

4 Treatment programs

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

Box 4.1: Key definitions and counts for treatment programs, 2001-02

***Closed treatment episode** refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. In 2001-02 there were 120,869 closed treatment episodes.*

***Main treatment type** refers to the principal activity as judged by the treatment provider that is necessary for the completion of the treatment plan for the principal drug of concern. In 2001-02, 113,705 closed treatment episodes were reported for main treatment type. Records from South Australia were excluded from tables using Main treatment type as South Australia did not provide this data item for 2001-02.*

***Main treatment type with principal drug of concern** In 2001-02, 106,532 closed treatment episodes were reported for the combination of these two data items. Records from South Australia were excluded from tables using these data items. In addition, closed treatment episode records for clients seeking treatment for the drug use of others were also excluded.*

***Other treatment type** refers to all other forms of treatment provided to the client in addition to main treatment (the client can have up to three other treatment types). In 2001-02, there were 11,512 closed treatment episodes which provided a total of 12,986 other treatment types. Records from Victoria and South Australia were excluded from tables using these data items as they did not provide this data item for 2001-02 leaving a total number of closed treatment episodes of 68,881.*

See Section 1.3 and Box 3.1 for other definitions.

4.1 Client type

The main source of referral for all clients of alcohol and other drug treatment services was self-referral (35% of treatment episodes) (Table 4.1). The next most common referral sources were other alcohol and other drug treatment service (13%) and community-based corrections (10%). These patterns were also evident for clients who attended for their own drug use. Clients who sought assistance because of someone else's drug use were also most commonly self-referred (38% of all treatment episodes). For others' drug use, nearly one in five treatment episodes (19%) were for clients referred by a friend or relative and a further 9% of treatment episodes were for clients referred by community-based correction services.

Table 4.1: Closed treatment episodes by client type and source of referral, Australia, 2001–02

Source of referral	Own drug use	Other's drug use	Total ^(a)
	(per cent)		
Self	35.1	38.2	35.2
Family member/friend	5.8	19.2	6.6
GP/medical specialist	7.8	4.0	7.5
Psychiatric and other hospitals	3.5	1.2	3.3
Community mental health services ^(b)	1.8	1.0	1.8
Alcohol & other drug treatment services ^(b)	13.1	7.4	12.8
Other community/ health care services ^(c)	4.7	6.9	4.8
Community-based corrections	9.7	9.0	9.6
Police and court diversions	8.0	2.7	7.6
Other	9.1	7.9	9.1
Not stated	1.4	2.6	1.6
Total (per cent)	100.0	100.0	100.0
Total (number)	111,246	7,638	120,869

(a) Includes not stated for Client type.

(b) Includes residential and non-residential services.

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

Overall, counselling was the most common form of main treatment provided (39% of treatment episodes), then withdrawal management (detoxification) (19%), assessment only (15%) and information and education only (10%) (Table 4.2). A similar pattern was seen for clients who attended for their own drug use, with 37% of treatment episodes for counselling and 21% for withdrawal management. An even larger proportion of clients who sought assistance because of someone else's drug use received counselling as their main treatment (70% of their treatment episodes). The next most common form of treatment for this group was assessment only (11%) and education and information only (9%).

Table 4.2: Closed treatment episodes by client type and main treatment type, Australia, 2001–02^(a)

Main treatment type	Own drug use	Other's drug use	Total ^(b)
	(per cent)		
Withdrawal management (detoxification)	20.5	0.1	19.1
Counselling	36.7	70.3	38.9
Rehabilitation	6.7	1.8	6.3
Pharmacotherapy ^(c)	1.3	—	1.2
Support and case management only	6.3	3.8	6.1
Information and education only	10.0	8.9	9.8
Assessment only	15.0	11.2	14.6
Other	3.5	4.0	3.9
Total (per cent)	100.0	100.0	100.0
Total (number)	104,639	7,173	113,705

(a) Excludes South Australia.

(b) Includes not stated for Client type.

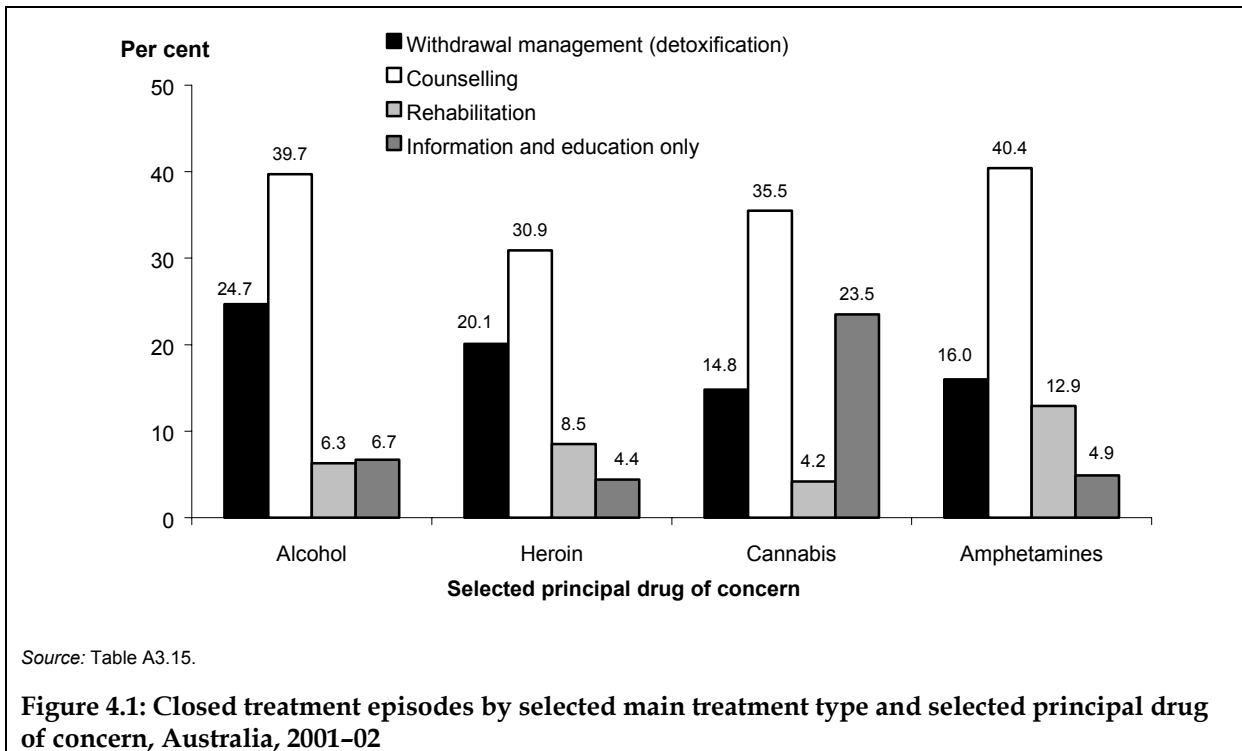
(c) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

4.2 Main treatment for selected principal drugs

The type of main treatment provided varied depending on the principal drug the client sought treatment for (see Table A3.15). Nationally, alcohol (37% of all treatment episodes), cannabis (22%), heroin (18%) and amphetamines (11%) were the most common principal drugs of concern for which treatment was sought (see also Table 3.3). Counselling, withdrawal management (detoxification), assessment only and information and education only were the most common types of treatment for clients who nominated the above principal drugs of concern (see Table A3.15).

Clients who reported alcohol as their principal drug of concern were more likely to receive withdrawal management (detoxification) treatment (25% of treatment episodes) compared to 15% of treatment episodes for clients seeking treatment for cannabis use (Figure 4.1). Clients seeking treatment for amphetamine use were more likely to receive counselling treatment (40% of all treatment episodes where the principal drug was amphetamine) compared to 31% of treatment episodes for clients seeking treatment for heroin use.

Where cannabis was nominated as principal drug, 24% of closed treatment episodes were for information and education programs. Only a small proportion of other principal drugs received this treatment type, for example, 4% of closed treatment episodes involving benzodiazepines, heroin or ecstasy as the principal drug of concern were for information and education programs. The large proportion of this type of treatment for cannabis users probably reflects the police diversion programs in place in most jurisdictions. Many of these programs require the offender to attend an education or information program run by an alcohol or other drug treatment service (see Table A3.15).



Duration of treatment episode—principal drug of concern

The duration of a treatment episode may depend on the type of treatment received and the type of principal drug for which treatment is provided (Table 4.3). Overall, the median number of days for a treatment episode was 19 days. The highest median number of treatment days within a treatment episode occurred where the principal drug was either heroin or amphetamines (21 days each). Treatment episodes where the principal drug was cannabis had the lowest median treatment days (13 days) of the four drugs considered.

The main treatment type with the highest median number of treatment days per treatment episode, excluding 'other' main treatment, was pharmacotherapy treatment (91 days), then counselling (54 days). The lowest median number of treatment days was for information and education only (1 day) and withdrawal management (6 days). These types of treatment are typically for a specific duration, where other treatment types may be more open-ended.

The duration of a treatment episode for each type of main treatment varied with the principal drug the client was being treated for. For the selected principal drugs of concern, the highest median number of treatment days for withdrawal management occurred where cannabis was the principal drug (8 days) and the lowest was for heroin (5 days). The median duration of treatment episodes for counselling was similar for heroin and amphetamines (62 days and 59 days respectively). The highest median number of treatment days for pharmacotherapy treatment was for heroin (132 days) and the lowest median number of days was for cannabis (44 days).

The median length of time spent on information and education programs was longest where the principal drug was amphetamines (7 days) and lowest where the principal drug was cannabis (than 1 day).

Table 4.3: Duration (median days) of closed treatment episodes by main treatment type and selected principal drug of concern, Australia, 2001–02^{(a)(b)}

Main treatment type	Alcohol	Heroin	Cannabis	Amphetamines	Total (median number of days) ^(c)
					(median number of days)
Withdrawal management (detoxification)	6	5	8	6	6
Counselling	54	62	48	59	54
Rehabilitation	29	35	28	25	29
Pharmacotherapy ^(d)	60	132	44	47	91
Support and case management only	38	41	39	36	41
Information and education only	4	4	1	7	1
Assessment only	7	11	10	1	7
Other	47	38	23	14	28
Total (median number of days)	19	21	13	21	19
Total (number of treatment episodes)	39,077	19,324	23,047	11,276	106,532

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

(b) Excludes South Australia.

(c) Includes not stated for Principal drug of concern and balance of Principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern. See Appendix 5.

(d) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

4.3 Jurisdictions

As noted in Section 4.2, counselling (39%), withdrawal management (19%) and assessment only (15%) were the most common main treatments provided nationally (Table 4.4). In New South Wales, counselling was also the most common main treatment provided (27%), although at lower levels to the national average. New South Wales had higher proportions of assessment only (23%). Western Australia, Tasmania and Victoria had similar distributions to those at the national level, although they all had much higher proportions of counselling (61%, 57% and 47% respectively). While Western Australia also had a higher proportion of rehabilitation treatments (9%), Victoria's and Tasmania's proportions were lower (each 3%), as they were for information and education only treatments (each 0.1% compared with 7% from Western Australia).

In contrast, withdrawal management was the most common form of main treatment provided by the Australian Capital Territory (34%) followed by support and case management only (25%). The Australian Capital Territory had the highest proportion of pharmacotherapy treatment nationally at 9% and the Northern Territory and the Non-Government Organisation Treatment Grants Programme services listed under Other had the highest proportion of rehabilitation treatment (each 15%).

Table 4.4: Closed treatment episodes by main treatment type and jurisdiction, Australia, 2001–02^(a)

Main treatment type	NSW	Vic	Qld ^(b)	WA	Tas	ACT	NT	Other ^(c)	Australia
	(per cent)								
Withdrawal management (detoxification)	21.0	21.9	—	11.8	18.9	33.7	21.8	1.4	19.1
Counselling	27.1	47.2	—	61.4	57.4	14.8	28.5	26.7	38.9
Rehabilitation	8.9	2.8	—	8.5	2.7	9.5	14.8	15.0	6.3
Pharmacotherapy ^(d)	—	1.9	—	1.4	1.3	9.0	0.3	0.1	1.2
Support and case management only	1.9	11.0	—	0.3	3.9	24.8	2.2	13.0	6.1
Information and education only	13.0	0.1	100.0	6.6	0.1	3.6	6.9	21.2	9.8
Assessment only	23.0	13.1	—	6.5	10.1	4.6	11.7	3.5	14.6
Other	5.1	2.0	—	3.5	5.6	—	13.8	19.1	3.9
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	39,348	44,824	4,151	15,232	2,015	2,824	2,405	2,906	113,705

(a) Excludes South Australia.

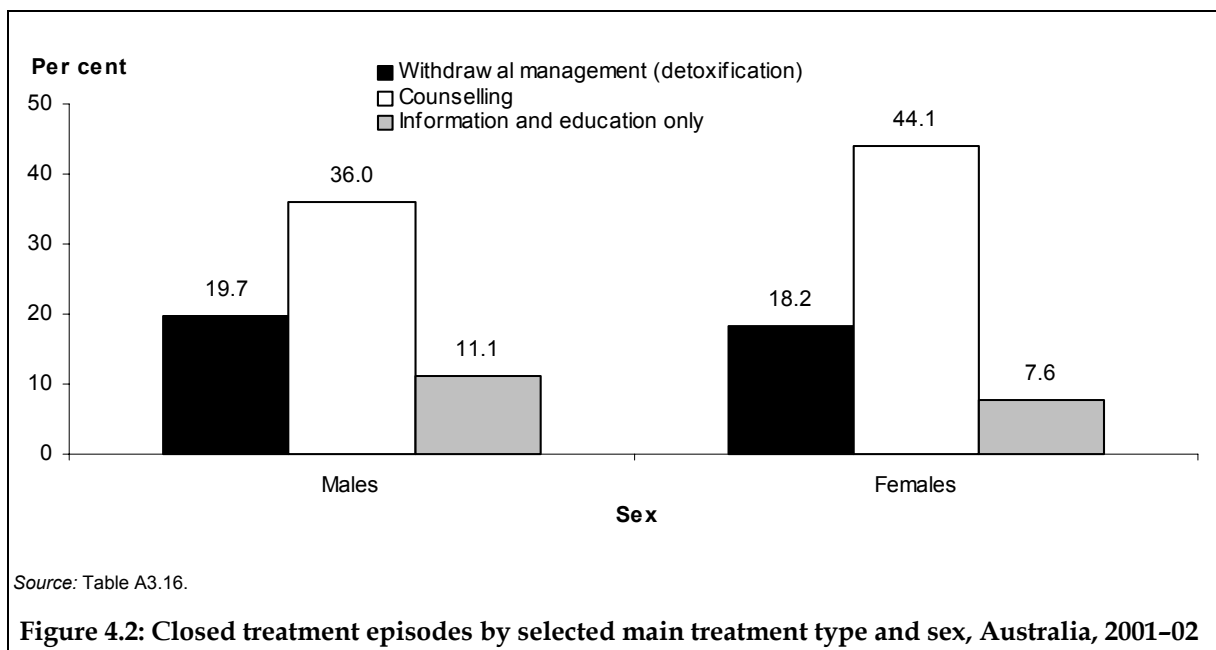
(b) Queensland provided only police diversion data for which Main treatment was always information and education only.

(c) Other NGOTGP services not currently reported through a state or territory collection.

(d) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

4.4 Sex and age

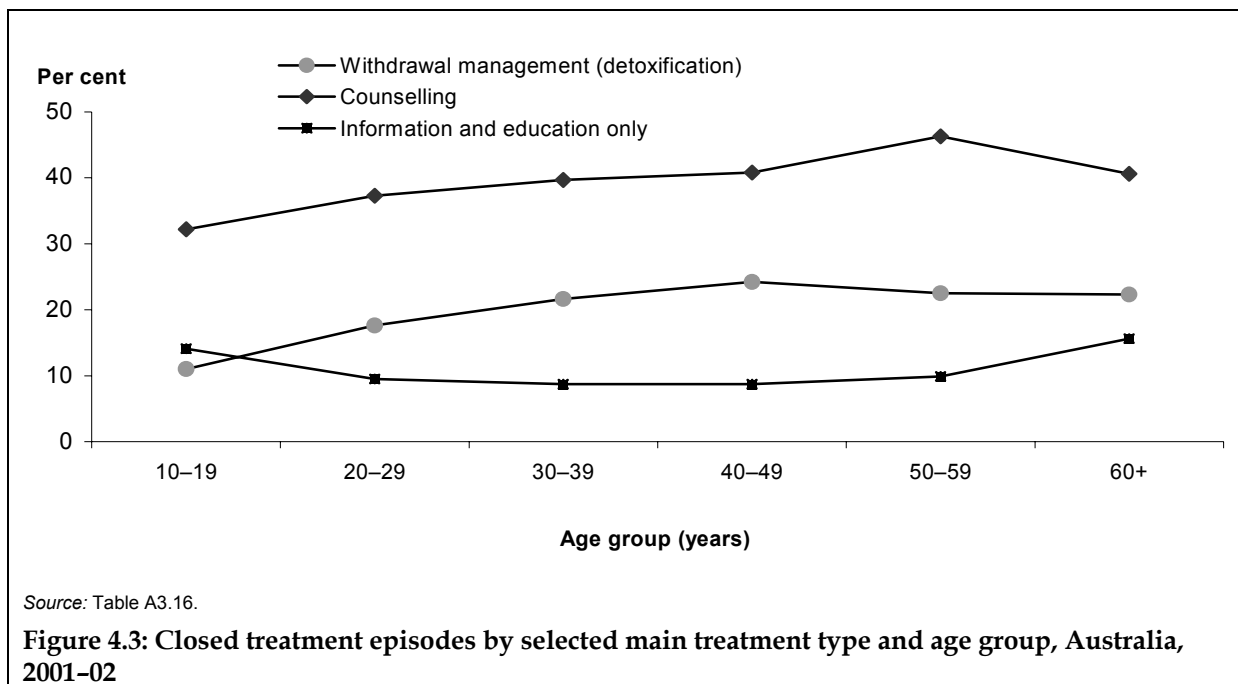
The main treatment type often varied depending on the age or sex of the client (Figures 4.2 and 4.3). Of the treatment episodes for female clients, 44% were for counselling compared to 36% for male clients. Female clients were less likely to receive information and education only than males (8% and 11% respectively). Males (20%) were somewhat more likely to receive withdrawal management than females (18%).



When all closed treatment episodes are considered, withdrawal management was less common for clients in younger age groups, representing only 11% of treatment episodes for clients aged 10-19 years and 18% for clients aged 20-29 years (Figure 4.3). The peak age for withdrawal management treatment was the 40-49 year age group (24%), with similar proportions for clients aged 50-59 and 60 years and over (23% and 22% of treatment episodes in these age groups respectively). This pattern was slightly higher for male clients, with 27% of clients in each of the following age groups – 40-49, 50-59 and 60 years and over – receiving withdrawal management (detoxification). The proportion of female clients receiving withdrawal management treatment declined progressively from age 30-39 years – from 21% to 14% of treatment episodes for those aged 60 years and over (Table A3.16). The principal drug of concern is also a factor when considering treatment type and age. For instance, withdrawal management was a common treatment for alcohol (Figure 4.1) and this tended to be the principal drug of concern in the older age groups (Figure 3.2).

Counselling was more common in the older age groups – 46% of all treatment episodes for those aged 50-59 years compared to 32% for those aged 10-19 years. This was particularly the case for females (59% of all treatment episodes for females aged 50-59 years compared with 34% for those aged 10-19 years). The proportions for male clients were 39% and 31% respectively. In contrast, the use of support and case management only declined with age (18% for those aged 10-19 years and 2% for those aged 60 years or more), with similar patterns for both males and females.

A different pattern emerged when the main treatment was information and education only. Clients were more likely to receive this type of treatment if they were in the 10-19 year age group (14%) or the 60 years and over age group (16%).



4.5 Indigenous status

Indigenous and non-Indigenous clients showed similar patterns for the type of main treatment they received. However, Indigenous clients had higher proportions of treatment services for counselling (43%) and lower proportions for withdrawal management (16%) than non-Indigenous clients (38% and 20% respectively) (Table 4.5).

Table 4.5: Closed treatment episodes by main treatment type and Indigenous status, Australia, 2001-02^(a)

Main treatment type	Indigenous	Non-Indigenous	Not stated	Total
		(per cent)		
Withdrawal management (detoxification)	15.8	20.0	11.9	19.1
Counselling	43.3	38.1	42.4	38.9
Rehabilitation	8.7	6.3	4.1	6.3
Pharmacotherapy ^(b)	0.4	1.3	0.5	1.2
Support and case management only	3.5	6.3	7.2	6.1
Information and education only	12.3	10.0	5.6	9.8
Assessment only	12.7	14.3	21.6	14.6
Other	3.3	3.7	6.5	3.9
Total (per cent)	100.0	100.0	100.0	100.0
Total (number)	9,192	96,607	7,906	113,705

(a) Excludes South Australia.

(b) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS-NMDS.

4.6 Additional treatments

As well as identifying the main treatment type, all other forms of treatment provided to the client for alcohol and other drugs are also recorded as part of the AODTS-NMDS. This section looks at the main treatment type of clients together with a short list of other treatment types. This analysis provides an indication of multiple treatment usage in alcohol and other drug treatment services. For this analysis, Victoria and South Australia were excluded as neither jurisdiction provided data for ‘other treatment type’.

The majority of clients received a main treatment only. Of the 68,881 treatment episodes where other treatments could be reported, less than one in five episodes (11,512 or 17%) included other treatment – that is, a main treatment and at least one other treatment type (Table 4.6). From these 11,512 treatment episodes, 12,986 other treatments were reported (Table 4.7). This equates to an average of just over one other treatment (1.1) for those clients who received additional treatment to their main treatment.

Table 4.6: Number of closed treatment episodes, main treatment type, with or without other treatment type, Australia, 2001-02

Main treatment type	Closed treatment episodes with no other treatment type	Closed treatment episodes with other treatment type	Total closed treatment episodes	Proportion of closed treatment episodes with other treatment type
Withdrawal management (detoxification)	6,304	5,635	11,939	47.2
Counselling	21,049	1,995	23,044	8.7
Rehabilitation	3,260	2,664	5,924	45.0
Pharmacotherapy ^(a)	470	40	510	7.8
Support and case management only	2,023	4	2,027	0.2
Information and education only	11,151	13	11,164	0.1
Assessment only	10,745	9	10,754	0.1
Other	2,367	1,152	3,519	32.7
Total	57,369	11,512	68,881	16.7

(a) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS-NMDS.

The likelihood of receiving another treatment varied depending on the type of main treatment the client received. In the closed treatment episodes where withdrawal management was reported as the main treatment type, 47% of clients reported at least one other treatment type. Where rehabilitation was reported as the main treatment type, 45% of clients reported at least one other treatment type.

Of the 12,986 other treatment types, the treatment that was most commonly nominated as another treatment was counselling (59%) and other (21%). Table 4.7 shows the combination of main treatment type with other treatment types:

- where withdrawal management (detoxification) is the main treatment type – 68% of all other treatment types were counselling;

- where counselling is the main treatment type – 54% of all other treatment types were ‘other’ (no further information provided) and 19% pharmacotherapy; and
- where rehabilitation is the main treatment type – 72% of all other treatment types were counselling, 18% ‘other’ and 5% pharmacotherapy.

Table 4.7: Proportion of other treatment types by main treatment type, Australia, 2001–02^(a)

Other treatment type	Main treatment type					Total all other treatments
	Withdrawal management (detoxification)	Counselling	Rehabilitation	Pharmacotherapy	Other	
	(per cent)					
Withdrawal management (detoxification)	0.0	17.3	4.2	19.6	3.5	4.3
Counselling	68.3	0.0	72.1	54.3	80.9	59.3
Rehabilitation	13.1	10.0	0.0	2.2	1.0	8.1
Pharmacotherapy ^(b)	5.3	19.1	5.2	0.0	6.7	7.7
Other	13.3	53.6	18.4	23.9	8.0	20.6
Total (per cent)^(b)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	6,330	2,107	3,259	46	1,244	12,986

(a) Excludes Victoria and South Australia.

(b) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

4.7 Reason for cessation of treatment episode

As reported in Section 3.6, a client’s treatment episode may cease for a number of reasons. The most common reason for the cessation of the client’s treatment was that the treatment had been completed (54%). Other common reasons were the client ceased to participate without notice (16%) or the client was transferred to another service provider (7%) (Table A3.11).

The reason for ceasing treatment varies depending on the type of treatment received. More than one-third (38%) of treatment episodes that ended because treatment was completed were for counselling, 22% for withdrawal management and 18% for assessment only (Table 4.8). Of treatment episodes ending because the client was transferred to a different service provider, 32% were for assessment only, 28% for counselling and 16% for withdrawal management. Clients may also decide to stop participating in treatment, and may not provide notice of their decision. Of all treatment episodes that ceased in this way without notice, 60% were for counselling and 13% for withdrawal management.

Where clients ceased to participate against the advice of the clinician almost half (47%) of these treatment episodes occurred during a withdrawal management program and a further 19% while undertaking a rehabilitation program (Table 4.8).

Table 4.8: Closed treatment episodes by main treatment type and selected reason for cessation, Australia, 2001–02^(a)

Main treatment type	Treatment completed	Transferred to another service provider	Ceased to participate without notice	Ceased to participate against advice	Other ^(b)	Total ^(c)
	(per cent)					
Withdrawal management (detoxification)	21.9	16.0	13.0	47.4	10.7	19.1
Counselling	37.6	27.8	59.7	12.9	33.6	38.9
Rehabilitation	4.4	5.8	5.2	19.1	10.5	6.3
Pharmacotherapy ^(d)	1.0	0.6	1.8	0.7	1.6	1.2
Support and case management only	7.2	4.6	5.6	2.9	5.1	6.1
Information and education only	6.3	6.9	5.5	12.8	26.5	9.8
Assessment only	18.2	31.8	5.6	3.2	8.1	14.6
Other	3.4	6.4	3.6	0.9	3.8	3.9
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	60,943	8,029	17,811	5,378	18,854	113,705

(a) Excludes South Australia.

(b) Includes Change in main treatment type; Change in delivery setting; Change in the principal drug of concern; all other Ceased to participate categories; Drug court and/or sanctioned by court diversion service; Imprisoned other than drug court sanctioned; and Died.

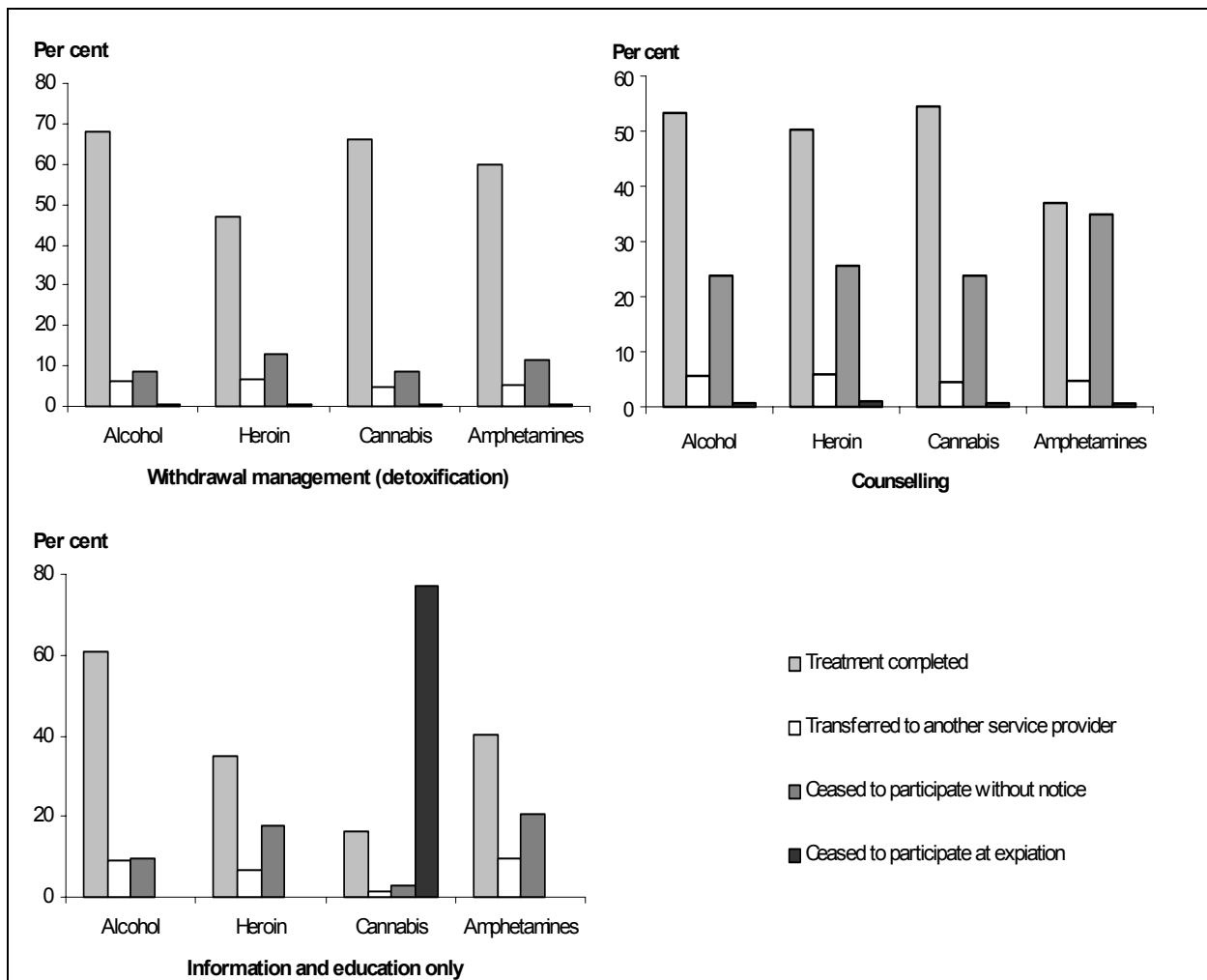
(c) Includes not stated for Reason for cessation.

(d) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

The relationship between principal drug of concern, main treatment and reason for cessation provides a more detailed picture (see Figure 4.4 and Table A3.18). For closed treatment episodes where the main treatment was withdrawal management and clients nominated a principal drug of alcohol, 68% ceased treatment because the treatment was completed. This was similar for treatment episodes where withdrawal management was the main treatment type and cannabis was the principal drug of concern—66% ceased because treatment was completed. Where treatment episodes ended without notice, and the main treatment type was withdrawal management, 13% involved heroin as the principal drug of concern and 9% where alcohol or cannabis were the principal drugs of concern.

Where counselling was the main treatment, over half the closed episodes for the principal drugs of alcohol and cannabis reflected completed treatments (53% and 55% respectively of these treatment episodes). Where amphetamines was the principal drug there was a lower proportion who completed treatment (40%) and this group had a relatively high proportion who ceased to participate without notice (35%).

Clients who received information and education only as their main treatment had high proportions completing treatment where the principal drug was alcohol (61%) or amphetamines (40%).



Source: Table A3.18.

Figure 4.4: Closed treatment episodes by selected reason for cessation, selected main treatment type and selected principal drug of concern, Australia, 2001-02

4.8 Treatment delivery setting

Treatment delivery setting refers to the setting in which the main treatment is provided. This section examines the patterns of main treatment type and treatment delivery settings, as well as the duration of treatment episodes and their relationship to treatment type and delivery setting.

Just over two-thirds (67% or 75,913) of all treatment episodes occurred at a non-residential facility⁵ (Table 4.9). Just over one in five (22%) treatment episodes occurred at a residential facility, and a further 6% in an outreach setting such as a mobile van service.

Of all closed treatment episodes where a non-residential facility was reported as the treatment delivery setting, counselling and assessment-only services were the most common types of main treatment provided (54% and 19% respectively). Residential treatment facilities

⁵ It is important to keep in mind that some of these non-residential facilities may also have some component of residential care available.

and home settings both provided more than half of their main treatments as withdrawal management (58% and 63% respectively) with rehabilitation programs comprising a further 21% and 16% respectively of main treatments in these settings. The support and case management program was the most common service provided at outreach settings (62% of all treatment episodes in these settings) and then counselling services (27%).

Table 4.9: Closed treatment episodes by main treatment type and treatment delivery setting, Australia, 2001–02^(a)

Main treatment type	Non-residential treatment facility	Residential treatment facility	Home	Outreach setting	Other	Total ^(b)
Withdrawal management (detoxification)	7.0	58.1	62.7	0.5	2.0	19.1
Counselling	54.1	3.1	7.3	26.8	8.6	38.9
Rehabilitation	1.2	21.2	15.7	0.3	17.1	6.3
Pharmacotherapy ^(c)	0.7	3.4	0.1	—	0.1	1.2
Support and case management only	3.3	0.3	2.6	61.6	2.3	6.1
Information and education only	10.5	5.7	3.1	6.1	42.5	9.8
Assessment only	18.7	7.3	5.7	3.6	7.2	14.6
Other	4.5	0.9	2.8	1.1	20.2	3.9
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	75,913	24,984	2,917	6,893	2,998	113,705

(a) Excludes South Australia.

(b) Includes not stated for Treatment delivery setting.

(c) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

Duration of treatment episode—treatment delivery setting

The duration of a treatment episode may depend on the type of treatment received and where the treatment is provided (Table 4.10). Overall, the median number of days for a treatment episode was 20 days. (This figure is slightly higher than that provided in Table 4.3 as that table excludes treatment episodes for clients seeking treatment for the drug use of others.) The highest median number of treatment days within a treatment episode occurred in outreach settings (36 days) and in non-residential treatment facilities (28 days). Residential treatment settings reported the lowest median treatment days (6 days).

The duration of a treatment episode for each type of main treatment varied with location of treatment. The highest median number of treatment days for withdrawal management occurred in outreach settings (19 days) and the lowest in residential treatment facilities (6 days). The highest median number of treatment days for counselling occurred in home settings (74 days) and the lowest in residential treatment facilities (22 days). The median duration of treatment episodes for pharmacotherapy treatment was highest for ‘other’ delivery setting (200 days) followed by residential treatment facilities (119 days) and lowest in a home setting (5 days).

Support and case management only and information and education only had their highest median number of treatment days in home settings (158 days and 59 days respectively).

Support and case management treatments often last for significant periods of time with regular, but not necessarily continuous, contact. Treatment that provides only information and education is often a once only session for a specific duration. However, some outreach services provide a number of information and education sessions to individual clients, and these may occur over several months or more.

Table 4.10: Duration (median days) of closed treatment episodes by main treatment type and treatment delivery setting, Australia, 2001–02^(a)

Main treatment type	Non-residential treatment facility	Residential treatment facility	Home	Outreach setting	Other	Total (median number of days) ^(b)
(median number of days)						
Withdrawal management (detoxification)	14	6	15	19	10	6
Counselling	55	22	74	30	69	53
Rehabilitation	57	27	42	70	30	29
Pharmacotherapy ^(c)	61	119	5	31	200	91
Support and case management only	36	18	158	42	139	42
Information and education only	<1	3	59	1	10	1
Assessment only	10	1	15	1	1	7
Other	28	17	90	48	39	28
Total (median number of days)	28	6	19	36	23	20
Total (number of treatment episodes)	75,913	24,984	2,917	6,893	2,998	113,705

(a) Excludes South Australia.

(b) Includes not stated for Treatment delivery setting.

(c) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.