

# Alcohol and other drug treatment services NMDS, 2013–14; Quality Statement

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# Alcohol and other drug treatment services NMDS, 2013–14; Quality Statement

## Identifying and definitional attributes

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## Data quality

## **Summary of key data quality issues**

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.

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. Data for 2001–02 and 2002–03 have not been included in the 2013–14 annual report due to these comparability issues.

The AODTS NMDS reports both main and additional treatment types. However, Victoria and Western Australia do not differentiate between main and other treatment types. Caution should be used in comparing episodes from these states with those of other states and territories.

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 1 service at a time, for different treatments and for different substance-use problems.

However, 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 while continuing to ensure the privacy of these individuals, in addition to reporting on closed treatment episodes.

With the introduction of the SLK, a number of client-based analyses are possible including:

- estimating the number and rate of clients receiving treatment and the remoteness and socioeconomic distribution of the client in the 2012–13 and 2013–14 annual reports
- more complex analyses on patterns of drug use and pathways through treatment, as data with unique client counts accumulate over time.

## **Description**

The AODTS NMDS presents data about alcohol and other drug treatment services, their clients, drugs of concern and the types of treatment received. The AODTS NMDS counts treatment episodes completed during the collection period, which for this collection was 1 July 2013 to 30 June 2014. 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 1 July 2013 to 30 June 2014.

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 as arranged. Agencies ensure 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:** Under a Memorandum of Understanding with the DoH, 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.

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 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* (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](http://www.aihw.gov.au).

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 state and territory health departments and the DoH provide data to the AIHW using the AIHW's online data validation tool (Validata). This tool allows data suppliers to upload their data files and have them validated immediately. For the 2013–14 collection, data were due for submission through the Validata at the end of November 2014 with final approval of all data due at the end of December 2014. The 2013–14 collection was finalised in late-February 2015.

**Accessibility:** Publications containing AODTS NMDS data, including the annual *Alcohol and other drug treatment services in Australia* reports, are available on the AIHW website [www.aihw.gov.au](http://www.aihw.gov.au). These reports are available for download free of charge. To enhance data availability, a series of extensive supplementary tables accompanying the annual report is also available online.

Requests for unpublished data can be made by contacting the AIHW on (02) 6244 1000 or by email to [info@aihw.gov.au](mailto:info@aihw.gov.au). 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 approval from the 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/498901>.

**Relevance:**

The AODTS NMDS contains information on treatment episodes provided by publicly-funded alcohol and other drug treatment services.

**Data on agencies**

The AODTS NMDS contains information on 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).

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.

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

**Data on treatment episodes**

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
- 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.

Because SLK data are not available for all clients, an imputation strategy has been developed to adjust the data to account for this. Further information about the imputation methodology applied to these data can be found in Appendix B of *Alcohol and other drug treatment services in Australia 2013–14*.

#### **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.

Data for the AODTS NMDS are available from 2001–02; however, due to comparability issues, only data from 2003–04 are used in this report.

Approximately 99% of in-scope treatment services submitted data to the AODTS NMDS in 2013–14. Almost all jurisdictions submitted 100% of in-scope treatment services except for Victoria (97.7%) and Queensland (99.2%). 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 2013–14 is good. For most data elements, less than 2% of records have missing data (including not stated or unknown responses) while around 4% of records have an invalid SLK and around 6% 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 4%, method of drug use is not available for 8% and injecting drug use status is not available for 15%.

Because SLK data are not available for all clients, an imputation strategy has been developed to adjust the data to account for this. The resulting number of clients is reliant on the assumptions made in the imputation. Further information about the imputation methodology applied to these data can be found in Appendix B of *Alcohol and other drug treatment services in Australia 2013–14*.

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. About 10% of records had a missing postcode, ranging from 2% in Victoria and Western Australia to 25% 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 service agreement at the commencement or 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. New South Wales is developing a State Baseline Build related to alcohol and other drugs which will roll out to New South Wales through the CHIME and Cerner systems over the next few years. 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-

## **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 1 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 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.

Since 2007–08, hospitals and community health centres have used the HealthSMART client management systems to report on alcohol and other drug treatment activity. The remaining AoDT agencies either continue to use SWITCH or FullADIS information systems, or have adopted and reported from their own in-house systems.

Victoria does not differentiate between main and other treatment types. Caution should be used in comparing Victorian episodes with those of other states and territories. 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 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. Following the implementation of a new operational system for brokerage services, from October 2011 brokerage assessments for treatment are closed when the client is referred to the nominated agency funded to delivery, rather than at the completion of treatment by that agency. This will result in a significant reduction in the duration of these episodes. As the actual completion date was not available for episodes from October 2011 onwards, episodes for these brokerage assessments were given a nominal completion date that was equal to the commencement date as most assessments are completed within 1 day. Actual completion dates were reported from 2012–13.

## **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. 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.

Since 2007, Queensland Health 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 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 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.

### **Western Australia**

In Western Australia, clients are able to access treatment services from multiple sites within a single episode depending on client needs and appointment availability.

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 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 are collated and checked by DAO before annual submission to the AIHW.

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. Due to this growth in integrated services caution should be used in comparing services in Western Australia with those in other states and territories and/or across years.

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.

### **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.

### **Tasmania**

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.

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.

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/information on data capture practices are provided as required.

### **Australian Capital Territory**

Australian Capital Territory alcohol and other drug treatment service providers supply the Health Directorate with their complete data collection for the AODTS 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.

### **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 DoH.

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

To ensure consistency with previous years' data, where an organisation's subagencies had been given more than 1 establishment identifier, those identifiers were used and so subagencies were counted as separate agencies. When an organisation's subagencies had been given 1 establishment identifier, only this establishment identifier was used, and so counted as 1 agency.

In 2012–13 and 2013–14, 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 NGOTGP data to be processed by the AIHW.

In 2014, the agreed Schedule between the AIHW and DoH required the AIHW to collect NGOTGP data on DoH's behalf. 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.

## Coherence:

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) updated the standard geography used in Australia for most data collections from the *Australian Standard Geographical Classification* (ASGC) to the *Australian Statistical Geography Standard* (ASGS). Also updated at this time were remoteness areas based on the 2011 ABS Census of Population and Housing. The new remoteness areas (RA) will be referred to as RA 2011, and the previous remoteness areas as RA 2006.

Data for previous years reported by remoteness are reported for RA 2006. Data for 2012–13 are reported for RA 2011. 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.

The rate of invalid SLKs decreased from 12% in 2012–13 to 4% in 2013–14. As less imputation is required to account for the missing SLKs this may affect comparability.

Victoria does not differentiate between main and other treatment types. Caution should be used in comparing Victorian episodes with those of other states and territories. As such, Victoria is not directly comparable with 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. Due to this growth in integrated services caution should be used in comparing services in Western Australia with those in other states and territories and/or across years.

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.

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.

## Data products

**Implementation start date:** 01/07/2013

## Relational attributes

### Related metadata references:

Supersedes [Alcohol and other drug treatment services NMDS, 2012–13; Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 25/05/2015

Has been superseded by [Alcohol and other drug treatment services NMDS, 2014–15; Quality Statement](#)

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