



Alcohol and other drug treatment services in Australia 2006–07

Findings from the National Minimum Data Set

Highlights

The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS) has been implemented to help monitor and evaluate key objectives of the National Drug Strategy 2004–2009 and to help plan, manage and improve the quality of alcohol and other drug treatment services.

This is the seventh bulletin in the series of annual bulletins on the AODTS–NMDS. The data presented in this bulletin are derived from the comprehensive AODTS–NMDS 2006–07 annual report (AIHW 2008).

In 2006–07:

- 633 government-funded alcohol and other drug treatment agencies provided 147,325 closed treatment episodes.
- Most treatment episodes (95%) were for people seeking assistance about their own drug use. The remaining episodes were provided to people who were concerned about someone else's drug use.

(highlights continued overleaf)

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- The median age of persons receiving treatment for their own drug use was 31 years.
- Around one-third of all closed treatment episodes were for clients aged 20–29 years, while more than one-quarter were for clients aged 30–39 years.
- Male clients accounted for two-thirds of all closed treatment episodes.
- In 10% of treatment episodes, the clients were of Aboriginal and/or Torres Strait Islander origin.
- Overall, alcohol was the most common *principal* drug of concern reported (42%), followed by cannabis (23%), opioids (14%, with heroin accounting for 11%) and amphetamines (12%). These proportions are very similar to those seen in previous years.
- Indigenous clients reported the same leading principal drugs of concern as the whole treatment population.
- Clients are able to nominate more than one drug of concern. When *all* reported drugs of concern are considered, more than half (57%) of all episodes included alcohol as a drug of concern, while 44% of episodes included cannabis as a drug of concern.
- Nationally, counselling was the most common form of *main* treatment provided (38% of treatment episodes), followed by withdrawal management (17%) and assessment only (15%).
- The length of treatment episodes was highly varied and influenced by the type of treatment received. For example, where counselling was the main treatment type provided, the median duration of treatment was 43 days.
- Most treatment episodes ended either because treatment was completed (54%) or because the client ceased to participate without notice to the treatment provider (17%).

The AODTS–NMDS collection

The AODTS–NMDS is a nationally agreed set of data items collected by government-funded service providers in both the government and non-government sectors. These data are collated by state and territory health authorities and compiled into a national data set by the Australian Institute of Health and Welfare (AIHW). The AODTS–NMDS provides demographic information about clients who use treatment services, data about the drugs that concern clients and information about the treatment clients receive. Some administrative information about treatment agencies is also collected.

Which agencies and clients?

In scope for the collection were the following agencies and clients:

- All publicly funded (at state, territory and/or Australian Government level) government and non-government agencies that provided one or more specialist alcohol and/or other drug treatment services.

- All clients who received treatment at an in-scope alcohol and other drug treatment service during the period 1 July 2006 to 30 June 2007.

There is a large and diverse range of alcohol and other drug treatment services in Australia, not all of which provide information for the AODTS–NMDS. Details of clients and agencies excluded from the AODTS–NMDS are available in Section 1.3 of the AODTS–NMDS 2006–07 annual report (AIHW 2008).

Closed treatment episodes

The AODTS–NMDS counts ‘closed treatment episodes’ rather than clients. A closed treatment episode refers to a period of contact, with defined start and end dates, between a client and a treatment agency.

The number of treatment episodes is not the same as the number of people receiving alcohol and other drug treatment. Some clients participate in more than one treatment episode during the year.

Data quality issues

Readers should be aware that the number of treatment episodes for the year may be under-counted due to some data quality issues. For more details on data completeness issues in 2006–07, see Section 1.5 of the AODTS–NMDS 2006–07 annual report (AIHW 2008).

Treatment agencies

- A total of 633 government-funded alcohol and other drug treatment agencies supplied data for 2006–07. New South Wales had the largest number of treatment agencies (41% of all agencies in Australia), followed by Victoria (22%) and Queensland (17%).
- The majority (52%) of treatment providers were non-government agencies.
- Most treatment agencies were located in Major Cities (56%), followed by Inner Regional areas (27%).

Client profile

- There were 147,325 closed treatment episodes reported in the 2006–07 AODTS–NMDS collection. The number of people utilising these treatment episodes is not available due to the current design of the collection. The decline in treatment episodes from the previous year may be linked to data quality issues.
- Most treatment episodes (95%) involved clients seeking treatment for their own alcohol or other drug use. The remaining 5% involved clients seeking treatment in relation to someone else’s alcohol or other drug use.

- The median age of persons receiving treatment for their own drug use was 31 years. For people receiving treatment in relation to someone else's drug use, the median age was 42.
- Around one-third (32%) of all closed treatment episodes were for persons aged 20–29 years, while more than one-quarter (29%) were for persons aged 30–39 years.
- Male clients accounted for two-thirds (66%) of all closed treatment episodes. Male clients consistently make up the majority of clients in the collection each year.
- Females accounted for the majority of treatment episodes (67%) in relation to someone else's drug use.
- Around 10% (14,823) of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin. This is higher than the overall proportion of Aboriginal and Torres Strait Islander peoples, aged 10 years and over, in the Australian population (2.5%; ABS & AIHW 2008). This figure, however, should be interpreted with caution due to the fact that the majority of Australian Government-funded Aboriginal and Torres Strait Islander substance use services or primary health care services are not included in the AODTS–NMDS collection.
- The majority (86%) of treatment episodes were for clients born in Australia and 95% of treatment episodes were for clients whose preferred language was English. The next most common preferred language was Australian Indigenous languages (2%).

Drugs of concern

Drugs of concern are recorded only for clients seeking assistance for their own drug use. Therefore this section of the bulletin excludes the 6,850 episodes where clients were seeking assistance related to someone else's drug use.

Principal drug of concern

The 'principal drug of concern' refers to the main substance that the client stated led them to seek treatment from the alcohol and other drug treatment agency.

- Nationally in 2006–07, alcohol was the most common principal drug of concern reported in closed treatment episodes (42%), followed by cannabis (23%), opioids (14%, with heroin accounting for 11%) and amphetamines (12%) (Table 1). These proportions are very similar to previous years.
- For clients aged 10–19 years, cannabis was the most common principal drug of concern (47% of episodes) followed by alcohol (29%). For all clients aged 20 years and older, alcohol was the most common principal drug of concern. In the 20–29 year age group, alcohol made up 30% of episodes, followed by cannabis (28%), amphetamines (17%) and heroin (14%). The proportion of alcohol-related episodes increased with the age group of the client—up to 81% of episodes for clients aged 60 years and over.

- Indigenous clients reported the same leading principal drugs of concern as the whole treatment population—alcohol (49% of episodes), cannabis (22%), opioids (11%, with heroin accounting for 8%) and amphetamines (11%).
- Alcohol was more likely to be nominated by Indigenous clients (49% of episodes compared with 42% for other Australians), and opioids less so (11% compared with 15%). However, these proportions have not been adjusted for age.

Table 1: Closed treatment episodes by principal drug of concern, Australia, 2001–02 to 2006–07^(a) (per cent)

Principal drug of concern	2001–02 ^(b)	2002–03	2003–04	2004–05	2005–06	2006–07
Alcohol	37.0	38.0	37.5	37.2	38.7	42.3
Amphetamines	10.8	10.7	11.0	10.9	11.0	12.3
Benzodiazepines	2.4	2.1	2.1	1.9	1.8	1.6
Cannabis	21.0	22.0	22.0	23.0	24.6	22.8
Cocaine	0.7	0.3	0.2	0.3	0.3	0.3
Ecstasy	0.2	0.3	0.4	0.4	0.6	0.7
Heroin	17.7	18.4	18.0	17.2	13.6	10.6
Methadone	2.3	1.8	1.9	1.8	1.7	1.6
Other opioids	2.0	1.8	1.9	2.0	2.0	0.9
All other drugs ^(c)	5.2	3.9	4.6	5.3	5.7	1.7
Not stated	0.7	0.5	0.5	—	—	—
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	113,231	123,032	129,331	135,202	144,963	140,475

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

(b) Queensland supplied data for police diversion clients only and South Australia supplied client registration data rather than treatment episode data.

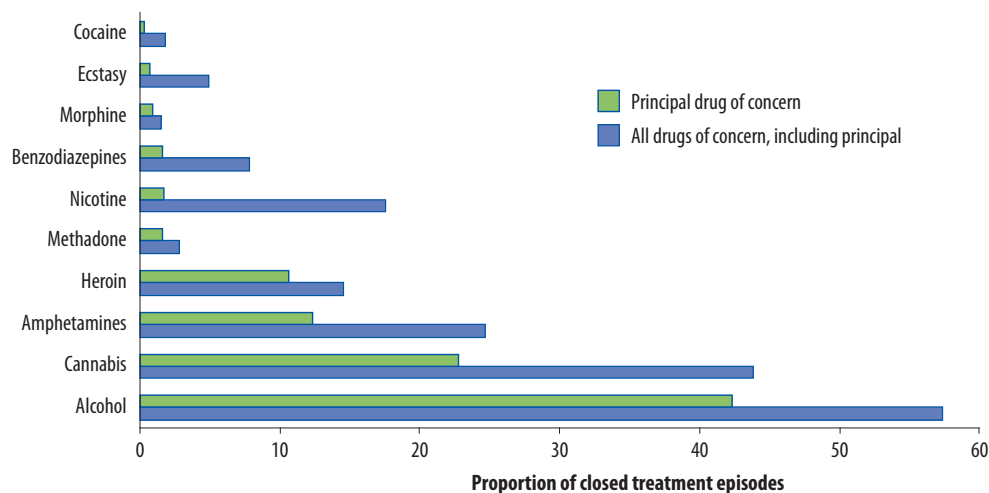
(c) Includes balance of principal drugs of concern coded according to Australian Standard Classification of Drugs of Concern.

Source: AIHW 2008, Table A3.7.

All drugs of concern

‘All drugs of concern’ refers to all drugs reported by clients, including the principal drug of concern and all other drugs of concern (clients can report up to five other drugs).

- Just over half (52%) of all closed treatment episodes involved at least one other drug of concern (in addition to the principal drug of concern).
- When all drugs of concern are considered, more than half (57%) of all episodes included alcohol as a drug of concern, while 44% of episodes included cannabis as a drug of concern (Figure 1).



Note: Excludes 6,850 episodes where clients were seeking treatment for another person's drug use.
Source: AIHW 2008, Figure 4.2.

Figure 1: Closed treatment episodes by principal drug of concern and all drugs of concern, 2006–07

Alcohol

- Alcohol was the most common principal drug of concern for which treatment was sought in 2006–07. Alcohol accounted for 42% of treatment episodes; the next most common principal drug of concern was cannabis (22%).
- Alcohol has been the most common principal drug of concern in each year since the data collection commenced in 2001–02. It has always accounted for 37% or more of episodes as the principal drug of concern.
- In 2006–07, alcohol was involved in 57% of all treatment episodes as either the principal or other nominated drug of concern.

Of the 59,480 closed treatment episodes where alcohol was nominated as the principal drug of concern:

- The majority of episodes (69%) involved male clients.
- The median age of persons receiving treatment was 36 years.
- 12% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- Other drug/s of concern were mentioned in 41% of episodes where alcohol was the principal drug of concern. Cannabis was most likely to be mentioned as a secondary drug of concern in alcohol-focused treatments (making up 37% of other drugs). Nicotine (25%) and amphetamines (15%) were the next most reported.
- Counselling was the most common main treatment type received (42% of episodes), followed by withdrawal management (detoxification) (20%) and assessment only (18%).
- The median number of days for a treatment episode was 17.

Cannabis

Cannabis was the second most common principal drug of concern for which treatment was sought in 2006–07, accounting for 23% of closed treatment episodes. When all drugs of concern are considered, 46% of episodes included cannabis.

In 2006–07, of the 31,980 closed treatment episodes where cannabis was nominated as the principal drug of concern:

- The majority (70%) of episodes were for male clients.
- The median age of persons receiving treatment was 25 years.
- 10% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- Smoking was the most common method of use (92% of episodes), followed by inhaling (4%).
- 17,851 episodes (56%) had at least one other drug of concern reported. Of these episodes, 30,029 instances of other drugs of concern were recorded—36% were for alcohol, 21% nicotine, 20% amphetamines and 7% ecstasy.
- Counselling was the most common main treatment type received (34% of episodes), followed by information and education only (24%) and withdrawal management (detoxification) (14%).
- The median number of days for a treatment episode was 13.

Amphetamines

Amphetamines were the third most common principal drug of concern for which treatment was sought in 2006–07, accounting for 12% of closed treatment episodes. When all drugs of concern are considered, 25% of episodes included amphetamines.

In 2006–07, of the 17,292 closed treatment episodes where amphetamines were nominated as the principal drug of concern:

- The majority (67%) of episodes were for male clients.
- The median age of persons receiving treatment was 29 years.
- 9% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- Injecting was the most common method of use (69% of episodes), followed by smoking (14%) and ingestion (11%).
- The majority (57%) of episodes involved clients who reported being current injectors, while 18% involved clients who reported they had injected drugs in the past.
- 11,553 episodes (67%) included at least one other drug of concern. Of these episodes, 20,954 instances of other drugs of concern were reported—34% were for cannabis, 22% alcohol and 10% for nicotine.

- Counselling was the most common main treatment type received (40% of episodes), followed by assessment only (18%), rehabilitation (14%) and withdrawal management (13%).
- The median number of days for a treatment episode was 18.

Heroin

Heroin was the fourth most common principal drug of concern for which treatment was sought in 2006–07, accounting for 11% of closed treatment episodes. When all drugs of concern are considered, 15% of episodes included heroin.

In 2006–07, of the 14,870 closed treatment episodes where heroin was nominated as the principal drug of concern:

- The majority (65%) of episodes were for male clients.
- The median age of persons receiving treatment was 30 years.
- 7% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- Injecting was the most common usual method of use (92% of episodes), followed by smoking (5%).
- The majority (60%) of treatment episodes involved clients who reported being current injectors, while 30% involved clients who reported they had injected drugs in the past.
- 9,931 episodes (67%) included at least one other drug of concern. Of these episodes, 18,716 instances of other drugs of concern were recorded—26% were for cannabis and 19% for amphetamines.
- Counselling was the most common main treatment type received (30% of episodes), followed by withdrawal management (detoxification) (19%) and assessment only (17%).
- The median number of days for a treatment episode was 29.

Benzodiazepines

Benzodiazepines as a principal drug of concern accounted for 1.6% of closed treatment episodes in 2006–07. When all drugs of concern are considered, 8% of episodes included benzodiazepines.

In 2006–07, of the 2,298 closed treatment episodes where benzodiazepines were nominated as the principal drug of concern:

- The majority (54%) of episodes were for female clients.
- The median age of persons receiving treatment was 35 years.
- 4% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- Ingestion was the most common method of use (94% of episodes), followed by injecting (5%).

- 1,470 episodes (or 64%) included at least one other drug of concern. Of these episodes, 2,873 instances of other drugs of concern were recorded—21% were for alcohol, 18% for cannabis, 13% for amphetamines and 12% for nicotine.
- Withdrawal management (detoxification) was the most common main treatment type received (35% of episodes), followed by counselling (33%).
- The median number of days for a treatment episode was 20.

Ecstasy

Ecstasy as a principal drug of concern accounted for 0.7% of closed treatment episodes in 2006–07. When all drugs of concern are considered, 5% of episodes included ecstasy.

In 2006–07, of the 1,010 closed treatment episodes where ecstasy was nominated as the principal drug of concern:

- The majority (77%) of episodes were for male clients.
- The median age of persons receiving treatment was 22 years.
- 4% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- Ingestion was the most common method of use (92% of episodes), followed by injecting (3%).
- 641 episodes (64%) included at least one other drug of concern. Of these episodes, 1,161 instances of other drugs of concern were recorded—28% for alcohol, 25% for cannabis and 24% for amphetamines.
- Counselling was the most common main treatment type received (43% of episodes), followed by information and education only (27%) and support and case management only (12%).
- The median number of days for a treatment episode was 8.

Cocaine

Cocaine as a principal drug of concern accounted for a very small proportion (0.3%) of closed treatment episodes in 2006–07. When all drugs of concern are considered, 2% of episodes included cocaine.

In 2006–07, of the 448 closed treatment episodes where cocaine was nominated as the principal drug of concern:

- The majority (76%) of episodes were for male clients.
- The median age of persons receiving treatment was 30 years.
- 5% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- Sniffing was the most common method of use (50% of episodes), followed by injecting (34%).

- 329 episodes (73%) included at least one other drug of concern. Of these episodes, 569 instances of other drugs of concern were recorded—25% were for alcohol, 19% for amphetamines and 17% for cannabis.
- Counselling was the most common main treatment type received (40% of episodes), followed by assessment only (19%) and withdrawal management (detoxification) (16%).
- The median number of days for a treatment episode was 17.

Treatment programs

'Main treatment type' is defined as 'the main activity determined at assessment by the treatment provider to treat the client's alcohol and/or other drug problem'. Data presented in this section relate to all clients—both those seeking treatment for their own use and those concerned about someone else's alcohol or other drug use. (The sub-sections relating to principal drug of concern and treatment programs only relate to clients seeking treatment for their own use.)

- Nationally in 2006–07, counselling was the most common main treatment provided (39% of episodes), followed by withdrawal management (17%), assessment only (15%) and information and education only (10%) (Table 2).
- The decline in the number of treatment episodes between 2005–06 and 2006–07 may be related to data quality issues.
- Closed treatment episodes involving Indigenous clients were most likely to involve counselling (38%), followed by assessment only (18%) and withdrawal management (12%).
- 15% of 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.

Table 2: Closed treatment episodes by main treatment type, Australia, 2001–02 to 2006–07 (per cent)

Main treatment type	2001–02 ^(a)	2002–03	2003–04	2004–05	2005–06	2006–07
Withdrawal management (detoxification)	19.1	18.9	18.4	17.9	17.1	16.6
Counselling	38.9	41.5	37.6	40.2	37.8	38.7
Rehabilitation	6.3	7.5	8.6	7.7	7.5	7.4
Support and case management only	6.1	6.9	8.4	7.9	8.2	8.3
Information and education only	9.8	8.0	7.6	8.9	9.7	9.3
Assessment only	14.6	12.7	14.9	12.4	15.3	15.1
Other ^(b)	5.1	4.4	4.5	5.0	4.4	4.5
Total (per cent)	100.0	100.0	100.0	100.0	100.0	100.0
Total (number)	113,705	130,930	136,869	142,144	151,362	147,325

(a) Excludes South Australia.

(b) 'Other' includes closed treatment episodes where the main treatment was reported as pharmacotherapy.

Source: AIHW 2008, Table A3.19.

Counselling

Counselling was the most common main treatment provided in 2006–07, accounting for 39% of closed treatment episodes. Of these episodes:

- ♦ 91% (51,630 episodes) were for clients seeking treatment for their own drug use.
- ♦ The majority (63%) of episodes were for male clients.
- ♦ The median age of persons receiving treatment was 33 years.
- ♦ 10% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- ♦ Treatment was most likely to occur in a non-residential treatment facility (93% of episodes), rather than residential, outreach or home-based settings.
- ♦ The median number of days for a treatment episode was 43 days.
- ♦ Alcohol was the most common principal drug of concern reported (48% of episodes) by people seeking treatment for their own drug use, followed by cannabis (21%), amphetamines (13%) and heroin (9%).

Withdrawal management (detoxification)

Withdrawal management was the second most common main treatment type provided in 2006–07, accounting for 17% of closed treatment episodes. Of these episodes:

- ♦ By definition, all episodes were for clients seeking treatment for their own drug use.
- ♦ The majority (64%) of episodes were for male clients.
- ♦ The median age of persons receiving treatment was 35 years.
- ♦ 8% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- ♦ The majority (59%) of episodes occurred in a residential treatment facility.
- ♦ The median number of days for a treatment episode was 8 days.
- ♦ Alcohol was the most common principal drug of concern reported (47% of episodes), followed by cannabis (18%) and heroin (11%).

Assessment only

Assessment only was the third most common main treatment type provided in 2006–07, accounting for 15% of closed treatment episodes. Of these episodes:

- ♦ Almost all (99%) episodes were for clients seeking treatment for their own drug use.
- ♦ The majority (74%) of episodes were for male clients.
- ♦ The median age of persons receiving treatment was 32 years.
- ♦ 12% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- ♦ The majority (80%) of episodes occurred in a non-residential treatment facility.
- ♦ The median number of days for a treatment episode was 1 day.

- ♦ Alcohol was the most common principal drug of concern reported (49% of episodes) by people seeking treatment for their own drug use, followed by cannabis (15%) and amphetamines (14%).

The method of counting assessment episodes may differ among states/territories and comparison of data nationally and across jurisdictions should be interpreted with caution.

Information and education only

Information and education only was the fourth most common main treatment type provided in 2006–07, accounting for 9% of closed treatment episodes. Of these episodes:

- ♦ 98% were for clients seeking treatment for their own drug use.
- ♦ The majority (73%) of episodes were for male clients.
- ♦ The median age of persons receiving treatment was 24 years.
- ♦ 12% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- ♦ The majority (77%) of episodes occurred in a non-residential treatment facility.
- ♦ The median number of days for a treatment episode was 1 day.
- ♦ For clients who received information and education about their own drug use, cannabis was the most common principal drug of concern reported (57% of episodes), followed by alcohol (20%).

Support and case management only

Support and case management only as a main treatment type accounted for 8% of closed treatment episodes in 2006–07. Of these episodes:

- ♦ 93% were for clients seeking treatment for their own drug use.
- ♦ The majority (61%) of episodes were for male clients.
- ♦ The median age of persons receiving treatment was 23 years.
- ♦ 10% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- ♦ Treatment was most likely to occur in either an outreach setting (50% of episodes) or a non-residential treatment facility (44%).
- ♦ The median number of days for a treatment episode was 47 days.
- ♦ Cannabis was the most common principal drug of concern reported (31% of episodes) by people seeking treatment for their own drug use, followed by alcohol (27%) and heroin (16%).

Rehabilitation

Rehabilitation as a main treatment type accounted for 7% of closed treatment episodes in 2006–07. Of these episodes:

- The majority (68%) of episodes were for male clients.
- The median age of persons receiving treatment was 31 years.
- 12% of episodes involved clients who identified as being of Aboriginal and/or Torres Strait Islander origin.
- The majority (62%) of treatment episodes occurred in a residential treatment facility.
- The median number of days for a treatment episode was 34 days.
- Alcohol was the most common principal drug of concern reported (44% of episodes), followed by amphetamines (22%), cannabis (21%) and heroin (9%).

Accessing data from the AODTS–NMDS

The AIHW has an interactive alcohol and other drug treatment data site containing subsets (data cubes) of national data on alcohol and other drug treatment services from the 2001–02 to 2006–07 collections. This site can be found at <www.aihw.gov.au/drugs/datacubes/index.cfm>.

The document *Alcohol and other drug treatment services NMDS Specifications 2008–09* outlines the process to be followed for unpublished data requests. This document is available from the AIHW web site at <www.aihw.gov.au/publications/index.cfm/title/10575.doc>.

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This publication is part of the Australian Institute of Health and Welfare's bulletin series. A complete list of the Institute's publications is available on the Institute's website <www.aihw.gov.au>.

Cat. no. AUS 107

ISSN 1446-9820

ISBN 978 1 74024 840 2

Acknowledgment

The AIHW would like to acknowledge the input of data providers and the IGCD AODTS–NMDS Working Group, as well as the funding provided by the Australian Government Department of Health and Ageing for this project.

Suggested citation

AIHW (Australian Institute of Health and Welfare) 2008. Alcohol and other drug treatment services in Australia: findings from the National Minimum Data Set 2006–07. Bulletin no. 65. Cat. no. AUS 107. Canberra: AIHW.

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Published by the Australian Institute of Health and Welfare

Printed by Elect Printing