

Table 1: Closed treatment episodes by sex and age of client, Australia, 2002–03 (per cent)

Age group (years)	Males	Females	Persons ^(a)
0– 9	8.3	3.9	12.2
0– 9	22.4	10.8	33.2
0– 9	17.8	9.4	27.2
0– 9	10.5	6.2	16.7
0– 9	4.0	2.6	6.6
0+	1.4	0.8	2.3
Total^(b) (per cent)	65.3	34.5	100.0
Total^(b) (number)	85,537	45,231	130,930

(a) Includes not stated for sex.

(b) Includes not stated for age.

Source: AIHW 2004: Table 3.3.

- Nine per cent of treatment episodes (12,136) involved clients who identified as being Aboriginal or Torres Strait Islander people, which is higher than the overall proportion of Aboriginal and Torres Strait Islander people in the Australian population (2.4%). This figure needs to be interpreted with caution due to the high number of ‘not stated’ responses to this data item and the fact that the majority of dedicated Indigenous substance use services are not included in the AODTS–NMDS collection.

Principal drug of concern

Client profile and principal drug of concern

- Nationally in 2002–03, alcohol (38%) and cannabis (22%) were the most common principal drugs of concern to clients in closed treatment episodes, followed by heroin (18%) and amphetamines (11%) (Table 2).
- For the 15,045 closed treatment episodes where clients were in the 10–19 year age group, cannabis was the principal drug most commonly involved (50%). This varied between sexes: 55% for males and 38% for females in this age group.
- For closed treatment episodes involving 20–29 year olds there was a fairly even distribution across the four main drugs of concern (alcohol, cannabis, heroin and amphetamines), with younger clients much more likely to report cannabis, and older clients to report alcohol.
- Alcohol was the drug most commonly involved in treatment episodes for both sexes (39% for males and 35% for females). This was followed by cannabis for males (24%) and cannabis and heroin for females (19% each) (Figure 1).
- Treatment episodes involving Aboriginal and Torres Strait Islander people were most likely to involve alcohol (46%), cannabis (23%), heroin (12%) and amphetamines (11%)—that is, the same four principal drugs of concern as the population overall, but with alcohol more likely to be nominated (46% compared to 38% for other Australians) and heroin less so (12% compared to 18% for other Australians).

Alcohol and other drug treatment services in Australia

Table 2: Closed treatment episodes by client's principal drug of concern and age, Australia, 2002-03^(a) (per cent)

Principal drug of concern	Age group (years)						Total ^(b)
	10-19	20-29	30-39	40-49	50-59	60+	
Alcohol	17.4	22.1	42.0	62.1	79.3	82.0	38.0
Amphetamines	10.6	15.3	11.5	4.2	1.1	0.2	10.7
Benzodiazepines	0.7	1.8	2.6	2.6	2.7	3.6	2.1
Cannabis	49.6	26.3	16.6	9.8	3.9	1.2	22.0
Cocaine	0.2	0.3	0.3	0.1	—	—	0.3
Ecstasy	0.6	0.5	0.2	0.1	—	0.1	0.3
Heroin	12.3	26.8	18.8	12.0	3.3	1.1	18.4
Methadone	0.5	2.0	2.1	2.0	0.9	0.3	1.8
Nicotine	1.4	0.4	0.9	1.9	4.8	8.8	1.4
Other ^(c)	0.7	3.8	4.3	4.6	3.4	2.4	4.4
Total^(d) (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total^(d) (number)	15,045	42,606	34,257	19,798	7,019	2,410	123,032

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

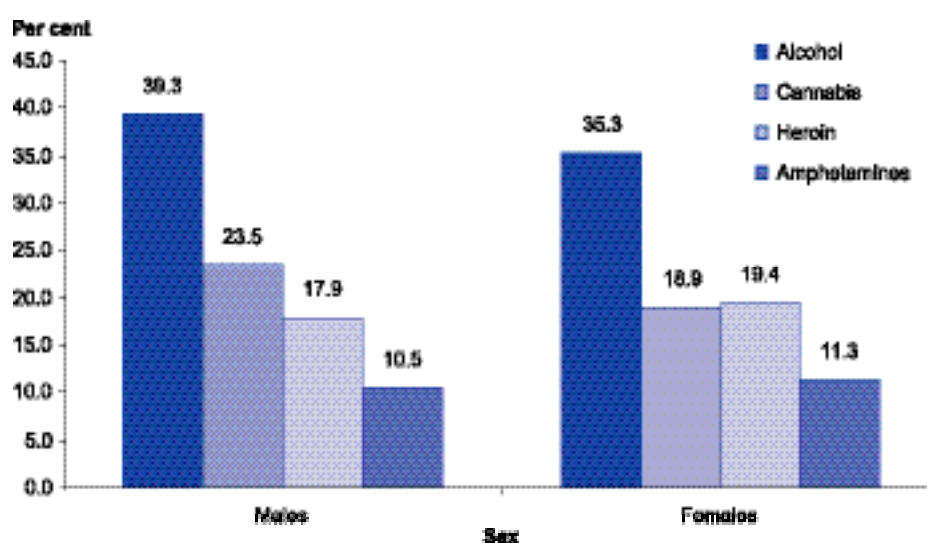
(b) Includes not stated for age.

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

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

Source: AIHW 2004: Table A4.7.

Figure 1: Closed treatment episodes by selected principal drug of concern and sex of clients, Australia, 2002-03



Source: AIHW 2004: Figure 4.1.

Geographic location and principal drug of concern

- Across all geographic areas, alcohol was the most commonly reported drug of concern to clients—accounting for 37% of all closed treatment episodes in major cities, 42% in inner regional, 38% in outer regional, 68% in remote and 67% in very remote areas.
- In most areas, the second most common principal drug was cannabis (accounting for 28% of treatment episodes in inner regional, 36% in outer regional, 18% in remote and 31% in very remote areas). However, for major cities, the second most prominent drug of concern was heroin (accounting for 23% of treatment episodes).
- The proportion of treatment episodes where alcohol was the principal drug of concern varied from 72% in the Northern Territory to 33% in Western Australia and 25% in Queensland. The pattern of principal drugs in Queensland relates largely to the scope of their collection in 2002–03 (see ‘Introduction’ in AIHW (2004:6) for more details).

Referral source and principal drug of concern

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

Other drugs of concern

- Just over half (51%) of all closed treatment episodes involved at least one other drug of concern (in addition to the principal drug of concern).
- From the 63,115 closed treatment episodes where another drug of concern was reported, there were on average 1.7 other drugs of concern.
- Alcohol was reported as the principal drug of concern in 38% of treatment episodes, while 52% of treatment episodes involved alcohol as one of the drugs of concern. Similarly, cannabis was the principal drug of concern in 22% of treatment episodes and identified in 44% of episodes as one of the drugs of concern.

Ceasing treatment and principal drug of concern

- Treatment episodes most commonly ceased because the treatment was completed (51%), the client ceased to participate without notice (16%), or the client transferred to another service provider (7%).
- The reason for ceasing treatment varied across treatment episodes according to the principal drug of concern. For example, treatment episodes where alcohol was the principal drug were more likely to end because treatment was completed (58%) than treatment episodes where heroin (50%), amphetamines (43%) or cannabis (43%) were the principal drug.