# Alcohol and other drug treatment services in the Australian Capital Territory 2008–09

Findings from the National Minimum Data Set (NMDS)

# **Highlights**

In the Australian Capital Territory (ACT) in 2008–09, 10 publicly funded alcohol and other drug treatment agencies provided 3,750 treatment episodes.

The median age of persons receiving treatment for their own drug use increased slightly to 31 years, from 30 years in 2007–08. For people seeking treatment in relation to someone else's drug use, the median<sup>1</sup> age increased from 43 years in 2007–08 to 48 years in 2008–09.

Alcohol was the most common principal drug of concern in 2008–09 (54%), accounting for a larger proportion of episodes compared with the previous year. Other principal drugs of concern included heroin, which dropped 5 percentage points to 15%, while treatment for cannabis (16%) and amphetamines (9%) remained at similar levels to the previous year.

The most common form of treatment was counselling, comprising 30% of treatment episodes, which was less than the national proportion (37%). Withdrawal management remained at 21% of treatment episodes, being 5% greater than the national proportion. There was a slight decrease in the proportion of assessment only treatment episodes (from almost 19% in 2007–08 to 16% in 2008–09).

 $1 \ \ \, \text{The median is the midpoint of a list of observations ranked from the smallest to the largest.}$ 

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#### **About this bulletin**

This bulletin summarises the main findings from the 2008–09 Alcohol and Other Drug Treatment Services (AODTS) NMDS data for the Australian Capital Territory. More detailed information about the 2008–09 collection and its findings can be found in the publication Alcohol and other drug treatment services in Australia 2008–09: report on the National Minimum Data Set (AIHW 2010). This report, together with further publications and interactive data, can be accessed online at <www.aihw.gov.au/drugs>.

#### Scope of the AODTS-NMDS

The agencies and clients that were in scope for the 2008–09 AODTS–NMDS collection were:

- all publicly funded (at state, territory and/or Australian Government level) government and non-government agencies that provided one or more specialist alcohol and/or other drug treatment 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 period 1 July 2008 to 30 June 2009.

It is important to note that the AODTS–NMDS collection includes pharmacotherapy clients only when they receive both pharmacotherapy and another type of treatment (from the same treatment agency). Pharmacotherapy-only clients are reported under the National Opioid Pharmacotherapy Statistics Annual Data collection (NOPSAD).

For a complete list of clients and agencies excluded from the AODTS–NMDS, see Section 1.2 of the *Alcohol and other drug treatment services in Australia 2008–09: report on the National Minimum Data Set* (AIHW 2010).

#### **Collection count: closed treatment episodes**

The unit of measurement in this bulletin is the 'closed treatment episode'. A closed treatment episode refers to a period of contact, with defined start and end dates, between a client and a treatment agency. It is possible that more than one treatment episode may be in progress for a client at any one time; therefore the number of closed treatment episodes captured in the AODTS–NMDS does not equate to the total number of persons in Australia receiving treatment for alcohol and other drugs.

# **Treatment agencies**

Throughout Australia, a total of 653 government-funded alcohol and other drug treatment agencies supplied data for 2008–09. Of these agencies, 10 were located in the Australian Capital Territory, of which 9 were non-government agencies.

# **Client profile**

In the Australian Capital Territory, there were 3,750 closed treatment episodes in alcohol and other drug treatment services reported in the 2008–09 AODTS–NMDS collection. The decrease in treatment episodes since 2006–07 is related to a review of the reporting practices of one agency.

The vast majority (97%) of closed treatment episodes in the Territory involved clients seeking treatment for their own drug use. The remaining 3% involved clients seeking treatment in relation to another person's alcohol or other drug use.

#### Age and sex

The overall proportions of male and female clients in the Australian Capital Territory (66% and 34%, respectively) were similar to the national proportions (67% and 33%, respectively). However, of those treatment episodes reported for someone else's drug use in the Territory, female clients accounted for the majority (79% of episodes).

In the Australian Capital Territory, the median age of persons receiving treatment for their own drug use was 31 years. The median age of people seeking treatment in relation to someone else's drug use was 48 years.

Almost one-third (31%) of closed treatment episodes in the Territory were for clients aged 20–29 years, and more than one-quarter (26%) were for clients aged 30–39 years.

#### Special population groups

The proportion of closed treatment episodes involving clients who identified as Aboriginal and Torres Strait Islander people decreased slightly between 2007–08 and 2008–09 from 11% to 9% of closed treatment episodes. This is lower than the national proportion of 12% (but Indigenous status was not stated in around 9% of treatment episodes in 2008–09). It is important to note that the majority of Australian Government-funded Aboriginal and Torres Strait Islander substance use specific services or primary health care services report their activities to other data collections.

The majority (89%) of closed treatment episodes in the Australian Capital Territory were for clients born in Australia. Over 98% of treatment episodes were provided to clients whose preferred language was English.

# **Drugs of concern**

This section reports only on the 3,629 closed treatment episodes where clients were seeking treatment for their own alcohol or other drug use in the Australian Capital Territory.

# Principal drug of concern

The 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.

Table 1: Principal drug of concern<sup>(a)</sup>, Australian Capital Territory and Australia, 2001–02 to 2008–09 (per cent)

| Principal drug               | Australian Capital Territory |         |                        |         |         |         |         | Total (Australia)<br>2008–09 |          |         |
|------------------------------|------------------------------|---------|------------------------|---------|---------|---------|---------|------------------------------|----------|---------|
| of concern                   | 2001-02                      | 2002-03 | 2003-04 <sup>(b)</sup> | 2004-05 | 2005-06 | 2006-07 | 2007-08 | 2008-09                      | Per cent | Number  |
| Alcohol                      | 41.6                         | 40.3    | 22.4                   | 42.7    | 45.4    | 55.3    | 48.9    | 54.1                         | 45.8     | 63,272  |
| Amphetamines                 | 8.7                          | 5.9     | 17.4                   | 8.2     | 8.3     | 8.7     | 9.6     | 9.5                          | 9.2      | 12,739  |
| Benzodiazepines              | 2.1                          | 2.1     | 3.3                    | 1.0     | 0.9     | 0.7     | 0.8     | 0.7                          | 1.5      | 2,080   |
| Cannabis                     | 11.3                         | 15.2    | 29.5                   | 18.6    | 15.4    | 12.2    | 14.3    | 15.7                         | 22.5     | 31,100  |
| Cocaine                      | 0.2                          | 0.1     | 0.8                    | 0.2     | 0.3     | 0.2     | 0.3     | 0.3                          | 0.3      | 479     |
| Ecstasy                      | 0.2                          | 0.3     | 0.8                    | 0.3     | 1.0     | 0.7     | 0.7     | 0.6                          | 1.0      | 1,397   |
| Nicotine                     | 0.1                          | 0.1     | 0.5                    | 0.1     | 0.1     | 0.1     | 0.2     | _                            | 1.8      | 2,461   |
| Opioids                      |                              |         |                        |         |         |         |         |                              |          |         |
| Heroin                       | 8.3                          | 20.7    | 20.2                   | 27.4    | 26.5    | 20.0    | 19.6    | 15.0                         | 10.3     | 14,222  |
| Methadone                    | 0.8                          | 1.6     | 2.7                    | 1.2     | 1.0     | 0.6     | 1.4     | 1.1                          | 1.5      | 2,136   |
| Morphine                     | 0.1                          | 0.1     | 0.4                    | 0.2     | 0.2     | 0.2     | 0.4     | 0.2                          | 1.4      | 1,877   |
| Total opioids <sup>(c)</sup> | 9.3                          | 22.4    | 24.8                   | 28.9    | 27.7    | 22.1    | 23.6    | 18.1                         | 15.1     | 20,890  |
| All other drugs(d)           | 26.6                         | 10.1    | 0.6                    | 0.1     | 1.0     | 0.2     | 1.6     | 1.2                          | 2.6      | 3,609   |
| Not stated                   | _                            | 3.5     | _                      | _       | _       | _       | _       | _                            | _        | _       |
| Total (per cent)             | 100.0                        | 100.0   | 100.0                  | 100.0   | 100.0   | 100.0   | 100.0   | 100.0                        | 100.0    |         |
| Total (number)               | 2,800                        | 2,958   | 1,317                  | 4,206   | 4,529   | 4,340   | 3,662   | 3,629                        |          | 138,027 |

<sup>(</sup>a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

In 2008–09, alcohol was the most common principal drug of concern in closed treatment episodes in both the Australian Capital Territory and nationally (54% and 46%, respectively) (see Table 1). This represents a five percentage point increase in the proportion of alcohol-related episodes in the Territory but only a one percentage point increase in the proportion nationally.

<sup>(</sup>b) In 2003–04, a data collection error resulted in the exclusion of one large service provider and hence the overall closed treatment episode number for the ACT is under-counted. Comparisons of data from this year with data from other collection years should therefore be made with caution.

<sup>(</sup>c) 'Total opioids' includes the balance of opioids according to the Australian Standard Classification of Drugs of Concern (ASCDC).

<sup>(</sup>d) Includes balance of principal drugs of concern coded according to the ASCDC.

In the Australian Capital Territory in 2008–09, cannabis was the second most common principal drug of concern, representing 16% of treatment episodes compared with the national figure of 23%. Since 2006–07, there has been a gradual increase in the proportion of treatment episodes for cannabis in contrast to a very gradual decrease nationally.

Alcohol was the most common principal drug of concern for all age groups except for the youngest age group (10–19 years). In general, the older the age group the greater the proportion of people for whom alcohol was the principal drug of concern. Cannabis has overtaken alcohol in 2008–09 as the most common drug of concern for people aged 10–19 years.

#### All drugs of concern

All drugs of concern refers to all drugs reported by clients including the principal drug of concern and all other drugs of concern (clients can report up to five other drugs of concern). The majority (57%) of all treatment episodes in the Australian Capital Territory involved at least one other drug of concern (in addition to the principal drug of concern). This is a substantial decrease from the previous collection period when over 80% of treatment episodes included at least one additional drug of concern. In 2008–09, 3,562 instances of other drugs of concern were recorded.

A breakdown of all drugs of concern by drug type is presented in Figure 1. For example, while nicotine was reported as the principal drug of concern in very few episodes, it was reported as a drug of concern in 21% of treatment episodes.

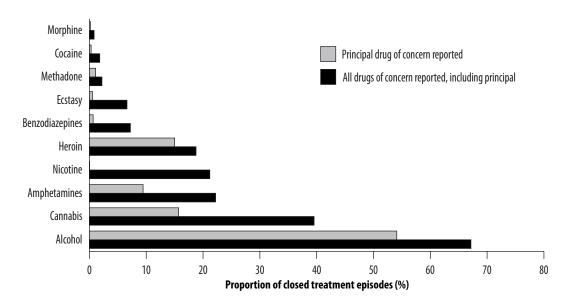


Figure 1: Principal drug of concern and all drugs of concern, Australian Capital Territory, 2008–09

#### Alcohol

In the Australian Capital Territory, alcohol was the most common principal drug of concern for which treatment was sought, accounting for 54% of closed treatment episodes in 2008–09. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 67% of episodes included alcohol.

Of the 1,962 episodes where alcohol was nominated as the principal drug of concern in 2008–09, the client, drug and treatment profiles were as follows:

#### Client profile

- The majority (69%) of episodes were for male clients.
- The median age of clients receiving treatment was 35 years (males 33 years; females 39 years).
- Less than 8% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people (for 14% of episodes Indigenous status was not reported).
- Self-referral declined from 60% in 2007–08 to 45% of episodes in 2008–09. However, it was still the most common source of referral, followed by referrals from 'other' sources (13%).

#### Drug profile

- 46% of episodes included at least one other drug of concern. From these episodes, 1,410 instances of other drugs of concern were recorded—32% were for cannabis, 30% for nicotine and 12% for amphetamines.
- The majority (67%) of episodes involved clients who reported never having injected drugs. Around 5% of episodes involved clients who reported as currently injecting. Caution should be exercised, however, when interpreting data for injecting drug use because of the high not stated response for this item (19% of episodes).

#### Treatment profile

- The most common treatment type was counselling (28% of episodes), while withdrawal management accounted for 25%.
- Treatment was most likely to take place in a non-residential treatment facility (57% of episodes), followed by a residential treatment facility (39%).
- The median number of days for a treatment episode was 10.

#### **Cannabis**

Cannabis has now overtaken heroin as the second most common principal drug of concern for which treatment was sought, accounting for 16% of closed treatment episodes in the Australian Capital Territory in 2008–09. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 40% of episodes included cannabis.

Of the 568 episodes where cannabis was nominated as the principal drug of concern in 2008–09 the client, drug and treatment profiles were as follows:

#### Client profile

- The majority (70%) of episodes were for male clients.
- The median age of clients receiving treatment was 22 years (for both males and females).
- 13% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people (but for 3% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (27% of episodes), followed by referrals from court diversion (15%).

#### Drug profile

- Smoking was the most common method of use (96% of episodes).
- 71% of episodes included at least one other drug of concern. From these episodes, 815 instances of other drugs of concern were recorded—34% were for alcohol, 19% for nicotine and 17% for amphetamines.
- The majority (69%) of episodes involved clients who reported never having injected drugs. 10% of episodes involved clients who reported as currently injecting. Caution should be used, however, when interpreting data for injecting drug use due to the high not stated response for this item (9% of episodes).

#### Treatment profile

- Counselling as the main treatment type accounted for 28% of episodes, while 22% were for withdrawal management (detoxification) and 20% were for support and case management.
- Treatment was most likely to take place in a non-residential treatment facility (51% of episodes), followed by a residential treatment facility (45%).
- The median number of days for a treatment episode was 15.

#### Heroin

In the Australian Capital Territory, heroin treatment episodes decreased in 2008–09, accounting for 15% of closed treatment episodes resulting in heroin, being the third most common principal drug of concern for which treatment was sought. When all drugs of concern are considered (that is, the principal drug of concern and all other drugs of concern nominated by the client), 19% of episodes included heroin.

Of the 544 episodes where heroin was nominated as the principal drug of concern in 2008–09 the client, drug and treatment profiles were as follows:

#### Client profile

- The majority (66%) of episodes were for male clients.
- The median age of clients receiving treatment was 30 years (males 31 years; females 28 years).
- 13% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people (but for 3% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (56% of episodes), followed by referrals from court diversion programs designed to direct people charged with drug-related crimes into treatment (13%).

#### Drug profile

- Most episodes (93%) involved clients whose usual method of use was injecting.
- 68% included at least one other drug of concern. From these episodes, 611 instances of other drugs of concern were recorded— 31% for cannabis, 18% for nicotine and 17% for amphetamines.
- 70% of episodes involved clients who reported as currently injecting, while 22% involved clients who injected drugs in the past.

#### Treatment profile

- The most common treatment type was assessment only (23%). Around 21% of episodes were for counselling, while 19% were for 'other', which includes pharmacotherapy.
- Treatment was most likely to take place in a non-residential treatment facility (59% of episodes), followed by a residential treatment facility (30%).
- + The median number of days for a treatment episode was 24.

# **Treatment programs**

The main treatment type is defined as the principal activity that the treatment provider considers necessary for the client to complete their treatment plan for the principal drug of concern. In practice, it may also be the main treatment type actually provided to the client. Data presented in this section relate to clients seeking treatment for their own or someone else's alcohol or other drug use, except the sub-sections relating to principal drug of concern and treatment programs (which only include episodes for people seeking treatment for their own drug use).

Of all closed treatment episodes in the Australian Capital Territory, the most common main treatment type was counselling (30%), followed by withdrawal management (21%) and assessment only (17%) (Table 2). Nationally, counselling was the most common treatment provided (37% of episodes), followed by withdrawal management (16%) and assessment only (15%).

The proportion of episodes provided by treatment type has varied over time in the Territory. In 2007–08, there was a large reduction in the proportion of assessment only episodes (from 36% in 2006–07 to 19%). This change was related to a review of reporting practices of one agency. This decline continued to a lesser extent in 2008–09. Since 2006–07, there has been a steady increase in support and case management only episodes, rising to 14% of episodes in 2008–09.

Table 2: Main treatment type, Australian Capital Territory and Australia, 2001–02 to 2008–09 (per cent)

| Main treatment                               | Australian Capital Territory |         |                        |         |                        |         |                        | Total (Australia)<br>2008–09 |          |         |
|--|------------------------------|---------|------------------------|---------|------------------------|---------|------------------------|------------------------------|----------|---------|
| type   | 2001-02                      | 2002-03 | 2003-04 <sup>(a)</sup> | 2004-05 | 2005-06 <sup>(b)</sup> | 2006-07 | 2007-08 <sup>(c)</sup> | 2008-09                      | Per cent | Number  |
| Withdrawal<br>management<br>(detoxification) | 33.7                         | 50.7    | 36.1                   | 26.7    | 22.4                   | 16.3    | 21.1                   | 21.3                         | 16.4     | 23,599  |
| Counselling                                  | 14.8                         | 15.8    | 47.2                   | 27.7    | 16.3                   | 27.4    | 28.5                   | 29.7                         | 37.4     | 53,787  |
| Rehabilitation                               | 9.5                          | 7.4     | 13.1                   | 5.2     | 5.0                    | 4.8     | 6.2                    | 6.3                          | 6.7      | 9,667   |
| Support and case management only             | 24.8                         | 15.8    | 3.1                    | 2.7     | 6.8                    | 6.6     | 10.3                   | 13.5                         | 8.9      | 12,740  |
| Information and education only               | 3.6                          | 0.1     | 0.4                    | 11.5    | 4.6                    | 4.5     | 8.2                    | 8.9                          | 9.2      | 13,283  |
| Assessment only                              | 4.6                          | 4.4     | _                      | 19.4    | 39.3                   | 35.7    | 18.8                   | 16.5                         | 14.7     | 21,172  |
| Other <sup>(d)</sup>                         | 9.0                          | 5.8     | 0.1                    | 6.9     | 5.6                    | 4.6     | 6.9                    | 3.9                          | 6.6      | 9,424   |
| Total (per cent)                             | 100.0                        | 100.0   | 100.0                  | 100.0   | 100.0                  | 100.0   | 100.0                  | 100.0                        | 100.0    |         |
| Total (number)                               | 2,824                        | 3,001   | 1,318                  | 4,213   | 4,634                  | 4,516   | 3,738                  | 3,750                        | ••       | 143,672 |

<sup>(</sup>a) In 2003—04, a data collection error resulted in the exclusion of one large service provider and hence the overall closed treatment episode number for the ACT is under-counted. Comparisons of data from this year with data from other collection years should therefore be made with caution.

<sup>(</sup>b) The number of closed treatment episodes for assessment only in 2005–06 may be over-counted due to the inclusion of diversion assessments and changes in reporting practices.

<sup>(</sup>c) The total number of treatment episodes and proportional decrease in assessment only in 2007–08 is related to a review of the reporting practices of one agency.

 $<sup>(</sup>d) \ 'O ther' \ includes \ treatment \ episodes \ where \ the \ main \ treatment \ type \ was \ reported \ as \ pharmacotherapy.$ 

# Counselling

Counselling accounted for 30% of closed treatment episodes in the Australian Capital Territory in 2008–09. Of the 1,115 episodes where counselling was nominated as the main treatment type received in 2008–09, the client, drug and treatment profiles were as follows:

#### Client profile

- The majority (90%) of episodes were for clients seeking treatment for their own drug use. Counselling was also the most likely (92%) treatment type to be provided to clients seeking treatment related to the drug use of another person.
- Almost two-thirds (63%) of episodes were for male clients.
- Almost one-third (32%) of episodes were provided to people aged 20–29 years.
- The median age of clients was 32 years.
- 5% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people (for a further 5% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (55% of episodes), followed by referrals from correctional services (15%).

#### Treatment profile

- Most treatment took place in non-residential treatment facilities (94% of episodes) as distinct from residential, outreach, home and other settings.
- The majority (53%) of episodes were reported to have ended because the treatment was completed. The next most common reason for episodes to end was that the client ceased to participate without notice to the service provider (29% of episodes ended this way).
- The median number of days for a treatment episode was 32.

#### Principal drug profile

• Alcohol was the most common principal drug of concern reported by people seeking counselling for their own drug use (56% of episodes), followed by cannabis (16%).

### Withdrawal management (detoxification)

Withdrawal management accounted for 21% of closed treatment episodes in the Australian Capital Territory in 2008–09. Of the 797 episodes where withdrawal management was nominated as the main treatment received in 2008–09, the client, drug and treatment profiles were as follows:

#### Client profile

- Due to the nature of withdrawal management, all episodes were for clients seeking treatment for their own drug use.
- The majority (63%) of episodes were for male clients.
- The median age of persons receiving treatment was 34 years (males 34 years; females 36 years).
- 8% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people (but for <1% of episodes Indigenous status was not reported).
- Self-referral was the most common source of referral (52% of episodes),

#### Treatment profile

- Treatment almost always took place in residential treatment facilities (95% of episodes), followed by non-residential treatment settings (4%).
- The majority (79%) of episodes ended because the treatment was completed. The next most common reason for treatment to end was because the client ceased to participate against advice (13% of episodes ended this way).
- The median number of days for a treatment episode was 7.

#### Principal drug profile

• Alcohol was the most common principal drug of concern reported (63% of episodes), followed by cannabis (16%), heroin (11%) and amphetamines (7%).

# **Assessment only**

17% of treatment episodes in the Australian Capital Territory in 2008–09 were for assessment only. Of the 617 episodes where assessment only was nominated as the main treatment type received in 2008–09, the client, drug and treatment profiles were as follows:

#### Client profile

- Almost all episodes were for clients seeking treatment for their own drug use.
- The majority (61%) of episodes were for male clients.
- The median age of persons receiving treatment was 31 years (males 31 years; females 32 years).
- 11% of episodes involved clients who identified as Aboriginal and Torres Strait Islander people (but for 3% of episodes Indigenous status was not reported).
- Self-referral continued to decline despite still being the most common source of referral (43% of episodes, down from 61% in 2007–08 and 74% in 2006–07), with the majority of 'other' referrals coming from either a hospital (11%) or an alcohol and other drug treatment service (12%).

#### Treatment profile

- Treatment was most likely to occur in residential treatment facilities (55% of episodes), followed by non-residential treatment facilities (42%).
- There was a decline in episodes ending due to the completion of treatment (76% in 2007–08 falling to 55% in 2008–09). This may be related to the large proportion of episodes (31%) for which the reason for cessation was not stated.
- The median number of days for a treatment episode was 1.

#### Principal drug profile

Alcohol was the most common principal drug of concern reported by people who
received assessment only for their own drug use (45%), followed by heroin (20%).

# **Symbols**

- nil or rounded to zero
- .. not applicable

# How to find out more

If you would like more detailed data about the Australian Capital Territory's alcohol and other treatment services please contact the AIHW to discuss your needs. The document *Alcohol and other drug treatment services NMDS Specifications 2010–11* outlines the process to be followed for unpublished data requests. This document is available from the AIHW website at <a href="http://www.aihw.gov.au/publications/index.cfm/title/11461">http://www.aihw.gov.au/publications/index.cfm/title/11461</a>.

# Reference

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