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Alcohol and other drug treatment services in Australia 2001–02

Report on the National Minimum Data Set

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Ros Madden and Gail Weaving managed the project.

Abbreviations

ABS	Australian Bureau of Statistics
AIC	Australian Institute of Criminology
AIHW	Australian Institute of Health and Welfare
AODT(S)	alcohol and other drug treatment (services)
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
BEACH	Bettering the Evaluation and Care of Health survey
COPD	chronic obstructive pulmonary disease
DoHA	Australian Government Department of Health and Ageing
EP	English proficiency
ICD-10-AM	International Classification of Diseases, 10th revision, Australian modification
IGCD	Intergovernmental Committee on Drugs
NGOTGP	Non-Government Organisation Treatment Grants Programme
NHDD	*National Health Data Dictionary*
NMDS	National Minimum Data Set

Symbols

n.a.	not available
—	nil or rounded to zero (including null cells)
. .	not applicable
n.e.c	not elsewhere classified
n.p.	not published for confidentiality reasons

Highlights

Treatment agencies

(Sections 2.1 & 2.2)

- A total of 505 alcohol and other drug treatment agencies supplied data for 2001–02, with 51% identified as non-government agencies.
- The majority of treatment agencies were located in major cities (53%) and inner regional areas (23%).

Clients

Client profile

(Sections 3.1, 3.2, 3.3 & A3)

- During 2001–02, there were 120,869 closed treatment episodes in alcohol and other drug services reporting in the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS) collection. These episodes related to an estimated 99,537 client registrations. On average, each of these registrations accounted for 1.2 treatment episodes during the year.
- The majority of closed treatment episodes were for clients aged between 20 and 49 years who were accessing treatment services (77%), with just over one-third of all treatment episodes (34%) provided for clients in the 20–29 year age group.
- Male clients accounted for close to two-thirds (65%) of all closed treatment episodes.
- Ninety-two per cent of closed treatment episodes involved clients seeking treatment for their own drug use. Two-thirds (67%) of treatment episodes involving someone else's drug use were for female clients.
- Eight per cent (9,615) of closed treatment episodes involved clients who identified as being from an Aboriginal and/or Torres Strait Islander background, in comparison to 2.4% of the Australian population identified as Indigenous.
- The majority of closed treatment episodes were for clients born in Australia (85%) and 94% were for clients whose preferred language was English.

Principal drug of concern

(Section 3.4)

- Nationally, alcohol (37%) and cannabis (21%) were the most common principal drugs of concern to clients in closed treatment episodes, followed by heroin (18%) and amphetamines (11%).
- Alcohol was the drug most commonly involved in closed treatment episodes for both sexes; 39% for males and 33% for females. This was followed by cannabis for males (23%) and heroin for females (19%).

- For closed treatment episodes where clients were in the 10–19 year age group cannabis was the principal drug most commonly involved (46%). This varied between sexes: 51% for males and 34% for females.
- The proportion of closed treatment episodes for clients with heroin as their principal drug of concern varied greatly across states and territories, ranging from 1% in Tasmania to 25% in Victoria.

Drugs of concern to Indigenous clients

(Section 3.4)

- Closed treatment episodes where male clients identified as Indigenous were more likely than others to involve alcohol as the principal drug of concern (50% compared to 38%); the pattern was less pronounced for episodes involving female Indigenous clients and other female clients (39% and 33% respectively).
- Heroin was reported as the principal drug of concern to clients for 11% of closed treatment episodes where the client was identified as Indigenous, compared with 19% of other treatment episodes.

Geographic variation

(Section 3.4)

- Across all geographic areas, except for very remote areas, alcohol was reported as the most prominent drug of concern to clients for all closed treatment episodes (41% inner regional, 35% outer regional and 62% remote areas) followed by cannabis (27% inner regional, 35% outer regional and 21% remote).

Referral source

(Section 3.4)

- Over one-third (35%) of all closed treatment episodes involved clients who were self-referred. Referrals from alcohol and other drug treatment services (13%) and community-based corrections (10%) were also common.

Other drugs of concern

(Section 3.4)

- Fifty per cent of closed treatment episodes involved at least one other drug of concern. For closed treatment episodes where amphetamines are recorded as the principal drug of concern, clients were more likely to report at least one other drug of concern (68%).
- From the 56,327 closed treatment episodes that did report at least one other drug of concern, a total of 161,173 other drugs of concern were reported. This equates to on average 2.9 other drugs for clients of these treatment episodes.
- The drug that was most commonly reported as an 'other' drug of concern was cannabis (15%) followed by nicotine (11%) and alcohol (9%).

Ceasing treatment

(Section 3.6)

- Treatment episodes most commonly ceased (53%) because the treatment was completed. This was higher where the principal drug of concern was recorded as ecstasy (65%), alcohol (59%) and nicotine (57%).

Treatment programs

(Section 4.1)

- Of all closed treatment episodes counselling was the most common form of main treatment provided (39%), then withdrawal management (detoxification) (19%), assessment only (15%) and information and education only (10%).
- Closed treatment episodes where clients were seeking treatment for alcohol use were more likely to have withdrawal management (detoxification) as the main treatment (25%) than closed treatment episodes for clients seeking treatment for cannabis use (15%).

Sex and age

(Section 4.4)

- Closed treatment episodes for female clients were more likely to involve counselling as the main treatment (44%) than treatment episodes for male clients (36%), but less likely to have information and education only (8% and 11% respectively).
- Withdrawal management was a less common treatment type for younger age groups, and counselling was more common in the older age groups.

Duration of treatment program

(Section 4.2)

- The median number of days for a treatment episode was 19 days when calculated by principal drug of concern. The highest median number of treatment days within a treatment episode occurred where the principal drug was either heroin or amphetamines (21 days each).

Other treatments

(Section 4.6)

- Less than one in five closed treatment episodes reported at least one other treatment type. This equates to, on average, just over one other treatment (1.1) for those clients who received additional treatment to their main treatment.
- Rehabilitation and withdrawal management were the two main treatments most likely to have another treatment provided with them (45% and 47% respectively).

Ceasing treatment

(Section 4.7)

- The most common reason for the cessation of the client's treatment was that the treatment had been completed (54%). Other common reasons were the client ceased to participate without notice (16%) or the client was transferred to another service provider (7%).
- More than one-third of treatment episodes that ended because the treatment was completed were for counselling (38%), 22% for withdrawal management and 18% for assessment only.

Treatment delivery setting

(Section 4.8)

- Sixty-seven per cent of all closed treatment episodes occurred at a non-residential facility, 22% in a residential facility and a further 6% in an outreach setting such as a mobile van service.
- The median number of days for a treatment episode was 20 days when calculated by treatment delivery setting. The highest median number of treatment days within a treatment episode occurred in outreach settings (36 days) and in non-residential treatment facilities (28 days).

Special theme—alcohol

Clients

(Section 5.1)

- In 2001–02, there were 41,886 closed treatment episodes where alcohol was the principal drug of concern for clients seeking treatment for their own substance use.

Age and sex

(Section 5.1)

- Clients who nominated alcohol as their principal drug of concern were somewhat older, on average, than all clients seeking treatment for their own drug use. In 31% of closed treatment episodes with alcohol as the principal drug the clients were aged between 30 and 39 years, whereas for all closed treatment episodes clients were most likely to be aged between 20 and 29 years (36%). There were higher proportions aged 50 years and over (16% compared to 8%).
- For closed treatment episodes involving males, higher proportions of clients were in the 20 to 29 year age group (22%) or aged 50 years or more (17%) compared to females (18% and 14% respectively), but lower proportions of males were aged between 30 and 49 years (55%) compared to females (61%).

Indigenous status

(Section 5.1)

- Indigenous clients whose principal drug of concern was alcohol had a somewhat younger age distribution than the overall client population. Clients whose principal drug of concern was alcohol were most likely to be aged 30–39 years (31% of closed treatment episodes for this group) and this was the case for both males and females and for Indigenous and other clients. The 40–49 year age group was the next most likely overall to have reported alcohol as their principal drug (26%), but this did not apply to Indigenous clients for whom the next most likely age group was 20–29 years (29% for males and 27% for females).

Treatment programs

(Section 5.2)

- For clients whose principal drug of concern was alcohol, counselling treatment and withdrawal management were the most common treatments completed (36% and 28% of these treatment episodes respectively).
- Clients who ceased to participate without notice were most likely to be receiving counselling treatment (61% of these treatment episodes), as were those who ceased to participate at expiation (55%).

Treatment settings

(Section 5.2)

- The majority of closed treatment episodes, for those who nominated alcohol as their principal drug of concern, occurred in non-residential treatment facilities (65% or 25,587 closed treatment episodes), and 28% in residential facilities.
- Within non-residential treatment facilities, counselling was the most common type of main treatment (57% of closed treatment episodes) and then assessment only (19%).
- Withdrawal management was the most common main treatment in residential treatment facilities (64% of these closed treatment episodes).

1 Introduction

1.1 Background

This report provides national, state and territory statistics on alcohol and other drug treatment services; the clients who use these services; the types of drug problems for which treatment is being sought; and the types of treatment provided. It is the second report in the series of annual publications on the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS). The first report predominantly provided information about the clients who access these treatment services—this report provides more information about the treatment services themselves.

The AODTS–NMDS has been implemented to assist in monitoring and evaluating key objectives of the *National Drug Strategic Framework 1998–99 to 2003–04* and to assist in the planning, management and quality improvement of alcohol and other drug treatment services. In general, it aims to provide ongoing information on the demographics of clients who use these services, the treatment they receive and administrative information about the agencies that provide alcohol and other drug treatment[1].

It is important that alcohol and other drug problems and the responses to these in Australia are regularly monitored so that existing harm-reduction strategies can be assessed and new strategies developed. While no one data collection can cover all information relating to alcohol and drug use and treatment in Australia, there is a range of available information that collectively can be used to provide an overall picture (see Chapter 6).

There is an expectation in the community that an adequate range of treatment services will be accessible for all drug users and their families, regardless of age, ethnic origin, gender, sexual preference and location (Ministerial Council on Drug Strategy 1998). The data provided in this report will be used in conjunction with other information sources to inform debate, policy decisions and planning processes that occur within the alcohol and other drug treatment sector.

1.2 Alcohol and other drug treatment activities

Data sources

This report uses data drawn from the AODTS–NMDS (see Section 1.3 for details of this collection). Within Australia there is a diverse range of alcohol and other drug treatment services and not all of these are currently included in the scope of the AODTS–NMDS. More detailed information on these data sources is available in Chapter 6.

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[1] Detailed information about the historical development of the AODTS–NMDS can be found in: *Alcohol and Other Drug Treatment Services: Development of a National Minimum Data Set* (Grant & Petrie 2001).

Types of treatment

Alcohol and other drug treatment activities can range from an early, brief intervention to long-term residential treatment. Brief intervention refers to the intervention at an early stage of a person's alcohol or drug use to prevent the development of serious drug problems later on. It involves less face-to-face counselling than other more traditional methods, has a strongly educational focus and places more emphasis on self-management (Australian Drug Foundation 2003). The brief intervention approach has been found successful in the treatment of alcohol misuse; simple advice from a general practitioner resulted in reductions in alcohol consumption for some patients (Teesson & Proudfoot 2003). In contrast, long-term residential treatment often involves a highly structured program of counselling and support services, designed to make changes in the drug user's lifestyle and facilitate long-term recovery (Australian Drug Foundation 2003).

The AODTS–NMDS covers a wide variety of treatment interventions and includes, among others, detoxification and rehabilitation programs, pharmacotherapy and counselling treatments, and information and education courses. A summary is provided below on each of these treatments.

Assessment

All new or returning clients will be assessed in some form to determine the most appropriate treatment. The method of assessment will depend on the type of treatment offered, the client's drug use, personal history and individual needs. A combination of interview and questionnaire may be used to obtain information on the client's lifestyle and drug taking habits, such as their levels of use and dependence, previous drug history, motivation to change and other health and lifestyle factors (Australian Drug Foundation 2003). Assessment itself is not a treatment, rather its general aim is to match clients with an appropriate treatment intervention.

Detoxification

Detoxification refers to the elimination of toxic levels of a drug from the body. Detoxification usually involves counselling and is often a gradual process, taking a number of days or weeks and may occur in a variety of settings including general hospitals, specialist drug and alcohol units, outpatient clinics and homes (Gowing et al. 2001). Although the detoxification process can be a treatment in itself, it can also be a precursor to a full treatment program.

Information gained on the type of drug used and the duration of use during the assessment period will guide the choice of detoxification program. For opiate detoxification these can range from several months on a stable dose of methadone prior to gradual reduction, through to detoxification using only non-opiates to alleviate withdrawal symptoms.

The following list contains the main types of opiate detoxification programs that are available (Ghodse 2002). These programs are not distinguished within the AODTS–NMDS collection but are grouped into the general heading 'withdrawal maintenance (detoxification)'.

Non-opiate treatment includes neuroleptic drugs which reduce the symptoms of withdrawal, beta-adrenoreceptor blocking drugs which abolish the euphoric effect and reduce cravings, or other drugs such as clonidine which suppress the autonomic signs of withdrawal but are less successful at reducing subjective discomfort. These drugs are administered for periods of 5 days up to 3 weeks. They are suitable for clients who are not opiate dependent or who do not want to use opiates in their withdrawal program. Clients are usually treated on an out-patient basis.

Accelerated detoxification over 4 days uses an opiate antagonist such as naloxone or naltrexone to displace the existing opiates in the body. During this process withdrawal symptoms are treated with non-opiate medication and hospital or in-patient treatment is required.

Detoxification using opiates generally involves the administration of an opiate such as methadone or buprenorphine to stabilise the client before a dose reduction regime is implemented. Dose reduction programs can take one month or more and treatment can be provided on an in-patient or out-patient basis (see also 'Pharmacotherapy treatment' below).

Detoxification may also be required from alcohol or other non-opiate illicit drugs (Kasser et al. 2002).

For alcohol detoxification sedative-hypnotics such as benzodiazepine are most commonly used to reduce withdrawal symptoms and prevent seizures and delirium. Clients are usually treated as in-patients, but out-patient detoxification is also possible.

Sedative-hypnotic withdrawal does not usually require detoxification, although clients may be stabilised on a substitute medication such as diazepam before being tapered off. Treatment may occur in an in-patient or out-patient setting or a combination of both.

Stimulant withdrawal such as from cocaine or amphetamine does not usually require detoxification but symptoms can be alleviated by the use of bromacriptine or amantadine, tricyclic antidepressants or short-acting benzodiazepines (Kasser et al. 2002). In cases of severely dependent clients or those who have consumed large quantities of stimulants in-patient detoxification may be necessary (Ghodse 2002).

Where clients require detoxification from multiple drugs of a different pharmacologic class the program must provide treatment for each drug class (Kasser et al. 2002).

Relapse involving resumption of illicit drug use can occur both during the detoxification program or after it has been completed. As a result, for many individuals detoxification may need to be repeated (Ghodse 2002).

Pharmacotherapy treatment

Pharmacotherapy treatments are provided by pharmacies, public and private clinics, general practitioners, or hospitals. In the AODTS-NMDS collection, pharmacotherapy treatment includes those used as maintenance therapies or relapse prevention (e.g. naltrexone, buprenorphine, LAAM (levo alpha acetyl methadol) and specialist methadone treatment). However, agencies whose sole activity is to prescribe and/or dose for methadone, or other opioid maintenance pharmacotherapies, are currently excluded from the AODTS–NMDS, as are treatments provided by pharmacies, private clinics or general practitioners.

Pharmacotherapy treatments include reduction therapy, where the aim is to reduce the quantity of all drugs used, and maintenance therapy (also known as substitution treatment) which aims to stabilise the user by prescribing a less harmful drug rather than eliminate drug use in the short term (Drugscope 2000).

The drugs prescribed for reduction therapy usually consist of blocking and aversive agents that either stop the drug of dependence having an effect or produce an undesirable effect when combined with the drug of dependence (e.g. naltrexone) (Gowing et al. 2001).

Maintenance therapy is most commonly used for opiate addiction but can also be used for addiction to alcohol or other illicit drugs. There are two main drugs generally prescribed for opiate addiction, with methadone being the most common maintenance drug used in Australia. As a synthetic opioid agonist it has reduced but similar effects to heroin and, although it is not a cure for heroin dependence, it can lead to improvements in the client's mental and physical health and the stability of their lifestyle. It is usually provided in syrup

form and the effect lasts for around 24 hours, consequently most clients must attend on a daily basis to receive their treatment.

Buprenorphine is the other main drug used for maintenance therapy for opiate addiction. It is a partial opioid antagonist, that is, it blocks the effects of heroin. Unlike methadone, one dose may last up to three days so clients are not required to attend daily to receive their treatment. It is provided in tablet form and is dissolved under the tongue (Australian Drug Foundation 2003). It is quite common for clients to switch between buprenorphine and methadone treatments.

LAAM is a similar substance to methadone but has a milder effect. It is available in Australia under clinical trial arrangements and is being actively investigated as an additional treatment for opioid maintenance programs. One benefit of using LAAM is that it only needs to be administered every three days and therefore offers greater flexibility to clients and staff (Gowing et al. 2001).

For clients who want to maintain abstinence from heroin or other opioids, the drug naltrexone may be prescribed. Its effectiveness depends heavily on clients' commitment to remain off heroin, the level of support they receive and the continuation of regular counselling. Tablets are taken orally from one to three days apart depending on dose. It is more expensive than methadone or buprenorphine. In addition, because naltrexone reduces tolerance to heroin, there is a greater risk of a heroin overdose if treatment is discontinued and heroin use resumes (Australian Drug Foundation 2003).

Naltrexone can also be used to support abstinence or harm reduction measures for alcohol-dependent clients, although the drug acamprosate is normally considered the treatment drug of choice for a total abstinence approach (Graham et al. 2002).

Counselling

There are many different types of alcohol and other drug counselling available, including individual and group counselling in both out-patient and residential settings. The following discussion outlines the main types of counselling programs available. These programs are not distinguished within the AODTS–NMDS collection, but are grouped into the general heading 'counselling'.

At its most basic level, drug counselling provides advice and support to the client from a professional counsellor on an appointment basis. Areas discussed can include the client's drug-taking behaviour, their school, work and leisure activities and relationships with family and friends.

Types of counselling include motivational interviewing, cognitive and behavioural techniques such as problem-solving skills, drink and drug refusal skills, relapse prevention, contingency management and aversive conditioning, and other skills-based training such as anger or sleep management, relaxation, assertiveness training and vocational rehabilitation (Ghodse 2002). The treatment can be provided at the individual or group level and by a range of specialists such as psychologists, social workers, community nurses, drug and alcohol workers, medical practitioners, Alcoholics Anonymous or Narcotics Anonymous and others (New South Wales Health Department 2000).

The goal of counselling is to encourage and support emotional and behavioural change. Lifestyle adjustment is facilitated by the development of skills to cope with factors that trigger drug use or prevent full relapse to regular drug use (Gowing et al. 2001).

Rehabilitation

Rehabilitation programs begin with a thorough assessment and detoxification, if necessary. A specific treatment plan is then developed which may be provided as residential or out-patient treatment. This plan may include regular counselling, group and/or family therapy sessions, a pharmacotherapy program, an education program providing advice on ways to achieve and maintain recovery, exercise and relaxation sessions, plus support with employment and living arrangements (Ghodse 2002).

Residential rehabilitation programs may be short term (4 to 6 weeks) or long term (2 to 6 months). Short-term programs are suitable for people without a long-term history of substance dependence, who have not succeeded at out-patient treatment, do not have significant cognitive impairment or co-morbidity and have better psycho-social supports. Long-term programs are preferred for people who have severe alcohol and drug use problems, or whose substance use problems were not addressed by out-patient or short-term residential treatment, or people with significant co-morbid disorders (New South Wales Health Department 2000).

The goals of rehabilitation and treatment activities in general include reducing the use of illicit drugs, reducing the risk of infectious diseases, improving physical and psychological health, reducing criminal behaviour and improving social functioning (Gowing et al. 2001).

Information and education

Commonwealth, state and territory governments provide a number of information and education programs, as well as 24-hour telephone information services, on alcohol and other drugs as part of their public health programs. National initiatives to provide information on drug-related harm to the wider community include the Australian Drug Information Network and the Community Partnership Initiative (Ministerial Council on Drug Strategy 1998). Services provided by the states and territories include 24-hour telephone services and fact sheets on specific drugs and other drug-related reports available from the Internet. The telephone services provide information on drugs, access to drug and alcohol counselling and referrals to appropriate services (Department of Human Services 2002).

Information and education programs are also provided specifically for clients of alcohol and other drug treatment services. These include: education on the effects of cannabis or other drugs for clients who have been required to attend the service as a result of a police or court diversion order; information on what the client can expect during the withdrawal (detoxification) process; and information on harm minimisation strategies to increase the client's ability to maintain behaviour that reduces drug-related harm (Department of Human Services 2002).

1.3 The national collection

The AODTS–NMDS is a subset of alcohol and other drug treatment services information that is routinely collected by the Commonwealth, states and territories to monitor treatment services receiving funding from their jurisdiction. The information collected by the AODTS–NMDS is a nationally agreed set of common data items collected by service providers for clients registered for treatment. The AIHW has the role of data custodian for the national data set. The Intergovernmental Committee on Drugs NMDS Working Group is responsible for the development and implementation of the national collection. Members of the Working Group include representatives from the Commonwealth and each state and territory as well

as from organisations such as the Australian Bureau of Statistics and the National Drug and Alcohol Research Centre.

Basis of the collection

The AODTS–NMDS for 2001–02 consists of de-identified unit record data for both closed treatment episodes and treatment agencies. The treatment episode records consist of 20 data items and the agency records consist of three data items. The treatment episode data items are intended to collect demographic information on the client, and information about their drug use behaviour and the type of treatment received.

The full list of data items included in the national collection for 2001–02 is detailed in Appendix 1.

In this report on 2001–02 data, there is greater emphasis on presenting information related to the treatment received by clients. For example, the move towards counting 'closed treatment episodes' rather than client registrations, as occurred in the 2000–01 collection, allows information to be reported about treatment activity (e.g. length of treatment episode).

Chapter 7 of this report details the data quality issues for the 2001–02 NMDS collection.

Scope of the collection

The agencies, clients and treatment activities that have been included or excluded from the AODTS–NMDS collection for 2001–02 are as follows:

Agencies and clients included within scope

- All publicly funded (at state, territory and/or Commonwealth level) government and non-government agencies that provide one or more specialist alcohol and/or other drug treatment services, including residential and non-residential agencies. Specialist alcohol and drug units based in acute care hospitals or psychiatric hospitals were included if they provided treatment to non-admitted patients (e.g. out-patient services).
- All clients who had completed one or more treatment episodes at an alcohol and other drug treatment service that was in scope during the relevant reporting period (1 July 2001–30 June 2002).

Agencies and clients excluded

- Agencies whose sole activity is to prescribe and/or dose for opioid pharmacotherapy maintenance treatment.
- Clients who were on an opioid pharmacotherapy maintenance program and who were not receiving any other form of treatment[2].
- Agencies for which the primary function is to provide accommodation or overnight stays such as 'halfway houses' and 'sobering-up shelters'.
- Agencies for which the primary function is to provide services concerned with health promotion (e.g. needle and syringe exchange programs).

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[2] Opioid pharmacotherapy maintenance data are featured in Chapter 6 and this additional information should be taken into account when any attempt is made to estimate the total number of clients receiving treatment from all publicly funded alcohol and other drug treatment services.

- Treatment services based in prison or other correctional institutions.
- Clients receiving treatment from services based in prison or other correctional institutions.
- Alcohol and drug treatment units in acute care or psychiatric hospitals that only provide treatment to admitted patients.
- Admitted patients in acute care or psychiatric hospitals.
- People who sought advice or information but were not formally assessed and accepted for treatment.
- Private treatment agencies that do not receive public funding.

Some people who are concerned about their alcohol or other drug use may approach a general practitioner or pharmacy for advice and/or treatment rather than attending a dedicated alcohol and other drug treatment service. The estimates in this report therefore do not reflect the total number of persons in Australia receiving treatment for alcohol and other drug use. A list of other data sources for alcohol and other drug treatment or use is available in Chapter 6.

Counts in the collection

The 2001–02 report focuses predominantly on 'closed treatment episodes' rather than client registrations as occurred in the 2000–01 collection. The use of closed treatment episodes reflects clinical practice within the alcohol and other drug treatment sector and the inclusion of a treatment episode concept in the national collection will enhance the quality of information on service utilisation. Completed (closed) treatment episodes are the unit of measurement used by the collection.

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

The following counting rule has been used for the data included in this report.

Closed treatment episodes

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

- it must have a defined date of commencement and cessation;
- during the period of contact there has been no change in:
  - the principal drug of concern;
  - the treatment delivery setting;
  - the main treatment type; and
- a treatment episode is deemed to have terminated in the event that there has been no (service) contact between the client and the treatment agency for a period of three months or more, unless the period of non-contact was planned between the client and the treatment agency.

If a client receives treatment in multiple settings a separate treatment episode must be reported for each setting. Therefore, it is possible that more than one treatment episode may

be in progress for a client at any one time. It is possible for each of these episodes to have different dates of commencement and cessation.

Estimates of number of client registrations

Counts in this report also include estimates of the number of client registrations as well as the number of closed treatment episodes. However, it is important to keep in mind that these are estimates only of the numbers of clients within agencies because a client may attend a number of different agencies throughout the collection period. As most jurisdictions do not have unique person identifiers across all the agencies in their jurisdiction, it is possible for the same person to be counted more than once.

These estimates therefore do not reflect the total number of persons in Australia receiving treatment for alcohol and other drug use.

See Appendix 2 for more information on treatment episodes and the methodology used for obtaining counts of clients.

Responsibility for the collection

Government health authorities

It is the responsibility of the Commonwealth and state and territory health authorities to establish and coordinate the collection of data from their alcohol and other drug treatment service providers. To ensure that the AODTS–NMDS is effectively implemented and collected, these authorities:

- allocate establishment identifiers and ensure that these are consistent with establishment identifiers used in other NMDS collections where appropriate;
- establish a suitable process for collecting client-level information (e.g. use of data entry software) and a process for agencies to deliver the data to the Commonwealth, state or territory authority;
- establish time lines for the delivery of data to the relevant health authority; and
- establish a process to check and validate data at the state/territory level and, where possible, assist and advise on data quality at the agency level.

Some jurisdictions also establish a coding system to be used for the person identifier, whether it is unique to the agency, or is implemented in cooperation with other agencies in the region, the district or across the state or territory.

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

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

Alcohol and other drug treatment agencies

Treatment agencies whose data are included in the national collection collect the agreed data elements and forward this information to the appropriate health authority as arranged. They ensure that the required information is accurately recorded, and inform their health authority if they have difficulty collecting the information. They must ensure that their clients are generally aware of the purpose for which the information is being collected; the

fact that the collection of the information is authorised or required; and whether any personal information is passed on to another agency. Treatment agencies are also responsible for ensuring that their data collection and storage methods comply with existing privacy principles. In particular, they are responsible for maintaining the confidentiality of their clients' data and need to ensure that their procedures comply with any existing legislation within their state or territory.

AIHW role

Under a memorandum of understanding with the Australian Government Department of Health and Ageing the AIHW is responsible for the management of the AODTS–NMDS. The AIHW maintains a coordinating role in the project, including providing the secretariat for the NMDS working group, undertaking data development work, and highlighting national and jurisdictional implementation and collection issues. The AIHW is also the data custodian of the collection and prepares the annual report, in consultation with the working group.

Outputs from the collection

Reports and bulletins

Each year following the processing of the AODTS–NMDS data, a detailed and comprehensive national report—such as this one—is produced, published and made available to the public free of charge on the AIHW website <www.aihw.gov.au/drugs/> or in hardcopy for a small fee. As well as providing information to government health authorities, researchers and the broader community, data output from the AODTS-NMDS collections is an important form of feedback to treatment agencies that took part in the collection.

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

Interactive alcohol and other drug treatment data

The AIHW has an interactive alcohol and other drug treatment data site containing subsets of national information on alcohol and other drug treatment services from the 2001–02 collection. This site can be found at <www.aihw.gov.au/drugs/datacubes/index.html> and allows anyone who has access to the Internet to view AODTS-NMDS data via the web interface. The user can look up figures and present them in a way meaningful to their needs. (See Box 1.1 for more information on the contents of this site, and some hints for using it effectively.)

Box 1.1: Interactive alcohol and other drug treatment data

Interactive data are presented on the AIHW's web site as 'data cubes'. National 2001–02 data relating to AODTS clients (e.g. age, sex, Indigenous status, client type.), their drug-related information (e.g. principal drug of concern, method of use), their treatment programs (e.g. treatment type, service delivery setting, reason for cessation) and the treatment agencies they attend (e.g. geographic location and sector) are included within the cubes.

The site for the cubes is <http://www.aihw.gov.au/drugs/datacubes/index.html>.

Due to the multi-dimensional nature of the alcohol and other drug treatment data cubes, extra steps have been taken to ensure the confidentiality of the data. This means that only a selection of variables has been included within the cubes, and data are not available by state/territory.

Following are some handy hints to access the data cubes and obtain data as required:

***Definition function** By clicking the word 'definitions' located at the top of the screen, a pop-up window is opened providing definitions for variables and categories. The source of these definitions is* Guidelines for the NMDS for alcohol and other drug treatment services 2001–02.

***Selecting and changing variables** The data cube is initially populated with the first two variables listed on the dimension toolbar found above the data cube. To change these variables, click on the down arrow situated next to the variable name on either the last column or row of the cube and scroll down to select the variable you would like presented.*

***Graphically presenting the data** To view the data presented in the table in a graphical representation, select one of the five graph symbols located on the bottom toolbar of the cube. Once selected, the variables of the graph may be changed by using the drop-down menus, which appear next to the graph.*

***Saving and exporting the data** Once the data cube has been customised to your needs, there are various avenues for saving the data. These include printing the table, exporting the data as comma-separated value (.csv) tables which can be opened in other applications such as Microsoft Excel, and bookmarking the table so it can be opened at a future time. Comments and feedback relating to the use of the interactive alcohol and other drug treatment data cubes can be made by email to drugs@aihw.gov.au.*

1.4 The national collection

The national collection is a compilation of agency administrative data from state and territory health authority systems. There is some diversity in the data collection systems and practices that are in place within the alcohol and other drug treatment sector across Australian jurisdictions. In addition, although there has been national agreement on the definitions and standards for the data items that comprise the AODTS–NMDS, this does not ensure that there is perfect comparability of the data across states and territories, nor across agencies within states and territories.

National implementation of the AODTS–NMDS collection has been staggered. In the first year of the collection (2000–01), there was a mix of client registration and treatment episode data and one jurisdiction (Queensland) was unable to supply data. For the 2001–02 collection period, Queensland Health supplied data for police diversion clients only and South Australia supplied client registration data not treatment episode data (see Section 7.1 for further details). All other jurisdictions supplied treatment episode data.

The AODTS-NMDS pilot-test year (2000–01) provided a firm basis and framework for ensuring that the quality of the information contained in the national collection has improved for this second year of collection and will continue to improve in future years.

For the data in this report the following caveats should be remembered:

These figures do not include the majority of Commonwealth-funded Indigenous substance use services (five out of 43 were included) or Aboriginal primary health care services (seven out of 133 were included) that also provide treatment for alcohol and other drug problems. These services are generally not under the jurisdiction of the state or territory health authority and the Commonwealth currently only reports NMDS data from one specific program. In addition, these services have a different collection basis to the NMDS. As a result most of these data are not currently included in the AODTS–NMDS collection. Therefore the number of Indigenous clients in this report will under-represent the total number of Indigenous Australians who received treatment for alcohol and other drug problems during 2001–02. Published data on these services are available (see Section 6.2).

These figures do not include all of the services provided under the National Illicit Drug Strategy Non-Government Organisation Treatment Grants Programme. The respective state or territory where the service is located reports many of those services, however some are reported by the Commonwealth. Not all of those agencies under the jurisdiction of the Commonwealth were able to supply data for this report (18 of the 33 services supplied data for 2001–02). It is anticipated that more services will be reported on in future collections. Those reported by the Commonwealth are listed under 'Other' in the jurisdiction-based tables.

1.5 Recent drug use

This section provides a brief overview of drug use, as background to the data on treatment services in the rest of the report. According to the 2001 National Drug Strategy Household Survey, 82% of Australians aged 14 years or more consumed alcohol and nearly one-quarter (23%) smoked tobacco. Lower proportions of people in this age group reported using cannabis (13%) and heroin (0.2%). Almost 10% of people aged 14 years or more consumed alcohol at levels that were risky or high risk for long-term harm[3] (see Table 1.1).

Similar to patterns of consumption, in 2001–02 alcohol (35%) was the most common drug nominated by clients aged 10 years or more as their principal drug of concern when seeking treatment from an alcohol or other drug treatment service[4]. In contrast 1.6% nominated tobacco, the next most common drug used in the population. These differences in treatment for nicotine are perhaps not surprising given that most 'treatment' for nicotine addiction is through pharmacies, general practitioners (e.g. advice and nicotine patches) or 'quit' lines.

While very low proportions of the general population reported using heroin, 17% of clients of alcohol and other drug treatment services nominated heroin as their principal drug of concern. The differences in results from the two sources of data reflect the nature of the treatment services captured by the NMDS. These services focus on the people who have a problem with their drug use, whereas the household survey data cover all people who consume alcohol or use tobacco or other drugs regardless of whether they think they have a problem or not.

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[3] Risky or high risk for long-term harm for males occurs when 5 or more standard drinks are consumed on an average day (3 or more for females) or 29 or more standard drinks are consumed weekly (15 or more for females) (NHMRC 2001). Risky or high risk for short-term harm for males occurs when 7 or more standard drinks are consumed on any one day at least once per year (5 or more for females) (NHMRC 2001).

[4] Client figures for tobacco and alcohol use do not include persons seeking treatment from pharmacies or general practitioners and therefore do not represent the full picture of treatment.

Other information from the 2001 National Drug Strategy Survey showed that, during the 12 months prior to the survey, 405,000 people aged 14 years or more (2.6%) sought treatment to reduce or quit smoking tobacco and 146,000 people (0.9%) received counselling or sought treatment to help reduce their consumption of alcohol. A further 26,000 people aged 14 years or more received treatment at a detoxification centre (AIHW 2002a).

Table 1.1: Summary of selected drugs recently[a] used, and principal drugs for which treatment was sought, Australia, 2001

Drug/behaviour	User population aged 14 years or more[b]	Clients of AODT services aged 10 years or more[c]
	(per cent)	
Tobacco	23.2	1.6
Alcohol	82.4	35.4
Risky or high risk for short-term harm	34.4	n.a
Risky or high risk for long-term harm	9.8	n.a
Illicits		
Marijuana/cannabis	12.9	22.1
Heroin	0.2	17.2
Methadone[d]	0.1	2.3
Amphetamines[e]	3.4	11.0
Cocaine	1.3	0.7
Ecstasy/designer drugs	2.9	0.3
Any illicit[f]	*16.9*	*61.5*
No alcohol, tobacco or illicit drugs	**14.7**	**n.a**

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

(b) Proportion of population aged 14 years and over from 2001 National Drug Strategy Household Survey.

(c) Proportion of clients aged 10 years or more from alcohol and other drug treatment (AODT) services reporting to the 2001–02 AODTS–NMDS. Excludes clients seeking treatment for the drug use of others. Based on client registration data.

(d) Non-maintenance.

(e) For non-medical purposes.

(f) Includes illicit drugs listed above plus painkillers/analgesics and tranquillisers/sleeping pills for non-medical purposes, steroids, barbiturates, inhalants, hallucinogens, injected drugs and other opiates.

Source: AIHW 2002a.

2 Treatment agency profile

This chapter presents the main features of the alcohol and other drug treatment service agencies that supplied data for the 2001–02 collection. The number of treatment agencies does not necessarily equate to the number of service delivery outlets as some treatment agencies were only reported under the main administrative centre of the service.

2.1 Establishment sector

A total of 505 alcohol and other drug treatment agencies contributed data, with 259 agencies (51%) identified as non-government providers (Table 2.1). The largest proportion of all agencies was located in New South Wales (40%) then Victoria and Queensland (17% each). New South Wales provided the majority of government agencies in alcohol and other drug treatment areas (56%) followed by South Australia (15%). The majority of non-government agencies were in Victoria (35%), followed by New South Wales (23%) and Queensland (20%).

Table 2.1: Treatment agencies, sector of service by jurisdiction, Australia, 2001–02

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Other[(a)]	Australia
						(number)				
Government	143	—	34	4	38	4	1	4	18	246
Non-government	57	86	50	22	10	10	7	17	—	259
Total	**200**	**86**	**84**	**26**	**48**	**14**	**8**	**21**	**18**	**505**
						(per cent)				
Government	58.1	—	13.8	1.6	15.4	1.6	0.4	1.6	7.3	100.0
Non-government	22.0	33.2	19.3	8.5	3.9	3.9	2.7	6.6	—	100.0
Total	**39.6**	**17.0**	**16.6**	**5.1**	**9.5**	**2.8**	**1.6**	**4.2**	**3.6**	**100.0**

(a) Other NGOTGP services not currently reported through a state or territory collection.

2.2 Location of treatment agencies

The geographic location of treatment agencies in the 2001–02 AODTS-NMDS has been analysed using the new Remoteness Areas of the Australian Bureau of Statistics Australian Standard Geographical Classification (see Appendix 4 for information on how these new categories are derived). The majority of treatment agencies in 2001–02 were located in major cities (53%) and inner regional areas (23%) (Table 2.2). Because some treatment agencies, particularly some of those located in non-metropolitan areas, were only reported under the main administrative centre of the service, the number of agencies located in major cities may be over-represented. More than half (57%) of the agencies in the Northern Territory were located in remote or very remote areas, and 23% of agencies in Queensland.

Table 2.2: Treatment agencies, geographical location by jurisdiction, Australia, 2001–02

Location	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Other[(a)]	Australia
						(per cent)				
Major cities	64.0	59.3	19.0	65.4	66.7	—	100.0	—	72.2	52.5
Inner regional	27.0	30.2	21.4	11.5	14.6	71.4	—	—	—	23.4
Outer regional	9.0	10.5	36.9	15.4	16.7	28.6	—	42.9	27.8	17.4
Remote	—	—	7.1	7.7	2.1	—	—	38.1	—	3.4
Very remote	—	—	15.5	—	—	—	—	19.0	—	3.4
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**200**	**86**	**84**	**26**	**48**	**14**	**8**	**21**	**18**	**505**

(a) Other NGOTGP services not currently reported through a state or territory collection.

3 Client profile

This chapter begins by providing a brief overview of the estimated number of clients who registered for alcohol and other drug treatment services in 2001–02 (see Section 3.1). Sections 3.2–3.6 then examine the profile, pattern and characteristics of the clients utilising treatment services in 2001–02. The analysis is based on 'closed treatment episodes'.

Box 3.1: Key definitions and counts for closed treatment episodes, 2001–02

Closed treatment episode *refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. In 2001–02 there were* ***120,869*** *closed treatment episodes.*

Client registrations *refers to the estimated number of clients who registered or re-registered for alcohol and other drug treatment services. In 2001–02 there were an estimated* ***99,537*** *client registrations.*

Caution should be taken when comparing the client registration data in 2000–01 with those of 2001–02, as the method for calculating 'registrations' has changed. In the 2000–01 collection, registrations were based on all new or returning clients who registered or re-registered for treatment during the reporting period. In the 2001–02 collection, registrations were only based on the number of episodes closed within the reporting period.

Principal drug of concern *refers to the main substance that the client states led him or her to seek treatment from the alcohol and other drug treatment agency. Within this report, only clients seeking treatment for their own substance use are included in analysis involving principal drug of concern. It is assumed that only substance users themselves can accurately report on the principal drug of concern to them. In 2001–02,* ***113,231*** *closed treatment episodes are reported for principal drug of concern.*

Other drugs of concern *refers to any other drugs apart from principal drug of concern which the client perceives as being a health concern. Clients can nominate up to five other drugs of concern. In 2001–02, there were* ***161,173*** *other drugs of concern (excluding principal drug of concern) reported.*

Reason for cessation *refers to the reason why a treatment episode has ceased and in this chapter is analysed with principal drug of concern. In 2001–02, records from South Australia are excluded from tables using this data item. In addition, closed treatment episode records for clients seeking treatment for the drug use of others were also excluded. In 2001–02 there were* ***106,532*** *closed treatment episodes used in analysing reason for cessation.*

See Section 1.3 and Box 4.1 for other definitions.

3.1 Closed treatment episodes and client registrations

In 2001–02 there were 120,869 closed treatment episodes in alcohol and other drug services reported in the AODTS–NMDS collection. These episodes related to an estimated 99,537 client registrations. Thus, on average, each of these registrations accounted for 1.2 treatment episodes during the year.

3.2 Sex and age

Male clients in 2001–02 accounted for close to two-thirds (65% or 78,323) of all closed treatment episodes. The majority of those accessing treatment services were aged between 20 and 49 years of age (77%), with just over one-third (34%) of treatment episodes for clients aged in the 20–29 year age group. The age distribution was similar for males and females (Table 3.1).

Overall, 95% of closed episodes involving males were for those seeking treatment for their own substance use (Table 3.1). This proportion changed according to the age of the client, and was highest for those aged between 20 and 39 years (97%) and lowest for males in the 50–59 year age group (89%). While the pattern was similar for female clients, there was a lower proportion of clients seeking treatment for their own substance use (86% overall, 94% of those aged 20–29 years and 60% for those aged 50–59 years).

Two-thirds (67%) of treatment episodes involving someone else's drug use were for female clients. Age appears to be a factor in client type. A high proportion of episodes involving female clients aged 40 years or more were for the substance use of another person (21% for those aged 40–49 years, 39% for those aged 50–59 years and 32% for females aged 60 years and over) (Table 3.1). The age pattern was similar for episodes involving males; 10% involved males aged 50–59 years and 8% involved males aged 60 years or more. This pattern may reflect parents seeking treatment for their child's drug use.

Table 3.1: Closed treatment episodes by client type, sex and age group, Australia, 2001–02

	Age group (years)						
Client type	**10–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total[(a)]**
Males				**(per cent)**			
Own drug use[(b)]	94.8	96.8	96.6	94.9	88.5	91.0	95.4
Other's drug use	3.0	1.8	2.0	4.0	10.2	8.2	3.2
Total males	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total males (number)[(c)]	*10,285*	*27,644*	*20,961*	*11,881*	*4,929*	*1,778*	*78,323*
Females							
Own drug use[(b)]	89.1	93.5	90.7	77.8	60.0	67.5	85.9
Other's drug use	6.6	4.7	7.7	20.6	38.8	31.6	12.1
Total females	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total females (number)[(c)]	*5,525*	*13,682*	*11,063*	*7,344*	*3,051*	*957*	*42,415*
Persons							
Own drug use[(b)]	92.8	95.7	94.6	88.3	77.6	82.7	92.0
Other's drug use	4.3	2.8	4.0	10.3	21.2	16.5	6.3
Total[(c)(d)] (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total[(c)(d)] (number)	**15,816**	**41,377**	**32,057**	**19,241**	**7,987**	**2,739**	**120,869**

(a) Includes not stated for Age.

(b) Own drug use also includes clients who were seeking treatment for both their own and other's drug use (that is, 0.4% of total closed treatment episodes).

(c) Includes not stated for Client type.

(d) Includes not stated for Sex.

3.3 Indigenous status

Of the 120,869 closed treatment episodes in 2001–02, 9,615 (or 8%) involved clients identified as being from an Aboriginal and/or Torres Strait Islander background (Table 3.2). This is a higher proportion than the overall proportion of Indigenous people in the total Australian population (2.4%, based on the 2001 Indigenous census population at 30 June 2001) (ABS unpublished data). However, because the overall proportion of episodes where Indigenous status was 'not stated' was the same as that reported for Indigenous status, this figure should be reported with caution as it may be an under-count of the actual number of Indigenous

clients in treatment (see also Section 1.4 for information on other sources of under-counting). Episodes involving Indigenous clients were more likely than those for non-Indigenous clients to involve people aged under 20 years. However, this is due to differences in the underlying age structure between Indigenous and non-Indigenous people in the general population, with Indigenous people having a younger age profile than other Australians.

Table 3.2: Closed treatment episodes by age group, Indigenous status and sex, Australia, 2001–02

	Indigenous[a]		Non-Indigenous		Not stated		Total		
Age group (years)	**Males**	**Females**	**Males**	**Females**	**Males**	**Females**	**Males**	**Females**	**Persons[b]**
					(per cent)				
10–19	19.4	18.0	12.6	12.7	12.4	11.5	13.1	13.0	13.1
20–29	33.7	35.0	35.5	32.0	34.4	32.1	35.3	32.3	34.2
30–39	28.2	28.7	26.5	25.9	27.7	25.8	26.8	26.1	26.5
40–49	12.6	10.5	15.4	17.9	15.5	18.4	15.2	17.3	15.9
50–59	3.3	2.9	6.6	7.6	5.9	7.3	6.3	7.2	6.6
60+	0.6	0.8	2.4	2.4	2.4	2.1	2.3	2.3	2.3
Not stated	2.1	4.2	0.9	1.6	1.7	2.8	1.1	1.9	1.4
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**6,207**	**3,394**	**66,413**	**35,554**	**5,703**	**3,467**	**78,323**	**42,415**	**120,869**

(a) A further 14 clients identified as Indigenous with Sex not stated.

(b) Includes not stated for Sex.

3.4 Principal drug of concern

The principal drug of concern refers to the main substance that the client states led him or her to seek treatment from the alcohol and other drug treatment agency. This section reports only on those 113,231 episodes where clients were seeking treatment for their own substance use. It is reasoned that only substance users themselves can accurately report on the principal drug of concern to them.

Jurisdictions

Nationally, alcohol (37%) and cannabis (21%) were the most common principal drugs of concern in treatment episodes (Table 3.3). Heroin (18%) and amphetamines (11%) were the next most commonly reported (see Appendix 5 for list of all drugs).

Alcohol was the most common principal drug of concern reported in all jurisdictions except for Queensland and the Commonwealth ('Other' category). In the Northern Territory, in fact, alcohol was nominated as the principal drug of concern in 64% of treatment episodes. In Queensland, cannabis was the only recorded principal drug of concern, because in 2001–02 data were supplied only for police diversion clients (see Section 1.4). Alcohol (14%) was the fourth most reported principal drug of concern for the Commonwealth, with amphetamines (24%) accounting for the largest proportion of treatment episodes reporting a principal drug of concern.

After alcohol, the other three commonly nominated drugs of concern nationally—cannabis, heroin and amphetamines—varied in their 'position' from state to state. Heroin was second in New South Wales and Victoria, amphetamines second in Western Australia and South Australia, and cannabis in Tasmania and the Northern Territory.

Overall, ecstasy (0.2%) and cocaine (0.7%) were the principal drug of concern for which the smallest proportion of clients were seeking treatment. Compared to the national proportion of clients reporting cocaine as their principal drug of concern (0.7%), New South Wales had the largest proportion of treatment episodes where clients reported cocaine (1.8%) as their principal drug of concern.

Nationally, only a small proportion of closed treatment episodes were for clients who identified nicotine as their principal drug of concern (1.4%). Importantly, this is not the total number of clients receiving treatment for nicotine use, rather, the proportion of clients who attend a government-funded alcohol and other drug treatment service and nominate nicotine as their principal drug of concern. The lower rate is not surprising as in most states and territories the majority of people with a nicotine addiction usually obtain treatment through pharmacies, general practitioners (e.g. advice and nicotine patches) or 'quit' lines. Tasmania recorded the highest proportion of episodes where nicotine was reported as the principal drug of concern (15%). Recent amendments to public health legislation, increased anti-smoking advertising and training programs for staff may have helped to increase public awareness of and responses to this issue. Next were New South Wales, South Australia, the Northern Territory and 'other' Commonwealth agencies all recording 2% of episodes for clients accessing alcohol and other drug treatment services where nicotine was reported as the principal drug of concern.

Table 3.3: Closed treatment episodes by principal drug of concern and jurisdiction, Australia, 2001–02[(a)]

Principal drug	NSW	Vic	Qld	WA	SA	Tas	ACT[(b)]	NT	Other[(c)]	Australia
						(Per cent)				
Alcohol	42.7	35.3	—	33.6	41.9	38.6	41.6	64.3	13.7	37.0
Amphetamines	10.7	6.2	—	26.0	14.0	9.2	8.7	8.6	23.8	10.8
Benzodiazepines	2.7	2.9	—	1.5	1.9	1.4	2.1	1.1	2.5	2.4
Cannabis	14.3	21.9	100.0	21.8	11.6	24.8	11.3	11.0	19.9	21.0
Cocaine	1.8	0.2	—	0.1	0.4	—	0.2	—	0.6	0.7
Ecstasy	—	0.4	—	0.2	0.1	0.2	0.2	—	0.6	0.2
Heroin	18.7	24.5	—	8.9	10.5	1.0	8.3	2.1	17.6	17.7
Methadone	3.4	1.9	—	0.9	3.9	0.2	0.8	0.6	2.2	2.3
Nicotine	1.9	0.7	—	0.7	1.5	15.3	0.1	1.7	1.5	1.4
Other[(d)]	3.8	5.9	—	4.9	8.7	8.3	26.7	10.4	7.9	5.7
Not stated	—	—	—	1.5	5.5	1.0	—	—	9.7	0.7
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**38,111**	**41,861**	**4,033**	**13,303**	**6,699**	**1,972**	**2,800**	**2,007**	**2,445**	**113,231**

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

(b) The majority of the 'other' category is comprised of 'other opioid analgesics'.

(c) Other NGOTGP services not currently reported through a state or territory collection.

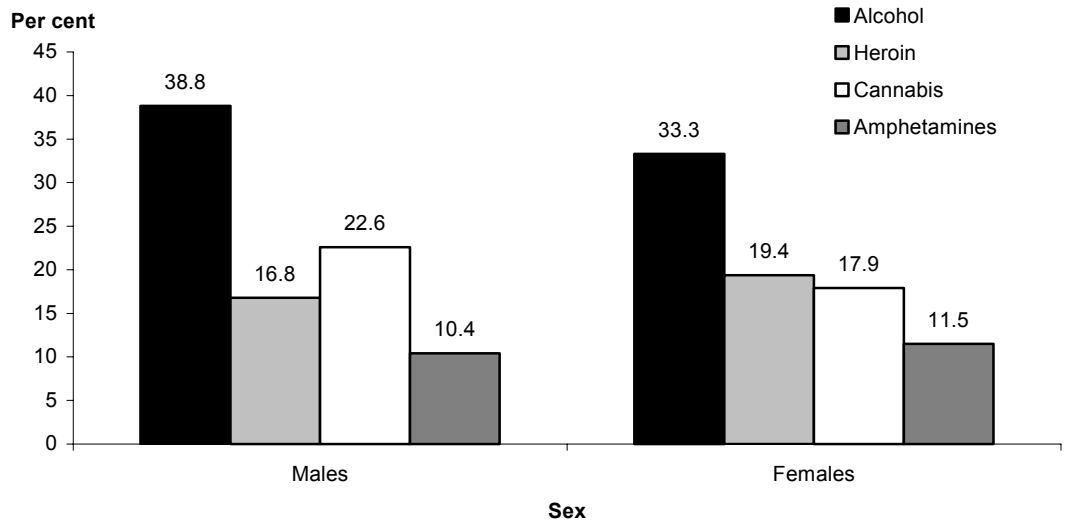
(d) Includes balance of Principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern. See Appendix 5 and Table A3.7.

Sex, age and principal drug of concern

The principal drug of concern varied by sex and age group in 2001–02 (Figures 3.1 and 3.2). For all treatment episodes, alcohol was the drug most commonly recorded for both sexes (39% for males and 33% for females). This was followed by cannabis for males (23%) and heroin for females (19%).

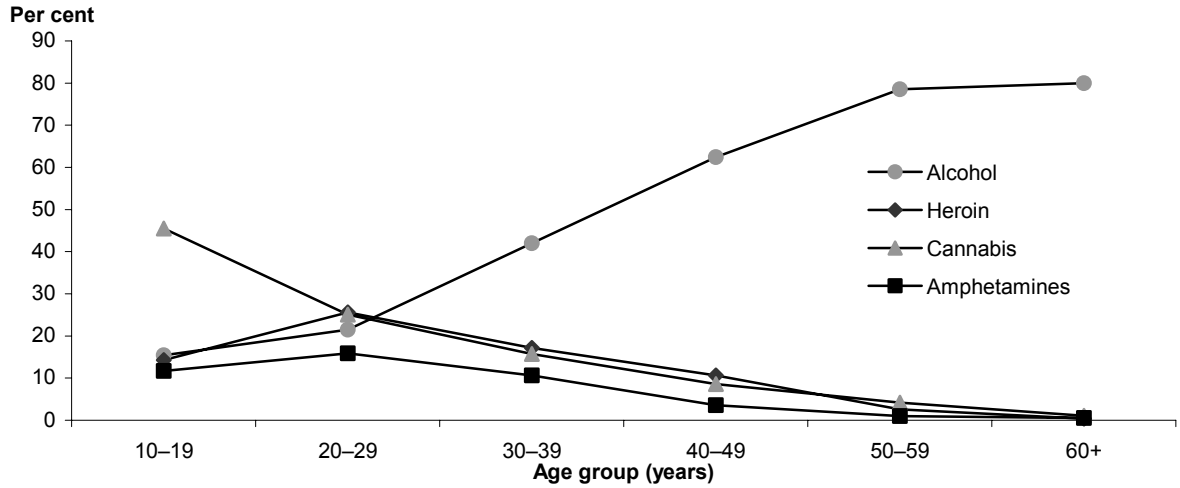
Cannabis was the drug most commonly recorded for clients in the 10–19 year age group (46%). This proportion however varied with sex—51% for males in this age group and 34% for females. For clients in the 20–29 year age group heroin was the drug most commonly recorded (26%). This pattern was reflected for females in this age group (28%)—whereas males in the 20–29 year age group reported cannabis as the most common principal drug of concern (Table A3.9).

While alcohol was, nationally, the drug most likely to be named as the principal drug of concern (in 37% of closed treatment episodes), this proportion was even higher for clients aged over 30 years, and peaked for males in the 60 years and over age group (86%) and in the 50–59 year age group for females (71%).



Source: Table A3.9.

Figure 3.1: Closed treatment episodes by selected principal drug of concern and sex, Australia, 2001–02



Source: Table A3.9.

Figure 3.2: Closed treatment episode by selected principal drug of concern and age group, Australia, 2001–02

Country of birth

The *1996 Classification of Countries into English Proficiency Groups* (Department of Immigration and Multicultural Affairs 1999) places every country into one of four groups based on the relative English proficiency (EP) of recent arrivals to Australia from the 1996 census date. An 'English proficiency index' was used to rate each of the EP groups. Those countries that scored 98% or higher on this index and had an immigrant population of 10,000 or more were rated as EP 1. The remaining EP groups were determined by their EP index score as follows:

- those countries where immigrants to Australia tend to have a 'high' level of English proficiency (80–98%, or above but with an immigrant population of less than 10,000) were placed in the group EP 2;
- those countries with a 'moderate' level of English proficiency (a rating of more than 50% but less than 80%) fell into group EP 3; and
- the remaining countries (i.e. those with a rating on the EP index of less than 50%) were labelled as having a 'low' level of English proficiency and placed in EP 4 group.

See Appendix 7 for a full list of countries and their EP group.

Excluding treatment episodes for clients seeking treatment for the drug use of others, there were 97,077 treatment episodes (86%) where the client reported being born in Australia (Table 3.4). This is higher than the proportion of Australian-born people in the total Australian population (77%) (ABS 2003). Six per cent of treatment episodes involved clients who were born in countries classified as EP Group 1, that is, countries whose migrants to Australia are likely to have English as a first language. The remaining EP groups had smaller representations, with EP Groups 2 and 3 together accounting for 4% of all treatment episodes, and EP Group 1%. A further 3% of treatment episodes could not be placed into any of the EP groups because country of birth was not stated.

The distribution of the reported principal drug of concern varies somewhat with country of birth (Table 3.4). For treatment episodes where clients reported being born in Australia, 36% reported alcohol as their principal drug of concern (males 38% and females 32%). Alcohol was even more likely to be the principal drug of concern for EP Group 1 (53% of treatment episodes; 54% of those involving males and 49% for females). EP Group 4 varied from this

pattern—in 73% of treatment episodes involving people from EP Group 4 heroin was nominated as the principal drug of concern (74% for males, 71% for females).

In 21% of treatment episodes cannabis was reported as a principal drug of concern and this proportion also varied between EP groups and by sex, with generally lower rates for all EP groups compared to Australia.

Table 3.4: Closed treatment episodes by selected principal drug of concern, sex and English Proficiency Group, Australia, 2001–02[a]

Principal drug of concern	Australia	English Proficiency Group 1	English Proficiency Group 2	English Proficiency Group 3	English Proficiency Group 4	Total[b]
Males			(per cent)			
Alcohol	38.2	54.3	46.9	38.4	10.1	38.8
Amphetamines	11.1	8.1	5.5	5.5	2.1	10.4
Cannabis	24.0	15.5	15.9	15.1	6.3	22.6
Heroin	15.6	12.1	20.9	28.1	73.5	16.8
Other[c]	10.5	9.4	10.6	12.3	7.8	10.6
Total[d]	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Females						
Alcohol	32.2	49.3	46.1	35.7	9.5	33.3
Amphetamines	12.0	10.6	6.5	5.0	0.8	11.5
Cannabis	18.8	12.2	10.7	11.7	5.6	17.9
Heroin	19.4	11.9	19.8	27.7	71.0	19.4
Other[c]	16.9	14.9	16.6	19.2	12.7	17.1
Total[d]	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Persons						
Alcohol	36.2	52.6	46.7	37.9	10.0	37.0
Amphetamines	11.4	9.0	5.8	5.4	1.8	10.8
Cannabis	22.3	14.4	14.4	14.4	6.1	21.0
Heroin	16.9	12.1	20.5	28.2	73.2	17.7
Other[c]	12.7	11.2	12.5	13.8	8.8	12.8
Total[e] (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total[e] (number)	**97,077**	**6,863**	**2,547**	**2,494**	**1,371**	**113,231**

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

(b) Includes not stated for Country of birth.

(c) Includes balance of Principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern. See Appendix 5.

(d) Includes not stated for Principal drug of concern.

(e) Includes not stated for Sex.

Indigenous status and principal drug of concern

Overall, treatment episodes involving Indigenous clients were most likely to involve alcohol (46%), cannabis (22%), heroin (11%) and amphetamines (10%)—that is, the same four principal drugs of concern as the population overall, but with alcohol much more likely to be nominated and heroin less so (Table 3.5, Figure 3.3).

This pattern varies even more when the client's sex is taken into account. Fifty per cent of treatment episodes for male clients identifying as Indigenous reported alcohol as their principal drug of concern compared with 38% of male non-Indigenous clients; 39% of female Indigenous clients compared with 33% of female non-Indigenous clients reported alcohol as their principal drug of concern (Table 3.5).

Table 3.5: Closed treatment episodes by principal drug of concern, sex and Indigenous status, Australia, 2001–02[a]

	Males		Females		Persons[b]		
Principal drug	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Indigenous	Non-Indigenous	Total[c]
				(per cent)			
Alcohol	49.5	38.2	38.5	33.2	45.7	36.5	37.0
Amphetamines	9.2	10.5	11.8	11.4	10.1	10.8	10.8
Benzodiazepines	1.0	1.8	3.0	3.9	1.7	2.5	2.4
Cannabis	23.2	22.9	19.6	17.8	21.9	21.2	21.0
Cocaine	0.5	0.8	0.5	0.7	0.5	0.8	0.7
Ecstasy	0.1	0.2	—	0.2	0.1	0.2	0.2
Heroin	9.3	17.7	14.7	20.3	11.1	18.5	17.7
Methadone	1.4	1.8	2.4	3.3	1.8	2.3	2.3
Nicotine	0.7	1.0	1.7	2.2	1.0	1.4	1.4
Other[d]	4.7	4.7	7.1	6.5	5.5	5.3	5.7
Total[e] (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total[e] (number)	**6,012**	**64,379**	**3,151**	**31,073**	**9,176**	**95,544**	**113,231**

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

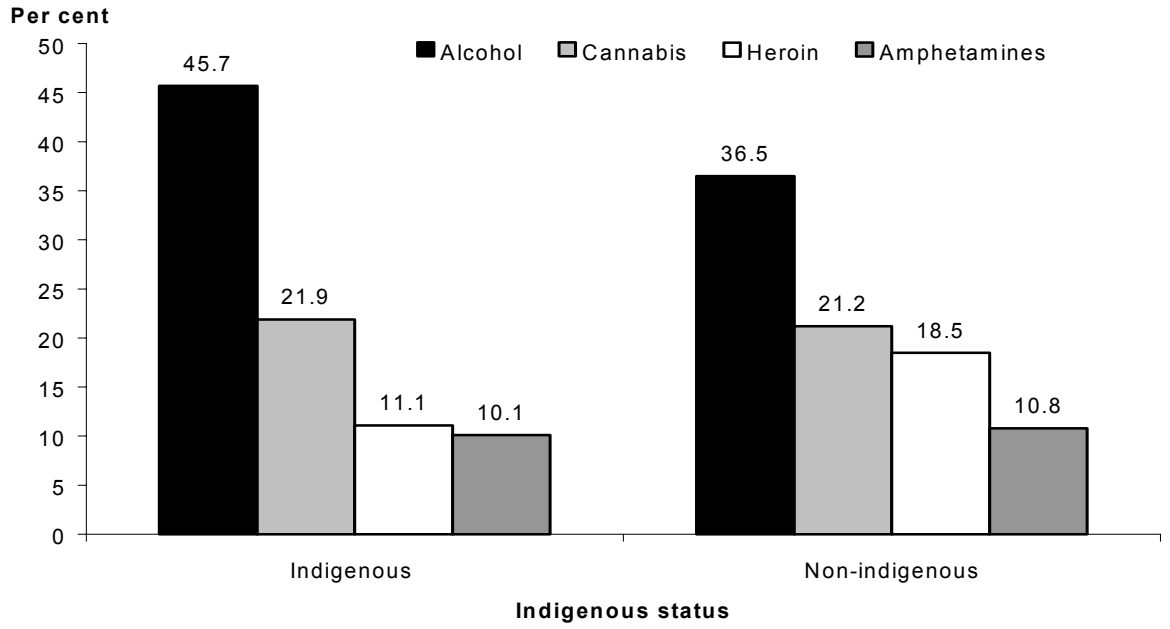
(b) Includes not stated for Sex.

(c) Includes not stated for Indigenous status.

(d) Includes balance of Principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern. See Appendix 5.

(e) Includes not stated for Principal drug of concern.

Heroin was reported as the principal drug of concern for 11% of closed treatment episodes where the clients were identified as Indigenous; this compares with 19% of non-Indigenous clients reporting heroin. Interestingly, there is a higher proportion of treatment episodes where female Indigenous clients reported heroin as their principal drug of concern (15%) compared with male Indigenous clients (9%). A similar proportion of treatment episodes where cannabis was the principal drug of concern recorded Indigenous (22%) and non-Indigenous (21%) clients (Table 3.5 and Figure 3.3).



Source: Table 3.5.

Figure 3.3: Closed treatment episodes by selected principal drug of concern and Indigenous status, Australia, 2001–02

Geographic location and principal drug of concern

The geographic location of treatment agencies in the 2001–02 AODTS-NMDS has been analysed using the new Remoteness Areas of the Australian Bureau of Statistics Australian Standard Geographical Classification (see Appendix 4 for information on how these new categories are derived). In 2001–02, across all areas, except for very remote areas, alcohol was reported as the most prominent drug of concern (41% inner regional, 38% outer regional and 62% remote areas) followed by cannabis (27% inner regional, 35% outer regional and 21% remote—Table 3.6). In very remote areas, cannabis accounts for the highest proportion of treatment episodes (51%), then alcohol (46%). In major cities alcohol, while still the most common principal drug of concern, was nominated in 36% of treatment episodes, heroin in 22%, cannabis 18% and amphetamines 12%—a much more even spread than in other regions.

Caution should be taken when interpreting geographical data—especially for remote and very remote areas—due to the small population size of some areas. Geographical location may also have an effect on the type of treatment services available, especially in more remote areas with the focus of the services available possibly targeted to a particular substance.

Table 3.6: Closed treatment episodes by principal drug of concern and geographic location, Australia, 2001–02[a]

Principal drug of concern	Major cities	Inner regional	Outer regional	Remote	Very remote	Total
			(per cent)			
Alcohol	35.5	41.0	37.4	61.7	46.2	37.0
Amphetamines	11.5	9.4	7.8	8.8	0.4	10.8
Benzodiazepines	2.6	2.2	1.9	0.8	—	2.4
Cannabis	18.0	27.1	35.0	21.0	50.6	21.0
Cocaine	0.9	0.2	0.1	0.1	—	0.7
Ecstasy	0.3	0.1	0.2	—	—	0.2
Heroin	21.7	8.8	3.8	2.5	—	17.7
Methadone	2.3	2.5	1.9	0.6	—	2.3
Nicotine	1.0	2.7	2.4	2.1	—	1.4
Other[b]	5.4	5.8	8.9	2.5	2.8	5.7
Total[c] (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total[c] (number)	**82,454**	**19,938**	**9,043**	**1,545**	**251**	**113,231**

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

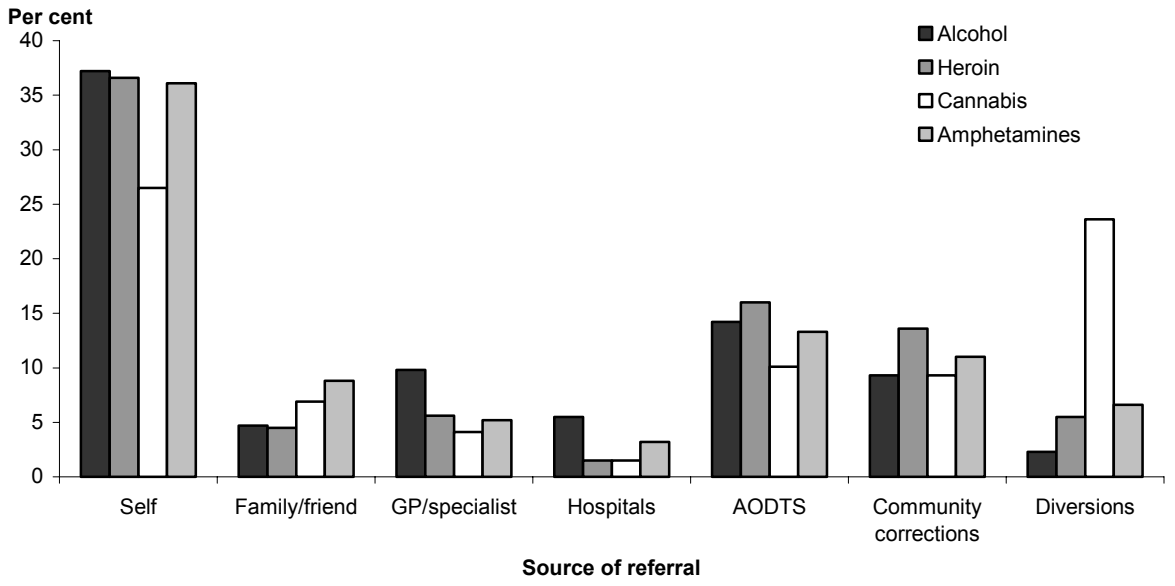
(b) Includes balance of Principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern. See Appendix 5.

(c) Includes not stated for Principal drug of concern.

Source of referral

Overall more than one-third of all closed treatment episodes (35%) involved clients who were self-referred (Table A3.10). Referrals from alcohol and other drug treatment services (13%) and community-based corrections (10%) were also common.

This pattern was mirrored for closed treatment episodes where alcohol was reported as the principal drug of concern: self-referred (37%), alcohol and other drug treatment services (14%) and community-based corrections (9%); and where heroin was the principal drug of concern (37%, 16% and 14% respectively) (Figure 3.4). This pattern varied where cannabis was reported as the principal drug of concern—referrals were more likely to be from self-referrals (27%), police or court diversions (24%) and alcohol and other drug treatment services (10%). Referrals from general practitioners accounted for 8% of all referrals, however, when methadone was reported as the principal drug of concern 18% of referrals were from general practitioners (Table A3.10). Likewise, referrals from family members and/or friends accounted for 6% of referrals nationally, yet referrals from this source accounted for 13% of referrals where ecstasy was reported as the principal drug of concern.



Source: Table A3.10.

Figure 3.4: Closed treatment episodes by selected principal drug of concern and source of referral, Australia, 2001–02

Other drug of concern

Of the 113,231 closed treatment episodes in 2001–02 where clients were seeking treatment for their own drug use, 56,327 episodes (50%) reported at least one other drug of concern—that is, a principal drug of concern and at least one other drug of concern (Table 3.7). This proportion varied with the principal drug of concern. For example, in the closed treatment episodes where amphetamines were reported as the principal drug of concern, 68% of clients reported at least one other drug of concern. Where ecstasy was reported as the principal drug, 63% of clients reported at least one other drug of concern, and for both cocaine and benzodiazepines, 60% of clients reported at least one other drug of concern. Treatment episodes where alcohol and nicotine were reported as the principal drug were less likely to report additional drugs of concern (42% and 22% respectively).

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

Table 3.7: Number of closed treatment episodes, principal drug of concern, with or without an other drug of concern, Australia, 2001–02[(a)]

Principal drug of concern	Closed treatment episodes with other drugs	Closed treatment episodes with no other drugs	Total closed treatment episodes	Proportion of closed treatment episodes with 'other drugs' of concern (%)
Alcohol	17,727	24,159	41,886	42.3
Amphetamines	8,334	3,877	12,211	68.2
Benzodiazepines	1,637	1,108	2,745	59.6
Cannabis	12,089	11,737	23,826	50.7
Cocaine	484	320	804	60.2
Ecstasy	160	93	253	63.2
Heroin	10,970	9,057	20,027	54.8
Methadone	1,346	1,224	2,570	52.4
Nicotine	344	1,258	1,602	21.5
Other drugs[(b)]	2,757	3,725	7,307	49.0
Total[(c)]	**56,327**	**56,904**	**113,231**	**49.7**

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

(b) Includes balance of Principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern. See Appendix 5.

(c) Includes not stated for Principal drug of concern.

From the 56,327 closed treatment episodes that did report at least one other drug of concern 161,173 other drugs of concern were reported (clients are able to nominate up to five other drugs of concern) (Table 3.7). This equates to 2.9 other drugs of concern for clients of these treatment episodes.

Of these 161,173 other drugs, the drug that was most commonly nominated as an other drug of concern was cannabis (15%), followed by nicotine (11%) and alcohol (9%). Table 3.8 shows the combination of principal drug of concern with other drugs of concern:

- where alcohol is the principal drug of concern—16% of all other drugs of concern were cannabis and 14% nicotine;
- where cannabis is the principal drug of concern—20% of all other drugs of concern were alcohol and 13% nicotine;
- where amphetamines are the principal drug of concern—25% of all other drugs of concern were cannabis;
- where heroin is the principal drug of concern—21% of all other drugs of concern were cannabis;
- where ecstasy is the principal drug of concern—21% of all other drugs of concern were amphetamines and a further 21% were cannabis;
- where methadone is the principal drug of concern—17% of all other drugs of concern were cannabis and 11% heroin.

Table 3.8: Proportion of other drugs of concern by principal drug of concern, Australia, 2001–02[a]

	Principal drug of concern										
Other drug of concern	**Alcohol**	**Ampheta-mines**	**Benzodia-zepines**	**Cannabis**	**Cocaine**	**Ecstasy**	**Heroin**	**Methadone**	**Nicotine**	**Other drugs[b]**	**Total all other drugs of concern[c]**
						(per cent)					
Alcohol	—	14.8	13.4	20.1	9.0	12.3	8.4	5.1	11.7	8.2	8.9
Amphetamines	5.4	—	8.6	11.2	10.0	21.4	11.2	7.0	1.8	6.5	7.1
Benzodiazepines	5.5	7.1	—	3.4	5.2	1.2	10.0	11.4	1.5	9.1	6.3
Cannabis	16.4	25.3	15.2	—	12.7	21.0	20.8	17.0	8.4	14.7	14.8
Cocaine	1.3	4.4	1.7	1.4	—	5.3	3.7	1.5	0.4	1.1	2.2
Ecstasy	1.2	5.2	0.8	2.9	2.8	—	1.4	0.5	0.5	1.2	2.1
Heroin	2.9	7.9	7.7	3.7	14.2	2.9	—	9.8	1.6	4.1	3.6
Methadone	0.5	0.7	4.5	0.5	3.9	0.7	2.3	—	0.6	1.1	1.0
Nicotine	14.2	9.1	7.6	13.3	3.8	5.3	6.7	6.4	—	7.7	10.9
Other drugs[d]	8.9	8.6	12.3	7.3	6.0	7.5	4.1	4.9	5.5	5.9	7.5
Total[e] (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total[e] (number)	**55,238**	**23,026**	**3,937**	**32,902**	**992**	**415**	**29,050**	**3,352**	**1,850**	**9,215**	**161,173**

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

(b) Includes balance of Principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern. See Appendix 5.

(c) The total number of 'other drugs' (161,173) exceeds the number of closed treatment episodes (113,231) where clients are seeking treatment for their own drug use, as clients may nominate up to five drugs of concern.

(d) Includes balance of Other drugs of concern coded according to Australian Standard Classification of Drugs of Concern. See Appendix 5.

(e) Includes not stated for Other drug of concern.

3.5 Injecting drug use

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

Overall 40% (45,424) of closed treatment episodes involved clients who reported never having injected drugs (Table 3.9). This compares with 27% (30,224) of clients who identified themselves as current injectors (i.e. injected within the previous 3 months).

Caution should be taken, however, when interpreting data for 'injecting drug use' due to the high 'not stated' response for this item (15% or 16,972).

A high proportion of closed treatment episodes for male 'current injectors' involved those in the 20–29 and 30–39 year age groups (49% or 9,603 and 30% or 5,815 respectively), with males aged 50 years and over accounting for only 1% (275) of 'current injector' episodes. A similar pattern can be found in females, where episodes for those in the 20–29 and 30–39 year age groups represented the highest proportions of 'current injectors' (50% or 5,301 and 25% or 2,670 respectively). As with the males, only a small proportion of females over 50 years identified themselves as 'current injectors' (1% or 103).

Approximately 19% of closed treatment episodes involved clients who reported that they had injected drugs in the past (10% or 10,814 more than 3 months ago but less than 12 months ago and 9% or 9,797 12 or more months ago). The age pattern for those injecting drugs in the past was similar to current injectors for both males and females

The proportion of treatment episodes involving clients reporting that they had never injected peaked for male clients in the 20–29 year age group (25% or 7,899) and in the 30–39 year age group for females (27% or 3,884).

Table 3.9: Closed treatment episodes by injecting drug use, sex and age group, Australia, 2001–02[a]

	Age group (years)						
Injecting drug use	**10–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total[b]**
Males							
Current injector	1,970	9,603	5,815	1,840	244	31	19,623
Injected 3–12 months ago	857	3,542	1,922	614	54	6	7,068
Injected 12+ months ago	278	2,589	2,507	1,287	178	7	6,886
Never injected	5,301	7,899	7,255	5,758	3,259	1,371	31,114
Not stated	1,571	3,521	3,037	1,909	689	217	11,146
Total males	*9,977*	*27,154*	*20,536*	*11,408*	*4,424*	*1,632*	*75,837*
Females							
Current injector	1,603	5,301	2,670	779	82	21	10,573
Injected 3–12 months ago	555	1,831	964	296	22	3	3,729
Injected 12+ months ago	182	1,010	1,049	568	54	8	2,901
Never injected	1,929	3,118	3,884	3,219	1,425	511	14,278
Not stated	890	1,774	1,645	967	284	112	5,797
Total females	*5,159*	*13,034*	*10,212*	*5,829*	*1,867*	*655*	*37,278*
Persons							
Current injector	3,574	14,917	8,495	2,620	326	52	30,224
Injected 3–12 months ago	1,413	5,388	2,887	910	76	9	10,814
Injected 12+ months ago	460	3,603	3,562	1,855	232	15	9,797
Never injected	7,233	11,025	11,149	8,985	4,686	1,883	45,424
Not stated	2,462	5,304	4,687	2,880	974	329	16,972
Total persons[c]	**15,142**	**40,237**	**30,780**	**17,250**	**6,294**	**2,288**	**113,231**

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

(b) Includes not stated for Age.

(c) Includes not stated for Sex.

3.6 Reason for cessation of treatment episode

There are a number of reasons why a treatment episode, as defined, can cease. Such reasons include: a change in main treatment type for the client; a change in delivery setting; the client ceasing to participate without notice, or by mutual agreement with the service provider; or the client being imprisoned or dying.

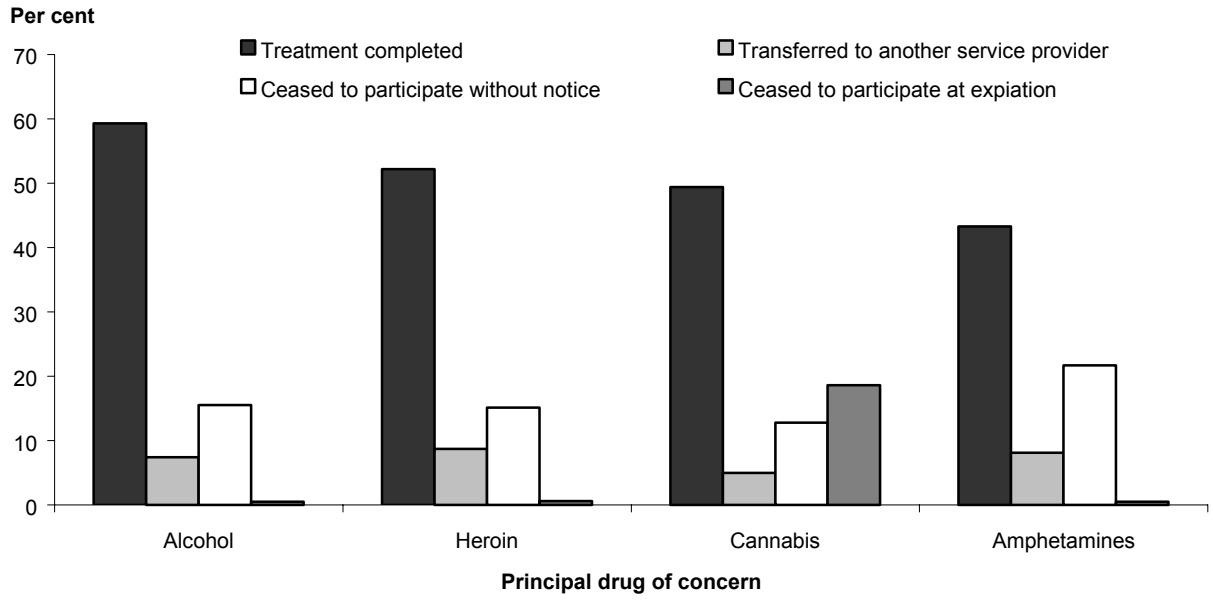
Treatment episodes most commonly ceased (53%) because the treatment was completed (Tables 3.10, A3.11 and Figure 3.5). This proportion was higher where the principal drug of concern was recorded as ecstasy (65%), alcohol (59%) and nicotine (57%). The next most common reason for treatment episodes to end was that the client ceased to participate without notice (16%). This proportion varied from 22% for amphetamines to 13% for cannabis.

Seven per cent of all treatment episodes ceased because the clients transferred to another service provider. This was higher where methadone (13%) and cocaine (11%) were the principal drug of concern.

Five per cent of episodes ended because the client ceased to participate against advice—higher for cocaine (9%) and heroin (8%). Only 3% of all treatment episodes ceased due to involuntary non-compliance, but this was a good deal higher for those who recorded nicotine as their principal drug of concern (12%).

The highest proportion of episodes ending due to expiation—that is, where the client had expiated their offence by completing a recognised education or information program—was for treatment episodes where cannabis was reported as the principal drug of concern (19%) (Figure 3.5).

Nationally, a very small proportion of treatment episodes ceased because the client had died (0.2%).



Source: Table A3.11.

Figure 3.5: Closed treatment episodes by selected reason for cessation and selected principal drug of concern, Australia, 2001–02

When all principal drugs are considered, treatment episodes where clients were aged over 40 years were more likely to cease because the treatment was completed (59% over 40 years, 52% under 40 years). This pattern can be seen for all the four main principal drugs of concern (Table 3.10).

Treatment episodes where the clients were aged under 40 years were more likely to cease without notice to the treatment agency than those involving older clients (16% under 40 years, 13% over 40 years) (Table 3.10). Again, this pattern can be seen for all principal drugs of concern but is most evident where alcohol was the principal drug (18% under 40 years, 13% over 40 years).

For all drugs, a low proportion of treatment episodes ended at expiation—that is, the client had fulfilled their obligation to satisfy expiation requirements as part of a police or court diversion scheme and chose not to continue with the treatment program—5% under 40 years and 2% over 40 years. This proportion increases markedly for treatment episodes where

cannabis is recorded as the principal drug of concern (18% under 40 years, 26% over 40 years)—probably related to the referral patterns noted in Table A3.10.

Table 3.10: Closed treatment episodes by selected principal drug of concern, selected reason for cessation and age group, Australia, 2001–02[(a)(b)]

	10–39 years	40 years and over	Total[(c)]
		(per cent)	
Alcohol			
Treatment completed	57.1	62.4	59.3
Transferred to another service provider	6.8	8.2	7.4
Ceased to participate without notice	17.6	12.6	15.5
Ceased to participate at expiation	0.5	0.5	0.5
Other[(d)]	15.5	14.3	15.0
Not stated	2.4	2.0	2.2
Total (per cent)	*100.0*	*100.0*	*100.0*
Total (number)	*22,359*	*16,261*	*39,077*
Heroin			
Treatment completed	52.2	53.2	52.2
Transferred to another service provider	8.8	8.4	8.7
Ceased to participate without notice	15.2	13.8	15.1
Ceased to participate at expiation	0.5	1.1	0.6
Other[(d)]	21.4	21.4	21.4
Not stated	1.9	2.2	2.0
Total (per cent)	*100.0*	*100.0*	*100.0*
Total (number)	*17,201*	*1,879*	*19,324*
Cannabis			
Treatment completed	49.5	46.0	49.4
Transferred to another service provider	5.0	5.3	5.0
Ceased to participate without notice	12.9	11.0	12.8
Ceased to participate at expiation	18.2	26.1	18.6
Other[(d)]	12.7	9.5	12.4
Not stated	1.7	2.1	1.7
Total (per cent)	*100.0*	*100.0*	*100.0*
Total (number)	*21,142*	*1,705*	*23,047*
Amphetamines			
Treatment completed	42.8	49.8	43.3
Transferred to another service provider	8.3	6.3	8.1
Ceased to participate without notice	21.7	20.7	21.7
Ceased to participate at expiation	0.4	1.1	0.5
Other[(d)]	23.6	17.2	23.1
Not stated	3.1	5.1	3.2
Total (per cent)	*100.0*	*100.0*	*100.0*
Total (number)	*10,539*	*653*	*11,276*

(continued)

Table 3.10 (continued): Closed treatment episodes by selected principal drug of concern, selected reason for cessation and age group, Australia, 2001–02[a][b]

	10–39 years	40 years and over	Total[c]
		(per cent)	
All drugs[e]			
Treatment completed	51.7	58.7	53.2
Transferred to another service provider	7.0	8.0	7.2
Ceased to participate without notice	16.4	13.3	15.7
Ceased to participate at expiation	5.1	2.3	4.4
Other[d]	17.6	15.4	17.1
Not stated	2.3	2.3	2.3
Total (per cent)	**100.0**	**100.0**	**100.0**
Total (number)	**81,442**	**23,865**	**106,532**

(a) Excludes South Australia.

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

(c) Includes not stated for Age.

(d) Includes Change in main treatment type; Change in delivery setting; Change in the principal drug of concern; all other Ceased to participate categories; Drug court and/ or sanctioned by court diversion service; Imprisoned other than drug court sanctioned; and Died.

(e) Includes not stated for Principal drug of concern and balance of Principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern. See Appendix 5.

4 Treatment programs

'Main treatment type' is the main activity determined at assessment by the treatment agency to treat the client's principal alcohol and/or other drug problem. This chapter focuses on these treatment types and programs, and examines them and their relationship to a selection of variables of interest. The chapter begins with a summary of clients' most common method of entry into alcohol and other drug treatment services.

Box 4.1: Key definitions and counts for treatment programs, 2001–02

Closed treatment episode *refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. In 2001–02 there were* ***120,869*** *closed treatment episodes.*

Main treatment type *refers to the principal activity as judged by the treatment provider that is necessary for the completion of the treatment plan for the principal drug of concern. In 2001–02,* ***113,705*** *closed treatment episodes were reported for main treatment type. Records from South Australia were excluded from tables using Main treatment type as South Australia did not provide this data item for 2001–02.*

Main treatment type with principal drug of concern *In 2001–02,* ***106,532*** *closed treatment episodes were reported for the combination of these two data items. Records from South Australia were excluded from tables using these data items. In addition, closed treatment episode records for clients seeking treatment for the drug use of others were also excluded.*

Other treatment type *refers to all other forms of treatment provided to the client in addition to main treatment (the client can have up to three other treatment types). In 2001–02, there were* ***11,512*** *closed treatment episodes which provided a total of* ***12,986*** *other treatment types. Records from Victoria and South Australia were excluded from tables using these data items as they did not provide this data item for 2001–02 leaving a total number of closed treatment episodes of* ***68,881****.*

See Section 1.3 and Box 3.1 for other definitions.

4.1 Client type

The main source of referral for all clients of alcohol and other drug treatment services was self-referral (35% of treatment episodes) (Table 4.1). The next most common referral sources were other alcohol and other drug treatment service (13%) and community-based corrections (10%). These patterns were also evident for clients who attended for their own drug use. Clients who sought assistance because of someone else's drug use were also most commonly self-referred (38% of all treatment episodes). For others' drug use, nearly one in five treatment episodes (19%) were for clients referred by a friend or relative and a further 9% of treatment episodes were for clients referred by community-based correction services.

Table 4.1: Closed treatment episodes by client type and source of referral, Australia, 2001–02

Source of referral	Own drug use	Other's drug use	Total[a]
		(per cent)	
Self	35.1	38.2	35.2
Family member/friend	5.8	19.2	6.6
GP/medical specialist	7.8	4.0	7.5
Psychiatric and other hospitals	3.5	1.2	3.3
Community mental health services[b]	1.8	1.0	1.8
Alcohol & other drug treatment services[b]	13.1	7.4	12.8
Other community/ health care services[c]	4.7	6.9	4.8
Community-based corrections	9.7	9.0	9.6
Police and court diversions	8.0	2.7	7.6
Other	9.1	7.9	9.1
Not stated	1.4	2.6	1.6
Total (per cent)	**100.0**	**100.0**	**100.0**
Total (number)	**111,246**	**7,638**	**120,869**

(a) Includes not stated for Client type.

(b) Includes residential and non-residential services.

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

Overall, counselling was the most common form of main treatment provided (39% of treatment episodes), then withdrawal management (detoxification) (19%), assessment only (15%) and information and education only (10%) (Table 4.2). A similar pattern was seen for clients who attended for their own drug use, with 37% of treatment episodes for counselling and 21% for withdrawal management. An even larger proportion of clients who sought assistance because of someone else's drug use received counselling as their main treatment (70% of their treatment episodes). The next most common form of treatment for this group was assessment only (11%) and education and information only (9%).

Table 4.2: Closed treatment episodes by client type and main treatment type, Australia, 2001–02[a]

Main treatment type	Own drug use	Other's drug use	Total[b]
		(per cent)	
Withdrawal management (detoxification)	20.5	0.1	19.1
Counselling	36.7	70.3	38.9
Rehabilitation	6.7	1.8	6.3
Pharmacotherapy[c]	1.3	—	1.2
Support and case management only	6.3	3.8	6.1
Information and education only	10.0	8.9	9.8
Assessment only	15.0	11.2	14.6
Other	3.5	4.0	3.9
Total (per cent)	**100.0**	**100.0**	**100.0**
Total (number)	**104,639**	**7,173**	**113,705**

(a) Excludes South Australia.

(b) Includes not stated for Client type.

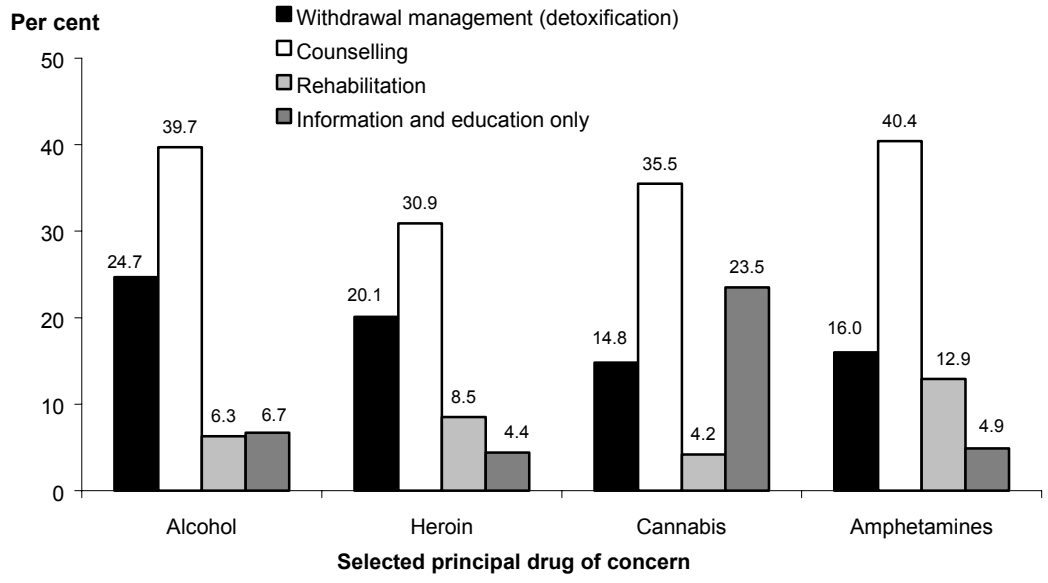
(c) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

4.2 Main treatment for selected principal drugs

The type of main treatment provided varied depending on the principal drug the client sought treatment for (see Table A3.15). Nationally, alcohol (37% of all treatment episodes), cannabis (22%), heroin (18%) and amphetamines (11%) were the most common principal drugs of concern for which treatment was sought (see also Table 3.3). Counselling, withdrawal management (detoxification), assessment only and information and education only were the most common types of treatment for clients who nominated the above principal drugs of concern (see Table A3.15).

Clients who reported alcohol as their principal drug of concern were more likely to receive withdrawal management (detoxification) treatment (25% of treatment episodes) compared to 15% of treatment episodes for clients seeking treatment for cannabis use (Figure 4.1). Clients seeking treatment for amphetamine use were more likely to receive counselling treatment (40% of all treatment episodes where the principal drug was amphetamine) compared to 31% of treatment episodes for clients seeking treatment for heroin use.

Where cannabis was nominated as principal drug, 24% of closed treatment episodes were for information and education programs. Only a small proportion of other principal drugs received this treatment type, for example, 4% of closed treatment episodes involving benzodiazepines, heroin or ecstasy as the principal drug of concern were for information and education programs. The large proportion of this type of treatment for cannabis users probably reflects the police diversion programs in place in most jurisdictions. Many of these programs require the offender to attend an education or information program run by an alcohol or other drug treatment service (see Table A3.15).



Source: Table A3.15.

Figure 4.1: Closed treatment episodes by selected main treatment type and selected principal drug of concern, Australia, 2001–02

Duration of treatment episode—principal drug of concern

The duration of a treatment episode may depend on the type of treatment received and the type of principal drug for which treatment is provided (Table 4.3). Overall, the median number of days for a treatment episode was 19 days. The highest median number of treatment days within a treatment episode occurred where the principal drug was either heroin or amphetamines (21 days each). Treatment episodes where the principal drug was cannabis had the lowest median treatment days (13 days) of the four drugs considered.

The main treatment type with the highest median number of treatment days per treatment episode, excluding 'other' main treatment, was pharmacotherapy treatment (91 days), then counselling (54 days). The lowest median number of treatment days was for information and education only (1 day) and withdrawal management (6 days). These types of treatment are typically for a specific duration, where other treatment types may be more open-ended.

The duration of a treatment episode for each type of main treatment varied with the principal drug the client was being treated for. For the selected principal drugs of concern, the highest median number of treatment days for withdrawal management occurred where cannabis was the principal drug (8 days) and the lowest was for heroin (5 days). The median duration of treatment episodes for counselling was similar for heroin and amphetamines (62 days and 59 days respectively). The highest median number of treatment days for pharmacotherapy treatment was for heroin (132 days) and the lowest median number of days was for cannabis (44 days).

The median length of time spent on information and education programs was longest where the principal drug was amphetamines (7 days) and lowest where the principal drug was cannabis (than 1 day).

Table 4.3: Duration (median days) of closed treatment episodes by main treatment type and selected principal drug of concern, Australia, 2001–02[a][b]

Main treatment type	Alcohol	Heroin	Cannabis	Amphetamines	Total (median number of days)[c]
			(median number of days)		
Withdrawal management (detoxification)	6	5	8	6	6
Counselling	54	62	48	59	54
Rehabilitation	29	35	28	25	29
Pharmacotherapy [d]	60	132	44	47	91
Support and case management only	38	41	39	36	41
Information and education only	4	4	1	7	1
Assessment only	7	11	10	1	7
Other	47	38	23	14	28
Total (median number of days)	**19**	**21**	**13**	**21**	**19**
Total (number of treatment episodes)	**39,077**	**19,324**	**23,047**	**11,276**	**106,532**

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

(b) Excludes South Australia.

(c) Includes not stated for Principal drug of concern and balance of Principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern. See Appendix 5.

(d) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

4.3 Jurisdictions

As noted in Section 4.2, counselling (39%), withdrawal management (19%) and assessment only (15%) were the most common main treatments provided nationally (Table 4.4). In New South Wales, counselling was also the most common main treatment provided (27%), although at lower levels to the national average. New South Wales had higher proportions of assessment only (23%). Western Australia, Tasmania and Victoria had similar distributions to those at the national level, although they all had much higher proportions of counselling (61%, 57% and 47% respectively). While Western Australia also had a higher proportion of rehabilitation treatments (9%), Victoria's and Tasmania's proportions were lower (each 3%), as they were for information and education only treatments (each 0.1% compared with 7% from Western Australia).

In contrast, withdrawal management was the most common form of main treatment provided by the Australian Capital Territory (34%) followed by support and case management only (25%). The Australian Capital Territory had the highest proportion of pharmacotherapy treatment nationally at 9% and the Northern Territory and the Non-Government Organisation Treatment Grants Programme services listed under Other had the highest proportion of rehabilitation treatment (each 15%).

Table 4.4: Closed treatment episodes by main treatment type and jurisdiction, Australia, 2001–02[(a)]

Main treatment type	NSW	Vic	Qld[(b)]	WA	Tas	ACT	NT	Other[(c)]	Australia
					(per cent)				
Withdrawal management (detoxification)	21.0	21.9	—	11.8	18.9	33.7	21.8	1.4	19.1
Counselling	27.1	47.2	—	61.4	57.4	14.8	28.5	26.7	38.9
Rehabilitation	8.9	2.8	—	8.5	2.7	9.5	14.8	15.0	6.3
Pharmacotherapy[(d)]	—	1.9	—	1.4	1.3	9.0	0.3	0.1	1.2
Support and case management only	1.9	11.0	—	0.3	3.9	24.8	2.2	13.0	6.1
Information and education only	13.0	0.1	100.0	6.6	0.1	3.6	6.9	21.2	9.8
Assessment only	23.0	13.1	—	6.5	10.1	4.6	11.7	3.5	14.6
Other	5.1	2.0	—	3.5	5.6	—	13.8	19.1	3.9
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**39,348**	**44,824**	**4,151**	**15,232**	**2,015**	**2,824**	**2,405**	**2,906**	**113,705**

(a) Excludes South Australia.

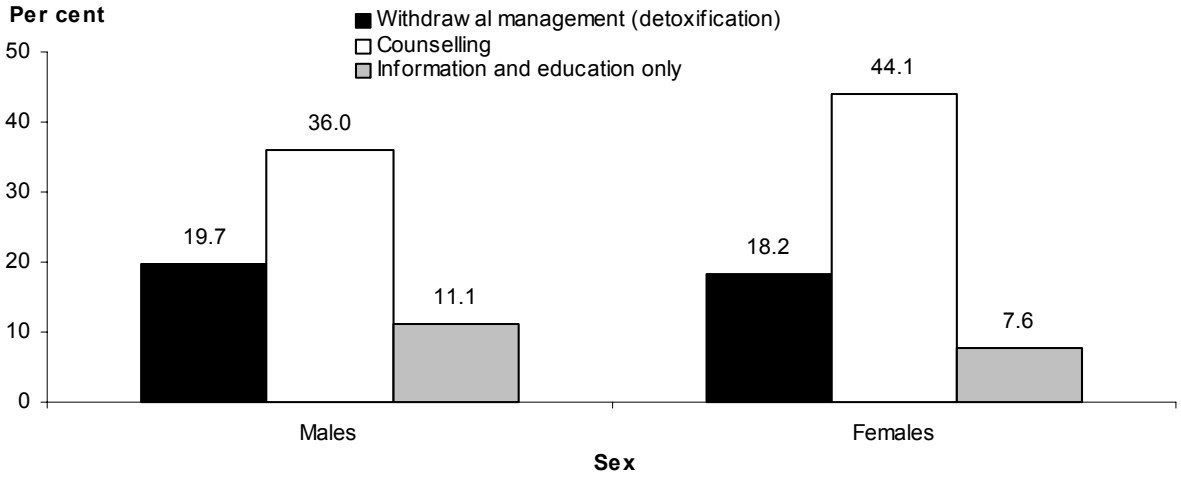
(b) Queensland provided only police diversion data for which Main treatment was always information and education only.

(c) Other NGOTGP services not currently reported through a state or territory collection.

(d) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

4.4 Sex and age

The main treatment type often varied depending on the age or sex of the client (Figures 4.2 and 4.3). Of the treatment episodes for female clients, 44% were for counselling compared to 36% for male clients. Female clients were less likely to receive information and education only than males (8% and 11% respectively). Males (20%) were somewhat more likely to receive withdrawal management than females (18%).



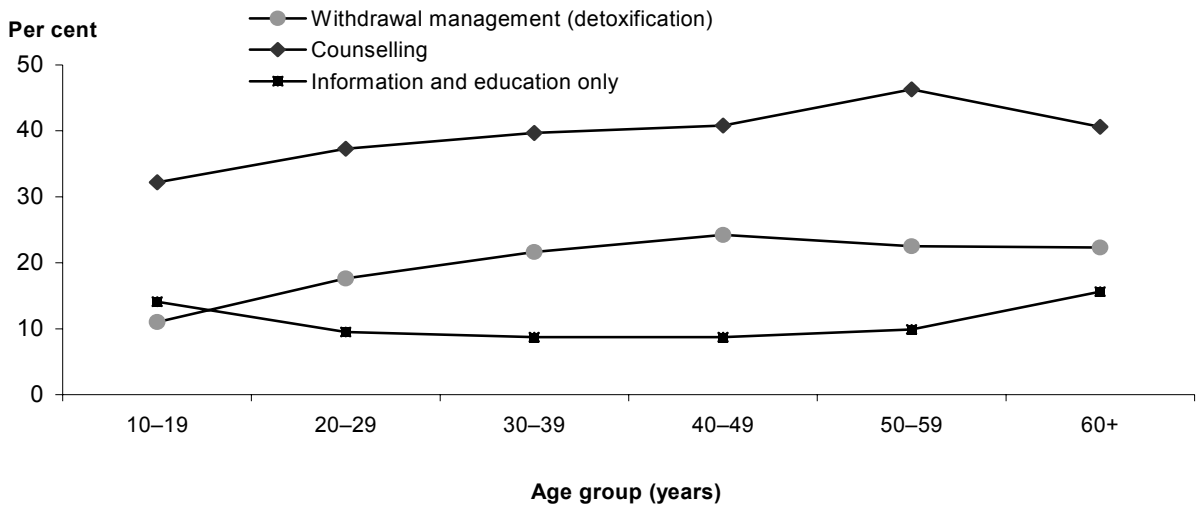
Source: Table A3.16.

Figure 4.2: Closed treatment episodes by selected main treatment type and sex, Australia, 2001–02

When all closed treatment episodes are considered, withdrawal management was less common for clients in younger age groups, representing only 11% of treatment episodes for clients aged 10–19 years and 18% for clients aged 20–29 years (Figure 4.3). The peak age for withdrawal management treatment was the 40–49 year age group (24%), with similar proportions for clients aged 50–59 and 60 years and over (23% and 22% of treatment episodes in these age groups respectively). This pattern was slightly higher for male clients, with 27% of clients in each of the following age groups—40–49, 50–59 and 60 years and over—receiving withdrawal management (detoxification). The proportion of female clients receiving withdrawal management treatment declined progressively from age 30–39 years—from 21% to 14% of treatment episodes for those aged 60 years and over (Table A3.16). The principal drug of concern is also a factor when considering treatment type and age. For instance, withdrawal management was a common treatment for alcohol (Figure 4.1) and this tended to be the principal drug of concern in the older age groups (Figure 3.2).

Counselling was more common in the older age groups—46% of all treatment episodes for those aged 50–59 years compared to 32% for those aged 10–19 years. This was particularly the case for females (59% of all treatment episodes for females aged 50–59 years compared with 34% for those aged 10–19 years). The proportions for male clients were 39% and 31% respectively. In contrast, the use of support and case management only declined with age (18% for those aged 10–19 years and 2% for those aged 60 years or more), with similar patterns for both males and females.

A different pattern emerged when the main treatment was information and education only. Clients were more likely to receive this type of treatment if they were in the 10–19 year age group (14%) or the 60 years and over age group (16%).



Source: Table A3.16.

Figure 4.3: Closed treatment episodes by selected main treatment type and age group, Australia, 2001–02

4.5 Indigenous status

Indigenous and non-Indigenous clients showed similar patterns for the type of main treatment they received. However, Indigenous clients had higher proportions of treatment services for counselling (43%) and lower proportions for withdrawal management (16%) than non-Indigenous clients (38% and 20% respectively) (Table 4.5).

Table 4.5: Closed treatment episodes by main treatment type and Indigenous status, Australia, 2001–02[(a)]

Main treatment type	Indigenous	Non-Indigenous	Not stated	Total
		(per cent)		
Withdrawal management (detoxification)	15.8	20.0	11.9	19.1
Counselling	43.3	38.1	42.4	38.9
Rehabilitation	8.7	6.3	4.1	6.3
Pharmacotherapy[(b)]	0.4	1.3	0.5	1.2
Support and case management only	3.5	6.3	7.2	6.1
Information and education only	12.3	10.0	5.6	9.8
Assessment only	12.7	14.3	21.6	14.6
Other	3.3	3.7	6.5	3.9
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**9,192**	**96,607**	**7,906**	**113,705**

(a) Excludes South Australia.

(b) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

4.6 Additional treatments

As well as identifying the main treatment type, all other forms of treatment provided to the client for alcohol and other drugs are also recorded as part of the AODTS-NMDS. This section looks at the main treatment type of clients together with a short list of other treatment types. This analysis provides an indication of multiple treatment usage in alcohol and other drug treatment services. For this analysis, Victoria and South Australia were excluded as neither jurisdiction provided data for 'other treatment type'.

The majority of clients received a main treatment only. Of the 68,881 treatment episodes where other treatments could be reported, less than one in five episodes (11,512 or 17%) included other treatment—that is, a main treatment and at least one other treatment type (Table 4.6). From these 11,512 treatment episodes, 12,986 other treatments were reported (Table 4.7). This equates to an average of just over one other treatment (1.1) for those clients who received additional treatment to their main treatment.

Table 4.6: Number of closed treatment episodes, main treatment type, with or without other treatment type, Australia, 2001–02

Main treatment type	Closed treatment episodes with no other treatment type	Closed treatment episodes with other treatment type	Total closed treatment episodes	Proportion of closed treatment episodes with other treatment type
Withdrawal management (detoxification)	6,304	5,635	11,939	47.2
Counselling	21,049	1,995	23,044	8.7
Rehabilitation	3,260	2,664	5,924	45.0
Pharmacotherapy[(a)]	470	40	510	7.8
Support and case management only	2,023	4	2,027	0.2
Information and education only	11,151	13	11,164	0.1
Assessment only	10,745	9	10,754	0.1
Other	2,367	1,152	3,519	32.7
Total	**57,369**	**11,512**	**68,881**	**16.7**

(a) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

The likelihood of receiving another treatment varied depending on the type of main treatment the client received. In the closed treatment episodes where withdrawal management was reported as the main treatment type, 47% of clients reported at least one other treatment type. Where rehabilitation was reported as the main treatment type, 45% of clients reported at least one other treatment type.

Of the 12,986 other treatment types, the treatment that was most commonly nominated as another treatment was counselling (59%) and other (21%). Table 4.7 shows the combination of main treatment type with other treatment types:

- where withdrawal management (detoxification) is the main treatment type—68% of all other treatment types were counselling;

- where counselling is the main treatment type – 54% of all other treatment types were 'other' (no further information provided) and 19% pharmacotherapy; and
- where rehabilitation is the main treatment type—72% of all other treatment types were counselling, 18% 'other' and 5% pharmacotherapy.

Table 4.7: Proportion of other treatment types by main treatment type, Australia, 2001–02[a]

	Main treatment type					
Other treatment type	Withdrawal management (detoxification)	Counselling	Rehabilitation	Pharmaco-therapy	Other	Total all other treatments
			(per cent)			
Withdrawal management (detoxification)	0.0	17.3	4.2	19.6	3.5	4.3
Counselling	68.3	0.0	72.1	54.3	80.9	59.3
Rehabilitation	13.1	10.0	0.0	2.2	1.0	8.1
Pharmacotherapy[b]	5.3	19.1	5.2	0.0	6.7	7.7
Other	13.3	53.6	18.4	23.9	8.0	20.6
Total (per cent)[b]	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**6,330**	**2,107**	**3,259**	**46**	**1,244**	**12,986**

(a) Excludes Victoria and South Australia.

(b) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

4.7 Reason for cessation of treatment episode

As reported in Section 3.6, a client's treatment episode may cease for a number of reasons. The most common reason for the cessation of the client's treatment was that the treatment had been completed (54%). Other common reasons were the client ceased to participate without notice (16%) or the client was transferred to another service provider (7%) (Table A3.11).

The reason for ceasing treatment varies depending on the type of treatment received. More than one-third (38%) of treatment episodes that ended because treatment was completed were for counselling, 22% for withdrawal management and 18% for assessment only (Table 4.8). Of treatment episodes ending because the client was transferred to a different service provider, 32% were for assessment only, 28% for counselling and 16% for withdrawal management. Clients may also decide to stop participating in treatment, and may not provide notice of their decision. Of all treatment episodes that ceased in this way without notice, 60% were for counselling and 13% for withdrawal management.

Where clients ceased to participate against the advice of the clinician almost half (47%) of these treatment episodes occurred during a withdrawal management program and a further 19% while undertaking a rehabilitation program (Table 4.8).

Table 4.8: Closed treatment episodes by main treatment type and selected reason for cessation, Australia, 2001–02[a]

Main treatment type	Treatment completed	Transferred to another service provider	Ceased to participate without notice	Ceased to participate against advice	Other[b]	Total[c]
			(per cent)			
Withdrawal management (detoxification)	21.9	16.0	13.0	47.4	10.7	19.1
Counselling	37.6	27.8	59.7	12.9	33.6	38.9
Rehabilitation	4.4	5.8	5.2	19.1	10.5	6.3
Pharmacotherapy[d]	1.0	0.6	1.8	0.7	1.6	1.2
Support and case management only	7.2	4.6	5.6	2.9	5.1	6.1
Information and education only	6.3	6.9	5.5	12.8	26.5	9.8
Assessment only	18.2	31.8	5.6	3.2	8.1	14.6
Other	3.4	6.4	3.6	0.9	3.8	3.9
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**60,943**	**8,029**	**17,811**	**5,378**	**18,854**	**113,705**

(a) Excludes South Australia.

(b) Includes Change in main treatment type; Change in delivery setting; Change in the principal drug of concern; all other Ceased to participate categories; Drug court and/or sanctioned by court diversion service; Imprisoned other than drug court sanctioned; and Died.

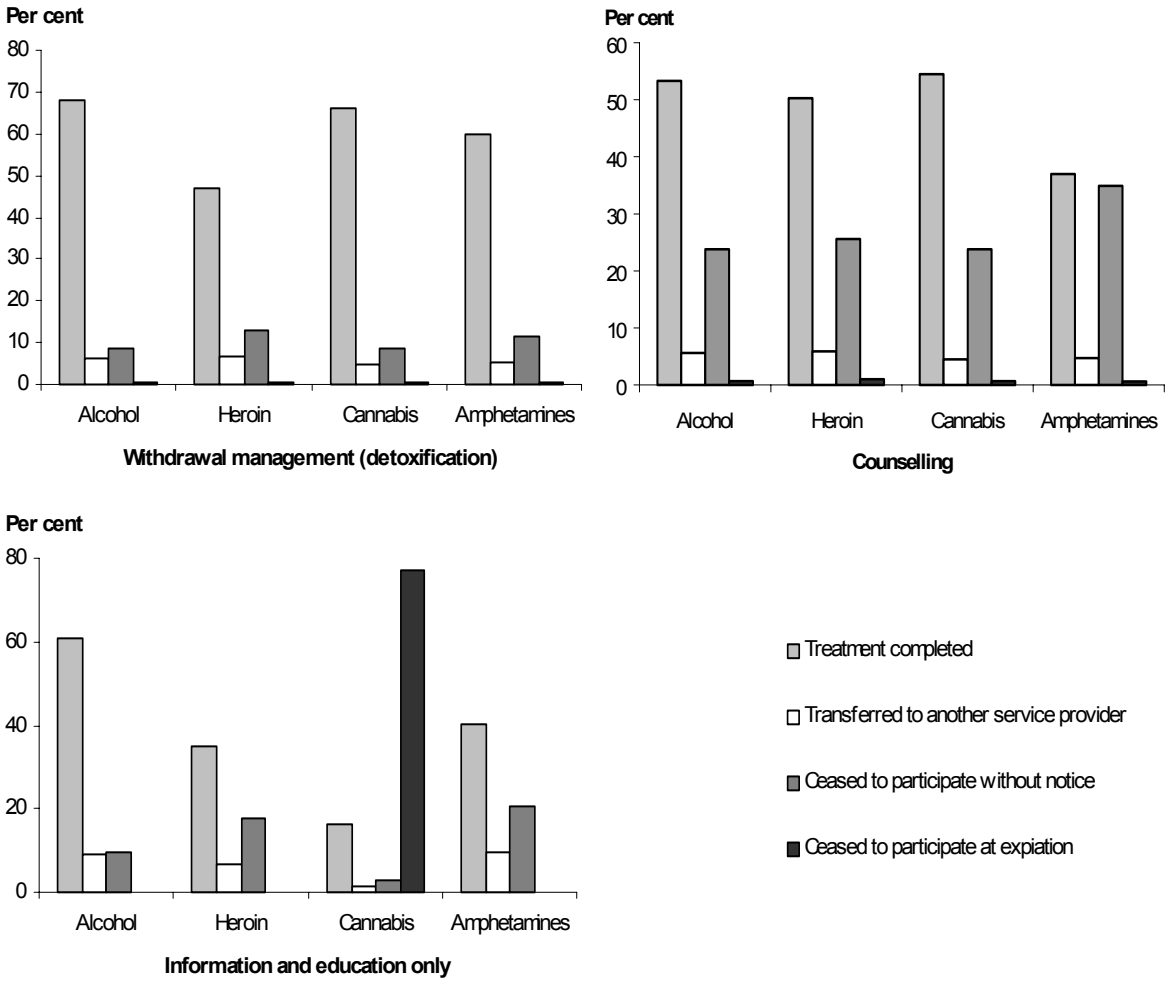
(c) Includes not stated for Reason for cessation.

(d) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

The relationship between principal drug of concern, main treatment and reason for cessation provides a more detailed picture (see Figure 4.4 and Table A3.18). For closed treatment episodes where the main treatment was withdrawal management and clients nominated a principal drug of alcohol, 68% ceased treatment because the treatment was completed. This was similar for treatment episodes where withdrawal management was the main treatment type and cannabis was the principal drug of concern—66% ceased because treatment was completed. Where treatment episodes ended without notice, and the main treatment type was withdrawal management, 13% involved heroin as the principal drug of concern and 9% where alcohol or cannabis were the principal drugs of concern.

Where counselling was the main treatment, over half the closed episodes for the principal drugs of alcohol and cannabis reflected completed treatments (53% and 55% respectively of these treatment episodes). Where amphetamines was the principal drug there was a lower proportion who completed treatment (40%) and this group had a relatively high proportion who ceased to participate without notice (35%).

Clients who received information and education only as their main treatment had high proportions completing treatment where the principal drug was alcohol (61%) or amphetamines (40%).



Source: Table A3.18.

Figure 4.4: Closed treatment episodes by selected reason for cessation, selected main treatment type and selected principal drug of concern, Australia, 2001–02

4.8 Treatment delivery setting

Treatment delivery setting refers to the setting in which the main treatment is provided. This section examines the patterns of main treatment type and treatment delivery settings, as well as the duration of treatment episodes and their relationship to treatment type and delivery setting.

Just over two-thirds (67% or 75,913) of all treatment episodes occurred at a non-residential facility[5] (Table 4.9). Just over one in five (22%) treatment episodes occurred at a residential facility, and a further 6% in an outreach setting such as a mobile van service.

Of all closed treatment episodes where a non-residential facility was reported as the treatment delivery setting, counselling and assessment-only services were the most common types of main treatment provided (54% and 19% respectively). Residential treatment facilities

[5] It is important to keep in mind that some of these non-residential facilities may also have some component of residential care available.

and home settings both provided more than half of their main treatments as withdrawal management (58% and 63% respectively) with rehabilitation programs comprising a further 21% and 16% respectively of main treatments in these settings. The support and case management program was the most common service provided at outreach settings (62% of all treatment episodes in these settings) and then counselling services (27%).

Table 4.9: Closed treatment episodes by main treatment type and treatment delivery setting, Australia, 2001–02[(a)]

Main treatment type	Non-residential treatment facility	Residential treatment facility	Home	Outreach setting	Other	Total[(b)]
			(per cent)			
Withdrawal management (detoxification)	7.0	58.1	62.7	0.5	2.0	19.1
Counselling	54.1	3.1	7.3	26.8	8.6	38.9
Rehabilitation	1.2	21.2	15.7	0.3	17.1	6.3
Pharmacotherapy[(c)]	0.7	3.4	0.1	—	0.1	1.2
Support and case management only	3.3	0.3	2.6	61.6	2.3	6.1
Information and education only	10.5	5.7	3.1	6.1	42.5	9.8
Assessment only	18.7	7.3	5.7	3.6	7.2	14.6
Other	4.5	0.9	2.8	1.1	20.2	3.9
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**75,913**	**24,984**	**2,917**	**6,893**	**2,998**	**113,705**

(a) Excludes South Australia.

(b) Includes not stated for Treatment delivery setting.

(c) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

Duration of treatment episode—treatment delivery setting

The duration of a treatment episode may depend on the type of treatment received and where the treatment is provided (Table 4.10). Overall, the median number of days for a treatment episode was 20 days. (This figure is slightly higher than that provided in Table 4.3 as that table excludes treatment episodes for clients seeking treatment for the drug use of others.) The highest median number of treatment days within a treatment episode occurred in outreach settings (36 days) and in non-residential treatment facilities (28 days). Residential treatment settings reported the lowest median treatment days (6 days).

The duration of a treatment episode for each type of main treatment varied with location of treatment. The highest median number of treatment days for withdrawal management occurred in outreach settings (19 days) and the lowest in residential treatment facilities (6 days). The highest median number of treatment days for counselling occurred in home settings (74 days) and the lowest in residential treatment facilities (22 days). The median duration of treatment episodes for pharmacotherapy treatment was highest for 'other' delivery setting (200 days) followed by residential treatment facilities (119 days) and lowest in a home setting (5 days).

Support and case management only and information and education only had their highest median number of treatment days in home settings (158 days and 59 days respectively).

Support and case management treatments often last for significant periods of time with regular, but not necessarily continuous, contact. Treatment that provides only information and education is often a once only session for a specific duration. However, some outreach services provide a number of information and education sessions to individual clients, and these may occur over several months or more.

Table 4.10: Duration (median days) of closed treatment episodes by main treatment type and treatment delivery setting, Australia, 2001–02[(a)]

Main treatment type	Non-residential treatment facility	Residential treatment facility	Home	Outreach setting	Other	Total (median number of days)[(b)]
			(median number of days)			
Withdrawal management (detoxification)	14	6	15	19	10	6
Counselling	55	22	74	30	69	53
Rehabilitation	57	27	42	70	30	29
Pharmacotherapy[(c)]	61	119	5	31	200	91
Support and case management only	36	18	158	42	139	42
Information and education only	<1	3	59	1	10	1
Assessment only	10	1	15	1	1	7
Other	28	17	90	48	39	28
Total (median number of days)	**28**	**6**	**19**	**36**	**23**	**20**
Total (number of treatment episodes)	**75,913**	**24,984**	**2,917**	**6,893**	**2,998**	**113,705**

(a) Excludes South Australia.

(b) Includes not stated for Treatment delivery setting.

(c) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

5 Special theme—alcohol

Chapters 3 and 4 provide a profile of clients and treatment programs, frequently with a focus on the main drugs of concern to clients, including alcohol. This chapter examines more closely the clients who reported 'Alcohol' as their principal drug of concern and the treatment programs used by them. This theme was selected following the *Survey of Treatment Agencies 2002* where agencies reported this area as being of high interest to the field. Alcohol misuse is also recognised as a major health issue by government and the community because of the costs to individuals and society resulting from alcohol-related illness, injuries and deaths.

Box 5.1: Key definitions and counts for closed treatment episodes, 2001–02

Closed treatment episode where alcohol is the principal drug of concern *refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency, where the client has nominated alcohol as their principal drug of concern. Within this section, only clients seeking treatment for their own substance use are included in the analysis. In 2001–02, there were* ***41,886*** *closed treatment episodes where clients reported alcohol as their principal drug of concern.*

Main treatment type with principal drug of concern reported as alcohol *In 2001–02, there were* ***39,077*** *closed treatment episodes with alcohol as the nominated principal drug and a nominated main treatment type. Records from South Australia are excluded from tables using these data items. In addition, closed treatment episode records for clients seeking treatment for the drug use of others were also excluded.*

See Section 1.3 and Boxes 3.1 and 4.1 for other definitions.

5.1 Client profile

This section provides a profile of the clients who reported alcohol as their principal drug of concern in closed treatment episodes in 2001–02. Treatment episodes for this group numbered 41,886 (Tables 5.1 and 5.2). Tables 5.3 and 5.4 exclude South Australia which did not provide treatment program data and these tables have a population of 39,077 closed episodes.

Age and sex

Clients who nominated alcohol as their principal drug of concern were somewhat older, on average, than all clients seeking treatment for their own drug use (Table 5.1 and Table A3.9 for total numbers in each age group). For example, 31% of treatment episodes with alcohol as the principal drug were for clients aged between 30 and 39 years, whereas for treatment episodes involving all principal drugs clients were most likely to be aged between 20 and 29 years (36%). There were lower proportions of clients in the 10–19 year age group with alcohol as their principal drug (6% of these treatment episodes) compared to clients for all principal drugs (13%) and higher proportions aged 50 years and over (16% and 8% respectively).

There were some differences between male and female clients in relation to treatment for alcohol. For treatment episodes involving males, higher proportions were in the 20–29 year age group (22%) or aged 50 years or more (17%) compared to females (18% and 14% respectively), but lower proportions of males were aged 30–49 years (55%) compared to females (61%).

Table 5.1: Closed treatment episodes where alcohol is the principal drug of concern by age group and sex, Australia, 2001–02[a]

Age group (years)	Males	Females	Persons[b]
		(per cent)	
10–19	5.6	5.7	5.6
20–29	21.7	18.1	20.6
30–39	30.1	32.7	30.8
40–49	24.8	27.9	25.7
50–59	12.3	10.6	11.8
60+	4.7	3.5	4.4
Not stated	0.9	1.5	1.1
Total (per cent)	**100.0**	**100.0**	**100.0**
Total (number)	**29,458**	**12,398**	**41,886**

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

(b) Includes not stated for Sex.

Indigenous status

Indigenous clients whose principal drug of concern was alcohol had a somewhat younger age distribution than the overall client population. This was not entirely accounted for by the differences in underlying age structure. Of closed treatment episodes where clients' principal drug of concern was alcohol 31% involved people aged 30–39 years. This age group was the most frequent one for both males and females and for Indigenous and non-Indigenous clients (Table 5.2). The 40–49 year age group was the next most likely overall to have reported alcohol as their principal drug (26%), but this did not apply to Indigenous clients for whom the next most likely age group was 20–29 years (29% for males and 27% for females).

Table 5.2: Closed treatment episodes where alcohol is the principal drug of concern by age group, Indigenous status and sex, Australia, 2001–02[a]

	Indigenous		Non-Indigenous		Not stated		Total		
Age group (years)	Males	Females	Males	Females	Males	Females	Males	Females	Persons[b]
					(per cent)				
10–19	9.2	8.9	5.0	5.2	6.5	6.6	5.6	5.7	5.6
20–29	28.7	27.1	20.8	17.2	22.0	16.4	21.7	18.1	20.6
30–39	34.2	38.8	29.6	32.2	29.5	29.6	30.1	32.7	30.8
40–49	19.9	15.9	25.4	29.3	23.9	27.6	24.8	27.9	25.7
50–59	5.5	4.7	13.2	11.2	11.4	12.2	12.3	10.6	11.8
60+	1.1	0.7	5.1	3.7	5.3	4.7	4.7	3.5	4.4
Total[c] (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total[c] (number)	**2,975**	**1,213**	**24,589**	**10,307**	**1,894**	**878**	**29,458**	**12,398**	**41,886**

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

(b) Includes not stated for Sex.

(c) Includes not stated for Age.

5.2 Treatment programs

This section provides a profile of treatment programs for clients who reported alcohol as their principal drug of concern.

Reason for cessation

There are a number of reasons why a treatment episode closes: the treatment was completed, the client may have needed or wanted to transfer to another service provider, or a client may simply cease to attend treatment. The likelihood of any specific reason for ceasing treatment can vary depending on the main treatment being provided. For clients whose principal drug of concern was alcohol, counselling treatment and withdrawal management were the most likely treatments to be completed (36% and 28% of these treatment episodes respectively) (Table 5.3). Clients who ceased to participate without notice were most likely to be receiving counselling treatment (61% of these treatment episodes), as were those who ceased to participate at expiation (55%). Clients who transferred to another service provider were most likely to have received counselling (30% of these treatment episodes) or assessment only (27%) before they transferred. (Sections 3.6 and 4.7 provide other information on reason for cessation.)

Table 5.3: Closed treatment episodes where alcohol is the principal drug of concern by main treatment type and selected reason for cessation, Australia, 2001–02[(a)(b)]

Main treatment type	Treatment completed	Transferred to another service provider	Ceased to participate without notice	Ceased to participate at expiation	Other[(c)]	Total[(d)]
			(per cent)			
Withdrawal management (detoxification)	28.3	20.5	14.0	15.8	25.8	24.7
Counselling	35.7	30.1	61.0	55.0	36.0	39.7
Rehabilitation	4.7	5.8	5.2	14.4	13.5	6.3
Pharmacotherapy[(e)]	0.3	—	2.1	—	0.7	0.6
Support and case management only	3.7	4.1	4.0	2.5	3.1	3.6
Information and education only	6.9	8.3	4.2	3.0	8.2	6.7
Assessment only	16.8	26.9	6.3	6.4	8.3	14.5
Other	3.7	4.3	3.3	3.0	4.4	3.9
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**23,183**	**2,893**	**6,072**	**202**	**5,865**	**39,077**

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

(b) Excludes South Australia.

(c) Includes Change in main treatment type, Change in delivery setting, Change in the principal drug of concern, all other Ceased to participate categories, Drug court and/ or sanctioned by court diversion service, Imprisoned other than drug court sanctioned and Died.

(d) Includes not stated for Reason for cessation.

(e) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

Treatment delivery setting

The type of setting where main treatments occur has been discussed in relation to all principal drugs of concern (see Section 4.8). Of the closed treatment episodes where alcohol was reported as the principal drug of concern, the majority of treatments occurred in non-residential treatment facilities (65% or 25,587 treatment episodes), although more than one in four episodes where alcohol was the principal drug of concern (28%) occurred in residential facilities (Table 5.4). Within non-residential treatment facilities, counselling was the most common type of main treatment (57%) and then assessment only (19%).

Although there were far more treatment episodes occurring in residential treatment facilities than in home settings the patterns were similar. Withdrawal management was the most common main treatment in both these settings (64% and 67% respectively) and then rehabilitation programs (18% and 17% respectively). In contrast, support and case management as the sole treatment was the most common main treatment in outreach settings (49%), then counselling (31%).

Table 5.4: Closed treatment episodes where alcohol is the principal drug of concern by main treatment type and treatment delivery setting, Australia, 2001–02[(a)(b)]

Main treatment type	Non-residential treatment facility	Residential treatment facility	Home	Outreach setting	Other	Total
			(per cent)			
Withdrawal management (detoxification)	8.0	64.3	67.0	0.6	4.0	24.7
Counselling	57.2	3.8	5.4	31.3	6.7	39.7
Rehabilitation	1.1	17.8	17.1	1.0	15.8	6.3
Pharmacotherapy	0.9	0.2	0.1	—	—	0.6
Support and case management only	2.9	0.4	0.3	49.2	1.0	3.6
Information and education only	6.3	6.3	2.1	9.1	37.6	6.7
Assessment only	18.6	6.5	5.1	7.1	9.7	14.5
Other	5.0	0.7	2.9	1.7	25.3	3.9
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**25,587**	**10,828**	**902**	**1,234**	**526**	**39,077**

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

(b) Excludes South Australia.

6 Other data collections

This chapter outlines the contents of other Australian data collections and reports on the ways in which they inform alcohol and other drug use and treatment.

6.1 Background

Harmful drug use has many social, health and economic impacts on Australian society. It is estimated that in 1998, 17,671 deaths and 185,558 hospital separations were related to drug use (Ridolfo & Stevenson 2001). The economic costs associated with harmful drug use, including prevention, treatment, loss of productivity in the workplace, property crime, theft, accidents and law-enforcement activities, amount to over $18 billion annually (Collins & Lapsley 1996).

6.2 Monitoring alcohol and other drug problems

Key data collections on alcohol and other drug treatment services

- Alcohol and Other Drug Treatment Services National Minimum Data Set;
- Aboriginal and Torres Strait Islander substance use specific services data from the Australian Government Department of Health and Ageing, *Drug and Alcohol Service Report (DASR): 2000–2001 Key Results* (DoHA 2003b);
- Pharmacotherapy client statistics provide data on the number of pharmacotherapy clients and the type and location of their prescribers (see Section 6.4); and
- Council of Australian Governments Illicit Drug Diversion Initiative is an integrated approach to combating illicit drug use based on prevention, treatment and reducing the supply of illicit drugs in Australia. It provides drug users with the opportunity to be diverted from the criminal justice system to receive education, treatment and support to address their drug problem (DoHA 2001).

Key collections supplementary to the AODTS–NMDS

- National Hospital Morbidity database (held by AIHW) on the estimated numbers of hospital episodes and bed days caused by alcohol, cigarettes and illicit drug use in Australia (see Section 6.4);
- National Mortality database (held by AIHW) for deaths related to alcohol, tobacco and illicit drugs use for 1996 and 2001 (see Section 6.4); and
- National Drug Strategy Household Survey (see Section 6.4).

Other data collections on drug use and treatment

Many of these collections include some information on treatment activities:

- Drug Use Monitoring in Australia: a survey that measures recent drug use among persons detained by police and includes information on demographic characteristics and

financial, criminal, drug use, drug market and treatment activities. Treatment information includes current and previous treatment history, types of treatment utilised, substance being treated for and reasons for entering treatment (AIC 2002).

- Drug Use Careers of Offenders: a random sample from prisons in all states and territories which provides information on self-reported illicit drug use and offending patterns, illicit drug market activity, estimated costs associated with drug-related criminal behaviour and use of alcohol and other drug treatment, including perceptions of effectiveness of treatment currently received (AIC 2003).
- Illicit Drug Reporting System: a survey that monitors emerging drug trends in Australia and collects data annually on heroin, cocaine, cannabis and amphetamine use (Topp et al. 2002).
- Indigenous primary health care services (includes substance use services) data: from the Office for Aboriginal and Torres Strait Islander Health and the National Aboriginal Community Controlled Health Organisations, *A National Profile of Commonwealth Funded Aboriginal Primary Health Care Services, Service Activity Reporting: 1999–2000 Key Results* (DoHA 2003a).
- Bettering the Evaluation and Care of Health survey data (BEACH): a continuous survey of general practice activity covering about 100,000 general practitioner–patient encounters each year. Information is available on the number of encounters that provide advice, education, counselling or rehabilitation for alcohol, tobacco and illicit drug use and alcohol and tobacco risk factors. Additional information on this survey is available from the AIHW/University of Sydney report, *General Practice Activity in Australia 2001–02* (Britt et al. 2002).
- Medicare data: these data provide information on the type of service provided and the benefit paid by Medicare for the service. The Health Insurance Commission collects these data and provides them to the Department of Health and Ageing.
- Pharmaceuticals Benefits Scheme (PBS) data: these data provide information on the type and cost of medication prescribed, the speciality of the prescribing practitioner and the location of the supplying pharmacy. The Health Insurance Commission collects these data and provides them to the Department of Health and Ageing.
- National Survey of Mental Health and Wellbeing of Adults (ABS 1998): provided information on estimates of the population prevalence of the more common forms of illicit drug use and on alcohol use and misuse and comorbid disorders.
- National Coroners Information System: this system focuses on enhancing the quality of coronial data available on drug and alcohol related deaths around Australia. (NCIS 1999).
- National Community Mental Health Care Database (held by AIHW): contains information on non-admitted patient service contacts provided by public community mental health establishments. Data include basic demographic details of patients such as date of birth and sex, clinically relevant information such as principal diagnosis and mental health legal status, and the date of service contact.

Information on all national sources of data for illicit drug use is available from the ABS publication *Illicit Drug Use, Sources of Australian Data* (2001).

The following sections outline more detailed information from the National Drug Strategy Household Survey; National Hospital Morbidity database; National Mortality database; and pharmacotherapy client statistics.

6.3 Use, mortality and morbidity data

This section provides an overview of trends in alcohol and other drug use, with a special focus on use of alcohol, as well as trends in mortality and morbidity that can be attributed to the use of alcohol and other drugs.

National Drug Strategy Household Survey

The National Drug Strategy Household Survey is conducted every two to three years and provides information on patterns and trends in alcohol and other drug use in the population. The first was conducted in 1985, the most recent in 2001 and the next survey will be conducted in 2004. The 2001 survey was managed by the AIHW on behalf of the Department of Health and Ageing (AIHW 2002a).

In 2001, almost 27,000 participants aged 14 years and over were surveyed from a stratified random sample of households across Australia. As the sample is based on households it excludes homeless and institutionalised persons.

The purpose of the survey is to monitor the public's experience of, and attitude towards, drug use. Participants were asked about their knowledge and attitudes towards drugs, their drug consumption histories and related behaviours (AIHW 2002a).

A summary of recent drug use in the population aged 14 years and over is provided in Table 6.1. The most commonly used drugs in 2001 were alcohol (82%), tobacco (23%) and cannabis (13%). Between 1993 and 2001, the proportion of the population recently consuming alcohol increased from 73% to 82%. During the same period there were fluctuations in the proportion of the population recently using cannabis, with a peak in 1998 of 18%, before a return to 13% in 2001.

Table 6.1: Summary of drugs recently[(a)] used, proportion of the population aged 14 years and over, Australia, 1993–2001

Drug/behaviour	1993	1995	1998	2001
		(per cent)		
Tobacco	n.a.	n.a.	24.9	23.2
Alcohol	73.0	78.3	80.7	82.4
Illicits				
Marijuana/cannabis	12.7	13.1	17.9	12.9
Painkillers/analgesics[(b)]	1.7	3.5	5.2	3.1
Tranquillisers/sleeping pills[(b)]	0.9	0.6	3.0	1.1
Steroids[(b)]	0.3	0.2	0.2	0.2
Barbiturates[(b)]	0.4	0.2	0.3	0.2
Inhalants	0.6	0.6	0.9	0.4
Heroin	0.2	0.4	0.8	0.2
Methadone[(c)]	n.a.	n.a.	0.2	0.1
Other opiates[(b)]	n.a.	n.a.	n.a.	0.3
Amphetamines[(b)]	2.0	2.1	3.7	3.4

(continued)

Table 6.1 (continued): Summary of drugs recently[(a)] used, proportion of the population aged 14 years and over, Australia, 1993–2001

Drug/behaviour	1993	1995	1998	2001
		(per cent)		
Cocaine	0.5	1.0	1.4	1.3
Hallucinogens	1.3	1.8	3.0	1.1
Ecstasy/designer drugs	1.2	0.9	2.4	2.9
Injected drugs	0.5	0.6	0.8	0.6
Any illicit	*14.0*	*17.0*	*22.0*	*16.9*
None of the above	**21.0**	**17.8**	**14.2**	**14.7**

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

(b) For non-medical purposes.

(c) Non-maintenance.

n.a. not available

Source: AIHW 2002a.

Alcohol use

Further information on alcohol is presented in order to complement the information provided in Chapter 5. Unlike the use of illicit drugs or tobacco, the moderate consumption of alcohol may provide health benefits for some of the population. It is the harm associated with risky levels of alcohol consumption that causes concern in the general community and among health professionals. Risky levels of alcohol consumption are associated with ill health, injury and death, and increases in the potential for violent behaviour.

Health outcomes

- Alcohol is the second greatest cause, after tobacco, of drug-related deaths and hospitalisations in Australia. In 2001, 4,279 deaths were attributable to alcohol (AIHW 2004). In 2001–02, there were around 29,900 hospital separations attributable to alcohol consumption.

Attitudes

- More than one in five (22%) persons aged 14 years and over thought that alcohol caused the most drug-related deaths in Australia.
- Excessive drinking of alcohol was the second most likely form of drug use (after heroin) to be nominated as the most serious concern to the general community.
- Less than 8% of persons aged 14 years and over nominated alcohol as the first drug associated with a 'drug problem'.
- Alcohol was approved for regular consumption by an adult by 81% of males and 68% of females.
- More than half (56%) of males who had drunk at risky/high risk levels[6] in the past 12 months thought that drinking greater than the advised number of drinks (seven 'standard drinks') in a six-hour period would not put a male's health at risk in the short term.

[6] Risky or high risk for short-term harm for males occurs when seven or more standard drinks are consumed on any one day (five or more for females) (NHMRC 2001).

- Two-thirds (69%) of females who were risky/high risk drinkers thought that drinking greater than the advised number of drinks (five 'standard drinks') in a six hour period would not put a female's health at risk in the short term.

Behaviour

- The proportion of persons aged 14 years and over who reported recently consuming alcohol increased from 73% in 1993 to 82% in 2001.
- In 2001, almost one in five (17.5%) persons aged 14 years and over had not consumed alcohol in the previous 12 months. Almost three-quarters (73%) were low risk drinkers and 10% were risky or high risk drinkers[7].
- Nine in ten (90%) persons aged 14 years and over had alcohol available for consumption in the past 12 months.
- More than nine in ten (92%) of persons aged 14 years and over who had the opportunity to consume alcohol in the last 12 months did so.
- About one in five (18%) persons aged 14 to 17 years drank alcohol weekly. In this age group, 7% consumed alcohol at levels that were risky or high risk for long-term harm and more than one-third (34%) were abstainers.
- The most commonly nominated means of obtaining alcohol for under-age drinkers was through a friend or relative (69%) or purchasing from a shop or retail outlet (47%).

More information on this topic is available from *2001 National Drug Strategy Household Survey: detailed findings*. (AIHW cat. no. PHE 41 (Drug Statistics Series no. 11)).

Mortality and morbidity attributable to tobacco, alcohol and illicit drug use

Mortality

The misuse of alcohol and the use of tobacco and illicit drugs are responsible, directly and indirectly, for a considerable number of accidents, injuries, illnesses and deaths. In 2001, there were 20,624 deaths attributed to the smoking of tobacco, the use of illicit drugs and to alcohol-related diseases (AIHW 2004 preliminary estimates).

An estimated 15,524 deaths in 2001 were attributable to the smoking of tobacco—10,185 for males and 5,339 for females. The standardised death rate for males (1,229 deaths per million population) was higher than that for females (479 deaths per million population). There is a total of 36 diseases attributed to the smoking of tobacco, however, the majority of smoking-related deaths are due to lung cancer, ischaemic heart disease and chronic obstructive pulmonary disease (COPD) (Table 6.2; AIHW 2004 preliminary estimates).

An estimated 4,279 deaths in 2001 (3,058 for males and 1,221 for females) were attributable to alcohol. The standardised death rate for males (348 deaths per million population) was three times that for females (115 deaths per million population). Alcohol intake also had some benefits through the reduction of heart disease deaths which are not included below. There are 35 diseases, accidents or injuries such as stroke, liver cancer, alcoholic liver cirrhosis, road and fall injuries, drowning and assault that can be partially attributed to the consumption of alcohol.

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[7] Risky or high risk for long-term harm for males occurs when five or more standard drinks are consumed on an average day (three or more for females) or 29 or more standard drinks are consumed weekly (15 or more for females) (NHMRC 2001).

An estimated 821 deaths in 2001 (573 for males and 249 for females) were attributed to illicit drugs. The standardised death rate for males (60 deaths per million population) was higher than that for females (25 deaths per million population) (AIHW 2004 preliminary estimates).

Table 6.2: Death rates attributable to tobacco, alcohol and illicit drugs related diseases, age-standardised death rate per million population, Australia, 2001

	2001		
	Males	**Females**	**Persons**
Tobacco	1,229	479	854
Lung cancer	524	190	357
Ischaemic heart disease	111	39	75
COPD	345	139	242
Other	248	111	180
Alcohol harm	348	115	232
Alcohol dependence	25	5	15
Road traffic accidents	39	6	23
Stroke	57	13	35
Liver cirrhosis	52	19	36
Other	176	72	124
Illicit drugs	60	25	42
Heroin and poly drug	37	14	25
Poisoning	7	5	6
Suicide	2	1	1
Other	14	5	9

Notes

1. Age-standardised to the June 2001 Australian population.
2. Attribution of deaths to different drugs estimated using risk ratios and methods from AIHW: Mathers et al. The burden of disease and injury in Australia 1999; and AIHW Statistics on drug use in Australia 2002 which contains estimates of drug use prevalence in 2001.

Source: AIHW 2004 preliminary estimates.

Morbidity

There were 68,086 hospital separations reported in 2001–02 with a substance use disorder as the principal diagnosis (Tables 6.3 and A6.1). This represents 1.1% of all separations in Australia for this year. Separations are reported separately by same day (where the patient was admitted and separated on the same day) and overnight (where the patient spends at least one night in hospital) as well as by drugs of concern. The following sections refer only to those separations that had a substance use disorder as the principal diagnosis.

Separations by drugs of concern

Sedatives and hypnotics accounted for 39,803 or 58% of separations, with alcohol the main contributor in this category (29,891 or 44% of all separations). Almost 16% (or 10,596) of all separations reported were for analgesics, with opioids (heroin, opium and methadone) accounting for more than half of this group (5,477 or 8% of separations). Antidepressants and antipsychotics accounted for approximately 6,637 or 10% of separations (Table 6.3).

Cannabinoids (including cannabis) accounted for only 2,746 or 4% of separations. Hallucinogens and cocaine were also related to very few separations, with both types of drug accounting for less than 1% of all separations reported for substance use disorders.

Same-day versus overnight separations

Overnight separations were more common than same-day separations, accounting for 64% of all separations (Table 6.3). Principal diagnoses with high proportions of overnight separations often identified opioids (3,969 or 72%), antidepressants and antipsychotics (4,779 or 72%) and cannabis (1,971 or 71%).

Overall, sedatives and hypnotics comprised 16,368 or 67% of same-day separations for substance use disorders, compared with 23,435 or 54% of overnight separations. Most of the separations for sedatives and hypnotics were for alcohol, comprising 12,927 or 53% of same-day separations.

Table 6.3: Same-day and overnight separations with a principal diagnosis related to substance use disorders, by drug of concern, Australia, 2001–02

Drug of concern identified in principal diagnosis[(a)]	Same-day separations	Overnight separations	Total separations[(b)]
Analgesics			
Opioids (includes heroin, opium & methadone)	1,508	3,969	5,477
Non-opioid analgesics (includes paracetamol)	1,652	3,467	5,119
Total	*3,160*	*7,436*	*10,596*
Sedatives & hypnotics			
Alcohol	12,927	16,964	29,891
Other sedatives & hypnotics (includes barbiturates & benzodiazepines; excludes alcohol)	3,441	6,471	9,912
Total	*16,368*	*23,435*	*39,803*
Stimulants & hallucinogens			
Cannabinoids (includes cannabis)	775	1,971	2,746
Hallucinogens (includes LSD & ecstasy)	91	88	179
Cocaine	75	200	275
Other stimulants (includes amphetamines, volatile nitrates, caffeine, tobacco & nicotine)	1031	2723	3754
Total	*1,972*	*4,982*	*6,954*
Antidepressants & antipsychotics	1,858	4,779	6,637
Volatile solvents	384	487	871
Other & unspecified drugs of concern			
Multiple drug use	616	2,363	2,979
Unspecified drug use & other drugs not elsewhere classified	57	189	246
Total	*673*	*2,552*	*3,225*
Total (number)	**24,415**	**43,671**	**68,086**

(a) Drug of concern codes based on Australian Standard Classification of Drugs of Concern which are mapped to ICD-10-AM 2nd edition codes. See Appendix 6.

(b) Refers to total separations for substance use disorders.

Source: AIHW National Hospital Morbidity Database 2001–02.

6.4 National pharmacotherapy statistics

Methadone maintenance was endorsed as an effective treatment for opioid dependence in 1985. The *1993 National Methadone Policy* outlined the importance of methadone treatment to the reduction of health, social and economic costs associated with illegal opioid use (DHSH 1995). Buprenorphine is also now used as a maintenance treatment for opioid dependence. These opioid pharmacotherapy treatment programs facilitate access to treatment and promote the principle of harm reduction and education of users.

Data on the clients participating in opioid pharmacotherapy maintenance programs are routinely collected by the state and territory health departments and provided each year to the Department of Health and Ageing. Data items held include number of clients registered with public and private prescribers and correctional institutions in each state and territory, and number of clients collecting doses at pharmacies, public clinics, private clinics, correctional facilities and other outlets in each state and territory.

Numbers of pharmacotherapy clients have been collected since 1986 with the most recent data from 2002. The type of data collected has varied in detail over this period of time.

Table 6.4: Number of pharmacotherapy clients, states and territories, Australia, 1998–2002[(a)]

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
1998	12,107	5,334	3,011	1,654	1,810	306	406	—	24,628
1999	12,500	6,700	3,341	2,449	1,985	370	559	2	27,906
2000	13,594	7,647	3,588	2,140	2,198	423	615	32	30,237
2001	15,069	7,743	3,745	2,307	2,522	464	641	25	32,516
2002	15,471	7,700	3,896	3,602	2,417	513	590	21	34,210

(a) Number of clients on program at 30 June each year.

Source: Unpublished Department of Health and Ageing data.

Table 6.5: Proportion of pharmacotherapy clients by prescriber, states and territories, Australia, 2002

Prescriber	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Australia
				(per cent)					
Public prescriber	18.0	3.1	80.1	28.2	32.4	15.8	73.4	9.5	24.7
Private prescriber	69.7	94.4	18.3	67.4	60.3	65.5	24.9	90.5	67.7
Public/private prescriber[(a)]	1.4	—	—	—	—	17.7	—	—	0.9
Correctional facilities	10.4	2.5	1.6	4.4	7.3	1.0	1.7	—	6.5
Total (per cent)[(b)]	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**15,471**	**7,700**	**3,896**	**3,602**	**2,417**	**513**	**590**	**21**	**34,210**

(a) Public/private prescriber includes hospitals.

(b) Includes 0.5% of pharmacotherapy clients in New South Wales who are unclassifiable.

Source: Unpublished Department of Health and Ageing data.

Table 6.6: Proportion of pharmacotherapy clients by dosing sites, states and territories, Australia, 2002

Dosing site	NSW[a]	Vic[b]	Qld[c]	WA	SA	Tas	ACT	NT	Australia
				(per cent)					
Pharmacies	36.0	96.3	64.1	80.8	89.7	99.0	69.3	100.0	62.5
Public clinics	26.7	—	4.9	14.8	3.0	—	29.0	—	15.2
Private clinics	18.8	—	7.9	—	—	—	—	—	9.4
Correctional facilities	10.8	2.5	1.1	4.4	7.3	1.0	1.7	—	6.6
Other	7.8	1.2	22.1	—	—	—	—	—	6.3
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**15,471**	**7,700**	**3,915**	**3,602**	**2,417**	**513**	**590**	**21**	**34,229**

(a) Due to a lag in the recording of program end date for some persons, numbers may be higher than the actual number of people in the program as at 30 June 2002. 'Public clinics' include patients dosed in a public hospital in-patient and public hospital outpatient setting. 'Private clinics' include surgeries and private hospital in-patients and outpatients. 'Other' includes 479 people attending 'dual' clinics, 723 people who are missing information about their current dosing point. A dosing point may be listed as missing where the payment type has not been identified (public or private), the dosing point type has not been identified (pharmacy or a clinic) or the drug type has not been identified (for pharmacotherapy statistics).

(b) 'Other' comprises clients in hospitals, who are considered to be under private providers, but dosed at 'other' (hospitals).

(c) Figures vary by 19 for Queensland because: (i) If a client changed between pharmacy type then they are counted once for each change. (ii) There are a number of dispensings entered which are currently being checked for data entry errors. 'Other' includes dosing by doctors, at hospitals or correctional facilities.

Source: Unpublished Department of Health and Ageing data.

7 Data quality of the AODTS–NMDS in 2001–02

This chapter describes the quality of the data received by AIHW from the service providers via their central health authorities. Appendix 2 provides information on the editing processes that were undertaken to maximise quality and comparability of data between states and territories.

7.1 Background

A range of activities was undertaken to maximise the quality of the data collected, including:

- following the National Health Information Agreement process, which established agreed definitions and agreed national minimum data sets;
- communication between the AIHW and jurisdictions prior to the supply of data, including written guidelines and file specifications; also updating by AIHW of the guidelines on the validation process to improve the data collating and editing (see AIHW 2001a);
- jurisdictions establishing their own data quality and checking mechanisms, and providing training to their service providers and written guidelines for collecting the National Minimum Data Set;
- the validation processes that occurred within each jurisdiction prior to forwarding the data to AIHW, and within AIHW on receipt of the data.

Comprehensiveness of the data

Excluding Queensland, data were provided from 421 (95.9%) of the 439 agencies that were in scope for this collection in 2001–02. More detailed information on the undercount of Indigenous services and Commonwealth National Illicit Drug Strategy Non-Government Organisation Treatment Grants Program data is available in Section 1.4.

Collection basis undercount

Queensland Health provided data on police diversions only (see Section 7.2 on principal drug of concern). It is expected that Queensland Health will provide more complete data for the 2002–03 collection.

The majority of jurisdictions provided treatment episode data based on treatment episodes that closed during the period 1 July 2001–30 June 2002. A client could have more than one treatment episode that closed during this period. South Australia supplied client-registration data based on clients who registered for treatment (i.e. who opened treatment episodes) during the period 1 July 2001–30 June 2002. A client could open more than one treatment episode during this period but South Australia only provided data from the first treatment episode (consistent with the procedures used for 2000–01 data provision). Data from South Australia thus represented 5.9% of all records nationally for 2001–02 compared with 6.5% of all records in 2000–01. As a result of these differences in data collection and supply, there

was an undercount of treatment episodes from that jurisdiction when compared with treatment episode data received from other jurisdictions. South Australia will provide treatment episode data for the 2002–03 collection.

7.2 Data quality—selected data items

Initially, the new National Minimum Data Set required significant effort from the Commonwealth and all states and territories to change their collection systems to reflect the new reporting requirements. Understandably, not all data and collection systems were fully converted to the new format in time to supply all National Minimum Data Set data items in the manner specified for the first year of this collection (2000–01). The second year of the collection has continued to require changes in, or additions to, existing collection systems and most of this additional work has been undertaken by the majority of jurisdictions. There are a small number of data elements that need further discussion and possibly refinement, however, the emphasis in future will be focused very strongly on consolidating the existing data collection.

There were specific data quality issues associated with a number of data items and these are outlined below. Appendix 2 provides more information on the editing process that was undertaken to enhance the quality and comparability of the data.

Geographical location

The definition for this data item states that for establishments with more than one geographical location, the location should be defined as that of the main administrative centre. As most administrative centres are located in a metropolitan area, jurisdictions that have not yet supplied location by service outlet are likely to under-represent the number of services located in rural and remote areas compared to services located in metropolitan areas.

From 2002–03, agency location will be recorded as location of each service outlet rather than the administrative centre. It is expected that most jurisdictions will be able to supply location by service outlet in their 2002–03 data submission and this should improve the quality and usefulness of this data item.

Indigenous status

The total number of Indigenous clients is under-represented in this collection for two reasons. First, most of the data from Indigenous substance use services and from Indigenous health services that provide treatment for alcohol and other drug problems were not supplied (see Section 1.4).

Second, 7.6% of all responses to the Indigenous status data item were ‘not stated’. Some of these could have been from Indigenous clients. Reduction in the proportion of ‘not stated’ responses is expected for this data item in future years as collection procedures improve.

Source of referral

South Australia combined all residential categories together under ‘other residential community care unit’ (category 9) and all non-residential categories under ‘other non-residential community health care agency’ (category 13). As a result, the South Australian

data for the source of referral categories—community mental health, alcohol and other drug treatment services, and other community health/care services—are misleading.

Injecting drug use

There was a high proportion of 'not stated' responses for this data item (15%). Those jurisdictions with a particularly high number of 'not stated' responses for injecting drug use have improved the quality of this data item since the previous collection and further improvements are expected for the next collection.

Principal drug of concern

Queensland Health provided data on police diversions only (all with a principal drug of cannabis). These data comprised 3.5% of all records nationally and 16.7% of all records where principal drug of concern is cannabis. This information should be taken into account when comparing data on cannabis treatment across jurisdictions and nationally.

Other drug of concern

Jurisdictions were asked to provide up to five other drugs of concern. The range of responses provided was one to five other drugs of concern with seven jurisdictions providing five other drugs of concern, an improvement in the quality of this data item from the previous year's collection. Many jurisdictions collected more than five other drugs and most jurisdictions, where this occurred, provided only the records for the first five other drugs recorded. The number of these additional drugs is thought to be minimal. The data on five other drugs of concern have been aggregated for reporting purposes as the order in which they are listed may not reflect the order of importance to the client.

Other treatment type

In addition to main treatment type, jurisdictions were asked to provide up to four other treatment types. There were low responses for this data item with 15% of treatment episodes recording another treatment type. Of all records with another treatment type, 92% were for the first other treatment. These results may reflect the fact that the majority of clients only receive one treatment type, or that agencies need clearer instructions on the purpose and coding of this data item. In addition, a small number of other treatments were recorded where the main treatment type was support and case management only, information and education only, and assessment only.

No data for other treatment type were provided by South Australia or Victoria and these jurisdictions have been excluded from tables using other treatment type. South Australia will be providing this data item next year (2002–03 data).

Treatment episode counts

A change in principal drug of concern, main treatment type or treatment delivery setting defines that the existing treatment episode is closed and a new treatment episode is to be opened. When this rule is not uniformly applied the number of treatment episodes reported from that agency or jurisdiction for the collection period will be lower than from those

agencies or jurisdictions where the procedure is followed consistently. In Western Australia, changes to treatment delivery setting did not always trigger a new treatment episode. In Victoria changes to treatment delivery setting were not used to create a new treatment episode. Therefore, care should be taken when comparing the number of treatment episodes across jurisdictions (see Tables 3.3, 4.4, A3.4, A3.7–A3.8 and A3.13–A3.14).

Trends in counts

The number of treatment episodes from the Australian Capital Territory for 2001–02 is substantially lower than the registrations from the previous year. In 2000–01, alcohol and other drug treatment services in the Australian Capital Territory had a high proportion of clients who reported heroin as their principal drug of concern. During this period the supply of heroin dropped sharply (the 'heroin drought'), and evidence suggests that many heroin users registered for treatment because they were unable to obtain heroin (Topp et al. 2002). Once the heroin supply normalised many of these users may have left treatment.

Timeliness

There were a number of changes to the 2001–02 AODTS–NMDS that impacted on the ability of jurisdictions, the Commonwealth and the AIHW to produce a clean national data set by the anticipated date. For this period, the collection changed from a client registration based collection to a treatment episode based collection and six new data items were added to the collection.

Data were to have been sent to AIHW by 31 December 2002 and were received progressively from late December 2002 through to early April 2003. The delays were the responsibility of all participants in the process and, for the most part, were due to a combination of resourcing issues, IT problems, new staff and unfamiliar data items.

Delays do have an impact on the timeliness of output from this collection. Results are more useful to clinicians, policy makers, program developers and researchers if they are available as soon as possible after the end of the collection period.

It is anticipated that the valuable information gained by the Commonwealth, states and territories and AIHW during the processing of the 2001–02 collection will improve the quality and timeliness of the 2002–03 AODTS–NMDS.

Not stated responses

Proportions of those responses that were 'not stated', 'missing' or 'unknown' data responses are given for each state and territory and nationally in Table 7.1 for 2001–02 data, as a proportion of total responses for each data item. Not stated responses for Indigenous status and Injecting drug use data items have already been discussed. Many jurisdictions have improved the 'not stated' responses for these data items since last year. Jurisdictions that have higher than average 'not stated' responses for other data items have indicated that they will be investigating the reasons for this and aiming to improve the quality of their data. It is expected that the proportion of 'not stated', 'missing' or 'unknown' responses will continue to decline.

Table 7.1: Not stated/missing/unknown responses for data items by jurisdiction, Australia, 2001–02[a]

Data item	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Other[b]	Australia
Client data items					(per cent)					
Client type	—	3.1	0.2	2.5	1.3	—	—	—	3.5	**1.6**
Country of birth	1.1	2.8	—	1.2	4.0	—	0.2	2.1	2.9	**1.9**
Date of birth/age	0.1	3.1	—	—	0.3	—	2.3	—	5.3	**1.4**
Indigenous status	6.4	8.0	0.6	6.6	17.8	19.6	0.4	4.0	8.4	**7.6**
Preferred language	0.4	4.5	0.7	8.4	9.7	—	0.1	11.2	4.9	**3.8**
Sex	0.1	0.2	—	0.1	—	—	0.2	—	0.2	**0.1**
Source of referral	1.6	0.5	—	5.2	1.3	5.0	0.8	2.7	—	**1.6**
Drug data items[c]										
Principal drug of concern	—	—	—	1.5	5.5	1.0	—	—	9.7	**0.7**
Other drugs of concern	—	—	3.3	—	0.2	—	—	—	6.1	**0.3**
Method of use	2.0	2.6	1.7	3.6	12.3	1.7	0.1	2.2	11.7	**3.2**
Injecting drug use	13.7	14.3	1.0	15.0	27.8	32.0	1.8	17.6	34.9	**15.0**
Treatment data items[d]										
Main treatment type	—	—	—	—	—	—	—	—	—	**—**
Number of service contacts[e]	—	—	—	—	—	0.1	0.2	—	0.1	**—**
Other treatment type[e]	—	—	—	—	—	—	—	—	—	**—**
Reason for cessation	2.5	0.3	—	4.7	—	14.2	7.9	6.1	7.9	**2.4**
Treatment delivery setting	—	—	—	—	—	—	—	—	—	—

(a) Proportion of not stated of all responses for data item.

(b) Other NGOTGP services not currently reported through a specific state or territory collection.

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

(d) South Australia did not collect these data items.

(e) Queensland and Victoria did not collect these data items.

Note: Includes inadequately described for all data items except Age and Indigenous status.

Appendixes

Appendix 1: Data elements included in the AODTS–NMDS for 2001–02

The detailed data definitions for the data elements included in the AODTS-NMDS for 2001–02 are published in the *National Health Data Dictionary* (NHDD) version 10 (AIHW 2001b). Table A1.1 lists all data elements collected for 2001–02.

Table A1.1: Data elements for the AODTS–NMDS, 2001–02

Data element	New to NMDS in 2001–02	NHDD code
Establishment-level data elements		
Establishment identifier (comprising)		000050
— State identifier		000380
— Establishment sector		000379
— Region code		000378
— Establishment number		000377
Establishment type		000327
Geographical location of establishment		000260
Client-level data elements		
Client type		000426
Country of birth		000035
Date of birth		000036
Date of cessation of treatment episode for alcohol and other drugs	✓	000424
Date of commencement of treatment episode for alcohol and other drugs		000430
Establishment identifier		000050
Indigenous status		000001
Injecting drug use		000432
Main treatment type for alcohol and other drugs	✓	000639
Method of use for principal drug of concern		000433
Number of service contacts within a treatment episode for alcohol and other drugs	✓	000641
Other drugs of concern		000442
Other treatment type for alcohol and other drugs	✓	000642
Person identifier		000127
Preferred language		000132
Principal drug of concern		000443
Reason for cessation of treatment episode for alcohol and other drugs	✓	000423
Sex		000149
Source of referral to alcohol and other drug treatment services		000444
Treatment delivery setting for alcohol and other drugs	✓	000646
Supporting data element concepts		
Cessation of treatment episode for alcohol and other drugs		000422
Commencement of treatment episode for alcohol and other drugs		000427
Service contact	✓	000401
Treatment episode for alcohol and other drugs	✓	000647

Appendix 2: Technical notes

This section provides information on data presentation, population definitions and transformation of data from treatment episodes to estimates of number of clients within agencies. As noted previously the state/territory data collection systems for the AODTS–NMDS are highly diverse. As a result:

- it is important to understand the agreed definitions, terms and collection rules—these are set out in this appendix; and
- there is a need to edit the data in a number of ways to enable their meaningful presentation in this report and to maximise comparability of the data between jurisdictions (see *Guidelines for the NMDS for Alcohol and Other Drug Treatment Services 2001–02*).

A2.1 Data presentation

The tables include data only for the Commonwealth and those states and territories for which data were available, as indicated in the tables. The exceptions relate to tables in which data from some jurisdictions were not published, for confidentiality reasons. The abbreviation 'n.p.' has been used in these tables to denote this. Throughout the publication, percentages may not add up to 100.0 due to rounding.

Population definitions

Populations used in the publication comprise treatment services, client registrations and treatment episodes.

Treatment services population refers to establishments that provided data for 2000–01.

Client registration population refers to the number of clients registering or re-registering during 2001–02 (see A2.2).

Treatment episode population refers to the number of treatment episodes that closed during 2001–02. For all tables using this population that include Principal drug of concern, Other drug of concern, or Injecting drug use status the treatment episode population excludes clients seeking treatment for the drug use of others (i.e. Client type category 2).

See also Boxes 3.1 and 4.1 for other key definitions and counts.

A2.2 Client registration versus treatment episode data

Treatment episode data, 2001–02

Starting from the 2001–02 collection, all data should now be collected on a treatment episode basis with closed treatment episodes being the basis of measurement. A treatment episode is considered closed when one or more of the following applies:

(a) a client's treatment plan has been completed;

(b) there has been no treatment contact between the client and the treatment agency for a period of 3 months, unless that period of non-contact was planned;

(c) the client's Principal drug of concern has changed;

(d) the client's Main treatment type has changed;

(e) the Treatment delivery setting for the client's Main treatment type has changed; and/or

(f) the client's treatment has ceased for other reasons (e.g. imprisoned, ceased treatment against advice or died).

Client registration data, 2000–01

In 2000–01, unit record data were collected for both establishment-level and client-level data. For the establishment data, a single unit record was reported for each agency/organisation that provided client data. For client-level data, all new or returning clients who registered or re-registered for treatment during the reporting period were required to be included in the collection. Data were to be reported as a single unit record for each new client registration on commencement of treatment. A client is identified as commencing treatment when one or more of the following applies:

(a) they are a new client; or

(b) they have had no contact with the service for a period of 3 months, nor plan in place for further contact; and/or

(c) they are a current client whose Principal drug of concern has changed.

2001–02 data collection

For the 2001–02 collection, the majority of jurisdictions provided treatment episode data based on treatment episodes that *closed* during the period 1 July 2001–30 June 2002 (as noted in Section 7.1). South Australia supplied client registration data based on clients who *opened* treatment episodes during this period.

2000–01 data collection

For the 2000–01 collection, the AODTS–NMDS was to be a registration-based data collection that consisted of an establishment-level component and a client-level component. The establishment-level data items collected information about the type and location of the service provider. The client-level data items collected demographic and drug-related information about clients using the services within scope for the NMDS.

In practice, the 2000–01 collection also contained treatment episode data. New South Wales, Victoria and the Australian Capital Territory provided data based on the forthcoming treatment episode approach and a further three jurisdictions provided data that were a mixture of both collection types. This had a number of implications for the data analysis phase and for obtaining comparable counts across jurisdictions. For example, the data based on completed treatment episodes excluded clients with open episodes or records at 30 June 2001. This resulted in an undercounting of actual client numbers from these jurisdictions for the 2000–01 collection period as clients with open records were to be included under the client registration-based collection system. All data were converted back to client registration data and reported on that basis (see AIHW 2002b).

Estimates of number of client registrations

Although the majority of data presented in this report are based on treatment episodes the report also includes estimates of the number of client registrations within agencies. These estimates were obtained through a data transformation process (see below). More detailed information on factors affecting these estimates is available in Section 1.3.

Transformation of 2001–02 treatment episode data to estimates of number of client registrations was done as follows (for use in Section 3.1 and Tables A3.1–A3.3):

1. Select each record where the Establishment identifier, Person identifier, Date of birth and Sex are the same.
2. From that group of records select the record that has the earliest Date of cessation.
3. Use that record as the equivalent of an estimate of number of client registrations.

This approach transforms treatment episode-based data to estimates of number of client registrations.

Note that, in contrast to 2000–01 client registration data, the 2001–02 estimates of client registrations, for all jurisdictions apart from South Australia, were based on the date the client *ceased* treatment for an alcohol or other drug problem. South Australian data were based on the date treatment *commenced*, as in the previous year.

A2.3 Clients aged under 10 years

Legitimate records for clients aged less than 10 years occur, for the most part, when children receive counselling as a result of a parent's drug use, or when a baby is born to a drug-dependent mother and requires treatment. In 2000–01, it was estimated that these records comprised less than 0.002% of all records. There was also probably a small number (fewer than 10) of clients aged less than 10 years who received treatment for their own drug use.

Data validation and cleaning processes for the 2000–01 collection indicated that many of the records initially received for this group were in fact errors in collection or processing. For the 2001–02 collection the NMDS Working Group decided that, for the time being, due to the extra work involved in checking these data, the extremely small size of legitimate records for this group and subsequent problems with confidentiality, these clients should not be reported on in the publication and data on this group should not be provided to the AIHW. This decision was taken at the April 2003 Working Group meeting.

Appendix 3: Detailed tables

Client registrations

Table A3.1: Estimated number of client registrations by age group and sex, Australia[a], 2001–02

	Males		Females		Not stated		Persons	
Age group (years)	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
10–19	8,807	8.8	4,511	4.5	5	—	13,323	13.4
20–29	23,512	23.6	11,164	11.2	48	—	34,724	34.9
30–39	17,353	17.4	9,002	9.0	29	—	26,384	26.5
40–49	9,412	9.5	5,930	6.0	14	—	15,356	15.4
50–59	3,778	3.8	2,485	2.5	7	—	6,270	6.3
60+	1,361	1.4	801	0.8	4	—	2,166	2.2
Not stated	673	0.7	627	0.6	14	—	1,314	1.3
Total	**64,896**	**65.2**	**34,520**	**34.7**	**121**	**0.1**	**99,537**	**100.0**

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

Table A3.2: Estimated number of client registrations by client type and sex, Australia[a], 2001–02

	Males		Females		Not stated		Persons	
Client type	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Own drug use[b]	61,604	61.9	29,172	29.3	102	0.1	90,878	91.3
Other's drug use	2,334	2.3	4,639	4.7	15	—	6,988	7.0
Not stated	958	1.0	709	0.7	4	—	1,671	1.7
Total	**64,896**	**65.2**	**34,520**	**34.7**	**121**	**0.1**	**99,537**	**100.0**

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

(b) Own drug use also includes clients who were seeking treatment for both their own and other's drug use (that is, 0.4% of total closed treatment episodes).

Table A3.3: Estimated number of client registrations by age group and Indigenous status, Australia[a], 2001–02

	Indigenous		Non-Indigenous		Not stated		Total	
Age group (years)	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
10–19	1,594	1.6	10,777	10.8	952	1.0	13,323	13.4
20–29	2,805	2.8	29,269	29.4	2,650	2.7	34,724	34.9
30–39	2,344	2.4	21,909	22.0	2,131	2.1	26,384	26.5
40–49	920	0.9	13,167	13.2	1,269	1.3	15,356	15.4
50–59	251	0.3	5,529	5.6	490	0.5	6,270	6.3
60+	52	0.1	1,936	1.9	178	0.2	2,166	2.2
Not stated	231	0.2	917	0.9	166	0.2	1,314	1.3
Total	**8,197**	**8.2**	**83,504**	**83.9**	**7,836**	**7.9**	**99,537**	**100.0**

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

Client tables

Table A3.4: Closed treatment episodes by client data items by jurisdiction, Australia, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Other[a]	Australia
Client type										
Own drug use[b]	38,111	40,458	4,023	12,925	6,607	1,972	2,799	2,007	2,344	111,246
Other's drug use	1,237	2,963	118	1,929	465	43	24	398	461	7,638
Not stated	—	1,403	10	378	92	—	1	—	101	1,985
English Proficiency Groups										
Australia	34,191	37,497	3,741	12,540	5,828	1,907	2,715	2,169	2,552	103,140
English Proficiency Group 1	2,449	1,903	290	1,826	666	77	10	120	171	7,512
English Proficiency Group 2	870	1,219	79	365	167	14	26	43	60	2,843
English Proficiency Group 3	904	1,264	33	283	149	14	45	19	34	2,745
English Proficiency Group 4	337	987	8	36	52	—	19	3	5	1,447
Inadequately described/ invalid	119	344	—	3	15	3	2	—	—	486
Not elsewhere classified	37	368	—	—	—	—	—	—	—	405
Not stated/missing	441	1,242	—	179	287	—	7	51	84	2,291
Age group (years)										
10–19	3,212	6,609	1,309	2,650	688	292	330	163	563	15,816
20–29	12,952	16,088	1,629	5,325	2,063	657	942	614	1,107	41,377
30–39	11,461	11,510	762	3,528	2,111	504	849	780	552	32,057
40–49	7,216	6,231	376	2,264	1,502	303	447	591	311	19,241
50–59	3,121	2,350	68	1,193	564	170	140	199	182	7,987
60+	1,353	665	7	267	215	88	50	57	37	2,739
Not stated	33	1,371	—	5	21	1	66	1	154	1,652
Indigenous status										
Indigenous	2,764	2,281	372	2,211	423	148	164	918	334	9,615
Not Indigenous	34,049	38,950	3,754	12,013	5,464	1,473	2,650	1,390	2,328	102,071
Not stated	2,535	3,593	25	1,008	1,277	394	10	97	244	9,183
Sex										
Male	26,573	27,745	3,179	9,718	4,666	1,320	1,870	1,584	1,668	78,323
Female	12,755	17,000	972	5,496	2,498	694	948	821	1,231	42,415
Not stated	20	79	—	18	—	1	6	—	7	131
Source of referral										
Self	13,888	15,531	—	4,866	2,533	1,068	2,276	1,111	1,309	42,582
Family member/ friend	2,538	2,254	—	1,579	819	122	104	255	343	8,014
GP/medical specialist	4,850	2,310	—	892	615	181	36	98	105	9,087

(continued)

Table A3.4 (continued): Closed treatment episodes by client data items by jurisdiction, Australia, 2001–02

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Other[a]	Australia
Psychiatric and other hospitals	2,166	581	—	408	700	—	12	103	69	4,039
Community mental health services[c]	678	1,034	—	170	9	97	33	70	64	2,155
Alcohol and other drug treatment services[c]	6,708	6,822	—	791	435	34	97	192	365	15,444
Other community/health care services[d]	2,148	1,950	—	900	244	191	94	163	164	5,854
Community-based corrections	2,475	6,237	—	2,469	11	53	69	221	65	11,600
Police and court diversions	2,224	755	4,151	1,388	307	63	77	68	97	9,130
Other	1,042	7,121	—	971	1,396	105	4	58	325	11,022
Not stated	631	229	—	798	95	101	22	66	—	1,942
Total	**39,348**	**44,824**	**4,151**	**15,232**	**7,164**	**2,015**	**2,824**	**2,405**	**2,906**	**120,869**

(a) Other NGOTGP services not currently reported through a state or territory collection.

(b) Own drug use also includes clients who were seeking treatment for both their own and other's drug use (that is, 0.4% of total closed treatment episodes).

(c) Includes residential and non-residential services.

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

Table A3.5: Closed treatment episodes by country of birth, Australia, 2001–02

Country of birth	Australia	Australia
	(number)	(per cent)
Australia	103,140	85.33
England	3,230	2.67
New Zealand	2,192	1.81
Viet Nam	1,115	0.92
Scotland	679	0.56
Ireland	425	0.35
Germany	372	0.31
Italy	290	0.24
United States of America	275	0.23
Poland	263	0.22
Other countries	5,706	4.72
Inadequately described/invalid	486	0.40
Not elsewhere classified	405	0.34
Not stated or missing	2,291	1.90
Total	**120,869**	**100.00**

Table A3.6: Closed treatment episodes by preferred language, Australia, 2001–02

Preferred language	Australia	Australia
	(number)	(per cent)
English	113,638	94.02
Vietnamese	656	0.54
Australian Indigenous languages	227	0.19
Spanish	89	0.07
Italian	84	0.07
Polish	79	0.07
Arabic	77	0.06
Croatian	70	0.06
Greek	51	0.04
Turkish	43	0.04
German	39	0.03
Cantonese	36	0.03
French	33	0.03
Netherlandic	30	0.02
Lao	28	0.02
Serbian	28	0.02
Thai	10	0.01
All other languages	1,090	0.90
Not stated	4,561	3.77
Total	**120,869**	**100.00**

Substance users tables

Table A3.7: Closed treatment episodes by drug-related data items by jurisdiction, Australia, 2001–02[(a)]

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Other[(b)]	Australia
Injecting drug use										
Current injector	12,274	8,921	291	4,851	1,225	361	1,095	427	779	30,224
Injected 3–12 months ago	2,272	6,627	159	769	372	102	173	64	276	10,814
Injected 12+ months ago	2,992	4,428	457	560	876	117	122	136	109	9,797
Never injected	15,367	15,905	3,084	5,131	2,362	761	1,360	1,026	428	45,424
Not stated	5,206	5,980	42	1,992	1,864	631	50	354	853	16,972
Method of use										
Ingests	19,067	18,167	52	5,175	3,495	842	1,231	1,377	563	49,969
Smokes	6,119	9,524	3,907	2,962	818	775	376	243	519	25,243
Injects	11,381	11,987	—	4,419	1,480	311	1,119	316	998	32,011
Sniffs (powder)	604	404	—	119	47	3	71	5	27	1,280
Inhales (vapour)	37	371	—	106	15	1	—	20	43	593
Other	152	307	5	44	19	6	1	2	10	546
Not stated	751	1,101	69	478	825	34	2	44	285	3,589

(continued)

Table A3.7 (continued): Closed treatment episodes by drug-related data items by jurisdiction, Australia, 2001–02[a]

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Other[b]	Australia
Principal drug of concern										
Analgesics										
Heroin	7,140	10,271	—	1,188	703	19	233	43	430	20,027
Methadone	1,286	810	—	120	260	4	23	13	54	2,570
Balance of analgesics[c]	607	1,077	—	272	427	153	741	175	66	3,518
Total analgesics	*9,033*	*12,158*	—	*1,580*	*1,390*	*176*	*997*	*231*	*550*	*25,377*
Sedatives and hypnotics										
Alcohol	16,291	14,770	—	4,464	2,809	762	1,164	1,291	335	41,886
Benzodiazepines	1,030	1,221	—	198	126	27	60	23	60	2,745
Balance of sedatives and hypnotics[c]	13	93	—	10	7	2	—	3	10	138
Total sedatives and hypnotics	*17,334*	*16,084*	—	*4,672*	*2,942*	*791*	*1,224*	*1,317*	*405*	*44,769*
Stimulants and hallucinogens										
Amphetamines	4,067	2,575	—	3,456	935	181	243	172	582	12,211
Cannabinoids	5,438	9,168	4,033	2,896	779	490	315	220	487	23,826
Ecstasy	17	176	—	27	7	n.p.	6	n.p.	15	253
Cocaine	674	73	—	13	24	—	5	—	15	804
Nicotine	729	307	—	88	101	301	4	35	37	1,602
Balance of stimulants and hallucinogens[c]	140	118	—	23	17	n.p.	—	n.p.	26	328
Total stimulants and hallucinogens	*11,065*	*12,417*	*4,033*	*6,503*	*1,863*	*978*	*573*	*430*	*1,162*	*39,024*
Balance of drugs of concern[c]	676	1,202	—	352	135	7	6	29	91	2,498
Not stated/missing	3	—	—	196	369	20	—	—	237	825
Total	**38,111**	**41,861**	**4,033**	**13,303**	**6,699**	**1,972**	**2,800**	**2,007**	**2,445**	**113,231**

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

(b) Other NGOTGP services not currently reported through a state or territory collection.

(c) Includes balance of Principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern. See Appendix 5.

Table A3.8: Closed treatment episodes by other drug of concern by jurisdiction, Australia, 2001–02[a]

	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Other[b]	Australia
Other drug of concern										
Analgesics										
Heroin	869	2,025	58	1,594	210	16	108	822	154	5,856
Methadone	539	411	39	235	79	21	15	212	75	1,626
Balance of analgesics[c]	336	617	26	394	281	61	91	1,155	109	3,070
Total analgesics	*1,744*	*3,053*	*123*	*2,223*	*570*	*98*	*214*	*2,189*	*338*	*10,468*
Sedatives and hypnotics										
Alcohol	2,241	4,863	1,042	4,346	611	108	333	275	506	14,325
Benzodiazepines	1,640	3,792	48	2,865	501	61	358	537	294	10,096
Balance of sedatives and hypnotics[c]	23	386	—	264	5	1	2	168	24	873
Total sedatives and hypnotics	*3,904*	*9,041*	*1,090*	*7,475*	*1,117*	*170*	*693*	*980*	*824*	*25,294*
Stimulants and hallucinogens										
Amphetamines	2,327	4,367	290	2,482	568	123	370	502	368	11,397
Cannabinoids	5,816	8,781	—	4,989	1,343	248	691	1,308	728	23,904
Ecstasy	99	1,039	76	1,532	19	13	57	400	181	3,416
Cocaine	1,271	369	4	1,264	74	5	133	282	97	3,499
Nicotine	4,001	4,084	1,294	4,874	1,359	115	464	1,073	369	17,633
Balance of stimulants and hallucinogens[c]	678	444	37	2,997	117	17	17	1,037	136	5,480
Total stimulants and hallucinogens	*14,192*	*19,084*	*1,701*	*18,138*	*3,480*	*521*	*1,732*	*4,602*	*1,879*	*65,329*
Balance of drugs of concern[c]	50	629	15	1,072	189	9	107	512	91	2,674
Not stated/missing	3	—	164	3	14	—	—	—	236	420
No other drug of concern	21,158	22,873	1,871	3,987	3,483	1,459	1,235	313	525	56,904
Total	**41,051**	**54,680**	**4,964**	**32,898**	**8,853**	**2,257**	**3,981**	**8,596**	**3,893**	**161,173**

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

(b) Other NGOTGP services not currently reported through a state or territory collection.

(c) Includes balance of Principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern. See Appendix 5.

Table A3.9: Closed treatment episodes by principal drug of concern, sex and age group, Australia, 2001–02[a]

	Age group (years)						
Principal drug	**10–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total[b]**
Males				**(per cent)**			
Alcohol	16.4	23.5	43.1	64.0	81.9	85.5	38.8
Amphetamines	10.4	15.2	10.6	3.9	1.1	0.4	10.4
Benzodiazepines	1.0	1.7	2.2	1.9	1.6	2.2	1.8
Cannabis	51.3	26.9	16.5	8.8	4.6	1.3	22.6
Cocaine	0.3	1.0	1.0	0.4	0.3	0.1	0.7
Ecstasy	0.3	0.4	0.1	—	—	—	0.2
Heroin	11.1	24.3	17.4	10.9	2.4	0.3	16.8
Methadone	0.5	1.7	2.7	2.4	0.4	0.2	1.8
Nicotine	1.4	0.3	0.7	1.2	2.9	6.6	1.0
Other[c]	6.3	4.4	5.1	5.8	4.4	3.1	5.0
Total males[d] (per cent)	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total males[d] (number)	*9,977*	*27,154*	*20,536*	*11,408*	*4,424*	*1,632*	*75,837*
Females							
Alcohol	13.6	17.3	39.7	59.3	70.5	66.3	33.3
Amphetamines	14.2	17.2	10.5	3.1	0.7	0.6	11.5
Benzodiazepines	1.6	3.0	4.4	4.6	6.3	9.2	3.7
Cannabis	34.3	21.6	14.2	8.2	3.3	0.6	17.9
Cocaine	0.7	1.0	0.6	0.1	—	—	0.6
Ecstasy	0.6	0.3	0.1	0.1	—	—	0.2
Heroin	20.4	28.3	16.8	10.1	3.1	0.6	19.4
Methadone	0.9	3.8	4.4	3.2	0.7	1.2	3.2
Nicotine	2.3	0.8	1.6	3.0	8.0	13.4	2.2
Other[c]	10.0	5.8	6.9	7.7	6.7	7.8	7.1
Total females[d] (per cent)	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total females[d] (number)	*5,159*	*13,034*	*10,212*	*5,829*	*1,867*	*655*	*37,278*

(continued)

Table A3.9 (continued): Closed treatment episodes by principal drug of concern, sex and age group, Australia, 2001–02[a]

	Age group (years)						
Principal drug	**10–19**	**20–29**	**30–39**	**40–49**	**50–59**	**60+**	**Total[b]**
Persons							
Alcohol	15.4	21.5	42.0	62.4	78.5	80.0	37.0
Amphetamines	11.7	15.9	10.6	3.6	1.0	0.5	10.8
Benzodiazepines	1.2	2.1	2.9	2.8	3.0	4.2	2.4
Cannabis	45.5	25.1	15.7	8.6	4.2	1.1	21.0
Cocaine	0.5	1.0	0.8	0.3	0.2	—	0.7
Ecstasy	0.4	0.3	0.1	—	—	—	0.2
Heroin	14.3	25.6	17.2	10.6	2.6	0.4	17.7
Methadone	0.7	2.4	3.2	2.6	0.5	0.5	2.3
Nicotine	1.7	0.5	1.0	1.8	4.4	8.6	1.4
Other[c]	7.6	4.8	5.7	6.4	5.1	4.4	5.7
Total[d] [e] (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total[d] [e] (number)	**15,142**	**40,237**	**30,780**	**17,250**	**6,294**	**2,288**	**113,231**

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

(b) Includes not stated for Age.

(c) Includes balance of Principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern. See Appendix 5.

(d) Includes not stated for Principal drug of concern.

(e) Includes not stated for Sex.

Table A3.10: Closed treatment episodes by source of referral and principal drug of concern, Australia, 2001–02[a]

Source of referral	Principal drug of concern									
	Alcohol	Amphetamines	Benzodiazepines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Nicotine	Total[b]
					(per cent)					
Self	37.2	36.1	38.7	26.5	38.3	28.9	36.6	38.7	34.1	35.0
Family member/friend	4.7	8.8	3.8	6.9	7.0	13.4	4.5	3.2	4.9	5.8
GP/medical specialist	9.8	5.2	14.2	4.1	6.6	2.0	5.6	17.9	19.4	7.8
Hospitals	5.5	3.2	4.9	1.5	2.6	1.6	1.5	4.7	6.2	3.5
Community mental health services[c]	2.1	1.6	2.8	2.5	0.7	2.4	0.8	1.6	2.1	1.8
Alcohol/other drug treatment services[c]	14.2	13.3	18.3	10.1	18.2	10.3	16.0	15.3	3.6	13.1
Other community/health care services[d]	4.6	5.9	3.8	5.1	4.4	4.0	3.4	4.5	13.4	4.7
Community-based corrections	9.3	11.0	5.0	9.3	8.2	9.5	13.6	3.9	1.4	9.6
Police/court diversions	2.3	6.6	2.0	23.6	7.6	7.5	5.5	2.1	1.0	7.9
Other	9.1	6.8	5.4	9.4	4.9	19.8	11.4	6.1	12.9	9.2
Total[e] (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total[e] (number)	**41,886**	**12,211**	**2,745**	**23,826**	**804**	**253**	**20,027**	**2,570**	**1,602**	**113,231**

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

(b) Includes not stated for Principal drug of concern and balance of Principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern. See Appendix 5.

(c) Includes residential and non-residential services.

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

(e) Includes not stated for Source of referral.

Table A3.11: Closed treatment episodes by reason for cessation and principal drug of concern, Australia, 2001–02[(a)(b)]

Reason for cessation	Alcohol	Amphetamines	Benzodiazepines	Cannabis	Cocaine	Ecstasy	Heroin	Methadone	Nicotine	Other drug[(c)]	Total[(d)]
					(per cent)						
Treatment completed	59.3	43.3	55.3	49.4	46.2	65.0	52.2	53.6	57.0	51.5	53.2
Change in main treatment type	0.9	3.2	1.6	0.9	—	1.6	1.4	0.7	0.3	1.3	1.3
Change in delivery setting	0.4	1.9	0.8	0.4	—	—	0.3	0.3	0.1	0.7	0.5
Change in principal drug of concern	0.1	0.1	0.1	—	—	0.4	0.1	0.3	—	0.1	0.1
Transferred to another service provider	7.4	8.1	10.1	5.0	11.0	4.1	8.7	13.0	2.6	5.5	7.2
Ceased to participate against advice	4.7	5.4	4.7	3.1	9.1	—	7.5	4.9	2.9	5.3	5.0
Ceased to participate without notice	15.5	21.7	13.6	12.8	15.8	16.7	15.1	13.6	16.5	19.5	15.7
Ceased to participate involuntary (non-compliance)	1.9	4.0	2.5	1.8	6.3	1.2	3.6	2.9	12.3	1.8	2.6
Ceased to participate at expiation	0.5	0.5	0.4	18.6	0.4	—	0.6	0.3	0.1	0.5	4.4
Ceased to participate by mutual agreement	2.3	2.8	3.4	2.5	0.8	4.9	1.9	1.7	2.1	3.1	2.4
Drug court and/or sanctioned by court diversion service	0.2	0.5	0.2	0.2	0.6	0.4	0.4	0.1	1.7	0.3	0.3
Imprisoned, other than drug court sanctioned	0.6	1.1	0.8	0.4	0.9	0.8	1.6	0.8	0.1	0.6	0.8
Died	0.2	0.2	0.5	0.1	0.3	—	0.2	0.3	0.2	0.2	0.2
Other	3.8	4.1	4.4	3.1	5.9	3.3	4.3	5.0	2.7	6.1	4.0
Not stated	2.2	3.2	1.7	1.7	2.8	1.6	2.0	2.3	1.5	3.6	2.3
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**39,077**	**11,276**	**2,619**	**23,047**	**780**	**246**	**19,324**	**2,310**	**1,501**	**5,896**	**106,532**

(a) Excludes South Australia.

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

(c) Includes balance of Principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern. See Appendix 5.

(d) Includes not stated for Principal drugs of concern.

Table A3.12: Closed treatment episodes by treatment episodes per month by selected principal drug of concern, Australia, 2001–02[a]

Month	Alcohol	Heroin	Cannabis	Amphetamines	Total[b]
July	2,984	1,811	1,611	875	8,327
August	3,153	1,700	1,905	923	8,815
September	3,448	1,653	2,091	921	9,367
October	3,306	1,533	1,922	994	8,857
November	3,375	1,458	2,003	1,019	9,091
December	3,248	1,577	1,934	979	8,939
January	3,089	1,468	1,732	895	8,198
February	3,141	1,509	1,836	919	8,560
March	3,587	1,774	1,873	936	9,408
April	3,113	1,562	1,851	886	8,428
May	3,398	1,678	2,130	948	9,401
June	3,235	1,601	2,159	981	9,141
Total 2001–02	**39,077**	**19,324**	**23,047**	**11,276**	**106,532**

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

(b) Includes balance of Principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern. See Appendix 5.

Treatment episode tables

Table A3.13: Closed treatment episodes by treatment data items by jurisdiction, Australia, 2001–02[a]

	NSW	Vic	Qld	WA	Tas	ACT	NT	Other[b]	Australia
Main treatment type									
Withdrawal management (detoxification)	8,246	9,805	—	1,796	380	953	524	40	21,744
Counselling	10,663	21,140	—	9,345	1,156	418	686	776	44,184
Rehabilitation	3,515	1,271	—	1,295	55	268	356	435	7,195
Pharmacotherapy[c]	—	849	—	218	26	255	7	4	1,359
Support and case management only	765	4,924	—	52	79	699	53	379	6,951
Information and education only	5,117	33	4,151	1,009	3	102	165	617	11,197
Assessment only	9,054	5,893	—	984	204	129	282	101	16,647
Other	1,988	909	—	533	112	—	332	554	4,428
Average number of service contacts	2.6	—	1.0	2.7	2.8	1.2	3.7	3.4	2.6
Cessation reason									
Treatment completed	19,604	31,647	—	6,132	670	731	1,196	963	60,943
Change in main treatment type	—	586	—	734	36	—	58	24	1,438
Change in delivery setting	—	—	—	444	—	—	28	125	597
Change in principal drug of concern	—	78	—	9	3	—	2	5	97
Transferred to another service provider	5,457	1,736	—	336	28	46	66	360	8,029

(continued)

Table A3.13 (continued): Closed treatment episodes by treatment data items by jurisdiction, Australia, 2001–02[a]

	NSW	Vic	Qld	WA	Tas	ACT	NT	Other[b]	Australia
Ceased to participate against advice	3,017	1,255	—	485	131	251	150	89	5,378
Ceased to participate without notice	6,322	5,078	—	4,142	86	1,332	215	636	17,811
Ceased to participate involuntary (non-compliance)	1,454	435	—	224	455	50	61	140	2,819
Ceased to participate at expiation	176	274	4,151	157	25	5	17	49	4,854
Ceased to participate by mutual agreement	—	1,617	—	1,026	48	54	159	157	3,061
Drug court and/or sanctioned by court diversion service	132	16	—	22	136	—	2	11	319
Imprisoned, other than drug court sanctioned	213	371	—	163	8	3	66	13	837
Died	73	47	—	23	6	—	11	31	191
Other	1,932	1,565	—	618	97	129	227	73	4,641
Not stated	968	119	—	717	286	223	147	230	2,690
Treatment delivery setting									
Non-residential treatment facility	25,053	31,623	3,712	11,166	1,082	1,641	837	799	75,913
Residential treatment facility	11,760	7,214	—	2,918	465	1,183	955	489	24,984
Home	748	1,783	2	107	13	—	63	201	2,917
Outreach setting	434	4,204	26	997	448	—	149	635	6,893
Other	1,353	—	411	44	7	—	401	782	2,998
Total	**39,348**	**44,824**	**4,151**	**15,232**	**2,015**	**2,824**	**2,405**	**2,906**	**113,705**

(a) Excludes South Australia.

(b) Other NGOTGP services not currently reported through a state or territory collection.

(c) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

Table A3.14: Closed treatment episodes by other treatment type by jurisdiction, Australia, 2001–02[a]

	NSW	Qld[b]	WA	Tas	ACT	NT	Other[c]	Australia
Other treatment type								
Withdrawal management (detoxification)	331	—	101	22	21	35	43	553
Counselling	6,661	—	317	92	—	224	412	7,706
Rehabilitation	855	—	51	13	—	58	76	1,053
Pharmacotherapy[d]	737	—	80	119	9	19	31	995
Other	2,309	—	79	61	202	27	1	2,679
Total all other treatment types	**10,893**	—	**628**	**307**	**232**	**363**	**563**	**12,986**

(a) Excludes Victoria and South Australia.

(b) Queensland supplied police diversion data only which included only main treatment.

(c) Other NGOTGP services not currently reported through a state or territory collection.

(d) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

Table A3.15: Closed treatment episodes by principal drug of concern and main treatment type, Australia, 2001–02[a][b]

Principal drug	Withdrawal management (detoxification)	Counselling	Rehabilitation	Pharmacotherapy[c]	Support and case management only	Information and education only	Assessment only	Other	Total (per cent)	Total (number)
					(per cent)					
Alcohol	24.7	39.7	6.3	0.6	3.6	6.7	14.5	3.9	100.0	39,077
Amphetamines	16.0	40.4	12.9	0.2	4.5	4.9	17.6	3.5	100.0	11,276
Benzodiazepines	36.1	31.3	3.2	1.0	5.7	3.6	15.2	4.0	100.0	2,619
Cannabis	14.8	35.5	4.2	0.1	8.1	23.5	11.8	2.1	100.0	23,047
Cocaine	15.0	22.6	12.1	—	2.1	19.2	26.3	2.8	100.0	780
Ecstasy	8.1	54.1	2.8	1.2	15.0	4.1	11.4	3.3	100.0	246
Heroin	20.1	30.9	8.5	3.9	9.0	4.4	20.0	3.2	100.0	19,324
Methadone	24.0	33.8	3.1	2.5	6.5	8.2	11.3	10.7	100.0	2,310
Nicotine	3.3	56.8	2.0	0.2	4.1	23.4	5.8	4.5	100.0	1,501
Other drugs[d]	22.2	34.5	3.9	3.4	12.1	4.9	10.7	8.3	100.0	5,896
Not stated/missing	3.7	25.4	5.5	0.9	9.2	8.1	5.3	41.9	100.0	456
Total (number)	**20.4**	**36.7**	**6.6**	**1.3**	**6.3**	**9.9**	**14.9**	**3.9**	**100.0**	**106,532**

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

(b) Excludes South Australia.

(c) Agencies whose sole activity is to prescribe and/or dose for methadone or other maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

(d) Includes balance of Principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern. See Appendix 5.

Table A3.16: Closed treatment episodes by main treatment type, sex and age group, Australia, 2001–02[a]

	10–19	20–29	30–39	40–49	50–59	60+	Not stated	Total
				(per cent)				
Males								
Withdrawal management (detoxification)	9.6	17.0	22.1	27.0	27.4	27.0	11.1	19.7
Counselling	31.4	35.7	36.9	36.0	38.8	33.8	67.6	36.0
Rehabilitation	6.0	7.1	6.8	6.0	4.9	4.1	0.8	6.4
Pharmacotherapy[b]	0.3	0.9	1.4	1.5	0.8	0.2	0.2	1.0
Support and case management only	16.2	5.8	2.9	2.6	1.8	2.0	13.0	5.7
Information and education only	16.7	10.6	9.5	9.5	10.9	17.8	4.3	11.1
Assessment only	17.1	19.7	17.3	13.6	11.2	10.5	1.4	16.9
Other	2.8	3.1	3.1	3.8	4.3	4.6	1.4	3.2
Total males (per cent)	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total males (number)	*9,802*	*26,319*	*19,600*	*10,911*	*4,570*	*1,626*	*829*	*73,657*
Females								
Withdrawal management (detoxification)	13.7	18.8	20.6	19.8	14.8	13.9	9.4	18.2
Counselling	33.5	40.6	45.0	48.4	58.5	52.8	61.2	44.1
Rehabilitation	5.6	7.4	6.4	5.0	4.3	3.6	3.3	6.1
Pharmacotherapy[b]	0.5	1.9	2.1	1.6	0.7	0.6	0.5	1.5
Support and case management only	21.8	7.0	3.0	2.6	2.3	1.5	14.0	6.9
Information and education only	9.3	7.2	7.3	7.4	8.3	11.7	3.2	7.6
Assessment only	11.0	12.3	10.7	9.1	6.3	9.1	1.3	10.5
Other	4.5	4.7	4.9	6.2	4.9	6.9	7.2	5.1
Total females (per cent)	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*	*100.0*
Total females (number)	*5,320*	*12,944*	*10,313*	*6,812*	*2,846*	*894*	*788*	*39,917*
Persons[c]								
Withdrawal management (detoxification)	11.0	17.6	21.6	24.2	22.5	22.3	10.3	19.1
Counselling	32.2	37.3	39.7	40.8	46.3	40.6	64.6	38.9
Rehabilitation	5.8	7.2	6.7	5.6	4.6	3.9	2.0	6.3
Pharmacotherapy[b]	0.4	1.2	1.6	1.5	0.8	0.3	0.4	1.2
Support and case management only	18.2	6.2	3.0	2.6	2.0	1.8	13.4	6.1
Information and education only	14.1	9.5	8.7	8.7	9.9	15.6	3.7	9.8
Assessment only	15.0	17.3	15.1	11.9	9.3	10.0	1.3	14.6
Other	3.4	3.6	3.7	4.7	4.5	5.4	4.2	3.9
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**15,128**	**39,314**	**29,946**	**17,739**	**7,423**	**2,524**	**1,631**	**113,705**

(a) Excludes South Australia.

(b) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

(c) Includes not stated for Sex.

Table A3.17: Closed treatment episodes by main treatment type and reason for cessation, Australia, 2001–02[a]

		Change in				Ceased to participate									
Main treatment type	Treatment completed	Main treatment type	Delivery setting	Principal drug of concern	Transferred to another service provider	Against advice	Without notice	Involuntary (non-compliance)	At expiation	By mutual agreement	Drug court and/or sanctioned by court diversion service	Imprisoned, other than drug court sanctioned	Died	Other	Total[b]
								(per cent)							
Withdrawal management (detoxification)	21.9	11.2	5.7	14.4	16.0	47.4	13.0	22.3	1.8	16.0	19.4	5.0	7.3	10.5	19.1
Counselling	37.6	45.5	49.6	47.4	27.8	12.9	59.7	23.8	6.1	57.6	40.4	55.7	60.2	41.1	38.9
Rehabilitation	4.4	8.2	14.1	4.1	5.8	19.1	5.2	37.4	1.3	11.7	4.7	4.2	3.7	5.1	6.3
Pharmacotherapy[c]	1.0	6.1	0.5	5.2	0.6	0.7	1.8	0.4	0.2	0.4	—	4.1	3.1	3.1	1.2
Support and case management only	7.2	3.4	13.9	10.3	4.6	2.9	5.6	2.8	0.4	7.5	21.0	11.8	4.2	7.0	6.1
Information and education only	6.3	1.2	5.4	3.1	6.9	12.8	5.5	8.9	89.0	2.5	3.8	7.4	6.8	4.4	9.8
Assessment only	18.2	20.9	10.2	3.1	31.8	3.2	5.6	3.0	0.7	2.4	9.7	8.8	5.2	18.5	14.6
Other	3.4	3.5	0.7	12.4	6.4	0.9	3.6	1.6	0.6	1.9	0.9	3.0	9.4	10.3	3.9
Total (per cent)	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Total (number)	**60,943**	**1,438**	**597**	**97**	**8,029**	**5,378**	**17,811**	**2,819**	**4,854**	**3,061**	**319**	**837**	**191**	**4,641**	**113,705**

(a) Excludes South Australia.

(b) Includes not stated for Reason for cessation.

(c) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

Table A3.18: Closed treatment episodes by selected main treatment type, selected principal drug and selected reason for cessation, Australia, 2001–02[a][b]

	Treatment completed	Transferred to another service provider	Ceased to participate without notice	Ceased to participate at expiation	Other[c]	Total[d] (per cent)	Total[d] (number)
Withdrawal management (detoxification)			(per cent)				
Alcohol	67.9	6.2	8.8	0.3	15.7	100.0	9,642
Heroin	47.0	6.5	12.7	0.5	32.3	100.0	3,879
Cannabis	66.1	4.9	8.6	0.5	19.3	100.0	3,401
Amphetamines	59.7	5.3	11.6	0.5	21.9	100.0	1,807
Other drugs[e]	55.3	5.7	15.9	0.4	21.9	100.0	2,994
Total [f]	*61.5*	*5.9*	*10.7*	*0.4*	*20.6*	*100.0*	*21,740*
Counselling							
Alcohol	53.3	5.6	23.8	0.7	13.6	100.0	15,525
Heroin	50.3	5.9	25.6	1.0	14.3	100.0	5,973
Cannabis	54.5	4.5	23.8	0.7	13.5	100.0	8,182
Amphetamines	37.0	4.7	34.9	0.6	17.9	100.0	4,553
Other drugs[e]	51.3	5.4	20.1	0.4	19.8	100.0	4,792
Total [f]	*50.9*	*5.3*	*25.0*	*0.7*	*15.0*	*100.0*	*39,141*
Information and education only							
Alcohol	61.0	9.2	9.6	0.2	18.3	100.0	2,620
Heroin	34.9	6.7	17.6	0.2	37.9	100.0	849
Cannabis	16.2	1.3	2.8	77.3	2.0	100.0	5,416
Amphetamines	40.3	9.6	20.8	—	25.6	100.0	554
Other drugs[e]	55.4	9.3	16.2	0.3	16.5	100.0	1,084
Total [f]	*34.1*	*4.9*	*8.2*	*39.8*	*11.7*	*100.0*	*10,560*
Other							
Alcohol	59.9	10.5	11.2	0.5	15.6	100.0	11,290
Heroin	57.6	11.9	8.6	0.3	19.7	100.0	8,623
Cannabis	62.6	9.3	9.2	0.5	16.5	100.0	6,048
Amphetamines	43.4	12.7	12.3	0.4	28.8	100.0	4,362
Other drugs[e]	53.2	11.0	13.7	0.4	17.9	100.0	4,482
Total [f]	*56.5*	*10.9*	*10.7*	*0.4*	*18.9*	*100.0*	*35,091*

(continued)

Table A3.18 (continued): Closed treatment episodes by selected main treatment type, selected principal drug and selected reason for cessation, Australia, 2001–02[a][b]

	Treatment completed	Transferred to another service provider	Ceased to participate without notice	Ceased to participate at expiation	Other[c]	Total (per cent)	Total (number)
All treatment[g]			(per cent)				
Alcohol	59.3	7.4	15.5	0.5	15.0	100.0	39,077
Heroin	52.2	8.7	15.1	0.6	21.4	100.0	19,324
Cannabis	49.4	5.0	12.8	18.6	12.4	100.0	23,047
Amphetamines	43.3	8.1	21.7	0.5	23.1	100.0	11,276
Other drugs[e]	53.2	7.7	16.7	0.4	19.4	100.0	13,352
Total[f]	**53.2**	**7.2**	**15.7**	**4.4**	**17.1**	**100.0**	**106,532**

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

(b) Excludes South Australia.

(c) Includes change in Main treatment type; Change in delivery setting; Change in the principal drug of concern; all other Ceased to participate categories; Drug court and/or sanctioned by court diversion service; Imprisoned other than drug court sanctioned; and Died.

(d) Includes not stated for Reason for cessation.

(e) Includes balance of Principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern. See Appendix 5.

(f) Includes not stated for Principal drugs of concern.

(g) Includes Rehabilitation; Pharmacotherapy; Support and case management only; Assessment only; and Other.

Table A3.19: Closed treatment episodes by treatment episodes per month by main treatment type, Australia, 2001–02[a]

Month	Withdrawal management (detoxification)	Counselling	Rehab-ilitation	Pharma-cotherapy[b]	Support and case management only	Information and education only	Assessment only	Other	Total
July	1,810	3,223	576	75	529	817	1,509	421	8,960
August	1,832	3,573	617	90	538	914	1,485	373	9,422
September	1,841	4,141	625	137	651	844	1,302	441	9,982
October	1,850	3,655	618	115	554	942	1,449	319	9,502
November	1,772	3,623	568	95	585	1,118	1,596	273	9,630
December	1,686	3,960	604	143	609	926	1,191	385	9,504
January	1,673	3,074	510	86	501	1,002	1,545	300	8,691
February	1,713	3,437	505	108	564	982	1,422	334	9,065
March	1,924	4,013	616	106	588	946	1,362	505	10,060
April	1,857	3,353	645	116	512	975	1,270	277	9,005
May	1,901	3,800	692	139	618	1,040	1,414	364	9,968
June	1,885	4,332	619	149	702	691	1,102	436	9,916
Total 2001–02	**21,744**	**44,184**	**7,195**	**1,359**	**6,951**	**11,197**	**16,647**	**4,428**	**113,705**

(a) Excludes South Australia.

(b) Agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

Appendix 4: Australian Standard Geographical Classification (ASGC)

The new Remoteness Areas of the ABS Australian Standard Geographical Classification replace the former national standard classification of Rural, Remote and Metropolitan Area (RRMA). The Remoteness Area classification summarises the remoteness of an area based on the road distance to different sized urban centres, where the population size of an urban centre is considered to govern the range and type of services available.

There are five major Remoteness Areas into which the statistical local area of the alcohol and other drugs treatment agency are placed:

- major cities of Australia
- inner regional Australia
- outer regional Australia
- remote Australia
- very remote Australia.

Appendix 5: ASCDC classification

The main classification structure is presented below. For detailed information, supplementary codes and the full version of the coding index please consult the ABS publication, *Australian Standard Classification of Drugs of Concern* (2000).

TYPE OF DRUG CLASSIFICATION

BROAD GROUPS, NARROW GROUPS AND DRUGS OF CONCERN

1 ANALGESICS

11 Organic Opiate Analgesics

1101 Codeine
1102 Morphine
1199 Organic Opiate Analgesics, n.e.c.

12 Semisynthetic Opioid Analgesics

1201 Buprenorphine
1202 Heroin
1203 Oxycodone
1299 Semisynthetic Opioid Analgesics, n.e.c.

13 Synthetic Opioid Analgesics

1301 Fentanyl
1302 Fentanyl analogues
1303 Levomethadyl acetate hydrochloride
1304 Meperidine analogues
1305 Methadone
1306 Pethidine
1399 Synthetic Opioid Analgesics, n.e.c.

14 Non Opioid Analgesics

1401 Acetylsalicylic acid
1402 Paracetamol
1499 Non Opioid Analgesics, n.e.c.

2 SEDATIVES AND HYPNOTICS

21 Alcohols

2101 Ethanol

2102 Methanol

2199 Alcohols, n.e.c.

22 Anaesthetics

2201 Gamma-hydroxybutyrate

2202 Ketamine

2203 Nitrous oxide

2204 Phencyclidine

2299 Anaesthetics, n.e.c.

23 Barbiturates

2301 Amylobarbitone

2302 Methylphenobarbitone

2303 Phenobarbitone

2399 Barbiturates, n.e.c.

24 Benzodiazepines

2401 Alprazolam

2402 Clonazepam

2403 Diazepam

2404 Flunitrazepam

2405 Lorazepam

2406 Nitrazepam

2407 Oxazepam

2408 Temazepam

2499 Benzodiazepines, n.e.c.

29 Other Sedatives and Hypnotics

2901 Chlormethiazole

2902 Kava lactones

2903 Zopiclone

2999 Other Sedatives and Hypnotics, n.e.c.

3 STIMULANTS AND HALLUCINOGENS

31 Amphetamines

3101 Amphetamine

3102 Dexamphetamine

3103 Methamphetamine

3199 Amphetamines, n.e.c.

32 Cannabinoids

3201 Cannabinoids

33 Ephedra Alkaloids

3301 Ephedrine

3302 Norephedrine

3303 Pseudoephedrine

3399 Ephedra Alkaloids, n.e.c.

34 Phenethylamines

3401 DOB

3402 DOM

3403 MDA

3404 MDEA

3405 MDMA

3406 Mescaline

3407 PMA

3408 TMA

3499 Phenethylamines, n.e.c.

35 Tryptamines

3501 Atropinic alkaloids

3502 Diethyltryptamine

3503 Dimethyltryptamine

3504 Lysergic acid diethylamide

3505 Psilocybin

3599 Tryptamines, n.e.c.

36 Volatile Nitrates

3601 Amyl nitrate

3602 Butyl nitrate

3699 Volatile Nitrates, n.e.c.

39 Other Stimulants and Hallucinogens

3901 Caffeine

3902 Cathinone

3903 Cocaine

3904 Methcathinone

3905 Methylphenidate

3906 Nicotine

3999 Other Stimulants and Hallucinogens, n.e.c.

4 ANABOLIC AGENTS AND SELECTED HORMONES

41 Anabolic Androgenic Steroids

4101 Boldenone

4102 Dehydroepiandrosterone

4103 Fluoxymesterone

4104 Mesterolone

4105 Methandriol

4106 Methenolone

4107 Nandrolone

4108 Oxandrolone

4111 Stanozolol

4112 Testosterone

4199 Anabolic Androgenic Steroids, n.e.c.

42 Beta$_2$ Agonists

4201 Eformoterol

4202 Fenoterol

4203 Salbutamol

4299 Beta$_2$ Agonists, n.e.c.

43 Peptide Hormones, Mimetics and Analogues

4301 Chorionic gonadotrophin

4302 Corticotrophin

4303 Erythropoietin

4304 Growth hormone

4305 Insulin

4399 Peptide Hormones, Mimetics and Analogues, n.e.c.

49 Other Anabolic Agents and Selected Hormones

4901 Sulfonylurea hypoglycaemic agents

4902 Tamoxifen

4903 Thyroxine

4999 Other Anabolic Agents and Selected Hormones, n.e.c.

5 ANTIDEPRESSANTS AND ANTIPSYCHOTICS

51 Monoamine Oxidase Inhibitors

5101 Moclobemide
5102 Phenelzine
5103 Tranylcypromine
5199 Monoamine Oxidase Inhibitors, n.e.c.

52 Phenothiazines

5201 Chlorpromazine
5202 Fluphenazine
5203 Pericyazine
5204 Thioridazine
5205 Trifluoperazin
5299 Phenothiazines, n.e.c.

53 Serotonin Reuptake Inhibitors

5301 Citalopram
5302 Fluoxetine
5303 Paroxetine
5304 Sertraline
5399 Serotonin Reuptake Inhibitors, n.e.c.

54 Thioxanthenes

5401 Flupenthixol
5402 Thiothixene
5499 Thioxanthenes, n.e.c.

55 Tricyclic Antidepressants

5501 Amitriptyline
5502 Clomipramine
5503 Dothiepin
5504 Doxepin
5505 Nortriptyline
5599 Tricyclic Antidepressants, n.e.c.

59 Other Antidepressants and Antipsychotics

5901 Butyrophenones
5902 Lithium
5903 Mianserin
5999 Other Antidepressants and Antipsychotics, n.e.c.

6 VOLATILE SOLVENTS

61 Aliphatic Hydrocarbons

6101 Butane
6102 Petroleum
6103 Propane
6199 Aliphatic Hydrocarbons, n.e.c.

62 Aromatic Hydrocarbons

6201 Toluene
6202 Xylene
6299 Aromatic Hydrocarbons, n.e.c.

63 Halogenated Hydrocarbons

6301 Bromochlorodifluoromethane
6302 Chloroform
6303 Tetrachloroethylene
6304 Trichloroethane
6305 Trichloroethylene
6399 Halogenated Hydrocarbons, n.e.c.

69 Other Volatile Solvents

6901 Acetone
6902 Ethyl acetate
6999 Other Volatile Solvents, n.e.c.

9 MISCELLANEOUS DRUGS OF CONCERN

91 Diuretics

9101 Antikaliuretics
9102 Loop diuretics
9103 Thiazides
9199 Diuretics, n.e.c.

92 Opioid Antagonists

9201 Naloxone
9202 Naltrexone
9299 Opioid Antagonists, n.e.c.

99 Other Drugs of Concern

9999 Other Drugs of Concern

Appendix 6: Mapping of ASCDC to ICD-10-AM codes

The International Classification of Diseases, 10th revision, Australian Modification (ICD-10-AM) classification consists of:

- a disease classification based on the World Health Organization's publication of ICD-10;
- a new Australian classification of procedures based on the Medicare Benefits Schedule (MBS), sometimes referred to as MBS-Extended, or MBS-E
- Australian Coding Standards for the selection of disease and procedure codes.

More detailed information is available in the published classification (NCCH 1998).

The basis of the mapping is to link ICD-10-AM codes to the relevant ASCDC code where a drug within the scope of the ASCDC is intrinsic to the linked ICD-10-AM category. Categories of the ICD-10-AM which can be mapped to categories of the ASCDC are primarily listed in ICD-10-AM Chapter XIX 'Injury, poisoning and certain other consequences of external causes' and Chapter XX 'External causes of morbidity and mortality'. The relevant ICD-10-AM categories cover the following aspects of drug usage: poisoning and toxic effects of implicated substances; whether poisoning is accidental; whether poisoning is intentional; whether intent is undetermined; and whether there was an adverse effect on therapeutic use. Drug taking that results in a mental or behavioural disorder or which is treated by rehabilitation or counselling can also be coded to ICD-10-AM Chapter V 'Mental and behavioural disorders' or to Chapter XXI 'Factors influencing health status and contact with health services'.

Mapping of the ASCDC to ICD-10-AM codes allows the reporting of hospital data by six broad groups that correspond to the following ASCDC broad groups:

- analgesics
- sedatives and hypnotics
- stimulants and hallucinogens
- antidepressants and antipsychotics
- volatile solvents
- other and unspecified drugs of concern.

These broad groups can be reported at a lower level with at least 13 lower level output groups available (see Table A6.1).

This mapping is used in the text and table (6.3) in Section 6. 3 relating to morbidity attributable to tobacco, alcohol and illicit drug use (see page 55).

Table A6.1: Mapping of ICD-10-AM codes to the ASCDC output categories used in the present report

Drug of concern identified in principal diagnosis	ICD-10-AM codes
Analgesics	
Opioids (includes heroin, opium, morphine & methadone)	F11 (11.0–11.9), T40.0, T40.1, T40.2, T40.3, T40.4
Non-opioid analgesics (includes paracetamol)	T39.0, T39.1, T39.9
Sedatives and hypnotics	
Alcohol	F10 (10.0–10.9), T51 (51.0–51.9), Z71.4, Z72.1
Other sedatives & hypnotics (includes barbiturates & benzodiazepines; excludes alcohol)	F13 (13.0–13.9), F55.6, T41.2, T42.6, T42.3, T42.4, T42.7
Stimulants and hallucinogens	
Cannabinoids (includes cannabis)	F12 (12.0–12.9), T40.7
Hallucinogens (includes LSD & ecstasy)	F16 (16.0–16.9), T40.8, T40.9
Cocaine	F14 (14.0–14.9), T40.5
Tobacco & nicotine	F17 (17.2–17.9), T65.2, Z72.0
Other stimulants (includes amphetamines, pseudoephedrine, volatile nitrates & caffeine)	F15 (15.0–15.9), T40.5, T40.6, T44.9, T43.6, T46.3
Antidepressants and antipsychotics	
Antidepressants & antipsychotics	T43 (43.0–43.5)
Volatile solvents	
Volatile solvents	F18 (18.0–18.9), T52 (52.0–52.9), T53.6, T53.7, T59.8
Other and unspecified drugs of concern	
Multiple drug use	F19 (19.0–19.9)
Unspecified drug use & other drugs not elsewhere classified (includes psychotropic drugs not elsewhere classified; diuretics; anabolic and androgenic steroids & opiate antagonists)	Z71.5, Z72.2, T38.7, T43.8, T43.9, T50.1, T50.2, T50.3, T50.7

Appendix 7: Classification of Countries into English Proficiency Groups

The *1996 Classification of Countries into English Proficiency Groups* (Department of Immigration and Multicultural Affairs, 1999) places every country into one of four groups based on the relative English proficiency (EP) of its recent arrivals to Australia from the 1996 census date. An 'English proficiency index' was used to rate each of the EP groups. Those countries that scored 98% or higher on this index and had an immigrant population of 10,000 or more were rated as EP 1. The remaining EP groups were determined by their EP index score as follows:

- those countries with a 'high' level of English proficiency (80–98%, or above but with an immigrant population of less than 10,000) were placed in the group EP 2;
- those countries with a 'moderate' level of English proficiency (a rating of more than 50% but less than 80%) fell into group EP 3; and
- the remaining countries (i.e. those with a rating on the EP index of less than 50%) were labelled as having a 'low' level of English proficiency and placed in EP 4 group.

The English proficiency groupings by country of birth are as follows:

Australia

English Proficiency Group 1

Canada
Ireland
New Zealand
South Africa
United Kingdom
United States of America

English Proficiency Group 2

Africa (excl. North Africa) (nfd)
Algeria
Andorra
Anguilla
Antigua and Barbuda
At Sea
Australian Ext. Territories (nfd)
Austria
Bahamas
Bahrain
Bangladesh
Barbados
Belgium
Belize
Benin
Bermuda
Bhutan
Botswana
Brazil
Brunei
Bulgaria
Burundi
Cameroon
Cayman Islands
Central African Republic
Central America (nfd)
Central and West Africa (nfd)
Chad
Comoros (excl. Mayotte)
Congo
Cook Islands
Cote D'Ivoire
Czech Republic
Denmark
Dominica
Dominican Republic
Eastern Europe (nfd)
Equatorial Guinea
Estonia
Faeroe Islands
Falkland Islands
Fiji
Finland
Former Czechoslovakia (nfd)
France
French Guiana
French Polynesia
Gabon
Gambia
Germany, Federal Republic of
Ghana
Gibraltar
Greenland
Grenada

English Proficiency Group 2 (continued)

Guadeloupe
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Holy See
Iceland
India
Israel
Jamaica
Jordan
Kenya
Kiribati
Kuwait
Lesotho
Liberia
Libya
Liechtenstein
Luxembourg
Madagascar
Malawi
Malaysia
Maldives
Mali
Malta
Marshall Islands
Martinique
Mauritania
Mauritius
Mexico
Micronesia (nfd)
Monaco
Montserrat
Morocco
Mozambique
Namibia
Nauru
Nepal
Netherlands
Netherlands Antilles
New Caledonia
Niger
Nigeria
Niue
Norfolk Island
North Africa (nfd)
Northern America (nfd)
Northern Europe (nfd)
Northern Mariana Islands
Norway
Oceania and Antarctica (nfd)
Oman
Other Australian Ext. Territories
Other Polynesia (excl. Hawaii)
Pakistan
Palau
Papua New Guinea
Philippines
Qatar
Reunion
Rwanda
Samoa, American
Samoa, Western
San Marino
Sao Tome and Principe
Seychelles
Sierra Leone
Singapore
Slovak Republic
Slovenia
Solomon Islands
Southeast Asia (nfd)
Southern and East Africa (nfd)
Southern Asia (nfd)
Southern Europe (nfd)
Spain
Sri Lanka
St Helena
St Kitts-Nevis
St Lucia
St Vincent and the Grenadines
Sth/Ctrl America & Caribbean (nfd)
Suriname
Swaziland
Sweden
Switzerland
Tadjikistan
Tanzania
The Caribbean (nfd)
Togo
Tonga
Trinidad and Tobago
Turks and Caicos Islands
Tuvalu
Uganda
United Arab Emirates
Vanuatu
Venezuela
Virgin Islands, British
Virgin Islands, United States
Wallis and Futuna
Western Europe (nfd)
Yemen
Zaire
Zambia
Zimbabwe

English Proficiency Group 3

Afghanistan
Albania
Angola
Antarctica (nfd)
Argentina
Armenia
Aruba
Azerbaijan
Belarus
Bolivia
Bosnia-Herzegovina
Burkina Faso
Burma (Myanmar)
Cape Verde
Chile
Colombia
Costa Rica
Croatia
Cuba
Cyprus
Djibouti
Ecuador
Egypt
El Salvador
Eritrea
Ethiopia
Europe and the Former USSR (nfd)
Fmr USSR & Baltic States (nfd)
Fmr Y'slav Rep. Macedonia
Fmr Y'slav Rep. Serbia/Montenegro
Fmr Yugoslavia (nfd)
Georgia
Greece
Guam
Honduras
Hong Kong
Hungary
Inadequately Described
Indonesia
Iran
Iraq
Italy
Japan
Kazakhstan
Korea, Republic of
Kyrgyzstan
Latvia
Lebanon
Lithuania
Macau
Middle East (nfd)
Middle East & North Africa (nfd)
Moldova
Mongolia
Nicaragua
Panama
Paraguay
Peru
Poland
Portugal
Puerto Rico
Romania
Russian Federation
Saudi Arabia
Senegal
Somalia
South America (nfd)
Sudan
Syria
Taiwan (Province of China)
Thailand
Tokelau
Tunisia
Turkmenistan
Ukraine
Uruguay
Uzbekistan
West Bank/Gaza Strip

English Proficiency Group 4

Cambodia
Chilean Antarctic Territory
China (excl. Taiwan Province)
Korea, Democratic People's Republic
Laos
Turkey
Viet Nam

(nfd: no further definition)

Source: Department of Immigration and Multicultural Affairs 1999.

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