Australian Government
Australian Institute of Health and Welfare

Alcohol and other drug treatment services in Australia: early insights 2024–25

Web report | Last updated: **16 Apr 2026** | Topic: Alcohol & other drug treatment services

About

Alcohol and other drug treatment services in Australia: early insights presents key statistics about Australia's publicly funded Alcohol and Other Drug treatment services, the people that received treatment, the services and the treatment provided. *Early insights* is a companion report to the data and analysis presented in *Alcohol and other drug treatment services in Australia: annual report*.

This report has been updated with financial year data for 2024–25 and is updated on an annual basis.

Cat. no: HSE 242

- Data cubes
- Archived content
- Related material

Key findings

- Around 127,800 clients received 244,400 AOD treatment episodes in 2024–25
- Counselling was the most common treatment provided to AOD clients, with clients receiving counselling over 68 days
- Alcohol remains the most common principal drug of concern for which clients received treatment
- 1,316 publicly funded alcohol and other drug treatment agencies provided treatment services in 2024–25

Insights

Alcohol and other drug (AOD) treatment agencies across Australia provide a range of services and support to people receiving treatment for their drug use, as well as support for their families and friends. There are many types of treatment available. Most treatments aim to minimise harm, often by stopping or reducing a person's drug use, or changing their drug use patterns to be less harmful. Treatment can involve counselling, withdrawal management (detoxification), rehabilitation, diversion programs and pharmacotherapy treatments.

The number of clients who received AOD treatment fell by 3.1% between 2023–24 and 2024–25

In 2024–25 treatment episodes rose by 1.4% compared to last year

In 2024–25, there were fewer clients overall, but on average people were receiving more treatment episodes, especially in Victoria, Queensland and the Northern Territory

6 in 10 clients returned to AOD treatment in 2024–25

Alcohol remains the most common drug that clients received treatment for (41% of all episodes), followed by methamphetamines (24%)

Counselling remains the most common treatment provided to all clients, but this has dropped by 4.5% since 2016–17

Between 2015–16 to 2024–25, the total number of AOD treatment agencies rose by 66%

Agencies

Who provides publicly funded alcohol and other drug treatment services?

In 2024–25, 1,316 publicly funded alcohol and other drug treatment agencies provided services in Australia

The Australian Government and state and territory governments fund non-government and government agencies to provide a range of alcohol and other drug (AOD) treatment services. Treatment services are delivered in residential and non-residential settings, and often include treatments such as detoxification, rehabilitation, counselling and pharmacotherapy. For further information on counting AOD treatment services in the AODTS NMDS see technical notes.

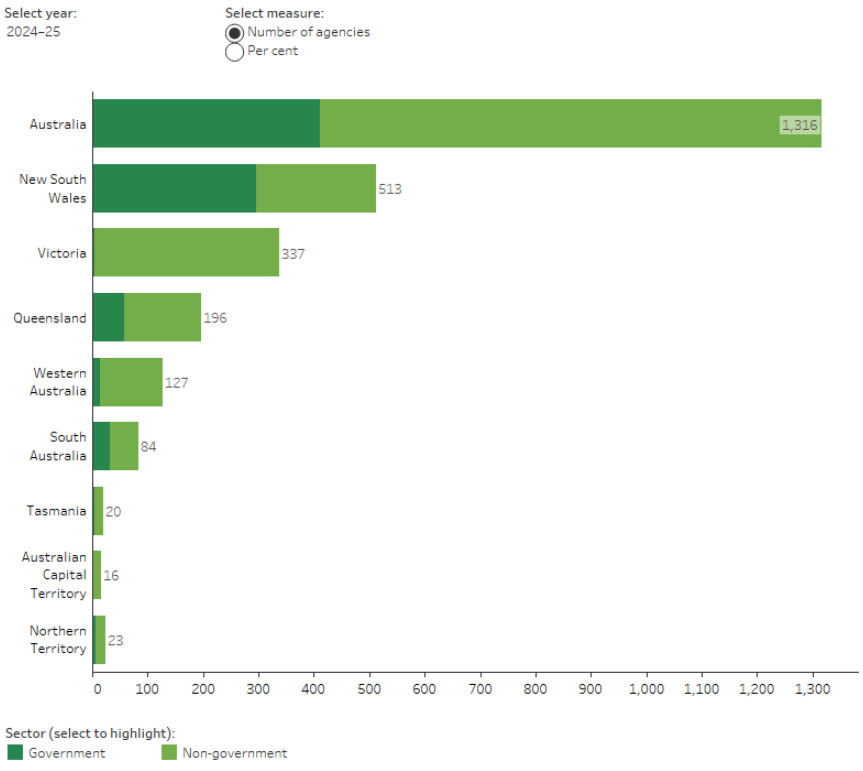
In 2024–25:

- 1,316 publicly funded AOD treatment agencies reported to the AODTS NMDS.
- The number of agencies in each jurisdiction ranged from 16 in the Australian Capital Territory to 513 in New South Wales (Figure 1).

Between 2015–16 to 2024–25, the total number of AOD treatment agencies rose by 66% (from 791 to 1,316), due to increases in funding and more reporting at the service outlet location. See the Alcohol and Other Drug Treatment Services NMDS Data Quality Statement, 2024–25 and technical notes for further information.

A mix of government and non-government agencies deliver publicly funded AOD treatment services. Nationally in 2024–25, 7 in 10 (69%, 906 agencies) AOD treatment agencies were non-government, and these agencies provided 72% (177,176) of all treatment episodes (Figure 1).

Figure 1: Treatment agencies, by sector and state and territory, 2015–16 to 2024–25



Title: Figure 1: Treatment agencies, by sector and state and territory, 2015–16 to 2024–25
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set
http://www.aihw.gov.au

Horizontal bar chart shows the number and proportion of agencies by sector and state/territory from 2015–16 to 2024–25. Data is filtered by year.

Clients

In this section

Who uses alcohol and other drug treatment services?

Around 127,800 people received publicly funded treatment or support for alcohol and other drug use in 2024–25

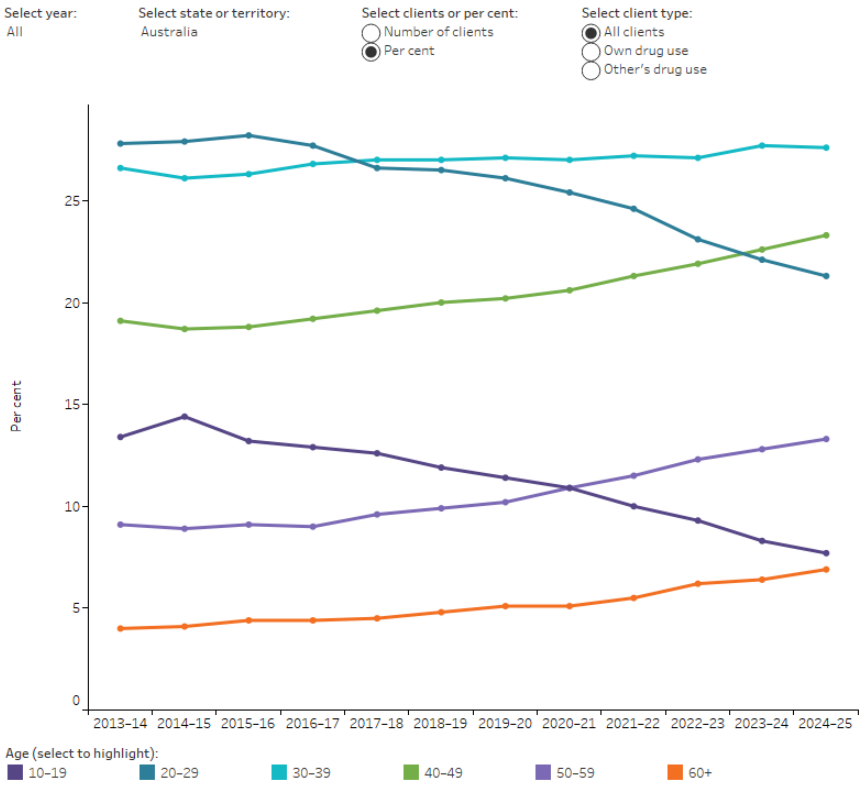
The number of people aged 10 and over receiving alcohol and other drug treatment rose by 12% between 2014–15 and 2024–25

Profile of clients

In 2024–25, publicly funded AOD treatment services provided treatment to 127,804 clients across Australia. Nationally, among these clients:

- 3 in 5 people (62%, 78,799 clients) who received treatment for their own or someone else's alcohol or drug use were male.
- Of the 92% (117,132) of clients who received treatment for their own alcohol or drug use:
  - half were aged 30–49 (51%, 59,867)
  - 3 in 5 (63%, 73,670) were male.
- Of the 8.3% (10,672) of clients who received support for someone else's drug use:
  - half were aged 30–49 (49%, 5,198)
  - over 2 in 5 were female (45%, 4,797).
- Less than one percent (0.5%, 643) of all clients reported a sex of 'Another term' (Figure 1).

Figure 1: Client demographics (age group, sex, Indigenous status), by state and territory, 2013–14 to 2024–25



Title: Figure 1: Client demographics (age group, sex, Indigenous status), by state and territory, 2013–14 to 2024–25
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set
http://www.aihw.gov.au

Line graph shows number and proportion of clients by age group, client type and indigenous status from 2013–14 to 2024–25. Data is filtered by state/territory.

New and returning clients

Of the clients who received treatment for the first time in 2024–25 (new clients):

- 2 in 5 (40%, 51,512) clients had not previously received treatment since 2013–14. Of these clients:
  - 45% were aged 20–39, with 1 in 7 (14%) aged 10–19.
  - 6 in 10 (59%) were male.

Of the clients who had previously received AOD treatment in 2024–25 (returning clients):

- 6 in 10 (60%, 76,292) had previously received AOD treatment from a service at some point since 2013–14, when client reporting was enabled. Of these clients:
  - 3 in 5 were male (63%).
  - Over half (56%) were aged 30–49 (Table SCR.28).

For more information on new and returning clients see Key terminology and glossary.

Aboriginal and Torres Strait Islander (First Nations) people

In 2024–25:

- 19% (24,629) of all people aged 10 and over who received treatment or support for their own or someone else's AOD use were First Nations people (Figure 1).
- Of the clients who received treatment for their own alcohol or drug use, 1 in 5 people were First Nations clients (23,352 or 20%).
- Of the clients who received treatment for someone else's alcohol or drug use, over 1 in 10 (1,277 or 12%) were First Nations clients.
- Among First Nations clients, 58% of people were aged 20–39.
- The most common principal drugs of concern were alcohol (32% of clients), methamphetamine (27%), cannabis (20%), and heroin (5.3%) among First Nations people who received treatment for their own alcohol or drug use.
- First Nations clients were more than 6 times as likely to receive treatment for alcohol or drug use as non-Indigenous Australians after adjusting for differences in age-structure (3,125 per 100,000 population compared with 457) (age standardised rate ratio for clients aged 10 and over).

The Australian Government funds primary health care services and substance use services specifically for First Nations people. These services may be in scope for the AODTS NMDS, but the majority of the services currently do not report to the NMDS. As a result, the number of First Nations clients and treatment episodes may be under-estimated. Refer to the technical notes for further details on data collection and funding of First Nations AOD services.

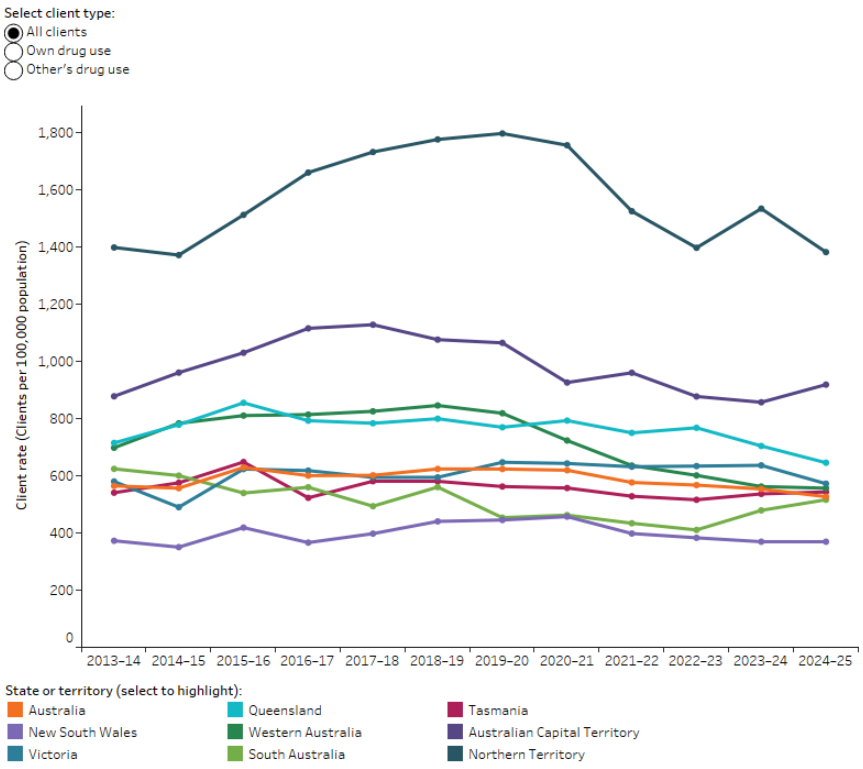
Client trends

In 2024–25:

- Nationally, the number of clients fell by 3.1%, from 131,892 in 2023–24 to 127,804 in 2024–25.
  - Overall, there were less clients, but some clients received 2 or more treatment episodes leading to a rise in treatment episodes, especially in Victoria, Queensland and the Northern Territory (Figure 3).
  - The drop in the number of clients receiving AOD treatment may also be due to changes in funding for services, agencies reporting for only part of the financial year, and system issues resulting in problems collecting or extracting AODTS NMDS data.
- The rate of clients dropped slightly from 556 to 527 people per 100,000 between 2013–14 and 2024–25, when considering population growth (Figure 2).
  - Over the past decade from 2013–14, the number of people receiving treatment from AOD treatment agencies rose by 12% from 114,436 clients to 127,804 in 2024–25.

For further information on counting clients in the AODTS NMDS see technical notes.

Figure 2: Number of clients and rates per 100,000, by state and territory, 2013–14 to 2024–25



Title: Figure 2: Number of clients and rates per 100,000 population, by state and territory, 2013–14 to 2024–25
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set
http://www.aihw.gov.au

Line chart shows client rates per 100,000 population by state/territory and client type from 2013–14 to 2024–25. Data is filtered by number of clients.

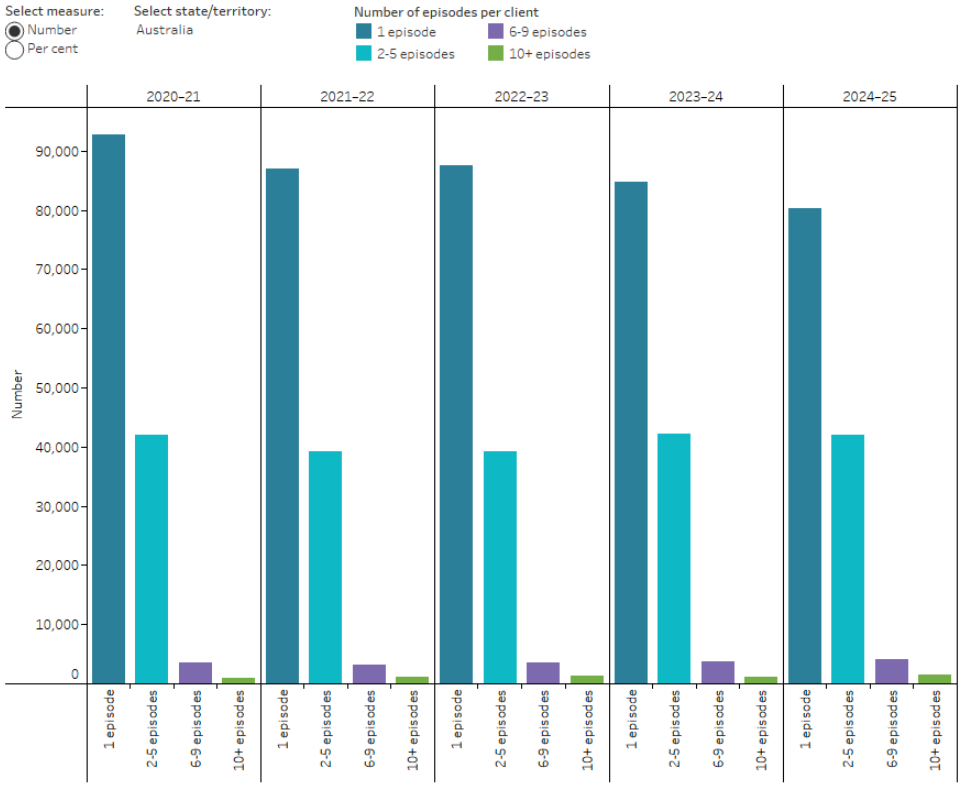
Treatment episodes per client

In 2024–25:

- There were fewer clients overall, but on average people were receiving more treatment episodes, especially in Victoria, Queensland and the Northern Territory.
- Nationally, people receiving 1 treatment episode is dropping and people receiving 2–5 episodes, 6–9 episodes and more than 10 episodes is rising (see Figure 3).

Some states and territories apply different methods for counting treatment episodes. Further information is available in Alcohol and Other Drug Treatment Services National Minimum Dataset 2024–25 Data Quality Statement.

Figure 3: Clients who received one or more treatment episodes by state and territory, 2020–21 to 2024–25



Title: Figure 3: Clients who received one or more treatment episodes by state and territory, 2020–21 to 2024–25
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set
http://www.aihw.gov.au

The grouped bar chart shows the number of episodes per client by state and number of episodes from 2020–21 to 2024–25. Data is filtered by number of clients.

Drugs of concern

In this section

What drugs do people seek treatment for?

Alcohol continues to be the most common drug that led people to receive treatment.

People may receive alcohol and other drug (AOD) treatment for use of one or more substances. Most people have one drug that is of greater concern for them, and their treatment will focus on this drug; this is referred to as the principal drug of concern (PDOC). Clients who use more than one drug can also report additional drugs of concern, though these may not be the subject of any treatment within the episode. Drug of concern information is not collected for people who received treatment for someone else's drug use.

Principal drug of concern

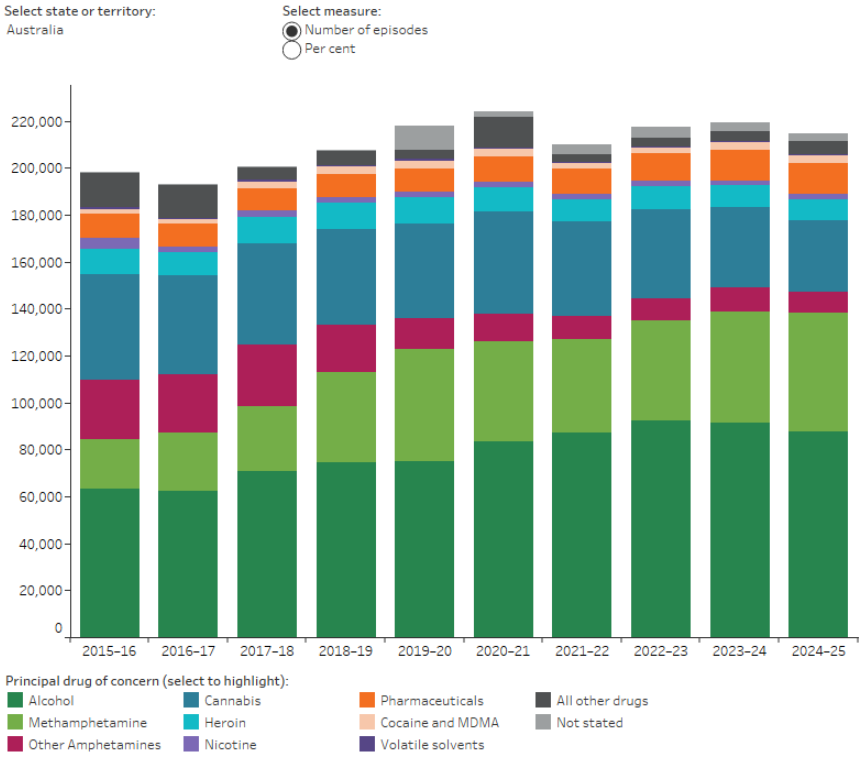
For people who received treatment for their own alcohol or drug use in 2024–25:

- 2 in 5 (41%, 87,632) treatment episodes were for alcohol, followed by methamphetamine (24%, 50,863), cannabis (14%, 30,287) and heroin (4.3%, 9,204) (Figure 1).
- The main principal drugs of concern were the same for both males and females:
  - alcohol (40% of male clients; 41% of female clients)
  - methamphetamine (23% of male clients; 22% of female clients)
  - cannabis (14% of male clients and 17% of female clients).

The most common principal drugs of concern that clients were treated for in 2024–25 were different across age groups:

- Younger people were more likely to get treatment for cannabis, with over half (53%) of episodes for those aged 10–19 and a quarter of episodes (24%) for those aged 20–29 related to cannabis use.
- People aged 30–39 (32%) were more likely to receive treatment for methamphetamine.
- Older people were more likely to get treatment for alcohol, with 45% of treatment episodes for those aged 40–49, 60% for those aged 50–59, and 75% for those aged 60 and over.

Figure 1: Closed treatment episodes for client's own drug use, by principal drug of concern and state and territory, 2015–16 to 2024–25



Title: Figure 1: Closed treatment episodes for client's own drug use, by principal drug of concern and state and territory, 2015–16 to 2024–25
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set
http://www.aihw.gov.au

Stacked bar graph shows number and proportion of closed treatment episodes for clients' own drug use by PDOC and state/territory from 2015–16 to 2024–25.

Treatment

In this section

What treatments do people receive?

Counselling continues to be the most common treatment provided

2 in 3 treatment episodes were provided in a non-residential setting (such as community-based day programs)

Treatment episodes for counselling were longer than all other treatment types (68 days median duration)

Treatment in Australia

Many types of treatment are available in Australia, aiming to reduce the risk of harm associated with drug use through services such as counselling, withdrawal management, rehabilitation, support and case management or information and education. For a subset of people who use alcohol and drugs, treatment and support will be required over the course of their life (consistent with dependence being a chronic condition, like asthma or diabetes). In many cases, people may require ongoing support to achieve long-term change. For other people, early support and treatment will be sufficient to reduce harms and prevent the need for further treatment or they may access treatment intermittently as required (Australian Government Department of Health and Aged Care 2019).
In 2024–25:

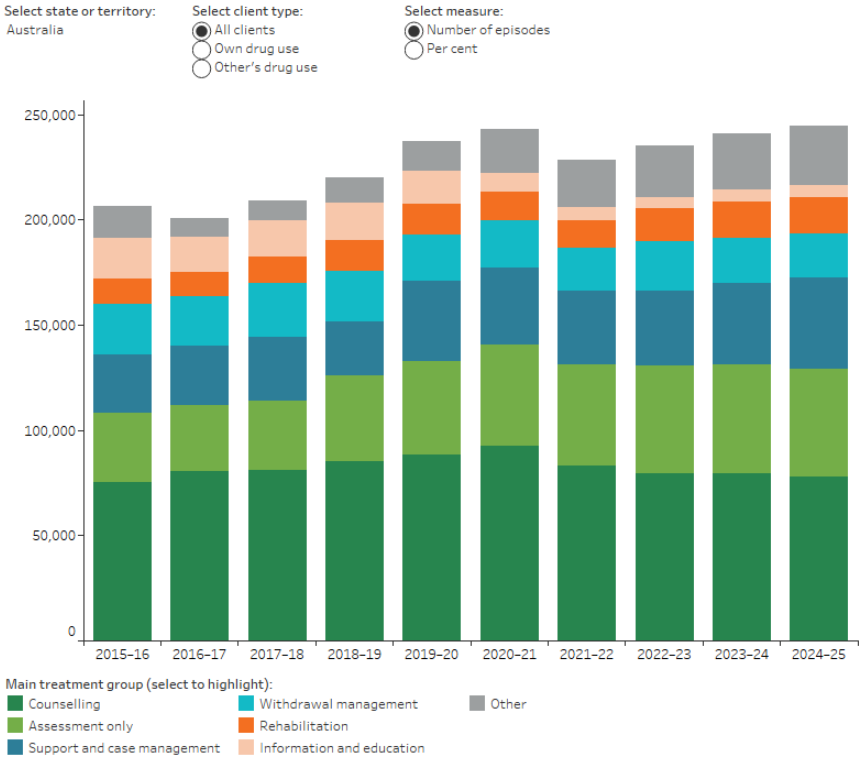
- A total of 244,411 treatment episodes were provided to people for their own or someone else's alcohol or drug use.
- Treatment episode numbers increased by 18% since 2015–16 (206,395) and rose by 1.4% compared to last year (240,958 in 2023–24).
  - This could be due to some clients returning for 2 or more episodes of treatment, especially in Victoria, Queensland and the Northern Territory.
- Clients received an average of 1.9 treatment episodes nationally.

What are the treatment types?

In 2024–25:

- Counselling continued to be the most common main treatment type, making up almost one third (32%) of all treatment episodes, followed by assessment only (21%) and support and case management (18%).
- For people receiving treatment for their own alcohol or drug use, one third (33%) of episodes were for counselling and almost one quarter (23%) were for an assessment only, which continues to rise.
- For people who received support for someone else's drug use, half (50%) of the episodes were for support and case management and about one quarter (24%) were for counselling, which is a decrease from last year (35%) (Figure 1).

Figure 1: Closed treatment episodes, by main treatment type, client type and state and territory, 2015–16 to 2024–25



Title: Figure 1: Closed treatment episodes, by main treatment type, client type and state and territory, 2015–16 to 2024–25
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set
http://www.aihw.gov.au

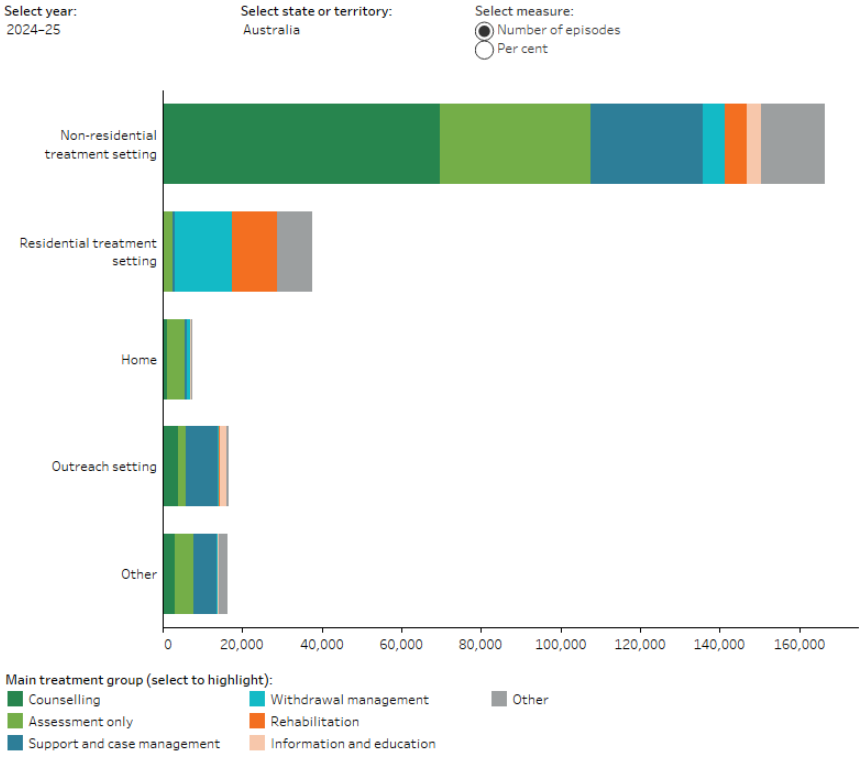
Stacked bar graph shows number and proportion of treatment episodes by main treatment type from 2015–16 to 2024–25. Data is filtered by client type and state/territory.

Treatment setting

Nationally, in 2024–25:

- 2 in 3 treatment episodes were provided in a non-residential setting (68%), such as community-based day programs and hospital outpatient services.
- The next most common settings included:
  - Residential settings (15%) (this setting allows clients to stay in a place that is not their home or usual residence).
  - Outreach settings (6.8%) and other settings (6.7%), which can include mobile/outreach drug treatment services (Figure 2).

Figure 2: Closed treatment episodes, by main treatment type, delivery setting and state and territory, 2015–16 to 2024–25



Title: Figure 2: Closed treatment episodes, by main treatment type, delivery setting and state and territory, 2015–16 to 2024–25
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set
http://www.aihw.gov.au

Horizontal stacked bar graph shows the number and proportion of closed treatment episodes by main treatment type and delivery setting from 2015–16 to 2024–25. Data is filtered by year and state/territory.

Length of treatment

In 2024–25, treatment episodes lasted on average 3 and a half weeks (25 days median duration). The length of treatment episodes depended on the main type of treatment and the principal drug of concern:

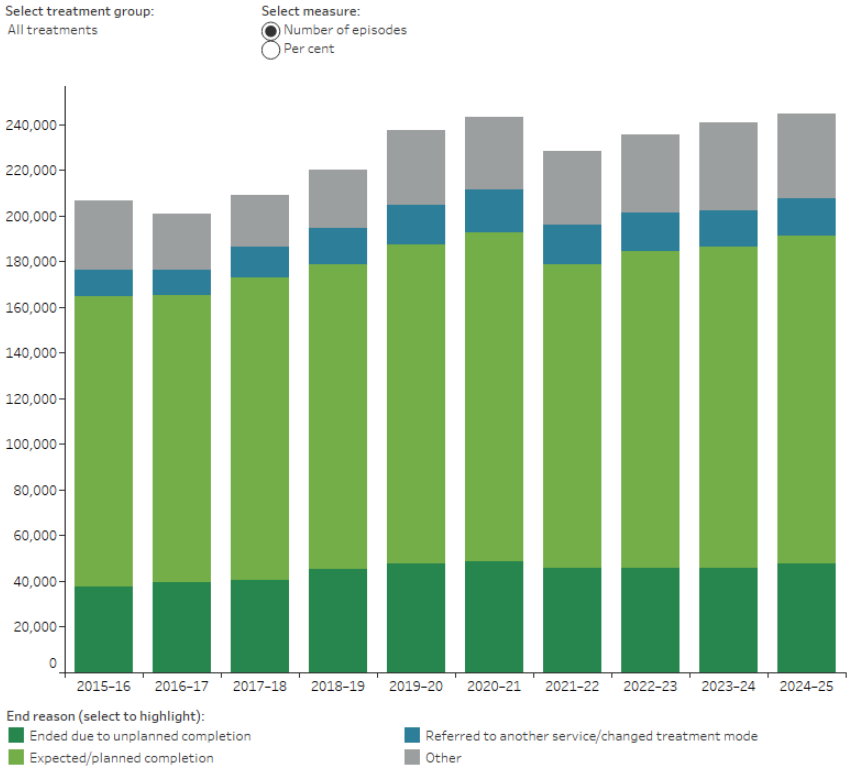
- For all people who received counselling, treatment episodes lasted for 68 days (median duration).
- For people who received treatment for their own alcohol or drug use, the typical length of treatment was 40 days (median duration) for rehabilitation, 8 days for withdrawal management, and 3 days for an assessment only.
- For the four most common principal drugs of concern, the length of treatment was longest for cannabis (30 days median duration), followed by methamphetamine (29 days), heroin (28 days) and alcohol (27 days).

What are the common reasons for ceasing treatment?

In 2024–25:

- 3 in 5 (59%) of all treatment episodes ended as planned or expected.
- 1 in 5 (19%) of episodes ended unexpectedly (that is, the client ceased to participate against advice, without notice or due to non-compliance).
- 6.7% of episodes ended due to the client being referred onto another service or their type of treatment or drug of concern changed (Figure 3).

Figure 3: Closed treatment episodes, by reason for cessation and main treatment, 2015–16 to 2024–25



Title: Figure 3: Closed treatment episodes, by reason for cessation and main treatment, 2015–16 to 2024–25
Source: AIHW Alcohol and Other Drug Treatment Services National Minimum Data Set
http://www.aihw.gov.au

Stacked bar graph shows number and proportion of closed treatment episodes by reason for cessation from 2015–16 to 2024–25. Data is filtered by main treatment type.

References

Australian Government Department of Health and Aged Care 2019. National Framework for Alcohol, Tobacco and Other Drug Treatment 2019–29, Department of Health and Aged Care, Australian Government, accessed 6 March 2024.

Data cubes

Data cube: Closed treatment episodes by client type (whether receiving treatment for own or other's drug use): treatment characteristics by state/territory, 2024–25

Data

Data cube: Closed treatment episodes for clients own drug use by principal drug of concern and treatment characteristics, 2024–25

Data

Data cube: Closed treatment episodes for clients own drug use by principal drug of concern and client characteristics, 2024–25

Data

Data cube: Closed treatment episodes: All clients by state/territory-No drug breakdown, 2024–25

Data

Data cube: Profile of drug treatment agencies by SA2 2021 remoteness area from 2022–23 to 2024–25

Data

Data cube: Profile of drug treatment agencies by SA2 2016 remoteness area from 2018–19 to 2021–22

Data

Data cube: Profile of drug treatment agencies by SA2 2011 remoteness area from 2012–13 to 2017–18

Data

About the cubes

A data cube is a multidimensional representation of the data set. It allows the user to select, filter and arrange aggregated data by variables of interest using drag and drop functionality. Data generated from the cubes can be exported into Excel for data analysis and reporting.

Period covered

The cubes cover the period 2003–04 to 2024–25.

Counting unit

The counting unit is a 'closed treatment episode'. A closed treatment episode refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. As a unit of measurement, the 'closed treatment episode' used in the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) does not provide information on the number of clients who access publicly funded alcohol and other drug treatment, nor can it provide information on the extent of concurrent, sequential or recurrent service use. Client level data can be found in *Alcohol and other drug treatment services in Australia annual report, Clients*.

Data items included in the data cubes

For a full list of the AODTS NMDS 2024–25 data items, metadata about those items, and access to the download file, visit AODTS cube metadata.

Exclusions to the collection

- Agencies whose sole activity is to prescribe and/or dose for opioid pharmacotherapy maintenance treatment such as methadone.
- Halfway houses and sobering-up shelters, correctional institutions, health promotion services (for example, needle and syringe exchange programs).
- Alcohol and drug treatment units in acute care or psychiatric hospitals that only provide treatment to admitted patients.
- Private treatment agencies that do not receive government funding.

It should also be noted that:

- The number of First Nations clients may be under-estimated as not all Australian Government funded First Nations substance use services/health services that provide specialised treatment for alcohol and other drug use supply data under the AODTS NMDS. In addition, at the national level, a low percentage of clients did not state their Indigenous status (approximately 4–6% of all closed treatment episodes over time, ranging from 7,100 to 9,700 episodes over 10 years of reporting).

- On their own, the data do not provide measures of the incidence or prevalence of non-prescribed use of, or dependence on, alcohol or other drugs in the community. This is because not all persons who have alcohol or other drug dependence receive treatment, or they may receive treatment from non-publicly funded services.
- For remoteness area, components may not sum to number of treatment agencies as some treatment agencies are distributed among more than one remoteness area; in these cases, the largest ratio of the agency area is allocated to the remoteness area.
- The number of agencies is not an accurate reflection of all in-scope AOD specialist treatment services in Australia, as some agencies do not report data during a collection for various reasons. See the Alcohol and other drug treatment services NMDS, 2024–25 data quality statement for details.
- In 2018–19, the AOD treatment agency counting methodology was revised to better reflect the number of unique AOD treatment service outlets. There is a level of agency duplication, due to agencies splitting out episode data that is related to the funding source for that program/service. Some agencies chose to split their data according to the funding source. For example, state funded service episodes are reported to the relevant state or territory department and the Commonwealth funded service episodes are separated and reported to a peak body or directly to the Australian Institute of Health and Welfare (AIHW). This has resulted in some services being counted as 2 separate agencies over time. The revision was applied to all time-series, with AOD service counts from 2014–15 to 2017–18 affected.

Additional information

Across all years, the following data items in the cubes have been collapsed for confidentiality reasons:

- *Method of use* for principal drug of concern – Injects data has been collapsed into the *Other* category.
- *Source of referral* for treatment – corrections, police and court diversion data have been collapsed into the *Other* category.
- *Reason for cessation* of treatment – drug court, imprisoned and died have been collapsed into the *Other* category.

How to use the cubes

- Data cubes allow the user to quickly select, filter and arrange aggregated data by variables of interest using the drag and drop functionality. Data generated from these cubes can be exported into Excel for data analysis and reporting.
- When a data cube is opened, default dimensions are shown. To view other dimensions, select the right arrow to the left of the Retrieve Data button to expand the dimension list. Then start dragging a dimension – a little popup screen will show giving you the choice of adding to the dimension as a Column, Row, or a Wafer (a filter).
- If you wish to add totals, select the three dots next to the dimension name in the table and select Total. To add percentages, select the button with the Cogs next to the Print Table button and select the Percentages option.
- For more tips about how to use the cubes, select the three dots to the right of the search box at the top right and select Tour. Or alternatively, for a more comprehensive guide select on the question mark button.

How to export data from the cubes

The data can be exported in several different formats including Excel and CSV. To export the data, choose the format from the drop-down list at the top right of the screen, then select the Download Table button next to it. The file will be saved to your default Downloads location.

Technical notes

Technical notes

Explore technical notes for this report including policy framework, data and methodologies and state/territory data quality

Policy framework

In this section

Drug use in Australia

Alcohol and tobacco are 2 of the most widely used drugs in Australia. The most recent 2022–2023 National Drug Strategy Household Survey reported that of people aged 14 and over in Australia:

- 8.3% smoked tobacco daily.
- 77% consumed an alcoholic drink in the previous 12 months.

About 1 in 3 (31% or 6.6 million) people aged 14 and over consumed alcohol in ways that put their health at risk according to the Australian Alcohol Guidelines (drinking more than 10 standard drinks per week on average or more than four standard drinks in a single day at least once a month; NHMRC 2020). This was similar to 2019, when 32% of the population (around 6.7 million people) reported drinking at risky levels (AIHW 2024a).

In 2022–2023, illicit drug use was relatively common among people aged 14 and over in Australia:

- 47% self-reported they had illicitly used a drug at some point in their life (including pharmaceuticals used for non-medical purposes) and 17.9% had done so in the last 12 months.
- Cannabis continued to be the most commonly used illicit drug with more than 2 in 5 (41%) having used it in their lifetime and 11.5% using it in the previous 12 months.
- Ecstasy and cocaine were the second and third most common illicit drugs used in a lifetime (13.6% and 13.5%, respectively) and in the last 12 months (2.1% and 4.5%, respectively) (AIHW 2024a).

Health impacts

Tobacco, alcohol, and illicit drug use contribute to increased chronic disease, injury, poisoning and premature death and are among the leading risk factors contributing to the total disease burden in Australia. Together tobacco, alcohol and illicit drug use accounted for 14% of the total burden of disease in Australia in 2024 (AIHW 2024c).

Social impacts

The social impacts of AOD use in Australia include involvement in criminal activity, engagement in risky behaviours, victimisation and road trauma. In 2019, 1 in 5 (21%) people in Australia aged 14 and over were victims of an alcohol-related incident and 10.5% were victims of an illicit drug-related incident (AIHW 2020). This trend continued in 2022–2023, where 1 in 5 people (21%) aged 14 and over were victims of alcohol-related incidents and 1 in 10 people (10.1%) were victims of illicit drug-related incidents. Alcohol and illicit drug related incidents include verbal abuse, physical abuse, or being put in fear by someone under the influence of a substance in the previous 12 months (AIHW 2024).

Economic impacts

The use and non-prescribed use of licit and illicit drugs imposes a heavy financial cost on the Australian community. In 2022–23, the projected separate costs of tobacco ($159.7 billion), opioid ($18.4 billion), methamphetamine (over $6 billion) and alcohol use ($74.9 billion) in Australia have been estimated, utilising different methodologies (Gadsden et al. 2023).

The National Drug Strategy

Australia has had a coordinated approach to dealing with alcohol and other drugs since 1985. The National Drug Strategy (NDS) 2017–2026 is the 7th and latest iteration of the cooperative strategy between the Australian Government, state and territory governments, and the non-government sector. The NDS provides a framework that identifies national priorities relating to alcohol, tobacco and other drugs, guides action by governments – in partnership with service providers and the community – and outlines a national commitment to harm minimisation through balanced adoption of effective demand, supply, and harm reduction strategies.

The objective of the National Drug Strategy

The NDS has an overarching approach of harm minimisation and encompasses 3 pillars, each with specific objectives (NDSC 2017):

- demand reduction
  - to prevent the uptake and/or delay the onset of use of alcohol, tobacco, and other drugs
  - to reduce the use and harms of alcohol, tobacco, and other drugs in the community
  - support people to recover from dependence through evidence-informed treatment
- supply reduction
  - to prevent, stop, disrupt, or otherwise reduce the production and supply of illegal drugs
  - to control, manage, and/or regulate the availability of illegal drugs
- harm reduction
  - to reduce the adverse health, social and economic consequences of the use of drugs for consumers, their families, and the wider community.

The collection of treatment services data, for example in the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS), forms part of the evidence base reinforcing harm reduction actions in the strategy, which include (NDSC 2017):

- increasing access to pharmacotherapy treatment to reduce drug dependence and reduce the health, social, and economic harms to individuals and the community that arise from use of opioids
- monitoring emerging drug issues to provide advice to the health, law enforcement, education, and social services sectors to inform individuals and the community regarding risky behaviours
- developing and promoting culturally appropriate alcohol, tobacco, and other drug information and support resources for individuals, families, communities, and professionals in contact with people at increased risk of harm from alcohol, tobacco, and other drugs
- providing opportunities for intervention among high-prevalence or high-risk groups and locations, including the implementation of settings-based approaches to modify risk behaviours
- enhancing systems to facilitate greater diversion into health interventions from the criminal justice system, particularly for Aboriginal and Torres Strait Islander people, young people, and other at-risk populations who may be experiencing disproportionate harm.

Alcohol and other drug treatment services

AOD treatment services provide support to people regarding their use of alcohol or drugs through a range of treatments. Treatment objectives can include reduction or cessation of substance use, as well as improving social and personal functioning. Treatment and assistance may also be provided to support the family and friends of people who use alcohol or other drugs. Treatment services include detoxification and rehabilitation, counselling, and pharmacotherapy, and are delivered in residential and non-residential settings.

In Australia, publicly funded treatment services for AOD use are available in all states and territories. Most of these services are funded by state and territory governments, while some are funded by the Australian Government. Information on publicly funded AOD treatment services in Australia, clients, and drug treatment are collected through the AODTS NMDS. The AODTS NMDS is one of several national minimum data sets that collect data under the 2012 National Healthcare Agreement to inform policy and help improve service delivery (COAG 2012).

Other available data sources that support a more complete picture of AOD treatment in Australia include:

- the National Opioid Pharmacotherapy Statistics Annual Data collection
- the National Hospital Morbidity Database
- the Specialist Homelessness Services collection
- the National Prisoner Health Data collection.

The Alcohol and Other Drug Treatment Services National Minimum Data Set

The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) contains information on treatment provided to clients by publicly funded AOD treatment services, including government and non-government organisations. Information on clients and treatment services are included in the AODTS NMDS when a treatment episode provided to a client is closed (see Key terminology and glossary). This is a service-based collection and not a demand-based collection, noting that services are limited by the number of clients they are able to provide treatment to, and that this may not be reflective of the demand for services by the broader community.

Information on the following types of treatment are reported:

- assessment only
- counselling
- information and education
- pharmacotherapy
- rehabilitation
- support and case management
- withdrawal management
- other (see Key terminology and glossary).

The AODTS NMDS collects data about services provided to people who are seeking assistance for their own alcohol or drug use and those seeking assistance for someone else's alcohol or drug use.

Client information is collected at the episode level in the AODTS NMDS. Further details on the estimation of client numbers and the imputation methodology can be found in data and methods.

Data collected by treatment agencies are forwarded to the relevant state and territory health departments, who then extract required data according to the specifications in the AODTS NMDS. Data are submitted to the Australian Institute of Health and Welfare (AIHW) annually for national collation and reporting.

Coverage and data quality

Although the AODTS NMDS collection covers the majority of publicly funded AOD treatment services, including government and non-government organisations, it is difficult to fully quantify the scope of AOD services in Australia.

The current scope of the collection includes:

- All publicly funded (state, territory or Australian Government level) government and non-government agencies that provide one or more specialist alcohol and other drug treatment services, whether residential or non-residential.
- Acute care hospitals or psychiatric hospitals if they have specialist alcohol and other drug units that provide treatment to non-admitted patients (for example, outpatient services).
- Aboriginal or mental health services if they provide specialist alcohol and other drug treatment.

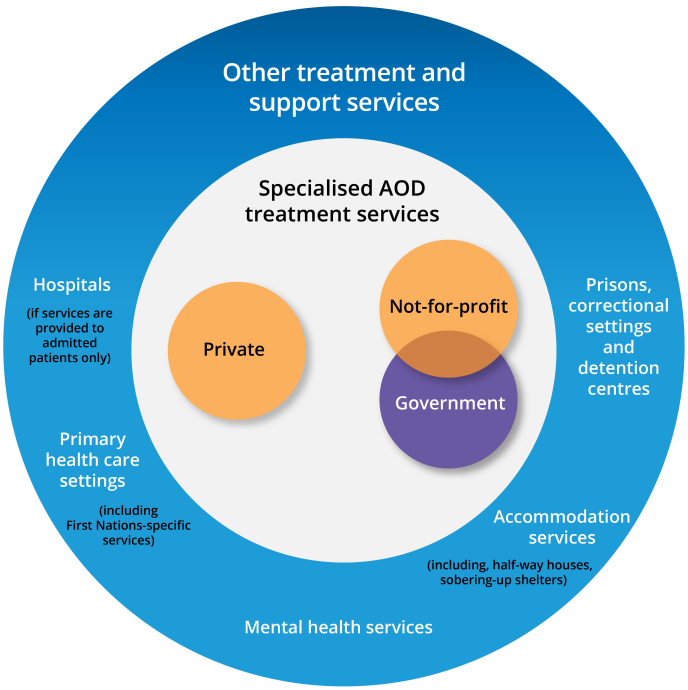
People receive treatment for alcohol and other drug-related use in a variety of settings not in scope for the AODTS NMDS. Excluded settings include:

- services provided by other not-for-profit organisations and private treatment agencies that do not receive public funding
- alcohol and other drug treatment units in acute care or psychiatric hospitals that provide treatment only to admitted patients
- prisons, correctional facilities and detention centres

- primary health-care services, including general practitioner settings, community-based care, Indigenous Australian-specific primary health-care services and dedicated substance use services
- health promotion services (for example, needle and syringe programs)
- accommodation services (for example, halfway houses and sobering-up shelters) (Figure AODTS1).

In addition, agencies whose sole function is prescribing or providing dosing services for opioid pharmacotherapy are excluded from the AODTS NMDS. These data are captured in the AIHW's National Opioid Pharmacotherapy Statistics Annual Data collection.

Figure AODTS1: Alcohol and other drug treatment and support services in Australia



Note: Those in scope for the AODTS NMDS are shaded purple.

Text description of Figure AODTS1: Alcohol and other drug treatment and support services in Australia

The Venn diagram shows the scope of alcohol and other drug treatment and support services in Australia. They include specialised services (private, government, and non-government), and other services (hospitals, prisons, primary health care services, accommodation and mental health services). The purple-coloured shape represents the services that are in scope to report to the AODTS NMDS, and orange are out of scope.

Aboriginal and Torres Strait Islander (First Nations) people

The Australian Government funds primary health care services and substance use services specifically for First Nations people. These services may be in scope for the AODTS NMDS, but not all of the services currently report to the NMDS. As a result, the number of First Nations clients and treatment episodes may be under-estimated.

These services previously reported via the Australian Government-funded First Nations substance use services, via the Online Services Report (OSR) data collection up to 2017–18 (AIHW 2024b). However, the substance use services program was transferred to the Indigenous Affairs Group within the Department of Prime Minister and Cabinet in September 2013 and then to the National Indigenous Australians Agency in July 2019 (Australian National Audit Office 2017, National Indigenous Australians Agency 2024). Since the cessation of substance use services data being collected by the OSR, the number of substance use services for First Nations people that are considered in-scope and reporting to the AODTS NMDS has gradually increased.

The National Agreement on Closing the Gap noted that funding for First Nations Alcohol and Other Drugs (AOD) services and support will increase by up to $66 million to 2024–25, in addition to current funding. First Nations' AOD Treatment Services funded under the Indigenous Advancement Strategy (IAS) currently assists more than 65 providers to deliver AOD activities (Department of Prime Minister and Cabinet 2024). The Commonwealth also provides AOD treatment services and prevention, research and communication activities through the Drug and Alcohol Program (DAP) and funding to Primary Health Networks (PHNs), with nearly 30% of PHN funding allocated for First Nations specific treatment services (National Indigenous Australians Agency 2022).

In 2023–24, the Government committed an additional $10 million over 4 years to support place-based justice reinvestment partnerships located in the Central Australia region of the Northern Territory, under the $250 million Central Australia Plan. This includes funding for justice reinvestment initiatives aimed at crime prevention, or providing community led treatments for drug and alcohol addiction, or diversionary supports for illegal drug use (National Indigenous Australians Agency 2025).

AOD services in scope to report

In 2024–25, 98.3% (1,316) of in-scope agencies submitted data to the AODTS NMDS. Overall, from 2023–24 to 2024–25, there was an increase of 4.9% in the proportion of in-scope agencies that reported to the collection. For the 2014–15 and 2015–16 reporting periods, sector reforms and system issues in some jurisdictions affected the number of in-scope agencies that reported. This led to an under-count of the number of closed treatment episodes reported for these years, so results, especially across reporting years, should be interpreted with caution.

Further details on scope, coverage and data quality are available from the AODTS NMDS 2024–25 Data Quality Statement.

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Data and methods

In this section

Age

Age is calculated as at the start of the episode.

Counting clients

Every client in the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) is assigned a statistical linkage key (SLK-581).

Client counts are based on the number of valid SLK-581s in the AODTS NMDS.

National client counts are based on the first time a client's SLK-581 appears in the AODTS NMDS in the financial year. All clients are counted once in national totals irrespective of the number of times they receive treatment (distinct count).

Treatment and demographic characteristics of clients counted at the national level are based on the first treatment episode for the client within the financial year the data was collected.

State and territory client counts are based on counting the first occurrence of an SLK-581 in the AODTS NMDS in each jurisdiction in that financial year. Clients who receive treatment in more than one jurisdiction will therefore be counted in each of these jurisdictions (overlap count). This is most common among clients who reside close to interstate borders and travel interstate for treatment. For example, clients who reside in Queanbeyan, NSW and travel to Canberra, ACT for treatment. This means that the sum of clients at the state and territory level can be greater than the national total.

Treatment and demographic characteristics of clients are based on the first treatment episode for the client within the state/territory and within the financial year the data was collected.

This report uses both national and state and territory counts to describe trends at both national and jurisdictional levels, as well as movements between jurisdictions. For more information, refer to the supplementary table footnotes and the SLK-581 guide for use [PDF 96kB].

Counting treatment services

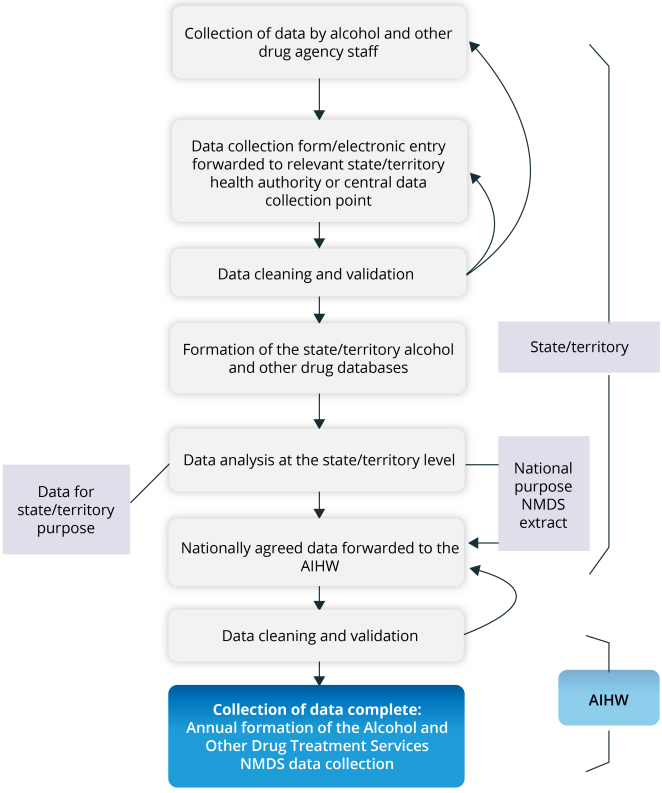
The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) contains information from publicly funded AOD treatment agencies and their service delivery outlets. An agency can have more than one service delivery outlet, located in different areas.

This is a service provision-based collection and not demand-based, noting that services are limited by the number of clients they are able to provide treatment to, and that this is not reflective of the demand for services by the broader community.

Data collection process

For most states and territories, the data provided for the national collection are a subset of a more detailed jurisdictional data set used for planning and policy. Figure A1 shows the processes involved in constructing the national data.

Figure A1: Alcohol and other drug treatment data collection flowchart



Text description of Figure A1: Alcohol and other drug treatment data collection flowchart

The flowchart depicts the collection process of the Alcohol and Other Drug Treatment National Minimum Data Set. The boxes show the steps involved to submit, clean and validate data at the state and territory level. First, starting with the collection of data by AOD agency staff, data collected via collection form/electronic entry is forwarded to the relevant state/territory health authority of the central data collection point. Data is cleaned, validated and used in the formation of the state/territory AOD databases. Data extracts from state/territories and from services solely funded under the Drug and Alcohol Program at the Department of Health, Disability and Ageing is forwarded to the AIHW. At the AIHW, the data is cleaned, validated and compiled into the national data set for use in the annual formation of the AODTS NMDS.

Drugs of concern

The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) contains data on drugs of concern that are coded using the ABS Australian Standard Classification of Drugs of Concern (ASCDC) (ABS 2011). In this report, these drugs are grouped (Table A1).

Table A1: Groupings of drugs of concern

Group	ASCDC codes	Category	Includes
Analgesics	1000–1999	Codeine	—
		Morphine	—
		Buprenorphine	—
		Heroin	—
		Methadone	—
		Other opioids	Oxycodone, fentanyl, pethidine
		Other analgesics	Paracetamol
Sedatives and hypnotics	2000–2999	Alcohol	Ethanol, methanol and other alcohols
		Benzodiazepines	Clonazepam, diazepam and temazepam
		Other sedatives and hypnotics	Ketamine, nitrous oxide, barbiturates and kava

Stimulants and hallucinogens	3000–3999	Amphetamines	Amphetamine, dexamphetamine and methamphetamine
		Ecstasy (MDMA)	—
		Cocaine	—
		Nicotine	—
		Other stimulants and hallucinogens	Volatile nitrates, ephedra alkaloids, phenethylamines, tryptamines and caffeine
Cannabinoids	7000–7199	Cannabis	—
Other	4000–6999 9000–9999	Other	Anabolic agents and selected hormones, antidepressants and antipsychotics, volatile solvents, diuretics and opioid antagonists
Not stated	0000–0002	Not stated	—

In this report, pharmaceutical drugs were grouped using 10 drug types, making up the pharmaceuticals group for the purposes of the analysis. These drugs correspond to the ASCDC codes and classifications (Table A2).

Table A2: Pharmaceutical drugs of concern, ASCDC codes and classifications

Drug category	**ASCDC code**	**ASCDC classification (broad group and narrow group/s)**	**Drug description (ASCDC base level unit/s)**
Codeine	1101	Analgesics Organic opiate analgesics	Codeine
Morphine	1102	Analgesics Organic opiate analgesics	Morphine
Buprenorphine	1201	Analgesics Semisynthetic opioid analgesics	Buprenorphine
Oxycodone	1203	Analgesics Semisynthetic opioid analgesics	Oxycodone
Methadone	1305	Analgesics Synthetic opioid analgesics	Methadone
Benzodiazepines	2400–2499	Sedatives and hypnotics Benzodiazepines	Benzodiazepines n.f.d., alprazolam, clonazepam, diazepam, flunitrazepam, lorazepam, nitrazepam, oxazepam, temazepam, benzodiazepines n.e.c.

Steroids	4000–4999	Anabolic agents and selected hormones Anabolic androgenic steroids Beta2 agonists Peptide hormones, mimetics and analogues Other anabolic agents and selected hormones Not further defined	Anabolic agents and selected hormones n.f.d., anabolic androgenic steroids n.f.d., boldenone, dehydroepiandrosterone, fluoxymesterone, mesterolone, methandriol, methenolone, nandrolone, oxandrolone, stanozolol, testosterone, anabolic androgenic steroids n.e.c., beta2 agonists n.f.d., eformoterol, fenoterol, salbutamol, beta2 agonists n.e.c., peptide hormones, mimetics and analogues n.f.d., chorionic gonadotrophin, corticotrophin, erythropoietin, growth hormone, insulin, peptide hormones, mimetics and analogues n.e.c., other anabolic agents and selected hormones n.f.d., sulfonylurea hypoglycaemic agents, tamoxifen, thyroxine, other anabolic agents and selected hormones n.e.c.
Other opioids	1100, 1199, 1200, 1299, 1300–1304, 1306–1399	Analgesics Organic opiate analgesics Semisynthetic opioid analgesics Synthetic opioid analgesics Not further defined	Organic opiate analgesics n.f.d., organic opiate analgesics n.e.c., semisynthetic opioid analgesics n.f.d., semisynthetic opioid analgesics n.e.c., synthetic opioid analgesics n.f.d., fentanyl, fentanyl analogues, levomethadyl acetate hydrochloride, meperidine analogues, pethidine, tramadol, synthetic opioid analgesics n.e.c.
Other analgesics	0005, 1000, 1400–1499	Analgesics Non-opioid analgesics Not further defined	Analgesics n.f.d., non-opioid analgesics n.f.d., acetylsalicylic acid, paracetamol, ibuprofen, non-opioid analgesics n.e.c.
Other sedatives and hypnotics	2000, 2200–2299, 2300–2399, 2500–2599, 2900–2999	Sedatives and hypnotics Anaesthetics Barbiturates Gamma-hydroxybutyrate (GHB) type drugs and analogues Other sedatives and hypnotics	Sedatives and hypnotics n.f.d., anaesthetics n.f.d., ketamine, nitrous oxide, phencyclidine, propofol, anaesthetics n.e.c., barbiturates n.f.d., amylobarbitone, methylphenobarbitone, phenobarbitone, barbiturates n.e.c., GHB-type drugs and analogues n.f.d., GHB, gamma-butyrolactone, 1,4-butanediol, GHB-type drugs and analogues n.e.c., other sedatives and hypnotics n.f.d., chlormethiazole, kava lactones, zopiclone, doxylamine, promethazine, zolpidem, other se

n.f.d – not further defined; n.e.c – not elsewhere classified.

Jurisdictional notes regarding principal drug of concern:

- South Australia reports a high proportion of treatment episodes where amphetamines are the principal drug of concern due to the SA Police Drug Diversion Initiative (PDDI). In addition, adult cannabis offences are not included in the PDDI due to the SA Cannabis Expiation Notice legislation.
- Victoria reported a high number of miscellaneous episodes coded as 'Other drugs' due to service provider reporting practices and limitations with the reporting system. This system was replaced in 2019–20. In 2019–20 and 2020–21, Victoria continued to report high levels of miscellaneous episodes coded as 'Other drugs' or 'Not stated' as principal drugs of concern due to service provider reporting practices with the new data reporting system.
- In Queensland, the proportion of cannabis episodes reported as the principal drug of concern is a result of the Police Drug Diversion Program, Illicit Drugs Court Diversion Program and Drug and Alcohol Assessment Referral Program (DAAR) operating in the state.
- In the Australian Capital Territory, removal of criminal penalties for possession of small quantities of cannabis in the ACT at the end of January 2020 reduced the number of cannabis-related diversions recorded as treatment episodes to low levels (mainly under-18s). Data collection improvements at government-operated services resulted in fewer 'not stated' responses in the 2022–23 collection.

Drugs of concern supplementary tables

Data for drugs of concern published in the supplementary tables may differ from results published within other tables, due to different counting methodology. Tables have been footnoted where there is different counting methodology. For example, where the principal drug of concern is coded as fentanyl (1301) and other drug of concern is coded as tramadol (1307), these drugs are within the same drug grouping (synthetic opioid analgesics) and counted only once.

Methamphetamine coding

Over the last 10 years, treatment episodes for amphetamines and amphetamines *not further defined* have decreased as coding practices improved in reporting treatment for methamphetamine. The rise in reported episodes for methamphetamine is likely to be due to a combination of factors, including improvements in agency coding, treatment system updates and increases in funded treatment services.

Method of use of amphetamines as a principal drug of concern

A client's usual method of administering their principal drug of concern may indicate the form of drug used, particularly for amphetamines. For example:

- Clients who report smoking or inhaling amphetamines are most likely to be using amphetamines in crystal form.
- Clients who report ingesting or snorting are most likely to be using a powder form.
- Clients who report injecting amphetamines may be using any form of amphetamines, as each form (base, crystal and powder) can be injected. However, recent data from the Illicit Drug Reporting System (an annual survey of people who inject drugs) indicate that crystal and powder are the most common forms used among people who inject methamphetamine (Sutherland et al. 2022).

Duration

Duration is calculated in whole days, and only for closed episodes.

Population rates

In this publication, crude rates were calculated using the ABS's estimated resident population at the midpoint of the data range: that is, rates for 2024–25 data were calculated using the estimated resident population at 31 December 2024. Rates for previous years may differ to previously reported due to updated estimated resident population.

Rates may differ from previously published data based on revised Australian population estimates. Due to non-demographic changes in the 2021 Census-based Aboriginal and Torres Strait Islander population estimates, rates for 'Aboriginal and Torres Strait Islander (First Nations) people', rates are only available for 2016–17 onwards.

The COVID-19 pandemic and the resulting Australian Government closure of the international border from 20 March 2020, caused significant disruptions to the usual Australian population trends. This report uses Australian Estimated Resident Population (ERP) estimates that reflect these disruptions.

In the year July 2020 to June 2021, the overall population growth was much smaller than the years prior and in particular, there was a relatively large decline in the population of Victoria. ABS reporting indicates these were primarily due to net-negative international migration (National, state and territory population, June 2021).

Note that this change in the usual population trends may affect interpretation of statistics calculated from these ERPs. For example, rates and proportions may be greater than in previous years due to decreases in the denominator (population size) of some sub-populations.

Reason for cessation

The AODTS NMDS contains data on the reason an episode ended (reason for cessation). In this report, these reasons are grouped (Table A3), but data for the individual end reasons are available in the online supplementary tables.

A different method was used for grouping end reasons in reports released before 2014, so trend comparisons across reports should be made with caution. It is possible to compare data at the individual end reasons using the supplementary tables.

Table A3: Grouping of cessation reasons, by indicative outcome type

Outcome type	Reason for cessation
Expected/planned completion	Treatment completed
	Ceased to participate at expiation
	Ceased to participate by mutual agreement
Ended due to unplanned completion	Ceased to participate against advice
	Ceased to participate without notice
	Ceased to participate due to non-compliance
Referred to another service/change in treatment mode	Change in main treatment type
	Change in delivery setting
	Change in principal drug of concern
	Transferred to another service provider
Other	Drug court or sanctioned by court diversion service
	Imprisoned (other than drug court sanctioned)
	Died
	Other
	Not stated

Remoteness area

This report uses the ABS's Australian Statistical Geography Standard (ASGS) Edition 3 (ABS 2021) to analyse the proportion of AOD treatment agencies by remoteness area. This structure allows areas that share common characteristics of remoteness to be classified into broad geographic regions of Australia. These areas are:

- *Major cities*
- *Remote*
- *Inner regional*
- *Very remote*
- *Outer regional*

The remoteness structure divides each state and territory into several regions based on road distance to population centres of various sizes. This allows a proxy to be created for relative access to services.

Examples of urban centres in each remoteness area are:

- *Major cities* Canberra, Newcastle
- *Inner regional* Hobart, Bendigo
- *Outer regional* Cairns, Darwin
- *Remote* Katherine, Mount Isa
- *Very remote* Tennant Creek, Meekatharra.

For this report, the remoteness area of the agency was determined using the Statistical Area Level 2 (SA2) of the agency. Not all SA2 codes fit neatly within a single remoteness category, and a ratio is applied to reapportion each SA2 to the applicable remoteness categories. As a result, it is possible that the number of agencies in a particular remoteness category is not a whole number. After rounding, this can result in there being '<0.5%' agencies in a remoteness area, due to the agency's SA2 partially crossing into the remoteness area.

The Australian Statistical Geography Standard ASGS has replaced the Australian Standard Geographical Classification 2006 (ABS 2006), which was used in previous reports to calculate remoteness areas. Therefore, remoteness data for 2011–12 and previous years are not comparable with those for 2012–13 and subsequent years.

Service sectors

From 2008–09, agencies funded by the Department of Health under the Non-Government Organisation Treatment Grants Program (NGOTGP) were classified as non-government agencies. Before this, many of these agencies were classified as government agencies. As a result, trends in service sectors of agencies should be interpreted with caution.

Source of referral: diversion

Throughout Australia, there are programs that divert people who have been apprehended or sentenced for a minor drugs offence from the criminal justice system. Many of these diversions result in clients receiving drug treatment services, who have been referred to treatment agencies as part of a drug diversion program. Since the 1980s, Australian governments have supported programs aimed at diverting from the criminal justice system people who have been apprehended or sentenced with a minor drugs offence.

In Australia, drug diversion program come in 2 main forms:

- **Police diversion** occurs when an offence is first detected by a law enforcement officer. It usually applies for minor use or possession offences, often relating to cannabis, and can involve the offender being cautioned, receiving a fine and/or having to attend education or assessment sessions.
- **Court diversion** occurs after a charge is laid. It usually applies for offences where criminal behaviour was related to drug use (for example, burglary or public order offence). Bail-based programs generally involve assessment and treatment, while pre- and post-sentence programs (including drug courts) tend to involve intensive treatment and are aimed at repeat offenders.

Treatment

The number of closed treatment episodes for counselling as a main treatment type has remained the most common treatment type for all clients over all collection years. Fluctuations over time in closed treatment episodes for particular treatment types may be influenced by coding practices, increased funding or changes in treatment policies or capacity to provide specialised alcohol and other drug treatment services, which may contribute to variation in treatment types over time.

Trends

Trend data may differ from data published in previous versions of *Alcohol and other drug treatment services in Australia,* due to data revisions.

Imputation methodology for AOD clients

A Statistical Linkage Key-581 (SLK) was introduced into the AODTS NMDS for the 2012–13 collection to enable the number of clients receiving treatment to be counted, while continuing to ensure the privacy of these individuals receiving treatment.

An imputation strategy for the collection was implemented in 2012–13, 2013–14 and 2015–16. It was developed to correct for the impact of invalid or missing SLKs on the total number of clients. This strategy took into account several factors relating to the number of episodes per client and makes assumptions relating to spread across agencies. It also took into consideration the likelihood that an episode with a missing SLK relates to a client that has already been counted through other episodes with a valid SLK.

To ensure an accurate representation of the AODTS client population, imputation was applied to the 2012–13, 2013–14 and 2015–16 AODTS NMDS to account for the proportion of valid SLKs being less than 95% for these years. The national rate of valid SLKs for these years was largely affected by low proportions of valid SLKs in New South Wales.

Further information about the imputation methodology applied to historical data can be found the report *Alcohol and other drug treatment services in Australia 2015–16, Appendix B: Imputation methodology for AOD clients*.

Historical data element changes

Details on historical data element changes are found in Appendix A of the AODTS NMDS Data Collection Manual 2024–25 [PDF 745kB].

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State and territory data quality

In this section

COVID-19

From 2019–20 to 2021–22, restrictions related to the COVID-19 pandemic impacted delivery of AOD services in Australia.

Many AOD services, especially withdrawal management and residential rehabilitation, experienced reduced occupancy and, in some cases, temporary closures. Counselling and outreach services largely transitioned to telehealth to comply with public health measures. As a result, there were fewer AOD referrals and more cancellations for residential admissions, with most providers limiting face-to-face contact except where it was essential for withdrawal or rehabilitation treatment. For further information on the impacts to AOD service delivery during COVID see, Alcohol and Other Drug Treatment Services in Australia: Annual report 2021–22, COVID 19 impact.

Policy, legislation and environmental changes

New South Wales

In 2019–20, a number of natural disasters impacted the 2019–20 NSW reporting period, including large areas of NSW experiencing unprecedented bushfires between October 2019 and March 2020, and in February 2020 some areas of NSW experienced flooding.

During 2023, there was a transition between data warehouses, this may have impacted the data for the 2022-23 period.

Victoria

In February 2021, the Victorian Department of Health and Human Services was separated into two new departments: the Department of Health (DH) and the Department of Families, Fairness and Housing (DFFH) to better prepare for the state's public health response to the COVID-19 pandemic. The DH is responsible for the state's health system, including mental health and AOD treatment services.

Victorian AOD services operate under a mixed-funding model.

- The majority of adult residential and non-residential services have been funded through Activity-Based Funding (ABF), Drug Treatment Activity Unit (DTAU) based on the number of closed courses, since September 2014.
- Aboriginal and youth-specific services are funded on the basis of an episode of care (EOC).
- Other AOD treatment grants such as research, local initiatives and pharmacotherapy programs are block funded.
- Funding for AOD prevention and control activities is based on block grants and submissions.

Adult community alcohol and other drug treatment services were re-commissioned in late 2014 and are now delivered through several treatment streams within catchment areas. These treatment streams include intake, brief intervention, counselling, care and recovery co-ordination, withdrawal, rehabilitation and pharmacotherapy.

Funded services are accountable for the appropriate use of funding and for the delivery of services specified in the service agreement. To ensure accountability, services are required to report monthly on the services they are funded to deliver through the Victorian Alcohol and Drug Collection (VADC) and other reporting. This allows both the DH and AOD funded services to monitor their progress towards agreed targets and performance measures, respond to demand for services and ensure funding accountability is met.

South Australia

South Australia reported a high proportion of episodes of treatment where amphetamines are the principal drug of concern and assessment only is the main treatment type. This is related to assessments provided under the Police Drug Diversion Initiative. This program is legislated in South Australia, unlike other jurisdictions, and therefore results in a higher percentage of assessment only services with high rates of engagement with methamphetamine users. In addition, due to the Cannabis Expiation Notice legislation in South Australia, adult simple cannabis offences are not diverted to treatment and so are excluded from the data.

The South Australian Police Drug Diversion initiative also saw a change in legislation from April 2019 [Statutes Amendment (Drug Offences) Bill 2018, where youth are no longer diverted immediately for an Assessment. Adults who have been apprehended twice in four years are no longer eligible for an Assessment.

Australian Capital Territory

ACT non-government-operated alcohol and other drug services were (re) commissioned in 2024. New deeds of grant come into effect in September 2024, and run until 30 June 2031. ACT government-operated services were not in-scope for commissioning and were unaffected.

There were only limited changes to the existing AOD treatment sector resulting from commissioning, and therefore interpretation of trends ACT AODTS MDS data is unlikely to be significantly affected by the commissioning process.

One new ACT service began reporting to the AODTS MDS in 2024–25. This service's focus is on providing support to families and friends of people who use drugs, increasing the number of ACT treatment episodes for 'someone else's drug use'.

Northern Territory

As of 2018 all agencies; regardless of setting, are instructed to complete a separate assessment only episode prior to the commencement of treatment. This policy relates to monitoring the volume of assessment work performed by agencies, particularly in relation to certain alcohol-related legislatively-based programs such as the Banned Drinker Register (BDR).

Key terminology and glossary

On this page

Key terminology

Closed treatment episode

An episode of treatment for alcohol and other drugs is the period of contact, with defined dates of commencement and cessation (start and end date), between a client and a treatment provider or team of providers in which there is no change in the main treatment type or the principal drug of concern, and there has not been a non-planned absence of contact for greater than 3 months.

A treatment episode is considered **closed** where any of the following occurs:

- treatment is completed or has ceased
- there has been no contact between the client and treatment provider for 3 months, or
- there is a change in the main treatment type, principal drug of concern or delivery setting.

Treatment episodes are **excluded** from the AODTS NMDS for a reporting year if they:

- are not closed in the relevant financial year
- are for clients who are receiving pharmacotherapy (through an opioid substitution therapy program) and not receiving any other form of treatment that falls within the scope of the collection
- include only activities relating to needle and syringe exchange, or
- are for a person aged under 10.

The Alcohol and Other Drug Treatment Services National Minimum Data set is a service-based collection and not a demand-based collection, noting that services are limited by the number of clients they are able to provide treatment to, and that this may not be reflective of the demand for services by the broader community

Drugs of concern

The **principal drug of concern** is the main substance that the client stated led them to receive treatment from the AOD treatment agency. In this report, only clients who received treatment for their own substance use are included in analyses of principal drug of concern. It is assumed that only the person using the substance themselves can accurately report principal drug of concern; therefore, these data are not collected from those who received treatment for someone else's drug use.

Additional drugs of concern refers to any other drugs the client reports using in addition to the principal drug of concern. Clients can nominate up to 5 additional drugs of concern, but these drugs are not necessarily the subject of any treatment within the episode.

All drugs of concern refers to all drugs reported by clients, including the principal drug of concern and any additional drugs of concern.

Reasons for cessation

The reasons for a client ceasing to receive a treatment episode from an AOD treatment service include:

- **expected/planned completion:** episodes where the treatment was completed, or where the client ceased to participate at expiation or by mutual agreement.
- **ended due to unplanned completion:** episodes where the client ceased to participate against advice, without notice or due to non-compliance.
- **referred to another service/change in treatment mode:** episodes that ended due to a change in main treatment type, delivery setting or principal drug of concern, or where the client was transferred to another service provider.
- **other**: episodes that ended due to the client returning to court or jail due to non-compliance with a drug court program or sanctioned by court diversion service, imprisoned (other than drug court sanctioned), died, or reasons not elsewhere classified**.**

Treatment types

Treatment type refers to the type of activity used to treat the client's alcohol or other drug use. Rehabilitation, withdrawal management (detoxification) and pharmacotherapy are not available for client's who received treatment for someone else's drug use. See glossary for more information on treatment types and definitions.

The **main treatment type** is the principal activity that is determined at assessment by the treatment provider to be necessary for the completion of the treatment plan for the client's alcohol or other drug use for their principal drug of concern. One main treatment type is reported for each treatment episode. 'Assessment only', 'support and case management' and 'information and education' can be reported only as main treatment types.

In 2019–20, changes were made to categories under Main Treatment; the word 'only' was removed from support and case management and information and education. The removal of the word 'only' from support and case management and information and education, changed reporting rules for agencies; allowing agencies to be able to report and more accurately capture these items as an additional treatment in conjunction with a main treatment type.

Additional treatment types refer to other treatment types provided to the client, in addition to their main treatment type. Up to 4 additional treatment types can be reported. For example, a client may receive counselling as their main treatment and support and case management as an additional treatment. Up to four additional treatment types can be recorded for each client.

Note that Victoria and Western Australia do not supply data on additional treatment types. In these jurisdictions, each type of treatment (main or additional) results in a separate episode.

Glossary

additional drugs: Clients receiving treatment for their own drug use nominate a principal drug of concern that has led them to receive treatment and additional drugs of concern, of which up to 5 are recorded in the AODTS NMDS. Clients receiving treatment for someone else's drug use do not nominate drugs of concern.

additional treatment type: Clients receive 1 main treatment type in each episode and additional treatment types as appropriate, of which up to 4 are recorded in the AODTS NMDS.

agency: agencies included in the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) are publicly funded (at state, territory, or Australian Government level) government and non-government agencies that provide one or more specialist alcohol and other drug treatment services, whether residential or non-residential. Acute care hospitals or psychiatric hospitals are also included if they have specialist alcohol and other drug units that provide treatment to non-admitted patients (for example, outpatient services), as are Indigenous or mental health services if they provide specialist alcohol and other drug treatment.

alcohol: A central nervous system depressant made from fermented starches. Alcohol inhibits brain functions, dampens the motor and sensory centres and makes judgement, coordination and balance more difficult (NDARC 2016).

amphetamines: Stimulants that include methamphetamine, also known as methylamphetamine. Amphetamines speed up the messages going between the brain and the body. Common names are speed, fast, up, uppers, louee, goey and whiz. Crystal methamphetamine is also known as ice, shabu, crystal meth, base, whiz, goey or glass.

Australian Standard Geographical Classification (ASGC): Common framework defined by the Australian Bureau of Statistics for collection and dissemination of geographically classified statistics. The ASGC was implemented in 1984 and the final release was in 2011. It has been replaced by the Australian Statistical Geography Standard (ASGS) see below:

Australian Statistical Geography Standard (ASGS): Common framework defined by the Australian Bureau of Statistics for collection and dissemination of geographically classified statistics. The ASGS replaced the ASGC in July 2011.

benzodiazepines: Also known as minor tranquillisers, these drugs are most commonly prescribed by doctors to relieve stress and anxiety, and to help people sleep. Common names include benzos, tranx, sleepers, downers, pills, serras (Serepax®), moggies (Mogadon®) and normies (Normison®).

client: an individual who is assessed and/or accepted for treatment for their own or someone else's alcohol or other drug use from an in-scope agency and who is aged 10 or older at the start of the treatment episode.

client type: The status of a person in terms of whether the treatment episode concerns their own alcohol or other drug use or that of another person. Clients may receive treatment or assistance concerning their own alcohol or other drug use, or treatment and/or assistance in relation to the alcohol or other drug use of another person.

client counts:

Every client in the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) is assigned a statistical linkage key (SLK-581).

Client counts are based on the number of valid SLK-581s in the AODTS NMDS.

National client counts are based on the first time a client's SLK-581 appears in the AODTS NMDS in the financial year. All clients are counted once in national totals irrespective of the number of times they receive treatment (distinct count).

Treatment and demographic characteristics of clients counted at the national level are based on the first treatment episode for the client within the financial year the data was collected.

State and territory client counts are based on counting the first occurrence of an SLK-581 in the AODTS NMDS in each jurisdiction in that financial year. Clients who receive treatment in more than one jurisdiction will therefore be counted in each of these jurisdictions (overlap count). This is most common among clients who reside close to interstate borders and travel interstate for treatment. For example, clients who reside in Queanbeyan, NSW and travel to Canberra, ACT for treatment. This means that the sum of clients at the state and territory level can be greater than the national total.

Treatment and demographic characteristics of clients are based on the first treatment episode for the client within the state/territory and within the financial year the data was collected.

This report uses both national and state and territory counts to describe trends at both national and jurisdictional levels, as well as movements between jurisdictions. For more information, refer to the supplementary table footnotes and the SLK-581 guide for use [PDF 96kB].

closed treatment episode: A period of contact between a client and a treatment provider, or team of providers. All information included in the AODTS NMDS regarding clients and treatment services are based on a closed treatment episode (there is an end date which falls within the reporting period). An episode is closed when treatment is completed, there has been no further contact between the client and the treatment provider for 3 months, or when treatment is ceased (see reason for cessation).

cocaine: A drug that belongs to a group of drugs known as stimulants. Cocaine is extracted from the leaves of the coca bush (*Erythroxylum coca*). Some of the common names for cocaine include C, coke, nose candy, snow, white lady, toot, Charlie, blow, white dust and stardust.

diversion client type: Clients who received at least 1 AOD treatment episode during a collection year resulting from a referral by a police or court diversion program. The 2 subtypes in this group are:

- diversion only clients – received treatment as a result of diversion referrals only
- diversion client with non-diversion episodes – received at least 1 treatment episode resulting from a diversion referral, but also received at least 1 treatment episode resulting from a non-diversion referral in a collection year.

ecstasy (MDMA): The popular street name for a range of drugs containing the substance 3, 4-methylenedioxymethamphetamine (MDMA) – a stimulant with hallucinogenic properties. Common names for ecstasy include Adam, Eve, MDMA, X, E, the X, XTC and the love drug.

GHB: stands for gamma hydroxybutyrate, which is a central nervous system depressant. Common names for GHB include, G, Grievous Bodily Harm, fantasy, liquid E, liquid ecstasy and blue nitro.

government agency: An agency that operates from the public accounts of the Australian Government or a state or territory government, is part of the general government sector and is financed mainly from taxation.

heroin: One of a group of drugs known as opioids, which are strong painkillers with addictive properties. Heroin and other opioids are classified as depressant drugs. Common names for heroin include smack, skag, dope, H, junk, hammer, slow, gear, harry, big harry, horse, black tar, China white, Chinese H, white dynamite, dragon, elephant, boy, home-bake or poison.

illicit drug use: Includes:

- the use of illegal drugs – drugs that are prohibited from manufacture, sale or possession in Australia, such as cannabis, cocaine, heroin and MDMA (ecstasy)
- non-medical or extra-medical use of pharmaceuticals – drugs that are available from a pharmacy, over-the-counter or by prescription, which may be subject to non-prescribed uses, such as opioid-based pain relief medications, opioid substitution therapies, benzodiazepines, over-the-counter codeine and steroids
- use of other psychoactive substances – legal or illegal, potentially used in a harmful way, such as kava, or inhalants such as petrol, paint or glue (but not including tobacco or alcohol).

licit drug use: The use of legal drugs in a legal manner, including tobacco smoking and alcohol consumption.

main treatment type: The principal activity that is determined at assessment by the treatment provider to treat the client's alcohol or other drug use for the principal drug of concern.

median: The midpoint of a list of observations ranked from the smallest to the largest.

method of use for principal drug of concern: The client's usual method of administering the principal drug of concern as stated by the client. Includes: ingests, smokes, injects, sniffs (powder), inhales (vapour), other and not stated.

new client: Clients who have received treatment from a publicly funded AOD agency in the financial year for the first time, having never received treatment in any previous year. This is based on if a client's Statistical Linkage Key-581 has not appeared previously in the data collection since 2013-14. This does not account for miscoding of, or changes to, client name, date of birth or sex.

nicotine: The highly addictive stimulant drug in tobacco.

non-government agency: An agency that receives some government funding, but is not controlled by the government, and is directed by a group of officers or an executive committee. A non-government agency may be an income tax-exempt charity.

principal drug of concern: The main substance that the client stated led them to receive treatment from an alcohol and drug treatment agency.

reason for cessation: The reason the client ceased to receive a treatment episode from an alcohol and other drug treatment service. The client can have:

- completed treatment – where the treatment was completed as planned
- a change in the main treatment type
- a change in the delivery setting
- a change in the principal drug of concern
- been transferred to another service provider – including where the service provider is no longer the most appropriate, and the client is transferred or referred to another service. For example, transfers could occur for clients between non-residential and residential services, or between residential services and a hospital – excludes situations where the original treatment was completed before the client transferred to a different provider for other treatment
- ceased to participate against advice – here the service provider is aware of the client's intention to stop participating in treatment, and the client ceases despite advice from staff that such action is against the client's best interest
- ceased to participate without notice
- ceased to participate involuntarily – where the service provider stops the treatment due to non-compliance with the rules or conditions of the program
- ceased to participate at expiation – where the client has fulfilled their obligation to satisfy expiation requirements (for example, participation in a treatment program to avoid having a criminal conviction being recorded against them) as part of a police or court diversion scheme and chooses not to continue with further treatment
- ceased to participate by mutual agreement – where the client ceases participation by mutual agreement with the service provider, even though the treatment plan has not been completed. This may include situations where the client has moved out of the area
- been to a drug court or sanctioned by court diversion service – where the client is returned to court or jail due to non-compliance with the program
- been imprisoned (other than sanctioned by a drug court or diversion service)
- died.

The grouped categories used in the report for **reason for cessation**:

- referred to another service/change in treatment mode: includes episodes that ended due to a change in main treatment type, delivery setting or principal drug of concern, or where the client was transferred to another service provider
- ended due to planned completion: Includes episodes where the client completed treatment – ceased to participate at expiation or by mutual agreement
- ended due to unplanned completion: Includes episodes where the client ceased to participate against advice, without notice, or due to non-compliance.

referral source: The source from which the client was transferred or referred to the alcohol and other drug treatment service.

returning client: Clients who have received treatment from a publicly funded AOD agency in the financial year plus at least 1 previous year since 2013–14. This is based on if a client's Statistical Linkage Key-581 has appeared previously in the data collection since 2013-14. This does not account for miscoding of, or changes to, client name, date of birth or sex.

standard drink: Contains 10 grams of alcohol (equivalent to 12.5 millilitres of alcohol). Also referred to as a full serve.

tobacco: A plant, *Nicotiana tabacum*, whose leaves are dried and used for smoking and chewing and in snuff. Its major pharmacologically active substance is the alkaloid nicotine (see **nicotine**).

treatment delivery setting: The main physical setting in which the type of treatment that is the principal focus of a client's alcohol and other drug treatment episode is actually delivered to a client (irrespective of whether or not this is the same as the usual location of the service provider).

treatment episode: The period of contact between a client and a treatment provider or a team of providers. All information included in the AODTS NMDS regarding clients and treatment services are based on a closed treatment episode (there is an end date which falls within the reporting period). Each treatment episode has 1 principal drug of concern and 1 main treatment type. If the principal drug or main treatment changes, then a new episode is recorded.

treatment type: The type of activity that is used to treat the client's alcohol or other drug use, which includes:

- assessment only – where only assessment is provided to the client (service providers would normally include an assessment component in all treatment types)
- counselling – can include cognitive behaviour therapy, brief intervention, relapse intervention and motivational interviewing
- information and education – where information and education is provided to the client (service providers would normally include an information and education component in all treatment types)
- pharmacotherapy – where the client receives another type of treatment in the same treatment episode and includes drugs such as naltrexone, buprenorphine and methadone used as maintenance therapies or relapse prevention for people who experience dependence on certain types of opioids. Where a pharmacotherapy is used for withdrawal, it is included in the withdrawal category. Due to the complexity of the pharmacotherapy sector, this report provides only limited information on agencies whose sole function is to provide pharmacotherapy
- rehabilitation – focuses on supporting clients in stopping their drug use, and to prevent psychological, legal, financial, social and physical consequences of drug use. Rehabilitation can be delivered in several ways, including residential treatment services, therapeutic communities and community-based rehabilitation services
- support and case management – support includes helping a client who occasionally calls an agency worker for emotional support, while case management is usually more structured than 'support'. It can assume a more holistic approach, taking into account all client needs (including general welfare needs) and it includes assessment, planning, linking, monitoring and advocacy
- withdrawal management (detoxification) – includes medicated and non-medicated treatment to help manage, reduce or stop the use of a drug of concern.

Acronyms

Term	Description
ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and other drugs
AODTS NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
ASCDC	Australian Standard Classification of Drugs of Concern
ASGC	Australian Standard Geographical Classification
ASGS	Australian Statistical Geography Standard
GHB	gamma hydroxybutyrate
MDMA	3, 4-methylenedioxymethamphetamine
NA	Not applicable
NDS	National Drug Strategy
NDSHS	National Drug Strategy Household Survey
NGOs	Non-Government Organisations
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
SLK	statistical linkage key
Tas	Tasmania
Vic	Victoria
WA	Western Australia

Notes

Data quality statement

Alcohol and Other Drug Treatment Services National Minimum Data Set 2024–25

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- Department of Health, Tasmania
- Health Directorate, Australian Capital Territory
- NT Health, Northern Territory.

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Alcohol and other drug treatment services in Australia 2017–18: key findings

Resource

In 2017–18, 952 publicly-funded alcohol and other drug treatment services provided just under 210,000 treatment episodes to an estimated 130,000 clients. The four most common drugs that led clients to seek treatment were alcohol (35% of all treatment episodes), amphetamines (27%), cannabis (22%) and heroin (6%). Two-thirds (66%) of all clients receiving treatment were male and the median age of clients was 34 years.
PDF 541kB

Alcohol and other drug treatment services in Australia 2016–17: key findings

Resource

In 2016–17, 836 publicly-funded alcohol and other drug treatment services provided just over 200,000 treatment episodes to an estimated 127,000 clients. The top four drugs that led clients to seek treatment were alcohol (32% of all treatment episodes), amphetamines (26%), cannabis (22%) and heroin (5%). The proportion of closed treatment episodes where clients were receiving treatment for amphetamines has more than doubled over the last 10 years, from 11% of treatment episodes in 2007–08 to 27% in 2016–17. Two-thirds (66%) of all clients receiving treatment in 2016–17 were male and the median age of clients remains at 33 years.
PDF 340kB

Alcohol and other drug treatment services in Australia 2015–16: key findings

Resource

Over 130,000 Australians received treatment from 796 publicly-funded alcohol and other drug treatment agencies in 2015-16. The principal drugs that led clients to seek treatment were alcohol (32% of treatment episodes), amphetamines (23%), cannabis (23%) and heroin (6%). The alcohol and other drug client group is an ageing cohort with a median age of 33 years in 2015-16, up from 31 years in 2006-07.
PDF 541kB