						
Multiple drug use	1,835	2.5	1,498	5.0	3,333	3.2
Unspecified drug use and other drugs not elsewhere classified[(a)]	166	0.2	7	<0.1	173	0.2
Total other and unspecified drugs of concern	*2,001*	*2.7*	*1,505*	*5.0*	*3,506*	*3.4*
Total	**74,650**	**100.0**	**29,964**	**100.0**	**104,614**	**100.0**

(a) 'Foetal and perinatal related conditions' are group with 'Unspecified drug use and other drugs not elsewhere classified' due to small numbers.

Source: AIHW analysis of the National Hospitals Morbidity Database 2009–10.

Table A3.37: Drug-related hospital separations, 2009–10

	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
Analgesics									
Opioids	5,466	5,625	6,060	5,852	5,602	6,622	6,998	7,179	7,525
Non opioid analgesics	5,788	6,084	6,003	6,522	6,497	5,600	5,673	6,693	6,681
Total analgesics	*11,254*	*11,709*	*12,063*	*12,374*	*12,099*	*12,222*	*12,671*	*13,872*	*14,206*
Sedatives and hypnotics									
Alcohol	36,382	38,396	40,774	42,976	46,683	52,021	54,923	57,532	61,125
Other sedatives & hypnotics	10,005	9,579	9,568	9,698	9,750	10,059	10,421	10,618	10,402
Total sedatives and hypnotics	*46,387*	*47,975*	*50,342*	*52,674*	*56,433*	*62,080*	*65,344*	*68,150*	*71,527*
Stimulants & hallucinogens									
Cannabinoids	2,743	2,501	2,672	2,881	3,497	3,263	3,047	3,270	3,364
Hallucinogens	178	169	190	416	412	362	449	187	169
Cocaine	269	83	188	305	235	220	236	230	290
Tobacco & nicotine	39	59	49	37	46	59	34	51	50
Other stimulants	3,914	3,893	4,550	4,005	4,350	4,621	3,844	3,447	3,182
Total stimulants and hallucinogens	*7,143*	*6,705*	*7,649*	*7,644*	*8,540*	*8,525*	*7,610*	*7,185*	*7,055*
Antidepressants & antipsychotics	6,638	6,793	6,575	6,756	6,615	6,701	6,753	7,661	7,540
Volatile solvents	924	961	925	1,022	872	816	734	825	780
Other & unspecified drugs of concern									
Multiple drug use	3,066	2,969	3,065	2,845	3,112	3,415	3,339	3,134	3,333
Unspecified drug use & other drugs of concern	248	192	239	206	172	156	135	146	143
Foetal and perinatal conditions	78	60	52	46	45	41	43	50	30
Total other and unspecified drugs of concern	*3,392*	*3,221*	*3,356*	*3,097*	*3,329*	*3,612*	*3,517*	*3,330*	*3,506*
Total	**75,738**	**77,364**	**80,910**	**83,567**	**87,888**	**93,956**	**96,629**	**101,023**	**104,614**

Source: AIHW analysis of the National Hospitals Morbidity Database 2009–10.

Table A3.38: Total hospital separations with a drug-related principal diagnosis, by year and quarter, 2001–02 to 2009–10 (number)

Year	Q1	Q2	Q3	Q4	Total
2001–02	18,665	19,258	19,329	18,486	75,738
2002–03	18,704	19,722	20,005	18,933	77,364
2003–04	19,906	20,443	21,151	19,410	80,910
2004–05	20,259	20,948	21,343	21,017	83,567
2005–06	21,601	22,489	22,526	21,272	87,888
2006–07	23,110	23,703	24,542	22,601	93,956
2007–08	22,718	24,709	25,169	24,033	96,629
2008–09	24,676	25,447	25,702	25,198	101,023
2009–10	26,098	26,165	26,568	25,783	104,614
Average (2001–02 to 2009–10)	21,749	22,543	22,926	21,859	89,077

Note: Dates included in each quarter: Quarter 1 – 1 July–30 Sept, Quarter 2 – 1 Oct–31 Dec, Quarter 3 – 1 Jan–31 Mar, Quarter 4 – 1 Apr–31 Jun.

Source: AIHW analysis of the National Hospitals Morbidity Database 2001–02 to 2009–10.

Table A3.39: Total hospital separations with a drug-related principal diagnosis, by sex, year and quarter, Australia, 2001–02 to 2009–10

	2001–02				2002–03				2003–04			
Age group	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Male	10,411	10,798	10,759	10,444	10,614	10,853	10,970	10,526	10,930	11,276	11,458	10,515
Female	8,254	8,460	8,568	8,042	8,090	8,869	9,035	8,406	8,976	9,167	9,693	8,895
Total	**18,665**	**19,258**	**19,329**	**18,486**	**18,704**	**19,722**	**20,005**	**18,933**	**19,906**	**20,443**	**21,151**	**19,410**

	2004–05				2005–06				2006–07			
Age group	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Male	10,920	11,453	11,760	11,321	11,855	12,250	12,154	11,574	12,725	13,118	13,818	12,485
Female	9,339	9,495	9,583	9,696	9,746	10,238	10,371	9,679	10,290	10,501	10,654	10,013
Total	**20,259**	**20,948**	**21,343**	**21,017**	**21,601**	**22,489**	**22,526**	**21,272**	**23,110**	**23,703**	**24,542**	**22,601**

	2007–08				2008–09				2009–10						
Age group	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Minimum**	**Maximum**	**Average**
Male	12,701	13,957	13,939	13,294	13,731	14,379	14,380	13,738	14,307	14,359	14,325	13,969	10,411	14,380	12,280
Female	10,017	10,750	11,227	10,737	10,943	11,067	11,322	11,460	11,790	11,805	12,242	11,813	8,042	12,242	9,979
Total	**22,718**	**24,709**	**25,169**	**24,033**	**24,674**	**25,446**	**25,702**	**25,198**	**26,097**	**26,164**	**26,567**	**25,782**			

Dates included in each quarter: Quarter 1 – 1 July–30 Sept, Quarter 2 – 1 Oct–31 Dec, Quarter 3 – 1 Jan–31 Mar, Quarter 4 – 1 Apr–30 Jun.

Source: AIHW analysis of the National Hospitals Morbidity Database 2009–10.

Table A3.40: Total hospital separations with a drug-related principal diagnosis, by age group, year and quarter, Australia, 2001–02 to 2009–10 (number)

	2001-02				2002-03				2003-04			
Age group	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
<10	361	372	340	338	340	380	394	313	340	354	315	287
10-19	1,828	1,883	1,834	1,665	1,745	1,866	1,831	1,774	1,940	1,981	1,900	1,796
20-29	4,172	4,119	3,933	3,889	3,838	3,925	4,041	3,809	4,044	3,920	4,200	3,901
30-39	4,157	4,272	4,383	4,067	4,060	4,321	4,325	3,987	4,185	4,456	4,621	4,140
40-49	3,695	4,005	4,175	4,033	3,958	4,223	4,325	4,130	4,321	4,421	4,592	4,095
50-59	2,606	2,708	2,773	2,608	2,781	2,881	2,950	2,927	3,000	3,090	3,295	3,094
60+	1,843	1,897	1,889	1,886	1,980	2,120	2,139	1,992	2,076	2,221	2,228	2,097
Total	**18,665**	**19,258**	**19,329**	**18,486**	**18,704**	**19,722**	**20,005**	**18,933**	**19,906**	**20,443**	**21,151**	**19,410**

	2004-05				2005-06				2006-07			
Age group	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
<10	306	301	268	263	251	297	274	272	294	272	305	298
10-19	1,966	2,089	2,046	1,947	1,947	2,103	1,990	1,967	2,152	2,194	2,050	1,773
20-29	3,988	4,098	4,194	4,008	4,086	4,273	4,226	3,918	4,411	4,384	4,524	4,058
30-39	4,420	4,430	4,525	4,489	4,668	4,765	4,973	4,608	5,080	5,159	5,540	4,818
40-49	4,260	4,652	4,731	4,484	4,605	4,703	4,902	4,603	4,862	5,061	5,320	5,194
50-59	3,040	3,089	3,325	3,428	3,562	3,790	3,680	3,490	3,738	3,680	3,852	3,582
60+	2,277	2,288	2,253	2,397	2,482	2,558	2,481	2,395	2,572	2,952	2,951	2,877
Total	**20,259**	**20,948**	**21,343**	**21,017**	**21,601**	**22,489**	**22,526**	**21,272**	**23,110**	**23,703**	**24,542**	**22,601**

(continued)

Table A.40 (continued): Total hospital separations with a drug-related principal diagnosis, by age group, year and quarter, Australia, 2001–02 to 2009–10 (number)

Age group	2007-08				2008-09				2009-10						
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Minimum	Maximum	Average
<10	272	230	282	275	278	284	279	288	298	249	277	261	230	394	300
10-19	1,784	2,035	2,018	1,993	1,946	2,024	2,017	2,070	2,040	2,130	2,081	2,058	1,665	2,194	1,957
20-29	4,120	4,620	4,595	4,401	4,514	4,818	4,919	4,699	4,571	4,706	4,751	4,312	3,809	4,919	4,250
30-39	4,984	5,487	5,510	5,078	5,148	5,317	5,320	5,254	5,443	5,408	5,606	5,426	3,987	5,606	4,790
40-49	5,023	5,316	5,701	5,288	5,595	5,673	5,862	5,690	6,015	5,700	6,018	5,825	3,695	6,018	4,863
50-59	3,755	4,038	4,127	4,059	4,059	4,203	4,259	4,229	4,494	4,581	4,451	4,376	2,606	4,581	3,544
60+	2,780	2,983	2,936	2,939	3,136	3,128	3,033	2,968	3,237	3,391	3,384	3,525	1,843	3,525	2,564
Total	**22,718**	**24,709**	**25,169**	**24,033**	**24,676**	**25,447**	**25,689**	**25,198**	**26,098**	**26,165**	**26,568**	**25,783**			

Dates included in each quarter: Quarter 1 – 1 July–30 Sept, Quarter 2 – 1 Oct–31 Dec, Quarter 3 – 1 Jan–31 Mar, Quarter 4 – 1 Apr–30 Jun.

Source: AIHW analysis of the National Hospitals Morbidity Database 2009–10.

Appendix 4: Australian Standard Geographical Classification

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

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

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

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

For further information on how Remoteness Areas are calculated, see *Rural, regional and remote health: a guide to remoteness classifications* (AIHW 2004).

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

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

1 ANALGESICS

11 Organic Opiate Analgesics

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

12 Semisynthetic Opioid Analgesics

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

13 Synthetic Opioid Analgesics

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

14 Non Opioid Analgesics

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

2 SEDATIVES AND HYPNOTICS

21 Alcohols

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

22 Anaesthetics

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

23 Barbiturates

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

24 Benzodiazepines

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

29 Other Sedatives and Hypnotics

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

3 STIMULANTS AND HALLUCINOGENS

31 Amphetamines

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

32 Cannabinoids

3201	Cannabinoids

33 Ephedra Alkaloids

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

34 Phenethylamines

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

35 Tryptamines

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

36 Volatile Nitrates

3601	Amyl nitrate

	3602	Butyl nitrate
	3699	Volatile Nitrates, n.e.c.
39		**Other Stimulants and Hallucinogens**
	3901	Caffeine
	3902	Cathinone
	3903	Cocaine
	3904	Methcathinone
	3905	Methylphenidate
	3906	Nicotine
	3999	Other Stimulants and Hallucinogens, n.e.c.

4 ANABOLIC AGENTS AND SELECTED HORMONES

41		**Anabolic Androgenic Steroids**
	4101	Boldenone
	4102	Dehydroepiandrosterone
	4103	Fluoxymesterone
	4104	Mesterolone
	4105	Methandriol
	4106	Methenolone
	4107	Nandrolone
	4108	Oxandrolone
	4111	Stanozolol
	4112	Testosterone
	4199	Anabolic Androgenic Steroids, n.e.c.
42		**Beta Agonists**
	4201	Eformoterol
	4202	Fenoterol
	4203	Salbutamol
	4299	$Beta_2$ Agonists, n.e.c.
43		**Peptide Hormones, Mimetics and Analogues**
	4301	Chorionic gonadotrophin
	4302	Corticotrophin
	4303	Erythropoietin

	4304	Growth hormone
	4305	Insulin
	4399	Peptide Hormones, Mimetics and Analogues, n.e.c.
49		**Other Anabolic Agents and Selected Hormones**
	4901	Sulfonylurea hypoglycaemic agents
	4902	Tamoxifen
	4903	Thyroxine
	4999	Other Anabolic Agents and Selected Hormones, n.e.c.

5 ANTIDEPRESSANTS AND ANTIPSYCHOTICS

51		**Monoamine Oxidase Inhibitors**
	5101	Moclobemide
	5102	Phenelzine
	5103	Tranylcypromine
	5199	Monoamine Oxidase Inhibitors, n.e.c.
52		**Phenothiazines**
	5201	Chlorpromazine
	5202	Fluphenazine
	5203	Pericyazine
	5204	Thioridazine
	5205	Trifluoperazin
	5299	Phenothiazines, n.e.c.
53		**Serotonin Reuptake Inhibitors**
	5301	Citalopram
	5302	Fluoxetine
	5303	Paroxetine
	5304	Sertraline
	5399	Serotonin Reuptake Inhibitors, n.e.c.
54		**Thioxanthenes**
	5401	Flupenthixol
	5402	Thiothixene
	5499	Thioxanthenes, n.e.c.

55 Tricyclic Antidepressants

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

59 Other Antidepressants and Antipsychotics

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

6 VOLATILE SOLVENTS

61 Aliphatic Hydrocarbons

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

62 Aromatic Hydrocarbons

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

63 Halogenated Hydrocarbons

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

69 Other Volatile Solvents

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

9 MISCELLANEOUS DRUGS OF CONCERN

91 Diuretics

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

92 Opioid Antagonists

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

99 Other Drugs of Concern

9999	Other Drugs of Concern

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

The number of treatment episodes reported through the AODTS–NMDS for Aboriginal and Torres Strait Islander people does not represent all alcohol and other drug treatments provided to Indigenous people in Australia for 2009–10. Data for the majority of Australian Government-funded Aboriginal and Torres Strait Islander substance use-specific services are available from the OATSIH Services Reporting (OSR) data collection. In 2009–10, the OSR replaced the two previous data collections, Drug and Alcohol Service Report (DASR) and Service Activity Reporting (SAR). In the 2009–10 OSR, 48 of the 51 substance use-specific services (94% of funded services) provided data.

This appendix presents a selection of data from the 2009–10 OSR. The OSR and AODTS–NMDS have different collection purposes, scope and counting rules. For example, the OSR collects service-level estimates for client numbers and episodes of care, whereas the AODTS–NMDS collects unit records for closed treatment episodes. The definitions of 'closed treatment episodes' (AODTS–NMDS) and 'episodes of care' (OSR) are not consistent.

In 2009–10, 17 out of the 48 Australian Government-funded substance use-specific services reporting in the OSR also reported under the AODTS–NMDS.

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

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

The OSR collection, managed by the AIHW, records information about clients of any age, whereas the AODTS–NMDS reports only about clients aged 10 and over. Any comparisons drawn between the collections should therefore be made with caution.

Substance use-specific services

In 2009–10, an estimated 26,311 people were seen by Australian Government-funded Aboriginal and Torres Strait Islander substance use-specific services.

Table A6.1: Estimated number of clients seen by Australian Government-funded Aboriginal and Torres Strait Islander substance use-specific services, by jurisdiction and Indigenous status, 2009–10

Indigenous status	NSW	Vic and SA	Qld	WA	NT	Total
Aboriginal and Torres Strait Islander	1,048	5,172	4,480	3,608	5,481	19,789
Non-Indigenous	394	817	3,410	1,536	140	6,297
Unknown Indigenous status	—	176	—	49	—	225
Total clients (number)	**1,442**	**6,165**	**7,890**	**5,193**	**5,621**	**26,311**
Total clients (per cent)	**5.5**	**23.4**	**30**	**19.7**	**21.4**	**100.0**

Note: The total estimated number of clients refers to individual clients, and does not include clients that attended groups only.

Source: OATSIH Services Reporting Database, 2009–10.

Substance use treatment and assistance

Substances as a specifically targeted program

In addition to the number of clients seen, treatment agencies report on the drugs for which they provide treatment during the year.

Table A6.2: Substances/drugs for which treatment/assistance provided as a targeted program by Australian Government-funded Aboriginal and Torres Strait Islander substance use-specific services, 2008–09 & 2009–10 (per cent)

Substance/drug	2008–09	2009–10
Alcohol	91.1	91.7
Cannabis/marijuana	80.0	77.1
Multiple drug use	57.8	54.2
Tobacco/nicotine	48.9	52.1
Amphetamines	35.6	45.8
Petrol	33.3	35.4
Other solvents/inhalants	31.1	43.8
Benzodiazepines	28.9	37.5
Heroin	26.7	29.2
Ecstasy/MDMA	22.2	25.0
Morphine	20.0	16.7
Cocaine	20.0	25.0
Methadone	17.8	18.8
Barbiturates	17.8	22.9
LSD	15.6	22.9
Other drugs	8.9	6.3
Kava	2.2	8.3
Steroids/anabolic agents	2.2	12.5

Note: Percentage of services that cover substance use issues as a specifically targeted program.

Source: OATSIH Services Reporting Database, 2009–10.

Substances on an individual client basis

Aboriginal and Torres Strait Islander primary health-care services provide a 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 OSR. Similarly, the number of reported episodes of care that related solely or partially to alcohol or other drug treatment is not collected.

However, the drug types for which treatment was provided for are known. In 2009–10, most services covered issues relating to alcohol (90%), cannabis (88%) and tobacco/nicotine (73%).

There was an overall decrease in the percentage of services that provided treatment/assistance on an individual client basis, for most substance in 2009–10. The largest decreases were for other barbiturates (decrease of 17 percentage points), cocaine (13 points) and morphine (11 points) (Table A6.3).

Table A6.3: Substances/drugs for which treatment/assistance provided on an individual client basis by Australian Government-funded Aboriginal and Torres Strait Islander substance use specific services, 2009–10 (per cent)

Substance/drug	2008–09	2009–10
Alcohol	88.9	89.6
Cannabis/marijuana	86.7	87.5
Tobacco/nicotine	75.6	72.9
Multiple drug use	75.6	68.8
Amphetamines	60.0	56.3
Other solvents/inhalants	57.8	56.3
Benzodiazepines	55.6	58.3
Petrol	53.3	50.0
Heroin	46.7	45.8
Morphine	42.2	31.3
Barbiturates	42.2	25.0
Methadone	40.0	33.3
Ecstasy/MDMA	40.0	33.3
Cocaine	33.3	20.8
LSD	17.8	25.0
Steroids/anabolic agents	13.3	14.6
Kava	11.1	4.2
Other drugs	6.7	8.3

Note: Percentage of services that cover substance use issues on an individual client basis.

Source: OATSIH Services Reporting Database, 2009–10.

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

The following table provides technical details about the mapping process applied to produce the hospital separations data in Chapter 6. Please note that these codes are not a complete list of ICD-10-AM codes for which a hospital separation may be attributed as (wholly or partially) drug-related.

Table A7.1: Mapping of ICD-10-AM codes to the ASCDC output categories to be used in the 2009–10 AODTS NMDS annual report[(a)]

Drug of concern identified in principal diagnosis	ICD-10-AM codes used in the 2009–10 analysis
Analgesics	
Opioids (includes heroin, opium, morphine & methadone)	F11.0-11.9, F55.2, T40.0, T40.1, T40.2, T40.3, T40.4
Non opioid analgesics (includes paracetamol)	T39.0, T39.1, T39.3, T39.4, T39.8, T39.9
Sedatives and hypnotics	
Alcohol	E52, F10.0-10.9, G31.2, I42.6, K29.2, K70.0-70.9, K85.2, K86.0, T51.0-51.9, Z71.4
Other sedatives & hypnotics (includes barbiturates & benzodiazepines; excludes alcohol)	F13.0-13.9, T41.2, T42.6, T42.3, T42.4, T42.7, T42.8
Stimulants and hallucinogens	
Cannabinoids (includes cannabis)	F12.0-12.9, T40.7
Hallucinogens (includes LSD & ecstasy)	F16.0-16.9, T40.8, T40.9
Cocaine	F14.0-14.9, T40.5, Z58.7, Z71.6
Tobacco & nicotine	F17.0, F17.1, F17.2-17.9, T65.2,
Other stimulants (includes amphetamines, pseudoephedrine, volatile nitrates & caffeine)	F15.0-15.9, T40.6,T43.6, T46.0, T46.3
Antidepressants and antipsychotics	
Antidepressants & antipsychotics	F55.0, T43.0-43.5
Volatile solvents	
Volatile solvents	F18.0-18.9, T52.0-52.9, T53.1, T53.2, T53.3, T53.4, T53.5, T53.6, T53.7, T53.9, T59.0, T59.8
Other and unspecified drugs of concern	
Multiple drug use	F19.0-19.9, F55.8, F55.9, N14.1-14.3
Unspecified drug use & other drugs not elsewhere classified (includes psychotropic drugs not elsewhere classified; diuretics; anabolic and androgenic steroids & opiate antagonists)	Z71.5, T38.7, T43.8, T43.9, T50.1, T50.2, T50.3, T50.7, F55.1, F55.3, F55.4, F55.5, F55.6,
Foetal and perinatal related conditions	
Foetal and perinatal related conditions (include conditions from alcohol, tobacco & nicotine & drugs of addiction use of the mother)	P04.3, Q86.0, P04.2, P04.4

(a) This list of codes included in analyses of hospital data has changed from previous reports. The time series data in Chapter 6 have been re-analysed using this list of codes, therefore some figures may differ from those previously published.

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