

Appendixes

Appendix 1: Data elements included in the AODTS–NMDS for 2002–03

The detailed data definitions for the data elements included in the AODTS–NMDS for 2002–03 are published in the National Health Data Dictionary (NHDD) version 12 (NDHC 2003). Table A1.1 lists all data elements collected for 2002–03.

Table A1.1: Data elements for the AODTS–NMDS, 2002–03

Data element	NHDD code
Establishment-level data elements	
Establishment identifier (comprising)	000050
— State identifier	000380
— Establishment sector	000379
— Region code	000378
— Establishment number	000377
Establishment type	000327
Geographical location of establishment	000260
Client-level data elements	
Client type	000426
Country of birth	000035
Date of birth	000036
Date of cessation of treatment episode for alcohol and other drugs	000424
Date of commencement of treatment episode for alcohol and other drugs	000430
Establishment identifier	000050
Indigenous status	000001
Injecting drug use	000432
Main treatment type for alcohol and other drugs	000639
Method of use for principal drug of concern	000433
Other drugs of concern	000442
Other treatment type for alcohol and other drugs	000642
Person identifier	000127
Preferred language	000132
Principal drug of concern	000443
Reason for cessation of treatment episode for alcohol and other drugs	000423
Sex	000149
Source of referral to alcohol and other drug treatment services	000444
Treatment delivery setting for alcohol and other drugs	000646
Supporting data element concepts	
Cessation of treatment episode for alcohol and other drugs	000422
Commencement of treatment episode for alcohol and other drugs	000427
Service contact	000401
Treatment episode for alcohol and other drugs	000647

Appendix 2: Technical notes

This section provides information on data presentation, population definitions and transformation of data from treatment episodes to estimates of number of clients within agencies. As noted previously, the state/territory data collection systems for the AODTS-NMDS are highly diverse. As a result:

- it is important to understand the agreed definitions, terms and collection rules – these are outlined in this appendix, with full specifications available in AIHW (2002c); and
- there is a need to edit the data in a number of ways to enable their meaningful presentation in this report and to maximise comparability of the data between jurisdictions (see AIHW 2002c).

A2.1 Data presentation

The tables within this report include data only for government-funded in-scope alcohol and other drug treatment services from the Australian Government, states and territories for which data were available. Throughout the publication, percentages may not add up to 100.0 due to rounding.

Population definitions

Populations used in the publication comprise treatment agencies, client registrations and closed treatment episodes:

- *Treatment agency population* refers to the number of alcohol and other drug treatment agencies that provided data for 2002–03.
- *Client registration population* refers to the number of clients registering or re-registering during 2002–03 (also see A2.2).
- *Closed treatment episode population* refers to the number of treatment episodes that closed during 2002–03. For all tables using this population that include principal drug of concern, other drug of concern, or injecting drug use status, the treatment episode population excludes clients seeking treatment for the drug use of others.

See also Boxes 3.1, 4.1, 5.1 and 6.1 for other key definitions and counts.

A2.2 Client registration data versus treatment episode data

Client registration data, 2000–01

In 2000–01, unit record data were collected for both establishment-level and client-level data. For the establishment data, a single unit record was reported for each agency/organisation that provided client data. For client-level data, all new or returning clients who registered or re-registered for treatment during the reporting period were required to be included in the collection. Data were to be reported as a single unit record for each new client registration on commencement of treatment. A client is identified as commencing treatment when one or more of the following applies:

- (a) they are a new client; or
- (b) they have had no contact with the service for a period of 3 months, nor plan in place for further contact; and/or
- (c) they are a current client whose principal drug of concern has changed.

For the 2000–01 collection, the AODTS–NMDS was to be a registration-based data collection that consisted of an establishment-level component and a client-level component. The establishment-level data items collected information about the type and location of the service provider. The client-level data items collected demographic and drug-related information about clients using the services within scope for the NMDS.

In practice, the 2000–01 collection also contained treatment episode data. New South Wales, Victoria and the Australian Capital Territory provided data based on the forthcoming treatment episode approach and a further three jurisdictions provided data that were a mixture of both collection types. This had a number of implications for the data analysis phase and for obtaining comparable counts across jurisdictions. For example, the data based on completed treatment episodes excluded clients with open episodes or records at 30 June 2001. This resulted in an undercounting of actual client numbers from these jurisdictions for the 2000–01 collection period as clients with open records were to be included under the client registration-based collection system. All data were converted back to client registration data and reported on that basis (see AIHW 2002b).

Treatment episode data, 2001–02 and 2002–03

For the 2001–02 collection, the majority of jurisdictions provided treatment episode data based on treatment episodes that closed during the period 1 July 2001 – 30 June 2002. South Australia supplied client registration data based on clients who opened treatment episodes during this period. For the 2002–03 collection, all jurisdictions were able to provide treatment episode data.

For the purposes of calculating a closed treatment episode, a treatment episode is considered closed when one or more of the following applies:

- (a) a client's treatment plan has been completed;
- (b) there has been no treatment contact between the client and the treatment agency for a period of 3 months, unless that period of non-contact was planned;
- (c) the client's principal drug of concern has changed;
- (d) the client's main treatment type has changed;
- (e) the treatment delivery setting for the client's main treatment type has changed; and/or
- (f) the client's treatment has ceased for other reasons (e.g. imprisoned, ceased treatment against advice or died).

Estimates of number of client registrations in 2001–02 and 2002–03

Although the majority of data presented in this report are based on treatment episodes, the report also includes estimates of the number of client registrations within agencies (Section 3.1 and Tables A4.1–A4.3). These estimates were obtained through a data transformation process (see below). More detailed information on factors affecting these estimates is available in Section 1.3.

Transformation of 2002–03 treatment episode data to estimates of number of client registrations was done as follows:

1. Select each record where the establishment identifier, person identifier, date of birth and sex are the same.
2. From that group of records select the record that has the earliest date of cessation.
3. Use that record as the equivalent of an estimate of number of client registrations.

Note that, in contrast to 2000–01 client registration data, the 2002–03 (and 2001–02) estimates of client registrations, for all jurisdictions, were based on the date the client ceased treatment for an alcohol or other drug problem. In 2001–02, South Australian registration data were based on the date treatment commenced.

Appendix 3: AODTS–NMDS treatment types

Alcohol and other drug treatment activities can range from an early, brief intervention to long-term residential treatment. Brief intervention refers to the intervention at an early stage of a person's alcohol or drug use to prevent the development of serious drug problems later on. It involves less face-to-face counselling than other more traditional methods, has a strongly educational focus and places more emphasis on self-management (Australian Drug Foundation 2003). The brief intervention approach has been found successful in the treatment of alcohol misuse; simple advice from a general practitioner resulted in reductions in alcohol consumption for some patients (Teesson & Proudfoot 2003). In contrast, long-term residential treatment often involves a highly structured program of counselling and support services, designed to make changes in the drug user's lifestyle and facilitate long-term recovery (Australian Drug Foundation 2003).

The AODTS–NMDS covers a wide variety of treatment interventions and includes, among others, detoxification and rehabilitation programs, pharmacotherapy and counselling treatments, and information and education courses. A summary is provided below on each of these treatments.

Assessment

All new or returning clients are assessed in some form to determine the most appropriate treatment. The method of assessment depends on the type of treatment offered, and the client's drug use, personal history and individual needs. A combination of interview and questionnaire may be used to obtain information on the client's lifestyle and drug taking habits, such as their levels of use and dependence, previous drug history, motivation to change and other health and lifestyle factors (Australian Drug Foundation 2003). Assessment itself is not a treatment; rather, its general aim is to match clients with an appropriate treatment intervention.

Withdrawal management (detoxification)

Withdrawal management, or detoxification, refers to the elimination of toxic levels of a drug from the body. Detoxification usually also involves counselling and is often a gradual process, taking a number of days or weeks and may occur in a variety of settings including general hospitals, specialist drug and alcohol units, outpatient clinics and homes (Gowing et al. 2001). Although the detoxification process can be a treatment in itself, it can also be a precursor to a full treatment program.

Information gained on the type of drug used and the duration of use during the assessment period will guide the choice of detoxification program. For opiate detoxification these can range from several months on a stable dose of methadone prior to gradual reduction, through to detoxification using only non-opiates to alleviate withdrawal symptoms.

The following list contains the main types of opiate detoxification programs that are available (Ghodse 2002). These programs are not distinguished within the AODTS–NMDS collection but are grouped into the general heading 'withdrawal management (detoxification)'.

Non-opiate treatment includes neuroleptic drugs which reduce the symptoms of withdrawal, beta-adrenoreceptor blocking drugs which abolish the euphoric effect and reduce cravings, or other drugs such as clonidine which suppress the autonomic signs of withdrawal but are less successful at reducing subjective discomfort. These drugs are administered for periods of 5 days

up to 3 weeks. They are suitable for clients who are not opiate dependent or who do not want to use opiates in their withdrawal program. Clients are usually treated on an out-patient basis.

Accelerated detoxification over 4 days uses an opiate antagonist such as naloxone or naltrexone to displace the existing opiates in the body. During this process, withdrawal symptoms are treated with non-opiate medication and hospital or in-patient treatment is required.

Detoxification using opiates generally involves the administration of an opiate such as methadone or buprenorphine to stabilise the client before a dose reduction regime is implemented. Dose reduction programs can take one month or more and treatment can be provided on an in-patient or out-patient basis (see also 'Pharmacotherapy treatment' below).

Detoxification may also be required from alcohol or other non-opiate illicit drugs (Kasser et al. 2002).

For **alcohol detoxification** sedative-hypnotics such as benzodiazepine are most commonly used to reduce withdrawal symptoms and prevent seizures and delirium. Clients are usually treated as in-patients, but out-patient detoxification is also possible.

Sedative-hypnotic withdrawal does not usually require detoxification, although clients may be stabilised on a substitute medication such as diazepam before being tapered off. Treatment may occur in an in-patient or out-patient setting or a combination of both.

Stimulant withdrawal such as from cocaine or amphetamine does not usually require detoxification but symptoms can be alleviated by the use of bromocriptine or amantadine, tricyclic antidepressants or short-acting benzodiazepines (Kasser et al. 2002). In cases of severely dependent clients or those who have consumed large quantities of stimulants, in-patient detoxification may be necessary (Ghodse 2002).

Where clients require detoxification from multiple drugs of a different pharmacologic class, the program must provide treatment for each drug class (Kasser et al. 2002).

Relapse involving resumption of illicit drug use can occur both during the detoxification program or after it has been completed. As a result, for many individuals detoxification may need to be repeated (Ghodse 2002).

Pharmacotherapy treatment

Pharmacotherapy treatments are provided by pharmacies, public and private clinics, general practitioners, or hospitals. In the AODTS-NMDS collection, pharmacotherapy treatment includes those used as maintenance therapies or relapse prevention (e.g. naltrexone, buprenorphine, LAAM (levo alpha acetyl methadol) and specialist methadone treatment). However, agencies whose sole activity is to prescribe and/or dose for methadone, or other opioid maintenance pharmacotherapies, are currently excluded from the AODTS-NMDS, as are treatments provided by pharmacies, private clinics or general practitioners.

Pharmacotherapy treatments include reduction therapy, where the aim is to reduce the quantity of all drugs used, and maintenance therapy (also known as substitution treatment) which aims to stabilise the user by prescribing a less harmful drug rather than eliminate drug use in the short term (Drugscope 2000).

The drugs prescribed for reduction therapy usually consist of blocking and aversive agents that either stop the drug of dependence having an effect or produce an undesirable effect when combined with the drug of dependence (e.g. naltrexone) (Gowing et al. 2001).

Maintenance therapy is most commonly used for opiate addiction but can also be used for addiction to alcohol or other illicit drugs. There are two main drugs generally prescribed for opiate addiction, with methadone being the most common maintenance drug used in Australia. As a synthetic opioid antagonist it has reduced but similar effects to heroin and, although it is not a cure for heroin dependence, it can lead to improvements in the client's mental and physical health and the stability of their lifestyle. It is usually provided in syrup form and the effect lasts for around 24 hours, consequently most clients must attend on a daily basis to receive their treatment.

Buprenorphine is the other main drug used for maintenance therapy for opiate addiction. It is a partial opioid antagonist, that is, it blocks the effects of heroin. Unlike methadone, one dose may last up to 3 days so clients are not required to attend daily to receive their treatment. It is provided in tablet form and is dissolved under the tongue (Australian Drug Foundation 2003). It is quite common for clients to switch between buprenorphine and methadone treatments.

LAAM is a similar substance to methadone but has a milder effect. It is available in Australia under clinical trial arrangements and is being actively investigated as an additional treatment for opioid maintenance programs. One benefit of using LAAM is that it only needs to be administered every 3 days and therefore offers greater flexibility to clients and staff (Gowing et al. 2001).

For clients who want to maintain abstinence from heroin or other opioids, the drug naltrexone may be prescribed. Its effectiveness depends heavily on clients' commitment to remain off heroin, the level of support they receive and the continuation of regular counselling. Tablets are taken orally from 1 to 3 days apart depending on dose. It is more expensive than methadone or buprenorphine. In addition, because naltrexone reduces tolerance to heroin, there is a greater risk of a heroin overdose if treatment is discontinued and heroin use resumes (Australian Drug Foundation 2003).

Naltrexone can also be used to support abstinence or harm reduction measures for alcohol-dependent clients, although the drug acamprosate is normally considered the treatment drug of choice for a total abstinence approach (Graham et al. 2002).

Counselling

There are many different types of alcohol and other drug counselling available, including individual and group counselling in both out-patient and residential settings. The following discussion outlines the main types of counselling programs available. These programs are not distinguished within the AODTS-NMDS collection, but are grouped into the general heading 'counselling'.

At its most basic level, drug counselling provides advice and support to the client from a professional counsellor on an appointment basis. Areas discussed can include the client's drug-taking behaviour, their school, work and leisure activities and relationships with family and friends.

Types of counselling include motivational interviewing, cognitive and behavioural techniques such as problem-solving skills, drink and drug refusal skills, relapse prevention, contingency management and aversive conditioning, and other skills-based training such as anger or sleep management, relaxation, assertiveness training and vocational rehabilitation (Ghodse 2002). The treatment can be provided at the individual or group level and by a range of specialists such as psychologists, social workers, community nurses, drug and alcohol workers, medical practitioners, Alcoholics Anonymous or Narcotics Anonymous and others (New South Wales Health Department 2000).

The goal of counselling is to encourage and support emotional and behavioural change. Lifestyle adjustment is facilitated by the development of skills to cope with factors that trigger drug use or prevent full relapse to regular drug use (Gowing et al. 2001).

Rehabilitation

Rehabilitation programs begin with a thorough assessment and detoxification, if necessary. A specific treatment plan is then developed which may be provided as residential or out-patient treatment. This plan may include regular counselling, group and/or family therapy sessions, a pharmacotherapy program, an education program providing advice on ways to achieve and maintain recovery, exercise and relaxation sessions, plus support with employment and living arrangements (Ghodse 2002).

Residential rehabilitation programs may be short term (4 to 6 weeks) or long term (2 to 6 months). Short-term programs are suitable for people without a long-term history of substance dependence, who have not succeeded at out-patient treatment, do not have significant cognitive impairment or co-morbidity and have better psycho-social supports. Long-term programs are preferred for people who have severe alcohol and drug use problems, or whose substance use problems were not addressed by out-patient or short-term residential treatment, or people with significant co-morbid disorders (New South Wales Health Department 2000).

The goals of rehabilitation and treatment activities in general include reducing the use of illicit drugs, reducing the risk of infectious diseases, improving physical and psychological health, reducing criminal behaviour and improving social functioning (Gowing et al. 2001).

Information and education

Commonwealth, state and territory governments provide a number of information and education programs, as well as 24-hour telephone information services, on alcohol and other drugs as part of their public health programs. National initiatives to provide information on drug-related harm to the wider community include the Australian Drug Information Network and the Community Partnership Initiative (MCDS 1998). Services provided by the states and territories include 24-hour telephone services and fact sheets on specific drugs and other drug-related reports available from the Internet. The telephone services provide information on drugs, access to drug and alcohol counselling, and referrals to appropriate services (Department of Human Services 2002).

Information and education programs are also provided specifically for clients of alcohol and other drug treatment services. These include: education on the effects of cannabis or other drugs for clients who have been required to attend the service as a result of a police or court diversion order; information on what the client can expect during the withdrawal (detoxification) process; and information on harm minimisation strategies to increase the client's ability to maintain behaviour that reduces drug-related harm (Department of Human Services 2002).

Appendix 4: Detailed tables

Client registrations

Table A4.1: Estimated number of client registrations by age group and sex, Australia,^(a) 2002–03

Age group (years)	Males		Females		Not stated		Persons	
	No.	%	No.	%	No.	%	No.	%
10–19	9,361	8.7	4,096	3.8	12	0.0	13,469	12.5
20–29	24,809	23.0	11,476	10.6	47	0.0	36,332	33.6
30–39	19,203	17.8	10,077	9.3	32	0.0	29,312	27.1
40–49	10,932	10.1	6,581	6.1	26	0.0	17,539	16.2
50–59	4,156	3.8	2,762	2.6	9	0.0	6,927	6.4
60+	1,526	1.4	935	0.9	6	0.0	2,467	2.3
Not stated	1,118	1.0	862	0.8	16	0.0	1,996	1.8
Total	71,105	65.8	36,789	34.1	148	0.1	108,042	100.0

(a) Client registrations refer to the estimated number of clients who registered or re-registered for alcohol and other drug treatment services.

Table A4.2: Estimated number of client registrations by client type and sex, Australia^(a), 2002–03

Client type	Males		Females		Not stated		Persons	
	No.	%	No.	%	No.	%	No.	%
Own drug use ^(b)	68,803	63.7	32,064	29.7	135	0.1	101,002	93.5
Others' drug use	2,302	2.1	4,725	4.4	13	0.0	7,040	6.5
Total	71,105	65.8	36,789	34.1	148	0.1	108,042	100.0

(a) Client registrations refer to the estimated number of clients who registered or re-registered for alcohol and other drug treatment services.

(b) Own drug use also includes clients who were seeking treatment for both their own and other's drug use.

Table A4.3: Estimated number of client registrations by age group and Indigenous status, Australia^(a), 2002–03

Age group (years)	Indigenous		Non-Indigenous		Not stated		Total	
	No.	%	No.	%	No.	%	No.	%
10–19	1,780	1.6	10,921	10.1	768	0.7	13,469	12.5
20–29	3,323	3.1	30,725	28.4	2,284	2.1	36,332	33.6
30–39	2,895	2.7	24,533	22.7	1,884	1.7	29,312	27.1
40–49	1,187	1.1	15,274	14.1	1,078	1.0	17,539	16.2
50–59	301	0.3	6,185	5.7	441	0.4	6,927	6.4
60+	92	0.1	2,211	2.0	164	0.2	2,467	2.3
Not stated	476	0.4	1,346	1.2	174	0.2	1,996	1.8
Total	10,054	9.3	91,195	84.4	6,793	6.3	108,042	100.0

(a) Client registrations refers to the estimated number of clients who registered or re-registered for alcohol and other drug treatment services.

Client tables

Table A4.4: Closed treatment episodes by client data items by jurisdiction, Australia, 2002–03^(a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Client type									
Own drug use ^(b)	40,002	43,048	13,683	12,142	6,946	2,292	2,958	1,961	123,032
Others' drug use	1,164	2,258	512	2,080	494	276	43	1,071	7,898
Sex									
Male	27,841	28,602	9,746	9,021	5,011	1,472	1,910	1,934	85,537
Female	13,276	16,647	4,448	5,200	2,429	1,096	1,037	1,098	45,231
Not stated	49	57	—	—	—	—	54	—	162
Age group (years)									
10–19	3,368	6,165	2,279	2,708	561	292	401	194	15,968
20–29	13,760	16,010	4,534	4,513	2,163	719	1,073	757	43,529
30–39	12,126	11,880	3,315	3,528	2,324	593	768	1,100	35,634
40–49	7,661	6,848	2,100	2,139	1,476	535	489	662	21,910
50–59	3,118	2,477	724	1,034	568	306	179	250	8,656
60+	1,097	713	309	273	313	123	62	68	2,958
Not stated	36	1,213	934	27	35	—	29	—	2,275
Indigenous status									
Indigenous	3,579	2,504	1,308	1,904	629	196	196	1,832	12,148
Not Indigenous	35,472	39,178	12,307	12,132	6,276	1,860	2,574	1,133	110,932
Not stated	2,115	3,624	580	186	535	512	231	67	7,850
Country of birth									
Australia	35,409	37,859	12,542	11,826	6,287	2,432	2,489	2,878	111,722
England	1,129	586	308	887	400	30	77	43	3,460
Germany	125	126	40	41	31	6	9	—	378
Ireland	201	110	26	74	18	—	5	—	438
Italy	99	181	15	43	16	—	7	—	366
Scotland	208	229	47	138	71	10	18	15	736
South Africa	97	90	32	72	6	—	5	—	306
New Zealand	836	628	509	364	76	21	35	24	2,493
United States of America	139	86	39	51	7	—	22	—	353
Viet Nam	248	880	16	26	35	—	20	—	1,227
All other countries	1,945	2,526	591	643	256	54	143	47	6,205
Not elsewhere classified	37	326	14	—	—	—	—	—	377
Inadequately described	127	374	16	—	9	—	—	—	530
Not stated	566	1,305	—	57	228	—	167	16	2,339
Preferred language									
Australian Indigenous languages	13	41	—	35	19	—	—	940	1,048
Arabic	45	23	—	—	—	—	—	—	73
Cantonese	15	24	—	—	—	—	—	—	49
Croatian	27	13	6	—	7	—	—	—	57

(continued)

Table A4.4 (continued): Closed treatment episodes by client data items by jurisdiction, Australia, 2002–03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
English	40,299	42,218	13,917	14,006	7,158	2,567	2,757	1,797	124,719
Greek	33	30	9	—	—	—	—	—	73
Italian	40	36	—	10	5	—	—	—	96
Polish	19	32	—	9	—	—	—	—	69
Spanish	67	27	10	—	5	—	—	—	112
Vietnamese	134	455	7	7	9	—	—	—	613
All other languages	231	547	47	84	25	0	6	81	1,021
Inadequately described	6	91	—	—	—	—	—	6	105
Not stated	237	1,769	187	61	202	—	231	208	2,895
English Proficiency (EP) Groups^(c)									
Australia	35,403	37,633	12,542	11,825	6,287	2,432	2,489	2,878	111,489
EP Group 1	2,721	1,987	991	1,638	599	92	179	95	8,302
EP Group 2	899	1,247	257	379	123	19	72	28	3,024
EP Group 3	1,018	1,318	351	283	138	24	64	11	3,207
EP Group 4	395	1,116	24	40	56	—	26	—	1,662
Inadequately described/invalid	127	374	16	—	9	—	—	—	530
Not elsewhere classified	37	326	14	—	—	—	—	—	377
Not stated/missing	566	1,305	—	57	228	—	167	16	2,339
Source of referral									
Self	17,650	15,863	3,252	4,285	2,816	1,365	1,977	1,497	48,705
Family member/ friend	2,484	1,962	590	1,470	586	162	88	203	7,545
GP/medical specialist	3,571	2,000	1,354	838	476	234	34	103	8,610
Psychiatric and/or other hospitals	1,787	651	544	411	755	270	15	126	4,559
Community mental health services ^(d)	860	1,044	366	266	106	20	59	69	2,790
Alcohol and other drug treatment services ^(d)	5,589	7,769	547	846	585	157	105	185	15,783
Other community/health care services ^(e)	1,502	2,152	466	692	451	116	262	228	5,869
Community-based corrections	2,420	5,877	755	2,951	63	86	203	360	12,715
Police and court diversions	3,399	1,063	5,721	1,096	428	22	102	119	11,950
Other	1,515	6,727	567	1,153	1,093	134	116	88	11,393
Not stated	389	198	33	214	81	—	40	54	1,011
Total	41,166	45,306	14,195	14,222	7,440	2,568	3,001	3,032	130,930

(a) Small cell sizes have been suppressed to preserve confidentiality. These are marked with a '—'.

(b) Own drug use also includes clients who were seeking treatment for both their own and others' drug use (that is, 0.4% of total closed treatment episodes).

(c) See AIHW 2003a for further information about English Proficiency Groups.

(d) Includes residential and non-residential services.

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

Substance users tables

Table A4.5: Closed treatment episodes by drug-related data items by jurisdiction, Australia, 2002–03^{(a)(b)}

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Injecting drug use									
Current injector	12,770	9,647	2,420	3,853	1,985	396	789	281	32,141
Injected 3–12 months ago	2,197	5,782	714	928	440	91	771	69	10,992
Injected 12+ months ago	3,463	4,739	1,445	891	769	141	122	112	11,682
Never injected	16,287	16,257	7,481	5,405	2,538	796	632	1,113	50,509
Not stated	5,285	6,623	1,623	1,065	1,214	868	644	386	17,708
Method of use									
Ingests	19,534	18,877	4,246	4,669	4,012	1,093	1,262	1,477	55,170
Smokes	6,688	9,602	6,946	3,093	653	830	403	195	28,410
Injects	12,573	12,558	2,075	4,048	2,006	323	916	230	34,729
Sniffs (powder)	246	223	43	131	36	—	15	—	701
Inhales (vapour)	37	596	125	89	11	8	2	15	883
Other	116	274	30	39	6	—	10	—	484
Not stated	808	918	218	73	222	31	350	35	2,655
Principal drug of concern									
Analgesics									
Heroin	8,565	10,715	744	1,049	916	12	611	30	22,642
Methadone	1,011	609	226	78	112	79	46	12	2,173
Balance of analgesics ^(c)	632	1,057	448	317	294	173	287	128	3,336
<i>Total analgesics</i>	<i>10,208</i>	<i>12,381</i>	<i>1,418</i>	<i>1,444</i>	<i>1,322</i>	<i>264</i>	<i>944</i>	<i>170</i>	<i>28,151</i>
Sedatives and hypnotics									
Alcohol	16,836	15,747	3,371	3,967	3,295	933	1,191	1,407	46,747
Benzodiazepines	942	1,073	152	185	161	16	62	18	2,609
Balance of sedatives and hypnotics ^(b)	12	104	6	16	8	16	—	—	165
<i>Total sedatives and hypnotics</i>	<i>17,790</i>	<i>16,924</i>	<i>3,529</i>	<i>4,168</i>	<i>3,464</i>	<i>965</i>	<i>1,256</i>	<i>1,425</i>	<i>49,521</i>
Stimulants and hallucinogens									
Amphetamines	4,357	2,613	1,219	3,186	1,358	180	175	125	13,213
Cannabinoids	6,168	9,313	6,892	2,975	703	426	449	180	27,106
Ecstasy	131	171	57	23	22	—	9	—	416
Cocaine	194	60	26	14	20	—	—	—	323
Nicotine	482	282	384	97	9	412	3	24	1,693
Balance of stimulants and hallucinogens ^(c)	36	108	22	22	5	—	—	—	198
<i>Total stimulants and hallucinogens</i>	<i>11,368</i>	<i>12,547</i>	<i>8,600</i>	<i>6,317</i>	<i>2,117</i>	<i>1,023</i>	<i>642</i>	<i>335</i>	<i>42,949</i>
Balance of drugs of concern ^(c)	131	1,196	135	146	43	40	13	31	1,735
Not stated/missing	505	—	—	67	—	—	103	—	676
Total	40,002	43,048	13,683	12,142	6,946	2,292	2,958	1,961	123,032

(a) Small cell sizes have been suppressed to preserve confidentiality. These are marked with a '—'.

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

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

Table A4.6: Number of other drugs of concern by jurisdiction, Australia, 2002–03^(a)

Other drug of concern	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Analgesics									
Heroin	1,552	2,362	392	1,020	224	11	84	30	5,675
Methadone	827	416	178	218	129	22	53	15	1,858
Balance of analgesics ^(b)	463	910	455	391	151	50	91	39	2,550
<i>Total analgesics</i>	<i>2,842</i>	<i>3,688</i>	<i>1,025</i>	<i>1,629</i>	<i>504</i>	<i>83</i>	<i>228</i>	<i>84</i>	<i>10,083</i>
Sedatives and hypnotics									
Alcohol	3,883	6,361	2,071	2,933	768	101	321	121	16,559
Benzodiazepines	2,548	4,347	620	1,778	604	60	315	50	10,322
Balance of sedatives and hypnotics ^(b)	26	334	15	126	7	2	3	8	521
<i>Total sedatives and hypnotics</i>	<i>6,457</i>	<i>11,042</i>	<i>2,706</i>	<i>4,837</i>	<i>1,379</i>	<i>163</i>	<i>639</i>	<i>179</i>	<i>27,402</i>
Stimulants and hallucinogens									
Amphetamines	3,870	5,718	1,014	1,987	769	90	316	97	13,861
Cannabinoids	7,972	10,733	1,852	3,913	1,541	237	744	278	27,270
Ecstasy	827	1,461	251	1,340	48	3	69	21	4,020
Cocaine	935	408	76	450	93	3	46	11	2,022
Nicotine	4,826	5,526	2,560	3,057	571	87	703	61	17,391
Balance of stimulants and hallucinogens ^(b)	493	973	86	2,033	129	9	7	27	3,757
<i>Total stimulants and hallucinogens</i>	<i>18,923</i>	<i>24,819</i>	<i>5,839</i>	<i>12,780</i>	<i>3,151</i>	<i>429</i>	<i>1,885</i>	<i>495</i>	<i>68,321</i>
Balance of drugs of concern ^(b)	105	1,121	95	700	47	4	20	29	2,121
Not stated/missing	0	0	170	0	1,215	2	0	0	1,387
No other drug of concern	20,903	20,151	6,843	4,689	2,758	1	1,350	1,488	58,183

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

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

Table A4.7: Closed treatment episodes by principal drug of concern, sex and age group, Australia, 2002–03^(a)

Principal drug	Age group (years)						Not stated	Total
	10–19	20–29	30–39	40–49	50–59	60+		
Males	(per cent)							
Alcohol	18.5	23.9	43.0	62.6	82.3	86.6	23.6	39.3
Amphetamines	9.3	14.5	11.8	4.5	1.2	0.2	14.3	10.5
Benzodiazepines	0.4	1.5	1.9	1.7	1.5	1.9	1.5	1.5
Cannabis	54.9	28.0	17.0	10.0	4.1	1.1	29.0	23.5
Cocaine	0.1	0.3	0.4	0.2	0.0	0.0	1.6	0.3
Ecstasy	0.5	0.5	0.3	0.1	0.0	0.1	1.6	0.4
Heroin	9.3	25.8	19.1	13.2	3.4	0.8	12.1	17.9
Methadone	0.4	1.3	1.8	1.9	0.9	0.4	0.9	1.3
Nicotine	1.1	0.3	0.6	1.4	3.4	6.6	5.0	1.0
Other ^(b)	5.1	3.4	3.7	4.0	2.9	1.9	10.3	3.8
Not stated	0.5	0.5	0.5	0.5	0.3	0.5	0.2	0.5
<i>Total males (per cent)</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
<i>Total males (number)</i>	<i>10,340</i>	<i>28,980</i>	<i>22,833</i>	<i>13,177</i>	<i>4,800</i>	<i>1,673</i>	<i>1,129</i>	<i>82,932</i>
Females								
Alcohol	14.9	18.4	40.0	61.0	72.8	71.4	26.2	35.3
Amphetamines	13.6	16.9	10.9	3.6	0.8	0.3	12.1	11.3
Benzodiazepines	1.5	2.5	4.1	4.4	5.3	7.4	2.8	3.4
Cannabis	38.2	22.7	15.8	9.4	3.7	1.4	22.6	18.9
Cocaine	0.3	0.3	0.3	0.1	0.0	0.1	0.9	0.2
Ecstasy	0.7	0.5	0.1	0.1	0.0	0.1	0.4	0.3
Heroin	19.1	29.1	18.3	9.7	3.2	1.6	15.4	19.4
Methadone	0.9	3.7	2.9	2.3	0.9	0.1	2.1	2.6
Nicotine	2.0	0.7	1.4	2.9	7.9	13.8	4.2	2.1
Other ^(b)	7.8	4.7	5.6	6.0	4.7	3.6	13.0	5.7
Not stated	1.0	0.6	0.6	0.6	0.6	0.1	0.3	0.6
<i>Total females (per cent)</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
<i>Total females (number)</i>	<i>4,692</i>	<i>13,575</i>	<i>11,391</i>	<i>6,597</i>	<i>2,215</i>	<i>731</i>	<i>753</i>	<i>39,954</i>

(continued)

Table A4.7 (continued): Closed treatment episodes by principal drug of concern, sex and age group, Australia, 2002–03^(a)

Principal drug	Age group (years)						Not stated	Total
	10–19	20–29	30–39	40–49	50–59	60+		
Persons^(c)								
Alcohol	17.4	22.1	42.0	62.1	79.3	82.0	24.6	38.0
Amphetamines	10.6	15.3	11.5	4.2	1.1	0.2	13.3	10.7
Benzodiazepines	0.7	1.8	2.6	2.6	2.7	3.6	2.0	2.1
Cannabis	49.6	26.3	16.6	9.8	3.9	1.2	26.3	22.0
Cocaine	0.2	0.3	0.3	0.1	0.0	0.0	1.3	0.3
Ecstasy	0.6	0.5	0.2	0.1	0.0	0.1	1.2	0.3
Heroin	12.3	26.8	18.8	12.0	3.3	1.1	13.3	18.4
Methadone	0.5	2.0	2.1	2.0	0.9	0.3	1.4	1.8
Nicotine	1.4	0.4	0.9	1.9	4.8	8.8	4.6	1.4
Other drugs ^(b)	5.9	3.8	4.3	4.6	3.4	2.4	11.5	4.4
Not stated	0.7	0.6	0.5	0.5	0.4	0.4	0.5	0.5
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	15,045	42,606	34,257	19,798	7,019	2,410	1,897	123,032

(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 sex.

Table A4.8: Closed treatment episodes by principal drug of concern and country of birth, Australia, 2002–03^(a)

	Alcohol	Cannabis	Heroin	Amphetamines	Other drugs ^(b)	Not stated	Total
	(number)						
Australia	38,931	24,442	18,405	11,902	10,911	516	105107
New Zealand	954	645	354	243	189	8	2,393
England	1,780	402	331	297	312	16	3,138
Scotland	497	63	49	53	40	3	705
Ireland	274	36	35	24	35	0	404
Germany	223	43	32	17	39	0	354
Italy	139	30	63	23	46	1	302
Viet Nam	57	43	971	21	60	8	1,160
United States of America	196	46	48	15	30	3	338
South Africa	136	71	32	18	17	0	274
All other countries	155	167	81	21	71	1	496
Inadequately described	2,460	817	1,515	368	559	29	5,748
Not elsewhere classified	184	43	67	35	32	4	365
Not stated	761	258	659	176	307	87	2,248
Total	46,747	27,106	22,642	13,213	12,648	676	123,032
	(per cent)						
Australia	37.0	23.3	17.5	11.3	10.4	0.5	100.0
New Zealand	39.9	27.0	14.8	10.2	7.9	0.3	100.0
England	56.7	12.8	10.5	9.5	9.9	0.5	100.0
Scotland	70.5	8.9	7.0	7.5	5.7	0.4	100.0
Ireland	67.8	8.9	8.7	5.9	8.7	0.0	100.0
Germany	63.0	12.1	9.0	4.8	11.0	0.0	100.0
Italy	46.0	9.9	20.9	7.6	15.2	0.3	100.0
Viet Nam	4.9	3.7	83.7	1.8	5.2	0.7	100.0
United States of America	58.0	13.6	14.2	4.4	8.9	0.9	100.0
South Africa	49.6	25.9	11.7	6.6	6.2	0.0	100.0
All other countries	42.8	14.2	26.4	6.4	9.7	0.5	100.0
Inadequately described	31.3	33.7	16.3	4.2	14.3	0.2	100.0
Not elsewhere classified	50.4	11.8	18.4	9.6	8.8	1.1	100.0
Not stated	33.9	11.5	29.3	7.8	13.7	3.9	100.0
Total	38.0	22.0	18.4	10.7	10.3	0.5	100.0

(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.

Table A4.9: Closed treatment episodes by principal drug of concern, Indigenous status and sex, Australia, 2002–03^(a)

	Males		Females		Persons ^(b)		Total ^(c)
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	
	(number)						
Alcohol	3,591	27,150	1,452	11,869	5,047	39,052	46,747
Amphetamines	703	7,535	461	3,833	1,168	11,376	13,213
Benzodiazepines	61	1,112	63	1,232	124	2,347	2,609
Cannabis	1,779	16,763	732	6,443	2,512	23,219	27,106
Cocaine	19	190	6	84	25	275	323
Ecstasy	15	264	7	101	22	366	416
Heroin	748	13,088	551	6,714	1,301	19,816	22,642
Methadone	94	957	93	882	187	1,839	2,173
Nicotine	47	725	52	717	99	1,443	1,693
Other drugs ^(d)	277	2,536	217	1,831	495	4,376	5,434
Not stated	37	290	25	195	62	485	676
Total	7,371	70,610	3,659	33,901	11,042	104,594	123,032
	(per cent)						
Alcohol	48.7	38.5	39.7	35.0	45.7	37.3	38.0
Amphetamines	9.5	10.7	12.6	11.3	10.6	10.9	10.7
Benzodiazepines	0.8	1.6	1.7	3.6	1.1	2.2	2.1
Cannabis	24.1	23.7	20.0	19.0	22.7	22.2	22.0
Cocaine	0.3	0.3	0.2	0.2	0.2	0.3	0.3
Ecstasy	0.2	0.4	0.2	0.3	0.2	0.3	0.3
Heroin	10.1	18.5	15.1	19.8	11.8	18.9	18.4
Methadone	1.3	1.4	2.5	2.6	1.7	1.8	1.8
Nicotine	0.6	1.0	1.4	2.1	0.9	1.4	1.4
Other drugs ^(d)	3.8	3.6	5.9	5.4	4.5	4.2	4.4
Not stated	0.5	0.4	0.7	0.6	0.6	0.5	0.5
Total	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.

(b) Includes not stated for sex.

(c) Includes not stated for Indigenous status.

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

Table A4.10: Closed treatment episodes by principal drug of concern and all drugs of concern, Australia, 2002-03^(a)

	Principal drug of concern reported	Per cent of all closed treatment episodes	All drugs of concern reported, including principal	Per cent of all closed treatment episodes ^(c)
Alcohol	46,747	38.0	63,306	51.5
Amphetamines	13,213	10.7	27,074	22.0
Benzodiazepines	2,609	2.1	12,931	10.5
Cannabis	27,106	22.0	54,376	44.2
Cocaine	323	0.3	2,345	1.9
Ecstasy	416	0.3	4,436	3.6
Heroin	22,642	18.4	28,317	23.0
Methadone	2,173	1.8	4,031	3.3
Nicotine	1,693	1.4	19,084	15.5
Other drugs ^(b)	5,434	4.4	14,383	11.7
Not stated	676	0.5	2,063	1.7
Total	123,032	—	232,346	—

(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) The total for 'all drugs of concern' adds to more than the total number of closed treatment episodes, and the total for 'per cent of all closed treatment episodes' adds to more than 100%, since closed treatment episodes may be counted in more than one drug of concern.

Table A4.11a: Closed treatment episodes by principal drug of concern and reason for cessation, Australia, 2002–03^(a) (per cent)

Reason for cessation	Alcohol	Ampheta- mines	Benzodiaz- epines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Nicotine	Other drug ^(b)	Total ^(c)	Total (number)
Treatment completed	58.1	43.4	51.0	42.7	49.5	57.9	50.7	52.5	48.0	52.5	51.1	62,824
Change in main treatment type	1.4	1.7	2.8	1.3	0.6	1.4	2.5	1.7	0.6	3.2	1.7	2,082
Change in delivery setting	0.7	1.9	0.3	0.7	1.5	1.2	0.5	0.9	2.4	2.2	0.8	1,045
Change in principal drug of concern	0.2	0.2	0.2	0.2	0.3	0.0	0.3	0.1	0.1	0.1	0.2	272
Transferred to another service provider	7.1	8.3	11.1	4.9	7.1	5.8	8.5	14.0	6.1	7.4	7.2	8,871
Ceased to participate against advice	4.9	6.8	5.4	3.0	7.1	3.1	7.2	4.4	1.9	4.8	5.1	6,227
Ceased to participate without notice	15.7	21.3	14.3	14.1	14.9	16.8	15.5	13.0	27.6	14.3	15.9	19,597
Ceased to participate involuntary (non-compliance)	1.8	4.5	2.4	1.7	5.3	1.4	3.5	2.4	0.5	1.3	2.4	2,929
Ceased to participate at expiation	0.6	1.1	0.8	23.7	0.6	1.4	1.2	0.7	0.3	0.9	5.9	7,235
Ceased to participate by mutual agreement	3.1	3.6	3.7	2.6	1.9	2.9	1.7	1.3	4.6	2.8	2.8	3,396
Drug court and/or sanctioned by court diversion service	0.1	0.7	0.3	0.2	0.0	0.5	0.7	0.1	0.0	0.2	0.3	351
Imprisoned, other than drug court sanctioned	0.4	1.1	0.6	0.5	0.0	0.5	1.4	1.3	0.1	0.8	0.7	882
Died	0.2	0.0	0.4	0.0	0.3	0.0	0.2	0.2	0.4	0.2	0.1	179
Other	3.7	4.2	4.0	3.4	8.7	6.3	4.8	5.4	6.4	4.7	4.1	5,001
Not stated	2.0	1.1	2.6	1.0	2.2	0.7	1.5	2.0	0.9	4.7	1.7	2,141
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	..
Total (number)	46,747	13,213	2,609	27,106	323	416	22,642	2,173	1,693	5,434	123,032	..

(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 drugs of concern.

Table A4.11b: Closed treatment episodes by reason for cessation and principal drug of concern, Australia, 2002–03^(a) (per cent)

Reason for cessation	Alcohol	Ampheta- mines	Benzodiaz- epines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Nicotine	Other drug ^(b)	Total ^(c)	Total (number)
Treatment completed	43.2	9.1	2.1	18.4	0.3	0.4	18.3	1.8	1.3	4.5	100.0	62,824
Change in main treatment type	31.1	10.6	3.6	16.9	0.1	0.3	26.7	1.8	0.5	8.4	100.0	2,082
Change in delivery setting	29.4	23.8	0.9	17.8	0.5	0.5	10.0	1.9	3.8	11.5	100.0	1,045
Change in principal drug of concern	39.3	7.7	1.8	21.3	0.4	0.0	25.4	1.1	0.4	1.5	100.0	272
Transferred to another service provider	37.2	12.4	3.3	15.0	0.3	0.3	21.8	3.4	1.2	4.5	100.0	8,871
Ceased to participate against advice	36.9	14.5	2.2	13.2	0.4	0.2	26.1	1.5	0.5	4.2	100.0	6,227
Ceased to participate without notice	37.5	14.3	1.9	19.5	0.2	0.4	17.9	1.4	2.4	4.0	100.0	19,597
Ceased to participate involuntary (non-compliance)	29.2	20.1	2.2	15.8	0.6	0.2	26.8	1.8	0.3	2.4	100.0	2,929
Ceased to participate at expiation	4.0	2.0	0.3	88.8	0.0	0.1	3.7	0.2	0.1	0.7	100.0	7,235
Ceased to participate by mutual agreement	42.1	14.2	2.9	21.1	0.2	0.4	11.5	0.8	2.3	4.4	100.0	3,396
Drug court and/or sanctioned by court diversion service	6.8	27.1	2.6	14.0	0.0	0.6	42.2	0.6	0.0	3.1	100.0	351
Imprisoned, other than drug court sanctioned	22.2	17.0	1.8	14.1	0.0	0.2	35.4	3.2	0.1	5.1	100.0	882
Died	48.0	3.4	5.6	6.1	0.6	0.0	23.5	2.8	3.9	5.0	100.0	179
Other	35.0	11.2	2.1	18.3	0.6	0.5	21.7	2.3	2.2	5.1	100.0	5,001
Not stated	43.9	6.8	3.1	13.0	0.3	0.1	15.4	2.0	0.7	11.8	100.0	2,141
Total (per cent)	38.0	10.7	2.1	22.0	0.3	0.3	18.4	1.8	1.4	4.4	100.0	123,032

(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 drugs of concern.

Treatment program tables

Table A4.12: Closed treatment episodes by treatment data items by jurisdiction, Australia, 2002–03^(a)

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Main treatment type									
Withdrawal management (detoxification)	9,312	9,512	770	1,374	1,606	402	1,522	269	24,767
Counselling	15,609	22,003	4,144	8,248	1,737	1,431	474	749	54,395
Rehabilitation	3,709	1,672	1,045	874	1,680	136	222	527	9,865
Support and case management only	2,455	5,086	593	106	189	82	474	112	9,097
Information and education only	1,159	137	6,407	1,964	138	21	—	649	10,478
Assessment only	7,119	4,818	796	1,352	1,621	193	131	602	16,632
Other ^(b)	1,803	2,078	440	304	469	303	175	124	5,696
Cessation reason									
Treatment completed	20,915	30,508	2,278	6,207	3,918	1,079	1,265	1,722	67,892
Change in main treatment type	28	1,499	275	102	155	22	9	81	2,171
Change in delivery setting	17	—	667	138	118	57	26	31	1,054
Change in principal drug of concern	—	152	10	10	7	—	92	—	277
Transferred to another service provider	5,289	1,595	718	519	400	179	386	58	9,144
Ceased to participate against advice	2,752	1,267	603	474	731	224	182	81	6,314
Ceased to participate without notice	7,130	5,029	2,298	3,735	1,270	619	266	307	20,654
Ceased to participate involuntary (non-compliance)	1,552	411	189	463	237	29	29	46	2,956
Ceased to participate at expiation	269	532	5,598	968	25	25	33	—	7,454
Ceased to participate by mutual agreement	—	1,657	490	981	380	226	147	114	3,995
Drug court and/or sanctioned by court diversion service	190	55	62	24	12	—	—	—	351
Imprisoned, other than drug court sanctioned	275	331	80	127	40	—	—	26	886
Died	49	66	24	18	18	5	—	—	188
Other	2,078	1,745	703	416	111	37	84	66	5,240
Not stated	620	459	200	40	18	56	474	487	2,354

(continued)

Table A4.12 (continued): Closed treatment episodes by treatment data items by jurisdiction, Australia, 2002–03

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
Treatment delivery setting									
Non-residential treatment facility	27,203	31,929	9,883	9,725	5,785	1,344	1,310	999	88,178
Residential treatment facility	12,573	7,591	800	2,284	1,485	560	1,583	951	27,827
Home	478	1,666	198	518	63	18	—	123	3,066
Outreach setting	443	4,120	2,099	1,439	88	644	—	640	9,474
Other	469	—	1,215	256	19	—	105	319	2,385
Total	41,166	45,306	14,195	14,222	7,440	2,568	3,001	3,032	130,930

(a) Small cell sizes have been suppressed to preserve confidentiality. These are marked with a '—'.

(b) 'Other' includes 2,064 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapy are currently excluded from the AODTS–NMDS (see also Section 7.4).

Table A4.13: Closed treatment episodes by other treatment type by jurisdiction, Australia, 2002–03^(a)

Other treatment type	NSW	Qld	WA	SA	Tas	ACT	NT	Australia
Withdrawal management (detoxification)	792	130	203	493	16	6	15	1,655
Counselling	5,322	991	372	970	282	40	366	8,343
Rehabilitation	1,113	234	62	375	11	7	52	1,854
Other treatment type ^(b)	5,245	903	319	1,455	394	14	63	8,423
<i>All other treatments</i>	<i>12,472</i>	<i>2,258</i>	<i>956</i>	<i>3,293</i>	<i>703</i>	<i>67</i>	<i>496</i>	<i>20,245</i>
No other treatment	31,149	12,336	13,412	5,245	1,904	2,934	2,536	69,516

(a) Excludes 45,306 closed treatment episodes from Victoria, as it did not provide data for 'other treatment type'.

(b) 'Other' includes 2,669 closed treatment episodes where other/additional treatment type was reported as pharmacotherapy.

Table A4.14: Closed treatment episodes by principal drug of concern and main treatment type, Australia, 2002–03^(a)

Main treatment type	Alcohol	Ampheta- mines	Benzodia- zepines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Nicotine	Other drug ^(b)	Not stated	Total ^(c)
(number)												
Withdrawal management (detoxification)	10,670	2,080	922	3,476	36	30	5,570	460	75	1,362	86	24,767
Counselling	20,377	5,620	980	9,744	140	222	7,484	821	1,000	1,946	243	48,577
Rehabilitation	4,031	1,822	88	1,378	44	31	1,999	114	140	173	45	9,865
Support and case management only	2,036	805	178	2,329	27	38	2,423	224	98	559	57	8,774
Information and education only	1,066	275	36	7,097	21	38	220	55	195	151	65	9,219
Assessment only	6,802	2,315	274	2,580	47	46	3,224	217	127	592	141	16,365
Other ^(c)	1,765	296	131	502	8	11	1,722	282	58	651	39	5,465
Total	46,747	13,213	2,609	27,106	323	416	22,642	2,173	1,693	5,434	676	123,032
(per cent)												
Withdrawal management (detoxification)	22.8	15.7	35.3	12.8	11.1	7.2	24.6	21.2	4.4	25.1	12.7	20.1
Counselling	43.6	42.5	37.6	35.9	43.3	53.4	33.1	37.8	59.1	35.8	35.9	39.5
Rehabilitation	8.6	13.8	3.4	5.1	13.6	7.5	8.8	5.2	8.3	3.2	6.7	8.0
Support and case management only	4.4	6.1	6.8	8.6	8.4	9.1	10.7	10.3	5.8	10.3	8.4	7.1
Information and education only	2.3	2.1	1.4	26.2	6.5	9.1	1.0	2.5	11.5	2.8	9.6	7.5
Assessment only	14.6	17.5	10.5	9.5	14.6	11.1	14.2	10.0	7.5	10.9	20.9	13.3
Other ^(c)	3.8	2.2	5.0	1.9	2.5	2.6	7.6	13.0	3.4	12.0	5.8	4.4
Total	100.0	100.0	100.0	100.0	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.

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

(c) 'Other' includes 2,064 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 7.4).

Table A4.15: Closed treatment episodes by main treatment type, sex and age group, Australia, 2002–03

Main treatment type	Age group (years)						Not stated	Total
	10–19	20–29	30–39	40–49	50–59	60+		
	(per cent)							
Males								
Withdrawal management (detoxification)	10.1	17.5	21.5	25.5	27.2	26.7	7.5	19.6
Counselling	30.4	38.8	40.1	39.6	42.2	42.8	43.1	38.6
Rehabilitation	6.8	8.3	8.6	7.4	6.3	5.3	1.4	7.7
Support and case management only	14.9	7.1	4.4	4.0	3.5	2.7	21.7	6.8
Information and education only	21.5	8.5	6.1	5.9	4.5	4.3	22.5	8.9
Assessment only	14.1	16.7	15.6	13.3	11.9	14.0	2.0	14.9
Other ^(a)	2.3	3.2	3.7	4.4	4.4	4.2	1.9	3.4
<i>Total males (per cent)</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
<i>Total males (number)</i>	<i>10,831</i>	<i>29,309</i>	<i>23,244</i>	<i>13,777</i>	<i>5,265</i>	<i>1,859</i>	<i>1,252</i>	<i>85,537</i>
Females								
Withdrawal management (detoxification)	14.4	18.2	19.5	18.9	14.5	14.9	7.2	17.6
Counselling	35.4	43.0	48.3	51.3	61.1	61.0	55.9	47.1
Rehabilitation	7.0	8.5	8.0	5.8	4.8	4.2	1.5	7.2
Support and case management only	20.1	8.3	4.3	3.6	2.2	2.2	15.8	7.3
Information and education only	10.3	6.1	5.3	5.4	5.0	4.6	14.7	6.3
Assessment only	9.1	10.0	8.5	7.9	5.6	5.8	1.7	8.5
Other ^(a)	3.8	5.9	6.1	7.2	6.9	7.3	3.2	6.0
<i>Total females (per cent)</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
<i>Total females (number)</i>	<i>5,124</i>	<i>14,169</i>	<i>12,357</i>	<i>8,103</i>	<i>3,380</i>	<i>1,091</i>	<i>1,007</i>	<i>45,231</i>
Persons^(b)								
Withdrawal management (detoxification)	11.4	17.7	20.8	23.1	22.2	22.4	7.5	18.9
Counselling	32.0	40.2	42.9	43.9	49.6	49.5	48.8	41.5
Rehabilitation	6.9	8.3	8.4	6.8	5.7	4.9	1.4	7.5
Support and case management only	16.5	7.5	4.4	3.9	3.0	2.5	18.9	6.9
Information and education only	17.9	7.7	5.8	5.7	4.7	4.4	19.0	8.0
Assessment only	12.5	14.5	13.1	11.3	9.4	10.9	1.9	12.7
Other ^(a)	2.8	4.0	4.5	5.4	5.3	5.4	2.4	4.4
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	15,968	43,529	35,634	21,910	8,656	2,958	2,275	130,930

(a) 'Other' includes 2,064 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 7.4).

(b) Includes not stated for sex.

Special theme—clients aged 10–29 years tables

Table A4.16: Closed treatment episodes by age group and Indigenous status, Australia, 2002–03

Age group	Indigenous		Non-Indigenous		Not stated		Total	
	No.	%	No.	%	No.	%	No.	%
10–19 years	2,067	17.0	13,048	11.8	853	10.9	15,968	12.2
20–29 years	3,957	32.6	36,968	33.3	2,604	33.2	43,529	33.2
30 years and over	5,574	45.9	59,385	53.5	4,199	53.5	69,158	52.8
Not stated	550	4.5	1,531	1.4	194	2.5	2,275	1.7
Total	12,148	100.0	110,932	100.0	7850	100.0	130,930	100.0

Table A4.17: Closed treatment episodes by principal drug of concern and all drugs of concern, selected 'party drugs', Australia, 2002–03^(a)

	Principal drug of concern reported	Per cent of all closed treatment episodes	All drugs of concern reported, including principal	Per cent of all closed treatment episodes ^(b)
Amphetamines ^(c)	13,213	10.7	27,074	22.0
Ecstasy/MDMA	416	0.3	4,436	3.6
Cocaine	323	0.3	2,345	1.9
LSD	30	0.0	897	0.7
GHB	1	0.0	6	0.0
Ketamine	6	0.0	15	0.0
Amyl nitrate	2	0.0	5	0.0
Total 'party drugs'	13,991	11.4	34,778	28.3

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

(b) The total for 'all drugs of concern' adds to more than the total number of closed treatment episodes, and the total for 'per cent of all closed treatment episodes' adds to more than 100%, since closed treatment episodes may be counted in more than one drug of concern.

(c) Amphetamines includes methamphetamines such as ice, crystal, base and speed.

Table A4.18: Closed treatment episodes by injecting drug use and age group, Australia, 2002–03^(a)

Injecting drug use	10–29 years		30 years and over		Total ^(b)	
	No.	%	No.	%	No.	%
Current injector	18,516	32.1	13,199	20.8	32,141	26.1
Injected 3–12 months ago	6,310	10.9	4,514	7.1	10,992	8.9
Injected 12+ months ago	4,751	8.2	6,829	10.8	11,682	9.5
Never injected	20,589	35.7	29,385	46.3	50,509	41.1
Not stated	7,485	13.0	9,557	15.1	17,708	14.4
Total	57,651	100.0	63,484	100.0	123,032	100.0

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

(b) Includes not stated for age.

Table A4.19: Closed treatment episodes by treatment delivery setting and age group, Australia, 2002–03

Treatment delivery setting	10–29 years		30 years and over		Total ^(a)	
	No.	%	No.	%	No.	%
Non-residential treatment facility	39,280	66.0	47,441	68.6	88,178	67.3
Residential treatment facility	11,440	19.2	16,315	23.6	27,827	21.3
Home	1,407	2.4	1,625	2.3	3,066	2.3
Outreach setting	6,001	10.1	2,798	4.0	9,474	7.2
Other	1,369	2.3	979	1.4	2,385	1.8
Total	59,497	100.0	69,158	100.0	130,930	100.0

(a) Includes not stated for age.

Appendix 5: Australian Standard Geographical Classification

The Australian Standard Geographical Classification (ASGC) was released in 2001 by the ABS, and was based on an enhanced measure of remoteness (ARIA+) developed by the National Key Centre for Social Applications of Geographical Information (AIHW 2004c).

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

There are five major Remoteness Areas into which the statistical local area of the alcohol and other drugs treatment agency are placed:

- major cities of Australia
- inner regional Australia
- outer regional Australia
- remote Australia
- very remote Australia.

For further information on how Remoteness Areas are calculated, see AIHW (2004c).

Appendix 6: Australian Standard Classification of Drugs of Concern (ASCDC)

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

TYPE OF DRUG CLASSIFICATION: BROAD GROUPS, NARROW GROUPS AND DRUGS OF CONCERN

1 ANALGESICS

11 Organic Opiate Analgesics

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

12 Semisynthetic Opioid Analgesics

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

13 Synthetic Opioid Analgesics

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

14 Non Opioid Analgesics

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

2 SEDATIVES AND HYPNOTICS

21 Alcohols

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

22 Anaesthetics

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

23 Barbiturates

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

24 Benzodiazepines

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

29 Other Sedatives and Hypnotics

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

3 STIMULANTS AND HALLUCINOGENS

31 Amphetamines

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

32 Cannabinoids

- 3201 Cannabinoids

33 Ephedra Alkaloids

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

34 Phenethylamines

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

35 Tryptamines

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

36 Volatile Nitrates

- 3601 Amyl nitrate
- 3602 Butyl nitrate
- 3699 Volatile Nitrates, n.e.c.

39 Other Stimulants and Hallucinogens

- 3901 Caffeine
- 3902 Cathinone
- 3903 Cocaine
- 3904 Methcathinone
- 3905 Methylphenidate
- 3906 Nicotine
- 3999 Other Stimulants and Hallucinogens, n.e.c.

4 ANABOLIC AGENTS AND SELECTED HORMONES

41 Anabolic Androgenic Steroids

- 4101 Boldenone
- 4102 Dehydroepiandrosterone
- 4103 Fluoxymesterone
- 4104 Mesterolone
- 4105 Methandriol
- 4106 Methenolone
- 4107 Nandrolone
- 4108 Oxandrolone
- 4111 Stanozolol
- 4112 Testosterone
- 4199 Anabolic Androgenic Steroids, n.e.c.

42 Beta₂ Agonists

- 4201 Eformoterol
- 4202 Fenoterol
- 4203 Salbutamol
- 4299 Beta₂ Agonists, n.e.c.

43 Peptide Hormones, Mimetics and Analogues

- 4301 Chorionic gonadotrophin
- 4302 Corticotrophin
- 4303 Erythropoietin
- 4304 Growth hormone
- 4305 Insulin
- 4399 Peptide Hormones, Mimetics and Analogues, n.e.c.

49 Other Anabolic Agents and Selected Hormones

- 4901 Sulfonylurea hypoglycaemic agents
- 4902 Tamoxifen
- 4903 Thyroxine
- 4999 Other Anabolic Agents and Selected Hormones, n.e.c.

5 ANTIDEPRESSANTS AND ANTIPSYCHOTICS

51 Monoamine Oxidase Inhibitors

- 5101 Moclobemide
- 5102 Phenelzine
- 5103 Tranylcypromine
- 5199 Monoamine Oxidase Inhibitors, n.e.c.

52 Phenothiazines

- 5201 Chlorpromazine
- 5202 Fluphenazine
- 5203 Pericyazine
- 5204 Thioridazine
- 5205 Trifluoperazin
- 5299 Phenothiazines, n.e.c.

53 Serotonin Reuptake Inhibitors

- 5301 Citalopram
- 5302 Fluoxetine
- 5303 Paroxetine
- 5304 Sertraline
- 5399 Serotonin Reuptake Inhibitors, n.e.c.

54 Thioxanthenes

- 5401 Flupenthixol
- 5402 Thiothixene
- 5499 Thioxanthenes, n.e.c.

55 Tricyclic Antidepressants

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

59 Other Antidepressants and Antipsychotics

5901 Butyrophenones

5902 Lithium

5903 Mianserin

5999 Other Antidepressants and Antipsychotics, n.e.c.

6 VOLATILE SOLVENTS

61 Aliphatic Hydrocarbons

6101 Butane

6102 Petroleum

6103 Propane

6199 Aliphatic Hydrocarbons, n.e.c.

62 Aromatic Hydrocarbons

6201 Toluene

6202 Xylene

6299 Aromatic Hydrocarbons, n.e.c.

63 Halogenated Hydrocarbons

6301 Bromochlorodifluoromethane

6302 Chloroform

6303 Tetrachloroethylene

6304 Trichloroethane

6305 Trichloroethylene

6399 Halogenated Hydrocarbons, n.e.c.

69 Other Volatile Solvents

6901 Acetone

6902 Ethyl acetate

6999 Other Volatile Solvents, n.e.c.

9 MISCELLANEOUS DRUGS OF CONCERN

91 Diuretics

9101 Antikaliuretics

9102 Loop diuretics

9103 Thiazides

9199 Diuretics, n.e.c.

92 Opioid Antagonists

9201 Naloxone

9202 Naltrexone

9299 Opioid Antagonists, n.e.c.

99 Other Drugs of Concern

9999 Other Drugs of Concern

10 References

- ABS (Australian Bureau of Statistics) 1998. Mental health and wellbeing profile of adults Australia. ABS cat. no. 4326.0. Canberra: ABS.
- ABS 2000. Australian standard classification of drugs of concern. ABS cat. no. 1248.0. Canberra: ABS.
- ABS 2001. Illicit drug use, sources of Australian data. ABS cat. no. 4808.0. Canberra: ABS.
- ABS 2003. Migration Australia 2000–01 and 2001–02. ABS cat. no. 3412.0. Canberra: ABS.
- ABS 2004. Australian demographic statistics. ABS cat. no. 3101.0. Canberra: ABS.
- AIC (Australian Institute of Criminology) 2003. Drug use monitoring in Australia (DUMA): 2002 annual report on drug use among police detainees. AIC Research and Public Policy Series no. 47. Canberra: AIC.
- AIC 2004. Drug use careers of offenders (DUCO): Introducing DUCO – drug use careers of offenders: an information paper. Canberra, Australian Capital Territory. Viewed 7 June 2004, <<http://www.aic.gov.au/research/projects/0019-paper.html>>.
- AIHW (Australian Institute of Health and Welfare): Mathers C, Vos T & Stevenson C 1999. The burden of disease and injury in Australia. AIHW cat. no. PHE 17. Canberra: AIHW.
- AIHW 2001. Guidelines for the NMDS for alcohol and other drug treatment services 2001–02. AIHW cat. no. HSE 16. Canberra: AIHW.
- AIHW 2002a. Alcohol and other drug treatment services in Australia 2000–01: first report on the national minimum data set. AIHW cat. no. HSE 22. Drug Treatment Series no. 1. Canberra: AIHW.
- AIHW 2002b. 2001 National drug strategy household survey: detailed findings. AIHW cat. no. PHE 41. Drug Statistics Series no. 11. Canberra: AIHW.
- AIHW 2002c. Alcohol and other drug treatment services 2002–03: guidelines for collection of the national minimum data set. Version 3. AIHW cat. no. HSE 21. Canberra: AIHW.
- AIHW 2003a. Alcohol and other drug treatment services in Australia 2001–02: report on the national minimum data set. AIHW cat. no. HSE 28. Canberra: AIHW.
- AIHW 2003b. Mental health services in Australia 2000–01. Canberra: AIHW (Mental Health Series no. 4).
- AIHW 2004a. Australia's health 2004. cat. no. AUS 44. Canberra: AIHW.
- AIHW 2004b. Australian hospital statistics 2002–03. AIHW cat. no. HSE 22. Canberra: AIHW (Health Services Series no. 22).
- AIHW 2004c. Rural, regional and remote health: a guide to remoteness classifications. AIHW cat. no. PHE 53. Canberra: AIHW.
- AIHW 2004d. A guide to Australian alcohol data. AIHW cat. no. PHE 52. Canberra: AIHW.
- Australian Drug Foundation 2003. Melbourne, Victoria. Viewed 25 June 2003, <http://www.adf.org.au/drughit>.
- Breen C, Degenhardt L, Roxburgh A, Bruno R, Fetherston J, Jenkinson R, Kinner S, Moon C, Proudfoot P, Ward J & Weekley J 2004a. Australian drug trends 2003: findings from the Illicit Drug Reporting System. NDARC Monograph no. 51. Sydney: National Drug and Alcohol Research Centre.

- Breen C, White B, Degenhardt L, Roxburgh A & Pointer S 2004b. Party drug trends. April 2004 bulletin. NDARC: Sydney.
- Britt H, Miller GC, Knox S, Charles J, Valenti L, Henderson J, Pan Y, Bayram C, Harrison C 2003. General practice activity in Australia 2002–03. AIHW cat. no. GEP 14. Canberra: Australian Institute of Health and Welfare (General Practice Series no. 14).
- Collins DJ & Lapsley HM 1996. The social costs of drug abuse in Australia in 1988 and 1992. National Drug Strategy Monograph Series no. 30. Canberra: AGPS.
- Department of Human Services 2002. Melbourne, Victoria. Viewed 30 June 2003, <<http://www.dhs.vic.gov.au/phd/dts>>.
- DoHA (Australian Government Department of Health and Ageing) 2003a. Drug and alcohol service report (DASR): 2000–2001 key results. Canberra: DoHA.
- DoHA 2003b. A national profile of Australian government funded Aboriginal and Torres Strait Islander primary health care services, service activity reporting: 2000–2001 key results. Canberra: DoHA.
- DoHA 2004. Drug diversion initiative. Canberra, Australian Capital Territory. Viewed 7 June 2004, <<http://www.health.gov.au/pubhlth/strateg/drugs/illicit/diversion/about.htm>>.
- Drugscope 2000. London, United Kingdom. Viewed 14 August 2002, <<http://www.drugscope.org.uk>>.
- Ghodse H 2002. Drugs and addictive behaviour: a guide to treatment. 3rd ed. Cambridge: Cambridge University Press.
- Gowing L, Proudfoot H, Henry-Edwards S & Teesson M 2001. Evidence supporting treatment: the effectiveness of interventions for illicit drug use. Canberra: Australian National Council on Drugs.
- Graham R, Woodak AD & Whelan G 2002. New pharmacotherapies for alcohol dependence. *Medical Journal of Australia* 177(2):103–107.
- Grant B & Petrie M 2001. Alcohol and other drug treatment services: development of a national minimum data set. AIHW cat. no. HSE 12. Canberra: AIHW.
- Kasser C, Gellar A, Howell E & Wartenberg A 2002. Detoxification: principles and protocols. Viewed 24 June 2003, <<http://www.saam.org/publ/detoxification>>.
- MCDS (Ministerial Council on Drug Strategy) 1998. National drug strategic framework 1998–99 to 2002–03: building partnerships: a strategy to reduce the harm caused by drugs in our community. Canberra: MCDS.
- MUNCCI (Monash University National Centre for Coronial Information) 2004. National coroners information system. Melbourne, Victoria. Viewed 7 June 2004, <<http://www.vifp.monash.edu.au/ncis/drugs2.htm>>.
- NCHECR (National Centre in HIV Epidemiology and Clinical Research) 2003. HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia, annual surveillance report 2003. The National Centre in HIV Epidemiology and Clinical Research, University of NSW, Sydney (available at <www.med.unsw.edu.au/nchechr>).
- NDARC (National Drug and Alcohol Research Centre) 2000. Club drugs. Sydney: University of New South Wales.
- NHDC (National Health Data Committee) 2003. National health data dictionary. Version 12. AIHW cat. no. HWI 43. Canberra: AIHW.

- NHMRC (National Health and Medical Research Council) 2001. Australian alcohol guidelines: health risks and benefits. Canberra: Commonwealth of Australia.
- New South Wales Health Department 2000. Sydney, New South Wales. Viewed 30 June 2003, <<http://www.health.nsw.gov.au/public-health/dpb/about>>.
- Ridolfo B & Stevenson C 2001. The quantification of drug-caused mortality and morbidity in Australia, 1998. AIHW cat. no. PHE 29 (Drug Statistics Series no. 7). Canberra: AIHW.
- Shand F & Mattick RP 2002. Clients of treatment service agencies: May 2001 census findings. National Drug Strategy Monograph no. 47. Canberra: Australian Government Publishing Service (available at <www.health.gov.au/pubhlth/publicat/drugs.htm>).
- Shand F, Topp L, Darke S, Makkai T & Griffiths P 2003. The monitoring of drug trends in Australia. *Drug and Alcohol Review* 22:61-72.
- Teesson M & Proudfoot H 2003. Interventions for alcohol abuse and excessive drinking in national alcohol research agenda. Sydney: National Drug and Alcohol Research Centre, University of New South Wales.