

# Appendixes

## Appendix 1: Data elements included in the AODTS–NMDS for 2004–05

The detailed data definitions for the data elements included in the AODTS–NMDS for 2004–05 are published in the *National Health Data Dictionary* (NHDD) version 12 (NHDC 2003) and are available on AIHW’s Metadata Online Registry (METeOR) at <<http://meteor.aihw.gov.au/content/index.phtml/itemId/334288>>.

Table A1.1 lists all data elements collected for 2004–05.

**Table A1.1: Data elements for the AODTS–NMDS, 2004–05**

<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 are 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 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' as the fundamental unit for service funding. An episode of care 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 episode of care 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 episodes of care 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 episodes of care on a quarterly basis. A subset of this data is contributed to the AODTS NMDS annually.

Victorian AODT service providers use the SWITCH or FullADIS information systems to report quarterly activity. Both are ageing systems and SWITCH, used by hospitals and community health centres, is about to be replaced by two purpose built client managements systems known as HealthSMART. Lead agencies will commence migration to HealthSMART systems in 2006-07.

## **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 are 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 a requirement 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 final stage of conducting a business, gap analysis and business case with a view to implementing a clinical information management system (the ADS IMPS project). This project aims to provide a clinical information management system with a client and outcomes 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 2007–08.

## **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 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. All funded agencies are required to provide the AODTS-NMDS data items to the department 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.

The department has recently implemented an intranet-based data entry system for NMDS data collection and is now working on developing this into a web-based system for use by non-government organisations.

### **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.

Reported numbers for each state/territory in the AODTS-NMDS annual report include services provided under the National Illicit Drug Strategy Non-Government Organisation Treatment Grants Programme.

## Appendix 3: Technical notes

This appendix provides information on data presentation and population definitions. 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 2004c)
- 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 2004c).

### 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 2004–05.
- *Client registration population* refers to the number of clients registering or re-registering during 2004–05 (see also Section A3.2).
- *Closed treatment episode population* refers to the number of treatment episodes that closed during 2004–05. 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
- (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
- (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 2002).

### **Treatment episode data, 2001–02 to 2004–05**

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 to 2004–05 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 client's treatment plan has been completed
- 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
- the client's principal drug of concern has changed
- the client's main treatment type has changed
- the treatment delivery setting for the client's main treatment type has changed
- 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 2004–05**

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 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 2004–05 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 2004–05 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, 2004–05

Age group (years)	Males		Females		Not stated		Persons	
	No.	%	No.	%	No.	%	No.	%
10–19	10,090	8.3	4,964	4.1	77	0.1	15,131	12.4
20–29	27,657	22.7	12,394	10.2	125	0.1	40,176	33.0
30–39	22,862	18.8	11,430	9.4	119	0.1	34,411	28.2
40–49	12,589	10.3	7,329	6.0	88	0.1	20,006	16.4
50–59	4,641	3.8	3,270	2.7	39	0.0	7,950	6.5
60+	1,675	1.4	1,135	0.9	14	0.0	2,824	2.3
Not stated	793	0.7	516	0.4	5	0.0	1,314	1.1
<b>Total</b>	<b>80,307</b>	<b>65.9</b>	<b>41,038</b>	<b>33.7</b>	<b>467</b>	<b>0.4</b>	<b>121,812</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, 2004–05

Client type	Males		Females		Not stated		Persons	
	No.	%	No.	%	No.	%	No.	%
Own drug use	78,575	64.5	36,331	29.8	455	0.4	115,361	94.7
Others' drug use	1,732	1.4	4,707	3.9	12	0.0	6,451	5.3
<b>Total</b>	<b>80,307</b>	<b>65.9</b>	<b>41,038</b>	<b>33.7</b>	<b>467</b>	<b>0.4</b>	<b>121,812</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, 2004–05

Age group (years)	Indigenous		Non-Indigenous		Not stated		Total	
	No.	%	No.	%	No.	%	No.	%
10–19	2,592	2.1	11,837	9.7	702	0.6	15,131	12.4
20–29	3,892	3.2	34,034	27.9	2,250	1.8	40,176	33.0
30–39	3,428	2.8	29,155	23.9	1,828	1.5	34,411	28.2
40–49	1,381	1.1	17,589	14.4	1,036	0.9	20,006	16.4
50–59	311	0.3	7,272	6.0	367	0.3	7,950	6.5
60+	64	0.1	2,592	2.1	168	0.1	2,824	2.3
Not stated	357	0.3	847	0.7	110	0.1	1,314	1.1
<b>Total</b>	<b>12,025</b>	<b>9.9</b>	<b>103,326</b>	<b>84.8</b>	<b>6,461</b>	<b>5.3</b>	<b>121,812</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.

## Client profile tables

Table A4.4: Closed treatment episodes by client data items and jurisdiction, Australia, 2004–05

	NSW	Vic <sup>(a)</sup>	Qld <sup>(b)</sup>	WA	SA	Tas <sup>(c)</sup>	ACT	NT	Australia
<b>Client type</b>									
Own drug use	41,789	44,150	19,743	14,235	7,591	1,372	4,206	2,116	135,202
Others' drug use	1,290	2,219	349	1,857	361	549	7	310	6,942
<b>Sex</b>									
Male	29,022	29,570	13,497	10,017	5,317	1,139	2,933	1,593	93,088
Female	14,044	16,761	6,176	6,072	2,631	782	1,280	833	48,579
Not stated	13	38	419	3	4	0	0	0	477
<b>Age group (years)</b>									
10–19	2,724	6,491	4,221	2,417	687	234	437	195	17,406
20–29	13,767	15,429	6,727	5,244	2,287	588	1,609	593	46,244
30–39	13,689	12,762	4,482	4,324	2,458	496	1,117	795	40,123
40–49	8,416	7,332	2,576	2,402	1,595	333	697	605	23,956
50–59	3,199	2,830	1,144	1,126	662	187	254	191	9,593
60+	1,253	833	437	339	260	82	83	41	3,328
Not stated	31	692	505	240	3	1	16	6	1,494
<b>Indigenous status</b>									
Indigenous	4,187	2,694	2,238	2,444	535	141	294	1,133	13,666
Not Indigenous	38,074	40,093	16,598	13,425	6,992	1,431	3,190	1,266	121,069
Not stated	818	3,582	1,256	223	425	349	729	27	7,409
<b>Country of birth</b>									
Australia	37,234	38,991	17,429	13,342	6,803	1,838	3,826	2,250	121,713
England	915	571	383	1,094	342	19	56	40	3,420
Germany	78	127	50	46	30	4	8	1	344
Ireland	181	108	39	103	37	0	16	2	486
Italy	87	133	16	44	25	0	7	1	313
New Zealand	790	665	611	426	75	10	47	41	2,665
Scotland	186	260	83	153	61	8	17	9	777
South Africa	97	93	59	69	13	2	14	1	348
United States of America	115	72	54	40	9	3	12	5	310
Viet Nam	221	826	32	57	62	0	24	7	1,229
All other countries	2,119	2,466	555	678	294	35	185	49	6,381
Not elsewhere classified	16	323	0	0	0	0	0	0	339
Inadequately described	11	767	781	0	8	2	0	0	1,569
Not stated	1,029	967	0	40	193	0	1	20	2,250

(continued)

**Table A4.4 (continued): Closed treatment episodes by client data items and jurisdiction, Australia, 2004–05**

	NSW	Vic <sup>(a)</sup>	Qld <sup>(b)</sup>	WA	SA	Tas <sup>(c)</sup>	ACT	NT	Australia
<b>Preferred language</b>									
Arabic	54	37	5	1	1	0	0	0	98
Australian Indigenous languages	8	370	5	33	0	0	1	449	866
English	41,665	42,975	19,410	15,876	7,710	1,921	4,201	1,802	135,560
Greek	22	37	1	4	3	0	0	0	67
Italian	24	33	15	2	5	0	1	0	80
Polish	27	14	2	10	0	0	1	0	54
Serbian	30	18	1	0	4	0	0	0	53
Spanish	60	28	9	2	1	0	1	0	101
Turkish	12	33	2	2	0	0	0	0	49
Vietnamese	139	421	7	21	14	0	0	3	605
All other languages	284	723	69	87	24	0	5	33	1,225
Inadequately described	7	275	1	0	0	0	0	5	288
Not stated	747	1,405	565	54	190	0	3	134	3,098
<b>Source of referral</b>									
Self	17,047	17,133	4,874	5,794	2,886	994	2,518	1,108	52,354
Family member/ friend	2,383	1,816	1,052	2,077	560	75	476	148	8,587
GP/medical specialist	3,031	2,055	1,338	887	552	196	18	75	8,152
Hospital	1,564	753	1,031	383	827	98	7	48	4,711
Community mental health services <sup>(d)</sup>	1,289	940	699	240	108	14	10	77	3,377
AODTS	6,835	6,743	709	1,066	617	84	325	145	16,524
Other community/health care services <sup>(e)</sup>	753	2,529	606	755	447	74	176	210	5,550
Community-based corrections	3,547	5,489	1,376	2,985	129	42	117	288	13,973
Police diversions	226	181	6,541	467	400	272	82	56	8,225
Court diversions	3,500	1,070	1,315	586	122	0	326	125	7,044
Other	2,801	7,395	478	842	1,202	66	139	130	13,053
Not stated	103	265	73	10	102	6	19	16	594
<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>

(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.

(d) Includes residential and non-residential services.

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

## Drugs of concern tables

Table A4.5: Closed treatment episodes by drug-related data items and jurisdiction, Australia, 2004–05<sup>(a)</sup>

	NSW	Vic <sup>(b)</sup>	Qld <sup>(c)</sup>	WA	SA	Tas <sup>(d)</sup>	ACT	NT	Australia
<b>Injecting drug use</b>									
Current injector	12,361	9,464	3,183	4,132	2,414	217	1,204	341	33,316
Injected 3–12 months ago	2,488	6,032	859	1,068	443	49	330	85	11,354
Injected 12+ months ago	4,028	4,038	1,836	1,957	795	70	299	108	13,131
Never injected	19,582	17,901	10,371	6,491	3,478	505	1,667	1,378	61,373
Not stated	3,330	6,715	3,494	587	461	531	706	204	16,028
<b>Method of use</b>									
Ingests	20,209	19,645	6,275	5,745	4,317	535	1,946	1,455	60,127
Smokes	8,538	9,253	9,495	3,074	1,001	598	804	295	33,058
Injects	11,910	11,744	2,689	5,065	2,086	170	1,434	301	35,399
Sniffs (powder)	295	364	77	143	48	3	9	1	940
Inhales (vapour)	88	2,014	541	131	17	1	7	21	2,820
Other	36	174	52	38	10	5	0	0	315
Not stated	713	956	614	39	112	60	6	43	2,543
<b>Principal drug of concern</b>									
<b>Analgesics</b>									
Heroin	8,388	9,892	1,027	1,710	994	3	1,151	28	23,193
Methadone	1,004	643	228	332	154	28	52	13	2,454
Balance of analgesics <sup>(e)</sup>	948	171	745	536	548	102	11	220	3,281
<i>Total analgesics</i>	<i>10,340</i>	<i>10,706</i>	<i>2,000</i>	<i>2,578</i>	<i>1,696</i>	<i>133</i>	<i>1,214</i>	<i>261</i>	<i>28,928</i>
<b>Sedatives and hypnotics</b>									
Alcohol	17,344	16,261	5,208	4,631	3,296	425	1,797	1,362	50,324
Benzodiazepines	866	1,075	158	191	186	11	40	11	2,538
Balance of sedatives and hypnotics <sup>(e)</sup>	53	0	17	17	7	0	2	1	97
<i>Total sedatives and hypnotics</i>	<i>18,263</i>	<i>17,336</i>	<i>5,383</i>	<i>4,839</i>	<i>3,489</i>	<i>436</i>	<i>1,839</i>	<i>1,374</i>	<i>52,959</i>

(continued)

**Table A4.5 (continued): Closed treatment episodes by drug-related data items and jurisdiction, Australia, 2004–05<sup>(a)</sup>**

	NSW	Vic <sup>(b)</sup>	Qld <sup>(c)</sup>	WA	SA	Tas <sup>(d)</sup>	ACT	NT	Australia
Stimulants and hallucinogens									
Amphetamines	4,720	2,680	1,724	3,741	1,325	135	345	110	14,780
Cannabis	7,253	10,268	8,447	2,713	871	426	781	285	31,044
Ecstasy	141	195	136	42	38	9	11	8	580
Cocaine	230	101	24	19	19	0	7	0	400
Nicotine	545	264	1,251	72	90	228	6	22	2,478
Balance of stimulants and hallucinogens <sup>(e)</sup>	47	8	34	32	5	3	2	2	133
<i>Total stimulants and hallucinogens</i>	<i>12,936</i>	<i>13,516</i>	<i>11,616</i>	<i>6,619</i>	<i>2,348</i>	<i>801</i>	<i>1,152</i>	<i>427</i>	<i>49,415</i>
Balance of drugs of concern <sup>(e)</sup>	250	2,592	744	199	58	2	1	54	3,900
<b>Total</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>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) 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.

(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, 2004–05<sup>(a)</sup>**

Other drug of concern	NSW	Vic <sup>(b)</sup>	Qld <sup>(c)</sup>	WA	SA	Tas <sup>(d)</sup>	ACT	NT	Australia
Analgesics									
Heroin	1496	2,660	420	494	234	4	141	25	5,474
Methadone	880	523	177	142	65	5	42	3	1,837
Balance of analgesics <sup>(e)</sup>	727	111	420	461	252	20	12	16	2,019
<i>Total analgesics</i>	<i>3,103</i>	<i>3,294</i>	<i>1,017</i>	<i>1,097</i>	<i>551</i>	<i>29</i>	<i>195</i>	<i>44</i>	<i>9,330</i>
Sedatives and hypnotics									
Alcohol	4,506	7,849	2,891	1,849	829	52	436	6	18,418
Benzodiazepines	2,467	4,136	597	961	614	18	314	15	9,122
Balance of sedatives and hypnotics <sup>(e)</sup>	63	0	17	67	11	4	5	1	168
<i>Total sedatives and hypnotics</i>	<i>7,036</i>	<i>11,985</i>	<i>3,505</i>	<i>2,877</i>	<i>1,454</i>	<i>74</i>	<i>755</i>	<i>22</i>	<i>27,708</i>
Stimulants and hallucinogens									
Amphetamines	4,258	6,654	1,420	1,673	836	54	405	34	15,334
Cannabinoids	8,897	12,065	3,043	3,013	1,557	104	856	86	29,621
Ecstasy	998	1,890	480	457	179	6	73	36	4,119
Cocaine	892	486	105	142	86	2	18	6	1,737
Nicotine	6,386	6,536	3,922	1,578	1,335	37	885	56	20,735
Balance of stimulants and hallucinogens <sup>(e)</sup>	449	31	147	247	19	4	20	6	923
<i>Total stimulants and hallucinogens</i>	<i>21,880</i>	<i>27,662</i>	<i>9,117</i>	<i>7,110</i>	<i>4,012</i>	<i>207</i>	<i>2,257</i>	<i>224</i>	<i>72,469</i>
Balance of drugs of concern <sup>(e)</sup>	484	3,926	227	287	35	3	18	15	4,995
Not stated/missing	0	0	2	0	80	0	2	0	84

(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) 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.

(e) 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, 2004–05<sup>(a)</sup>**

Principal drug	Age group (years)						Not stated	Total	Total (number)
	10–19	20–29	30–39	40–49	50–59	60+			
	(per cent)								
<b>Males</b>									
Alcohol	21.4	25.4	39.3	59.4	76.2	85.6	27.5	38.5	35,105
Amphetamines	8.6	14.4	12.8	5.3	2.0	0.4	10.6	10.8	9,813
Benzodiazepines	0.3	1.2	1.5	1.5	1.6	1.7	0.5	1.2	1,140
Cannabis	53.2	29.2	18.2	10.9	5.7	2.4	23.0	24.1	21,941
Cocaine	0.3	0.4	0.4	0.2	0.1	0.1	0.4	0.3	300
Ecstasy	1.0	0.8	0.3	0.1	0.0	0.1	0.7	0.5	435
Heroin	6.0	22.3	19.9	13.8	5.9	0.4	15.7	16.8	15,345
Methadone	0.2	1.5	1.8	2.2	0.9	0.3	1.5	1.5	1,346
Nicotine	2.7	0.9	0.9	1.6	3.2	6.4	6.3	1.5	1,389
Other <sup>(b)</sup>	6.3	4.0	5.0	5.0	4.4	2.8	13.8	4.8	4,403
<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>..</i>
<i>Total males (number)</i>	<i>11,085</i>	<i>31,259</i>	<i>26,356</i>	<i>14,632</i>	<i>5,228</i>	<i>1,802</i>	<i>855</i>	<i>..</i>	<i>91,217</i>
<b>Females</b>									
Alcohol	18.7	17.5	36.4	57.1	71.1	72.7	20.2	34.5	15,033
Amphetamines	12.1	16.2	12.7	4.3	1.2	0.3	12.1	11.3	4,910
Benzodiazepines	0.8	2.3	3.3	5.3	5.1	7.9	0.9	3.2	1,393
Cannabis	42.6	25.1	16.9	10.7	5.7	1.2	25.3	20.7	8,997
Cocaine	0.3	0.3	0.2	0.2	0.1	0.0	0.0	0.2	99
Ecstasy	0.9	0.5	0.2	0.0	0.0	0.0	1.6	0.3	144
Heroin	10.8	28.1	18.7	10.6	3.4	0.9	15.7	18.0	7,815
Methadone	0.8	3.0	3.3	2.3	1.1	0.4	1.6	2.5	1,106
Nicotine	3.9	1.1	1.5	2.9	5.4	10.4	9.0	2.4	1,046
Other <sup>(b)</sup>	9.1	5.9	6.8	6.6	6.9	6.1	13.7	6.8	2,977
<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>..</i>
<i>Total females (number)</i>	<i>5,310</i>	<i>14,030</i>	<i>12,500</i>	<i>7,532</i>	<i>2,790</i>	<i>912</i>	<i>446</i>	<i>..</i>	<i>43,520</i>

(continued)

**Table A4.7 (continued): Closed treatment episodes by principal drug of concern, sex and age group, Australia, 2004–05<sup>(a)</sup>**

Principal drug	Age group (years)						Not stated	Total	Total (number)
	10–19	20–29	30–39	40–49	50–59	60+			
	(per cent)								
<b>Persons<sup>(c)</sup></b>									
Alcohol	20.6	22.9	38.4	58.6	74.4	81.1	24.9	37.2	50,324
Amphetamines	9.7	15.0	12.7	5.0	1.7	0.4	11.2	10.9	14,780
Benzodiazepines	0.5	1.6	2.1	2.8	2.8	3.8	0.6	1.9	2,538
Cannabis	49.7	27.9	17.8	10.8	5.7	2.0	23.8	23.0	31,044
Cocaine	0.3	0.4	0.4	0.2	0.1	0.0	0.2	0.3	400
Ecstasy	1.0	0.7	0.2	0.0	0.0	0.0	1.0	0.4	580
Heroin	7.6	24.0	19.5	12.7	5.0	0.6	15.7	17.2	23,193
Methadone	0.4	2.0	2.3	2.2	0.9	0.3	1.6	1.8	2,454
Nicotine	3.1	0.9	1.1	2.1	4.1	7.9	7.2	1.8	2,478
Other drugs <sup>(b)</sup>	7.2	4.6	5.6	5.6	5.2	3.9	13.7	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>100.0</b>	<b>100.0</b>	<b>..</b>
<b>Total (number)</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>..</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.

(c) Includes 'not stated' for sex.

**Table A4.8: Closed treatment episodes by principal drug of concern and country of birth, Australia, 2004–05<sup>(a)</sup>**

	<b>Alcohol</b>	<b>Cannabis</b>	<b>Heroin</b>	<b>Amphetamines</b>	<b>Other drugs<sup>(b)</sup></b>	<b>Total</b>
	(number)					
Australia	41,994	28,040	18,995	13,283	13,643	115,955
England	1,633	448	406	283	325	3,095
Germany	216	36	25	10	34	321
Ireland	287	34	53	38	39	451
Italy	106	29	60	23	50	268
New Zealand	985	642	393	263	269	2,552
Scotland	464	57	70	62	75	728
South Africa	133	69	40	26	40	308
United States of America	159	57	32	18	24	290
Viet Nam	89	62	933	20	85	1,189
All other countries	2,543	849	1,528	412	691	6,023
Inadequately described	661	299	202	106	263	1,531
Not elsewhere classified	179	43	66	13	24	325
Not stated	875	379	390	223	299	2,166
<b>Total</b>	<b>50,324</b>	<b>31,044</b>	<b>23,193</b>	<b>14,780</b>	<b>15,861</b>	<b>135,202</b>
	(per cent)					
Australia	36.2	24.2	16.4	11.5	11.8	100.0
England	52.8	14.5	13.1	9.1	10.5	100.0
Germany	67.3	11.2	7.8	3.1	10.6	100.0
Ireland	63.6	7.5	11.8	8.4	8.6	100.0
Italy	39.6	10.8	22.4	8.6	18.7	100.0
New Zealand	38.6	25.2	15.4	10.3	10.5	100.0
Scotland	63.7	7.8	9.6	8.5	10.3	100.0
South Africa	43.2	22.4	13.0	8.4	13.0	100.0
United States of America	54.8	19.7	11.0	6.2	8.3	100.0
Viet Nam	7.5	5.2	78.5	1.7	7.1	100.0
All other countries	42.2	14.1	25.4	6.8	11.5	100.0
Inadequately described	43.2	19.5	13.2	6.9	17.2	100.0
Not elsewhere classified	55.1	13.2	20.3	4.0	7.4	100.0
Not stated	40.4	17.5	18.0	10.3	13.8	100.0
<b>Total</b>	<b>37.2</b>	<b>23.0</b>	<b>17.2</b>	<b>10.9</b>	<b>11.7</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.

**Table A4.9: Closed treatment episodes by principal drug of concern, Indigenous status and sex, Australia, 2004–05<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	3,996	29,121	1,629	12,714	5,647	41,984	50,324
Amphetamines	860	8,514	547	4,132	1,408	12,695	14,780
Benzodiazepines	50	1,017	88	1,246	138	2,268	2,538
Cannabis	2,106	18,657	976	7,505	3,091	26,248	31,044
Cocaine	12	276	5	90	17	367	400
Ecstasy	13	409	2	138	15	548	580
Heroin	840	13,757	726	6,763	1,570	20,546	23,193
Methadone	82	1,172	95	969	177	2,142	2,454
Nicotine	115	1,196	88	896	206	2,126	2,478
Other drugs <sup>(d)</sup>	592	3,510	416	2,368	1,011	5,905	7,411
<b>Total</b>	<b>8,666</b>	<b>77,629</b>	<b>4,572</b>	<b>36,821</b>	<b>13,280</b>	<b>114,829</b>	<b>135,202</b>
	(per cent)						
Alcohol	46.1	37.5	35.6	34.5	42.5	36.6	37.2
Amphetamines	9.9	11.0	12.0	11.2	10.6	11.1	10.9
Benzodiazepines	0.6	1.3	1.9	3.4	1.0	2.0	1.9
Cannabis	24.3	24.0	21.3	20.4	23.3	22.9	23.0
Cocaine	0.1	0.4	0.1	0.2	0.1	0.3	0.3
Ecstasy	0.2	0.5	0.0	0.4	0.1	0.5	0.4
Heroin	9.7	17.7	15.9	18.4	11.8	17.9	17.2
Methadone	0.9	1.5	2.1	2.6	1.3	1.9	1.8
Nicotine	1.3	1.5	1.9	2.4	1.6	1.9	1.8
Other drugs <sup>(d)</sup>	6.8	4.5	9.1	6.4	7.6	5.1	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>

(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, 2004–05<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	50,324	37.2	68,742	50.8
Amphetamines	14,780	10.9	30,114	22.3
Benzodiazepines	2,538	1.9	11,660	8.6
Cannabis	31,044	23.0	60,665	44.9
Cocaine	400	0.3	2,137	1.6
Ecstasy	580	0.4	4,699	3.5
Heroin	23,193	17.2	28,667	21.2
Methadone	2,454	1.8	4,291	3.2
Nicotine	2,478	1.8	23,213	17.2
Other drugs <sup>(c)</sup>	7,411	5.5	15,516	11.5
Not stated	0	0.0	84	0.1
<b>Total<sup>(d)</sup></b>	<b>135,202</b>	<b>—</b>	<b>249,704</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.

(d) Excludes 'not stated'.

**Table A4.11: Closed treatment episodes<sup>(a)</sup> by principal drug of concern and injecting drug use, Australia, 2004–05**

Principal drug of concern	Injected <sup>(b)</sup>	Never injected	Not stated	Total
	(number)			
Alcohol	9,339	34,056	6,929	50,324
Amphetamines	12,086	1,867	827	14,780
Benzodiazepines	1,131	1,075	332	2,538
Cannabis	7,937	18,829	4,278	31,044
Cocaine	212	150	38	400
Ecstasy	110	406	64	580
Heroin	21,121	1,104	968	23,193
Methadone	1,977	167	310	2,454
Nicotine	225	1,592	661	2,478
All other drugs <sup>(c)</sup>	3,663	2,127	1,621	7,411
<b>Total</b>	<b>57,801</b>	<b>61,373</b>	<b>16,028</b>	<b>135,202</b>
	(per cent)			
Alcohol	18.6	67.7	13.8	100.0
Amphetamines	81.8	12.6	5.6	100.0
Benzodiazepines	44.6	42.4	13.1	100.0
Cannabis	25.6	60.7	13.8	100.0
Cocaine	53.0	37.5	9.5	100.0
Ecstasy	19.0	70.0	11.0	100.0
Heroin	91.1	4.8	4.2	100.0
Methadone	80.6	6.8	12.6	100.0
Nicotine	9.1	64.2	26.7	100.0
All other drugs <sup>(c)</sup>	49.4	28.7	21.9	100.0
<b>Total</b>	<b>42.8</b>	<b>45.4</b>	<b>11.9</b>	<b>100.0</b>

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

(b) Injected includes those clients who reported being a current injector, having injected 3–12 months ago, or having injected 12+ months ago.

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

**Table A4.12: Closed treatment episodes by method of use and age, Australia, 2004–05<sup>(a)</sup>**

	Age group (years)						Not stated	Total
	10–19	20–29	30–39	40–49	50–59	60+		
	(number)							
Ingests	3,978	13,727	18,226	14,904	6,534	2,372	386	60,127
Smokes	8,605	13,232	7,104	2,736	762	255	364	33,058
Injects	2,114	16,129	12,268	3,965	558	27	338	35,399
Sniffs	225	427	206	60	13	1	8	940
Inhales	1,097	938	453	152	29	8	143	2,820
Other	45	123	85	41	15	5	1	315
Not stated	406	841	633	394	147	57	65	2,543
<b>Total</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)							
Ingests	24.2	30.2	46.8	67.0	81.1	87.0	29.6	44.5
Smokes	52.2	29.1	18.2	12.3	9.5	9.4	27.9	24.5
Injects	12.8	35.5	31.5	17.8	6.9	1.0	25.9	26.2
Sniffs	1.4	0.9	0.5	0.3	0.2	0.0	0.6	0.7
Inhales	6.7	2.1	1.2	0.7	0.4	0.3	11.0	2.1
Other	0.3	0.3	0.2	0.2	0.2	0.2	0.1	0.2
Not stated	2.5	1.9	1.6	1.8	1.8	2.1	5.0	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>	<b>100.0</b>

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

**Table A4.13a: Closed treatment episodes<sup>(a)</sup> by principal drug of concern and reason for cessation, Australia, 2004–05 (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	60.4	45.6	56.1	45.9	57.3	54.1	50.8	51.6	44.4	49.6	52.6	71,153
Change in main treatment type	1.0	1.0	2.4	0.9	0.5	1.2	1.6	2.2	0.5	3.8	1.3	1,718
Change in delivery setting	0.7	2.2	1.2	0.5	0.5	0.5	1.1	1.3	0.6	1.6	1.0	1,304
Change in principal drug of concern	0.1	0.1	0.2	0.0	0.0	0.0	0.2	0.2	0.0	0.1	0.1	165
Transferred to another service provider	5.5	6.7	9.8	4.1	7.8	5.0	9.0	12.7	1.7	6.7	6.1	8,260
Ceased to participate against advice	4.1	5.5	4.6	2.6	6.0	3.1	6.4	4.4	1.4	4.0	4.3	5,763
Ceased to participate without notice	17.1	22.4	13.4	15.6	14.5	16.6	17.0	13.7	18.5	16.1	17.1	23,180
Ceased to participate involuntary (non-compliance)	1.6	4.2	3.0	1.7	4.0	1.4	3.0	2.6	0.4	1.6	2.2	2,909
Ceased to participate at expiation	1.4	2.9	0.9	21.9	2.0	11.9	1.3	0.9	23.7	3.9	6.8	9,235
Ceased to participate by mutual agreement	2.9	2.6	3.5	2.2	0.8	2.2	1.7	2.0	1.9	3.3	2.5	3,352
Drug court and/or sanctioned by court diversion service	0.1	0.6	0.1	0.3	0.3	0.3	0.4	0.1	0.0	0.2	0.2	320
Imprisoned, other than drug court sanctioned	0.4	0.9	0.3	0.4	0.8	0.3	2.0	2.2	0.1	1.2	0.8	1,071
Died	0.2	0.1	0.2	0.0	0.0	0.2	0.2	0.4	0.2	0.2	0.1	190
Other	3.3	3.1	2.9	2.9	3.3	1.9	3.6	4.3	5.4	5.6	3.4	4,614
Not stated	1.4	2.0	1.3	0.9	2.5	1.2	1.7	1.5	1.3	2.2	1.5	1,968
<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>50,324</b>	<b>14,780</b>	<b>2,538</b>	<b>31,044</b>	<b>400</b>	<b>580</b>	<b>23,193</b>	<b>2,454</b>	<b>2,478</b>	<b>7,411</b>	<b>..</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.

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

**Table A4.13b: Closed treatment episodes<sup>(a)</sup> by reason for cessation and principal drug of concern, Australia, 2004–05 (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	42.7	9.5	2.0	20.0	0.3	0.4	16.6	1.8	1.5	5.2	100.0	71,153
Change in main treatment type	28.6	8.6	3.6	16.5	0.1	0.4	22.1	3.2	0.7	16.2	100.0	1,718
Change in delivery setting	27.0	24.9	2.4	13.0	0.2	0.2	19.9	2.4	1.1	9.0	100.0	1,304
Change in principal drug of concern	39.4	11.5	3.0	8.5	0.0	0.0	29.1	3.0	0.0	5.5	100.0	165
Transferred to another service provider	33.4	12.1	3.0	15.4	0.4	0.4	25.1	3.8	0.5	6.0	100.0	8,260
Ceased to participate against advice	35.6	14.2	2.0	14.2	0.4	0.3	25.6	1.9	0.6	5.2	100.0	5,763
Ceased to participate without notice	37.1	14.3	1.5	20.9	0.3	0.4	17.0	1.5	2.0	5.1	100.0	23,180
Ceased to participate involuntary (non-compliance)	27.2	21.1	2.6	17.9	0.6	0.3	23.8	2.2	0.3	4.1	100.0	2,909
Ceased to participate at expiation	7.7	4.7	0.2	73.6	0.1	0.7	3.2	0.2	6.4	3.1	100.0	9,235
Ceased to participate by mutual agreement	43.0	11.6	2.7	20.5	0.1	0.4	11.7	1.4	1.4	7.2	100.0	3,352
Drug court and/or sanctioned by court diversion service	12.5	25.6	0.9	24.7	0.3	0.6	30.6	0.9	0.0	3.8	100.0	320
Imprisoned, other than drug court sanctioned	16.6	13.0	0.7	11.5	0.3	0.2	44.3	5.0	0.2	8.2	100.0	1,071
Died	46.3	6.3	2.6	6.3	0.0	0.5	22.6	4.7	2.1	8.4	100.0	190
Other	35.8	9.8	1.6	19.8	0.3	0.2	18.3	2.3	2.9	9.0	100.0	4,614
Not stated	36.8	15.1	1.7	14.3	0.5	0.4	19.5	1.9	1.6	8.2	100.0	1,968
<b>Total (per cent)</b>	<b>37.2</b>	<b>10.9</b>	<b>1.9</b>	<b>23.0</b>	<b>0.3</b>	<b>0.4</b>	<b>17.2</b>	<b>1.8</b>	<b>1.8</b>	<b>5.5</b>	<b>100.0</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.

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

## Treatment program tables

Table A4.14: Closed treatment episodes by treatment data items and jurisdiction, Australia, 2004–05

	NSW	Vic <sup>(a)</sup>	Qld <sup>(b)</sup>	WA	SA	Tas <sup>(c)</sup>	ACT	NT	Australia
<b>Main treatment type</b>									
Withdrawal management (detoxification)	9,574	10,412	889	1,457	1,654	60	1,125	287	25,458
Counselling	14,776	21,749	6,505	8,826	2,001	1,215	1,167	837	57,076
Rehabilitation	4,500	1,717	627	1,969	1,493	117	217	319	10,959
Support and case management only	3,600	5,993	895	454	93	57	114	34	11,240
Information and education only	997	323	9,129	1,094	107	256	484	219	12,609
Assessment only	6,891	4,609	1,610	1,191	1,814	157	817	574	17,663
Other <sup>(d)</sup>	2,741	1,566	437	1,101	790	59	289	156	7,139
<b>Cessation reason</b>									
Treatment completed	23,562	32,295	3,891	6,856	4,463	784	2,408	1,421	75,680
Change in main treatment type	0	1,113	363	54	76	32	78	108	1,824
Change in delivery setting	0	0	358	244	357	67	294	17	1,337
Change in principal drug of concern	0	92	4	2	2	1	67	0	168
Transferred to another service provider	4,661	1,743	652	823	344	89	133	56	8,501
Ceased to participate against advice	2,759	1,259	534	473	474	42	168	118	5,827
Ceased to participate without notice	7,697	4,688	3,802	5,162	1,480	427	734	285	24,275
Ceased to participate involuntary (non-compliance)	1,442	523	116	446	201	68	104	31	2,931
Ceased to participate at expiation	166	696	7,410	692	30	232	45	9	9,280
Ceased to participate by mutual agreement	0	1,720	632	824	291	85	107	95	3,754
Drug court and/or sanctioned by court diversion service	132	31	42	94	19	0	3	5	326
Imprisoned, other than drug court sanctioned	424	300	82	173	58	8	20	16	1,081
Died	64	64	25	14	18	4	2	4	195
Other	1,673	1,702	1,101	161	93	33	25	123	4,911
Not stated	499	143	1,080	74	46	49	25	138	2,054

(continued)

**Table A4.14 (continued): Closed treatment episodes by treatment data items and jurisdiction, Australia, 2004–05**

	NSW	Vic <sup>(a)</sup>	Qld <sup>(b)</sup>	WA	SA	Tas <sup>(c)</sup>	ACT	NT	Australia
<b>Treatment delivery setting</b>									
Non-residential treatment facility	29,507	32,786	14,810	11,696	6,364	1,277	1,738	1,140	99,318
Residential treatment facility	11,155	6,815	873	2,014	1,423	144	2,271	776	25,471
Home	536	1,780	164	554	37	16	3	42	3,132
Outreach setting	1,022	4,988	3,146	411	68	483	201	247	10,566
Other	859	0	1,099	1,417	60	1	0	221	3,657
<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>

- (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.
- (d) 'Other' includes 4,299 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 pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 7.4).

**Table A4.15: Numbers of other treatment type by jurisdiction, Australia, 2004–05<sup>(a)</sup>**

Other treatment type	NSW	Qld <sup>(b)</sup>	WA	SA	Tas <sup>(c)</sup>	ACT	Australia
Withdrawal management (detoxification)	797	70	2	613	18	0	1,520
Counselling	6,916	640	67	1,124	18	363	9,500
Rehabilitation	614	352	1	246	8	7	1,314
Other <sup>(d)</sup>	4,602	2,334	163	1,514	192	143	9,100
All other treatments	12,929	3,396	233	3,497	236	513	21,434

- (a) Excludes 46,369 closed treatment episodes from Victoria as this jurisdiction does 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 Tasmania may be undercounted because two agencies only supplied drug diversion data.
- (d) 'Other' includes 4,299 closed treatment episodes where other/additional treatment type was reported as pharmacotherapy.

**Table A4.16: Closed treatment episodes by main treatment type, Australia, 2001–02 to 2004–05**

<b>Main treatment type</b>	<b>2001–02</b>	<b>2002–03</b>	<b>2003–04</b>	<b>2004–05</b>
	<b>(number)</b>			
Withdrawal management (detoxification)	21,744	24,767	25,123	25,458
Counselling	44,184	54,395	51,514	57,076
Rehabilitation	7,195	9,865	11,717	10,959
Support and case management only	6,951	9,097	11,494	11,240
Information and education only	11,197	10,478	10,465	12,609
Assessment only	16,647	16,632	20,414	17,663
Other <sup>(a)</sup>	5,787	5,696	6,142	7,139
<b>Total</b>	<b>113,705</b>	<b>130,930</b>	<b>136,869</b>	<b>142,144</b>
	<b>(per cent)</b>			
Withdrawal management (detoxification)	19.1	18.9	18.4	17.9
Counselling	38.9	41.5	37.6	40.2
Rehabilitation	6.3	7.5	8.6	7.7
Support and case management only	6.1	6.9	8.4	7.9
Information and education only	9.8	8	7.6	8.9
Assessment only	14.6	12.7	14.9	12.4
Other <sup>(a)</sup>	5.1	4.4	4.5	5
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) 'Other' includes 4,299 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 pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 7.4).

**Table A4.17: Closed treatment episodes<sup>(a)</sup> by principal drug of concern and main treatment type, Australia, 2004–05**

Main treatment type	Alcohol	Ampheta- mines	Benzo- diazepines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Nicotine	Other drug <sup>(b)</sup>	Total
(number)											
Withdrawal management (detoxification)	10,395	1,945	980	4,335	74	28	5,454	537	115	1,594	25,457
Counselling	22,150	6,225	890	11,101	136	284	6,645	652	994	2,231	51,308
Rehabilitation	4,612	2,158	121	1,535	58	31	1,906	126	40	372	10,959
Support and case management only	2,347	1,202	157	3,090	36	73	2,610	294	154	845	7,012
Information and education only	2,110	526	36	7,590	17	73	285	40	807	700	10,808
Assessment only	7,491	2,331	258	2,823	61	83	3,104	272	255	796	12,184
Other <sup>(c)</sup>	1,219	393	96	570	18	8	3,189	533	113	873	17,474
<b>Total</b>	<b>50,324</b>	<b>14,780</b>	<b>2,538</b>	<b>31,044</b>	<b>400</b>	<b>580</b>	<b>23,193</b>	<b>2,454</b>	<b>2,478</b>	<b>7,411</b>	<b>135,202</b>
(per cent)											
Withdrawal management (detoxification)	20.7	13.2	38.6	14.0	18.5	4.8	23.5	21.9	4.6	21.5	18.8
Counselling	44.0	42.1	35.1	35.8	34.0	49.0	28.7	26.6	40.1	30.1	37.9
Rehabilitation	9.2	14.6	4.8	4.9	14.5	5.3	8.2	5.1	1.6	5.0	8.1
Support and case management only	4.7	8.1	6.2	10.0	9.0	12.6	11.3	12.0	6.2	11.4	5.2
Information and education only	4.2	3.6	1.4	24.4	4.3	12.6	1.2	1.6	32.6	9.4	8.0
Assessment only	14.9	15.8	10.2	9.1	15.3	14.3	13.4	11.1	10.3	10.7	9.0
Other <sup>(c)</sup>	2.4	2.7	3.8	1.8	4.5	1.4	13.7	21.7	4.6	11.8	12.9
<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>	<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 4,299 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 pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 7.4)

**Table A4.18: Closed treatment episodes by main treatment type, sex and age group, Australia, 2004–05**

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)	8.6	15.7	20.3	22.7	24.5	24.5	6.0	17.9
Counselling	30.7	36.9	39.2	39.8	42.3	38.9	35.4	37.6
Rehabilitation	5.7	8.7	9.3	8.0	7.3	6.4	2.0	8.2
Support and case management only	17.3	7.9	5.3	4.6	3.3	3.3	14.2	7.5
Information and education only	23.5	10.6	6.0	5.7	5.3	5.7	29.4	9.9
Assessment only	11.6	15.9	14.7	13.7	12.6	17.5	1.1	14.4
Other <sup>(a)</sup>	2.8	4.2	5.0	5.4	4.7	3.6	12.0	4.6
<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>11,448</i>	<i>31,465</i>	<i>26,592</i>	<i>15,056</i>	<i>5,634</i>	<i>1,977</i>	<i>916</i>	<i>93,088</i>
<b>Females</b>								
Withdrawal management (detoxification)	12.3	18.3	19.3	20.9	17.4	16.5	7.5	18.1
Counselling	31.8	41.0	46.1	48.9	59.3	59.4	41.0	44.7
Rehabilitation	4.6	7.7	7.6	6.6	5.8	5.0	2.3	6.8
Support and case management only	24.7	9.5	6.0	4.4	2.7	1.8	13.4	8.7
Information and education only	15.2	6.9	5.1	5.0	4.3	4.8	20.2	7.0
Assessment only	6.7	9.8	9.3	8.7	6.8	8.8	1.0	8.7
Other <sup>(a)</sup>	4.7	6.8	6.5	5.4	3.6	3.7	14.5	6.0
<i>Total females (per cent)</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
<i>Total females (number)</i>	<i>5,881</i>	<i>14,651</i>	<i>13,409</i>	<i>8,810</i>	<i>3,918</i>	<i>1,337</i>	<i>573</i>	<i>48,579</i>
<b>Persons<sup>(b)</sup></b>								
Withdrawal management (detoxification)	9.8	16.5	19.9	22.0	21.5	21.2	6.6	17.9
Counselling	31.1	38.3	41.6	43.3	49.4	47.3	37.5	40.2
Rehabilitation	5.3	8.4	8.7	7.5	6.7	5.8	2.1	7.7
Support and case management only	19.9	8.4	5.5	4.6	3.0	2.7	13.9	7.9
Information and education only	20.6	9.5	5.7	5.5	4.9	5.4	25.8	8.9
Assessment only	9.9	14.0	12.9	11.8	10.2	13.9	1.1	12.4
Other <sup>(a)</sup>	3.4	5.0	5.5	5.4	4.2	3.6	13.1	5.0
<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>17,406</b>	<b>46,244</b>	<b>40,123</b>	<b>23,956</b>	<b>9,593</b>	<b>3,328</b>	<b>1,494</b>	<b>142,144</b>

(a) 'Other' includes 4,299 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 pharmacotherapies are currently excluded from the AODTS–NMDS (see also Section 7.4).

(b) Includes 'not stated' for sex.

## Special theme: cannabis tables

Table A4.19: Closed treatment episodes<sup>(a)</sup> where cannabis was nominated as the principal drug of concern by age group and method of use, Australia, 2004–05

	Age group (years)						Total <sup>(b)</sup>
	10–19	20–29	30–39	40–49	50–59	60+	
	(number)						
Ingests	106	193	104	42	10	2	465
Smokes	7,556	11,525	6,301	2,175	416	44	28,283
Injects	45	65	13	4	0	0	127
Sniffs	3	8	1	0	0	0	12
Inhales	302	620	361	114	13	3	1,438
Other	20	27	20	8	2	0	77
Not stated	159	255	133	61	17	5	642
<b>Total</b>	<b>8,191</b>	<b>12,693</b>	<b>6,933</b>	<b>2,404</b>	<b>458</b>	<b>54</b>	<b>31,044</b>
	(per cent)						
Ingests	1.3	1.5	1.5	1.7	2.2	3.7	1.5
Smokes	92.2	90.8	90.9	90.5	90.8	81.5	91.1
Injects	0.5	0.5	0.2	0.2	0.0	0.0	0.4
Sniffs	0.0	0.1	0.0	0.0	0.0	0.0	0.0
Inhales	3.7	4.9	5.2	4.7	2.8	5.6	4.6
Other	0.2	0.2	0.3	0.3	0.4	0.0	0.2
Not stated	1.9	2.0	1.9	2.5	3.7	9.3	2.1
<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>

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

(b) Includes 'not stated' for age.

**Table A4.20: Closed treatment episodes<sup>(a)</sup> where a principal drug of concern other than cannabis was nominated by age group and method of use, Australia, 2004–05**

	Age group (years)						Total <sup>(b)</sup>
	10–19	20–29	30–39	40–49	50–59	60+	
	(number)						
Ingests	3,872	13,534	18,122	14,862	6,524	2,370	59,662
Smokes	1,049	1,707	803	561	346	211	4,775
Injects	2,069	16,064	12,255	3,961	558	27	35,272
Sniffs	222	419	205	60	13	1	928
Inhales	795	318	92	38	16	5	1,382
Other	25	96	65	33	13	5	238
Not stated	247	586	500	333	130	52	1,901
<b>Total</b>	<b>8,279</b>	<b>32,724</b>	<b>32,042</b>	<b>19,848</b>	<b>7,600</b>	<b>2,671</b>	<b>104,158</b>
	(per cent)						
Ingests	46.8	41.4	56.6	74.9	85.8	88.7	57.3
Smokes	12.7	5.2	2.5	2.8	4.6	7.9	4.6
Injects	25.0	49.1	38.2	20.0	7.3	1.0	33.9
Sniffs	2.7	1.3	0.6	0.3	0.2	0.0	0.9
Inhales	9.6	1.0	0.3	0.2	0.2	0.2	1.3
Other	0.3	0.3	0.2	0.2	0.2	0.2	0.2
Not stated	3.0	1.8	1.6	1.7	1.7	1.9	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>

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

(b) Includes 'not stated' for age.

**Table A4.21: Closed treatment episodes<sup>(a)</sup> by principal drug of concern and injecting drug use, Australia, 2004–05**

	Cannabis		All other drugs of concern <sup>(b)</sup>		Total	
	No.	%	No.	%	No.	%
Current injector	2,793	9.0	30,523	29.3	33,316	24.6
3–12 months ago	1,980	6.4	9,374	9.0	11,354	8.4
12+ months ago	3,164	10.2	9,967	9.6	13,131	9.7
Never injected	18,829	60.7	42,544	40.8	61,373	45.4
Not stated	4,278	13.8	11,750	11.3	16,028	11.9
<b>Total</b>	<b>31,044</b>	<b>100.0</b>	<b>104,158</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 all principal drugs of concern other than cannabis.

**Table A4.22: Closed treatment episodes<sup>(a)</sup> by principal drug of concern and treatment delivery setting, Australia, 2004–05**

	Cannabis		All other drugs of concern <sup>(b)</sup>		Total	
	No.	%	No.	%	No.	%
Non-residential treatment facility	22,451	72.3	70,650	67.8	93,101	68.9
Residential treatment facility	3,743	12.1	21,670	20.8	25,413	18.8
Home	752	2.4	2,317	2.2	3,069	2.3
Outreach setting	2,943	9.5	7,057	6.8	10,000	7.4
Other	1,155	3.7	2,464	2.4	3,619	2.7
<b>Total</b>	<b>31,044</b>	<b>100.0</b>	<b>104,158</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 all principal drugs of concern other than cannabis.

## Appendix 5: AODTS–NMDS treatment types

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 (ADF 2003b). 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 ranging from 5 days 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 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 (ADF 2003b). 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 (ADF 2003b).

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 2003).

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 2003).

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.

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.

## 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 2004d).

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 (2004d).

# 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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