Alcohol and other drug treatment services NMDS, 2016–17; Quality Statement

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Identifying and definitional attributes

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Data quality

Data quality statement summary:

Summary of key data quality issues

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 2007–08 have been included in the 2016–17 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. The linkage key enables the number of clients receiving treatment to be counted. As SLKs were not be available for all treatment episodes, imputation was used to estimate the number of clients in 2012–13, 2013–14 and 2015–16. The rate of missing or invalid SLKs has decreased from 12% in 2012–13 to 1.3% in 2016–17; in 2014–15 and 2016–17 no imputation was required for missing or invalid SLKs. Imputation was, however, applied to the 2015–16 data, due to a low response rate for New South Wales (91%). 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.
- In 2016–17, the *Australian Institute of Health and Welfare* (AIHW) processed and aggregated data from agencies funded under the former Non–Government Organisation Treatment Grant Program (NGOTGP)—now the Drug and Alcohol Program (DAP)—on behalf of the Australian Government Department of Health (DoH) for the fifth consecutive year. In addition, the AIHW received data from agencies funded by their Primary Health Network (PHN) as part of new funding arrangements from DoH. These new PHN-funded agencies provided data to the AIHW for the first time in 2016–17.
- Under the new funding arrangements, funding was provided to existing AOD programs to boost their services and increase collaboration across agencies, as well as to some new treatment providers. All PHN-funded services provided data for part of the 2016–17 collection year, i.e. starting from the date upon which their funding commenced. It is expected that reporting for these services will increase in future collection years, i.e. once data for an entire collection year becomes available.

Description

The AIHW collects AODTS NMDS data annually on closed episodes of treatment provided to clients of alcohol and other drug treatment services, including data on 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 2016 to 30 June 2017.

The AODTS NMDS is a collection of data from publicly-funded treatment services in all states and territories, including those directly funded by 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 the state/territory health authorities, contracted AOD organisations 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* (Cwlth) 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.

Under a Memorandum of Understanding with DoH, 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 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 though 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.

In 2016–17, the AIHW collected data from agencies funded under the former NGOTGP—now the DAP—as well as PHN-funded agencies as part of new funding arrangements, on behalf of DoH. The new PHN-funded agencies provided data to the AIHW for the first time in 2016–17.

Timeliness: The AIHW collects AODTS NMDS data on closed episodes of treatment provided to clients of alcohol and other drug treatment services on an annual basis. The most recent collection is for the reference period 1 July 2016 to 30 June 2017.

The 2016–17 AODTS national dataset was finalised by 15 January 2017, i.e. on the scheduled date.

The first release of data for the 2016–17 reference period was published on 20 April 2018, with the Annual Report scheduled for release on 22 June 2018.

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 the AIHW's custom data request service at https://www.aihw.gov.au/our-services/data-on-request.

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

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 2016–17.

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. 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 increased from 796 in 2015–16 to 836 in 2016–17. 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 95% of in–scope agencies nationally submitted data to the collection. There was an increase in the number of in–scope agencies that reported for New South Wales in 2016–17 (20 agencies) due to improved system access, Queensland also had an increase in agencies (5.3%).

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 for opioid dependence and not receiving any other form of treatment that falls within the scope of the collection (information about pharmacotherapy treatment alone for opioid dependence 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 (for 'own drug use' only)
- 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 alphabetic code based on selected letters of their name.

Imputation for selected key AODTS data items is undertaken in instances where the response rate for the SLK falls below an agreed cut-off in any of the states/territories. Imputation was undertaken for the 2012–13, 2013–14 and 2015–16 collections, but was not necessary for the 2014–15 and 2016–17 collections (see the relevant data quality statements for previous collection years for more detail).

Analysis of the SLK data showed that approximately 99% of national data contained a valid SLK in 2016–17, reflecting high response rates and improved SLK quality for all jurisdictions. Due to the improved response rates for SLK, no imputation was applied to the 2016–17 data. The number of estimated clients at a national level decreased from 133,895 (imputed clients) in 2015–16 to 127,404 in 2016–17; the decrease in episode numbers had an impact on client numbers.

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 are also directly provided to the AIHW by the DAP and PHN solely funded agencies.

The number of closed treatment episodes decreased from 206,635 in 2015–16 to 200,751 in 2016–17, due to state system issues and reforms. New South Wales reported a decrease of 10,018 closed treatment episodes; Queensland reported a decrease of 1,449 episodes and Tasmania a decrease of 451 episodes. All other states and territories saw an increase in closed treatment episodes.

Approximately 98% of in-scope treatment services submitted data to the AODTS NMDS in 2016–17. Five jurisdictions submitted 100% of in-scope treatment services, the exceptions being New South Wales (90%), Victoria (96%) and Queensland (97%). In New South Wales, 32 in-scope agencies did not report due to continuing problems with system upgrades and resource issues.

Each in-scope treatment service is required to provide information on each agency

related to the service (including service 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.

Overall, the coverage of episode data in the AODTS NMDS for 2016–17 is good. For most data elements, fewer than 5% of records have missing data (including not stated or unknown responses) while fewer than 1% of records have an invalid SLK. Around 4% 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% of records, method of drug use is not available for 9% of records and injecting drug use status is not available for 15% of records.

Not stated/unknown responses for data items, nationally, 2014–15 to 2016–17 (per cent)

Data item	2014–15	2015–16	2016–17
Client data items			
Client type	. .	. .	. .
Country of birth	1.5	1.5	1.7
Date of birth/age	0.0	0.1	0.2
Indigenous status	5.8	4.8	3.6
Preferred language	2.1	5.3	5.1
Sex	0.1	0.1	0.1
Source of referral	1.5	2.0	1.8
Drug data items			
Principal drug of concern	. .	. .	. .
Injecting drug use*	15.4	16.1	15.9
Method of use*	7.4	8.7	8.1
Treatment data items			
Main treatment type	. .	. .	. .
Reason for cessation	4.4	7.3	6.8
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 2016–17, approximately 1.6% of records had a missing postcode, ranging from zero in Western Australia to 2.2% of records in Victoria.

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 (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. This includes the data required for reporting for the AODTS NMDS.

New South Wales has developed a Drug and Alcohol State Base Build Clinical Information System for use by government agencies. During the 2016–17 collection cycle, all New South Wales LHDs have finalised migration to this system and are now reporting the New South Wales Minimum Data Set. There has been some difficulty reporting data for the AODTS NMDS due to the ongoing extract modifications and data quality issues. Therefore the data in New South Wales has been under reported for 2016–17.

The majority of non–government organisation (NGO) data are collected via the NADA (Network of Alcohol and other Drug Agencies) online system. During the collection period there have been a number of bespoke systems receiving upgrades. There has been difficulty reporting data due to the ongoing development and testing of extracts. Therefore the data for New South Wales NGO services has been under-reported.

Victoria

Adult-focused 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 & 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.

Also, caution should be used in comparing Victorian episodes with those of other states and territories. 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.

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, smoking cessation therapy is an endorsed model of services that is delivered through public alcohol and other drug services.

Information system implementation issues with the collection and reporting of the Accommodation type data element, particularly for diversion clients, had an impact on the data quality for this item in 2015–16 and, to a lesser extent, 2016-17.

Western Australia

Data are provided by both the government and non–government sectors. Non–government services are contracted by the *Mental Health Commission* (MHC), to provide alcohol and other drug treatment services. Services have contractual obligations to incorporate the data elements of the AODTS NMDS in their collections. Services are also obliged to provide treatment episode data in a regular and timely manner to the MHC. These data items are collated and checked by the MHC regularly, including 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.

Some non–government and government non–residential treatment services provided in the Perth metropolitan area are co–located and operate as an integrated service. 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 Drug and Alcohol Program (formerly NGOTGP). These data are provided to DoH via AIHW.

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/information on data capture practices are provided as required.

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 ACT Health with their complete data collection for the AODTS NMDS by 31 August each financial year. The services provide data via 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 using an online data portal.

Australian Government Department of Health (DoH)

DoH funds a number of alcohol and other drug treatment services under the *Drug and Alcohol Program* (DAP). Some agencies are funded by DoH directly, and some are funded via PHNs that commission the provision of services in their catchment areas. The DAP also includes former NGOTGP agencies.

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 annual data directly to the AIHW.

Reported numbers for each state and territory in the AODTS NMDS annual report include services provided under the DAP.

Coherence:

The AODTS NMDS was initially developed from 1996 to 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) and replaced it with a new classification scheme: the *Australian Statistical Geography Standard* (ASGS). Also updated at this time were remoteness areas (RAs), 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 Statistical Local Area (SLA) 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 Drugs of Concern* (ASCDC), 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 the *Australian Standard Classification of Languages* (ASCL), 2011.

The number of closed treatment episodes increased from 170,367 in 2014–15 to 206,635 in 2015–16, then decreased to 200,751 in 2016–17.

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, e.g. by 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 Victoria and Western Australia are not directly comparable with data from other jurisdictions. This should be taken into consideration when comparing 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.

In 2015–16 and 2016–17, Victoria continued to report a high proportion of records (approximately 11,000 records) coded as miscellaneous drug (9000 or 9999) for principal drug of concern. In 2016–17, this resulted in an increase in the national total for drugs that fall into the category 'Other drugs'.

Tasmania's illicit drug diversion treatment data are managed and extracted from the Drug Offence Reporting System (DORS), which 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.

In 2016–17, the AIHW processed and aggregated data from agencies funded under the former NGOTGP—now the DAP—on behalf of DoH for the fifth consecutive year. In addition, the AIHW received data from agencies funded by their PHN as part of new funding arrangements from DoH. These new PHN-funded agencies provided data to the AIHW for the first time in 2016–17.

Under the new funding arrangements, funding was provided to existing AOD programs to boost their services and increase collaboration across agencies, as well as to some new treatment providers. All PHN-funded services provided data for part of the 2016–17 collection year, i.e. starting from the date upon which their funding commenced. It is expected that reporting for these services will increase in future collection years, i.e. once data for an entire collection year becomes available.

The state and territory health departments and DAP and PHN solely funded agencies provide data to the AIHW.

Relational attributes

Related metadata references:

Supersedes Alcohol and other drug treatment services NMDS, 2015–16; Quality Statement
AIHW Data Quality Statements, Superseded 20/04/2018

Has been superseded by Alcohol and other drug treatment services NMDS, 2017–18; Quality Statement
AIHW Data Quality Statements, Superseded 26/06/2020