



Australian Government

Australian Institute of  
Health and Welfare

# Bulletin

# Alcohol and other drug treatment services in Australia:

## Findings from the national minimum data set 2002–03

### Highlights

- In 2002–03, 587 government-funded alcohol and other drug treatment agencies provided 130,930 ‘closed treatment episodes’ (see page 2 for definition).
- Nationally, alcohol (38%) and cannabis (22%) were the most common principal drugs of concern to clients in closed treatment episodes, followed by heroin (18%) and amphetamines (11%).
- The majority of closed treatment episodes were for clients aged between 20 and 49 years of age (77%). Male clients accounted for close to two-thirds (65%) of all closed treatment episodes.
- For closed treatment episodes involving 20–29 year olds there was a fairly even distribution across the four main drugs of concern (alcohol, cannabis, heroin and amphetamines), with younger clients (aged 10–19 years) much more likely to report cannabis, and older clients (aged 30 years or more) to report alcohol as the principal drug of concern.
- Counselling was the most common form of main treatment provided (42% of treatment episodes), then withdrawal management (detoxification) (19%), and assessment only (13%).
- Treatment episodes most commonly ceased because the treatment was completed (51%). Treatment episodes where alcohol was the principal drug were more likely to end for this reason (58%) than treatment episodes where heroin (50%), amphetamines (43%) or cannabis (43%) were the principal drug.

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# Alcohol and other drug treatment services in Australia

## **Purpose of AODTS–NMDS**

The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS) has been implemented to assist in monitoring and evaluating key objectives of the National Drug Strategy 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.

This is the third bulletin in the series of annual bulletins on the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS).

## **Closed treatment episodes**

The analysis in this bulletin is based on ‘closed treatment episodes’. A closed treatment episode refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment agency. A closed treatment episode may be for a specific treatment, such as information and education only, that may not be part of a larger treatment plan, or for a specific treatment, such as withdrawal management (detoxification), that may be part of a long-term treatment plan. See ‘Introduction’ in AIHW (2004:1) for more details.

## **Treatment agencies**

- A national total of 587 government-funded alcohol and other drug treatment agencies supplied data for 2002–03. The overall response rate for in-scope treatment agencies was 94%.
- Fifty-five per cent of treatment agencies were identified as non-government agencies.
- Treatment agencies were most likely to be located in major cities (56%) and inner regional areas (25%).

## **Client profile**

- During 2002–03, there were 130,930 closed treatment episodes in alcohol and other drug treatment services reported in the AODTS–NMDS collection. These episodes related to an estimated 108,042 client registrations. On average, each of these registrations accounted for 1.2 treatment episodes during the year.
- Ninety-four per cent of closed treatment episodes in 2002–03 involved clients seeking treatment for their own alcohol or other drug use. The remaining closed treatment episodes involved clients seeking treatment for another’s drug use.
- The majority of closed treatment episodes were for clients aged between 20 and 49 years (77%), with one-third of treatment episodes (33%) provided for clients in the 20–29 year age group (Table 1).
- Male clients accounted for close to two-thirds (65%) of all closed treatment episodes.
- The majority of treatment episodes were for clients born in Australia (85%) and 95% of treatment episodes were for clients whose preferred language was English.

**Table 1: Closed treatment episodes by sex and age of client, Australia, 2002–03 (per cent)**

| Age group (years)                     | Males         | Females       | Persons <sup>(a)</sup> |
|---------------------------------------|---------------|---------------|------------------------|
| 10–19                                 | 8.3           | 3.9           | 12.2                   |
| 20–29                                 | 22.4          | 10.8          | 33.2                   |
| 30–39                                 | 17.8          | 9.4           | 27.2                   |
| 40–49                                 | 10.5          | 6.2           | 16.7                   |
| 50–59                                 | 4.0           | 2.6           | 6.6                    |
| 60+                                   | 1.4           | 0.8           | 2.3                    |
| <b>Total<sup>(b)</sup> (per cent)</b> | <b>65.3</b>   | <b>34.5</b>   | <b>100.0</b>           |
| <b>Total<sup>(b)</sup> (number)</b>   | <b>85,537</b> | <b>45,231</b> | <b>130,930</b>         |

(a) Includes not stated for sex.

(b) Includes not stated for age.

Source: AIHW 2004: Table 3.3.

- Nine per cent of treatment episodes (12,136) involved clients who identified as being Aboriginal or Torres Strait Islander people, which is higher than the overall proportion of Aboriginal and Torres Strait Islander people in the Australian population (2.4%). This figure needs to be interpreted with caution due to the high number of ‘not stated’ responses to this data item and the fact that the majority of dedicated Indigenous substance use services are not included in the AODTS–NMDS collection.

## Principal drug of concern

### Client profile and principal drug of concern

- Nationally in 2002–03, alcohol (38%) and cannabis (22%) were the most common principal drugs of concern to clients in closed treatment episodes, followed by heroin (18%) and amphetamines (11%) (Table 2).
- For the 15,045 closed treatment episodes where clients were in the 10–19 year age group, cannabis was the principal drug most commonly involved (50%). This varied between sexes: 55% for males and 38% for females in this age group.
- For closed treatment episodes involving 20–29 year olds there was a fairly even distribution across the four main drugs of concern (alcohol, cannabis, heroin and amphetamines), with younger clients much more likely to report cannabis, and older clients to report alcohol.
- Alcohol was the drug most commonly involved in treatment episodes for both sexes (39% for males and 35% for females). This was followed by cannabis for males (24%) and cannabis and heroin for females (19% each) (Figure 1).
- Treatment episodes involving Aboriginal and Torres Strait Islander people were most likely to involve alcohol (46%), cannabis (23%), heroin (12%) and amphetamines (11%)—that is, the same four principal drugs of concern as the population overall, but with alcohol more likely to be nominated (46% compared to 38% for other Australians) and heroin less so (12% compared to 18% for other Australians).

# Alcohol and other drug treatment services in Australia

**Table 2: Closed treatment episodes by client's principal drug of concern and age, Australia, 2002-03<sup>(a)</sup> (per cent)**

| Principal drug of concern             | Age group (years) |               |               |               |              |              | Total <sup>(b)</sup> |
|---------------------------------------|-------------------|---------------|---------------|---------------|--------------|--------------|----------------------|
|                                       | 10-19             | 20-29         | 30-39         | 40-49         | 50-59        | 60+          |                      |
| Alcohol                               | 17.4              | 22.1          | 42.0          | 62.1          | 79.3         | 82.0         | 38.0                 |
| Amphetamines                          | 10.6              | 15.3          | 11.5          | 4.2           | 1.1          | 0.2          | 10.7                 |
| Benzodiazepines                       | 0.7               | 1.8           | 2.6           | 2.6           | 2.7          | 3.6          | 2.1                  |
| Cannabis                              | 49.6              | 26.3          | 16.6          | 9.8           | 3.9          | 1.2          | 22.0                 |
| Cocaine                               | 0.2               | 0.3           | 0.3           | 0.1           | —            | —            | 0.3                  |
| Ecstasy                               | 0.6               | 0.5           | 0.2           | 0.1           | —            | 0.1          | 0.3                  |
| Heroin                                | 12.3              | 26.8          | 18.8          | 12.0          | 3.3          | 1.1          | 18.4                 |
| Methadone                             | 0.5               | 2.0           | 2.1           | 2.0           | 0.9          | 0.3          | 1.8                  |
| Nicotine                              | 1.4               | 0.4           | 0.9           | 1.9           | 4.8          | 8.8          | 1.4                  |
| Other <sup>(c)</sup>                  | 0.7               | 3.8           | 4.3           | 4.6           | 3.4          | 2.4          | 4.4                  |
| <b>Total<sup>(d)</sup> (per cent)</b> | <b>100.0</b>      | <b>100.0</b>  | <b>100.0</b>  | <b>100.0</b>  | <b>100.0</b> | <b>100.0</b> | <b>100.0</b>         |
| <b>Total<sup>(d)</sup> (number)</b>   | <b>15,045</b>     | <b>42,606</b> | <b>34,257</b> | <b>19,798</b> | <b>7,019</b> | <b>2,410</b> | <b>123,032</b>       |

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

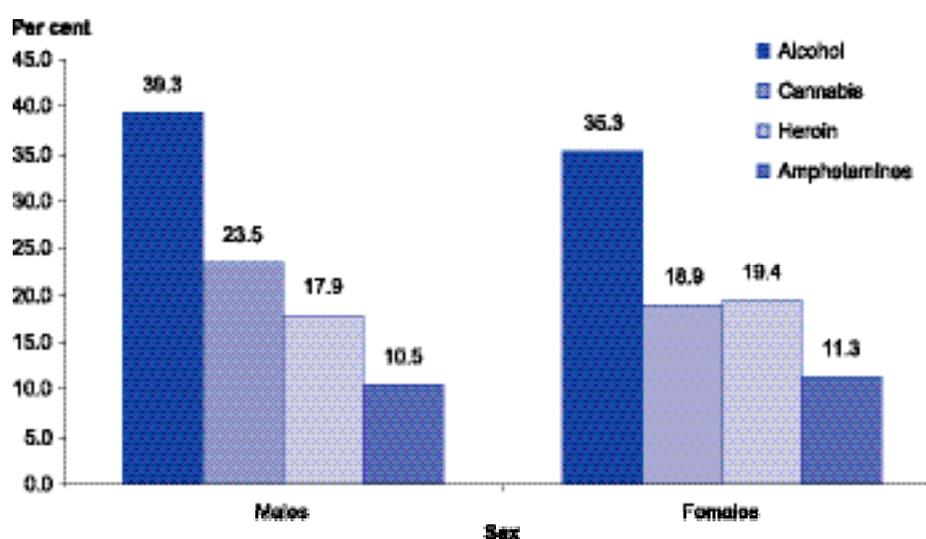
(b) Includes not stated for age.

(c) Includes balance of principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern.

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

Source: AIHW 2004: Table A4.7.

**Figure 1: Closed treatment episodes by selected principal drug of concern and sex of clients, Australia, 2002-03**



Source: AIHW 2004: Figure 4.1.

## Geographic location and principal drug of concern

- Across all geographic areas, alcohol was the most commonly reported drug of concern to clients—accounting for 37% of all closed treatment episodes in major cities, 42% in inner regional, 38% in outer regional, 68% in remote and 67% in very remote areas.
- In most areas, the second most common principal drug was cannabis (accounting for 28% of treatment episodes in inner regional, 36% in outer regional, 18% in remote and 31% in very remote areas). However, for major cities, the second most prominent drug of concern was heroin (accounting for 23% of treatment episodes).
- The proportion of treatment episodes where alcohol was the principal drug of concern varied from 72% in the Northern Territory to 33% in Western Australia and 25% in Queensland. The pattern of principal drugs in Queensland relates largely to the scope of their collection in 2002–03 (see ‘Introduction’ in AIHW (2004:6) for more details).

## Referral source and principal drug of concern

- More than one-third (37%) of all treatment episodes involved clients who were self-referred, followed by referrals from alcohol and other drug treatment services (12%) and community-based corrections and police or court diversions (10% each).
- Of treatment episodes where the client was self-referred, the principal drug of concern was most likely to be recorded as alcohol (41%) or heroin (21%). The majority of referrals to treatment through a police or court diversion process involved clients who nominated cannabis as their principal drug of concern (63%).

## Other drugs of concern

- Just over half (51%) of all closed treatment episodes involved at least one other drug of concern (in addition to the principal drug of concern).
- From the 63,115 closed treatment episodes where another drug of concern was reported, there were on average 1.7 other drugs of concern.
- Alcohol was reported as the principal drug of concern in 38% of treatment episodes, while 52% of treatment episodes involved alcohol as one of the drugs of concern. Similarly, cannabis was the principal drug of concern in 22% of treatment episodes and identified in 44% of episodes as one of the drugs of concern.

## Ceasing treatment and principal drug of concern

- Treatment episodes most commonly ceased because the treatment was completed (51%), the client ceased to participate without notice (16%), or the client transferred to another service provider (7%).
- The reason for ceasing treatment varied across treatment episodes according to the principal drug of concern. For example, treatment episodes where alcohol was the principal drug were more likely to end because treatment was completed (58%) than treatment episodes where heroin (50%), amphetamines (43%) or cannabis (43%) were the principal drug.

# Alcohol and other drug treatment services in Australia

## Treatment programs

- Nationally in 2002–03, counselling (42%), withdrawal management (detoxification) (19%) and assessment only (13%) were the most common forms of main treatment provided (Table 3).

**Table 3: Closed treatment episodes by main treatment type and sex of client, Australia, 2002–03 (per cent)**

| Main treatment                         | Males         | Females       | Persons <sup>(a)</sup> |
|--|---------------|---------------|------------------------|
| Withdrawal management (detoxification) | 19.6          | 17.6          | 18.9                   |
| Counselling                            | 38.6          | 47.1          | 41.5                   |
| Rehabilitation                         | 7.7           | 7.2           | 7.5                    |
| Support and case management only       | 6.8           | 7.3           | 6.9                    |
| Information and education only         | 8.9           | 6.3           | 8.0                    |
| Assessment only                        | 14.9          | 8.5           | 12.7                   |
| Other <sup>(b)</sup>                   | 3.4           | 6.0           | 4.4                    |
| <b>Total (per cent)</b>                | <b>100.0</b>  | <b>100.0</b>  | <b>100.0</b>           |
| <b>Total (number)</b>                  | <b>85,537</b> | <b>45,231</b> | <b>130,930</b>         |

(a) Includes not stated for Sex.

(b) 'Other' includes 2,064 closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia as agencies whose sole activity is to prescribe and/or dose for methadone or other opioid maintenance pharmacotherapies are currently excluded from the AODTS–NMDS.

Source: AIHW 2004: Table A4.15.

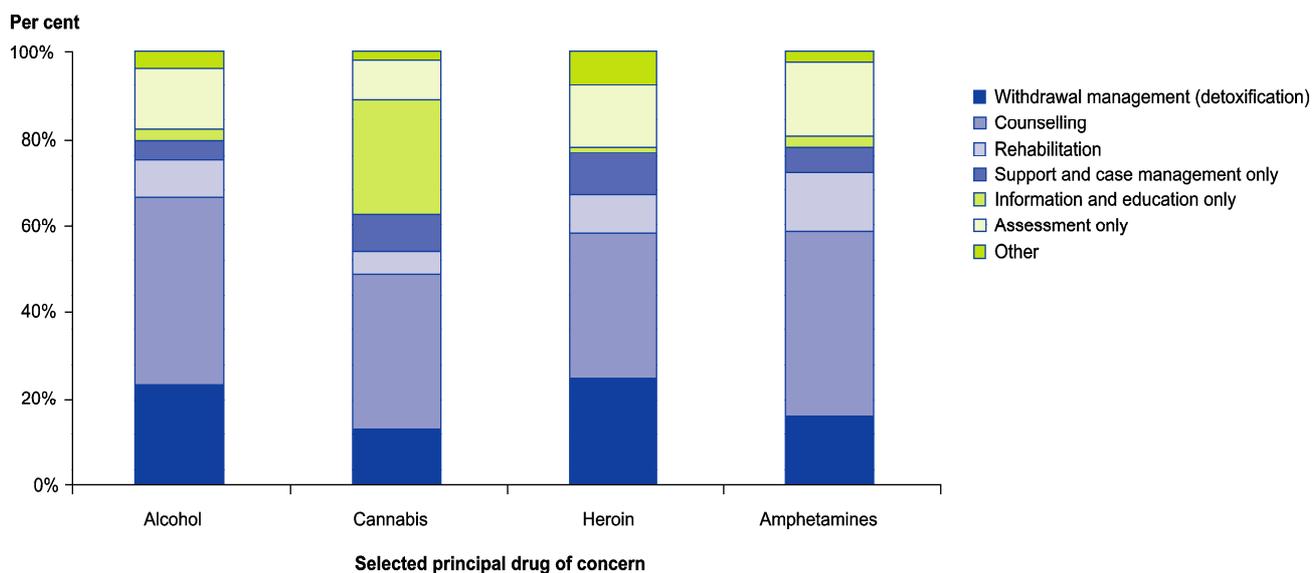
## Principal drug of concern and treatment programs

- Counselling accounted for the highest proportion of closed treatment episodes when alcohol (44%), cannabis (36%), heroin (33%) or amphetamines (43%) were the principal drug of concern (Figure 2).
- The median number of days for a treatment episode was 17 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 heroin (22 days).
- As might be expected, the median number of days for a treatment episode was higher when the main treatment type was counselling (44 days), support and case management only (43 days) and rehabilitation (32 days), compared to withdrawal management (detoxification) (7 days), information and education only (1 day) or assessment only (1 day).

## Client profile and treatment programs

- Closed treatment episodes for female clients were more likely to involve counselling as the main treatment (47%) than treatment episodes for male clients (39%), and less likely to involve withdrawal management (detoxification) (18% and 20% respectively).

**Figure 2: Closed treatment episodes by main treatment type and selected principal drug of concern, Australia, 2002–03**



Source: AIHW 2004: Figure 5.1.

- The proportion of treatment episodes with counselling as the main treatment type increased with the age of the client, from 32% of episodes for clients aged 10–19 years to 50% of episodes for clients in the 50–59 years and 60 years or more age groups.
- Treatment episodes for clients identifying as Aboriginal or Torres Strait Islander people were more likely to involve information and education only (15%, compared to 8% for other Australians) and less likely to involve withdrawal management (detoxification) (13%, compared to 20% for other Australians).

### Geographic location and treatment programs

- In 2002–03, across all areas—except for very remote areas—counselling was the most commonly reported main treatment (accounting for 39% of treatment episodes in major cities, 50% in inner regional, 42% in outer regional and 45% in remote areas). In very remote areas, rehabilitation was the most common treatment type (35% of treatment episodes).

### Other treatments

- Nearly one-fifth (19%) of all closed treatment episodes (excluding Victoria, where this data item is not collected) involved at least one other treatment type in addition to the main treatment ('other' treatment type).
- From the 16,108 closed treatment episodes where another treatment was reported, there were on average 1.3 other treatment types.



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## Ceasing treatment and treatment programs

- Treatment was relatively more likely to cease because it was completed where the main treatment type was assessment only (73% of episodes with this treatment type) and less likely where the main treatment type was rehabilitation (35%) or information or education only (26%).
- In contrast, the majority (62%) of treatment episodes for information and education only ceased due to expiation. This is not surprising given that, in the context of the AODTS–NMDS, expiation means that a client has expiated their offence by completing a recognised education or information program.
- Counselling was the treatment type most likely to end because the client ceased to participate without notice (25% of all episodes for counselling ended for this reason), while rehabilitation and withdrawal management (detoxification) were the treatment types most likely to end with a client ceasing to participate against advice (16% and 11% of treatment episodes respectively ending for this reason).

## Treatment delivery setting and treatment programs

- Over two-thirds (67%) of treatment episodes occurred at a non-residential facility, 21% in a residential facility and 7% in an outreach setting such as a mobile van service.
- Treatment episodes conducted in residential facilities were most likely to involve withdrawal management (detoxification) (56%) or rehabilitation (27%) as the main treatment.
- Of treatment episodes that were conducted in a non-residential treatment facility, the majority of episodes had counselling as the main treatment (56%) followed by assessment only (16%).
- The highest median number of treatment days for a treatment episode occurred where the treatment delivery was either in a non-residential treatment facility or in an outreach setting (26 and 25 days respectively).

## Special theme—clients aged 10–29 years

- Compared to clients aged 30 years or more, clients aged under 30 years were:
  - marginally more likely to be male (68% of treatment episodes for clients aged 10–19 years and 67% for clients aged 20–29 years were for males, compared to 65% for clients aged 30 years or more);
  - more likely to seek treatment for cannabis (50% and 26%, compared to 13%) and amphetamines (11% and 15%, compared to 8%);
  - less likely to seek treatment for alcohol (17% and 22%, compared to 54%);
  - more likely to seek treatment for so-called ‘party drugs’ such as amphetamines, ecstasy and cocaine—‘party drugs’ were the principal drug of concern in 11% of treatment episodes for 10–19 year olds, 16% for 20–29 year olds and 8% for clients aged 30 years or more;

- less likely to refer themselves to the treatment service (21% and 35%, compared to 41%) and more likely to be referred via community-based corrections (18% and 12%, compared to 7%) or police/court diversion processes (17% and 12%, compared to 6%).
- Clients aged 20–29 years were more likely than the younger or older age groups to seek treatment for heroin (27% of all treatment episodes among 20–29 year olds were for this drug, compared to 12% among clients aged 10–19 years and 14% among clients aged 30 years or more).
- Clients aged 20–29 years were also more likely to be current injectors (36% of all treatment episodes among this age group were for current injectors, compared to 21% among both the 10–19 and 30 years or more age groups).
- Clients aged 10–19 years were more likely than clients in the older age groups to receive treatment in outreach settings (21% of treatment episodes for 10–19 year olds were conducted in this setting, compared to 6% for 20–29 year olds and 4% for clients aged 30 years or more).

## Data quality

- The data transmission and cleaning processes for the 2002–03 AODTS–NMDS collection represented an improvement on those of previous years.
- Overall, the quality of the 2002–03 AODTS–NMDS data has continued to improve from previous years.

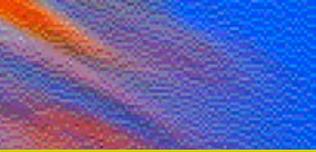
## The AODTS–NMDS collection

The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS) is a nationally agreed set of common data items collected by government-funded service providers for clients registered for alcohol and other drug treatment. The AODTS–NMDS Working Group is responsible for developing and implementing the national collection. The Australian Institute of Health and Welfare is the secretariat for the Working Group and data custodian for the national data set. The NMDS enables the compilation of data from a wide range of agencies and the nine Australian jurisdictions into a single framework, and a conceptually consistent national collection. The report *Alcohol and Other Drug Treatment Services in Australia 2002–03: Report on the National Minimum Data Set* (AIHW 2004) is the source for this bulletin and contains more information on the AODTS–NMDS collection.

## Agencies and clients within scope

All publicly funded (at state and/or Australian Government level) government and non-government agencies that provide one or more specialist alcohol and/or other drug treatment services, including residential and non-residential agencies, were in scope for the national data set. 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. outpatient services).

All clients who had completed one or more treatment episodes from an alcohol and other drug treatment service that was in scope during the relevant reporting period (1 July 2002 to 30 June 2003) were included.



# Alcohol and other drug treatment services in Australia

## Exclusions to scope

- Agencies whose sole activity is to prescribe and/or dose for opioid maintenance pharmacotherapy treatment.
- Clients who were on an opioid maintenance pharmacotherapy program and who were not receiving any other form of treatment.
- Clients receiving support from the majority of Australian government-funded Indigenous substance use services or Aboriginal primary health care services that also provide treatment for alcohol and other drug problems.
- Halfway houses and sobering-up shelters, correctional institutions, health promotion services (e.g. needle and syringe exchange programs).
- Alcohol and drug treatment units in acute care or psychiatric hospitals that only provide treatment to admitted patients, and admitted patients in acute care or psychiatric hospitals.
- Private treatment agencies that do not receive public funding.
- People who sought advice or information but were not formally assessed and accepted for treatment.

## Caveats

Of data in scope, the following caveats must be observed:

- Queensland Health supplied data from Queensland government AODTS agencies and from police diversion processes (all with principal drug of cannabis) but not from other non-government-funded agencies.
- Data relating to police and court diversion programs have been included for all jurisdictions except Tasmania.
- The number of Aboriginal and Torres Strait Islander clients may be under-counted as the majority of Australian government-funded Indigenous substance use services and Aboriginal primary health care services that provide treatment for alcohol and other drug problems did not supply data for 2002–03. In addition, at the national level for 6% of clients, Indigenous status was not specified.

## 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 2002–03 collection. This site can be found at:

[www.aihw.gov.au/drugs/datacubes/index.html](http://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.

## Accessing data from the AODTS–NMDS

The document *Access to Alcohol and Other Drug Treatment Services National Minimum Data Set* outlines the process to be followed for data requests from the AODTS–NMDS. This document is available from the AIHW website at: [www.aihw.gov.au/drugs/treatment/aodts\\_access\\_2004.doc](http://www.aihw.gov.au/drugs/treatment/aodts_access_2004.doc).

## References

AIHW (Australian Institute of Health and Welfare) 2004. Alcohol and other drug treatment services in Australia 2002–03: report on the national minimum data set. AIHW cat. no. HSE 33. Canberra: AIHW. This report is the data source for this bulletin.

## Other recent alcohol and drug publications

For further information, visit our website where a number of recent alcohol and other drug publications are available in full: <[www.aihw.gov.au/drugs](http://www.aihw.gov.au/drugs)>.

AIHW (Australian Institute of Health and Welfare) 2004. Alcohol and other drug treatment services in New South Wales: findings from the national minimum data set 2002–03. AIHW Drug Treatment Data Briefing. Canberra: AIHW. Data briefings are also available for all other jurisdictions.

AIHW (Australian Institute of Health and Welfare) 2003. Alcohol and other drug treatment services in Australia 2001–02: report on the national minimum data set. AIHW cat. no. HSE 28. Canberra: AIHW (Drug Treatment Series no. 2).

AIHW (Australian Institute of Health and Welfare) 2003. Alcohol and other drug treatment services NMDS specifications 2003–04: data dictionary, collection guidelines and validation processes. AIHW cat. no. HSE 26. Canberra: AIHW (Drug Treatment Series no. 3).

AIHW (Australian Institute of Health and Welfare) 2003. Alcohol and other drug treatment services in New South Wales: findings from the national minimum data set 2001–02. AIHW Drug Treatment Data Briefing. Canberra: AIHW. Data briefings are also available for all other jurisdictions excluding Queensland.

AIHW (Australian Institute of Health and Welfare) 2002. Alcohol and other drug treatment services in Australia 2000–01: first report on the NMDS. AIHW cat. no. HSE 22. Canberra: AIHW.

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AIHW (Australian Institute of Health and Welfare) 2002. Guidelines for the NMDS for alcohol and other drug treatment services 2002–03. AIHW cat. no. HSE 21. Canberra: AIHW.

AIHW (Australian Institute of Health and Welfare) 2002. 2001 National drug strategy household survey: detailed findings. AIHW cat. no. PHE 41. Canberra: AIHW (Drug Statistics Series no. 11).



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