

DRUG TREATMENT SERIES

Number 3

**Alcohol and other drug
treatment services in Australia
2002–03**

Report on the National Minimum Data Set

Australian Institute of Health and Welfare
Canberra

AIHW cat. no. HSE 33

© Australian Institute of Health and Welfare 2004

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced without prior written permission from the Australian Institute of Health and Welfare. Requests and enquiries concerning reproduction and rights should be directed to the Head, Media and Publishing, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

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 Media and Publishing Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601, or via the Institute's website <<http://www.aihw.gov.au>>.

ISSN 1447-6746

ISBN 1 74024 399 4

Suggested citation

AIHW (Australian Institute of Health and Welfare) 2004. Alcohol and other drug treatment services in Australia 2002-03: report on the national minimum data set. Drug Treatment Series 3. AIHW cat. no. HSE 33. Canberra: AIHW.

Australian Institute of Health and Welfare

Director

Dr Richard Madden

Any enquiries about or comments on this publication should be directed to:

Louise York or Chrysanthe Psychogios
Australian Institute of Health and Welfare
GPO Box 570

Canberra ACT 2601

Phone: (02) 6244 1271 or 6244 1068

Published by Australian Institute of Health and Welfare

Printed by Pirion

Contents

- List of tables..... v
- List of figures.....viii
- List of boxesviii
- Acknowledgments..... ix
- Abbreviationsx
- Highlights xi**
- Treatment agencies..... xi
- Client profile..... xi
- Principal drug of concern xi
- Treatment programs..... xiii
- Special theme – clients aged 10–29 years..... xv
- Data quality xvi
- 1 Introduction1**
- 1.1 Background.....1
- 1.2 The AODTS–NMDS collection.....2
- 1.3 The 2002–03 AODTS–NMDS collection.....6
- 1.4 Recent drug use.....8
- 2 Treatment agency profile10**
- 2.1 Establishment sector10
- 2.2 Location of treatment agencies.....11
- 3 Client profile12**
- 3.1 Closed treatment episodes and client registrations12
- 3.2 Client type and jurisdictions13
- 3.3 Sex and age.....13
- 3.4 Indigenous status15
- 3.5 Country of birth and preferred language16
- 4 Drugs of concern.....17**
- 4.1 Jurisdictions and principal drug of concern.....18
- 4.2 Sex, age and principal drug of concern.....19
- 4.3 Country of birth and principal drug of concern21

4.4	Indigenous status and principal drug of concern	22
4.5	Geographic location and principal drug of concern	24
4.6	Source of referral and principal drug of concern	25
4.7	Other drugs of concern.....	27
4.8	Injecting drug use and method of use.....	28
4.9	Reason for cessation and principal drug of concern	29
5	Treatment programs	31
5.1	Jurisdictions and treatment programs	31
5.2	Main treatment for selected principal drugs.....	32
5.3	Client type, source of referral and treatment programs.....	34
5.4	Sex, age and treatment program	36
5.5	Indigenous status and treatment program.....	37
5.6	Geographic location and treatment program.....	38
5.7	Additional treatments	39
5.8	Reason for cessation and treatment program	40
5.9	Treatment delivery setting and treatment program	42
6	Special theme – clients aged 10-29 years.....	45
6.1	Client profile	46
6.2	Drugs of concern	47
6.3	Treatment programs	52
7	Other data collections	56
7.1	Background.....	56
7.2	Monitoring alcohol and other drug problems	56
7.3	Use, mortality and morbidity data	59
7.4	National pharmacotherapy statistics.....	66
8	Data quality of the AODTS-NMDS in 2002-03	69
8.1	Introduction	69
8.2	Data quality.....	70
Appendixes		72
Appendix 1: Data elements included in the AODTS-NMDS for 2002-03.....		72
Appendix 2: Technical notes		73
Appendix 3: AODTS-NMDS treatment types.....		76

Appendix 4: Detailed tables	80
Appendix 5: Australian Standard Geographical Classification	98
Appendix 6: Australian Standard Classification of Drugs of Concern (ASCDC)	99
10 References	106

List of tables

Table 1.1: Summary of selected drugs recently used, and principal drugs for which treatment was sought, Australia.....	8
Table 2.1: Treatment agencies by sector of service and jurisdiction, Australia, 2002-03	10
Table 2.2: Treatment agencies by geographical location and jurisdiction, Australia, 2002-03	11
Table 3.1: Closed treatment episodes by client type and jurisdiction, Australia, 2002-03	13
Table 3.2: Closed treatment episodes by sex and age group, Australia, 2002-03.....	14
Table 3.3: Closed treatment episodes by age group, Indigenous status and sex, Australia, 2002-03	15
Table 3.4: Closed treatment episodes by country of birth, Australia, 2002-03	16
Table 4.1: Closed treatment episodes by principal drug of concern and jurisdiction, Australia, 2002-03	19
Table 4.2: Closed treatment episodes by principal drug of concern and Indigenous status, Australia, 2002-03.....	23
Table 4.3: Closed treatment episodes by principal drug of concern and geographic location, Australia, 2002-03	25
Table 4.4: Closed treatment episodes by principal drug of concern and source of referral, Australia, 2002-03	26
Table 4.5: Number of closed treatment episodes by principal drug of concern, with or without other drug of concern, Australia, 2002-03.....	27
Table 4.6: Closed treatment episodes by injecting drug use and age group, Australia, 2002-03	29
Table 5.1: Closed treatment episodes by main treatment type and jurisdiction, Australia, 2002-03	32
Table 5.2: Duration of closed treatment episodes by main treatment type and selected principal drugs of concern, Australia, 2002-03	34
Table 5.3: Closed treatment episodes by client type and source of referral, Australia, 2002-03	35
Table 5.4: Closed treatment episodes by client type and main treatment type, Australia, 2002-03	36

Table 5.5: Closed treatment episodes by main treatment type and Indigenous status, Australia, 2002–03	38
Table 5.6: Closed treatment episodes by main treatment type and geographic location, Australia, 2002–03	39
Table 5.7: Number of closed treatment episodes by main treatment type, with or without other treatment type, Australia, 2002–03	40
Table 5.8: Closed treatment episodes by main treatment type and selected reason for cessation, Australia, 2002–03	41
Table 5.9: Closed treatment episodes by main treatment type and treatment delivery setting, Australia, 2002–03	42
Table 5.10: Duration of closed treatment episodes by main treatment type and treatment delivery setting, Australia, 2002–03	43
Table 5.11: Closed treatment episodes by principal drug of concern and treatment delivery setting, Australia, 2002–03	44
Table 6.1: Closed treatment episodes by age group, client type and sex, Australia, 2002–03	46
Table 6.2: Closed treatment episodes by age group and principal drug of concern, Australia, 2002–03	48
Table 6.3: Closed treatment episodes by age group and principal drug of concern – ‘party drugs’, Australia, 2002–03	49
Table 6.4: Closed treatment episodes by source of referral and age group, Australia, 2002–03	52
Table 6.5: Closed treatment episodes by main treatment type and age group, Australia, 2002–03	53
Table 6.6: Closed treatment episodes by reason for cessation and age group, Australia, 2002–03	55
Table 7.1: Summary of drugs recently used by the population aged 14 years and over, Australia, 1993–2001	60
Table 7.2: Personal approval of the regular use by an adult of selected drugs, persons aged 14 years and over by age group and sex, Australia, 2001	61
Table 7.3: Opportunity to use selected drugs in the past 12 months, persons aged 14 years and over, by age group, Australia, 2001	62
Table 7.4: Summary of illicit drugs used in the last 12 months by persons aged 14 years and over by age group, Australia, 2001	63
Table 7.5: Death rates attributable to tobacco, alcohol and illicit drugs related diseases, Australia, 2001	64
Table 7.6: Same-day and overnight separations with a principal diagnosis related to substance use disorders, by drug of concern, Australia, 2002–03	65
Table 7.7: Number of pharmacotherapy clients by state and territory, Australia, 1998–2003	66
Table 7.8: Proportion of pharmacotherapy clients by prescriber, states and territories, Australia, 2003	67

Table 7.9: Proportion of pharmacotherapy clients by dosing site, states and territories, Australia, 2003	67
Table 8.1: Not stated/missing/unknown responses for data items by jurisdiction, Australia, 2002-03	71
Table A1.1: Data elements for the AODTS-NMDS, 2002-03	72
Table A4.1: Estimated number of client registrations by age group and sex, Australia, 2002-03	80
Table A4.2: Estimated number of client registrations by client type and sex, Australia, 2002-03	80
Table A4.3: Estimated number of client registrations by age group and Indigenous status, Australia, 2002-03	80
Table A4.4: Closed treatment episodes by client data items by jurisdiction, Australia, 2002-03	81
Table A4.5: Closed treatment episodes by drug-related data items by jurisdiction, Australia, 2002-03	83
Table A4.6: Number of other drugs of concern by jurisdiction, Australia, 2002-03	84
Table A4.7: Closed treatment episodes by principal drug of concern, sex and age group, Australia, 2002-03	85
Table A4.8: Closed treatment episodes by principal drug of concern and country of birth, Australia, 2002-03	87
Table A4.9: Closed treatment episodes by principal drug of concern, Indigenous status and sex, Australia, 2002-03	88
Table A4.10: Closed treatment episodes by principal drug of concern and all drugs of concern, Australia, 2002-03	89
Table A4.11a: Closed treatment episodes by principal drug of concern and reason for cessation, Australia, 2002-03	90
Table A4.11b: Closed treatment episodes by reason for cessation and principal drug of concern, Australia, 2002-03	91
Table A4.12: Closed treatment episodes by treatment data items by jurisdiction, Australia, 2002-03	92
Table A4.13: Closed treatment episodes by other treatment type by jurisdiction, Australia, 2002-03	93
Table A4.14: Closed treatment episodes by principal drug of concern and main treatment type, Australia, 2002-03	94
Table A4.15: Closed treatment episodes by main treatment type, sex and age group, Australia, 2002-03	95
Table A4.16: Closed treatment episodes by age group and Indigenous status, Australia, 2002-03	96
Table A4.17: Closed treatment episodes by principal drug of concern and all drugs of concern, selected 'party drugs', Australia, 2002-03	96

Table A4.18: Closed treatment episodes by injecting drug use and age group, Australia, 2002–03	96
Table A4.19: Closed treatment episodes by treatment delivery setting and age group, Australia, 2002–03	97

List of figures

Figure 4.1: Closed treatment episodes by selected principal drug of concern and sex, Australia, 2002–03	20
Figure 4.2: Closed treatment episodes by selected principal drug of concern and age group, Australia, 2002–03	21
Figure 4.3: Closed treatment episodes by selected principal drug of concern and country of birth, Australia, 2002–03	22
Figure 4.4: Closed treatment episodes by selected principal drug of concern, Indigenous status and sex, Australia, 2002–03	24
Figure 4.5: Closed treatment episodes by principal drug of concern and all drugs of concern, Australia, 2002–03	28
Figure 4.6: Closed treatment episodes by selected reason for cessation and selected principal drug of concern, Australia, 2002–03	30
Figure 5.1: Closed treatment episodes by selected main treatment type and selected principal drug of concern, Australia, 2002–03	33
Figure 5.2: Closed treatment episodes by selected main treatment type and sex, Australia, 2002–03	36
Figure 5.3: Closed treatment episodes by main treatment type and age group, Australia, 2002–03	37
Figure 6.1: Closed treatment episodes by principal drug of concern and all drugs of concern, selected ‘party drugs’, Australia, 2002–03	50
Figure 6.2: Closed treatment episodes by injecting drug use and age group, Australia, 2002–03	51
Figure 6.3: Closed treatment episodes by treatment delivery setting and age group, Australia, 2002–03	54

List of boxes

Box 1.1: Interactive alcohol and other drug treatment data	6
Box 3.1: Key definitions and counts for closed treatment episodes and registrations, 2002–03	12
Box 4.1: Key definitions and counts for closed treatment episodes, 2002–03	17
Box 5.1: Key definitions and counts for treatment programs, 2002–03	31
Box 6.1: Key definitions and counts for closed treatment episodes and treatment programs, 2002–03	45

Acknowledgments

Project team and AIHW support

The authors of this report were Chrysanthe Psychogios, Louise York and Samantha Bricknell. Ros Madden provided valuable advice on content. Chrysanthe Psychogios was also responsible for data cleaning and analysis and Rod Hall and Elena Ougrinovski provided invaluable assistance with data management issues relating to the collection. Ros Madden and Louise York managed the project. The contribution of Gail Weaving, former national project leader for the AODTS–NMDS, is gratefully acknowledged.

Data providers

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

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

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

The AIHW also wishes to thank the following members of the IGCD AODTS–NMDS Working Group who assisted in the planning of this report and provided advice on its content:

- Ms Devon Indig (New South Wales – Department of Health) (Chair for 2004)
- Ms Carol Riedell (Victoria – Department of Human Services)
- Ms Karen Wolanski (Queensland – Department of Health)
- Dr Anne Bartu (Western Australia – Health Department)
- Mr Richard Cooke (South Australia – Drug and Alcohol Services Council) (Deputy Chair for 2004)
- Mr Andrew Foskett (Tasmania – Health and Human Services)
- Mr Chris Killick-Moran and Ms Rebecca Pearson (Australian Capital Territory – Health Department)
- Ms Tania Karjaluo (Northern Territory – Health and Community Services)
- Ms Tess Hill (Australian Government Department of Health and Ageing)
- Ms Donna Urwin (Australian Government Department of Health and Ageing)
- Ms Kate Jorgensen and Ms Tracey Cook (Australian Government Department of Health and Ageing)
- Dr Jan Copeland (National Drug and Alcohol Research Centre, University of New South Wales)
- Mr David Hunter and Ms Joan Burnside (Australian Bureau of Statistics).

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

Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
AODTS	Alcohol and Other Drug Treatment Services
AODTS-NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
ASCDC	Australian Standard Classification of Drugs of Concern
ASGC	Australian Standard Geographical Classification
BEACH	Bettering the Evaluation and Care of Health survey
DoHA	(Australian Government) Department of Health and Ageing
IGCD	Intergovernmental Committee on Drugs
n.e.c	not elsewhere classified
NHDD	National Health Data Dictionary
NMDS	National Minimum Data Set

Highlights

Treatment agencies

(Sections 2.1 and 2.2)

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

Client profile

(Sections 3.1 – 3.5)

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

Principal drug of concern

Client profile and principal drug of concern

(Sections 4.1 – 4.4)

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

- Alcohol was the drug most commonly involved in treatment episodes for both sexes: 39% for males and 35% for females. This was followed by cannabis for males (24%) and cannabis and heroin for females (19% each).
- For closed treatment episodes involving 20–29 year olds there was a fairly even distribution across the four main drugs of concern (alcohol, cannabis, heroin and amphetamines), with younger clients much more likely to report cannabis, and older clients to report alcohol.
- Overall, treatment episodes involving Aboriginal and Torres Strait Islander people were most likely to involve alcohol (46%), cannabis (23%), heroin (12%) and amphetamines (11%) – that is, the same four principal drugs of concern as the population overall, but with alcohol more likely to be nominated (46%, compared to 38% for other Australians) and heroin less so (12%, compared to 18% for other Australians).

Geographic location and principal drug of concern

(Sections 4.1 and 4.5)

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

Referral source and principal drug of concern

(Section 4.6)

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

Other drugs of concern

(Section 4.7)

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

Ceasing treatment and principal drug of concern

(Section 4.9)

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

Treatment programs

Treatment types

(Section 5.1)

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

Principal drug of concern and treatment programs

(Section 5.2)

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

Client profile and treatment programs

(Sections 5.4 – 5.5)

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

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

Geographic location and treatment programs

(Section 5.6)

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

Other treatments

(Section 5.7)

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

Ceasing treatment and treatment programs

(Section 5.8)

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

Treatment delivery setting and treatment programs

(Section 5.9)

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

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

Special theme—clients aged 10–29 years

(Sections 6.1–6.3)

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

Data quality

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