

# Appendixes

## Appendix 1: Data elements included in the AODTS–NMDS for 2003–04

The detailed data definitions for the data elements included in the AODTS–NMDS for 2003–04 are published in the *National Health Data Dictionary* (NHDD) version 12 (NHDC 2003). Table A1.1 lists all data elements collected for 2003–04.

**Table A1.1: Data elements for the AODTS–NMDS, 2003–04**

<b>Data element</b>	<b>NHDD code</b>
<b>Establishment-level data elements</b>	
Establishment identifier (comprising)	000050
– state identifier	000380
– establishment sector	000379
– region code	000378
– establishment number	000377
Establishment type	000327
Geographical location of establishment	000260
<b>Client-level data elements</b>	
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
<b>Supporting data element concepts</b>	
Cessation of treatment episode for alcohol and other drugs	000422
Commencement of treatment episode for alcohol and other drugs	000427
Treatment episode for alcohol and other drugs	000647

## **Appendix 2: Policy and administrative features in each jurisdiction**

### **New South Wales**

New South Wales Health collects data from all federal/state government-funded agencies as part of requirements stipulated within a signed Service Agreement at commencement/renewal of each funding agreement. Data is provided monthly by agencies to their respective Area Health Service (AHS) Drug and Alcohol Data Co-ordinator (DADC) on treatment episodes currently open and those closed in the preceding month. The AHS DADC is responsible for checking and cleaning the data and forwarding it to the Centre for Drug and Alcohol at New South Wales Health. Frequency and data-quality reports are provided by New South Wales Health to AHS/agencies and by AHS DADCs to agencies every 6 months detailing the previous 6 or 12 months services. New South Wales Health forwards cleaned data on treatment episodes closed during the reporting period to the AIHW annually.

New South Wales Health has developed a statewide data collection system in Microsoft Access, called MATISSE, which is provided free-of-charge to agencies to enable the registration of clients and the collection of the New South Wales and National MDS-AODTS. This data collection system will gradually be replaced in public sector agencies as the Community Health Information Management Enterprise (CHIME) is rolled out across New South Wales.

### **Victoria**

The Victorian Drug Treatment Service Program provides a range of services to cover the needs of clients experiencing substance abuse issues. The Victorian Government purchases these drug treatment services from independent agencies (non-government organisations) on behalf of the community, and has developed the concept of an 'Episode of Care' (EOC) as the fundamental unit for service funding. An EOC is defined as 'a completed course of treatment, undertaken by a client under the care of an alcohol and drug worker, which achieves significant agreed treatment goals'.

The EOC is a measure of successful client outcomes. It aims to develop performance measurement beyond activities, throughputs and outputs, to measure what the client gets out of treatment. Agencies funded to provide drug treatment services in Victoria have service provision targets, which are defined in terms of number of EOCs to be provided by service type and by target group (e.g. youth or adult). As a requirement of their funding agreement with the Victorian Department of Human Services, agencies are required to submit data detailing their provision of drug treatment services and achievement of EOCs on a quarterly basis. A subset of this data is contributed to the AODTS NMDS annually.

### **Queensland**

Queensland Health collects data from all Queensland Government AODT service providers and from all Queensland Illicit Drug Diversion Initiative – Police and Court Diversion clients. The Australian Government currently collects data from the Australian Government-funded agencies operating in Queensland.

Queensland Health has recently introduced a state wide web-based clinical information management system supporting the collection of AODTS-NMDS items for all Queensland Government AODT services. Queensland Health is also currently moving towards being the sole data custodian of all AODT services in Queensland.

## **Western Australia**

Data are provided by both government and non-government sectors. Non-government services are contracted by the Drug and Alcohol Office (DAO) to provide alcohol and drug services. They have contractual obligations to incorporate the data elements of the AODTS-NMDS in their collections. They are also obliged to provide data in a regular and timely manner to DAO. These data are collated and checked by DAO before submission to the AIHW annually.

## **South Australia**

Data is provided by government (Drug and Alcohol Services SA – DASSA) and non-government alcohol and other drug treatment services.

Non-government alcohol and other drug treatment services in South Australia are subject to service agreements between themselves and the South Australian Minister of Health. As part of these service agreements, non-government organisations are required to provide timely client data in accordance with the AODTS-NMDS guidelines, and forward the data to DASSA for collation and checking. DASSA then forwards cleaned data to the AIHW annually.

## **Tasmania**

All Tasmanian-funded alcohol and other drug treatment agencies sign a Service Agreement at commencement of funding each financial year. A key element of the agreement is they are required to input AODTS-NMDS data into the current collection application as well as report against specific performance indicators in their annual reports to the Department of Health and Human Services.

The department is in the process of conducting a Business, Gap Analysis and Business Case with a view to implementing a Clinical Information Management System (ADS IMPS Project). This project aims to provide a Clinical Information Management System with a client focus, whereas the current system was specifically designed to meet AODTS-NMDS requirements. It is expected that the new system will be in place in 2006-07.

## **Australian Capital Territory**

ACT service providers supply ACT Health with data for the NMDS, as specified in their Service Agreement. These data are required to be submitted to ACT Health at the end of the financial year. At present, these service providers use a range of systems to collect their data.

The Australian Capital Territory is currently exploring the development of a standardised web-based reporting system to be implemented in non-government alcohol and drug service agencies. This is expected to enhance uniformity and reliability of the data and increase the user-friendliness of the system for service providers.

## **Northern Territory**

Alcohol and other drug treatment services in the Northern Territory are provided by government and non-government agencies. The bulk of services provided through non-government agencies are funded via Service Level Agreements with the NT Department of Health and Community Services (DHCS). All funded agencies are required to provide the AODTS-NMDS data items to DHCS on a regular and timely basis. Summary statistical reports are sent to all agencies every 6 months detailing client activity for the previous 12 months.

DHCS is in the process of developing an intranet-based system where all non-government agencies will continue sending their data to the directorate but they will be entered via a web page into a data mart which will be managed by the DHCS Corporate Information Services section. Eventually, DHSC will make this system web-based so that agencies can directly enter all data themselves.

DHSC is also in the process of implementing an information system for government providers which will allow improvements in client case management and reporting. . This system is based on patient records and an extract is being developed to ensure that data required for the NMDS will be easily imported into the data mart.

### **Australian Government Department of Health and Ageing**

The Australian Government Department of Health and Ageing funds a number of alcohol and other drug treatment services under the National Illicit Drug Strategy Non-Government Organisation Treatment Grants Programme. These agencies are required to collect data (according to the AODTS-NMDS specifications) to facilitate the monitoring of their activities and to provide quantitative information to the Australian Government on their activities. Data from these agencies are submitted to the department annually.

## Appendix 3: Technical notes

This appendix provides information on data presentation, population definitions and transformation of data from treatment episodes to estimates of number of clients in 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 (see AIHW 2003b)
- 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 2003b).

### A3.1 Data presentation

The tables in 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. 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 2003–04.
- *Client registration population* refers to the number of clients registering or re-registering during 2003–04 (see also A3.2).
- *Closed treatment episode population* refers to the number of treatment episodes that closed during 2003–04. 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.

### A3.2 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. 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 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 have they a 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 in 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 2002a).

### **Treatment episode data, 2001–02 to 2003–04**

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 to 30 June 2002. South Australia supplied client registration data based on clients who opened treatment episodes during this period. For the 2002–03 and 2003–04 collections, 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
- (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 to 2003–04**

Although the majority of data presented in this report are based on closed treatment episodes, the report also includes estimates of the number of client registrations in agencies (Section 3.1 and Tables 1.1 and 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 2003–04 treatment episode data to estimates of number of client registrations was done as follows:

1. Select all records where the establishment identifier, person identifier, date of birth and sex are the same.
2. For each group of records where the above variables are the same, filter the records so that only the record with the earliest date of cessation remains.
3. Use the sum total of these filtered records as the equivalent of an estimate of number of client registrations.

Note that, in contrast to 2000–01 client registration data, the 2001–02 to 2003–04 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 4: Detailed tables

### Client registrations

**Table A4.1: Estimated number of client registrations<sup>(a)</sup> by age group and sex, Australia, 2003–04**

Age group (years)	Males		Females		Not stated		Persons	
	No.	%	No.	%	No.	%	No.	%
10–19	9,767	8.5	4,773	4.1	10	0.0	14,550	12.6
20–29	26,325	22.9	11,781	10.2	26	0.0	38,132	33.1
30–39	21,347	18.5	10,810	9.4	17	0.0	32,174	27.9
40–49	11,955	10.4	7,211	6.3	11	0.0	19,177	16.7
50–59	4,443	3.9	3,029	2.6	6	0.0	7,478	6.5
60+	1,598	1.4	1,089	0.9	4	0.0	2,691	2.3
Not stated	468	0.4	487	0.4	6	0.0	961	0.8
<b>Total</b>	<b>75,903</b>	<b>65.9</b>	<b>39,180</b>	<b>34.0</b>	<b>80</b>	<b>0.1</b>	<b>115,163</b>	<b>100.0</b>

(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<sup>(a)</sup> by client type and sex, Australia, 2003–04**

Client type	Males		Females		Not stated		Persons	
	No.	%	No.	%	No.	%	No.	%
Own drug use	74,130	64.4	34,035	29.6	72	0.1	108,237	94.0
Others' drug use	1,773	1.5	5,145	4.5	8	0.0	6,926	6.0
<b>Total</b>	<b>75,903</b>	<b>65.9</b>	<b>39,180</b>	<b>34.0</b>	<b>80</b>	<b>0.1</b>	<b>115,163</b>	<b>100.0</b>

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

**Table A4.3: Estimated number of client registrations<sup>(a)</sup> by age group and Indigenous status, Australia, 2003–04**

Age group (years)	Indigenous		Non-Indigenous		Not stated		Total	
	No.	%	No.	%	No.	%	No.	%
10–19	2,362	2.1	11,393	9.9	795	0.7	14,550	12.6
20–29	3,591	3.1	32,131	27.9	2,410	2.1	38,132	33.1
30–39	3,373	2.9	26,782	23.3	2,019	1.8	32,174	27.9
40–49	1,434	1.2	16,561	14.4	1,182	1.0	19,177	16.7
50–59	336	0.3	6,667	5.8	475	0.4	7,478	6.5
60+	81	0.1	2,428	2.1	182	0.2	2,691	2.3
Not stated	112	0.1	754	0.7	95	0.1	961	0.8
<b>Total</b>	<b>11,289</b>	<b>9.8</b>	<b>96,716</b>	<b>84.0</b>	<b>7,158</b>	<b>6.2</b>	<b>115,163</b>	<b>100.0</b>

(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 and jurisdiction, Australia, 2003–04<sup>(a)</sup>

	NSW	Vic	Qld <sup>(b)</sup>	WA	SA	Tas	ACT <sup>(c)</sup>	NT	Australia
<b>Client type</b>									
Own drug use	41,426	45,030	17,912	12,479	7,234	1,596	1,317	2,337	129,331
Others' drug use	1,103	2,608	554	1,777	379	761	—	355	7,538
<b>Sex</b>									
Male	28,730	29,777	12,674	9,098	5,123	1,376	834	1,736	89,348
Female	13,768	17,811	5,787	5,154	2,489	981	484	956	47,430
Not stated	31	50	5	4	1	0	0	0	91
<b>Age group (years)</b>									
10–19	2,976	6,998	3,258	2,428	608	325	279	187	17,059
20–29	14,096	16,026	6,107	4,532	2,125	676	516	606	44,684
30–39	13,058	12,504	4,697	3,605	2,386	564	339	1,013	38,166
40–49	8,118	7,671	2,791	2,205	1,579	412	136	652	23,564
50–59	3,090	2,774	1,118	1,022	627	256	26	194	9,107
60+	1,165	791	452	287	279	124	—	37	3,140
Not stated	26	874	43	177	9	0	17	3	1,149
<b>Indigenous status</b>									
Indigenous	4,141	2,827	1,797	1,926	578	147	113	1,709	13,238
Not Indigenous	36,490	40,950	15,504	12,136	6,374	1,790	1,156	938	115,338
Not stated	1,898	3,861	1,165	194	661	420	49	45	8,293
<b>Country of birth</b>									
Australia	36,621	40,200	16,136	11,727	6,307	2,258	1,235	2,552	117,036
England	1,078	544	386	917	381	16	34	32	3,388
Germany	101	99	54	66	25	8	—	—	355
Ireland	196	128	56	82	31	—	—	—	495
Italy	84	151	14	48	18	—	—	—	316
New Zealand	822	716	648	404	69	13	9	29	2,710
Scotland	157	291	91	139	53	7	—	9	750
South Africa	81	98	37	79	12	6	—	—	319
United States of America	118	60	59	41	16	—	—	—	299
Viet Nam	255	962	20	52	61	—	—	—	1,353
All other countries	2,262	2,475	570	672	289	45	14	51	6,378
Not elsewhere classified	24	367	17	—	—	—	—	—	409
Inadequately described	46	444	378	—	—	—	—	—	871
Not stated	684	1,103	0	29	349	0	20	5	2,190

(continued)

**Table A4.4 (continued): Closed treatment episodes by client data items and jurisdiction, Australia, 2003–04**

	NSW	Vic	Qld <sup>(b)</sup>	WA	SA	Tas	ACT <sup>(c)</sup>	NT	Australia
<b>Preferred language</b>									
Arabic	68	37	—	—	—	—	—	—	112
Australian Indigenous languages	12	16	—	88	29	—	—	906	1,053
English	41,571	44,414	17,966	13,957	7,201	2,356	1,307	1,592	130,364
Greek	17	47	—	—	—	—	—	—	71
Italian	22	27	—	9	5	—	—	—	65
Polish	24	30	—	10	—	—	—	—	68
Serbian	19	12	—	5	8	—	—	—	48
Spanish	67	26	13	7	—	—	—	—	114
Turkish	20	44	—	—	—	—	—	—	68
Vietnamese	125	468	8	20	15	—	—	—	636
All other languages	245	749	73	112	26	—	—	62	1,267
Inadequately described	32	91	—	—	—	—	11	—	140
Not stated	307	1,677	387	43	321	0	0	128	2,863
<b>English Proficiency (EP) Groups<sup>(d)</sup></b>									
Australia	36,594	40,065	16,136	11,727	6,307	2,258	1,235	2,552	116,874
EP Group 1	2,579	2,043	1,339	1,741	579	58	49	81	8,469
EP Group 2	981	1,117	360	391	126	24	11	37	3,047
EP Group 3	1,172	1,297	206	306	169	16	—	12	3,180
EP Group 4	448	1,202	30	62	81	—	—	5	1,828
Inadequately described	46	444	378	—	—	—	—	—	871
Not elsewhere classified	24	367	17	—	—	—	—	—	409
Not stated/missing	684	1,103	0	29	349	0	20	5	2,190
<b>Source of referral</b>									
Self	22,310	17,164	5,288	4,664	2,839	1,198	609	1,287	55,359
Family member/ friend	2,567	2,071	781	1,517	544	115	98	129	7,822
GP/medical specialist	3,202	2,056	1,967	732	485	291	25	78	8,836
Psychiatric and/or other hospitals	1,855	749	846	427	617	189	214	74	4,971
Community mental health services <sup>(e)</sup>	878	820	449	209	105	6	140	41	2,648
AODTS	5,473	7,408	893	985	602	—	51	131	15,543
Other community/health care services <sup>(f)</sup>	812	2,275	1,232	910	489	119	147	206	6,190

(continued)

**Table A4.4 (continued): Closed treatment episodes by client data items and jurisdiction, Australia, 2003–04**

	NSW	Vic	Qld <sup>(b)</sup>	WA	SA	Tas	ACT <sup>(c)</sup>	NT	Australia
<b>Source of referral</b>									
Community-based corrections	2,857	5,379	1,043	2,578	74	60	—	354	12,346
Police diversions	2,575	196	4,789	657	397	379	—	56	9,049
Court diversions	—	919	670	453	120	—	—	76	2,239
Other	—	8,430	435	941	1,252	—	20	140	11,218
Not stated	0	171	73	183	89	0	12	120	648
<b>Total</b>	<b>42,529</b>	<b>47,638</b>	<b>18,466</b>	<b>14,256</b>	<b>7,613</b>	<b>2,357</b>	<b>1,318</b>	<b>2,692</b>	<b>136,869</b>

- (a) Small cell sizes have been suppressed to preserve confidentiality. These are marked with a '—'.
- (b) The total number of closed treatment episodes for Queensland may be undercounted due to the exclusion of the majority of non-government agencies.
- (c) The total number of closed treatment episodes for the ACT may be undercounted due to the exclusion of data from one large service provider because of a data collection error.
- (d) See AIHW 2003a for further information about English Proficiency Groups.
- (e) Includes residential and non-residential services.
- (f) 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 and jurisdiction, Australia, 2003–04<sup>(a)(b)</sup>

	NSW	Vic	Qld <sup>(c)</sup>	WA	SA	Tas	ACT <sup>(d)</sup>	NT	Australia
<b>Injecting drug use</b>									
Current injector	13,192	9,943	3,840	3,658	2,237	246	635	248	33,999
Injected 3–12 months ago	2,324	6,052	992	869	438	72	66	39	10,852
Injected 12+ months ago	3,670	4,625	1,905	1,497	679	103	81	82	12,642
Never injected	18,075	17,393	8,343	6,152	2,791	720	436	1,006	54,916
Not stated	4,165	7,017	2,832	303	1,089	455	99	962	16,922
<b>Method of use</b>									
Ingests	19,982	19,919	6,214	4,988	4,076	965	382	1,839	58,365
Smokes	7,912	9,174	7,634	2,897	761	417	391	210	29,396
Injects	12,228	12,682	3,482	4,216	2,206	187	514	227	35,742
Sniffs (powder)	299	308	31	143	30	—	—	—	815
Inhales (vapour)	45	1,827	304	115	7	6	20	30	2,354
Other	36	146	24	78	7	—	—	—	295
Not stated	924	974	223	42	147	19	4	31	2,364
<b>Principal drug of concern</b>									
<b>Analgesics</b>									
Heroin	8,855	10,509	1,367	1,233	1,064	12	266	20	23,326
Methadone	1,016	537	434	202	115	48	36	16	2,404
Balance of analgesics <sup>(e)</sup>	723	—	1,056	463	429	102	27	127	2,927
<i>Total analgesics</i>	<i>10,594</i>	<i>11,046</i>	<i>2,857</i>	<i>1,898</i>	<i>1,608</i>	<i>162</i>	<i>329</i>	<i>163</i>	<i>28,657</i>
<b>Sedatives and hypnotics</b>									
Alcohol	17,069	16,717	4,716	4,065	3,374	461	295	1,803	48,500
Benzodiazepines	1,034	1,081	185	191	151	16	43	10	2,711
Balance of sedatives and hypnotics <sup>(e)</sup>	29	—	5	13	—	—	—	—	50
<i>Total sedatives and hypnotics</i>	<i>18,132</i>	<i>17,798</i>	<i>4,906</i>	<i>4,269</i>	<i>3,527</i>	<i>477</i>	<i>338</i>	<i>1,814</i>	<i>51,261</i>

(continued)

**Table A4.5 (continued): Closed treatment episodes by drug-related data items and jurisdiction, Australia, 2003–04<sup>(a)(b)</sup>**

	NSW	Vic	Qld <sup>(c)</sup>	WA	SA	Tas	ACT <sup>(d)</sup>	NT	Australia
Stimulants and hallucinogens									
Amphetamines	4,530	2,918	1,844	3,189	1,255	136	230	106	14,208
Cannabis	6,678	10,021	7,079	2,745	740	591	388	185	28,427
Ecstasy	127	198	83	45	30	11	10	—	508
Cocaine	160	60	10	21	7	—	11	—	272
Nicotine	537	355	795	47	31	199	6	31	2,001
Balance of stimulants and hallucinogens <sup>(e)</sup>	26	—	20	38	7	—	—	—	97
<i>Total stimulants and hallucinogens</i>	<i>12,058</i>	<i>13,552</i>	<i>9,831</i>	<i>6,085</i>	<i>2,070</i>	<i>941</i>	<i>645</i>	<i>331</i>	<i>45,513</i>
Balance of drugs of concern <sup>(e)</sup>	70	2,634	317	176	29	8	5	29	3,268
Not stated/missing	572	0	1	51	0	8	0	0	632
<b>Total</b>	<b>41,426</b>	<b>45,030</b>	<b>17,912</b>	<b>12,479</b>	<b>7,234</b>	<b>1,596</b>	<b>1,317</b>	<b>2,337</b>	<b>129,331</b>

(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) The total number of closed treatment episodes for Queensland may be undercounted due to the exclusion of the majority of non-government agencies.

(d) The total number of closed treatment episodes for the ACT may be undercounted due to the exclusion of data from one large service provider because of a data collection error.

(e) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 7.

**Table A4.6: Number of other drugs of concern by jurisdiction, Australia, 2003–04<sup>(a)</sup>**

Other drug of concern	NSW	Vic	Qld <sup>(b)</sup>	WA	SA	Tas	ACT <sup>(c)</sup>	NT	Australia
<b>Analgesics</b>									
Heroin	1,547	2,879	574	442	208	8	131	20	5,809
Methadone	1,075	535	268	95	61	9	29	2	2,074
Balance of analgesics <sup>(d)</sup>	637	0	735	313	150	26	40	25	1,926
<i>Total analgesics</i>	<i>3,259</i>	<i>3,414</i>	<i>1,577</i>	<i>850</i>	<i>419</i>	<i>43</i>	<i>200</i>	<i>47</i>	<i>9,809</i>
<b>Sedatives and hypnotics</b>									
Alcohol	4,369	7,678	2,862	1,553	700	61	387	84	17,694
Benzodiazepines	2,588	4,472	934	794	583	27	144	40	9,582
Balance of sedatives and hypnotics <sup>(d)</sup>	38	0	41	55	13	2	3	10	162
<i>Total sedatives and hypnotics</i>	<i>6,995</i>	<i>12,150</i>	<i>3,837</i>	<i>2,402</i>	<i>1,296</i>	<i>90</i>	<i>534</i>	<i>134</i>	<i>27,438</i>
<b>Stimulants and hallucinogens</b>									
Amphetamines	4,275	6,684	1,606	1,295	715	77	345	53	15,050
Cannabinoids	8,699	12,066	3,126	2,513	1,458	134	553	353	28,902
Ecstasy	894	1,699	497	370	82	11	63	23	3,639
Cocaine	774	435	132	111	66	2	34	10	1,564
Nicotine	6,210	6,505	3,399	1,308	981	50	512	55	19,020
Balance of stimulants and hallucinogens <sup>(d)</sup>	412	0	127	387	37	15	13	3	994
<i>Total stimulants and hallucinogens</i>	<i>21,264</i>	<i>27,389</i>	<i>8,887</i>	<i>5,984</i>	<i>3,339</i>	<i>289</i>	<i>1,520</i>	<i>497</i>	<i>69,169</i>
Balance of drugs of concern <sup>(d)</sup>	201	3,587	222	326	34	6	76	19	4,471
Not stated/missing	0	0	648	121	199	1	0	0	969

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

(b) The total number of closed treatment episodes for Queensland may be undercounted due to the exclusion of the majority of non-government agencies.

(c) The total number of closed treatment episodes for the ACT may be undercounted due to the exclusion of data from one large service provider because of a data collection error.

(d) Includes balance of other drugs of concern coded according to ASCDC. See Appendix 7.

**Table A4.7: Closed treatment episodes by principal drug of concern, sex and age group, Australia, 2003–04<sup>(a)</sup>**

Principal drug	Age group (years)						Not stated	Total
	10–19	20–29	30–39	40–49	50–59	60+		
<b>Males</b>	(per cent)							
Alcohol	19.5	23.8	40.7	60.5	80.1	85.2	33.3	38.6
Amphetamines	8.1	15.3	13.0	5.1	0.9	0.5	12.7	10.9
Benzodiazepines	0.3	1.3	1.9	1.8	1.2	1.8	1.4	1.4
Cannabis	53.9	28.1	16.4	9.9	4.9	1.5	19.8	23.1
Cocaine	0.1	0.3	0.3	0.2	0.1	0.0	0.0	0.2
Ecstasy	0.8	0.6	0.2	0.1	0.1	0.0	0.2	0.4
Heroin	7.9	24.7	19.7	13.7	4.0	0.5	24.6	17.8
Methadone	0.3	1.4	2.0	2.3	1.1	0.2	1.0	1.5
Nicotine	2.9	0.4	0.7	1.7	3.8	8.8	1.6	1.4
Other <sup>(b)</sup>	5.9	3.7	4.6	4.4	3.2	1.5	5.3	4.3
Not stated	0.3	0.4	0.5	0.5	0.5	0.2	0.2	0.4
<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>10,815</i>	<i>30,135</i>	<i>24,913</i>	<i>14,357</i>	<i>5,017</i>	<i>1,677</i>	<i>505</i>	<i>87,419</i>
<b>Females</b>								
Alcohol	16.8	18.4	38.3	58.1	72.7	76.3	33.7	35.3
Amphetamines	11.7	16.2	12.0	4.1	0.8	0.4	12.5	11.1
Benzodiazepines	1.0	2.6	3.8	5.4	6.1	7.7	2.1	3.5
Cannabis	39.0	24.0	16.8	9.4	4.5	1.5	14.9	19.6
Cocaine	0.2	0.2	0.2	0.1	0.1	0.0	0.0	0.2
Ecstasy	1.0	0.5	0.1	0.1	0.1	0.0	0.3	0.4
Heroin	15.5	28.6	17.9	10.4	3.8	1.2	19.9	18.6
Methadone	0.8	3.2	3.2	2.4	1.3	0.2	3.4	2.6
Nicotine	4.2	0.8	0.9	2.3	5.5	7.9	0.8	1.9
Other <sup>(b)</sup>	9.1	5.1	6.0	7.1	4.4	4.3	12.5	6.2
Not stated	0.6	0.5	0.6	0.6	0.8	0.5	0.0	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>5,361</i>	<i>13,595</i>	<i>11,922</i>	<i>7,287</i>	<i>2,473</i>	<i>814</i>	<i>377</i>	<i>41,829</i>

(continued)

**Table A4.7 (continued): Closed treatment episodes by principal drug of concern, sex and age group, Australia, 2003–04<sup>(a)</sup>**

Principal drug	Age group (years)						Not stated	Total
	10–19	20–29	30–39	40–49	50–59	60+		
<b>Persons<sup>(c)</sup></b>								
Alcohol	18.6	22.1	39.9	59.7	77.7	82.3	33.5	37.5
Amphetamines	9.3	15.6	12.7	4.7	0.9	0.4	12.5	11.0
Benzodiazepines	0.5	1.7	2.5	3.0	2.8	3.7	1.7	2.1
Cannabis	49.0	26.8	16.6	9.7	4.8	1.5	17.8	22.0
Cocaine	0.1	0.3	0.2	0.1	0.1	0.0	0.0	0.2
Ecstasy	0.9	0.6	0.2	0.1	0.1	0.0	0.2	0.4
Heroin	10.5	25.9	19.1	12.6	3.9	0.7	22.5	18.0
Methadone	0.5	1.9	2.4	2.3	1.1	0.2	2.0	1.9
Nicotine	3.3	0.5	0.8	1.9	4.4	8.5	1.2	1.5
Other drugs <sup>(b)</sup>	7.0	4.1	5.1	5.3	3.6	2.4	8.3	4.9
Not stated	0.4	0.4	0.6	0.6	0.6	0.3	0.1	0.5
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total (number)</b>	<b>16,190</b>	<b>43,757</b>	<b>36,853</b>	<b>21,654</b>	<b>7,497</b>	<b>2,493</b>	<b>887</b>	<b>129,331</b>

(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 7.

(c) Includes 'not stated' for sex.

**Table A4.8: Closed treatment episodes by principal drug of concern and country of birth, Australia, 2003–04<sup>(a)</sup>**

	Alcohol	Cannabis	Heroin	Amphetamines	Other drugs <sup>(b)</sup>	Not stated	Total
	(number)						
Australia	40,531	25,669	19,076	12,654	12,401	532	110,863
England	1,676	414	353	301	300	12	3,056
Germany	206	28	27	20	44	1	326
Ireland	315	39	48	24	36	2	464
Italy	128	32	43	23	33	1	260
New Zealand	1,040	628	395	299	232	10	2,604
Scotland	477	46	48	52	73	1	697
South Africa	111	84	27	28	29	1	280
United States of America	178	44	25	15	18	2	282
Viet Nam	86	45	1,045	15	84	1	1,276
All other countries	2,372	808	1,658	433	599	23	5,893
Inadequately described	363	184	88	66	139	1	841
Not elsewhere classified	225	50	52	36	34	0	397
Not stated	792	356	441	242	216	45	2,092
<b>Total</b>	<b>48,500</b>	<b>28,427</b>	<b>23,326</b>	<b>14,208</b>	<b>14,238</b>	<b>632</b>	<b>129,331</b>
	(per cent)						
Australia	36.6	23.2	17.2	11.4	11.2	0.5	36.6
England	54.8	13.5	11.6	9.8	9.8	0.4	54.8
Germany	63.2	8.6	8.3	6.1	13.5	0.3	63.2
Ireland	67.9	8.4	10.3	5.2	7.8	0.4	67.9
Italy	49.2	12.3	16.5	8.8	12.7	0.4	49.2
New Zealand	39.9	24.1	15.2	11.5	8.9	0.4	39.9
Scotland	68.4	6.6	6.9	7.5	10.5	0.1	68.4
South Africa	39.6	30.0	9.6	10.0	10.4	0.4	39.6
United States of America	63.1	15.6	8.9	5.3	6.4	0.7	63.1
Viet Nam	6.7	3.5	81.9	1.2	6.6	0.1	6.7
All other countries	40.3	13.7	28.1	7.3	10.2	0.4	40.3
Inadequately described	43.2	21.9	10.5	7.8	16.5	0.1	43.2
Not elsewhere classified	56.7	12.6	13.1	9.1	8.6	0.0	56.7
Not stated	37.9	17.0	21.1	11.6	10.3	2.2	37.9
<b>Total</b>	<b>37.5</b>	<b>22.0</b>	<b>18.0</b>	<b>11.0</b>	<b>11.0</b>	<b>0.5</b>	<b>37.5</b>

(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 7.

**Table A4.9: Closed treatment episodes by principal drug of concern, Indigenous status and sex, Australia, 2003–04<sup>(a)</sup>**

Principal drug of concern	Males		Females		Persons <sup>(b)</sup>		Total <sup>(c)</sup>
	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	
	(number)						
Alcohol	4,116	27,622	1,768	12,173	5,888	39,815	48,500
Amphetamines	746	8,265	451	3,940	1,200	12,210	14,208
Benzodiazepines	71	1,111	82	1,303	154	2,417	2,711
Cannabis	1,958	17,020	866	6,777	2,825	23,813	28,427
Cocaine	9	182	5	58	14	240	272
Ecstasy	17	322	6	128	23	450	508
Heroin	861	13,859	578	6,753	1,439	20,624	23,326
Methadone	85	1,156	85	914	170	2,070	2,404
Nicotine	111	968	72	679	183	1,647	2,001
Other drugs <sup>(d)</sup>	450	2,985	301	2,105	751	5,091	6,342
Not stated	56	269	32	189	88	459	632
<b>Total</b>	<b>8,480</b>	<b>73,759</b>	<b>4,246</b>	<b>35,019</b>	<b>12,735</b>	<b>108,836</b>	<b>129,331</b>
	(per cent)						
Alcohol	48.5	37.4	41.6	34.8	46.2	36.6	37.5
Amphetamines	8.8	11.2	10.6	11.3	9.4	11.2	11.0
Benzodiazepines	0.8	1.5	1.9	3.7	1.2	2.2	2.1
Cannabis	23.1	23.1	20.4	19.4	22.2	21.9	22.0
Cocaine	0.1	0.2	0.1	0.2	0.1	0.2	0.2
Ecstasy	0.2	0.4	0.1	0.4	0.2	0.4	0.4
Heroin	10.2	18.8	13.6	19.3	11.3	18.9	18.0
Methadone	1.0	1.6	2.0	2.6	1.3	1.9	1.9
Nicotine	1.3	1.3	1.7	1.9	1.4	1.5	1.5
Other drugs <sup>(d)</sup>	5.3	4.0	7.1	6.0	5.9	4.7	4.9
Not stated	0.7	0.4	0.8	0.5	0.7	0.4	0.5
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(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 7.

**Table A4.10: Closed treatment episodes by principal drug of concern and all drugs of concern, Australia, 2003–04<sup>(a)</sup>**

	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 <sup>(b)</sup>
Alcohol	48,500	37.5	66,194	51.2
Amphetamines	14,208	11.0	29,258	22.6
Benzodiazepines	2,711	2.1	12,293	9.5
Cannabis	28,427	22.0	57,329	44.3
Cocaine	272	0.2	1,836	1.4
Ecstasy	508	0.4	4,147	3.2
Heroin	23,326	18.0	29,135	22.5
Methadone	2,404	1.9	4,478	3.5
Nicotine	2,001	1.5	21,021	16.3
Other drugs <sup>(c)</sup>	6,342	4.9	13,895	10.7
Not stated	632	0.5	1,601	1.2
<b>Total</b>	<b>129,331</b>	<b>—</b>	<b>241,187</b>	<b>—</b>

(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) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 7.

**Table A4.11: Closed treatment episodes by method of use and age, Australia, 2003–04<sup>(a)</sup>**

	Age group (years)						Not stated	Total
	10–19	20–29	30–39	40–49	50–59	60+		
	(number)							
Ingests	3,784	13,004	17,885	14,846	6,302	2,182	362	58,365
Smokes	8,113	11,788	6,066	2,385	646	240	158	29,396
Injects	2,588	16,933	11,622	3,874	387	32	306	35,742
Sniffs	180	393	175	56	7	—	—	815
Inhales	1,100	720	388	94	14	—	37	2,354
Other	69	97	68	40	16	—	—	295
Not stated	356	822	649	359	125	34	19	2,364
<b>Total</b>	<b>16,190</b>	<b>43,757</b>	<b>36,853</b>	<b>21,654</b>	<b>7,497</b>	<b>2,493</b>	<b>887</b>	<b>129,331</b>
	(per cent)							
Ingests	23.4	29.7	48.5	68.6	84.1	87.5	40.8	45.1
Smokes	50.1	26.9	16.5	11.0	8.6	9.6	17.8	22.7
Injects	16.0	38.7	31.5	17.9	5.2	1.3	34.5	27.6
Sniffs	1.1	0.9	0.5	0.3	0.1	0.0	0.5	0.6
Inhales	6.8	1.6	1.1	0.4	0.2	0.0	4.2	1.8
Other	0.4	0.2	0.2	0.2	0.2	0.2	0.1	0.2
Not stated	2.2	1.9	1.8	1.7	1.7	1.4	2.1	1.8
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

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

**Table A4.12a: Closed treatment episodes<sup>(a)</sup> by principal drug of concern and reason for cessation, Australia, 2003–04 (per cent)**

Reason for cessation	Alcohol	Ampheta- mines	Benzodiaz- epines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Nicotine	Other drug <sup>(b)</sup>	Total <sup>(c)</sup>	Total (number)
Treatment completed	59.0	46.1	54.5	47.4	56.6	58.3	51.4	49.5	63.4	52.2	53.1	68,671
Change in main treatment type	1.7	1.5	4.5	1.8	0.4	1.6	3.1	2.6	0.9	4.7	2.2	2,788
Change in delivery setting	0.8	1.8	1.0	0.3	0.7	0.0	0.9	1.4	1.0	1.8	0.9	1,145
Change in principal drug of concern	0.2	0.1	0.3	0.1	0.4	0.4	0.3	0.2	0.1	0.2	0.2	210
Transferred to another service provider	6.8	8.0	10.0	4.7	8.1	3.7	9.3	14.5	3.7	8.1	7.2	9,342
Ceased to participate against advice	4.2	5.9	5.1	3.2	4.8	3.9	7.3	4.3	1.6	4.5	4.7	6,100
Ceased to participate without notice	16.7	21.6	13.1	13.9	17.6	19.5	14.5	13.5	17.7	16.1	16.1	20,787
Ceased to participate involuntary (non-compliance)	1.6	3.8	2.1	2.0	1.8	2.6	3.0	2.6	0.2	1.6	2.2	2,849
Ceased to participate at expiation	2.8	4.7	3.4	21.5	6.6	5.7	4.7	4.8	3.2	1.8	7.5	9,712
Ceased to participate by mutual agreement	3.1	3.1	3.2	2.7	2.6	2.6	1.7	2.0	2.6	3.0	2.7	3,488
Drug court and/or sanctioned by court diversion service	0.0	0.6	0.1	0.2	0.0	0.0	0.3	0.0	0.0	0.1	0.2	237
Imprisoned, other than drug court sanctioned	0.2	0.6	0.3	0.3	0.0	0.2	1.1	1.7	0.0	0.9	0.5	625
Died	0.1	0.0	0.2	0.0	0.0	0.2	0.1	0.1	0.1	0.2	0.1	138
Other	1.9	1.5	1.7	1.6	0.0	1.0	1.9	2.2	5.1	3.8	1.9	2,496
Not stated	0.7	0.8	0.6	0.3	0.4	0.4	0.4	0.5	0.1	1.0	0.6	743
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>..</b>
<b>Total (number)</b>	<b>48,500</b>	<b>14,208</b>	<b>2,711</b>	<b>28,427</b>	<b>272</b>	<b>508</b>	<b>23,326</b>	<b>2,404</b>	<b>2,001</b>	<b>6,342</b>	<b>..</b>	<b>129,331</b>

(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 7.

(c) Includes 'not stated' for principal drugs of concern.

**Table A4.12b: Closed treatment episodes<sup>(a)</sup> by reason for cessation and principal drug of concern, Australia, 2003–04 (per cent)**

Reason for cessation	Alcohol	Ampheta- mines	Benzodiaz- epines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Nicotine	Other drug <sup>(b)</sup>	Total <sup>(c)</sup>	Total (number)
Treatment completed	41.7	9.5	2.2	19.6	0.2	0.4	17.5	1.7	1.8	4.8	100.0	68,671
Change in main treatment type	29.9	7.5	4.4	18.1	0.0	0.3	26.1	2.3	0.6	10.7	100.0	2,788
Change in delivery setting	33.4	22.7	2.3	8.2	0.2	0.0	18.4	3.0	1.8	10.0	100.0	1,145
Change in principal drug of concern	35.2	7.1	3.8	11.4	0.5	1.0	30.5	2.9	1.0	6.7	100.0	210
Transferred to another service provider	35.3	12.1	2.9	14.4	0.2	0.2	23.3	3.7	0.8	5.5	100.0	9,342
Ceased to participate against advice	33.7	13.7	2.3	14.7	0.2	0.3	28.0	1.7	0.5	4.6	100.0	6,100
Ceased to participate without notice	38.9	14.7	1.7	19.1	0.2	0.5	16.3	1.6	1.7	4.9	100.0	20,787
Ceased to participate involuntary (non-compliance)	28.0	19.1	2.0	19.5	0.2	0.5	24.4	2.2	0.2	3.6	100.0	2,849
Ceased to participate at expiation	13.8	6.8	0.9	63.1	0.2	0.3	11.2	1.2	0.7	1.2	100.0	9,712
Ceased to participate by mutual agreement	43.0	12.4	2.5	21.8	0.2	0.4	11.3	1.3	1.5	5.4	100.0	3,488
Drug court and/or sanctioned by court diversion service	8.9	38.4	0.8	19.4	0.0	0.0	29.1	0.4	0.0	3.0	100.0	237
Imprisoned, other than drug court sanctioned	16.8	12.8	1.1	12.8	0.0	0.2	40.2	6.7	0.0	9.4	100.0	625
Died	47.8	5.1	3.6	8.7	0.0	0.7	21.7	2.2	1.4	8.7	100.0	138
Other	37.6	8.7	1.8	18.2	0.0	0.2	17.5	2.2	4.1	9.7	100.0	2,496
Not stated	48.2	14.5	2.0	12.7	0.1	0.3	11.7	1.5	0.4	8.6	100.0	743
<b>Total (per cent)</b>	<b>37.5</b>	<b>11.0</b>	<b>2.1</b>	<b>22.0</b>	<b>0.2</b>	<b>0.4</b>	<b>18.0</b>	<b>1.9</b>	<b>1.5</b>	<b>4.9</b>	<b>100.0</b>	<b>129,331</b>

(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 7.

(c) Includes 'not stated' for principal drugs of concern.

## Treatment program tables

Table A4.13: Closed treatment episodes by treatment data items and jurisdiction, Australia, 2003–04<sup>(a)</sup>

	NSW	Vic	Qld <sup>(b)</sup>	WA	SA	Tas	ACT <sup>(c)</sup>	NT	Australia
<b>Main treatment type</b>									
Withdrawal management (detoxification)	9,892	10,553	1,465	946	1,505	60	476	226	25,123
Counselling	12,311	22,439	5,119	7,151	1,730	1,480	622	662	51,514
Rehabilitation	4,268	1,798	1,047	2,341	1,581	107	173	402	11,717
Support and case management only	3,538	6,216	1,186	162	287	41	41	23	11,494
Information and education only	850	357	6,864	1,383	101	261	5	644	10,465
Assessment only	9,502	4,858	2,127	1,398	1,736	138	—	655	20,414
Other <sup>(d)</sup>	2,168	1,417	658	875	673	270	—	80	6,142
<b>Cessation reason</b>									
Treatment completed	21,823	32,036	5,618	6,374	3,759	1,138	558	1,695	73,001
Change in main treatment type	—	2,350	351	60	106	20	55	50	2,992
Change in delivery setting	—	—	534	193	454	31	12	23	1,247
Change in principal drug of concern	—	183	11	11	5	—	—	—	212
Transferred to another service provider	6,022	1,273	933	718	408	125	49	53	9,581
Ceased to participate against advice	2,756	1,348	554	453	619	84	295	105	6,214
Ceased to participate without notice	7,138	5,003	3,372	4,132	1,548	626	72	254	22,145
Ceased to participate involuntary (non-compliance)	1,457	458	169	378	210	85	51	61	2,869
Ceased to participate at expiation	3,333	636	5,112	753	14	62	19	11	9,940
Ceased to participate by mutual agreement	—	1,923	639	809	274	118	144	94	4,001
Drug court and/or sanctioned by court diversion service	—	40	102	75	14	—	—	5	239
Imprisoned, other than drug court sanctioned	—	359	70	142	48	—	—	10	633
Died	—	72	26	18	18	7	—	—	147
Other	—	1,800	698	65	106	18	39	85	2,811
Not stated	0	157	277	75	30	41	16	241	837

(continued)

**Table A4.13 (continued): Closed treatment episodes by treatment data items and jurisdiction, Australia, 2003–04**

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
<b>Treatment delivery setting</b>									
Non-residential treatment facility	27,974	32,928	13,507	10,095	5,893	1,521	42	973	92,933
Residential treatment facility	12,844	7,942	1,082	2,444	1,373	151	660	785	27,281
Home	630	1,997	197	481	29	15	—	86	3,435
Outreach setting	557	4,771	2,613	47	290	670	27	610	9,585
Other	524	—	1,067	1,189	28	—	589	238	3,635
<b>Total</b>	<b>42,529</b>	<b>47,638</b>	<b>18,466</b>	<b>14,256</b>	<b>7,613</b>	<b>2,357</b>	<b>1,318</b>	<b>2,692</b>	<b>136,869</b>

- (a) Small cell sizes have been suppressed to preserve confidentiality. These are marked with a '—'.
- (b) The total number of closed treatment episodes for Queensland may be undercounted due to the exclusion of the majority of non-government agencies.
- (c) The total number of closed treatment episodes for the ACT may be undercounted due to the exclusion of data from one large service provider because of a data collection error.
- (d) 'Other' includes 2,953 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 A4.14: Numbers of other treatment type by jurisdiction, Australia, 2003–04<sup>(a)</sup>**

Other treatment type	NSW	Qld <sup>(b)</sup>	WA	SA	Tas	ACT <sup>(c)</sup>	Australia
Withdrawal management (detoxification)	959	144	0	559	9	2	1,673
Counselling	6,309	1,200	34	1,032	193	64	8,832
Rehabilitation	852	405	0	170	10	3	1,440
Other <sup>(d)</sup>	5,183	804	96	1,490	357	14	7,944
<b>All other treatments</b>	<b>13,303</b>	<b>2,553</b>	<b>130</b>	<b>3,251</b>	<b>569</b>	<b>83</b>	<b>19,889</b>

- (a) Excludes 47,638 closed treatment episodes from Victoria and 2,692 closed treatment episodes from Northern Territory as these jurisdictions did not provide data for 'other treatment type'.
- (b) The total number of closed treatment episodes for Queensland may be undercounted due to the exclusion of the majority of non-government agencies.
- (c) The total number of closed treatment episodes for the ACT may be undercounted due to the exclusion of data from one large service provider because of a data collection error.
- (d) 'Other' includes 2,761 closed treatment episodes where other/additional treatment type was reported as pharmacotherapy.

**Table A4.15: Closed treatment episodes<sup>(a)</sup> by principal drug of concern and main treatment type, Australia, 2003–04**

Main treatment type	Alcohol	Ampheta- mines	Benzo- diazepines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Nicotine	Other drug <sup>(b)</sup>	Not stated	Total <sup>(c)</sup>
(number)												
Withdrawal management (detoxification)	9,974	2,003	1,062	3,959	38	31	5,906	467	141	1,524	18	25,123
Counselling	20,039	5,380	873	9,304	113	242	6,285	548	782	1,761	127	45,454
Rehabilitation	4,855	2,327	121	1,733	32	42	2,053	126	144	243	12	11,688
Support and case management only	2,513	1,081	190	3,063	14	69	2,886	360	145	806	30	11,157
Information and education only	1,552	366	47	6,751	8	43	171	54	404	349	43	9,788
Assessment only	8,152	2,734	312	3,192	58	70	3,949	397	280	826	225	20,195
Other <sup>(c)</sup>	1415	317	106	425	9	11	2076	452	105	833	177	5926
<b>Total</b>	<b>48,500</b>	<b>14,208</b>	<b>2,711</b>	<b>28,427</b>	<b>272</b>	<b>508</b>	<b>23,326</b>	<b>2,404</b>	<b>2,001</b>	<b>6,342</b>	<b>632</b>	<b>129,331</b>
(per cent)												
Withdrawal management (detoxification)	20.6	14.1	39.2	13.9	14.0	6.1	25.3	19.4	7.0	24.0	2.8	19.4
Counselling	41.3	37.9	32.2	32.7	41.5	47.6	26.9	22.8	39.1	27.8	20.1	35.1
Rehabilitation	10.0	16.4	4.5	6.1	11.8	8.3	8.8	5.2	7.2	3.8	1.9	9.0
Support and case management only	5.2	7.6	7.0	10.8	5.1	13.6	12.4	15.0	7.2	12.7	4.7	8.6
Information and education only	3.2	2.6	1.7	23.7	2.9	8.5	0.7	2.2	20.2	5.5	6.8	7.6
Assessment only	16.8	19.2	11.5	11.2	21.3	13.8	16.9	16.5	14.0	13.0	35.6	15.6
Other <sup>(c)</sup>	2.9	2.2	3.9	1.5	3.3	2.2	8.9	18.8	5.2	13.1	28.0	4.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(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 7.

(c) 'Other' includes 2,953 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 A4.16: Closed treatment episodes by main treatment type, sex and age group, Australia, 2003–04**

Main treatment type	Age group (years)						Not stated	Total
	10–19	20–29	30–39	40–49	50–59	60+		
	(per cent)							
<b>Males</b>								
Withdrawal management (detoxification)	9.4	16.6	20.5	23.6	23.9	21.9	12.2	18.5
Counselling	27.8	34.0	35.9	36.3	39.2	39.5	51.0	34.7
Rehabilitation	7.0	9.5	10.2	9.3	8.3	6.8	3.5	9.2
Support and case management only	17.6	8.9	5.5	4.8	4.3	4.2	14.1	8.0
Information and education only	22.1	8.3	5.4	5.3	4.7	5.2	1.7	8.4
Assessment only	13.9	19.4	18.0	15.5	14.5	16.3	1.0	17.2
Other <sup>(a)</sup>	2.2	3.3	4.3	5.3	5.0	6.1	16.4	4.0
<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>11,146</i>	<i>30,386</i>	<i>25,201</i>	<i>14,764</i>	<i>5,418</i>	<i>1,860</i>	<i>573</i>	<i>89,348</i>
<b>Females</b>								
Withdrawal management (detoxification)	14.9	18.7	19.8	18.9	15.1	15.4	9.6	18.1
Counselling	28.6	39.3	44.2	49.4	58.0	55.6	54.7	43.2
Rehabilitation	5.8	8.7	8.3	6.3	6.0	4.4	2.8	7.4
Support and case management only	25.8	10.1	5.6	4.4	3.0	2.6	16.0	9.1
Information and education only	12.8	5.9	4.8	5.2	4.9	6.8	2.6	6.2
Assessment only	8.2	11.9	11.7	10.4	8.0	10.3	1.4	10.6
Other <sup>(a)</sup>	3.8	5.4	5.7	5.3	5.0	4.9	12.8	5.3
<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>5,899</i>	<i>14,269</i>	<i>12,947</i>	<i>8,789</i>	<i>3,680</i>	<i>1,276</i>	<i>570</i>	<i>47,430</i>
<b>Persons<sup>(b)</sup></b>								
Withdrawal management (detoxification)	11.3	17.3	20.3	21.9	20.4	19.3	10.9	18.4
Counselling	28.1	35.7	38.7	41.1	46.8	46.0	52.9	37.6
Rehabilitation	6.6	9.2	9.6	8.2	7.4	5.8	3.1	8.6
Support and case management only	20.5	9.3	5.5	4.7	3.8	3.5	15.1	8.4
Information and education only	18.9	7.5	5.2	5.2	4.8	5.9	2.2	7.6
Assessment only	11.9	17.0	15.8	13.6	11.9	13.9	1.2	14.9
Other <sup>(a)</sup>	2.8	4.0	4.8	5.3	5.0	5.6	14.6	4.5
<b>Total (per cent)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total (number)</b>	<b>17,059</b>	<b>44,684</b>	<b>38,166</b>	<b>23,564</b>	<b>9,107</b>	<b>3,140</b>	<b>1,149</b>	<b>136,869</b>

(a) 'Other' includes 2,953 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: amphetamines

Table A4.17: Closed treatment episodes<sup>(a)</sup> where amphetamines were nominated as the principal drug of concern by age group and method of use, Australia, 2003–04

	Age group (years)						Total <sup>(b)</sup>
	10–19	20–29	30–39	40–49	50–59	60+	
	(number)						
Ingests	251	692	461	118	12	5	1,558
Smokes	113	205	80	20	2	0	420
Injects	939	5,454	3,875	832	50	6	11,241
Sniffs	153	305	130	37	1	0	630
Inhales	12	35	14	4	0	0	65
Other	3	15	8	0	0	0	26
Not stated	33	109	106	16	1	0	268
<b>Total</b>	<b>1,504</b>	<b>6,815</b>	<b>4,674</b>	<b>1,027</b>	<b>66</b>	<b>11</b>	<b>14,208</b>
	(per cent)						
Ingests	16.7	10.2	9.9	11.5	18.2	45.5	11.0
Smokes	7.5	3.0	1.7	1.9	3.0	0.0	3.0
Injects	62.4	80.0	82.9	81.0	75.8	54.5	79.1
Sniffs	10.2	4.5	2.8	3.6	1.5	0.0	4.4
Inhales	0.8	0.5	0.3	0.4	0.0	0.0	0.5
Other	0.2	0.2	0.2	0.0	0.0	0.0	0.2
Not stated	2.2	1.6	2.3	1.6	1.5	0.0	1.9
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

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

(b) Includes 'not stated' for age.

**Table A4.18: Closed treatment episodes<sup>(a)</sup> where a principal drug of concern other than amphetamines was nominated by age group and method of use, Australia, 2003–04**

	Age group (years)						Total <sup>(b)</sup>
	10–19	20–29	30–39	40–49	50–59	60+	
	(number)						
Ingests	3,528	12,298	17,405	14,712	6,277	2,175	56,738
Smokes	8,000	11,578	5,983	2,365	643	240	28,967
Injects	1,648	11,465	7,734	3,037	335	26	24,466
Sniffs	27	87	45	19	6	0	184
Inhales	1,088	685	373	89	14	1	2,287
Other	43	69	52	36	13	3	217
Not stated	292	572	378	248	97	30	1,632
<b>Total</b>	<b>14,626</b>	<b>36,754</b>	<b>31,970</b>	<b>20,506</b>	<b>7,385</b>	<b>2,475</b>	<b>114,491</b>
	(per cent)						
Ingests	24.1	33.5	54.4	71.7	85.0	87.9	49.6
Smokes	54.7	31.5	18.7	11.5	8.7	9.7	25.3
Injects	11.3	31.2	24.2	14.8	4.5	1.1	21.4
Sniffs	0.2	0.2	0.1	0.1	0.1	0.0	0.2
Inhales	7.4	1.9	1.2	0.4	0.2	0.0	2.0
Other	0.3	0.2	0.2	0.2	0.2	0.1	0.2
Not stated	2.0	1.6	1.2	1.2	1.3	1.2	1.4
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(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<sup>(a)</sup> by principal drug of concern and injecting drug use, Australia, 2003–04**

	Amphetamines		All other drugs of concern		Not stated		Total	
	No.	%	No.	%	No.	%	No.	%
Current injector	8,952	63.0	24,987	21.8	60	9.5	33,999	26.3
3–12 months ago	1,777	12.5	9,063	7.9	12	1.9	10,852	8.4
12+ months ago	1,177	8.3	11,431	10.0	34	5.4	12,642	9.8
Never injected	1,541	10.8	53,257	46.5	118	18.7	54,916	42.5
Not stated	761	5.4	15,753	13.8	408	64.6	16,922	13.1
<b>Total</b>	<b>14,208</b>	<b>100.0</b>	<b>114,491</b>	<b>100.0</b>	<b>632</b>	<b>100.0</b>	<b>129,331</b>	<b>100.0</b>

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

**Table A4.20: Closed treatment episodes<sup>(a)</sup> by principal drug of concern and treatment delivery setting, Australia, 2003–04**

	Amphetamines		All other drugs of concern		Not stated		Total	
	No.	%	No.	%	No.	%	No.	%
Non-residential treatment facility	9,230	65.0	76,568	66.9	552	87.3	86,350	66.8
Residential treatment facility	3,458	24.3	23,680	20.7	32	5.1	27,170	21.0
Home	285	2.0	3,066	2.7	7	1.1	3,358	2.6
Outreach setting	568	4.0	8,330	7.3	22	3.5	8,920	6.9
Other	667	4.7	2,847	2.5	19	3.0	3,533	2.7
<b>Total</b>	<b>14,208</b>	<b>100.0</b>	<b>114,491</b>	<b>100.0</b>	<b>632</b>	<b>100.0</b>	<b>129,331</b>	<b>100.0</b>

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

## Appendix 5: 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. These treatments are summarised below.

### 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 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 before gradual reduction, through to detoxification using only non-opiates to alleviate withdrawal symptoms.

The following are the main types of opiate detoxification programs available (Ghodse 2002). These programs are not distinguished within the AODTS–NMDS collection but are grouped under 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 outpatient 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 outpatient basis (see also 'Pharmacotherapy treatment' below). Detoxification may also be required for 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 outpatient 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 outpatient 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 pharmacological 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 treatments 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 clients' 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 needs to be administered only 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 outpatient 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 under 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 clients' 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 outpatient 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 (4–6 weeks) or long term (2–6 months). Short-term programs are suitable for people without a long-term history of substance dependence, who have not succeeded at outpatient treatment, do not have significant cognitive impairment or comorbidity and have better psychosocial supports. Long-term programs are preferred for people who have severe alcohol and drug use problems, or whose substance use problems were not overcome by outpatient or short-term residential treatment, or people with significant comorbid 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**

Federal, 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 6: 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 2004b).

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 areas of the alcohol and other drugs treatment agencies 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 (2004b).

# Appendix 7: 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 Beta<sub>2</sub> Agonists**

- 4201 Eformoterol
- 4202 Fenoterol
- 4203 Salbutamol
- 4299 Beta<sub>2</sub> 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

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