Alcohol and other drug treatment services NMDS, 2019–20; Quality Statement

Identifying and definitional attributes

Metadata item type:	Quality Statement
Synonymous names:	AODTS NMDS 2019–20—Data Quality Statement
METEOR identifier:	740300
Registration status:	• AIHW Data Quality Statements, Superseded 14/04/2022

Data quality

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. The scope of the collection covers alcohol and other drug (AOD) agency services 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 and service outlet location, 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.
- Ten years of data from 2010–11 have been included in the 2019–20 annual report.
- The AODTS NMDS reports both main and additional treatment types. However, Victoria's and Western Australia's state AOD collections do not differentiate between main and other treatment types.
- In 2012–13, the AODTS NMDS introduced a statistical linkage key (SLK). The SLK enables the number of clients receiving treatment to be counted. As SLKs may not be available for all treatment episodes, imputation was 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 2.3% in 2019–20; in 2014–15, 2016–17, 2017–18, 2018–19, and 2019–20 no imputation was conducted. Imputation should be taken into consideration when comparing client data across years. 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 2018–19* report.
- In 2019–20, the *Australian Institute of Health and Welfare* (AIHW) processed and aggregated data from agencies funded under the Drug and Alcohol Program (DAP)—on behalf of the Australian Government Department of

Health (DoH) for the eighth consecutive year. Included under the DAP processing are services funded by their Primary Health Network (PHN). PHN-funded services 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 new treatment providers. The number of DAP/PHN-funded services submitting data directly to the AIHW for the AODTS NMDS increased from 160 in 2018–19 collection to 215 in 2019–20.
- In 2019-20, unprecedented restrictions related to the COVID–19 pandemic impacted delivery of AOD services including withdrawal management, residential rehabilitation, counselling and face-to-face outreach services, which moved to providing telehealth services to ensure social distancing guidelines were met. Withdrawal and rehabilitation bed-based occupancy decreased compared to pre-COVID occupancy in most states.

Description

The AIHW collects AODTS NMDS data annually on closed episodes of treatment provided to clients of alcohol and other drug treatment agencies, 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 agencies. This includes all clients who had completed 1 or more treatment episodes at an alcohol and other drug treatment service outlet, which was in scope during the period 1 July 2019 to 30 June 2020. An agency can have more than one service outlet.

The AODTS NMDS is a collection of data from publicly funded treatment agencies in all states and territories, including those directly funded by DoH. Publicly funded alcohol and other drug treatment services collect the agreed data items from their service outlets and forward this information to the appropriate health authority such as the relevant state/territory departments, contracted AOD organisations and non-government AOD organisation peak bodies or the AIHW. Agencies are responsible for ensuring that the required information is accurately recorded.

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, injecting drug status, postcode of last known home address and accommodation type
- 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 treatment delivery setting
- the start and end dates of the episode and the reason the episode was closed.

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 an independent corporate Commonwealth entity under the Australian Institute of Health and Welfare Act 1987 (AIHW Act), governed by a management Board and accountable to the Australian Parliament through the Health portfolio.

The AIHW is a nationally recognised information management agency. Its purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

Compliance with confidentiality requirements in the AIHW Act, Privacy Principles in the Privacy Act 1988, (Cth) and AIHW's data governance arrangements ensures that the AIHW is well positioned to release information for public benefit while protecting the identity of individuals and organisations.

For further information see the AIHW website www.aihw.gov.au/about-us, which includes details about the AIHW's governance (www.aihw.gov.au/about-us/our-governance) and vision and strategic goals (www.aihw.gov.au/about-us/our-vision-and-strategic-goals).

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.

AOD treatment service providers 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 2019–20, the AIHW collected data from services funded under the DAP—formerly Non–Government Organisation Treatment Grant Program (NGOTGP)—for the eighth consecutive year. Included under the DAP processing are agencies funded by their Primary Health Network (PHN). PHN-funded services provided data directly 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 2019 to 30 June 2020.

The 2019–20 AODTS national dataset was finalised by 14 January 2021, i.e. on the scheduled date.

The first release of data for the 2019–2020 reference period was published on 14 April 2021.

Accessibility:

Reports incorporating AODTS NMDS data, including the annual *Alcohol and other drug treatment services in Australia* reports, are available on the AIHW website https://www.aihw.gov.au/reports-data/health-welfare-services/alcohol-other-drug-treatment-services/overview.

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/686596

Relevance:

The AODTS NMDS contains information on treatment episodes provided by publicly funded alcohol and other drug treatment agencies. Data collected are for the financial year 2019–20.

Data on agencies

The AODTS NMDS collects information provided by publicly funded alcohol and other drug treatment agencies. Services 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 primarily concerned with health promotion (for example needle and syringe programs)
- 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 services is collected in the National Opioid Pharmacotherapy Statistical Annual Data (NOPSAD) collection.

The number of in-scope services reporting to the AODTS NMDS decreased from 1,283 in 2018–19 to 1,258 in 2019–20. This decrease is due to some agencies not having closed treatment episodes to report for 2019–20, changes in reporting requirements, newly funded services who were still establishing reporting and staffing issues. Jurisdictions were requested to provide information on the coverage of in–scope services in the data information document that accompanied their data submission. Based on the information supplied, approximately 93.9% of in–scope services nationally submitted data to the collection. Victoria reported an increase in the number of in-scope services in 2019–20 (49 new agencies), due to new state-based collection migration allowing more detailed reporting of consortia services (agency collaborations), newly funded services and further reporting at the service outlet location.

For each agency in the AODTS NMDS, data are collected on the geographical location of the agency's service outlet, each agency can have more than one service outlet location.

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 solely pharmacotherapy treatment for opioid dependence is out of scope for the AODTS NMDS and is collected in the NOPSAD collection)

- are for a client aged under 10.

Data on clients

The AODTS NMDS did not contain a unique identifier for clients until the 2012–13 collection, where an SLK (SLK-581) was introduced to enable the number of clients receiving treatment to be estimated.

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.

Imputation for selected key AODTS NMDS data items is undertaken in instances where the response rate for the SLK falls below an agreed cut-off in any of the states and territories. Imputation was undertaken for the 2012–13, 2013–14 and 2015–16 collections, but was not necessary for the 2014–15, 2016–17, 2017–18, 2018–19 and 2019–20 collections (see the relevant data quality statements for previous collection years for more detail).

Analysis of the 2019–20 SLK data showed that approximately 97.7% of national data contained a valid SLK, reflecting high response rates and improved SLK quality for all jurisdictions. While one jurisdiction reported under the agreed SLK response rate, due to the low number of records affected and improved overall response rates for SLK, imputation was not applied to the 2019–20 data. The number of estimated clients receiving AOD treatment services nationally in 2019–20 was 139,295.

Accuracy:

Data for the AODTS NMDS are extracted each year from the administrative systems of the relevant state and territory departments or are provided by the treatment services directly to the state and territories. These data are then collated by the 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 services.

COVID–19 restrictions

In 2019–20, unprecedented restrictions related to the COVID–19 pandemic, impacted delivery of services including AOD treatment for withdrawal management and residential rehabilitation, which included closure of services for a period of time in some states. Withdrawal and rehabilitation bed-based occupancy decreased compared to pre-COVID occupancy in most states. Counselling and face-to-face outreach services also moved to providing telehealth services to ensure social distancing guidelines were met. The number of AOD referrals decreased and the number of admission cancellations increased for residential withdrawal and rehabilitation services. The majority of providers moved to a telehealth model and discontinued face-to-face contact with clients unless the client received withdrawal or rehabilitation services.

The number of closed treatment episodes increased from 219,933 in 2018–19 to 237,545 in 2019–20, predominantly due to the completion of implementing the VADC system in Victoria, which allows for the reporting of Assessment and other forms of support treatment and an increase in PHN/DAP-funded services reporting. An increase in closed treatment episodes was reported by Victoria (20,270), the Northern Territory (1,298) and Western Australia (143); while the AIHW collected 4,749 more closed treatment episodes from solely DAP and PHN funded services. A decrease in closed treatment episodes was reported by New South Wales (-1,208), Queensland (-5,228), South Australia (-1,990), Tasmania (-160), and the Australia Capital territory (-262).

Approximately 93.9% of in-scope treatment services submitted data to the AODTS NMDS in 2019–20. Six jurisdictions submitted 100% of in-scope treatment services, the exceptions being Western Australia (98.0%), New South Wales (85.1%) and solely DAP/PHN funded services (95.4%). In New South Wales, 70 in-scope services did not report due to agencies not having closed episodes to report for 2019–20, agency staffing issues or the service was newly managed and still establishing reporting. Similarly, 9 solely DAP/PHN funded and 2 WA in-scope services did not report predominately due to nil activity or cessation of DAP/PHN funding.

Each in-scope treatment service is required to provide information on each service delivery outlet. However, some only provide information for the service’s main

administrative centre and not each individual service outlet at which treatment is provided. As a result, the number of treatment services may be under-counted.

Overall, the coverage of episode data in the AODTS NMDS for 2019–20 is good. For most data elements, fewer than 5% of records have missing data (including not stated or unknown responses) while 2.3% of records have an invalid SLK. National not stated or unknown responses are listed below.

Not stated/unknown responses for data items, nationally, 2016–17 to 2019–20 (per cent)

Data item	2016–17	2017–18	2018–19	2019–20
Client data items				
Client type	. .	. .	. .	. .
Country of birth	1.7	1.8	1.5	2.5
Date of birth/age	0.2	0.2	0.2	0.2
Indigenous status	3.6	4.2	4.0	4.5
Preferred language	5.1	1.6	1.5	2.3
Sex	0.1	0.1	0.6	1.0
Source of referral	1.8	1.6	3.2	5.2
Drug data items				
Principal drug of concern	. .	. .	. .	. .
Injecting drug use*	15.9	16.0	12.1	10.0
Method of use*	8.1	6.8	6.6	5.1
Treatment data items				
Main treatment type	. .	. .	. .	. .
Reason for cessation	6.8	5.5	6.5	8.2
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 2019–20, 3.1% of records had a missing postcode, ranging from zero in Western Australia to 6.6% in Victoria.

Usual accommodation type of the client was introduced in the 2015–16 AODTS NMDS collection. However, Usual accommodation type of the client has not been reported due to a high number of not stated records for all collection years. In 2019–20, the variable contained not stated for 10.9% of records nationally (compared to 12.1% in 2018–19).

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 in 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. New South Wales LHDs finalised migration to this system in 2016–17 and are now reporting the New South Wales Minimum Data Set. Previous difficulty reporting data due to extract modifications and data quality issues have been largely rectified.

The majority of non-government organisation data are collected via the NADA (Network of Alcohol and other Drug Agencies) online system. During the 2018–19 collection period all local health districts transitioned successfully to their current electronic health record and nearly all Non-Government services completed upgrades or migration to their systems.

In addition, agencies (both government and non-government) have been continuously working on improving data completeness and quality for 2018–19.

In 2019–20, a number of natural disasters impacted the 2019–20 NSW reporting period including large areas of NSW experiencing unprecedented bushfires between October 2019 and March 2020 and in February 2020 some areas of NSW experienced flooding.

COVID-19

COVID–19 restrictions impacted delivery of services including withdrawal management and residential rehabilitation. This included closure of services for a period of time and when services reopened, limited bed capacity was implemented as a measure to adhere to accommodation social distancing guidelines.

Face-to-face services were reduced and services transitioned to use of telehealth (primarily telephone or video conference). Group sessions were reduced, replaced with telephone contacts or moved online.

Victoria

Victoria began the transition from its legacy Alcohol and Other Drug Information System (ADIS) to the new Victorian Alcohol and Drug Collection (VADC) from 1 October 2018. All agencies were reporting to the new collection by June 2019 and ADIS system was retired with no data reported through it for the 2019–20 reporting period. The data set for 2018–19 includes a mix of ADIS and VADC data as a result of this transition. Implementation of the new collection has had an impact on data quality in 2018–19. These issues are being addressed and it is anticipated that data quality will improve in 2019–20 as the collection matures.

The Victorian Department of Health & Human Services required agencies to submit data to ADIS each quarter and, once transitioned, to the VADC each month. This data was used to detail the provision of drug treatment services and achievement of episodes of care. A subset of this data is contributed to the AODTS NMDS annually.

Adult community alcohol and other drug treatment services were re-commissioned in late 2014 and are now delivered through several treatment streams within catchment areas. These treatment streams include intake, counselling, withdrawal, rehabilitation and pharmacotherapy.

The key deliverable for re-commissioned activity in Victoria is the drug treatment activity unit (DTAU), based on the number of closed courses. Non-recommissioned services were required to deliver episodes 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). A reduction in Victorian alcohol and other drug treatment annual activity is evident in the AODTS NMDS during 2014–15 as a result of the service system re-commissioning.

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.

Data previously collected through ADIS did not collect 'other treatment type'. In 2019–20, the implementation of the VADC system allows for the reporting of Assessment and other forms of support treatment.

COVID–19

COVID-19 restrictions impacted on the main treatment types of withdrawal management and rehabilitation as bed-based units were operating at reduced capacity to ensure social distancing guidelines were met. As a result, bed-based occupancy decreased compared to pre-COVID occupancy. The number of referrals also decreased and the number of admission cancellations increased for residential withdrawal and rehabilitation services impacting the main treatment types of rehabilitation and withdrawal management. The majority of providers moved to a telehealth model and discontinued face-to-face contact with clients unless the client received withdrawal or rehabilitation services.

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.

For the purposes of the AODTS NMDS, Queensland reports treatment episodes provided by specialised alcohol and other drug consultation liaison services.

In Queensland, smoking cessation therapy is an endorsed treatment within the state-wide model of service that is delivered through public alcohol and other drug services.

COVID–19

The main treatment types of counselling and information and education decreased in March–June 2020 compared to March-June 2019. Diversion also experienced decreases. Treatment provided as part of police and court diversion has been declining since 2015–16 and experienced a large decrease in 2019–20 due to the impact of COVID-19 and public health restrictions.

Western Australia

Data are provided by both the government and non–government sectors. Services contracted by the *Mental Health Commission* (MHC) to provide alcohol and other drug treatment services have contractual obligations to incorporate the data elements of the AODTS NMDS in their collections. Services are also required 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 contracted non-government treatment services located in the Perth metropolitan area are co-located with the MHC's clinical service and operate as an integrated service. Time series data do not adequately illustrate these changes.

COVID–19

As a result of COVID–19, services offered more telehealth appointments there was also decreased bed capacity across residential services therefore reducing the amount of people accessing these services.

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 Health and Wellbeing. 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 DAP (formerly NGOTGP). These data are provided to DoH via AIHW.

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.

COVID–19

As a result of COVID–19, services offered more telehealth appointments in place of face-to-face.

Tasmania

Non-government organisations 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 non-government organisations 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.

COVID–19

The main treatment types of rehabilitation and counselling declined over the April–June 2020 period. There was also a reduction in the number of closed AODTS NMDS treatment episodes over this period, in particular, there was a reduction in the number of people accessing alcohol and drug treatment services for April 2020. As a result of COVID-19, face-to-face outreach services moved to providing telehealth services.

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.

COVID–19

As a result of COVID-19, non-residential face-to-face and group treatment changed to telehealth services. There was also decreased bed capacity in residential rehabilitation and withdrawal services, as well as decreased intake of new clients to residential and non-residential services.

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.

All agencies in the Northern Territory are required to complete a separate assessment only episode prior to the commencement of treatment. This is related to a policy on monitoring the volume of assessment work performed by agencies, particularly in relation to certain alcohol-related legislatively-based programs.

COVID–19

As a result of COVID-19, there was a decrease in the number of persons in residential rehabilitation to accommodate social distancing guidelines.

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, Victoria, Queensland, Western Australia, South Australia and Tasmania, which submit annual data directly to the AIHW. A portion of these services based in New South Wales and Queensland submit data via their state's AOD non-government organisation peak body. Reported numbers for each state and territory in the AODTS NMDS annual report include services provided under the DAP.

For the 2018–19 and 2019–20 data collection periods, AOD non-government organisation peak bodies continued to use AIHW's Validata to clean and submit data.

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 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.

For the 2018–19 collection, SA2 was updated to use the ASGS 2016 geographical scheme. This update was applied to reporting of RAs, with the RA 2016 scheme replacing RA 2011. For all remoteness area time series reported, the SA2 2011 of the service is converted to SA2 2016 and then converted to RA 2016.

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'.

In 2016, the ABS updated the *Standard Australian Classification of Countries (SACC)* and *Australian Standard Classification of Languages (ASCL).* Country of birth was updated for the 2018–19 collection period to use the *Standard Australian*

Classification of Countries (SACC), 2016

Preferred language was also updated for the 2018–19 collection period to use the *Australian Standard Classification of Languages* (ASCL), 2016.

In 2018–19, Sex was updated to include the value '3 – Other' with the permissible format changed from 'N' to 'X'. Accordingly, the SLK-581 Sex component format was updated from 'N' to 'X'.

In 2019–20, changes were made to categories under Main Treatment; the word 'only' was removed from code 5 (support and case management) and code 6 (information and education). The removal of the word 'only' from support and case management and information and education, changed reporting rules for agencies; allowing agencies to be able to report and more accurately capture these items as an additional treatment in conjunction with a main treatment type. Main treatment code for 'Other' changed from 8 to 88.

Changes were also made to Other Treatment type (or additional treatment) categories, which added the codes 5 (Support and case management) and code 6 (Information and education) as categories to allow agencies to better reflect and record the current use of these treatment types in services. Other treatment type coding for the category 'Other' changed from 5 to 88. The description of code 4 (outreach) for Treatment delivery setting was revised to include an example of an outreach setting; it has been added to the current description to help clarify and further improve coding and reporting for the treatment setting.

The number of closed treatment episodes increased from 170,367 in 2014–15, to 206,635 in 2015–16, decreasing to 200,751 in 2016–17, and rising to 208,935 in 2017–18. Increasing to 219,933 in 2018–19 and 237,545 in 2019–20.

Several factors contribute to changes in the number of agencies reporting between years, as well as changes in the number of in-scope services. 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, an agency can have more than one service outlet operating in different locations. 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. Details on historical data element changes are found in Appendix A of the AODTS NMDS Data Collection Manual 2019–20.

In 2018–19, the AOD treatment agency counting methodology was revised to better reflect the number of unique AOD treatment service outlets. There is a level of agency duplication, due to agencies splitting out episode data related to the funding source for that program/service. A small number of agencies split their data submission according to state funded service episodes, which are reported to relevant state or territory departments; and Commonwealth funded service episodes are reported to a peak body or directly to the AIHW. This has resulted in the double counting of some services over time. This revision has been applied to all time-series, the main changes in data related to AOD service counts are from 2014–15 to 2017–18. 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 episodes from these states with those of other states and territories. Victoria's and Western Australia's state alcohol and other drug collections do not differentiate between main and other treatment types.

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.

Information comparable to the AODTS NMDS is collected, housed and used by each state and territory, as the AODTS NMDS is a subset of jurisdictional AOD treatment service collections. These jurisdictional based collections may be used for reporting and research..

Relational attributes

Related metadata references:

Supersedes Alcohol and other drug treatment services NMDS, 2018–19; Quality Statement

- AIHW Data Quality Statements, Superseded 14/04/2021

Has been superseded by Alcohol and other drug treatment services NMDS, 2020–21; Quality Statement

- AIHW Data Quality Statements, Standard 14/04/2022