

Alcohol and other drug treatment services NMDS, 2015–16; Quality Statement

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Alcohol and other drug treatment services NMDS, 2015–16; Quality Statement

Identifying and definitional attributes

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Data quality

The Alcohol and Other Drug Treatment Services National Minimum Dataset (AODTS NMDS) is based on closed episodes of treatment provided to clients by alcohol and other drug treatment services. All in-scope service agencies are publicly funded through state, territory or Australian government programs. Key quality issues to consider for the collection include:

- Funding programs cannot be differentiated—services are categorised according to sector, with government-funded and operated services reported as public services and those operated by non-government organisations reported as private services.
- National data are affected by variations in service structures and collection practices between states and territories; these should be considered when making comparisons between jurisdictions.
- Data from 2006–07 have been included in the 2015–16 annual report, for presenting 10 year trend analyses.
- The AODTS NMDS reports both main and additional treatment types. Victoria and Western Australia do not differentiate between main and other treatment types. This needs to be taken into account when comparing episodes from these states with other states and territories.
- In 2012–13, the AODTS NMDS implemented a statistical linkage key (SLK) for the first time. This linkage key enables the number of clients receiving treatment to be counted. As SLKs may not be available for all treatment episodes imputation is used to estimate the number of individuals in 2012–13, 2013–14 and 2015–16. The rate of invalid SLKs decreased from 12% in 2012–13 to 4% in 2013–14; in 2014–15 no imputation was required. Imputation was however applied to the 2015–16 data, due to a lower response rate for NSW (91%). This imputation should be taken into consideration when comparing the 2015–16 data with 2014–15 data. Further information about the imputation methodology applied to these data can be found online as part of the release of the Alcohol and other drug treatment services in Australia 2015–16 report.

Description

The Australian Institute of Health and Welfare (AIHW) collects AODTS NMDS data annually on closed episodes of treatment provided to clients of alcohol and other drug treatment services, drugs of concern and the types of treatment received. The AODTS NMDS counts completed treatment episodes provided to clients by in-scope alcohol and other drug treatment services. This includes all clients who had completed 1 or more treatment episodes at an alcohol and other drug treatment service that was in scope during the period 1 July 2015 to 30 June 2016.

The AODTS NMDS is a collection of data from publicly-funded treatment services in all states and territories, including those directly funded by the Australian Government Department of Health (DoH). Publicly-funded alcohol and other drug treatment agencies collect the agreed data items and forward this information to the appropriate health authority such as state/territory health authority, contracted AOD organisation or the AIHW. Agencies are responsible for ensuring that the required information is accurately recorded.

For most states and territories, the data provided for the national collection are a subset of a more detailed jurisdictional data set used for planning at that level.

Institutional environment: The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent corporate Commonwealth entity established in 1987, governed by a management board, and accountable to the Australian Parliament through the Health portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The AIHW also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The AIHW works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national data sets based on data from each jurisdiction, to analyse these data sets and disseminate information and statistics.

The Australian Institute of Health and Welfare Act 1987, in conjunction with compliance to the Privacy Act 1988 (Cwth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au.

Under a Memorandum of Understanding with the Department of Health, the Australian Institute of Health and Welfare (AIHW) is responsible for the management of the AODTS NMDS. The AIHW maintains a coordinating role in the collection, including providing secretariat duties to the AODTS NMDS Working Group, undertaking data development and highlighting national and jurisdictional implementation and collection issues. The AIHW is also the data custodian of the national collection and is responsible for collating data from jurisdictions into a national data set and analysing and reporting on the data.

Alcohol and other drug treatment service providers may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation. State and territory health authorities collate these data according to agreed specifications and report to the AIHW. Australian Government-funded providers submit data directly to the AIHW.

Timeliness: The AIHW collects AODTS NMDS data on closed episodes of treatment provided to clients by alcohol and other drug treatment services on an annual basis. The most recent collection is for the reference period 1 July 2015 to 30 June 2016.

The state and territory health departments and Department of Health funded Non-Government Organisation Treatment Grant Program (NGOTGP) agencies to provide data to the AIHW using the AIHW's online data validation tool (Validata). For the 2015–16 collection, data were due for submission through the Validata at the end of November 2016 with final approval of all data due at the end of December 2016. The 2015–16 national dataset was finalised by 16 January 2017, one day after the scheduled date.

The first release of data for the 2015–16 reference period was published on 20 April 2017, with the Annual Report scheduled for release 15 June 2017.

Accessibility:

Reports incorporating AODTS NMDS data, including the annual Alcohol and other drug treatment services in Australia reports, are available on the AIHW website <http://www.aihw.gov.au/publications/>. Requests for unpublished data can be made by contacting the AIHW on (02) 6244 1000, by email to info@aihw.gov.au or through AIHW's custom data request service at www.aihw.gov.au/custom-data-request-service. A cost-recovery charge may apply to requests that require substantial resources. Depending on the nature of the request, requests for access to unpublished data may require additional approval from jurisdictional data custodians or the AIHW Ethics Committee.

Interpretability:

Contextual information on the alcohol and other drug treatment sector is available in the annual Alcohol and other drug treatment services in Australia reports. Supporting information about the data includes footnotes to tables and figures and details about the data items and methods used in reporting, as well as glossary items.

Metadata for the AODTS NMDS is available from METeOR, the AIHW's online metadata repository. METeOR specifications for the collection can be accessed from [/content/index.phtml/itemId/583090](http://content/index.phtml/itemId/583090)

Relevance:

The AODTS NMDS contains information on treatment episodes provided by publicly-funded alcohol and other drug treatment services. Data collected are for the financial year 2015–16.

Data on agencies

The AODTS NMDS collects information provided by publicly-funded alcohol and other drug treatment services. Agencies are excluded from the AODTS NMDS if they:

- do not receive any public funding
- provide accommodation as their main function (including half-way houses and sobering-up shelters)
- are located in prisons or detention centres
- are located in acute care or psychiatric hospitals and only provide treatment to admitted patients
- have the sole function of prescribing or providing dosing for opioid pharmacotherapy (these agencies are excluded because of the complexity of this sector. Information on services provided by these agencies is collected in the National Opioid Pharmacotherapy Statistical Annual Data (NOPSAD) collection).

Australian Government-funded primary health care services and substance-use services are in scope for the AODTS NMDS, but most of these agencies do not contribute to the collection as they currently provide data to other collections, such as hospitals, prisoner and mental health.

The number of agencies reporting to the AODTS NMDS decreased from 843 in 2014–15 to 796 in 2015–16. Jurisdictions were requested to provide information on the coverage of in-scope agencies in the data information document that accompanied their data submission. Based on the information supplied, approximately 91% of in-scope agencies nationally submitted data to the collection. There was a large decrease in the number of in-scope agencies that reported for New South Wales in 2015–16 (–11.5%) due to system errors.

Tasmania however had a significant increase (9.4%) due to three agencies reporting in the 2015–16 collection that were unable to report data for 2014–15 because of resource constraints.

For each agency in the AODTS NMDS, data are collected on the geographical location of the agency.

Data on treatment episodes

As a unit of measurement, the 'closed treatment episode' used in the AODTS NMDS contains information on all treatment episodes provided by in-scope agencies where the episode was closed in the relevant financial year. A treatment

episode is considered closed where:

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

Treatment episodes are excluded from the AODTS NMDS if they:

- are not closed in the relevant financial year
- are for clients who are receiving pharmacotherapy and not receiving any other form of treatment that falls within the scope of the collection (information about pharmacotherapy treatment alone is out of scope for the AODTS NMDS and is collected in the NOPSAD collection).
- only include activities relating to needle and syringe exchange
- are for a client aged under 10.

For each treatment episode in the AODTS NMDS, data are collected on:

- the client: sex, date of birth, Indigenous status, country of birth, preferred language, source of referral and injecting drug status
- whether the client is receiving treatment for their own drug use or someone else's drug use
- the drugs of concern (principal drug of concern and up to 5 additional drugs of concern)
- the method of use for the principal drug of concern
- types of treatment (main treatment type and up to 4 additional treatment types)
- the start and end dates of the episode and the reason the episode was closed.

Data on clients

The AODTS NMDS does not contain a unique identifier for clients and information about clients is collected at the episode level. For the 2012–13 collection, an SLK was introduced to enable the number of clients receiving treatment to be counted while continuing to ensure the privacy of these individuals receiving treatment.

The SLK is constructed from information about the client's date of birth, sex and an alpha code based on selected letters of their name.

Accuracy:

Data for the AODTS NMDS are extracted each year from the administrative systems of the health departments or are provided by the treatment agencies directly to the health departments. These data are then collated by the health departments according to the definitions and technical specifications agreed to by the departments and the AIHW.

The number of closed treatment episodes decreased from 170,367 in 2014–15 to 206,635 in 2015–16. South Australia reported an overall decrease of approximately 751 treatment episodes between 2014–15 and 2015–16. All other states and territories saw an increase in treatment episodes.

Approximately 91% of in-scope treatment services submitted data to the AODTS NMDS in 2015–16. Four jurisdictions submitted 100% of in-scope treatment services except for New South Wales (80.6%), Victoria (94.9%), Queensland (99.3%) and Tasmania (90.3%). In NSW, 68 in-scope agencies did not report due to some NSW agencies being unable to provide name components of the SLK which in turn impacted the number of valid SLKs and overall quality of SLK data. NSW did however have an overall increase of 9,759 closed episodes for 2015–16.

Each in-scope treatment service is required to provide information on each agency related to the service (including delivery outlets). However, some services only provide information on the main administrative centre. As a result, the number of treatment agencies may be under counted (information on the number of agencies for which data are not provided is not available).

Overall, the coverage of episode data in the AODTS NMDS for 2015–16 is good. For most data elements, less than 5% of records have missing data (including not stated or unknown responses) while less than 1% of records have an invalid SLK. Around 5% of records have an unknown Indigenous status. Of the records relating

to episodes provided to clients receiving treatment for their own drug use, reason for cessation is not available for 7%, method of drug use is not available for 9% and injecting drug use status is not available for 15%.

Not stated/unknown responses for data items, nationally, 2013–14 to 2015–16 (per cent)

Data item	2013–14	2014–15	2015–16
Client data items			
Client type	..	..	..
Country of birth	1.9	1.5	1.5
Date of birth/age	0.0	0.0	0.1
Indigenous status	5.4	5.8	4.8
Preferred language	2.1	2.1	5.3
Sex	0.1	0.1	0.1
Source of referral	1.3	1.5	2.0
Drug data items			
Principal drug of concern	..	..	..
Injecting drug use*	15.4	15.4	16.1
Method of use*	7.6	7.4	8.7
Treatment data items			
Main treatment type	..	..	..
Reason for cessation	4.0	4.4	7.3
(mandatory)Treatment delivery setting	..	..	..

.. not applicable (the data item does not apply)

* Proportion calculated using the number of closed episodes where the client was receiving treatment for their own drug use.

Not all jurisdictions code drug of concern using the full Australian Standard Classification of Drugs of Concern 2011 but rather use a short list of drug codes. As a result, some specific drugs may be under-reported. For example, oxycodone may be recorded as 'opioid analgesics n.f.d.' rather than the specific oxycodone code.

Postcode of client was collected for the first time in 2013–14. In 2015–16 approximately 3% of records had a missing postcode, ranging from zero in Western Australia to 9% in New South Wales.

State and territory issues:

New South Wales

New South Wales Health collects data from all Australian Government/ state government-funded agencies as part of requirements stipulated in a signed agreement at the commencement or renewal of each funding agreement. Data are provided monthly by agencies to their respective Local Health Districts (LHDs). There are currently a number of data collection systems in use and development. The New South Wales Minimum Data Set is collected by these systems from which the collection of the AODTS NMDS is provided to the AIHW. New South Wales has developed a Drug and Alcohol State Baseline Build Information System for use by government agencies. During the 2014–15 collection cycle, a number of NSW Local Health Districts migrated to this system.

This process began in 2014–15 and will continue until the first half of 2016–17 for most agencies. Agencies are moving from one or a number of legacy systems. There has been difficulty reporting data due to the ongoing development and

testing of extracts. Therefore the data for NSW has been under reported for 2015–16. It is expected that the problems will continue for the remainder of 2016 but the extracting and reporting of data will improve. Note that not all of New South Wales government agencies and LHDs will migrate to the new system. The majority of NGO data are collected via the NADA (Network of Alcohol and other Drug Agencies) online system. NADA is the peak organisation for the non-government drug and alcohol sector in New South Wales.

Victoria

Adult focussed Alcohol and other drug treatment was re-commissioned in late 2014 and is now delivered through a number of treatment streams within catchment areas. These treatment streams include intake, counselling, withdrawal, rehabilitation and pharmacotherapy. These treatment streams are also supported by a separate planning function, led by a funded service provider in each catchment.

The key deliverable for the re-commissioned activity in Victoria is the Drug Treatment Activity Unit (DTAU), based on the number of closed Courses of Treatment.

For the remaining services the deliverable remains the Episode of Care. Agencies funded to provide drug treatment services in Victoria have service provision targets, which are defined in terms of number of episodes of care or DTAUs to be provided, by service type and by target group (for example, youth). As a requirement of their funding agreement with the Victorian Department of Health and Human Services, agencies are required to submit data quarterly detailing their provision of drug treatment services and achievement of episodes of care. A subset of this data is contributed to the AODTS NMDS annually.

Note that a reduction in Victorian Alcohol and Other Drug Treatment annual activity is evident in the AODTS NMDS during 2014–15; this is associated with the service system re-commissioning.

Victorian data are not directly comparable with data for other jurisdictions because every treatment type provided is reported as a separate episode; Victoria does not differentiate between main and other treatment types.

Victoria only provides information about non-government agencies that receive public funding.

A number of larger service providers have implemented their own in-house Client Management Systems thus lessening their dependence on the legacy FULLADIS information systems. Hospitals and community health centres however continued to use HealthSMART client management system to report on alcohol and other drug treatment activity. As a result there have been some data integrity issues arising as new systems are being adopted by service providers.

While continuing correction and re-submission of historic data by service providers partly addresses data integrity issues, the adoption of 'Extensible Markup Language' with data validation via 'XML Schema Definition' as part of the requirements of new 'Victorian Alcohol and other Drug Collection' (VADC) is expected to improve data quality substantially.

Queensland

Queensland Health collects data from all Queensland Government alcohol and other drug treatment service providers and from all Queensland Illicit Drug Diversion Initiatives – Police and Court Diversion clients. Queensland Health has a state-wide web-based clinical information management system supporting the collection of AODTS NMDS items for all Queensland Government alcohol and other drug treatment services. Since 2007, Queensland has funded the Queensland Network of Alcohol and Drug Agencies Ltd. (QNADA) to collate and deliver to Queensland Health aggregated AODTS NMDS data for the alcohol and other drug treatment non-government sector.

Treatment provided to people diverted to services by police and the courts is

recorded as information and education only. Actual treatment involves a 2-hour treatment session that included extensive alcohol and drug assessment to determine dependence, assessment of risk-taking behaviours, provision of advice and information on reducing/ ceasing drug use and harm minimisation, motivational intervention, provision of resources and referral.

In Queensland, nicotine appears as the fourth ranked PDOC as Smoking cessation therapy is an endorsed model of service in Queensland public AOD services.

Information system implementation issues with the collection and reporting of the Accommodation Type data element impacted on the data quality for this item in 2015–16.

Western Australia

Data are provided by both government and non-government sectors. Non-government services were contracted by the Drug and Alcohol Office (DAO), now named the Mental Health Commission, to provide alcohol and other drug services. They have contractual obligations to incorporate the data elements of the AODTS NMDS in their collections. They are also obliged to provide data in a regular and timely manner to DAO. These data items are collated and checked by DAO before annual submission to the AIHW.

Western Australia does not differentiate between main and other treatment types. As such, Western Australia is not directly comparable with other jurisdictions because every treatment type provided is reported as a separate episode.

In Western Australia, a reform in the way non-residential treatment services are provided in the Perth metropolitan area has resulted in the co-location and integration of some government and non-government services. Time series data do not adequately illustrate these changes.

South Australia

Data are provided by government Drug and Alcohol Services South Australia (DASSA) and non-government alcohol and other drug treatment services.

Non-government alcohol and other drug treatment services in South Australia are subject to service agreements with the South Australian Minister for Mental Health and Substance Abuse. As part of these service agreements, non-government organisations are required to provide timely client data in accordance with the AODTS NMDS guidelines. Data are forwarded to DASSA for collation and checking. DASSA then forwards cleaned data to the AIHW annually. DASSA does not collect information directly from those services funded by the NGOTGP. These data are provided to DoH via AIHW.

In 2015–16, South Australia reported a high proportion of episodes of treatment where amphetamines are the principal drug of concern and assessment only is the main treatment type. This is related to assessments provided under the Police Drug Diversion Initiative. This program is legislated in South Australia, unlike other jurisdictions, and therefore results in a higher percentage of assessment only services with high rates of engagement with methamphetamine users. In addition, due to the Cannabis Expiation Notice legislation in South Australia, adult simple cannabis offences are not diverted to treatment and so are excluded from the data.

Tasmania

NGOs funded by the Tasmanian Government provide AODTS NMDS and key performance indicator data under the provisions of a service agreement. AODTS NMDS data are submitted to Alcohol and Drug Service State Office on either a 6-monthly or yearly basis. Data quality reports are fed back to the NGOs and training or information on data capture practices are provided as required.

Australian Capital Territory

Australian Capital Territory alcohol and other drug treatment service providers supply ACT Health with their complete data collection for the AODTS NMDS by 31 August each financial year. The services provide a standardised reporting system to enhance uniformity and reliability of data.

Northern Territory

Alcohol and other drug treatment services in the Northern Territory are provided by government and non-government agencies. The bulk of services provided through non-government agencies are funded via service-level agreements with the Northern Territory Department of Health. All funded agencies are required to provide AODTS NMDS data items to the department on a regular and timely basis as part of a larger data collection. Summary statistical reports are sent to all agencies every 6 months detailing client activity for the previous 12 months.

Australian Government Department of Health (DoH)

DoH funds a number of alcohol and other drug treatment services under the National Illicit Drug Strategy Non-Government Organisation Treatment Grants Program (NGOTGP). These agencies are required to collect data (according to the AODTS NMDS specifications) to facilitate the monitoring of their activities and to provide quantitative information to the Australian Government on their activities. Data from these agencies are generally submitted to the relevant state/territory health authority, except for a number of agencies in New South Wales, Queensland, Western Australia and South Australia, which submit data annually to the Department of Health.

Reported numbers for each state and territory in the AODTS NMDS annual report include services provided under the National Illicit Drug Strategy, NGOTGP.

From 2012–13 onwards, the AIHW collected the data on behalf of a number of state and territory NGOTGP agencies, that were funded directly by the Commonwealth, for collation and reporting to the AODTS NMDS. The 2012–13 collection period was the first year NGOTGP data were processed by the AIHW.

In 2015, the agreed Schedule between the AIHW and the DoH required the AIHW to collect NGOTGP data on behalf of the DoH. The agreement stated that the AIHW would validate, aggregate and report on standardised data annually from Australian, state and territory NGOTGP, and finalise data from the NGOTGPs for inclusion in the national AODTS NMDS.

The AODTS NMDS was initially developed from 1996–2001 and the first report containing data from the data set was published in 2002. The data specifications were significantly altered for the 2003–04 collection and data from 2000–01 to 2002–03 are not comparable with data from later years.

In 2011, the Australian Bureau of Statistics (ABS) phased out the Australian Standard Geographical Classification (ASGC) to be replaced by a new classification scheme: the Australian Statistical Geography Standard (ASGS). Also updated at this time were remoteness areas based on the 2011 ABS Census of Population and Housing. From the 2012–13 AODTS NMDS collection onwards: the new Statistical area level 2 (SA2) replaced the ASGC for Geographical location of service delivery outlet. The geographical scheme (ASGS 2011) is collected using the element Statistical area level 2 (SA2). Data for previous years reported by remoteness are reported for RA 2006. Data for 2012–13 onwards are reported for RA 2011 using SA2. The AIHW considers the change from RA 2006 to RA 2011 to be a series break when applied to data supplied for this indicator; therefore remoteness data for 2011–12 and previous years are not comparable to remoteness data for 2012–13 and subsequent years.

In 2011, the ABS updated the Australian Standard Classification of Drug of concern, which was first released in 2000. The updated version incorporates newer psychoactive substances; most notably there is a new category for 'cannabinoid agonists'.

Country of birth was updated for the 2012–13 collection period to use the Standard Australian Classification of Countries (SACC), 2011.

Preferred language was updated for the 2012–13 collection period to use Australian Standard Classification of Languages (ASCL), 2011.

The ASGS was again updated in 2016 with no effect on the 2015–16 data collection.

Coherence:

The number of closed treatment episodes increased from 170,367 in 2014–15 to 206,635 in 2015–16. South Australia reported a decrease of approximately 751 treatment episodes in 2015–16 but all other states and territories reported an increase between 2014–16 and 2015–16. The rate of invalid SLKs decreased from 4% in 2013–14; (in 2014–15 no imputation was required) to less than 1% in 2015–16.

Several factors can contribute to changes in the number of agencies reporting between years, as well as changes in the number of in-scope agencies, some jurisdictions may change data collection approaches, such as moving from collecting data at an administrative or management level to a service outlet level. Data are also affected by variations in service structures and collection practices between states and territories. These differences need to be taken into consideration when making comparisons between jurisdictions. In addition, as the AODTS NMDS has been implemented in stages, some data are not directly comparable across all years, particularly the earlier years of the collection.

The AODTS NMDS reports on both main and additional treatment types. Data on treatment types from Western Australia and Victoria are not directly comparable with data from other jurisdictions. This should be taken into consideration when comparing episodes from these states with those of other states and territories.

Victoria and Western Australia do not differentiate between main and other treatment types. Data for Victoria and Western Australia are not directly comparable with data for other jurisdictions because every treatment type provided is reported as a separate episode.

Services in Western Australia are not directly comparable with other states, or previous years, because of the growth of integrated services that include government and non-government service providers; a reform in the way non-residential treatment services are provided in the Perth metropolitan area resulted in the co-location and integration of some government and non-government services. Time series data do not adequately illustrate these changes.

Tasmania's illicit drug diversion treatment data are managed and extracted from the Drug Offence Reporting System (DORS). This system resides with Tasmania Police. A high proportion of treatment episodes in Tasmania with the principal drug of cannabis can be attributed largely to the inclusion of this data.

Despite variations in reporting practices between jurisdictions, there is very little difference between the proportions for principal drug of concern and all drugs of concern, for example, the top drugs of concern remain the same in relative size and order.

Data for the AODTS NMDS are available from 2001–02; however, the data specifications were significantly altered for the 2003–04 collection, causing comparability issues. As a result only data from 2006–07 are used in this report to present a 10 year trend series.

Data products

Implementation start date: 01/07/2014

Relational attributes

Related metadata references:

Supersedes [Alcohol and other drug treatment services NMDS, 2014–15; Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 28/06/2017

Has been superseded by [Alcohol and other drug treatment services NMDS, 2016–17; Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 17/04/2019