Alcohol and Other Drug Treatment Services–National Minimum Dataset 2010–11 Report - Data quality statement

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Alcohol and Other Drug Treatment Services–National Minimum Dataset 2010–11 Report - Data quality statement

Identifying and definitional attributes

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Data quality

Data quality statement summary:

Summary of key data quality issues of the AODTS–NMDS 2010–11

1. Data are reported by each state and territory regardless of funding type. Because all services are publicly funded, they receive at least some of their funding through a state, territory or Australian government program. The actual funding program cannot be differentiated, however services are categorised according to their sector, with government funded and operated services reported as public services and those operated by non-government organisations reported as private services.
2. National data are affected by variations in service structures and collection practices between states and territories and care should be taken when making comparisons between them. Also, the AODTS–NMDS has been implemented in stages, so comparisons across years, particularly the earlier years of the collection, need to be made with caution. Not all jurisdictions were able to provide data from the beginning of the collection and not all elements have been reported from the same time. These differences are described as data quality features and administrative features in Table 2, and as footnotes in tables where appropriate.
3. As a unit of measurement, the 'closed treatment episode' used in the AODTS–NMDS cannot provide information on the number of clients who access publicly funded alcohol and other drug treatment, nor can it provide information on the extent of concurrent, sequential or recurrent service use. This is because it is possible for a single individual to access more than one service at a time, for different treatments and for different substance use problems.

Institutional environment: Under a memorandum of understanding with the DoHA, the 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–WG, undertaking data development work 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 (at national and state/territory levels).

The 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 statutory authority established in 1987, governed by a Management Board, and accountable to the Australian Parliament through the Health and Ageing 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, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute 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 Institute 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 (Cwlth), 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/>.

Timeliness: The AIHW and jurisdictions are working towards improving the timeliness of the AODTS–NMDS submission. Due to system and staffing issues in some jurisdictions, the 2010–11 AODTS–NMDS was finalised in June 2012, 5 months after the anticipated data finalisation date. The AIHW is continuing to work with jurisdictions to improve the timeliness of data submissions.

Most notably, the AIHW will be using the ValidataTM tool for the 2011–12 collection period. The ValidataTM tool will allow jurisdictions to identify any issues with their own data and fix them, with a goal of submitting final data to the AIHW earlier than has occurred in previous years.

Accessibility: Results from the collection are published in an annual report that can be accessed via the AIHW website. An accompanying AODTS–NMDS specifications and collection manual is also produced annually.

In addition to the annual report, the AIHW publishes a bulletin for each state and territory summarising the main findings from the AODTS–NMDS.

To complement this national report and provide greater detail, state and territory briefs are also produced annually and are available free of charge on the AIHW website, <www.aihw.gov.au>. In addition, public-access data subsets from the AODTS–NMDS are also available on the AIHW website, in the form of interactive data cubes. <http://www.aihw.gov.au/alcohol-and-other-drug-treatment-services-data-cubes/>

Additional data requests can also be made on an ad hoc basis.

Interpretability: Information on alcohol and other drug treatment services is available in the outputs mentioned above. Definitions of terms used are in the report to assist with interpretability. Detailed definitions of items collected can also be found in the AODTS–NMDS specifications and collection manual.

Relevance: The AODTS–NMDS was created to assist in the monitoring and evaluation of key objectives of the National Drug Strategy and will continue to provide an important source of information for monitoring the National Drug Strategy.

It is one of a number of data sources that provide a picture of alcohol and other drug treatment services in Australia. Data from the collection can also be considered with information from other sources; for instance, the National Drug Strategy Household Survey, to inform debate, policy decisions and planning processes that occur within the broader alcohol and other drug treatment sector.

Accuracy: The AODTS–NMDS is a collection of data from publicly funded treatment services in all states and territories, including those directly funded by the DoHA.

The AODTS–NMDS counts treatment episodes completed during the collection period. For this report, the period was 1 July 2010 to 30 June 2011. More detail about the circumstances in which episodes are considered to be completed is in AODTS–NMDS specifications and collection manual 2010–11 (AIHW 2010).

As a national minimum data set, there are collection, reporting and analysis characteristics of the collection that should be considered when reading and interpreting the data. These characteristics limit the application of some analyses and inferences should be drawn with caution.

There are further data quality issues relevant to the interpretation of results from the separate jurisdictions; these are outlined in the 'Submitting organisation' section below.

Although every effort has been made to provide comprehensive analysis and tables in this report, there may be times where readers would like specific information, such as particular cross tabulations or unit record data. The AIHW is happy to support data users with definitions and conditions pertaining to the collection and its analysis. Data may be requested from the AIHW, pending approval from jurisdiction data custodians and ethics approval where necessary. Please contact the AIHW for further information.

Coherence: The AODTS–NMDS collection is reported annually. The method of data collection and elements collected is consistent between years allowing for meaningful comparisons over time.

Source and reference attributes

Submitting organisation:

Jurisdiction	Policy, administrative and data quality features

Jurisdiction	Policy, administrative and data quality features
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 service agreement at the commencement/renewal of each funding agreement. Data are provided monthly by agencies to their respective Local Health Districts (LHD).There are 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. NSW is developing a State Baseline Build related to D&A which will roll out to NSW through the CHIME and Cerner systems over the next few years. The majority of NGO data is collected via the NADA online system. NADA (Network of Alcohol and other Drug Agencies) is the peak organisation for the non-government drug and alcohol sector in NSW. The total number of agencies and episodes for New South Wales was under-reported because of system issues for the reporting period of 2008–09. This should be kept in mind when analysing time series data. The number of agencies submitted by New South Wales in 2010–11 was still lower than would be expected (8 agencies less than was recorded in 2007–08). This underreporting should be kept in mind when interpreting NSW agency and episode data. Comparisons over time with NSW data should also be made with caution. The proportion of episodes for Amphetamine use will be under-reported because other sources indicate a relatively high incidence of methamphetamine clients in the agencies affected by under-reporting because of system issues.

Jurisdiction	Policy, administrative and data quality features
Victoria	The Victorian Drug Treatment Service Program provides a range of services to cover the needs of clients experiencing substance abuse issues. The Victorian Government purchases these drug treatment services from independent agencies (non-government organisations) on behalf of the community, and has developed the concept of an 'episode of care' as the fundamental unit for service funding. An episode of care is a particular course of treatment in which the client achieves at least one significant treatment goal under the care of an alcohol and other drug worker. The episode of care is a measure of successful client outcomes. It aims to develop performance measurement beyond activities, throughputs and outputs, to measure what the client gets out of treatment. Agencies funded to provide drug treatment services in Victoria have service provision targets, which are defined in terms of number of episodes of care to be provided by service type and by target group (for example, youth or adult). As a requirement of their funding agreement with the Victorian Department of Health, agencies are required to submit data on a quarterly basis 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. The majority of Victorian alcohol and other drug service providers continue to use the SWITCH or FullADIS information systems to report quarterly activity. However, hospitals and community health centres have since 2007–08 used the HealthSMART client management systems to report on alcohol and other drug treatment activity. • In 2010–11, as in previous years, Victoria did not differentiate between main and other treatment types. As such, Victoria is not directly comparable with other jurisdictions because every treatment type provided is reported as a separate episode. • Victoria only provides information about non-government agencies that receive public funding. • In Victoria, assessment only episodes include brokerage services wherein clients with drug conditions who have received sentences are assessed, a treatment plan developed, and the necessary treatment purchased by from community-based alcohol and other drug treatment agencies. The very nature of these types of episodes results in durations that may exceed 90 days.

Jurisdiction	Policy, administrative and data quality features
Queensland	Queensland Health collects data from all Queensland Government alcohol and other drug treatment service providers and from all Queensland Illicit Drug Diversion Initiative—Police and Court Diversion clients. The Australian Government currently collects data from the Australian Government–funded agencies operating in Queensland. 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. Queensland Health will shortly be the sole data custodian of all alcohol and other drug treatment services in Queensland. In 2007, Queensland Health funded the establishment of the Queensland Network of Alcohol and Drug Agencies (QNADA), the peak body for non-government organisations that provide alcohol and other drug treatment services. One of the key objectives for QNADA was the establishment of a database to collect information for the AODTS–NMDS. It is expected that this will enable a more comprehensive data set to be submitted to the AIHW in future. • Care should be taken when interpreting principal drug of concern over time for Queensland, as Queensland did not provide data consistent with the AODTS–NMDS specifications in 2001–02. • Approximately 8% of Queensland's episodes have a missing principal drug of concern. This is due to data entry issues related to staff training and compliance. These episodes are coded as 'all other drugs' for the purpose of analysis through this report. • The proportion of 'not stated' responses for injecting drug use and method of use in Queensland in 2010–11 was high (59% and 58%, respectively). This high 'not stated' rate was due to due to a one off anomaly with the introduction of a new collection database and data entry issues related to staff training and compliance. An ongoing strategy of reengagement with alcohol and other drug treatment services Queensland staff commenced in November 2011 to mitigate this low response rate for the 2011–12 and future collection periods. The AIHW is also working with Queensland to improve staff training and compliance for future collection periods. • There are a number of episodes in Queensland where the main treatment type is 'police and court diversion'. This number will continue to increase in the 2011–12 period. For these episodes the main treatment type will be recorded in the NMDS as 'information and education only' and the reason for cessation will be 'ceased to participate at expiation'. All police and court diversion treatments are one service contact (date of commencement = date of cessation). • Although police and court diversion client treatment is administratively recorded for NMDS as 'information and education only', it should be noted that the actual treatment session for all police and court diversion clients consists of a 2-hour treatment session that includes 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. • The high proportion of episodes with cannabis as a principal drug of concern (29%) is due to the inclusion of episodes from the Queensland police and court diversion program.

Jurisdiction	Policy, administrative and data quality features
Western Australia	Data are provided by both government and non-government sectors. Non-government services are contracted by the Drug and Alcohol Office (DAO) to provide alcohol and 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 are collated and checked by DAO before submission to the AIHW annually. • 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. • 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. • Western Australia reviews the geographical demographics of their clients regularly throughout the year and adjusts the locations of their service delivery outlets accordingly to meet the demands of the population. Therefore, variation between remote and very remote locations exists between years. • Clients are generally able to access the agencies from multiple sites within any one episode depending on the client's need and the availability of appointments within the alcohol and other drug treatment service. Examples of where these situations occur are when clients: - follow a specific worker from one service delivery outlet to another - change workers during an episode and the workers are located at different service delivery outlets - attend one service delivery outlet for the initial service contact (commencement of episode) due to availability of appointment times and move to a more convenient service delivery outlet during the episode - Move between service delivery outlets to fit service contacts within clients' other personal needs
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. Data are provided directly to the DoHA. Care should be taken when interpreting principal drugs of concern over time for South Australia, as South Australia did not provide data consistent with the AODTS–NMDS specifications in 2001–02. South Australia was excluded from analysis of main treatment type in 2001–02.

Jurisdiction	Policy, administrative and data quality features
Tasmania	Data are provided by both government (Alcohol and Drug Services – ADS) and non-government organisations (NGOs). NGOs funded by the Tasmanian Government provide AODTS NMDS and key performance indicator data under the provisions of a service agreement. AODTS NMDS data is submitted to ADS State Office on either a six-monthly or yearly basis. Data quality reports are fed back to the NGOs and training/information on data capture practices are provided as required. ADS utilises iPM patient administration system as its key business system. This state-wide system is in use across the three Tasmanian Health Organisations (THOs), which includes inpatient, residential, outpatient and community service settings. It has been modified in order to capture the AODTS NMDS data items. A range of online self-service reporting is used to monitor performance activity and data quality. Tasmania's illicit drug diversion treatment data is 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 largely be attributed to the inclusion of this data. Tasmania resubmitted the 2009–10 data after the release of the 2009–10 annual report due to the retrospective identification of a data quality anomaly affecting only that financial year. Online materials such as data cubes and supplementary tables were updated to include this updated data submission. However, the 2009–10 annual report does not include updated Tasmanian data. All 2009–10 data included in the 2010–11 annual report has been updated to include correct Tasmanian data. As a result time series data are not directly comparable with the 2009–10 annual report. Training in culturally sensitive practice has been provided for service providers across the Tasmanian Alcohol and Other Drug service sector. Despite this, Tasmanian data reporting for Indigenous status still remains low.
Australian Capital Territory	Australian Capital Territory alcohol and other drug treatment service providers supply the Health Directorate with their complete data collection for the NMDS by 31 August each financial year, as specified in their Service Funding Agreement. Since 1 July 2007 the treatment service providers have been encouraged to use a standardised reporting system developed by the Health Directorate to enhance uniformity and reliability of data. The observed Increase in Assessment Only episodes between 2009–10 and 2010–11 was related to one agency which increased assessment activity that resulted in increased numbers of clients being assessed as unsuitable or not attending treatment. The number of counselling treatment services in the Australian Capital Territory have decreased between 2009–10 and 2010–11. ACT noted two agencies that provide the majority of counselling treatment in the ACT both reported a reduced number of closed treatment episodes since 2009-10. One agency advised there were a number of variables that contributed the low number of occasions of service, such as significant staff shortages for the counselling team and a high number of vacancies for allotted counselling sessions.

Origin:

Table 1: Overall data quality considerations and explanatory notes for the AODTS–NMDS collection

Component	Data quality considerations/explanatory notes
Data completeness	• AODTS–NMDS numbers are affected by fluctuations in data completeness, and different jurisdictions experience different issues with collection and submission of data. This means that careful consideration needs to be given to changes in data quality over time when considering trend data to ensure that all caveats are taken into account.

Agencies	• Geographical location reported from the AODTS–NMDS collection is that of the treatment agency (not the residential address of the person receiving treatment). The geographical location of treatment agencies in the 2010–11 AODTS–NMDS has been analysed using the Remoteness Areas of the Australian Bureau of Statistics Australian Standard Geographical Classification (see Appendix D for information on how these categories are derived). • Sector of service refers to the public ('government') and voluntary/private ('non-government') sectors. • An issue was identified in previous years with the interpretation of the 'government' and 'non-government' classification being reported differently between some states and territories. In most cases for previous years, Non-Government Organisation Treatment Grants Program (NGOTGP) agencies had been reported as public agencies (referred to as 'government agencies'). The approach was clarified and a determination was made to classify NGOTGP agencies as 'non-government' or private, because the establishments are not controlled by 'government'. This determination may have contributed to an overall increase in the number of 'non-government' agencies for collection periods from 2008–09 onwards. The change in categorisation for NGOTGP agencies means that any time series analysis of this statistic should be interpreted with caution. • In 2010–11, the Department of Health and Ageing conducted a review of the processes used to collate and provide NGOTGP agencies to the AODTS–NMDS collection. The review resulted in an additional 14 agencies submitting data to the 2010–11 collection from what was observed in 2009–10.
Clients	• The term 'Indigenous' refers to clients who identified as being Aboriginal and Torres Strait Islander people; 'non-Indigenous' refers to clients who said they were not 'Aboriginal and Torres Strait Islander people'. Alcohol and other drug treatment agencies are encouraged to use the National Best Practice Guidelines for collecting Indigenous status information. • This publication reports the number of episodes and not the number of clients therefore some information about clients may have been collected from the same individuals more than once. The number of clients, in addition to the number of episodes, will be collected in future, beginning with the 2012–13 collection period.
Drugs	• Principal drug of concern data are only provided for episodes where clients were seeking treatment for their own drug use. A principal drug of concern is not reported for episodes where the client is seeking assistance for someone else's drug use. • Throughout this report, the term 'amphetamines' includes drugs that are referred to as methamphetamines. • Principal and additional drugs of concern are coded according to the Australian Standard Classification of Drugs of Concern.

Treatment	• The category 'other' in main treatment type includes 2,685 (24%) closed treatment episodes where the main treatment was reported as pharmacotherapy. This represents a small proportion of pharmacotherapy treatment in Australia because agencies whose sole activity is to prescribe and/or dose for methadone or other opioid pharmacotherapies are currently excluded from the AODTS–NMDS (see Section 5.5 for more information about pharmacotherapy treatment). • Jurisdictions map their treatment data into the treatment types presented here. For example, a state's treatment agencies may report specific types of counselling to the state's health authority but these are then amalgamated into 'counselling' for reporting to the AIHW. • 'Ceased to participate at expiation' is an expected/compliant completion in the sense that legally mandated treatment is completed. It is not possible to exclude episodes reported as 'ceased to participate at expiation' where clients finished enough treatment to expiate their offence but did not return for further treatment as expected.
Scope	**Included** • All publicly funded (at state, territory and/or Australian Government level) government and non-government agencies that provide one or more specialist alcohol and/or other drug treatment services. • All clients who had completed one or more treatment episodes at an alcohol and other drug treatment service that was in scope during 1 July 2010 to 30 June 2011. **Excluded** • agencies whose sole activity is to prescribe and/or dose for opioid pharmacotherapy treatment • clients who are on an opioid pharmacotherapy program and who are not receiving any other form of treatment that falls within the scope of the AODTS–NMDS • agencies for which the main function is to provide accommodation or overnight stays, such as halfway houses and sobering-up shelters • agencies for which the main function is to provide services concerned with health promotion (for example, needle and syringe exchange programs) • treatment services based in prisons or other correctional institutions and clients receiving treatment from these services • clients receiving services that are funded solely by the Office for Aboriginal and Torres Strait Islander Health (OATSIH) as Indigenous substance use services, Aboriginal primary health-care services, Aboriginal medical services and community controlled health services (these services contribute to an alternative reporting mechanism). The AIHW is working with DoHA to include these agencies in future AODTS–NMDS collections • people who seek advice or information but who are not formally assessed and/or accepted for treatment • private treatment agencies that do not receive public funding • clients aged under 10 years, irrespective of whether they are provided with services or received services from agencies included in the collection • admitted patients in acute care or psychiatric hospitals.

Relational attributes

Related metadata references: Has been superseded by Alcohol and other drug treatment services NMDS, 2011–12; Quality Statement
AIHW Data Quality Statements, Superseded 31/07/2014