1 Introduction

1.1 Background

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

The AODTS–NMDS was implemented to assist in monitoring and evaluating key objectives of the National Drug Strategic Framework 1998–99 to 2003–04 and to assist in the planning, management and quality improvement of alcohol and other drug treatment services (see Grant and Petrie 2001 for historical development of the AODTS–NMDS). The AODTS–NMDS will continue to support the National Drug Strategy 2004–09, particularly as trend data become available in the coming years.

Since 1985, Australia's drug strategies have been based on the principle of minimising harm caused by licit drugs, illicit drugs and other substances. The principle of harm minimisation incorporates harm reduction strategies to reduce drug-related harm to individuals and communities as well as supply and demand reduction strategies. No single data collection can provide all of the information relating to national treatment-related objectives. This report therefore also presents information from a range of other data sources to provide context to the AODTS–NMDS data and present a fuller picture of the current state of alcohol and other drug treatment services in Australia today (see Chapter 7).

There is a general expectation that an appropriate and adequate range of treatment services will be accessible for all drug users and their families, regardless of age, ethnic origin, gender, sexual preference and location (MCDS 1998). The data presented in this report, in conjunction with other information sources, can be used to inform issues of access to treatment services as well as to inform debate, policy decisions and planning processes that occur within the alcohol and other drug treatment sector.

1.2 The AODTS–NMDS collection

This report is predominantly based on data from the AODTS–NMDS, which is a subset of information routinely collected by the Australian, state and territory governments to monitor alcohol and other drug treatment services in receipt of funding from their jurisdiction. The AODTS–NMDS is a nationally agreed set of common data items collected by all in-scope agencies.

Scope of the collection

Agencies and clients included

The agencies, clients and treatment activities that were included in the 2002–03 AODTS–NMDS collection are as follows:

- All publicly funded (at state, territory and/or Australian government level) government and non-government agencies that provide one or more specialist alcohol and/or other drug treatment services, including residential and non-residential agencies. Specialist alcohol and drug units based in acute care hospitals or psychiatric hospitals were included if they provided treatment to non-admitted patients (e.g. out-patient services).
- All clients who had completed one or more treatment episodes at an alcohol and other drug treatment service that was in scope during the relevant reporting period (1 July 2002 to 30 June 2003).

Agencies and clients excluded

There is a diverse range of alcohol and other drug treatment services in Australia and not all of these are currently included in the scope of the AODTS–NMDS. For example, agencies whose sole activity is to prescribe and/or dose opioid maintenance pharmacotherapies and Aboriginal and Torres Strait Islander substance use services are not within the scope of the AODTS–NMDS. Data sources relating to these services, along with a range of other supporting data sources, are detailed in Chapter 7. Data quality issues relating to the scope of the 2002–03 NMDS collection are discussed in Chapter 8.

Specifically, agencies and clients excluded from the AODTS-NMDS collection are:

- agencies whose sole activity was to prescribe and/or dose for opioid maintenance pharmacotherapy treatment;
- clients who were on an opioid maintenance pharmacotherapy program and who were not receiving any other form of treatment that fell within the scope of the AODTS–NMDS;
- agencies for which the primary function was to provide accommodation or overnight stays such as ‘halfway houses’ and ‘sobering-up shelters’;
- agencies for which the primary function was to provide services concerned with health promotion (e.g. needle and syringe exchange programs);
- treatment services based in prison or other correctional institutions;
- clients receiving support from the majority of Australian government-funded Indigenous substance use services or Aboriginal primary health care services that also provide treatment for alcohol and other drug problems;

- clients receiving treatment from services based in prison or other correctional institutions;
- alcohol and drug treatment units in acute care or psychiatric hospitals that only provided treatment to admitted patients;
- admitted patients in acute care or psychiatric hospitals;
- people who sought advice or information but were not formally assessed and accepted for treatment; and
- private treatment agencies that did not receive public funding.

Some people who are concerned about their alcohol or other drug use may approach a general practitioner or pharmacy for advice and/or treatment rather than attending a specialist alcohol and other drug treatment service. Thus the estimates in this report do not reflect the total number of people in Australia receiving treatment for alcohol and other drug use. (See Section 1.3 for more details on some of these exclusions.)

Basis of the collection

The AODTS–NMDS for 2002–03 consists of de-identified unit record data for treatment agencies and closed treatment episodes. Each agency record consists of three data items and each treatment episode record consists of 20 data items. The treatment episode data items collect demographic information on the client, along with information about their drug use behaviour and the types of treatment received. See Appendix 1 for a full list of data items included in the national collection for 2002–03.

Counts in the collection

The main unit of measurement for the 2002–03 AODTS–NMDS collection is completed or closed treatment episodes (the 2000–01 AODTS–NMDS focussed on client registrations and a small amount of data are presented in this report on client registrations for continuity). The 'closed treatment episode' concept is included in the national collection because it best reflects clinical practice within the alcohol and other drug treatment sector and it enhances the quality of information on service utilisation. This measure allows information to be reported about the types of treatment received by clients, such as the length of treatment episode. Technical notes, including a discussion of the use of client registration and closed treatment episode data, are included in Appendix 2.

A closed treatment episode may be for a single treatment, such as education and information only that may not be part of a larger treatment plan, or for a specific treatment, such as withdrawal management (detoxification) or counselling that may be part of a long-term overall treatment plan. Details of each treatment type included in the AODTS–NMDS are included in Appendix 3.

The following counting rules have been used for the data included in this report.

Closed treatment episodes

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

- it must have a defined date of commencement and cessation;
- during the period of contact there must have been no change in:
  - the principal drug of concern;
  - the treatment delivery setting;
  - the main treatment type; and
- a treatment episode may cease for a number of valid reasons such as the treatment being completed or the client ceasing to participate without notice. A treatment episode is deemed to have terminated in the event that there has been no (service) contact between the client and the treatment agency for a period of 3 months or more, unless the period of non-contact was planned between the client and the treatment agency.

If a client receives treatment in multiple settings, in some cases, a separate treatment episode is reported for each setting. Therefore, it is possible that more than one treatment episode may be in progress for a client at any one time. It is possible for each of these episodes to have different dates of commencement and cessation.

Responsibility for the collection

The AODTS–NMDS is a nationally agreed set of common 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 an overarching coordinating role as national secretariat to the collection. The Intergovernmental Committee on Drugs 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, and organisations such as the Australian Institute of Health and Welfare, the Australian Bureau of Statistics and the National Drug and Alcohol Research Centre. Key responsibilities for the AODTS–NMDS collection follow.

Government health authorities

It is the responsibility of the Australian Government and state and territory government health authorities to establish and coordinate the collection of data from their alcohol and other drug treatment service providers. To ensure that the AODTS–NMDS is effectively implemented and collected, these authorities:

- allocate establishment identifiers and ensure that these are consistent with establishment identifiers used in other NMDS collections where appropriate;
- establish a suitable process for collecting client-level information (e.g. use of data entry software) and a process for agencies to deliver the data to the Australian, state or territory government authority;
- establish time lines for the delivery of data to the relevant health authority; and

- establish a process to check and validate data at the state/territory level and, where possible, assist and advise on data quality at the agency level.

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

The Australian, state and territory government departments have custodianship of their own data collections under the National Health Information Agreement.

Alcohol and other drug treatment agencies

Publicly funded alcohol and other drug treatment agencies are responsible for collecting the agreed data elements and forwarding this information to the appropriate health authority as arranged. Agencies need to ensure that the required information is accurately recorded, and inform their health authority if they have difficulty collecting the information. They must ensure that their clients are generally aware of the purpose for which the information is being collected; the fact that the collection of the information is authorised or required; and whether any personal information is passed on to another agency. Treatment agencies are also responsible for ensuring 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 need to ensure that their procedures comply with relevant state, territory and Australian government legislation.

AIHW

Under a memorandum of understanding with the Australian Government Department of Health and Ageing, the AIHW is responsible for the management of the AODTS–NMDS. The AIHW maintains a coordinating role in the collection, including providing the secretariat for the responsible working group, undertaking data development work, and highlighting national and jurisdictional implementation and collection issues. The AIHW is also the data custodian of the collection and prepares annual reports (at national and state/territory levels) and on-line interactive data cubes, in consultation with the Working Group.

Outputs from the collection

Reports and bulletins

AODTS-NMDS data outputs are designed to provide useful information to government health authorities, researchers and the broader community, as well as to provide an important form of feedback to treatment agencies that took part in the collection. Each year the AODTS–NMDS data are processed and presented in a detailed and comprehensive national report—this being the report for 2002–03 data—published and also made available to the public free of charge on the AIHW website <www.aihw.gov.au/drugs/> or in hardcopy for a small fee.

As well as this detailed annual report, a national AODTS–NMDS bulletin is produced, which is a 12 page newsletter summarising the main findings from the collection. Data briefings specific to individual states and territories are also produced.

Interactive alcohol and other drug treatment data

The AIHW has an interactive alcohol and other drug treatment data site containing subsets of national information on alcohol and other drug treatment services from the 2002–03 collection. This site can be found at <www.aihw.gov.au/drugs/datacubes/index.html> and allows anyone who has access to the Internet to view a subset of the AODTS–NMDS data via the web interface. The user can look up figures and present them in a way meaningful to their needs. (See Box 1.1 for more information on the contents of this site, and some hints for using it effectively.)

Agency feedback

Each year the agencies that contribute data via the AODTS–NMDS receive a state/territory briefing, containing data specifically designed to be relevant to their jurisdiction.

In addition, agencies that provide data under the AODTS–NMDS are surveyed each year with the aim of discovering special areas of interest to treatment agencies. This input feeds into the AODTS–NMDS reporting, and in particular the special theme chapter in this report.

Box 1.1: Interactive alcohol and other drug treatment data

Interactive data are presented on the AIHW's website as 'data cubes'. National 2002–03 data relating to AODTS clients (e.g. age, sex, Indigenous status, client type), their drug-related information (e.g. principal drug of concern, method of use), their treatment programs (e.g. treatment type, service delivery setting, reason for cessation) and the treatment agencies they attend (e.g. geographic location and sector) are included within the cubes.

The site for the cubes is <http://www.aihw.gov.au/drugs/datacubes/index.html>.

Due to the multi-dimensional nature of the alcohol and other drug treatment data cubes, extra steps have been taken to ensure the confidentiality of the data. This means that only a selection of variables has been included within the cubes, and data are not available by state/territory.

Following are some handy hints to access the data cubes and obtain data as required:

Definition function *By clicking the word 'definitions' located at the top of the screen, a pop-up window is opened providing definitions for variables and categories. The source of these definitions is AIHW 2002c.*

Graphically presenting the data *To view the data presented in the table in a graphical representation, select one of the five graph symbols located on the bottom toolbar of the cube. Once selected, the variables of the graph may be changed by using the drop-down menus, which appear next to the graph.*

Saving and exporting the data *Once the data cube has been customised to your needs, there are various avenues for saving the data. These include printing the table, exporting the data as comma-separated value (.csv) tables which can be opened in other applications such as Microsoft Excel, and bookmarking the table so it can be opened at a future time. Comments and feedback relating to the use of the interactive alcohol and other drug treatment data cubes can be made by email to drugs@aihw.gov.au.*

1.3 The 2002–03 AODTS–NMDS collection

In 2002–03 the overall quality and comprehensiveness of the AODTS–NMDS data continued to improve and, for the first time, all jurisdictions provided data based on the concept of 'closed treatment episode'. When interpreting the data in this report, however, it is important to consider a number of features of the collection.

Firstly, the national collection is a compilation of agency administrative data from state and territory health authority systems. There is some diversity across Australian jurisdictions in the data collection systems and practices in place within the alcohol and other drug treatment sector.

Secondly, national implementation of the AODTS–NMDS collection has been staged. Caution should be taken when comparing data across collection years for the following reasons:

- In the first year of the collection (2000–01), there was a mix of client registration and treatment episode data and one jurisdiction (Queensland) was unable to supply data. For the 2001–02 collection period, Queensland supplied data for police diversion clients only and South Australia supplied client registration data rather than treatment episode data. All other jurisdictions supplied treatment episode data. In 2002–03, data were also provided from Queensland government AODTS agencies and/or police diversion clients but not for other non-government-funded agencies. It is anticipated that Queensland will be able to report on most Queensland-funded treatment agencies for the 2004–05 annual report.
- Data relating to police and court diversion programs have been included for all jurisdictions except Tasmania in 2002–03. It is anticipated that full diversion data from Tasmania will be included in the AODTS–NMDS from 2003–04.
- The total number of agencies may have increased in 2002–03, compared to 2001–02, as a result of methodological changes (i.e. moving from collecting data at the administrative or management level to the service outlet level) and increased coverage of in-scope agencies.

Finally, readers should be aware of the following general caveats to the 2002–03 AODTS–NMDS data:

- Reported numbers for each state/territory include services provided under the National Illicit Drug Strategy Non-Government Organisation Treatment Grants Programme (funded by the Australian Government). Unlike in previous reports, Australian government data are therefore not analysed separately under the title 'other'.
- Reported numbers do not include the majority of Australian government-funded Indigenous substance use services (4 out of 43 were included) or Aboriginal primary health care services (8 out of 137 were included) that also provide treatment for alcohol and other drug problems. These services are generally not under the jurisdiction of the state or territory health authority and are not included in the specific program under which the Australian Government currently reports NMDS data. In addition, the data collections relating to these services have a different collection basis to the AODTS–NMDS. As a result most of these data are not currently included in the AODTS–NMDS collection. Therefore the number of Indigenous clients in this report under-represents the total number of Indigenous Australians who received treatment for alcohol and other drug problems during 2002–03.
- Reported numbers do not include agencies delivering pharmacotherapy services, where their sole activity is to prescribe and/or dose for opioid maintenance pharmacotherapy treatment. Approximately 37,000 clients were recorded as receiving these services throughout Australia in 2002–03, an unknown proportion of whom may also have accessed the services included in the AODTS–NMDS (see Section 7.4).

1.4 Recent drug use

This section provides a brief overview of drug use patterns in the Australian population, as background to the data on treatment services in the remainder of the report. The 2001 National Drug Strategy Household Survey is the most recent data source for population data on this topic. Data from the 2004 National Drug Strategy Household Survey will be available in 2005.

The 2001 survey estimated that 82% of Australians aged 14 years or more recently consumed alcohol and nearly one-quarter (23%) smoked tobacco (Table 1.1). Lower proportions of people in this age group reported using cannabis (13%) and heroin (0.2%).

Almost 10% of people aged 14 years or more consumed alcohol at levels that were risky or high risk for long-term harm.

Table 1.1: Summary of selected drugs recently[(a)] used, and principal drugs for which treatment was sought, Australia (per cent)

Drug/behaviour	Recent use of drugs, population aged 14 years or more[(b)] 2001	Clients of AODT services aged 10 years or more[(c)] 2002–03
Tobacco	23.2	1.6
Alcohol	82.4	36.9
Risky or high risk for short-term harm[(d)]	34.4	n.a.
Risky or high risk for long-term harm[(d)]	9.8	n.a.
Illicits		
Marijuana/cannabis	12.9	23.3
Heroin	0.2	17.0
Methadone[(e)]	0.1	1.8
Amphetamines	3.4	11.3
Cocaine	1.3	0.3
Ecstasy/designer drugs	2.9	0.4
Any illicit drug	*16.9*	*60.4*
No alcohol, tobacco or illicit drugs	**14.7**	**n.a.**

(a) Used in the last 12 months. For tobacco, 'recent use' means daily, weekly and less than weekly smokers.

(b) Proportion of population aged 14 years and over from 2001 National Drug Strategy Household Survey who recently used drugs.

(c) Proportion of clients aged 10 years or more from alcohol and other drug treatment services reporting to the 2002–03 AODTS–NMDS. Excludes clients seeking treatment for the drug use of others. Based on client registration data (see Box 3.1 for the definition of registration).

(d) Risky or high risk for long-term harm for males occurs when 5 or more standard drinks are consumed on an average day (3 or more for females) or 29 or more standard drinks are consumed weekly (15 or more for females). Risky or high risk for short-term harm for males occurs when 7 or more standard drinks are consumed on any one day at least once per year (5 or more for females) (NHMRC 2001).

(e) Used for non-maintenance purposes.

Source: AIHW 2002b.

In the 2002–03 AODTS–NMDS collection, alcohol (37%) was the most common principal drug of concern nominated by clients aged 10 years or more (Table 1.1). This reflects the pattern of consumption amongst the Australian population where alcohol was the most common drug used. Tobacco, which was nominated as the second most used drug in the population (23%), accounted for less than 2 per cent (1.6%) of clients seeking treatment and recorded in the AODTS–NMDS. These differences in treatment for tobacco (nicotine) are perhaps not surprising given that most 'treatment' for nicotine addiction is through pharmacies, general practitioners (e.g. advice and nicotine patches) or 'quit' lines.

Other information from the 2001 National Drug Strategy Household Survey showed that, during the 12 months prior to the survey, an estimated 405,000 people aged 14 years or more (2.6%) sought treatment to reduce or quit smoking tobacco and 146,000 people (0.9%) received counselling or sought treatment to help reduce their consumption of alcohol. A further 26,000 people aged 14 years or more received treatment at a detoxification centre (AIHW 2002b).

While very low proportions of the general population reported using heroin (0.2%), 17% of clients of alcohol and other drug treatment services nominated heroin as their principal drug of concern. The differences in results from the two sources of data reflect the nature of the treatment services captured by the AODTS–NMDS. These services focus on the people who have a problem with their drug use, whereas the household survey data cover all people who consume alcohol or use tobacco or other drugs regardless of whether they think they have a problem or not. Further to this, agencies whose sole purpose is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS; therefore the collection may exclude many clients receiving treatment for heroin. See Section 7.4 for some information about the estimated numbers of clients receiving treatment from pharmacotherapy programs in Australia.

2 Treatment agency profile

This chapter presents the main features of the alcohol and other drug treatment agencies that supplied data for the 2002–03 AODTS–NMDS collection. The number of treatment agencies does not necessarily equate to the number of service delivery outlets as some treatment agencies were only reported under the main administrative centre of the service.

2.1 Establishment sector

A total of 587 alcohol and other drug treatment agencies contributed data for the period 2002–03, with 323 agencies (55%) identified as non-government providers. The largest proportion of agencies were located in New South Wales (39%), followed by Victoria (25%) and Queensland (16%). Services were more likely to be provided by non-government agencies in Victoria (148 or 100% of agencies), Western Australia (22 or 79% of agencies), Tasmania (8 or 73% of agencies), the Australian Capital Territory (5 or 83% of agencies) and the Northern Territory (15 or 79% of agencies). In contrast, services were more likely to be provided by the government sector in New South Wales (162 or 71% of agencies) and South Australia (39 or 78% of agencies). In Queensland, approximately half of all services were provided by government agencies (51%) but this relates to the current exclusion of non-government agencies, except for those providing police diversion programs (see Section 1.3). The overall response rate for in-scope treatment agencies was 94% (see Chapter 8 for further details).

Table 2.1: Treatment agencies by sector of service and jurisdiction, Australia, 2002–03

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					(number)				
Government	162	—	49	6	39	3	1	4	264
Non-government	67	148	47	22	11	8	5	15	323
Total	**229**	**148**	**96**	**28**	**50**	**11**	**6**	**19**	**587**
					(per cent)				
Government	61.4	—	18.6	2.3	14.8	1.1	0.4	1.5	100.0
Non-government	25.4	45.8	14.6	6.8	3.4	2.5	1.5	4.6	100.0
Total	**39.0**	**25.2**	**16.4**	**4.8**	**8.5**	**1.9**	**1.0**	**3.2**	**100.0**

The number of treatment agencies reporting under the AODTS–NMDS in 2002–03 was higher than in 2001–02 (587, compared to 505). However, much of this increase related to methodological changes and increased coverage of in-scope agencies (see Section 1.3 for further details).

2.2 Location of treatment agencies

Treatment agencies were mostly located in major cities (56%) and inner regional areas (25%) (Table 2.2). The number of agencies located in major cities, however, may be over-represented as some treatment agencies, particularly a number of those in non-metropolitan areas, were only reported under the main administrative centre of the service. The bulk of the Australian population lives in major cities (66%), 31% in regional areas and 3% in remote areas (AIHW 2004a).

A significant proportion of treatment agencies in the Northern Territory (53%) and, to a lesser extent, Queensland (17%) were located in remote and very remote areas.

Table 2.2: Treatment agencies by geographical location[(a)] and jurisdiction, Australia, 2002–03

Location	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					(number)				
Major cities	144	95	32	18	35	—	6	—	330
Inner regional	67	43	22	4	6	7	—	—	149
Outer regional	18	10	25	4	8	4	—	9	78
Remote	—	—	8	2	1	—	—	8	19
Very remote	—	—	8	—	—	—	—	2	10
Not stated	—	—	1	—	—	—	—	—	1
Total	**229**	**148**	**96**	**28**	**50**	**11**	**6**	**19**	**587**
					(per cent)				
Major cities	62.9	64.2	33.3	64.3	70.0	—	100.0	—	56.2
Inner regional	29.3	29.1	22.9	14.3	12.0	63.6	—	—	25.4
Outer regional	7.9	6.8	26.0	14.3	16.0	36.4	—	47.4	13.3
Remote	—	—	8.3	7.1	2.0	—	—	42.1	3.2
Very remote	—	—	8.3	—	—	—	—	10.5	1.7
Not stated	—	—	1.0	—	—	—	—	—	0.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) The geographic location of treatment agencies in the 2002–03 AODTS-NMDS has been analysed using the Remoteness Areas of the Australian Bureau of Statistics Australian Standard Geographical Classification (see Appendix 5 for information on how these categories are derived).

3 Client profile

This chapter begins with a brief overview of the estimated number of clients who registered for alcohol and other drug treatment services and the number of closed treatment episodes in 2002–03 (see Section 3.1). Sections 3.2–3.5 then examine the characteristics and profile of the clients utilising treatment services in 2002–03. The analysis is based on 'closed treatment episodes'.

Box 3.1: Key definitions and counts for closed treatment episodes and registrations, 2002–03

Closed treatment episode *refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. In 2002–03 there were* ***130,930*** *closed treatment episodes.*

Client registrations *refers to the estimated number of clients who registered or re-registered for alcohol and other drug treatment services. In 2002–03 there were an estimated* ***108,042*** *client registrations.*

Caution should be taken when comparing the client registration data in 2000–01 with those of 2001–02 and 2002–03, as the method for calculating 'registrations' has changed. In the 2000–01 collection, registrations were based on all new or returning clients who registered or re-registered for treatment during the reporting period. In the 2001–02 and 2002–03 collections, registrations were only based on the number of episodes closed within the reporting period.

See Section 1.2 and Boxes 4.1 and 5.1 for other related definitions.

3.1 Closed treatment episodes and client registrations

In 2002–03 there were 130,930 closed treatment episodes in alcohol and other drug services reported in the AODTS–NMDS collection. These episodes related to an estimated 108,042 client registrations[1]. On average, each of these registrations accounted for 1.2 treatment episodes during the year.

The number of closed treatment episodes in the 2002–03 AODTS–NMDS collection was considerably higher than in 2001–02 (130,930, compared to 120,869). However, it is likely that this increase relates mostly to the increasing comprehensiveness of the AODTS–NMDS collection in 2002–03. For example, this was the first collection year in which South Australia supplied information about closed treatment episodes and in which Queensland supplied information about treatment episodes conducted through its government-provided treatment agencies.

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[1] It is important to note that the estimated number of client registrations does not equate to the total number of persons in Australia receiving treatment for alcohol and other drug use. Using the current collection methodology it is not possible to reduce duplication in client registrations that can occur where, for example, a client attends a number of different agencies throughout the collection period or re-registers with the same agency and is assigned a new record number. See Appendix 2 for more information on treatment episodes and client registrations.

3.2 Client type and jurisdictions

Overall, 94% of all closed treatment episodes in 2002–03 involved clients seeking treatment for their own alcohol or other drug use (Table 3.1). This general pattern was observed in most states and territories except Western Australia and the Northern Territory, where 85% and 65% respectively of closed treatment episodes were for the client's own drug use.

Accordingly, less than 10% of closed treatment episodes in most states and territories were solely related to another person's drug use. However, 11% of all closed treatment episodes in Tasmania, 15% in Western Australia and 35% in the Northern Territory were for clients receiving treatment for another person's alcohol or drug use.

Table 3.1: Closed treatment episodes by client type and jurisdiction, Australia, 2002–03

Client type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
					(number)				
Own drug use[(a)]	40,002	43,048	13,683	12,142	6,946	2,292	2,958	1,961	123,032
Other's drug use	1,164	2,258	512	2,080	494	276	43	1,071	7,898
Total	**41,166**	**45,306**	**14,195**	**14,222**	**7,440**	**2,568**	**3,001**	**3,032**	**130,930**
					(per cent)				
Own drug use[(a)]	97.2	95.0	96.4	85.4	93.4	89.3	98.6	64.7	94.0
Other's drug use	2.8	5.0	3.6	14.6	6.6	10.7	1.4	35.3	6.0
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Per cent of all closed treatment episodes	***31.4***	***34.6***	***10.8***	***10.9***	***5.7***	***2.0***	***2.3***	***2.3***	***100.0***

(a) Own drug use includes people who sought treatment for their own and another's drug use.

3.3 Sex and age

In 2002–03, the majority of closed treatment episodes were for clients aged between 20 and 49 years who were accessing treatment services (101,073 or 77%), with one-third of all treatment episodes (33%) provided for clients in the 20–29 years age group. A small proportion (2%) of treatment episodes were for clients aged over 60 years. This age distribution is very similar to that in 2001–02 AODTS–NMDS collection.

As was the case in 2001–02, male clients in 2002–03 accounted for close to two-thirds (65% or 88,537) of all closed treatment episodes (Table 3.2). Of treatment episodes for male clients, just over a third (34% or 29,309 of 85,537) were for clients aged 20–29 years, with another quarter (27% or 23,244 of 85,537) for clients in the 30–39 age group. Nearly four-fifths (78% or 66,330 of 85,537) of all closed treatment episodes with a male client involved men between 20 and 49 years of age. The age distribution was similar for males and females.

Overall, 97% of closed treatment episodes involving males were for those seeking treatment for their own drug use. This proportion ranged from 90% for males aged 60 years or more to 99% for males in the 20–29 age group. Proportionally fewer closed treatment episodes involving female clients were for their own drug use (88%), particularly females aged 50 years and over (66% of treatment episodes for females aged 50–59 years and 67% for females aged 60 years or more).

Around two-thirds (67% or 5,277 of 7,898) of treatment episodes for someone else's drug use were for female clients. Female clients aged 40 years or more were more likely than younger women to seek treatment for the substance use of another person. For example, 19% or treatment episodes for females aged 40–49 years and 35% for females aged 50–59 years were for treatment related to someone else's substance use, compared to 4% of treatment episodes for females aged 20–29 years and 8% for females in the 10–19 and 30–39 age groups.

Table 3.2: Closed treatment episodes by sex and age group, Australia, 2002–03

	Age group (years)						
	10–19	20–29	30–39	40–49	50–59	60+	Total[(a)]
				(number)			
Males							
Own drug use[(b)]	10,340	28,980	22,833	13,177	4,800	1,673	82,932
Other's drug use	491	329	411	600	465	186	2,605
Total males	*10,831*	*29,309*	*23,244*	*13,777*	*5,265*	*1,859*	*85,537*
Females							
Own drug use[(b)]	4,692	13,575	11,391	6,597	2,215	731	39,954
Other's drug use	432	594	966	1,506	1,165	360	5,277
Total females	*5,124*	*14,169*	*12,357*	*8,103*	*3,380*	*1,091*	*45,231*
Persons[(c)]							
Own drug use[(b)]	15,045	42,606	34,257	19,798	7,019	2,410	123,032
Other's drug use	923	923	1,377	2,112	1,637	548	7,898
Total persons	**15,968**	**43,529**	**35,634**	**21,910**	**8,656**	**2,958**	**130,930**
				(per cent)			
Males							
Own drug use[(b)]	95.5	98.9	98.2	95.6	91.2	90.0	97.0
Other's drug use	4.5	1.1	1.8	4.4	8.8	10.0	3.0
Total males	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Females							
Own drug use[(b)]	91.6	95.8	92.2	81.4	65.5	67.0	88.3
Other's drug use	8.4	4.2	7.8	18.6	34.5	33.0	11.7
Total females	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Persons[(c)]							
Own drug use[(b)]	94.2	97.9	96.1	90.4	81.1	81.5	94.0
Other's drug use	5.8	2.1	3.9	9.6	18.9	18.5	6.0
Total persons	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Includes not stated for age.

(b) Own drug use also includes clients who sought treatment for their own and another's drug use.

(c) Includes not stated for sex.

3.4 Indigenous status

Of the 130,930 closed treatment episodes in 2002–03, 12,136 (or 9%) involved clients identified as being Aboriginal and/or Torres Strait Islander people (Table 3.3). This is a higher proportion than the overall proportion of Aboriginal and Torres Strait Islander people in the Australian population (2.4%; ABS 2004). For a number of reasons the data on Aboriginal and Torres Strait Islander clients in the AODTS treatment population should be interpreted with caution. The overall proportion of episodes relating to clients identified as being Aboriginal and Torres Strait Islander people is only slightly higher than the proportion of episodes where Indigenous status was 'not stated'. Further, the majority of dedicated substance use services for Aboriginal and Torres Strait Islander people are not included in the AODTS–NMDS collection (see Section 1.3 for further details).

Compared to 2001–02, in 2002–03 a slightly higher percentage of treatment episodes were for clients who identified as being from an Aboriginal and/or Torres Strait Islander background (8%, compared to 9%). This was mirrored by a 1% reduction in the 'not stated' responses to this data item.

Table 3.3: Closed treatment episodes by age group, Indigenous status and sex, Australia, 2002–03

	Indigenous[a]		Non-Indigenous		Not stated		Total		
Age group (years)	**Males**	**Females**	**Males**	**Females**	**Males**	**Females**	**Males**	**Females**	**Persons[b]**
					(number)				
10–19	1,481	582	8,759	4,282	591	260	10,831	5,124	15,968
20–29	2,528	1,427	25,025	11,914	1,756	828	29,309	14,169	43,529
30–39	2,266	1,252	19,551	10,341	1,427	764	23,244	12,357	35,634
40–49	1,000	542	11,988	7,075	789	486	13,777	8,103	21,910
50–59	246	142	4,716	3,029	303	209	5,265	3,380	8,656
60+	91	29	1,653	980	115	82	1,859	1,091	2,958
Not stated	318	232	828	695	106	80	1,252	1,007	2,275
Total	**7,930**	**4,206**	**72,520**	**38,316**	**5,087**	**2,709**	**85,537**	**45,231**	**130,930**
					(per cent)				
10–19	18.7	13.8	12.1	11.2	11.6	9.6	12.7	11.3	12.2
20–29	31.9	33.9	34.5	31.1	34.5	30.6	34.3	31.3	33.2
30–39	28.6	29.8	27.0	27.0	28.1	28.2	27.2	27.3	27.2
40–49	12.6	12.9	16.5	18.5	15.5	17.9	16.1	17.9	16.7
50–59	3.1	3.4	6.5	7.9	6.0	7.7	6.2	7.5	6.6
60+	1.1	0.7	2.3	2.6	2.3	3.0	2.2	2.4	2.3
Not stated	4.0	5.5	1.1	1.8	2.1	3.0	1.5	2.2	1.7
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Per cent of treatment population	***6.1***	***3.2***	***55.4***	***29.3***	***3.9***	***2.1***	***65.3***	***34.5***	***100.0***

(a) In tables the term 'Indigenous' refers to people who identified as Aboriginal or Torres Strait Islander people; 'Non-Indigenous' refers to people who said they were not Aboriginal or Torres Strait Islander people.

(b) Includes not stated for sex.

Treatment episodes were relatively more common among young Aboriginal and Torres Strait Islander males (aged under 20 years) than among other young males (19%, compared to 12%). This pattern was also true for female clients but was not so marked (14%, compared to 11%). In contrast, treatment episodes involving clients older than 40 years were less common for Aboriginal and Torres Strait Islander clients than for other clients. This finding may relate to differences in the underlying age structures of the two populations, with Aboriginal and Torres Strait Islander people having a younger age profile than other Australians.

3.5 Country of birth and preferred language

The great majority (85%) of closed treatment episodes in 2002–03 involved clients born in Australia (Table 3.4). Clients born in other countries were represented in only a very small proportion of closed treatment episodes, with England (3%) and New Zealand (2%) being the next most common countries of birth.

English was the most frequently reported preferred language—95% of treatment episodes involved a client who indicated English as their preferred language (Table A4.4). One per cent of closed treatment episodes involved clients with an Australian Indigenous language as their preferred language. Other preferred languages were relatively uncommon—each accounting for less than 1% of treatment episodes.

Table 3.4: Closed treatment episodes by country of birth,[(a)] Australia, 2002–03

Country of birth	Number	Per cent
Australia	111,722	85.3
England	3,460	2.6
New Zealand	2,493	1.9
Viet Nam	1,227	0.9
Scotland	736	0.6
Ireland	438	0.3
Germany	378	0.3
Italy	366	0.3
USA	353	0.3
South Africa	306	0.2
Not elsewhere classified	377	0.3
All other countries	6,205	4.7
Inadequately described	530	0.4
Not stated	2,339	1.8
Total	**130,930**	**100.0**

(a) The countries listed here are the 10 most frequently recorded countries; all other countries are combined in the row labelled 'All other countries'.

4 Drugs of concern

This chapter examines the profile, pattern and characteristics of the clients utilising treatment services related to the principal drug of concern nominated in 2002–03. The analysis is based on 'closed treatment episodes'.

The principal drug of concern refers to the main substance that the client states led him or her to seek treatment from the alcohol and other drug treatment agency. This section reports only on those 123,032 episodes where clients were seeking treatment for their own substance use. It is reasoned that only substance users themselves can accurately report on the principal drug of concern to them.

Box 4.1: Key definitions and counts for closed treatment episodes, 2002–03

Closed treatment episodes *refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. In 2002–03 there were* ***130,930*** *closed treatment episodes.*

Principal drug of concern *refers to the main substance that the client states led him or her to seek treatment from the alcohol and other drug treatment agency. Within this report, only clients seeking treatment for their own substance use are included in analysis involving principal drug of concern. It is assumed that only substance users themselves can accurately report on the principal drug of concern to them. In 2002–03,* ***123,032*** *closed treatment episodes were reported for principal drug of concern.*

Other drug of concern *refers to any other drugs apart from principal drug of concern which the client perceives as being a health concern. Clients can nominate up to five other drugs of concern. In 2002–03, there were* ***109,314*** *other drugs of concern (excluding principal drug of concern) reported.*

All drugs of concern *refers to all drugs reported by a client including principal drug of concern and all other drugs of concern. In 2002–03, there were a total of* ***232,346*** *drugs of concern reported, either as a principal or other drug of concern.*

See Section 1.2 and Boxes 3.1 and 5.1 for other definitions.

4.1 Jurisdictions and principal drug of concern

Nationally in 2002–03, alcohol (38%) and cannabis (22%) were the most common principal drugs of concern in treatment episodes, followed by heroin (18%) and amphetamines (11%)[2]. Overall, less than 1 per cent of closed treatment episodes were for the principal drugs ecstasy and cocaine (0.3% each). The distribution of principal drug of concern across treatment episodes was almost identical in the 2001–02 AODTS–NMDS collection (AIHW 2003a).

Alcohol was the most common principal drug of concern reported in all jurisdictions except for Queensland. In the Northern Territory, alcohol as the principal drug accounted for 72% of all treatment episodes, in South Australia for 47% and in New South Wales for 42%. Queensland reported the lowest proportion of treatment episodes where alcohol was the principal drug (25%) and the highest proportion of treatment episodes where cannabis was the principal drug (50%). The pattern of principal drugs in Queensland relates largely to the scope of their collection in 2002–03 (namely the inclusion of police diversion and government-provided services but not non-government-funded services: see Section 1.3 for further details).

After alcohol, the three most commonly nominated drugs of concern nationally—cannabis, heroin and amphetamines—varied in their 'position' from state to state. Heroin was second in Victoria (25% of treatment episodes), New South Wales and the Australian Capital Territory (21% each), followed by cannabis (Victoria 22%, New South Wales and the Australian Capital Territory 15% each). In Western Australia and South Australia, amphetamines were second (26% and 20% respectively), followed by cannabis in Western Australia (25%) and heroin in South Australia (13%).

Nationally, only a small proportion of closed treatment episodes were for clients who identified nicotine as their principal drug of concern (1.4% or 1,693 treatment episodes). It is important to note, however, that this does not equate to the total number of clients receiving treatment for nicotine use but, rather, to the number of clients who attended a government-funded alcohol and other drug treatment service and nominated nicotine as their principal drug of concern. The relatively low rate of treatment for nicotine identified in this data collection is not surprising as in most states and territories the majority of people with a nicotine addiction obtain treatment through pharmacies, general practitioners (e.g. advice and nicotine patches) or 'quit' lines. Tasmania recorded the highest proportion of episodes where nicotine was reported as the principal drug of concern (18%), and South Australia and the Australian Capital Territory the lowest proportion (0.1% each).

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

Table 4.1: Closed treatment episodes by principal drug of concern and jurisdiction, Australia, 2002–03[a] (per cent)

Principal drug	NSW	Vic	Qld[b]	WA	SA	Tas	ACT	NT	Australia	Total (no.)
Alcohol	42.1	36.6	24.6	32.7	47.4	40.7	40.3	71.7	38.0	46,747
Amphetamines	10.9	6.1	8.9	26.2	19.6	7.9	5.9	6.4	10.7	13,213
Benzodiazepines	2.4	2.5	1.1	1.5	2.3	0.7	2.1	0.9	2.1	2,609
Cannabis	15.4	21.6	50.4	24.5	10.1	18.6	15.2	9.2	22.0	27,106
Cocaine	0.5	0.1	0.2	0.1	0.3	0.1	0.1	0.2	0.3	323
Ecstasy	0.3	0.4	0.4	0.2	0.3	0.1	0.3	0.0	0.3	416
Heroin	21.4	24.9	5.4	8.6	13.2	0.5	20.7	1.5	18.4	22,642
Methadone	2.5	1.4	1.7	0.6	1.6	3.4	1.6	0.6	1.8	2,173
Nicotine	1.2	0.7	2.8	0.8	0.1	18.0	0.1	1.2	1.4	1,693
All other drugs [c]	2.0	5.7	4.5	4.1	5.0	10.0	10.3	8.3	4.4	5,434
Not stated	1.3	0.0	0.0	0.6	0.0	0.0	3.5	0.0	0.5	676
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**. .**
Total (number)	**40,002**	**43,048**	**13,683**	**12,142**	**6,946**	**2,292**	**2,958**	**1,961**	**123,032**	**123,032**

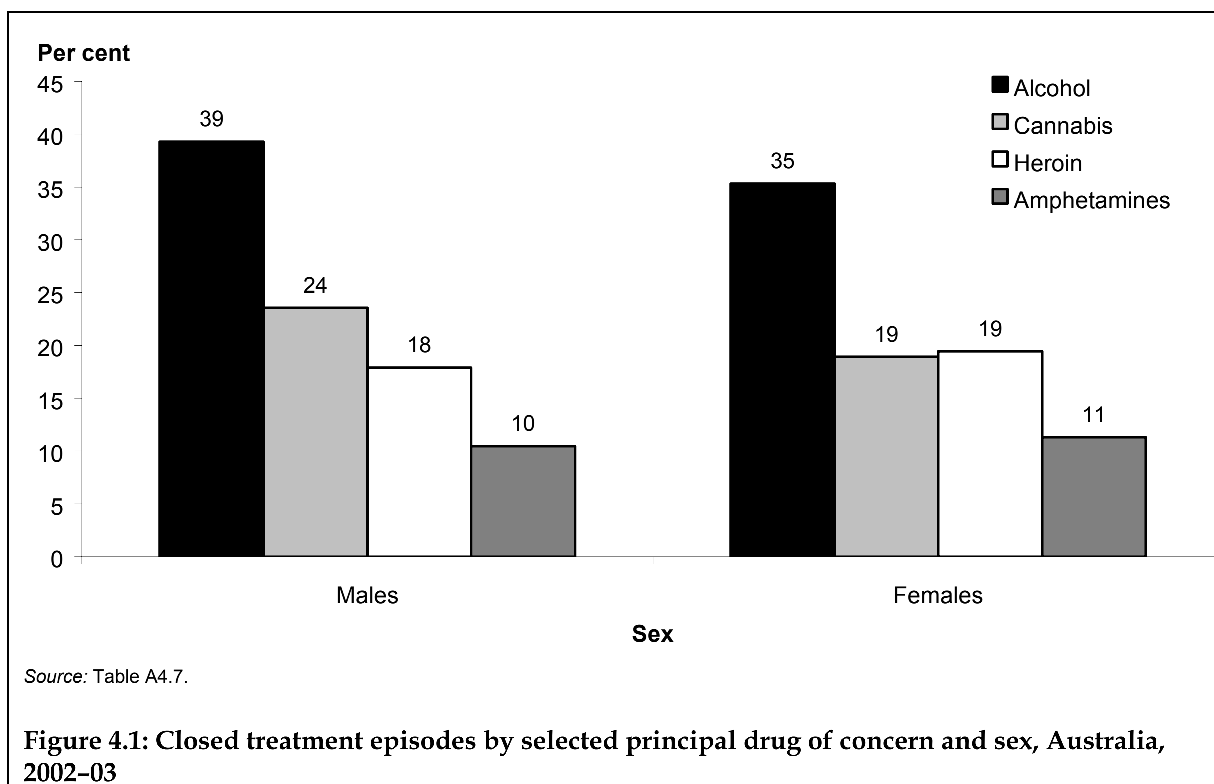
(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

(b) In Queensland a client undergoing Police Diversion automatically has the principal drug of concern recorded as 'cannabis', the main treatment type as 'information and education only' and reason for cessation as 'ceased at expiation'. It is possible that the principal drug is not actually cannabis and it is anticipated that future modifications to data collection processes will enable this possibility to be reflected.

(c) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 6 and Table A4.5.

4.2 Sex, age and principal drug of concern

In 2002–03, the principal drug of concern in treatment episodes varied by sex (Figure 4.1). For all treatment episodes, alcohol was the most commonly recorded principal drug for both sexes (39% for males and 35% for females), followed by cannabis for males (24%) and cannabis and heroin for females (19% each). The proportion of treatment episodes where amphetamines were recorded as the principal drug did not vary between sexes (11% each).

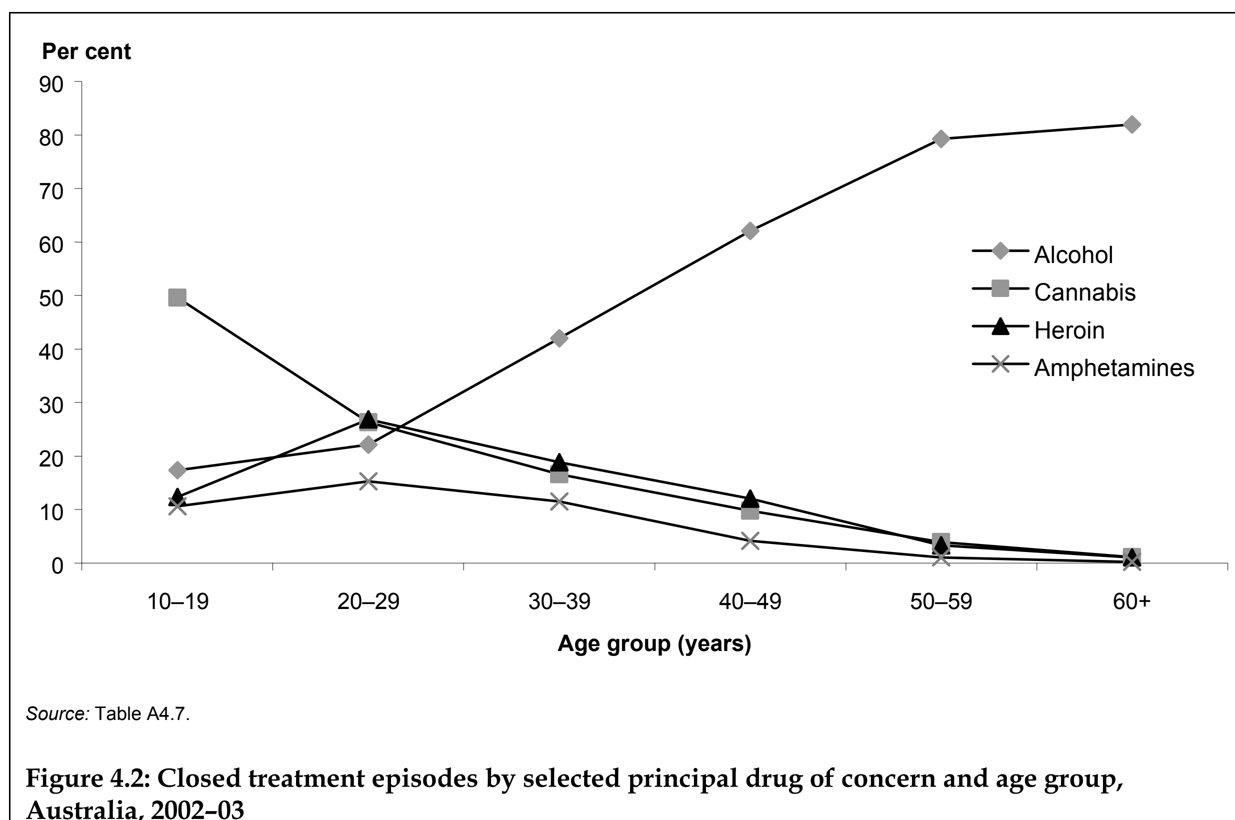


Source: Table A4.7.

Figure 4.1: Closed treatment episodes by selected principal drug of concern and sex, Australia, 2002–03

The principal drug of concern in treatment episodes was strongly related to the client's age. For closed treatment episodes involving 20–29 year olds, there was a fairly even distribution of drugs of concern, with younger clients much more likely to report cannabis as the drug of concern, and older clients to report alcohol (Figure 4.2). Specifically:

- For treatment episodes of clients in the 10–19 age group, the most commonly reported principal drug was cannabis (50%) (Figure 4.2). This proportion varied by sex—55% for males in this age group and 38% for females (Table A4.7). While 12% of all treatment episodes among the 10–19 years age group had heroin as the principal drug, females were more likely than males to be seeking treatment for this drug (19%, compared to 9%).
- Overall, for treatment episodes of clients in the 20–29 age group, heroin was the drug most commonly recorded (27%), followed closely by cannabis (26%) and then alcohol (22%). This general pattern was reflected for females in this age group (29%, 23% and 18% respectively). However, for treatment episodes involving male clients, the most commonly reported principal drug was cannabis (28%), followed by heroin (26%) and alcohol (24%).
- While, overall, alcohol was the drug most likely to be named as the principal drug of concern (38% of closed treatment episodes), this proportion was even higher for clients aged over 30 years (42%) and peaked for males in the 60 years and over age group (87%) and for females in the 50–59 age group (73%).



Source: Table A4.7.

Figure 4.2: Closed treatment episodes by selected principal drug of concern and age group, Australia, 2002–03

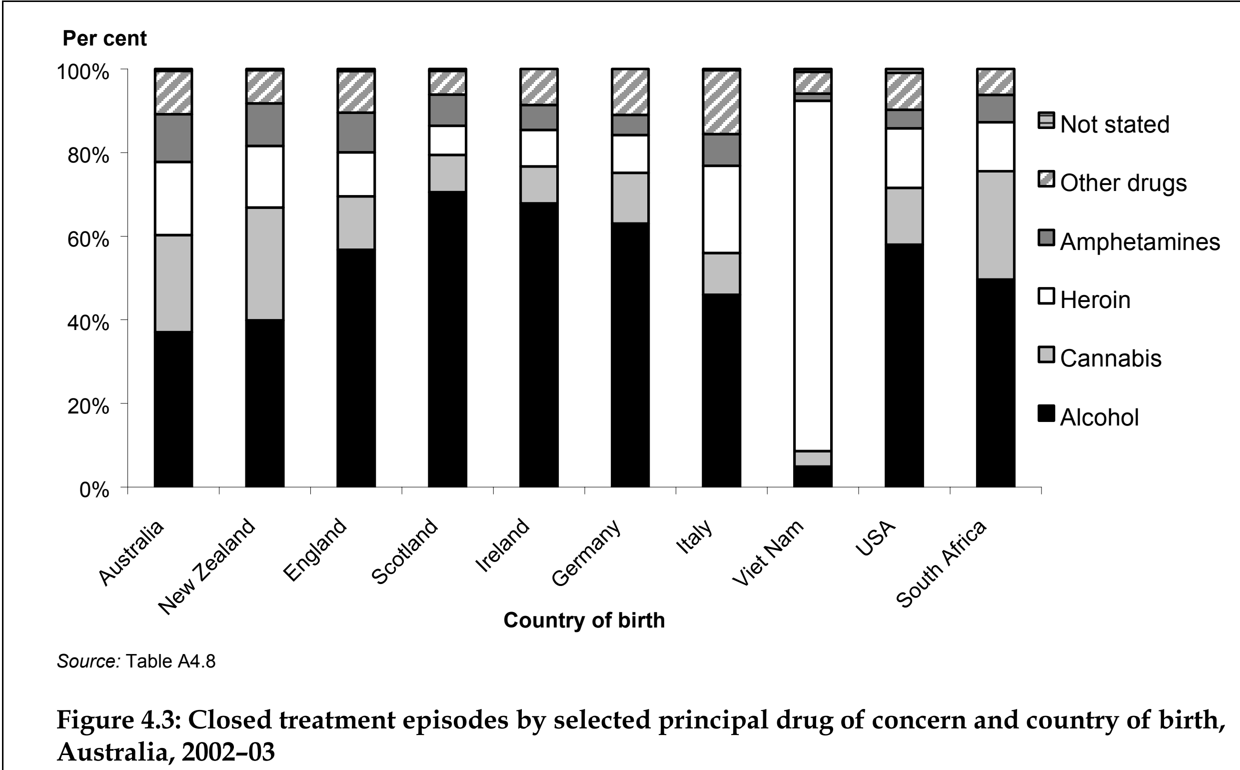
4.3 Country of birth and principal drug of concern

The distribution of the reported principal drug of concern varied somewhat with the client's country of birth (Figure 4.3). For treatment episodes where clients reported being born in Australia, 37% reported alcohol as their principal drug of concern, followed by cannabis (23%) and heroin (18%). This pattern was reflected for clients born in a number of other countries, including New Zealand (40% alcohol, 27% cannabis and 15% heroin), South Africa (50%, 26% and 12%), England (57%, 13% and 11%) and Germany (63%, 12% and 9%).

Alcohol was the principal drug most commonly reported for treatment episodes where clients were born in Italy (46%), followed by heroin (21%), cannabis (10%) and amphetamines (8%). Treatment episodes for clients born in Viet Nam were most likely to have heroin (84%) as the principal drug of concern, followed by alcohol (5%).

The highest proportion of treatment episodes where amphetamines were reported as the principal drug of concern were recorded for clients born in Australia (11%), followed by New Zealand and England (10% each) and Scotland and Italy (8% each).

It is important to note that the age distributions of migrants from the aforementioned countries are not the same, for example, migrants from the United Kingdom and European countries are likely to be older than those from many Asian countries (ABS 2003). Given the strong relationship between age and principal drug of concern, it is not surprising that alcohol is the most likely drug of concern for most European migrants.



Source: Table A4.8

Figure 4.3: Closed treatment episodes by selected principal drug of concern and country of birth, Australia, 2002–03

4.4 Indigenous status and principal drug of concern

Overall, treatment episodes involving Aboriginal and Torres Strait Islander clients 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 much more likely to be nominated (46%, compared to 38%) and heroin less so (12%, compared to 18%) (Table 4.2). As previously noted, data relating to Indigenous status should be interpreted with caution for a number of reasons, including the relatively high proportion of treatment episodes where Indigenous status was 'not stated' (6%) (see Section 1.3 for further details). Further, for some principal drugs of concern, the number of treatment episodes where Indigenous status was 'not stated' was higher than the number of episodes where the client identified as being an Aboriginal or Torres Strait Islander person. For example, 1,301 episodes where the client identified as being an Aboriginal or Torres Strait Islander person had heroin as the principal drug of concern, compared to 1,525 episodes where Indigenous status was 'not stated'.

Table 4.2: Closed treatment episodes by principal drug of concern and Indigenous status, Australia, 2002–03[(a)]

Principal drug of concern	Indigenous[(b)]		Non-Indigenous		Not stated		Total	
	No.	%	No.	%	No.	%	No.	%
Alcohol	5,047	45.7	39,052	37.3	2,648	35.8	46,747	38.0
Amphetamines	1,168	10.6	11,376	10.9	669	9.0	13,213	10.7
Benzodiazepines	124	1.1	2,347	2.2	138	1.9	2,609	2.1
Cannabis	2,512	22.7	23,219	22.2	1,375	18.6	27,106	22.0
Cocaine	25	0.2	275	0.3	23	0.3	323	0.3
Ecstasy	22	0.2	366	0.3	28	0.4	416	0.3
Heroin	1,301	11.8	19,816	18.9	1,525	20.6	22,642	18.4
Methadone	187	1.7	1,839	1.8	147	2.0	2,173	1.8
Nicotine	99	0.9	1,443	1.4	151	2.0	1,693	1.4
All other drugs[(c)]	495	4.5	4,376	4.2	563	7.6	5,434	4.4
Not stated	62	0.6	485	0.5	129	1.7	676	0.5
Total	**11,042**	**100.0**	**104,594**	**100.0**	**7,396**	**100.0**	**123,032**	**100.0**
Per cent of Indigenous status	***9.0***	. .	***85.0***	. .	***6.0***	. .	***100.0***	. .

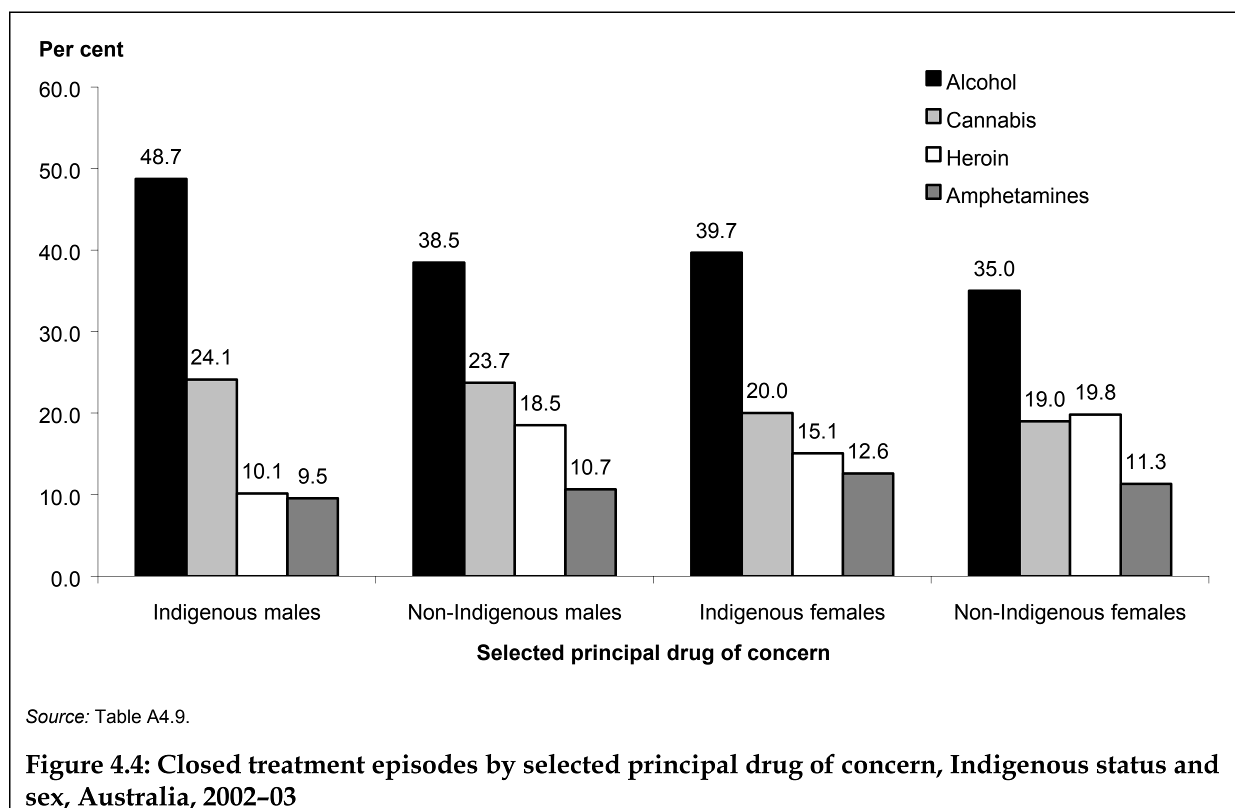
(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

(b) In tables the term 'Indigenous' refers to people who identified as Aboriginal or Torres Strait Islander people; 'Non-Indigenous' refers to people who said they were not Aboriginal or Torres Strait Islander people.

(c) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 6.

The pattern of principal drug of concern among treatment episodes for Aboriginal and Torres Strait Islander clients also varied according to clients' sex (Figure 4.4). Forty-nine per cent of treatment episodes for male clients identifying as Aboriginal and Torres Strait Islander people involved alcohol as the principal drug of concern, compared with 39% for other male clients; while 40% of closed treatment episodes for female Aboriginal and Torres Strait Islander clients involved alcohol as the principal drug of concern, compared with 35% for other female clients.

Heroin was reported as the principal drug of concern for 12% of closed treatment episodes where the clients were identified as Aboriginal and Torres Strait Islander people, compared with 19% for other clients. Treatment episodes for female Indigenous clients were more likely than those for male Indigenous clients to involve heroin as the principal drug of concern (15% of all treatment episodes compared to 10% for male Indigenous clients). This relates to the higher proportion of treatment episodes involving Indigenous male clients where alcohol is the principal drug of concern. This difference was less apparent in other clients—20% of treatment episodes for other female clients involved heroin as the principal drug of concern, compared to 19% for other male clients.



Source: Table A4.9.

Figure 4.4: Closed treatment episodes by selected principal drug of concern, Indigenous status and sex, Australia, 2002–03

4.5 Geographic location and principal drug of concern

The geographic location of treatment agencies in the 2002–03 AODTS–NMDS has been analysed using the Remoteness Areas of the Australian Bureau of Statistics Australian Standard Geographical Classification (see Appendix 5 for information on how these categories are derived). In 2002–03, across all areas, alcohol was the most commonly reported drug of concern (42% inner regional, 38% outer regional, 68% remote areas and 67% very remote areas—Table 4.3). In most areas, the second most prominent drug of concern reported was cannabis (28% inner regional, 36% outer regional, 18% remote and 31% very remote). In major cities, alcohol, while still the most common principal drug of concern, was nominated in 37% of treatment episodes, followed by heroin 23%, cannabis 19% and amphetamines 12%—a much more even spread than in other regions.

Caution should be taken when interpreting geographical data—especially for remote and very remote areas—due to the small population size of some areas. In addition, the number of agencies located in major cities may be over-represented as some treatment agencies, particularly in non-metropolitan areas, were only reported under the main administrative centre of the services. Geographical location may also have an effect on the type of treatment services available, especially in more remote areas with the focus of the services available possibly targeted to a particular substance.

Table 4.3: Closed treatment episodes by principal drug of concern and geographic location, Australia, 2002–03[(a)] (per cent)

Principal drug of concern	Major cities	Inner regional	Outer regional	Remote	Very remote	Total b)	Total (number)[(b)]
Alcohol	36.5	41.5	38.2	67.9	67.2	38.0	46,747
Amphetamines	11.6	9.1	7.8	6.6	0.7	10.7	13,213
Benzodiazepines	2.3	1.9	1.3	0.1	—	2.1	2,609
Cannabis	18.9	27.8	36.3	17.9	31.4	22.0	27,106
Cocaine	0.3	0.1	0.3	—	—	0.3	323
Ecstasy	0.4	0.1	0.4	—	—	0.3	416
Heroin	22.9	9.1	3.2	2.1	—	18.4	22,642
Methadone	1.7	2.2	1.9	0.2	—	1.8	2,173
Nicotine	0.9	2.6	2.5	1.6	—	1.4	1,693
All other drugs[(c)]	3.9	4.9	7.9	3.6	0.7	4.4	5,434
Not stated	0.6	0.5	0.3	—	—	0.5	676
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	. .
Total (number)	**88,127**	**23,375**	**9,852**	**1,517**	**137**	. .	**123,032**
Per cent of location	***71.6***	***19.0***	***8.0***	***1.2***	***0.1***	***100.0***	. .

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

(b) Includes not stated for location.

(c) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 6.

4.6 Source of referral and principal drug of concern

More than one-third of all closed treatment episodes (37%) 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) (Table 4.4).

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%). Much smaller proportions of self-referring clients nominated cocaine (0.2%) or ecstasy (0.3%) as their principal drug of concern. Referrals from community-based corrections were most likely to involve clients who nominated alcohol (38%), cannabis (22%) or heroin (21%) as their principal drug.

The majority of referrals to treatment through the police or court diversion process involved clients who nominated cannabis as their principal drug of concern (63% of closed treatment episodes in this group). Of treatment episodes where the client was referred from a psychiatric and/or other hospital, the principal drug of concern was most likely to be recorded as alcohol (55%), cannabis (11%) or amphetamines (10%).

Table 4.4: Closed treatment episodes by principal drug of concern and source of referral, Australia, 2002–03[(a)]

Principal drug of concern	Self	Family member/ friend	GP/medical specialist	Psychiatric and/or other hospital	Community mental health service	AODTS	Other community health/care services	Community -based corrections	Police/court diversions	Other	Not stated	Total
						(number)						
Alcohol	18,448	2,235	3,964	2,480	1,219	5,930	2,153	4,733	1,050	4,186	349	46,747
Amphetamines	4,748	1,067	589	453	277	1,570	646	1,743	1,122	887	111	13,213
Benzodiazepines	1,041	93	351	143	84	409	97	107	93	164	27	2,609
Cannabis	7,082	1,642	923	493	769	2,607	1,180	2,792	7,358	2,115	145	27,106
Cocaine	104	25	19	8	4	34	13	35	39	38	4	323
Ecstasy	144	55	18	12	7	29	15	31	47	55	3	416
Heroin	9,384	816	1,083	320	157	3,574	712	2,574	1,641	2,231	150	22,642
Methadone	1,007	62	292	127	16	319	76	85	49	108	32	2,173
Nicotine	638	65	393	231	32	53	60	37	9	168	7	1,693
All other drugs[(b)]	2,190	247	633	203	109	659	294	395	128	500	76	5,434
Total [(c)]	**45,026**	**6,324**	**8,319**	**4,485**	**2,681**	**15,224**	**5,286**	**12,569**	**11,687**	**10,498**	**933**	**123,032**
						(per cent)						
Alcohol	41.0	35.3	47.6	55.3	45.5	39.0	40.7	37.7	9.0	39.9	37.4	38.0
Amphetamines	10.5	16.9	7.1	10.1	10.3	10.3	12.2	13.9	9.6	8.4	11.9	10.7
Benzodiazepines	2.3	1.5	4.2	3.2	3.1	2.7	1.8	0.9	0.8	1.6	2.9	2.1
Cannabis	15.7	26.0	11.1	11.0	28.7	17.1	22.3	22.2	63.0	20.1	15.5	22.0
Cocaine	0.2	0.4	0.2	0.2	0.1	0.2	0.2	0.3	0.3	0.4	0.4	0.3
Ecstasy	0.3	0.9	0.2	0.3	0.3	0.2	0.3	0.2	0.4	0.5	0.3	0.3
Heroin	20.8	12.9	13.0	7.1	5.9	23.5	13.5	20.5	14.0	21.3	16.1	18.4
Methadone	2.2	1.0	3.5	2.8	0.6	2.1	1.4	0.7	0.4	1.0	3.4	1.8
Nicotine	1.4	1.0	4.7	5.2	1.2	0.3	1.1	0.3	0.1	1.6	0.8	1.4
All other drugs[(b)]	4.9	3.9	7.6	4.5	4.1	4.3	5.6	3.1	1.1	4.8	8.1	4.4
Total[(c)]	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Per cent of referrals	***36.6***	***5.1***	***6.8***	***3.6***	***2.2***	***12.4***	***4.3***	***10.2***	***9.5***	***8.5***	***0.8***	***. .***

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

(b) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 6.

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

4.7 Other drugs of concern

In 2002–03, of the 123,032 closed treatment episodes where clients were seeking treatment for their own drug use, 63,115 episodes (51%) involved at least one other drug of concern—that is, a principal drug of concern and at least one other drug of concern (Table 4.5). This proportion varied with the principal drug of concern—in closed treatment episodes where cocaine was reported as the principal drug, 71% included at least one other drug of concern; where amphetamines were reported as the principal drug, 69% of episodes involved at least one other drug of concern; and for ecstasy, 68% included at least one other drug of concern. Treatment episodes where nicotine and alcohol were reported as the principal drug were less likely to report additional drugs of concern (20% and 42% respectively).

These data indicate the drugs of concern to clients and should not be used as a proxy indicator for poly-drug use.

Table 4.5: Number of closed treatment episodes by principal drug of concern, with or without other drug of concern, Australia, 2002–03[(a)]

Principal drug of concern	With other drugs	With no other drugs	Total closed treatment episodes	Proportion of episodes with 'other drugs' of concern (%)
Alcohol	19,642	27,105	46,747	42.0
Amphetamines	9,135	4,078	13,213	69.1
Benzodiazepines	1,671	938	2,609	64.0
Cannabis	13,937	13,169	27,106	51.4
Cocaine	229	94	323	70.9
Ecstasy	282	134	416	67.8
Heroin	13,460	9,182	22,642	59.4
Methadone	1,303	870	2,173	60.0
Nicotine	342	1,351	1,693	20.2
All other drugs[(b)]	3,014	2,420	5,434	55.5
Not stated	100	576	676	14.8
Total[(b)]	**63,115**	**59,917**	**123,032**	**51.3**

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

(b) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 6.

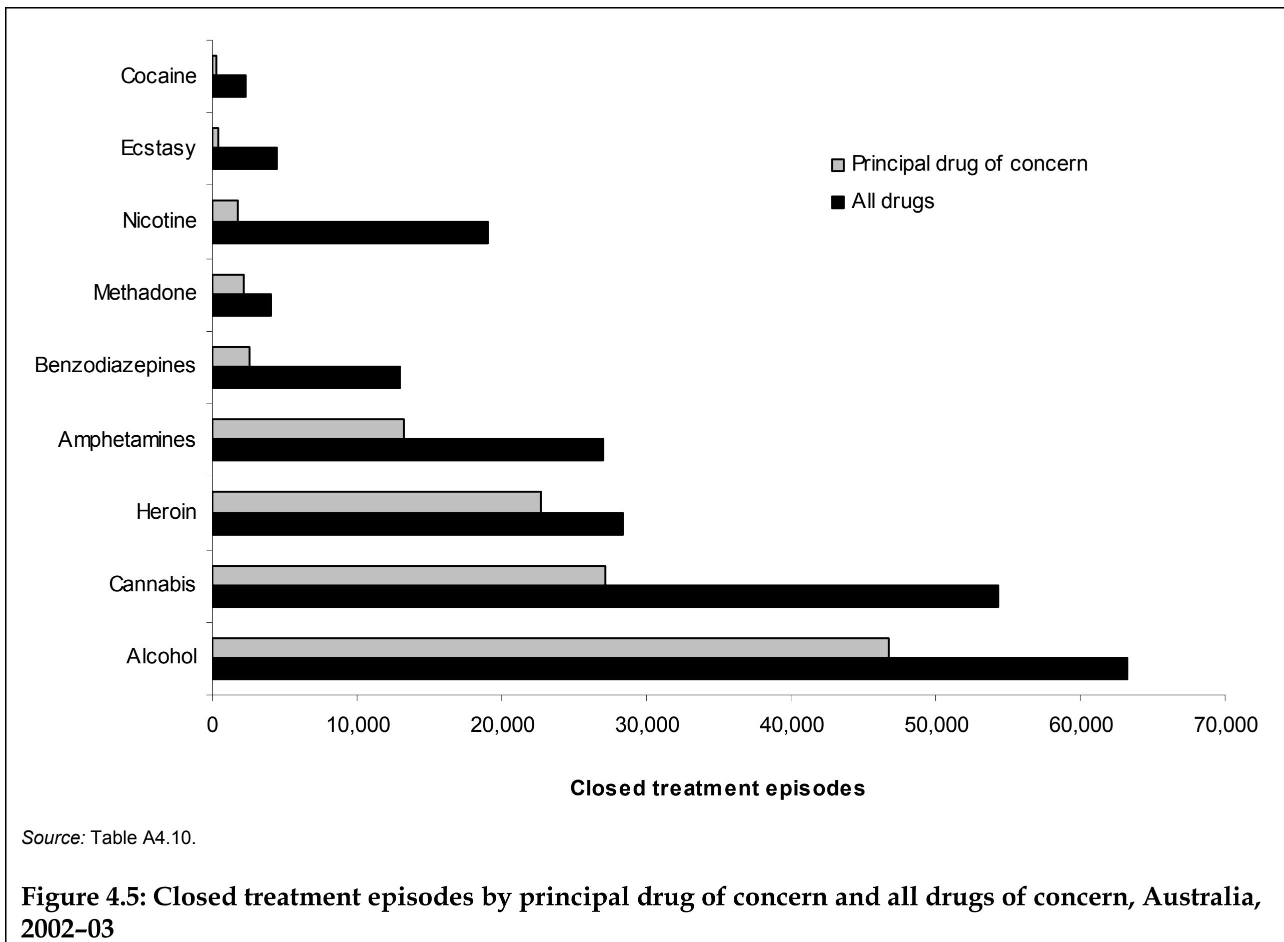
From the 63,115 closed treatment episodes that did involve at least one other drug of concern, 109,314 other drugs of concern were reported (clients are able to report up to five other drugs of concern). This equates to 1.7 other drugs of concern for clients of these treatment episodes.

When considering all drugs of concern, alcohol and cannabis remain the two most commonly reported drugs of concern (Figure 4.5). Alcohol was reported as the principal drug of concern in 38% of treatment episodes, yet, when all drugs are considered 52% of treatment episodes included alcohol as one of the drugs of concern. A similar pattern can be seen for cannabis (identified in 22% of treatment episodes as the principal drug of concern and in 44% of treatment episodes as one of the drugs of concern) (Table A4.10).

Likewise, benzodiazepines were reported as a principal drug of concern in 2% of treatment episodes, yet when all drugs are considered, 11% of treatment episodes included benzodiazepines as one of the drugs of concern. Treatment episodes involving amphetamines also followed this pattern—11% of treatment episodes involved amphetamines as the principal drug of concern, whereas 22% included them as a drug of concern. Eighteen per cent of closed

treatment episodes involved heroin as the principal drug of concern, rising to 23% when all drugs of concern are considered.

Despite being reported as a principal drug of concern in 1% of treatment episodes, nicotine was the fifth most common overall, reported in 16% of closed treatment episodes as one of the clients' drugs of concern (see Section 4.1 for further information on nicotine treatment).



Source: Table A4.10.

Figure 4.5: Closed treatment episodes by principal drug of concern and all drugs of concern, Australia, 2002–03

4.8 Injecting drug use and method of use

For the purposes of the AODTS–NMDS collection, 'injecting drug use' includes drug administration methods such as intravenous, intramuscular and subcutaneous forms of injection.

Over two-fifths (41%) of closed treatment episodes involved clients who reported never having injected drugs (Table 4.6). Over one-quarter (26%) of treatment episodes involved clients who identified themselves as current injectors (i.e. injected within the previous 3 months) and a further 19% involved clients who reported they had injected drugs in the past (9% between 3 months and 12 months ago and 10% 12 or more months ago).

Caution should be taken, however, when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (14% of treatment episodes).

A relatively high proportion of closed treatment episodes for clients in the 20–29 and 30–39 age groups reported being 'current injectors' (36% and 28% respectively), with a significant proportion of clients within these age groups also reporting having injected drugs some time in the past (approximately 22% of treatment episodes for each age group).

In only a small proportion of treatment episodes were clients aged 50 years or more reported as being 'current injectors' (5% of episodes in the 50–59 age group and 1% for those aged 60 years or more). Accordingly, a very high proportion of treatment episodes for clients in these age groups were reported as never having injected drugs—72% of treatment episodes for clients aged 50–59 years and 81% for clients aged 60 years or more.

Table 4.6: Closed treatment episodes by injecting drug use and age group, Australia, 2002–03[(a)]

Injecting drug use	10–19	20–29	30–39	40–49	50–59	60+	Not stated	Total
				(number)				
Current injector	3,157	15,359	9,690	3,151	334	24	426	32,141
Injected 3–12 months ago	1,125	5,185	3,181	1,174	133	26	168	10,992
Injected 12+ months ago	564	4,187	4,163	2,285	358	23	102	11,682
Never injected	8,089	12,500	12,326	10,055	5,047	1,957	535	50,509
Not stated	2,110	5,375	4,897	3,133	1,147	380	666	17,708
Total persons	**15,045**	**42,606**	**34,257**	**19,798**	**7,019**	**2,410**	**1,897**	**123,032**
				(per cent)				
Current injector	21.0	36.0	28.3	15.9	4.8	1.0	22.5	26.1
Injected 3–12 months ago	7.5	12.2	9.3	5.9	1.9	1.1	8.9	8.9
Injected 12+ months ago	3.7	9.8	12.2	11.5	5.1	1.0	5.4	9.5
Never injected	53.8	29.3	36.0	50.8	71.9	81.2	28.2	41.1
Not stated	14.0	12.6	14.3	15.8	16.3	15.8	35.1	14.4
Total persons	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

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

As part of the AODTS–NMDS, clients are asked to nominate the usual method of administering their principal drug of concern, that is, their 'method of use'. In 2002–03, the most likely methods of use were ingestion (45% of all treatment episodes for clients seeking treatment for their own drug use), followed by injection (28%) and smoking (23%). Sniffing or inhaling was the method of use for around 1% of treatment episodes each (Table A4.5).

4.9 Reason for cessation and principal drug of concern

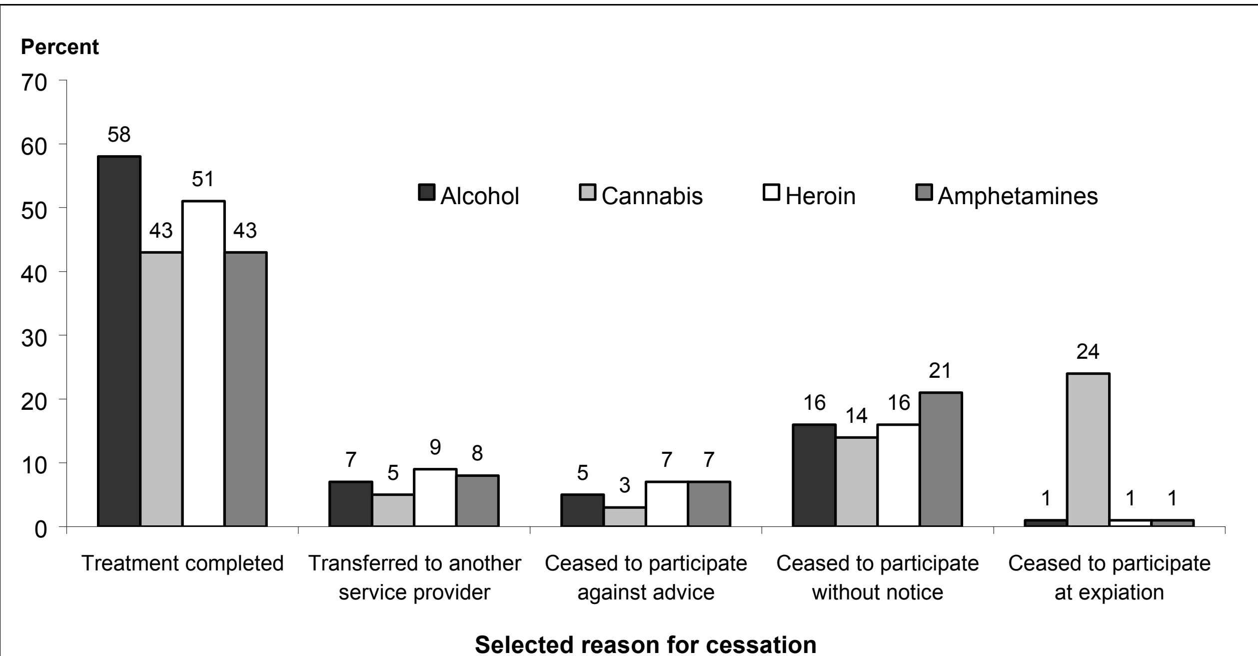
According to the AODTS–NMDS definition, there are a number of reasons why a treatment episode can cease. The treatment may be completed, which in the context of this collection means that all of the immediate goals of the treatment plan have been fulfilled. Other reasons include a change in main treatment type for the client; a change in delivery setting; the client ceasing to participate without notice, or by mutual agreement with the service provider; or the client being imprisoned or dying.

In 2002–03, the majority of treatment episodes involving clients seeking treatment for their own drug use ceased because the treatment was completed (51%; Table A4.11a).

The next most common reason for treatment episodes to end was that the client ceased to participate without notice (16%) or the client transferred to another service provider (7%). Only 5% of episodes ended because the client ceased to participate against advice and 6% ended at expiation—that is, where the client had expiated their offence by completing a recognised education or information program. Nationally, a very small proportion of treatment episodes ceased because the client had died (0.1%) or because the client was imprisoned (1%).

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 of concern 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 (Figure 4.6). Nearly one-quarter of all treatment episodes with cannabis as the principal drug ceased due to expiation (24%), compared to about 1% each of treatment 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).

Examining these figures from another angle we see that, of all treatment episodes ending due to expiation, 89% involved cannabis as the principal drug of concern (Table A4.11b). Accordingly, only a small proportion of treatment episodes where alcohol, heroin or amphetamines were the principal drug ended due to expiation (4% of episodes for alcohol and heroin and 2% for amphetamines).



Source: Table A4.11a.

Figure 4.6: Closed treatment episodes by selected reason for cessation and selected principal drug of concern, Australia, 2002–03

5 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' main treatment types and the combination of main treatment type with principal drug of concern.

Box 5.1: Key definitions and counts for treatment programs, 2002–03

Closed treatment episode *refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. In 2002–03 there were* ***130,930*** *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 2002–03, main treatment type was reported for* ***130,930*** *treatment episodes..*

Caution should be taken when comparing the number of closed treatment episodes for main treatment type in 2002–03 with those of 2001–02: in 2001–02 records from South Australia were excluded from tables using main treatment type as South Australia did not provide this data item.

Main treatment type with principal drug of concern *In 2002–03, data on the combination of these two data items were reported for* ***123,032*** *closed treatment episodes. This count excludes closed treatment episodes for clients seeking treatment for the drug use of others.*

Other treatment type *refers to all other forms of treatment provided to the client in addition to the main treatment (the client can have up to three other treatment types). In 2002–03, there were* ***16,108*** *closed treatment episodes which provided a total of* ***20,245*** *other treatment types. In 2002–03, closed treatment episodes from Victoria are excluded from any analysis involving 'other treatment types' as Victoria did not provide data for 'other treatment types'.*

All treatment types *refers to all treatment types reported by a client including main treatment and other treatment. In 2002–03, there were a total of* ***151,175*** *treatment types reported, either as a main or other treatment type.*

See Section 1.2 and Boxes 3.1 and 4.1 for other definitions.

5.1 Jurisdictions and treatment programs

Nationally in 2002–03, counselling (42%), withdrawal management (detoxification) (19%) and assessment only (13%) were the most common main treatment types provided within alcohol and other drug treatment services (Table 5.1)[3]. Compared to 2001–02, in 2002–03 a slightly lower proportion of treatment episodes were for assessment only (13% in 2002–03, compared to 15% in

[3] In 2002–03, a very small number of closed treatment episodes (2,064) involved pharmacotherapy as the main treatment type. Throughout this chapter these episodes are included in the main treatment type category 'other'. It is important to note that agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS. Data on pharmacotherapy services in Australia are discussed in Section 7.4.