

# 1 Introduction

This report presents national, state and territory data about alcohol and other drug treatment services and their clients, including information about the type of drug problems for which treatment is sought and the types of treatment provided. This is the fifth report in the series of annual publications on the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS) (AIHW 2002, 2003, 2004a, 2005a).

## 1.1 Background

The AODTS-NMDS was implemented to help monitor and evaluate key objectives of the National Drug Strategic Framework 1998–99 to 2003–04 and to help plan, manage and improve the quality of alcohol and other drug treatment services (see AIHW: Grant & Petrie 2001 for historical development of the AODTS-NMDS). The AODTS-NMDS will continue to support the National Drug Strategy 2004–09, particularly as trend data are becoming available.

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

The data presented in this report, in conjunction with other information sources, can be used to inform issues of access to treatment services and more generally to inform debate, policy decisions and planning processes that occur within the alcohol and other drug treatment sector.

## 1.2 Collection method and data included

The AODTS-NMDS collection for 2004–05 consists of de-identified unit record data for treatment agencies and closed treatment episodes. Each agency record consists of three data items and each treatment episode record consists of 20 data items. The treatment episode data items collect demographic information on clients, along with information about their drug use behaviour and the types of treatment received. See Appendix 1 for a full list of data items included in the national collection for 2004–05. The methods of collecting data vary across the country. Appendix 2 outlines the policy and administrative features of the AODTS-NMDS collection within each jurisdiction. A common feature across jurisdictions is the requirement for agencies to collect and provide treatment service data consistent with the AODTS-NMDS specifications.

## **Responsibility for the collection**

The AODTS–NMDS is a nationally agreed set of data items collected by all in-scope service providers, collated by relevant health authorities and compiled into a national data set by the Australian Institute of Health and Welfare (AIHW). The AIHW is the data custodian for the national data set and performs a coordinating role as national secretariat to the collection. The Intergovernmental Committee on Drugs (IGCD) AODTS–NMDS Working Group is responsible for the ongoing development and maintenance of the national collection. The Working Group has representatives from the Australian Government, each state and territory government, the AIHW, the Australian Bureau of Statistics (ABS) and the National Drug and Alcohol Research Centre (NDARC). The key responsibilities of each authority in regard to the AODTS–NMDS collection follow.

### **Government health authorities**

It is the responsibility of the Australian Government and state and territory government health authorities to establish and coordinate the collection of data from their alcohol and other drug treatment service providers. To ensure that the AODTS–NMDS is effectively implemented and collected, these authorities are responsible for providing data according to agreed formats and timeframes, participating in data development related to the collection, and providing advice to the IGCD AODTS–NMDS Working Group about emerging issues which may affect the AODTS–NMDS.

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

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

### **Alcohol and other drug treatment agencies**

Publicly funded alcohol and other drug treatment agencies collect the agreed data elements and forward this information to the appropriate health authority as arranged. Agencies need to ensure that the required information is accurately recorded. They must ensure that their clients are generally aware of the purpose for which the information is being collected and that their data collection and storage methods comply with existing privacy principles. In particular, they are responsible for maintaining the confidentiality of their clients' data and/or ensuring that their procedures comply with relevant state, territory and federal government legislation.

### **AIHW**

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

## 1.3 Scope of the AODTS–NMDS

### Agencies and clients included

The agencies, clients and treatment activities that were included in the 2004–05 AODTS–NMDS collection are as follows:

- All publicly funded (at state, territory and/or Australian Government level) government and non-government agencies that provide one or more specialist alcohol and/or other drug treatment services, including residential and non-residential agencies. Specialist alcohol and drug units based in acute care hospitals or psychiatric hospitals were included if they provided treatment to non-admitted patients (i.e. outpatient services).
- All clients who had completed one or more treatment episodes at an alcohol and other drug treatment service that was in scope during the relevant reporting period (1 July 2004 to 30 June 2005).

### Agencies and clients excluded

There is a diverse range of alcohol and other drug treatment services in Australia and not all of these are in the scope of the AODTS–NMDS. For example, agencies not within the scope of the AODTS–NMDS include those whose sole activity is to prescribe and/or dose opioid pharmacotherapies, as well as Australian Government-funded Indigenous substance use services or Aboriginal primary health care services. Data sources relating to these services, along with a range of other supporting data sources, are detailed in Chapter 7.

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

- agencies whose sole activity was to prescribe and/or dose for opioid pharmacotherapy treatment
- clients who were on an opioid pharmacotherapy program and who were not receiving any other form of treatment that fell within the scope of the AODTS–NMDS
- agencies for which the main function was to provide accommodation or overnight stays such as ‘halfway houses’ and ‘sobering-up shelters’
- agencies for which the main function was to provide services concerned with health promotion (e.g. needle and syringe exchange programs)
- treatment services based in prisons or other correctional institutions and clients receiving treatment from these services
- clients receiving support from the majority of Australian Government-funded Indigenous substance use services or Aboriginal primary health care services that also provide treatment for alcohol and other drug problems
- alcohol and drug treatment units in acute care or psychiatric hospitals that provided treatment only to admitted patients, and admitted patients in acute care or psychiatric hospitals
- people who sought advice or information but who were not formally assessed and accepted for treatment
- private treatment agencies that did not receive public funding
- clients aged under 10 years, irrespective of whether they were provided with services, or received these services from agencies included in the collection.

Some people who are concerned about their alcohol or other drug use may approach a general practitioner or pharmacy for advice and/or treatment rather than attending a specialist alcohol and other drug treatment service. Thus the estimates in this report do not reflect the total number of people in Australia receiving treatment for alcohol and other drug use. (See Section 1.5 for more details on some of these exclusions.)

## 1.4 Counts in the collection

The main unit of measurement for the 2004–05 AODTS–NMDS collection is closed (or completed) treatment episodes (the 2000–01 AODTS–NMDS focused on client registrations and a small amount of data are presented in this report on client registrations for continuity). The ‘closed treatment episode’ concept is included in the national collection because it best reflects clinical practice within the alcohol and other drug treatment sector and it enhances the quality of information on service use. This measure allows information to be reported about the nature of treatment received by clients, including the length of the treatment episode. Technical notes, including a discussion of the use of client registration and closed treatment episode data, are included in Appendix 3.

A closed treatment episode may be for a specific treatment, such as information and education only that may not be part of a larger treatment plan; or it may be for a specific treatment, such as withdrawal management (detoxification) or counselling that is part of a long-term overall treatment plan.

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

### Closed treatment episodes

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

- it must have a defined date of commencement and cessation
- during the period of contact there must have been no change in:
  - the principal drug of concern
  - the treatment delivery setting
  - the main treatment type

A treatment episode may cease for a number of valid reasons such as the treatment being completed or the client ceasing to participate without notice. A treatment episode is deemed to have terminated in the event that there has been no (service) contact between the client and the treatment agency for a period of 3 months or more, unless the period of non-contact was planned between the client and the treatment agency.

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

## 1.5 Features of the 2004–05 collection

In 2004–05 the overall quality and comprehensiveness of the AODTS–NMDS data continued to improve. Data quality issues relating to the scope and completeness of the 2004–05 NMDS collection are detailed further in Chapter 8. When interpreting the 2004–05 data in this report it is important to consider a number of features of the collection.

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

Second, national implementation of the AODTS–NMDS collection has been done in stages. Care should be taken when comparing data across collection years for the following reasons:

- In the first year of the collection (2000–01) there was a mix of client registration and treatment episode data, and one jurisdiction (Queensland) was unable to supply data. For the 2001–02 collection period, Queensland supplied data for police diversion clients only and South Australia supplied client registration data rather than treatment episode data. All other jurisdictions supplied treatment episode data.
- The total number of agencies may have increased in 2004–05, compared with 2003–04, as a result of methodological changes (i.e. moving from collecting data at the administrative or management level to the service outlet level) and increased coverage of in-scope agencies.

Third, readers should be aware of the following general features of the 2004–05 AODTS–NMDS data:

- Reported numbers for each state/territory include services provided under the National Illicit Drug Strategy Non-Government Organisation Treatment Grants Programme (funded by the Australian Government). (Since the 2002–03 AODTS–NMDS annual report, these data are not analysed separately under the heading ‘other’, as previously.)
- Reported numbers do not include the majority of Australian Government-funded Indigenous substance use services (6 out of 41 were included) or Aboriginal primary health care services (9 out of 143 were included) that also provide treatment for alcohol and other drug problems. These services are generally not under the jurisdiction of the state or territory health authority and are not included in the specific program under which the Australian Government currently reports NMDS data. In addition, the data collections relating to these services have a different collection basis to the AODTS–NMDS. As a result, most of these data are not currently included in the AODTS–NMDS collection. Therefore the number of Indigenous clients in this report underrepresents the total number of Indigenous Australians who received treatment for alcohol and other drug problems during 2004–05.

Finally, the reader should be aware of the following data completeness issues in 2004–05:

- Since 2002–03, data were provided from Queensland government AODTS agencies and/or police diversion clients but not for other non-government agencies.
- In the Australian Capital Territory, the re-inclusion of one large service provider (excluded in 2003–04) has meant that the overall number of closed treatment episodes has increased since 2003–04.
- In Victoria, the number of reported closed treatment episodes decreased slightly in 2004–05 due to a change in reporting practice which requires clinicians to report treatment outcomes for closed treatment episodes.

- In Tasmania, two agencies only supplied drug diversion data and this has meant that the overall number of closed treatment episodes for Tasmania has decreased since 2003–04.

Reported numbers do not include agencies delivering pharmacotherapy services, where their sole activity is to prescribe and/or dose for opioid pharmacotherapy treatment. Approximately 39,000 clients were recorded as receiving these services throughout Australia as at June 2005 (see Section 7.4).

## 1.6 Outputs from the AODTS–NMDS collection

The AODTS–NMDS collection provides national data on government-funded alcohol and other drug treatment services in Australia. AODTS–NMDS data outputs are designed to provide useful information to government health authorities, researchers and the broader community, as well as to provide an important form of feedback to treatment agencies that took part in the collection.

Each year the AODTS–NMDS data are processed and published in a detailed and comprehensive national report – this being the report for 2004–05 data – which is made available to the public free of charge on the AIHW website <[www.aihw.gov.au](http://www.aihw.gov.au)> or in hard copy for a small fee.

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

Further to this, the AIHW has an interactive alcohol and other drug treatment data site, <[www.aihw.gov.au/drugs/datacubes/index.html](http://www.aihw.gov.au/drugs/datacubes/index.html)> containing subsets of national information on alcohol and other drug treatment services from the 2004–05 collection. This also allows anyone who has access to the Internet to view a subset of the AODTS–NMDS data via the web interface. The user can look up figures and present them in a way suitable to their needs.

Each year the agencies that contribute data via the AODTS–NMDS receive a state/territory briefing containing data specifically designed to be relevant to their jurisdiction. In addition, these agencies are surveyed each year with the aim of discovering special areas of interest to treatment agencies. This input feeds into the AODTS–NMDS reporting, and in particular the special theme chapter in this report – Chapter 6 on cannabis.

## 1.7 Recent drug use

This section provides a brief overview of drug use patterns in the Australian population, as background to the data on treatment services in the remainder of the report. Data from the 2004 National Drug Strategy Household Survey (NDSHS) are the most recent population data on this topic, and are presented in Table 1.1 together with data from the 2001 NDSHS and 2004–05 AODTS–NMDS.

An estimated 84% of Australians aged 14 years and over had recently consumed alcohol in 2004, and just over one-fifth (21%) smoked tobacco (Table 1.1). Between 2001 and 2004, a significant increase was observed in the proportion of persons who recently consumed alcohol (from 82% in 2001 to 84% in 2004) and a significant decrease in the proportion of

persons who recently smoked tobacco (23% to 21% respectively). The proportion of the population recently using ecstasy increased significantly from 2.9% in 2001 to 3.4% in 2004. In 2004, lower proportions of people aged 14 years and over reported using cannabis (11%) and amphetamines (3%) than in 2001, while the proportion of the population using heroin or methadone remained stable between 2001 and 2004 at 0.2% and 0.1% respectively.

**Table 1.1: Summary of selected drugs recently<sup>(a)</sup> used, and principal drugs for which treatment was sought, Australia (per cent)**

<b>Drug/behaviour</b>	<b>Recent use, population aged 14 years and over<sup>(b)</sup> 2001</b>	<b>Recent use, population aged 14 years and over<sup>(b)</sup> 2004</b>	<b>Closed treatment episodes for clients aged 10 years and over 2004–05</b>
Tobacco	23.2	20.7 #	1.8
Alcohol	82.4	83.6 #	37.2
Illicits			
Marijuana/cannabis	12.9	11.3	23.0
Heroin	0.2	0.2	17.2
Methadone <sup>(c)</sup>	0.1	0.1	1.8
Meth/amphetamines (speed)	3.4	3.2	10.9
Cocaine	1.3	1.0 #	0.3
Ecstasy <sup>(d)</sup>	2.9	3.4 #	0.4
<i>Any illicit drug<sup>(e)</sup></i>	16.9	15.3 # <sup>(f)</sup>	60.9
<b>None of the above</b>	<b>14.7</b>	<b>13.7 #</b>	<b>n.a.</b>

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

(b) Proportion of population aged 14 years and over from 2001 and 2004 NDSHS.

(c) Non-maintenance.

(d) Before 2004, this category included substances known as 'designer drugs'.

(e) 'Any illicit drug' for 2001 and 2004 NDSHS includes the illicit drugs listed plus pain-killers/analgesics, tranquilisers/sleeping pills, steroids, barbiturates, inhalants, other opiates/opioids when used for non-medical purposes, hallucinogens and injected drugs.

(f) In 2004, also includes gamma-hydroxybutyrate (GHB) and ketamine.

# 2001 result significantly different from 2004 result (2-tailed  $\alpha = 0.05$ ).

Source: AIHW 2005b.

In the 2004–05 AODTS–NMDS collection, alcohol (37%) was the most common principal drug of concern in treatment episodes for clients aged 10 years and over (Table 1.1). This reflects the pattern of consumption among the Australian population where alcohol was the most common drug used. Tobacco was nominated as the second most used drug in the population (21%), yet accounted for less than 2% of closed treatment episodes for clients seeking treatment for its use. These differences in treatment for tobacco (nicotine) are perhaps not surprising given that most 'treatment' for nicotine addiction is through pharmacies, general practitioners (e.g. advice and nicotine patches) or 'quit' lines.

Although very low proportions of the general population reported using heroin (0.2%), 17% of closed treatment episodes of alcohol and other drug treatment services had heroin nominated as the principal drug of concern. The differences in results from the two sources of data reflect the nature of the treatment services captured by the AODTS–NMDS. These services focus on the people who have a problem with their drug use, whereas the household survey data cover all people who consume alcohol or use tobacco or other drugs, whether or not they think they have a problem. Further to this, agencies whose sole purpose

is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS-NMDS, and so the collection may exclude many clients receiving treatment for heroin. See Section 7.4 for information about the estimated numbers of clients receiving treatment from pharmacotherapy programs in Australia.

## 2 Treatment agency profile

This chapter presents the main features of the alcohol and other drug treatment agencies that supplied data for the 2004–05 AODTS–NMDs collection. The number of treatment agencies reported does not necessarily equate to the number of service delivery outlets as some treatment agencies were only reported under the main administrative centre of the service.

### 2.1 Establishment sector

A total of 635 alcohol and other drug treatment agencies provided data for the period 2004–05, up from 622 agencies in 2003–04. Much of this increase is related to methodological changes and increased coverage of in-scope agencies rather than an increase in service delivery capacity (see Section 1.3 for further details). The overall response rate for in-scope treatment agencies was 96% in 2004–05, the same proportion as in 2003–04 (see Chapter 8 for further details).

In 2004–05, the largest proportion of agencies was located in New South Wales (45%), followed by Victoria (21%) and Queensland (14%). This split was similar in 2003–04, where 42% of agencies were located in New South Wales, 23% in Victoria and 15% in Queensland.

**Table 2.1: Treatment agencies by sector of service and jurisdiction, Australia, 2004–05**

Service type	NSW	Vic <sup>(a)</sup>	Qld <sup>(b)</sup>	WA	SA	Tas <sup>(c)</sup>	ACT	NT	Australia
(number)									
Government	214	0	50	12	37	4	1	3	321
Non-government	73	136	37	28	9	8	8	15	314
<b>Total</b>	<b>287</b>	<b>136</b>	<b>87</b>	<b>40</b>	<b>46</b>	<b>12</b>	<b>9</b>	<b>18</b>	<b>635</b>
<i>Total 2003–04</i>	<i>259</i>	<i>143</i>	<i>94</i>	<i>34</i>	<i>53</i>	<i>12</i>	<i>8</i>	<i>19</i>	<i>622</i>
(per cent)									
Government	66.7	0.0	15.6	3.7	11.5	1.2	0.3	0.9	100.0
Non-government	23.2	43.3	11.8	8.9	2.9	2.5	2.5	4.8	100.0
<b>Total</b>	<b>45.2</b>	<b>21.4</b>	<b>13.7</b>	<b>6.3</b>	<b>7.2</b>	<b>1.9</b>	<b>1.4</b>	<b>2.8</b>	<b>100.0</b>
<i>Total 2003–04</i>	<i>41.6</i>	<i>23.0</i>	<i>15.1</i>	<i>5.5</i>	<i>8.5</i>	<i>1.9</i>	<i>1.3</i>	<i>3.0</i>	<i>100.0</i>

(a) The total number of treatment agencies in Victoria is lower than in 2003–04 due to a change in reporting practice introduced in 2004–05.

(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 Tasmania may be undercounted because two agencies only supplied drug diversion data.

Just under half of all agencies identified as non-government providers in 2004–05 (49% or 314 out of 635) with the largest proportion of non-government agencies being located in Victoria (136 or 100% of agencies), followed by Western Australia (28 or 70% of agencies), Tasmania (8 or 67% of agencies), the Australian Capital Territory (8 or 89% of agencies) and the Northern Territory (15 or 83% of agencies). In contrast, agencies were more likely to be in the government sector in New South Wales (214 or 75% of agencies) and South Australia (37 or 80% of agencies). In Queensland, more than half of all agencies were in the

government sector (57%), but this relates to the current exclusion of non-government agencies, except for those providing police diversion programs and those provided under the National Illicit Drug Strategy Non-Government Organisation Treatment Grants Programme (funded by the Australian Government) (see Section 1.5).

## 2.2 Location of treatment agencies

Treatment agencies were mostly located in major cities (57%) and inner regional areas (28%) in 2004–05 (Table 2.2). These proportions are almost identical to previous reporting periods (57% and 26% respectively in 2003–04 and 56% and 25% respectively in 2002–03) (AIHW 2004a, 2005a). It is important to note, however, that the number of agencies located in major cities may be over-represented as some treatment agencies, particularly several of those in non-metropolitan areas, were reported under the main administrative centre of the service.

As in previous reporting periods, a significant proportion of treatment agencies in the Northern Territory (50%) and, to a lesser extent, Queensland (10%) were located in remote or very remote areas.

**Table 2.2: Treatment agencies by geographical location<sup>(a)</sup> and jurisdiction, Australia, 2004–05**

Location	NSW	Vic <sup>(b)</sup>	Qld <sup>(c)</sup>	WA	SA	Tas <sup>(d)</sup>	ACT	NT	Australia
	(number)								
Major cities	171	88	35	30	31	0	9	0	364
Inner regional	93	40	22	4	7	9	0	0	175
Outer regional	23	8	21	4	7	3	0	9	75
Remote	0	0	6	2	1	0	0	8	17
Very remote	0	0	3	0	0	0	0	1	4
Not stated	—	—	—	—	—	—	—	—	—
<b>Total</b>	<b>287</b>	<b>136</b>	<b>87</b>	<b>40</b>	<b>46</b>	<b>12</b>	<b>9</b>	<b>18</b>	<b>635</b>
	(per cent)								
Major cities	59.6	64.7	40.2	75.0	67.4	0.0	100.0	0.0	57.3
Inner regional	32.4	29.4	25.3	10.0	15.2	75.0	0.0	0.0	27.6
Outer regional	8.0	5.9	24.1	10.0	15.2	25.0	0.0	50.0	11.8
Remote	0.0	0.0	6.9	5.0	2.2	0.0	0.0	44.4	2.7
Very remote	0.0	0.0	3.4	0.0	0.0	0.0	0.0	5.6	0.6
Not stated	—	—	—	—	—	—	—	—	—
<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>

(a) The geographical location of treatment agencies in the 2004–05 AODTS–NMDS has been analysed using the Remoteness Areas of the Australian Bureau of Statistics Australian Standard Geographical Classification (see Appendix 6 for information on how these categories are derived).

(b) The total number of closed treatment episodes for Victoria may be undercounted due to a change in reporting practice introduced in 2004–05.

(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 Tasmania may be undercounted because two agencies only supplied drug diversion data.

## 3 Client profile

This chapter provides a profile of the clients receiving alcohol and other drug treatment services in 2004–05, as well as an overview of the estimated number of client registrations and closed treatment episodes. The main analysis is based on ‘closed treatment episodes’ (see Box 3.1).

### 3.1 Closed treatment episodes and client registrations

There were 142,144 closed treatment episodes in alcohol and other drug treatment services reported in the 2004–05 AODTS–NMDS collection. These treatment episodes related to an estimated 121,812 client registrations (see Box 3.1). On average, each of these registrations accounted for 1.2 treatment episodes during the 2004–05 reporting period.

The number of closed treatment episodes in 2004–05 was higher than in 2003–04 (142,144 episodes, compared with 136,869), as was the number of estimated client registrations (121,812 registrations, compared with 115,163). However, it is likely that this increase relates as much to the increasing comprehensiveness of the AODTS–NMDS collection in 2004–05 as to an overall increase in the number of clients being treated nationally. For instance, the total number of closed treatment episodes for the Australian Capital Territory was underreported in 2003–04 due to the exclusion of data from one large service provider because of a data-collection error (AIHW 2005a).

#### **Box 3.1: Key definitions and counts for closed treatment episodes and registrations, 2004–05**

*Closed treatment episode* refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. In 2004–05 there were **142,144** closed treatment episodes.

*Client registrations* refers to the estimated number of clients who were registered or reregistered for alcohol and other drug treatment services. In 2004–05 there were an estimated **121,812** client registrations.

*It is important to note that neither number of closed treatment episodes or estimated number of client registrations equates to the total number of persons in Australia receiving treatment for alcohol and other drug use. Using the current collection methodology, it is not possible to reduce duplication in client registrations that can occur where, for example, a client attends a number of different agencies throughout the collection period or reregisters with the same agency and is assigned a new record number. See Appendix 3 for more information on treatment episodes and client registrations.*

*Caution should be exercised when comparing the client registration data in 2000–01 with those of 2001–02 to 2004–05 as the method for calculating ‘registrations’ has changed. In the 2000–01 collection, registrations were based on all new or returning clients who registered or reregistered for treatment during the reporting period. For the 2001–02 to 2004–05 collections, registrations were based on the number of episodes closed within the reporting period.*

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

## 3.2 Client type and jurisdictions

In 2004–05, 95% of all closed treatment episodes involved clients seeking treatment for their own alcohol or other drug use, the same proportion as in 2003–04 (Table 3.1). This proportion of episodes was observed in most states and territories except Western Australia, the Northern Territory and Tasmania, where 89%, 87% and 71% respectively of closed treatment episodes were for the client’s own drug use.

Accordingly, fewer than 5% of closed treatment episodes in most states and territories were related to another person’s drug use (with 29% of all closed treatment episodes in Tasmania, 13% in the Northern Territory and 12% in Western Australia for clients receiving treatment for another person’s alcohol or drug use).

Overall, the majority of the 142,144 closed treatment episodes were recorded in Victoria (33%), followed by New South Wales (30%), Queensland (14%) and Western Australia (11%).

**Table 3.1: Closed treatment episodes by client type and jurisdiction, Australia, 2004–05**

Client type	NSW	Vic <sup>(a)</sup>	Qld <sup>(b)</sup>	WA	SA	Tas <sup>(c)</sup>	ACT	NT	Australia 2004–05	Australia 2003–04
(number)										
Own drug use	41,789	44,150	19,743	14,235	7,591	1,372	4,206	2,116	135,202	129,331
Other’s drug use	1,290	2,219	349	1,857	361	549	7	310	6,942	7,538
<b>Total</b>	<b>43,079</b>	<b>46,369</b>	<b>20,092</b>	<b>16,092</b>	<b>7,952</b>	<b>1,921</b>	<b>4,213</b>	<b>2,426</b>	<b>142,144</b>	<b>136,869</b>
(per cent)										
Own drug use	97.0	95.2	98.3	88.5	95.5	71.4	99.8	87.2	95.1	94.5
Other’s drug use	3.0	4.8	1.7	11.5	4.5	28.6	0.2	12.8	4.9	5.5
<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>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Per cent of all closed treatment episodes</b>	<b>30.3</b>	<b>32.6</b>	<b>14.1</b>	<b>11.3</b>	<b>5.6</b>	<b>1.4</b>	<b>3.0</b>	<b>1.7</b>	<b>100.0</b>	

(a) The total number of closed treatment episodes for Victoria may be undercounted due to a change in reporting practice introduced in 2004–05.

(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 Tasmania may be undercounted because two agencies only supplied drug diversion data.

## 3.3 Age and sex

In 2004–05, one-third (33%) of all closed treatment episodes were for clients aged 20–29 years, more than one-quarter (28%) were for clients aged 30–39 years and almost one-fifth (19%) were for clients aged 40–49 years. Twelve per cent of treatment episodes were for clients aged 10–19 years and a small proportion of treatment episodes were for clients aged 60 years and over (2%). This age distribution is almost identical to that in previous collection periods (AIHW 2003, 2004a, 2005a).

As has been the case since 2001–02, male clients in 2004–05 accounted for two-thirds (66%) of all closed treatment episodes. Of treatment episodes for male clients, just over one-third (34% or 31,465 of 93,088) were for clients aged 20–29 years, and more than one-quarter (29%

or 26,592) for clients in the 30–39 year age group. The age distribution was similar for males and females.

Female clients were more likely than male clients to seek treatment for someone else's drug use – 10% or 5,059 of 48,579 episodes compared with 2% or 1,871 of 93,088 episodes respectively – particularly females aged 40 years and older. For example, 1,278 of 8,810 treatment episodes (15%) for females aged 40–49 years, 1,128 of 3,918 episodes (29%) for females aged 50–59 years and 425 of 1,337 episodes (32%) for females aged 60 years and over were for treatment related to someone else's substance use. Overall, almost three-quarters (73% or 5,059 of 6,942) of treatment episodes for someone else's drug use were for female clients.

**Table 3.2: Closed treatment episodes by sex and age group, Australia, 2004–05**

	Age group (years)						Total <sup>(a)</sup>
	10–19	20–29	30–39	40–49	50–59	60+	
	(number)						
<b>Males</b>							
Own drug use	11,085	31,259	26,356	14,632	5,228	1,802	91,217
Other's drug use	363	206	236	424	406	175	1,871
<i>Total males</i>	<i>11,448</i>	<i>31,465</i>	<i>26,592</i>	<i>15,056</i>	<i>5,634</i>	<i>1,977</i>	<i>93,088</i>
<b>Females</b>							
Own drug use	5,310	14,030	12,500	7,532	2,790	912	43,520
Other's drug use	571	621	909	1,278	1,128	425	5,059
<i>Total females</i>	<i>5,881</i>	<i>14,651</i>	<i>13,409</i>	<i>8,810</i>	<i>3,918</i>	<i>1,337</i>	<i>48,579</i>
<b>Persons<sup>(b)</sup></b>							
Own drug use	16,470	45,417	38,975	22,252	8,058	2,725	135,202
Other's drug use	936	827	1,148	1,704	1,535	603	6,942
<b>Total persons</b>	<b>17,406</b>	<b>46,244</b>	<b>40,123</b>	<b>23,956</b>	<b>9,593</b>	<b>3,328</b>	<b>142,144</b>
	(per cent)						
<b>Males</b>							
Own drug use	12.2	34.3	28.9	16.0	5.7	2.0	100.0
Other's drug use	19.4	11.0	12.6	22.7	21.7	9.4	100.0
<i>Total males</i>	<i>12.3</i>	<i>33.8</i>	<i>28.6</i>	<i>16.2</i>	<i>6.1</i>	<i>2.1</i>	<i>100.0</i>
<b>Females</b>							
Own drug use	12.2	32.2	28.7	17.3	6.4	2.1	100.0
Other's drug use	11.3	12.3	18.0	25.3	22.3	8.4	100.0
<i>Total females</i>	<i>12.1</i>	<i>30.2</i>	<i>27.6</i>	<i>18.1</i>	<i>8.1</i>	<i>2.8</i>	<i>100.0</i>
<b>Persons<sup>(b)</sup></b>							
Own drug use	12.2	33.6	28.8	16.5	6.0	2.0	100.0
Other's drug use	13.5	11.9	16.5	24.5	22.1	8.7	100.0
<b>Total persons</b>	<b>12.2</b>	<b>32.5</b>	<b>28.2</b>	<b>16.9</b>	<b>6.7</b>	<b>2.3</b>	<b>100.0</b>

(a) Includes 'not stated' for age.

(b) Includes 'not stated' for sex.

## 3.4 Indigenous status

Of the 142,144 closed treatment episodes in 2004–05, 13,666 (or 10%) involved clients identified as being of Aboriginal and/or Torres Strait Islander origin (Table 3.3). This proportion was identical to 2003–04, while slightly higher than 2002–03 (9%) and 2001–02 (8%) (AIHW 2003, 2004a, 2005a), and is higher than the overall proportion of Aboriginal and Torres Strait Islander peoples, aged 10 years and over, in the Australian population (2.1%; ABS 2004). The proportion of closed treatment episodes where ‘not stated’ was reported for Indigenous status was 5% in 2004–05, a 1 percentage point reduction from 2003–04.

The data on Aboriginal and Torres Strait Islander clients in the AODTS treatment population should be interpreted with caution for a number of reasons, in particular the relatively high proportion of treatment episodes where Indigenous status was ‘not stated’ (5%).

Furthermore, the majority of dedicated substance use services for Aboriginal and Torres Strait Islander peoples are not included in the AODTS–NMDS collection (see Section 7.5 for data on these services).

**Table 3.3: Closed treatment episodes by age group, Indigenous<sup>(a)</sup> status and sex, Australia, 2004–05**

Age group (years)	Indigenous			Non-Indigenous			Not stated			Total persons <sup>(c)</sup>
	Males	Females	Total <sup>(b)</sup>	Males	Females	Total <sup>(b)</sup>	Males	Females	Total <sup>(b)</sup>	
(numbers)										
10–19	1,859	917	2,786	9,076	4,706	13,843	513	258	777	17,406
20–29	2,804	1,569	4,387	26,842	12,354	39,296	1,819	728	2,561	46,244
30–39	2,464	1,462	3,935	22,719	11,304	34,128	1,409	643	2,060	40,123
40–49	1,094	571	1,672	13,179	7,800	21,054	783	439	1,230	23,956
50–59	234	159	395	5,127	3,584	8,745	273	175	453	9,593
60+	50	30	80	1,811	1,222	3,044	116	85	204	3,328
Not stated	281	130	411	562	393	959	73	50	124	1,494
<b>Total</b>	<b>8,786</b>	<b>4,838</b>	<b>13,666</b>	<b>79,316</b>	<b>41,363</b>	<b>121,069</b>	<b>4,986</b>	<b>2,378</b>	<b>7,409</b>	<b>142,144</b>
(per cent)										
10–19	21.2	19.0	20.4	11.4	11.4	11.4	10.3	10.8	10.5	12.2
20–29	31.9	32.4	32.1	33.8	29.9	32.5	36.5	30.6	34.6	32.5
30–39	28.0	30.2	28.8	28.6	27.3	28.2	28.3	27.0	27.8	28.2
40–49	12.5	11.8	12.2	16.6	18.9	17.4	15.7	18.5	16.6	16.9
50–59	2.7	3.3	2.9	6.5	8.7	7.2	5.5	7.4	6.1	6.7
60+	0.6	0.6	0.6	2.3	3.0	2.5	2.3	3.6	2.8	2.3
Not stated	3.2	2.7	3.0	0.7	1.0	0.8	1.5	2.1	1.7	1.1
<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>Per cent of treatment population</b>	<b>6.2</b>	<b>3.4</b>	<b>9.6</b>	<b>55.8</b>	<b>29.1</b>	<b>85.2</b>	<b>3.5</b>	<b>1.7</b>	<b>5.2</b>	<b>100.0</b>

(a) In tables, the term ‘Indigenous’ refers to people who identified as being of Aboriginal and/ or Torres Strait Islander origin; ‘Non-Indigenous’ refers to people who said they were not of Aboriginal or Torres Strait Islander origin.

(b) There were 42 closed treatment episodes for Indigenous people where sex was not stated, 390 episodes for non-Indigenous people where sex was not stated and 45 episodes where Indigenous status and sex were not stated.

(c) Includes ‘not stated’ for sex.

Treatment episodes were relatively more common among Aboriginal and Torres Strait Islander males aged 10–19 years (21%) than among other Australian males aged 10–19 years (11%). This pattern was similar for female clients aged 10–19 years (19% for Indigenous females, compared with 11% for other Australian females). In contrast, treatment episodes involving clients older than 40 years were less common for Aboriginal and Torres Strait Islander clients than for other clients. This finding may relate to differences in the underlying age structures of the two populations, with Aboriginal and Torres Strait Islander peoples having a younger age profile than other Australians.

### 3.5 Country of birth and preferred language

The majority of closed treatment episodes in 2004–05 and in 2003–04 involved clients born in Australia (86% of closed treatment episodes in each year) (Table 3.4). Clients born in other countries were represented in only a small proportion of closed treatment episodes, with England and New Zealand (both 2%) being the next most common countries of birth in 2004–05.

As in previous reporting periods, English was the most frequently reported preferred language – 95% or 135,560 of 142,144 treatment episodes involved clients who indicated English as their preferred language (Table A4.4). Of closed treatment episodes, 1% or 866 of 142,144 episodes involved clients with an Australian Indigenous language as their preferred language. Other preferred languages were relatively uncommon, with each accounting for less than 1% of treatment episodes.

**Table 3.4: Closed treatment episodes by country of birth<sup>(a)</sup>, Australia**

Country of birth	2004–05		2003–04	
	No.	%	No.	%
Australia	121,713	85.6	117,036	85.5
England	3,420	2.4	3,388	2.5
New Zealand	2,665	1.9	2,710	2.0
Viet Nam	1,229	0.9	1,353	1.0
Scotland	777	0.6	750	0.5
Ireland	486	0.3	495	0.4
Germany	344	0.2	355	0.3
South Africa	348	0.2	319	0.2
Italy	313	0.2	316	0.2
United States of America	310	0.2	299	0.2
All other countries	6,381	4.5	6,378	4.7
Not elsewhere classified	339	0.2	409	0.3
Inadequately described	1,569	1.1	871	0.6
Not stated	2,250	1.6	2,190	1.6
<b>Total</b>	<b>142,144</b>	<b>100.0</b>	<b>136,869</b>	<b>100.0</b>

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

## 4 Drugs of concern

This chapter examines the profile and characteristics of clients in relation to the principal drug of concern nominated by the client when using treatment services in 2004–05. The analysis is based on ‘closed treatment episodes’ (See Box 4.1).

This chapter reports only on those 135,202 episodes where clients were seeking treatment for their own substance use. It is reasoned that only substance users themselves can accurately report on the principal drug of concern to them.

### **Box 4.1: Key definitions and counts for closed treatment episodes and drugs, 2004–05**

***Closed treatment episode** refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. In 2004–05 there were **142,144** closed treatment episodes, of which **135,202** closed treatment episodes were for clients seeking treatment for their own substance use.*

***Principal drug of concern** refers to the main substance that the client states led them to seek treatment from the alcohol and other drug treatment agency. In this report, only clients seeking treatment for their own substance use are included in analyses involving principal drug of concern. It is assumed that only substance users themselves can accurately report on the principal drug of concern to them. In 2004–05, **135,202** closed treatment episodes were reported for principal drug of concern.*

***Other drugs of concern** refers to any other drugs apart from principal drug of concern which clients perceive as being a health concern. Clients can nominate up to five other drugs of concern. In 2004–05, there were **114,502** other drugs of concern (apart from principal drug of concern) reported.*

***All drugs of concern** refers to all drugs reported by clients including principal drug of concern and all other drugs of concern. In 2004–05, there were a total of **249,704** drugs of concern reported, either as a principal or other drug of concern.*

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

### 4.1 Jurisdictions and principal drug of concern

Nationally in 2004–05, alcohol (37%) and cannabis (23%) were the most common principal drugs of concern in treatment episodes, followed by opioids (21% of all closed treatment episodes, with heroin accounting for 17%) and amphetamines (11%).<sup>2</sup> Overall, fewer than 1% of closed treatment episodes were for the principal drugs ecstasy and cocaine (0.4% and 0.3% respectively) (Table 4.1).

Alcohol was the most common principal drug of concern reported in all jurisdictions except Queensland. Alcohol, as the principal drug of concern, accounted for 64% of all treatment episodes in the Northern Territory, 43% in South Australia and the Australian Capital

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

Territory, 42% in New South Wales, 37% in Victoria, and 33% in Western Australia. In Tasmania, alcohol and cannabis were the most common principal drugs of concern, each accounting for 31% of closed treatment episodes. Queensland reported the lowest proportion of treatment episodes where alcohol was the principal drug (26%) and the highest proportion of treatment episodes where cannabis was the principal drug (43%). The pattern of principal drugs in Queensland relates largely to the scope of their collection in 2004–05 (namely the inclusion of police diversion and government-provided services but not non-government services; see Section 1.5 for further details).

After alcohol, the three most commonly nominated drugs of concern nationally – cannabis, heroin and amphetamines – varied in their ‘position’ from state to state. In Victoria, cannabis was the second most common principal drug of concern (23%), followed by heroin (22%) (Table 4.1). Heroin was second most common drug of concern in New South Wales (20% of treatment episodes) and the Australian Capital Territory (27%), followed by cannabis (New South Wales 17%, the Australian Capital Territory 19%). In Western Australia and South Australia, amphetamines were second (26% and 18% respectively), followed by cannabis in Western Australia (19%) and heroin in South Australia (13%).

The pattern of principal drugs of concern varied somewhat in Tasmania and the Northern Territory. After alcohol and cannabis, nicotine was the next most common principal drug of concern in Tasmania (17%), followed by amphetamines (10%) and morphine (6%), while heroin was the principal drug of concern for only 1% of all treatment episodes. In the Northern Territory, cannabis was the second most common principal drug of concern (14%), followed by morphine (10%) and amphetamines (5%). Heroin was the principal drug of concern for fewer than 1% of all treatment episodes in the Northern Territory.

Only a small proportion of closed treatment episodes were for clients who identified nicotine as their principal drug of concern (1.8% or 2,478 treatment episodes). It is important to note, however, that this does not equate to the total number of people in Australia receiving treatment for nicotine use but, rather, to the number of clients who attended a government-funded alcohol and other drug treatment service and nominated nicotine as their principal drug of concern. The relatively low rate of treatment for nicotine identified in this data collection is not surprising, because in most states and territories the majority of people with a nicotine addiction obtain treatment through pharmacies, general practitioners (e.g. advice and nicotine patches) or ‘quit’ lines. Tasmania recorded the highest proportion of episodes where nicotine was reported as the principal drug of concern (17%), and the Australian Capital Territory had the lowest proportion (0.1%).

In three jurisdictions, there were principal drugs of concern that were notably higher than the corresponding national figures:

- In the Northern Territory, alcohol was the principal drug of concern in 64% of closed treatment episodes compared to the national figure of 37%.
- In Western Australia, amphetamines were the principal drug of concern in 26% of closed treatment episodes compared to the national figure of 11%.
- In the Australian Capital Territory, heroin was the principal drug of concern in 27% of closed treatment episodes compared to the national figure of 17%.

**Table 4.1: Closed treatment episodes by principal drug of concern and jurisdiction, Australia, 2004–05<sup>(a)</sup> (per cent)**

Principal drug	NSW	Vic <sup>(b)</sup>	Qld <sup>(c)(d)</sup>	WA	SA	Tas <sup>(e)</sup>	ACT	NT	Australia	Total (no.)
Alcohol	41.5	36.8	26.4	32.5	43.4	31.0	42.7	64.4	37.2	50,324
Amphetamines	11.3	6.1	8.7	26.3	17.5	9.8	8.2	5.2	10.9	14,780
Benzodiazepines	2.1	2.4	0.8	1.3	2.5	0.8	1.0	0.5	1.9	2,538
Cannabis	17.4	23.3	42.8	19.1	11.5	31.0	18.6	13.5	23.0	31,044
Cocaine	0.6	0.2	0.1	0.1	0.3	0.0	0.2	0.0	0.3	400
Ecstasy	0.3	0.4	0.7	0.3	0.5	0.7	0.3	0.4	0.4	580
Nicotine	1.3	0.6	6.3	0.5	1.2	16.6	0.1	1.0	1.8	2,478
Opioids										
Heroin	20.1	22.4	5.2	12.0	13.1	0.2	27.4	1.3	17.2	23,193
Methadone	2.4	1.5	1.2	2.3	2.0	2.0	1.2	0.6	1.8	2,454
Morphine	0.7	0.0	2.6	0.1	3.6	5.9	0.2	10.1	1.0	1,389
<i>Total opioids</i>	<i>24.5</i>	<i>23.9</i>	<i>10.0</i>	<i>14.7</i>	<i>20.8</i>	<i>9.0</i>	<i>28.9</i>	<i>12.0</i>	<i>20.7</i>	<i>28,025</i>
All other drugs <sup>(f)</sup>	1.1	6.3	4.1	5.1	2.4	1.1	0.1	3.0	3.7	5,033
<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>..</b>
<b>Total (number)</b>	<b>41,789</b>	<b>44,150</b>	<b>19,743</b>	<b>14,235</b>	<b>7,591</b>	<b>1,372</b>	<b>4,206</b>	<b>2,116</b>	<b>..</b>	<b>135,202</b>

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

(b) The total number of closed treatment episodes for Victoria may be undercounted due to a change in reporting practice introduced in 2004–05.

(c) In Queensland, clients undergoing police diversion automatically have the principal drug of concern recorded as 'cannabis', the main treatment type as 'information and education only' and reason for cessation as 'ceased at expiration'. It is possible that the principal drug is not actually cannabis and it is expected that future modifications to data collection processes will enable this possibility to be reflected.

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

(e) The total number of closed treatment episodes for Tasmania may be undercounted because two agencies only supplied drug diversion data.

(f) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 7 and Table A4.5.

The proportion of closed treatment episodes where alcohol was reported as the principal drug of concern has remained relatively constant at approximately 37% since 2001–02 (Table 4.2). Heroin and amphetamines as principal drugs of concern have also remained relatively constant over the four reporting periods.

The proportion of treatment episodes where cannabis was reported as the principal drug of concern has marginally increased from 21% (or 23,826 of 113,231 episodes) in 2001–02 to 23% (or 31,044 of 135,202 episodes) in 2004–05<sup>3</sup> (see Chapter 6 for further information on cannabis). Ecstasy as the principal drug of concern doubled between 2001–02 and 2004–05 from 0.2% (or 253 of 113,231 episodes) to 0.4% (or 580 of 135,202 episodes); while cocaine as the principal drug of concern more than halved from 0.7% (or 804 of 113,231 episodes) to

3 When comparing data across collection years it is important to consider the caveats of the collection, in particular the coverage of in-scope agencies and data completeness. For instance, Queensland supplied data for police diversion clients only for the 2001–02 collection (see Section 1.5 for further details).

0.3% (or 400 of 135,202 episodes) over the four reporting periods. For trends in the use of alcohol and other drugs in the Australian population see Section 7.3.

**Table 4.2: Trends in closed treatment episodes by principal drug of concern, Australia, 2001–02 to 2004–05<sup>(a)</sup>**

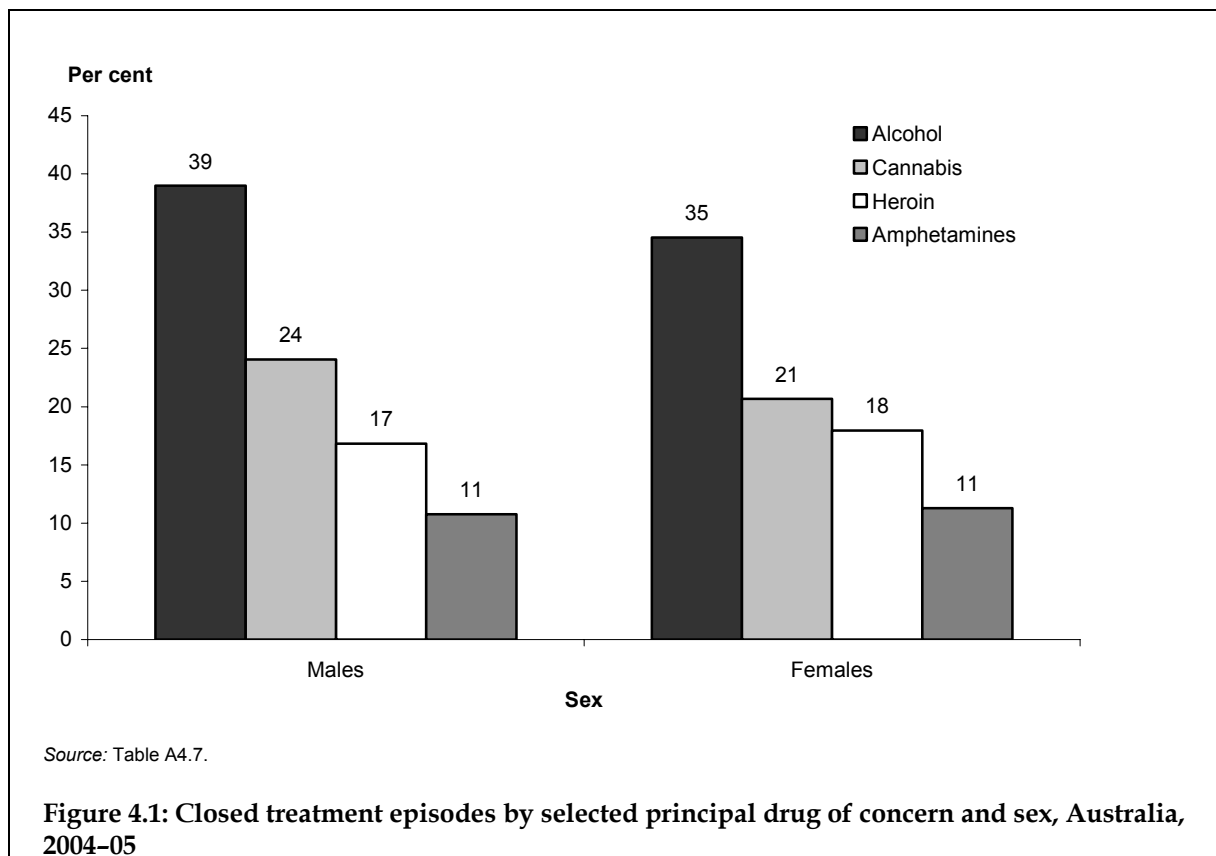
Principal drug of concern	2001–02		2002–03		2003–04		2004–05	
	No.	%	No.	%	No.	%	No.	%
Alcohol	41,886	37.0	46,747	38.0	48,500	37.5	50,324	37.2
Amphetamines	12,211	10.8	13,213	10.7	14,208	11.0	14,780	10.9
Benzodiazepines	2,745	2.4	2,609	2.1	2,711	2.1	2,538	1.9
Cannabis	23,826	21.0	27,106	22.0	28,427	22.0	31,044	23.0
Cocaine	804	0.7	323	0.3	272	0.2	400	0.3
Ecstasy	253	0.2	416	0.3	508	0.4	580	0.4
Heroin	20,027	17.7	22,642	18.4	23,326	18.0	23,193	17.2
Methadone	2,570	2.3	2,173	1.8	2,404	1.9	2,454	1.8
Nicotine	1,602	1.4	1,693	1.4	2,001	1.5	2,478	1.8
All other drugs <sup>(b)</sup>	6,482	5.7	5,434	4.4	6,342	4.9	5,033	5.5
Not stated	825	0.7	676	0.5	632	0.5	8	0.0
<b>Total</b>	<b>113,231</b>	<b>100.0</b>	<b>123,032</b>	<b>100.0</b>	<b>129,331</b>	<b>100.0</b>	<b>135,202</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 and Table A4.5.

## 4.2 Sex, age and principal drug of concern

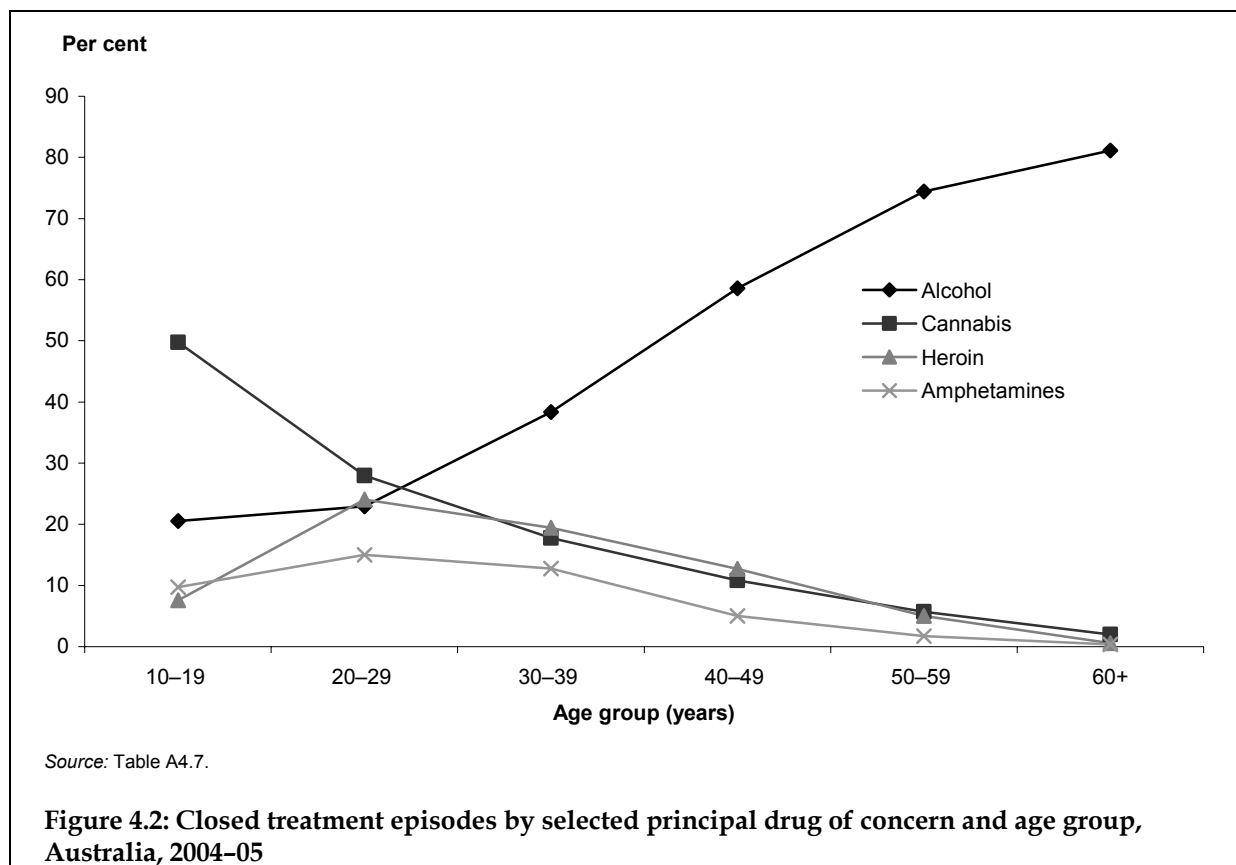
The principal drugs of concern followed a similar pattern in treatment episodes involving male or female clients in 2004–05 (Figure 4.1). Alcohol was the most commonly recorded principal drug of concern for both sexes (39% for males and 35% for females), followed by cannabis (24% for males and 21% for females) and heroin (17% for males and 18% for females). The proportion of treatment episodes where amphetamines were recorded as the principal drug was 11% for both males and females. These proportions were almost identical in 2003–04 – alcohol (39% for males and 35% for females), cannabis (23% for males and 20% for females), heroin (18% for males and 19% for females), and amphetamines (11% for both males and females) (AIHW 2005a).



The principal drug of concern in a treatment episode was strongly related to the client’s age. For closed treatment episodes involving clients in the 10-19 year age group, the most commonly reported principal drug was cannabis (50%) (Figure 4.2). This proportion varied by sex – 53% for males in this age group and 43% for females (Table A4.7). Alcohol was the second most commonly reported principal drug (21%) in this age group, followed by amphetamines (10%) and heroin (8%).

For closed treatment episodes involving 20-29-year-olds, there was a fairly even distribution of drugs of concern with cannabis being the drug most commonly recorded (28%), followed by heroin (24%) and then alcohol (23%). This pattern varied by sex – for males in this age group cannabis (29%) was the most commonly reported principal drug, followed by alcohol (25%) and heroin (22%), while for female clients, the most commonly reported principal drug was heroin (28%), followed by cannabis (25%) and alcohol (18%).

Clients aged 30 years and over were much more likely to report alcohol as their principal drug of concern than younger clients (50% or 36,191 of 72,010 episodes for clients aged 30 plus years compared with 22% or 13,808 of 61,887 episodes for clients aged 10-29 years). This proportion was highest among males and females aged 60 years and over (86% and 73%, respectively).



### 4.3 Country of birth and principal drug of concern

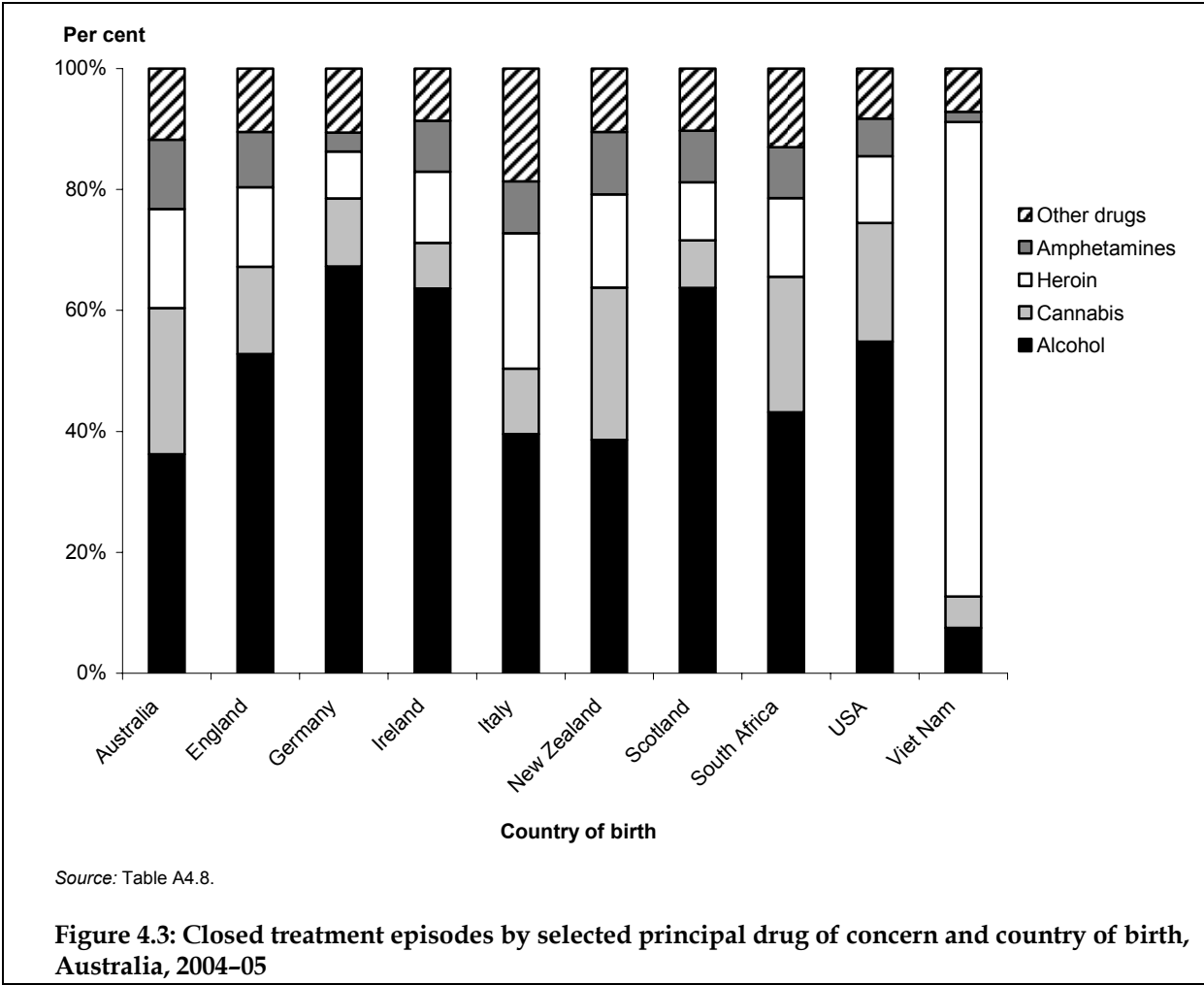
The distribution of the principal drug of concern varied somewhat with the client’s country of birth (Figure 4.3). For closed treatment episodes where clients reported being born in Australia, 36% reported alcohol as their principal drug of concern, followed by cannabis (24%) and heroin (16%). This pattern was reflected for clients born in a number of other countries, including England (53% alcohol, 15% cannabis and 13% heroin), Germany (67%, 11% and 8% respectively), New Zealand (39%, 25% and 15% respectively), South Africa (43%, 22% and 13% respectively) and the United States of America (55%, 20% and 11% respectively).

The countries of birth reporting the highest proportion of closed treatment episodes for alcohol as the principal drug were Germany (68%), followed by Scotland and Ireland (64% each). In contrast, closed treatment episodes for clients born in Viet Nam reported the lowest proportion of episodes where alcohol was the principal drug (8%) and the highest proportion of episodes where the principal drug of concern is heroin (79%).

The highest proportions of treatment episodes where cannabis was reported as the principal drug of concern were for clients born in New Zealand and Australia (25% and 24% respectively), followed by South Africa (22%) and the United States of America (20%). Similarly, clients born in Australia and New Zealand had the highest proportions of treatment episodes where amphetamines were reported as the principal drug of concern (12% and 10% respectively).

It is important to note that the age distributions of migrants from these countries are not the same. For example, migrants from the United Kingdom and European countries are likely to

be older than those from many Asian countries (ABS 2006). Given the strong relationship between age and principal drug of concern, it is not surprising that alcohol is the most likely drug of concern for most European migrants seeking treatment.



### 4.4 Indigenous status and principal drug of concern

Overall, closed treatment episodes involving Aboriginal and Torres Strait Islander clients were most likely to involve the same four principal drugs of concern as the population overall – alcohol (43%), cannabis (23%), heroin (12%) and amphetamines (11%) – however, alcohol was more likely to be nominated (43%, compared with 37%) and heroin less so (12%, compared with 18%) (Table 4.3).

As previously noted, data relating to Indigenous status should be interpreted with caution for a number of reasons, in particular the relatively high proportion of treatment episodes where Indigenous status was ‘not stated’ (5%) (see Section 1.5 for further details).

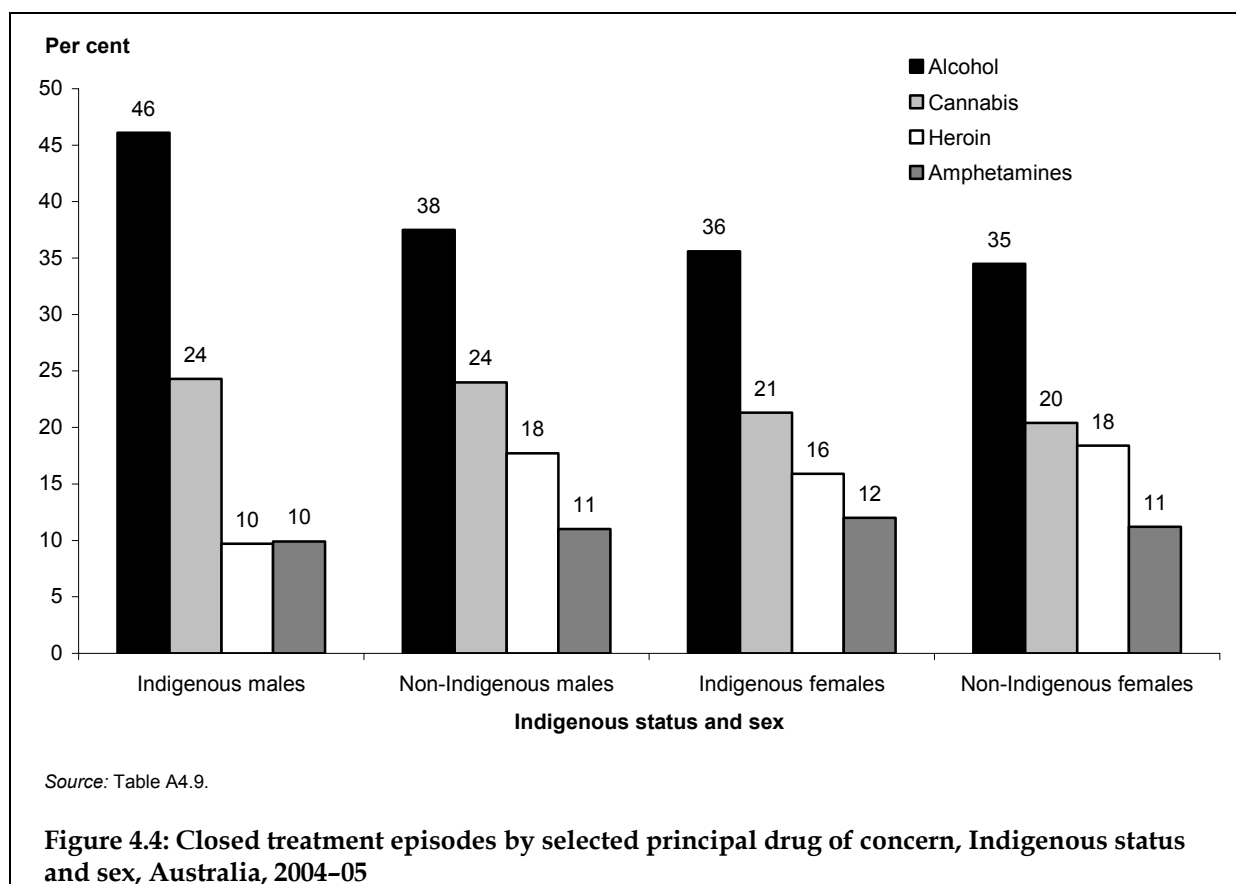
**Table 4.3: Closed treatment episodes by principal drug of concern and Indigenous status, Australia, 2004–05<sup>(a)</sup>**

Principal drug of concern	Indigenous		Non-Indigenous		Not stated		Total	
	No.	%	No.	%	No.	%	No.	%
Alcohol	5,647	42.5	41,984	36.6	2,693	38.0	50,324	37.2
Amphetamines	1,408	10.6	12,695	11.1	677	9.5	14,780	10.9
Benzodiazepines	138	1.0	2,268	2.0	132	1.9	2,538	1.9
Cannabis	3,091	23.3	26,248	22.9	1,705	24.0	31,044	23.0
Cocaine	17	0.1	367	0.3	16	0.2	400	0.3
Ecstasy	15	0.1	548	0.5	17	0.2	580	0.4
Heroin	1,570	11.8	20,546	17.9	1,077	15.2	23,193	17.2
Methadone	177	1.3	2,142	1.9	135	1.9	2,454	1.8
Nicotine	206	1.6	2,126	1.9	146	2.1	2,478	1.8
All other drugs <sup>(b)</sup>	1,011	7.6	5,905	5.1	495	7.0	7,411	5.5
<b>Total</b>	<b>13,280</b>	<b>100.0</b>	<b>114,829</b>	<b>100.0</b>	<b>7,093</b>	<b>100.0</b>	<b>135,202</b>	<b>100.0</b>
<b>Per cent of Indigenous status</b>	<b>9.8</b>	<b>..</b>	<b>84.9</b>	<b>..</b>	<b>5.2</b>	<b>..</b>	<b>100.0</b>	<b>..</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.

The pattern of principal drug of concern among treatment episodes for Aboriginal and Torres Strait Islander clients also varied according to clients' sex (Figure 4.4). Forty-six per cent of treatment episodes for male clients identifying as being of Aboriginal and/or Torres Strait Islander origin involved alcohol as the principal drug of concern, compared with 38% for other male clients; while 36% of closed treatment episodes for female Aboriginal and Torres Strait Islander clients involved alcohol as the principal drug of concern, only one per cent higher than that reported by other female clients (35%). As part of this pattern of sex differences, treatment episodes for female Indigenous clients were somewhat more likely than those for male Indigenous clients to involve heroin as the principal drug of concern (16% of all treatment episodes compared with 10%). This difference was not found for non-indigenous clients, where 18% of treatment episodes involved heroin as the principal drug of concern for both males and females.



## 4.5 Geographical location and principal drug of concern

In 2004-05, 71% of all closed treatment episodes related to clients receiving services in major cities, 20% in inner regional and 9% in outer regional areas, with few closed treatment episodes in remote (1%) and very remote areas (0.1%) (see Appendix 6 for information on how these categories are derived). These proportions are very similar to those in previous reporting periods (AIHW 2003, 2004a, 2005a).

Across all areas, alcohol was the most commonly reported drug of concern in 2004-05 (36% major cities, 41% inner regional, 38% outer regional, 72% remote areas and 83% very remote areas – Table 4.4). In all areas except major cities, the second most commonly reported drug of concern was cannabis (28% inner regional, 33% outer regional, 16% remote and 15% very remote). In major cities heroin was the second most commonly reported drug of concern (22%), followed by cannabis (21%) and amphetamines (12%).

Caution should be used when interpreting geographical data – especially for remote and very remote areas – because of the small population in some areas. Furthermore, the number of agencies, and hence episodes, located in major cities may be overrepresented because some treatment agencies, particularly in non-metropolitan areas, were reported only under the main administrative centre of the services. Geographical location may also have an effect on the type of treatment services available, especially in more remote areas, with the focus of the services available possibly targeted to a particular substance.

**Table 4.4: Closed treatment episodes<sup>(a)</sup> by principal drug of concern and geographical location, Australia, 2004–05 (per cent)**

Principal drug of concern	Major cities	Inner regional	Outer regional	Remote	Very remote	Total <sup>(b)</sup>	Total (number) <sup>(b)</sup>
Alcohol	35.5	40.9	38.3	71.7	83.3	37.2	50,324
Amphetamines	11.8	9.8	7.3	4.5	0.0	10.9	14,780
Benzodiazepines	2.1	1.5	1.1	0.2	0.0	1.9	2,538
Cannabis	20.5	28.1	32.5	16.3	15.1	23.0	31,044
Cocaine	0.4	0.2	0.1	0.0	0.0	0.3	400
Ecstasy	0.5	0.3	0.4	0.2	0.0	0.4	580
Heroin	21.6	8.8	2.5	1.1	0.0	17.2	23,193
Methadone	1.9	1.8	1.0	0.4	0.0	1.8	2,454
Nicotine	1.3	2.8	3.8	1.6	1.6	1.8	2,478
All other drugs <sup>(c)</sup>	4.5	5.7	13.0	4.1	0.0	5.5	7,411
<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>Total (number)</b>	<b>95,304</b>	<b>26,382</b>	<b>11,970</b>	<b>1,420</b>	<b>126</b>	..	<b>135,202</b>
<b>Per cent of location</b>	<b>70.5</b>	<b>19.5</b>	<b>8.9</b>	<b>1.1</b>	<b>0.1</b>	<b>100.0</b>	..

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

(b) Includes 'not stated' for location.

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

## 4.6 Source of referral and principal drug of concern

In 2004–05, self referral was the most common source of referral for clients seeking treatment for their own drug use (36%), followed by referrals from alcohol and other drug treatment services (12%) and correctional services (10%) (Table 4.5). The proportion of closed treatment episodes that followed self-referral decreased slightly from 40% in 2003–04 to 36% in 2004–05. For other sources of referral, the proportion of closed treatment episodes that followed remained relatively stable, with the exception of referrals through court diversion which increased from 2% (or 2,221 of 129,331 episodes) in 2003–04 to 5% (or 7,006 of 135,202 episodes) in 2004–05.

Of treatment episodes where the client self-referred, the principal drug of concern was most likely to be alcohol (40%), followed by heroin (20%) and cannabis (18%). This general pattern was similar for referrals from alcohol and other drug treatment services (38%, 21% and 19% respectively) and from correctional services – although cannabis was slightly more likely than heroin to be the principal drug of concern (alcohol 40%, heroin 20% and cannabis 22%).

Police and court diversion were the only two referral sources where alcohol was not the most commonly reported principal drug of concern. Of closed treatment episodes where the client was referred through the court diversion, 27% involved clients who nominated cannabis as their principal drug of concern, while a higher proportion of episodes where the client was referred through police diversion involved cannabis (80%). It is important to note that in Queensland, clients undergoing police diversion automatically have their principal drug of concern recorded as 'cannabis'.

**Table 4.5: Closed treatment episodes<sup>(a)</sup> by principal drug of concern and source of referral, Australia, 2004–05**

Principal drug of concern	Self	Family member/friend	GP/medical specialist	Hospital	Community mental health service	AODTS	Other community health/care services						Not stated	Total
							Correctional service	Police diversion	Court diversion	Other	(number)			
Alcohol	19,651	2,509	3,409	2,653	1,451	6,078	1,887	5,496	420	1,481	5,038	251	50,324	
Amphetamines	5,282	1,192	538	415	370	1,618	626	1,893	374	1,337	1,081	54	14,780	
Benzodiazepines	952	86	301	114	111	475	93	100	3	109	191	3	2,538	
Cannabis	8,556	1,857	1,004	394	917	2,990	1,238	3,035	6,541	1,900	2,513	99	31,044	
Cocaine	144	42	22	2	13	48	11	41	16	29	29	3	400	
Ecstasy	157	55	21	7	16	20	11	65	56	108	64	0	580	
Heroin	9,597	1,034	950	419	198	3,429	742	2,705	94	1,515	2,461	49	23,193	
Methadone	976	107	295	114	29	439	50	111	14	66	247	6	2,454	
Nicotine	625	84	341	232	41	91	152	81	476	159	187	9	2,478	
All other drugs <sup>(b)</sup>	3,039	358	927	266	128	813	348	368	194	302	620	48	7,411	
<b>Total<sup>(c)</sup></b>	<b>48,979</b>	<b>7,324</b>	<b>7,808</b>	<b>4,616</b>	<b>3,274</b>	<b>16,001</b>	<b>5,158</b>	<b>13,895</b>	<b>8,188</b>	<b>7,006</b>	<b>12,431</b>	<b>522</b>	<b>135,202</b>	
							(per cent)							
Alcohol	40.1	34.3	43.7	57.5	44.3	38.0	36.6	39.6	5.1	21.1	40.5	48.1	37.2	
Amphetamines	10.8	16.3	6.9	9.0	11.3	10.1	12.1	13.6	4.6	19.1	8.7	10.3	10.9	
Benzodiazepines	1.9	1.2	3.9	2.5	3.4	3.0	1.8	0.7	0.0	1.6	1.5	0.6	1.9	
Cannabis	17.5	25.4	12.9	8.5	28.0	18.7	24.0	21.8	79.9	27.1	20.2	19.0	23.0	
Cocaine	0.3	0.6	0.3	0.0	0.4	0.3	0.2	0.3	0.2	0.4	0.2	0.6	0.3	
Ecstasy	0.3	0.8	0.3	0.2	0.5	0.1	0.2	0.5	0.7	1.5	0.5	0.0	0.4	
Heroin	19.6	14.1	12.2	9.1	6.0	21.4	14.4	19.5	1.1	21.6	19.8	9.4	17.2	
Methadone	2.0	1.5	3.8	2.5	0.9	2.7	1.0	0.8	0.2	0.9	2.0	1.1	1.8	
Nicotine	1.3	1.1	4.4	5.0	1.3	0.6	2.9	0.6	5.8	2.3	1.5	1.7	1.8	
All other drugs <sup>(b)</sup>	6.2	4.9	11.9	5.8	3.9	5.1	6.7	2.6	2.4	4.3	5.0	9.2	5.5	
<b>Total<sup>(c)</sup></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>	<b>100.0</b>	
<b>% of referrals</b>	<b>36.2</b>	<b>5.4</b>	<b>5.8</b>	<b>3.4</b>	<b>2.4</b>	<b>11.8</b>	<b>3.8</b>	<b>10.3</b>	<b>6.1</b>	<b>5.2</b>	<b>9.2</b>	<b>0.4</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.

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

## 4.7 Other drugs of concern

Of the 135,202 closed treatment episodes where clients were seeking treatment for their own drug use in 2004–05, 70,068 episodes (52%) involved at least one other drug of concern – that is, episodes involved a principal drug of concern and at least one other drug of concern (Table 4.6). This proportion varied with the principal drug of concern – in closed treatment episodes where the principal drug of concern was cocaine, amphetamines or heroin, more than 65% of episodes included at least one other drug of concern. Treatment episodes where alcohol and nicotine were reported as the principal drug were least likely to report additional drugs of concern (42% and 33% respectively).

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

**Table 4.6: Number of closed treatment episodes<sup>(a)</sup> by principal drug of concern, with or without other drug of concern, Australia, 2004–05**

Principal drug of concern	With other drugs	With no other drugs	Total closed treatment episodes	Proportion of episodes with 'other drugs' of concern (%)
Alcohol	21,241	29,083	50,324	42.2
Amphetamines	9,753	5,027	14,780	66.0
Benzodiazepines	1,571	967	2,538	61.9
Cannabis	16,148	14,896	31,044	52.0
Cocaine	270	130	400	67.5
Ecstasy	379	201	580	65.3
Heroin	14,395	8,798	23,193	62.1
Methadone	1,536	918	2,454	62.6
Nicotine	815	1,663	2,478	32.9
All other drugs <sup>(b)</sup>	3,960	3,451	7,411	53.4
<b>Total<sup>(b)</sup></b>	<b>70,068</b>	<b>65,134</b>	<b>135,202</b>	<b>51.8</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.

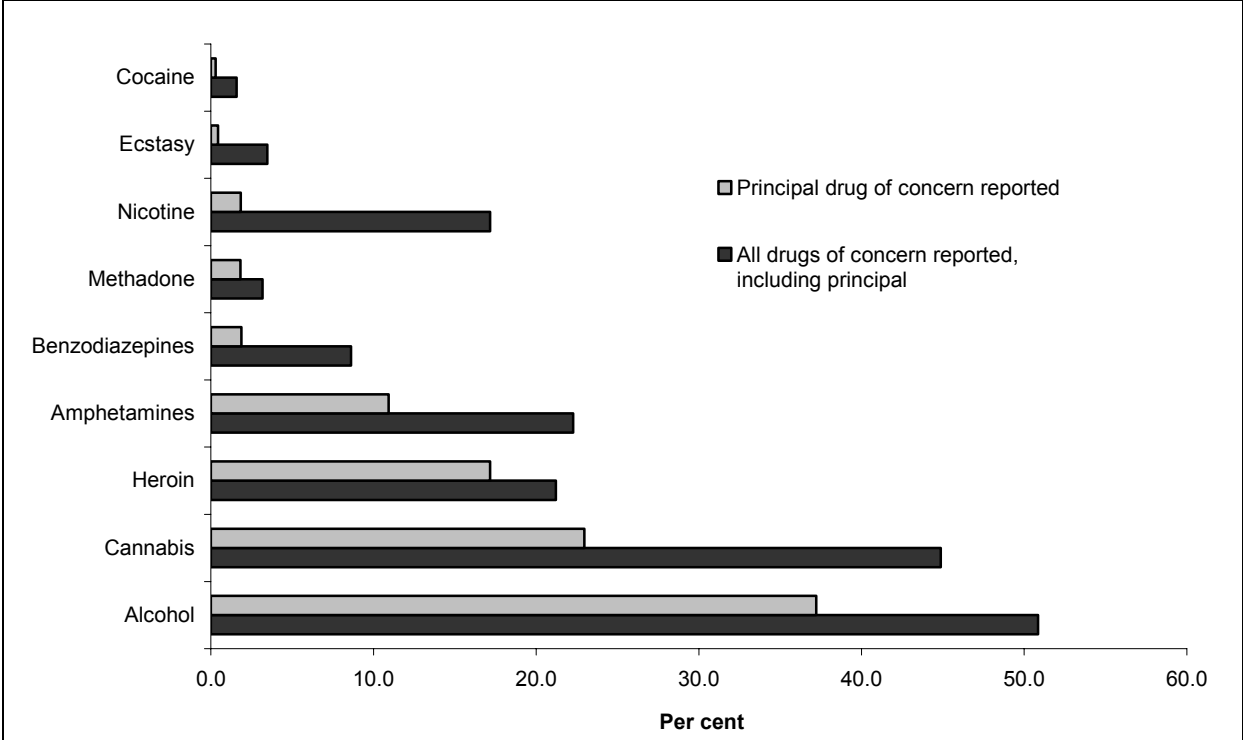
From the 70,068 closed treatment episodes that did involve at least one other drug of concern, 114,502 other drugs of concern were reported (clients are able to report up to five other drugs of concern). This equates to 1.6 other drugs of concern for clients of these treatment episodes.

When all drugs of concern are considered, alcohol and cannabis remain the two most commonly reported drugs of concern (Figure 4.5). Alcohol was reported as the principal drug of concern in 37% of treatment episodes and, when all drugs are considered, 51% of treatment episodes included alcohol as one of the drugs of concern. A similar pattern can be seen for cannabis (identified in 23% of treatment episodes as the principal drug of concern and in 45% of treatment episodes as one of the drugs of concern) (Table A4.10).

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

benzodiazepines as the principal drug of concern, whereas 9% of treatment episodes included them as a drug of concern. Seventeen per cent of closed treatment episodes involved heroin as the principal drug of concern, rising to 21% when all drugs of concern are considered.

Despite being reported as a principal drug of concern in only 2% of treatment episodes, nicotine was the fifth most common overall, reported in 17% of closed treatment episodes as one of the clients’ drugs of concern (see Section 4.1 for further information on nicotine treatment).



Source: Table A4.10.

**Figure 4.5: Closed treatment episodes by principal drug of concern and all drugs of concern, Australia, 2004-05**

### 4.8 Injecting drug use and principal drug of concern

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

In 2004-05, 45% of closed treatment episodes involved clients who reported never having injected drugs, 25% involved clients who identified themselves as current injectors (i.e. injected within the previous 3 months) and a further 18% involved clients who reported they had injected drugs in the past (8% between 3 months and 12 months ago and 10% 12 or more months ago) (Table 4.7). Caution should be used, however, when interpreting data for ‘injecting drug use’ due to the high ‘not stated’ response for this item (12% of treatment episodes).

A relatively high proportion of closed treatment episodes for clients in the 20–29 and 30–39 year age groups reported being ‘current injectors’ (33% and 30% respectively), with a significant proportion of clients in these age groups also reporting having injected drugs some time in the past (around 22% of treatment episodes for each age group).

In only a small proportion of treatment episodes were clients aged 50 years and over reported as being ‘current injectors’ (6% of episodes in the 50–59 year age group and 1% for those aged 60 years and over). A very high proportion of treatment episodes for clients in these age groups were reported as never having injected drugs (73% and 86% respectively).

**Table 4.7: Closed treatment episodes<sup>(a)</sup> by injecting drug use and age group, Australia, 2004–05**

Injecting drug use	10–19	20–29	30–39	40–49	50–59	60+	Not stated	Total
(number)								
Current injector	2,281	14,995	11,504	3,722	479	32	303	33,316
Injected 3–12 months ago	887	5,153	3,820	1,237	165	7	85	11,354
Injected 12+ months ago	512	4,320	4,916	2,759	555	28	41	13,131
Never injected	10,185	16,312	14,483	11,886	5,902	2,342	263	61,373
Not stated	2,605	4,637	4,252	2,648	957	316	613	16,028
<b>Total persons</b>	<b>16,470</b>	<b>45,417</b>	<b>38,975</b>	<b>22,252</b>	<b>8,058</b>	<b>2,725</b>	<b>1,305</b>	<b>135,202</b>
(per cent)								
Current injector	13.8	33.0	29.5	16.7	5.9	1.2	23.2	24.6
Injected 3–12 months ago	5.4	11.3	9.8	5.6	2.0	0.3	6.5	8.4
Injected 12+ months ago	3.1	9.5	12.6	12.4	6.9	1.0	3.1	9.7
Never injected	61.8	35.9	37.2	53.4	73.2	85.9	20.2	45.4
Not stated	15.8	10.2	10.9	11.9	11.9	11.6	47.0	11.9
<b>Total persons</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.

The likelihood of having ever injected drugs varied with the client’s principal drug of concern. For closed treatment episodes where clients reported heroin as their principal drug of concern, 91% reported being current or past injectors, followed by amphetamines (82%), methadone (81%) and cocaine (53%) (Table A4.11). Closed treatment episodes where nicotine was the principal drug of concern had the lowest proportion of clients who had ever injected drugs (9%).

Almost half (45%) of clients who reported benzodiazepines as their principal drug of concern had injected drugs either some time in the past or were current injectors, while just over one-quarter (26%) of clients who reported cannabis as their principal drug of concern and almost one-fifth of clients who reported alcohol or ecstasy as their principal drug of concern reported being current or past injectors (19% each).

## 4.9 Method of use and principal drug of concern

As part of the AODTS–NMDS collection, clients are asked to nominate the usual method of administering their principal drug of concern, that is, their ‘method of use’. The most likely methods of use in 2004–05 were ingestion (45% of all treatment episodes for clients seeking treatment for their own drug use), followed by injection (26%) and smoking (25%). Inhaling and sniffing were the methods of use for about 2% and 1% of treatment episodes, respectively (Table 4.8).

Most principal drugs of concern involved one main method of use (Table 4.8). Ingestion was the most common method of use when the principal drugs of concern were alcohol (99%), benzodiazepines (93%), ecstasy (88%) or methadone (86%). Injecting was most common method of use for heroin (91%) and amphetamines (77%) and smoking was most common method for cannabis (91%) and nicotine (96%).

Cocaine and ‘other drugs’ did not appear to have one foremost method of use among clients. Cocaine was sniffed (41%), injected (35%) and smoked (15%). ‘Other drugs’ were ingested (40%), injected (30%) and inhaled (14%).

**Table 4.8: Closed treatment episodes<sup>(a)</sup> by principal drug of concern and method of use, Australia, 2004–05 (per cent)**

Principal drug of concern	Ingests	Smokes	Injects	Sniffs	Inhales	Other	Not stated	Total
Alcohol	98.7	0.3	0.1	0.0	0.1	0.1	0.6	100.0
Amphetamines	11.3	4.9	76.5	4.5	0.4	0.2	2.3	100.0
Benzodiazepines	93.1	0.3	4.9	0.2	0.1	0.2	1.3	100.0
Cannabis	1.5	91.1	0.4	0.0	4.6	0.2	2.1	100.0
Cocaine	3.8	14.8	35.0	41.3	2.5	0.3	2.5	100.0
Ecstasy	87.8	1.2	7.1	1.2	0.5	0.3	1.9	100.0
Heroin	1.4	5.5	90.8	0.2	0.8	0.1	1.1	100.0
Methadone	85.5	0.2	12.6	0.0	0.1	0.1	1.5	100.0
Nicotine	1.7	96.4	0.2	0.0	0.8	0.1	0.8	100.0
Other drugs <sup>(b)</sup>	40.0	2.2	29.7	0.5	14.0	1.7	11.9	100.0
<b>Total (per cent)</b>	<b>44.5</b>	<b>24.5</b>	<b>26.2</b>	<b>0.7</b>	<b>2.1</b>	<b>0.2</b>	<b>1.9</b>	<b>100.0</b>
<b>Total (numbers)</b>	<b>60,127</b>	<b>33,058</b>	<b>35,399</b>	<b>940</b>	<b>2,820</b>	<b>315</b>	<b>2,543</b>	<b>135,202</b>

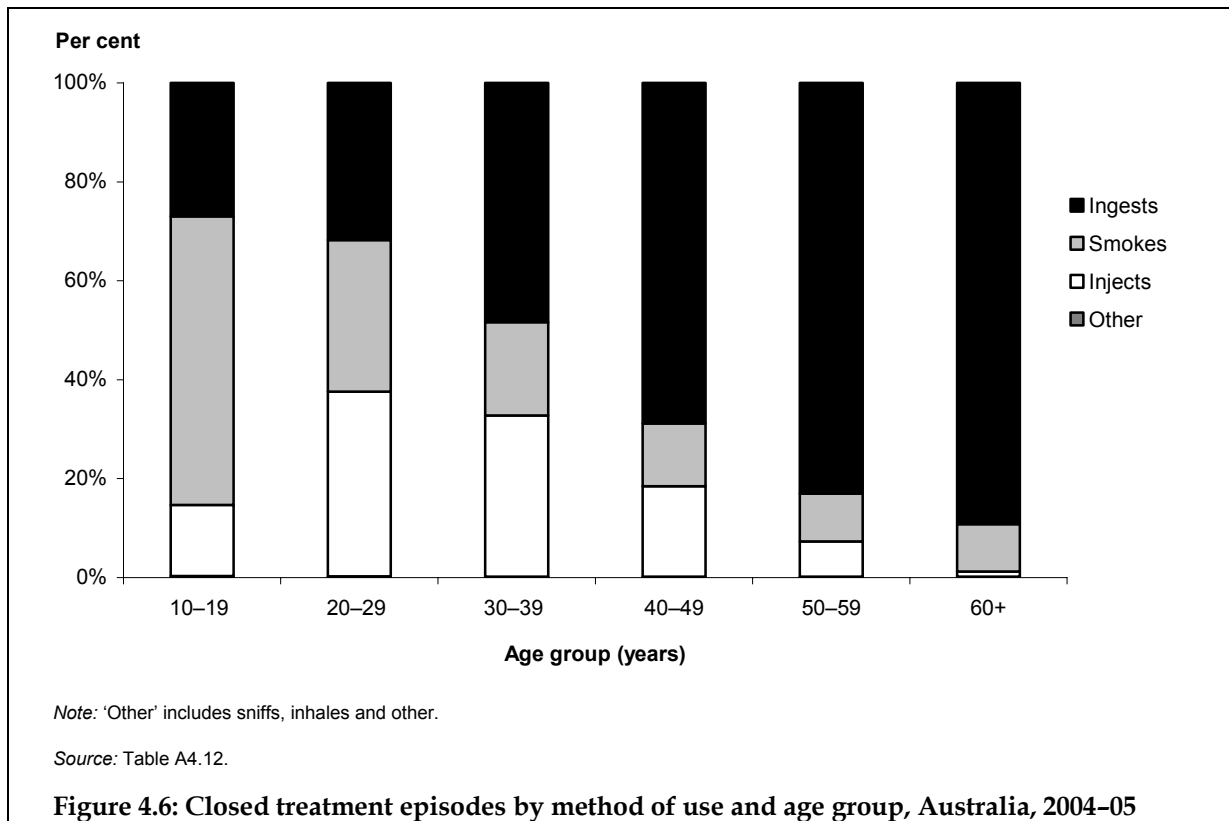
(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

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

The most common method of use varied with the client’s age, with the distribution of the different methods of use among age groups being related to the most common principal drug of concern for the age groups (Figure 4.6). For example, ingestion as a method of use increased in prevalence with age, whereas smoking and injection decreased. This corresponds to alcohol being a more likely principal drug of concern in older years and cannabis, heroin and amphetamines decreasing in likelihood from 20–29 years onwards. More specifically:

- For clients aged 10–19 years, smoking was the most common method of use, related to cannabis being the most common principal drug of concern for this age group.

- For clients aged 20–29 years, injecting was the most common method of use, related to heroin being the second most common principal drug of concern for this age group and amphetamines being commonly nominated as a principal drug of concern by clients in this age group.
- For clients aged 30 years and over, ingestion was the most common method of use, related to alcohol being the most common principal drug of concern for these age groups.



## 4.10 Reason for cessation and principal drug of concern

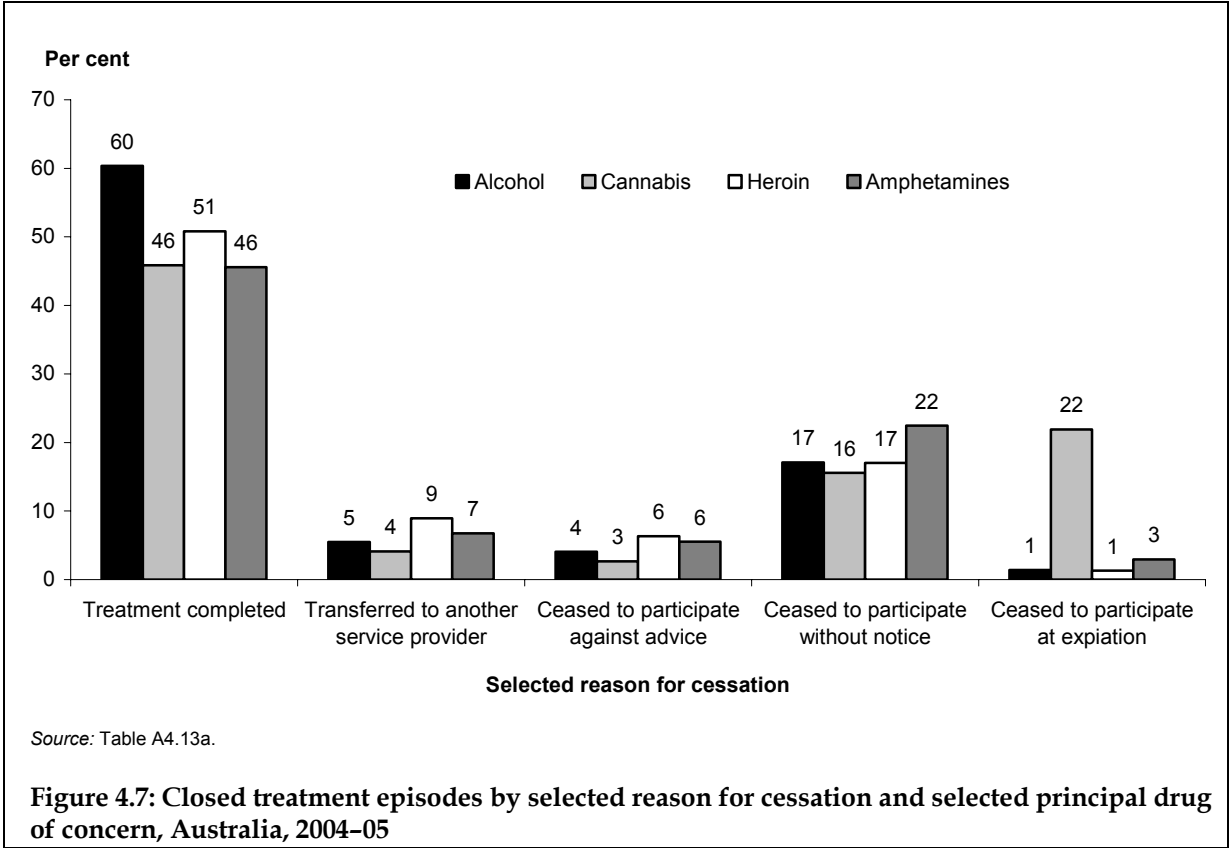
There are a number of reasons a treatment episode can cease, according to the AODTS–NMDS definition. The treatment may be completed, which in the context of this collection means that all of the immediate goals of the treatment plan have been fulfilled. Other reasons include the client ceasing to participate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

In 2004–05, more than half of closed treatment episodes involving clients seeking treatment for their own drug use ceased because the treatment was completed (53%; Table A4.13a). The next most common reason for treatment episodes to end was that the client ceased to participate without notice (17%). The client ceasing to participate at expiation – that is, where the client had completed the required intervention – accounted for 7%, closely followed by the client transferring to another service provider (6%). Only 4% of episodes ended because the client ceased to participate against advice. Nationally, a very small proportion of treatment episodes ceased because the client was imprisoned (0.8%), or because the client had died (0.1%).

This pattern of distribution was similar to that in 2003–04, where 53% of treatment episodes ending involved clients whose treatment was completed, 16% where clients ceased to participate without notice, 7% transferred to another service provider, 8% ceased at expiation and 5% ended treatment against the advice of the service provider (AIHW 2005a).

The reason for cessation varied across treatment episodes according to the principal drug of concern. For example, treatment episodes where alcohol was the principal drug of concern were more likely to end because treatment was completed (60%) than treatment episodes where heroin (51%), cannabis (46%) or amphetamines (46%) were the principal drug (Figure 4.7). Just over one-fifth of all treatment episodes with cannabis as the principal drug ceased at expiation (22%). A relatively high proportion of treatment episodes with amphetamines as the principal drug ended because the client ceased to participate without notice (22%), compared with alcohol, heroin and cannabis (17%, 17% and 16% respectively).

Examining these figures from another angle we see that, of all treatment episodes ending at expiation – that is, where the client had expiated their offence by completing a recognised education or information program – 74% involved cannabis as the principal drug of concern<sup>4</sup> (Table A4.13b). Only a small proportion of treatment episodes where alcohol, amphetamines or heroin was the principal drug ended at expiation (8% of episodes for alcohol, 5% for amphetamines and 3% for heroin).



4 In Queensland, clients undergoing police diversion automatically have their principal drug of concern recorded as ‘cannabis’, the main treatment type as ‘information and education only’ and the reason for cessation as ‘ceased to participate at expiation’. It is possible that their principal drug of concern is not actually cannabis. It is expected that future modifications to data collection processes will enable this possibility to be reflected.