Alcohol and other drug treatment services NMDS, 2020–21; Quality Statement

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Alcohol and other drug treatment services NMDS, 2020–21; Quality Statement

Identifying and definitional attributes

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Data quality

Data quality statement summary:

Description

The AIHW collects Alcohol and Other Drug Treatment Services National Minimum Dataset (AODTS NMDS) data annually on closed episodes of treatment provided to clients of alcohol and other drug (AOD) 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 2020 to 30 June 2021. 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 at the start of the treatment episode 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
- 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.

Summary of key data quality issues

The 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 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 2011–12 have been included in the 2020–21 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 1.1% in 2020–21; in 2014–15, 2016–17, 2017–18, 2018–19, 2019–20 and 2020–21 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 2020–21, 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 ninth 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 both 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 remained stable between 2019–20 (215) collection and 2020–21 collection (209).
- In 2020–21, restrictions related to the COVID-19 pandemic continued and impacted delivery of AOD services including withdrawal management, residential rehabilitation, counselling and face-to-face outreach services. Where appropriate agencies moved to providing telehealth services to ensure social distancing and public health guidelines were met. Withdrawal and rehabilitation bed-based occupancy decreased compared to pre-COVID-19 occupancy in most states.
- In July 2021, Western Australia decommissioned the central client management system that the majority of organisations used to record AODTS NMDS data. Some services experienced difficulties transitioning to new systems which has potentially impacted Western Australian AODTS NMDS data published in April 2022. AODTS NMDS data for Western Australia was resubmitted in April 2022 and are included in subsequent published reporting products.

| **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 the confidentiality requirements in the AIHW Act, the 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).

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.

To release data at or below state/territory level the AIHW must have the relevant state or territory department approval.

In 2020–21, the AIHW collected data from services funded under the DAP—formerly Non–Government Organisation Treatment Grant Program (NGOTGP)—for the ninth 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 2020 to 30 June 2021. |

The 2020–21 AODTS national dataset was finalised by 14 January 2022, on the scheduled date.

The first release of data for the 2020–2021 reference period was published on 14 April 2022 and the second release of final data for the 2020–21 reference period was published on 27 July 2022.

| **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/717078 |
| **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 increased from 1,258 in 2019–20 to 1,279 in 2020–21. This increase is due to newly funded services and further reporting at the service outlet location. 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 95.9% of in-scope services nationally submitted data to the collection. Victoria reported an increase in the number of in-scope services in 2020–21 (26 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. AODTS NMDS data for Western Australia was resubmitted in April 2022 which included one additional agency.

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 <u>not</u> 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, 2019–20 and 2020–21 collections (see the relevant data quality statements for previous collection years for more detail).

Analysis of the 2020–21 SLK data showed that approximately 98.8% 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 2020–21 data. The number of estimated clients receiving AOD treatment services nationally in 2020–21 was 139,271.

Accuracy: Data for the AODTS NMDS are provided by the treatment services directly to the state and territories and then extracted each year from the administrative systems of the relevant state and territory departments. These data are then collated by the departments according to the definitions and technical specifications agreed to by the departments and the AIHW. AOD treatment service providers are primarily responsible for the quality of the data they provide. Data are also directly provided to the AIHW by the DAP and PHN solely funded services.

The AIHW undertakes extensive validation after data are submitted for review. Validation is conducted in two stages:

1. The compliance stage is managed by the AIHW and is concerned with ensuring that the file is structurally compliant.
2. The data validation stage is managed by the AIHW and is primarily concerned with identifying inconsistent, anomalous, and exceptional issues, including invalid values, missing data and historical inconsistency. Any missing or unusual data is clarified with the supplying jurisdiction or AOD treatment service provider.

COVID–19 restrictions

In 2020–21, restrictions related to the COVID-19 pandemic continued and impacted delivery of services including AOD treatment for withdrawal management and residential rehabilitation. The latter included closure of services for a period of time in some states. Withdrawal and rehabilitation bed-based occupancy decreased compared to pre-COVID-19 occupancy in most states. Counselling and face-to-face outreach services also moved to providing telehealth services to ensure social distancing and public health 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 237,545 in 2019–20 to 242,980 in 2020–21, predominantly due to:

- the completion of implementing the Victorian Alcohol and Drug Collection (VADC) system in Victoria. This system allows for the reporting of Assessment and other forms of support treatment and there was also an increase in services reporting via the VADC in Victoria.
- resubmission of data by Western Australia in April 2022.

An increase in closed treatment episodes was reported by Queensland (+7,764), Victoria (+3,674), and South Australia (+308). A decrease in closed treatment episodes was reported by Western Australia (-3,277), New South Wales (-1,323), Northern Territory (-578), the Australia Capital territory (-342) and Tasmania (-25). The AIHW collected 1,652 fewer closed treatment episodes from solely DAP and PHN funded services.

Approximately 95.9% of in-scope treatment services submitted data to the AODTS NMDS in 2020–21. Six jurisdictions submitted 100% of in-scope treatment services, the exceptions being Victoria (98.4%), New South Wales (91.2%) and solely DAP/PHN funded services (95.1%). In New South Wales, 39 in-scope services did not report due to agencies not having closed episodes to report for 2020–21, or not providing AODTS NMDS data within the collection timeframe. Similarly, 10 solely DAP/PHN funded, and 5 Victorian in-scope services did not report, predominately due to nil activity, cessation of DAP/PHN funding or data were reported through other outlets.

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 2020–21 is good. For most data elements, fewer than 5% of records have missing data (including not stated or unknown responses) while 1.1% of records have an invalid SLK. National not stated or unknown responses are listed below.

Not stated/unknown responses for data items, nationally, 2017–18 to 2020–21 (per cent)

Data item	2017–18	2018–19	2019–20	2020–21
Client data items				
Client type	. .	. .	. .	. .
Country of birth	1.8	1.5	2.5	2.9
Date of birth/age	0.2	0.2	0.2	0.2
Indigenous status	4.2	4.0	4.5	5.6
Preferred language	1.6	1.5	2.3	2.1
Sex	0.1	0.6	1.0	1.4
Source of referral	1.6	3.2	5.2	5.5
Drug data items				
Principal drug of concern	. .	. .	. .	. .
Injecting drug use*	16.0	12.1	10.0	12.9
Method of use*	6.8	6.6	5.1	6.9
Treatment data items				
Main treatment type	. .	. .	. .	. .
Reason for cessation	5.5	6.5	8.2	7.8
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 2020–21, 3.1% of records had a missing postcode, ranging from 0.2% in Western Australia to 5.5% in Victoria.

Usual accommodation type of the client was introduced in the 2015–16 AODTS NMDS collection. In 2020–21, the variable contained not stated for 17.4% of records nationally (compared to 10.9% in 2019–20). In 2020–21, selected state data was reported for Usual accommodation type of the client where the number of not stated records was less than 5%.

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.

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

During 2020–21, large areas of NSW continued to be affected by COVID-19. The impact of COVID-19 saw services whether metropolitan or rural and remote utilise telehealth, primarily telephone.

Some types of services, such as withdrawal management and residential rehabilitation services, were impacted due to social distancing rules. Some residential services continued to have limited bed capacity. These constraints meant services had to reduce the availability of treatment places. However, whilst there were constraints, continued adoption of other approaches meant that clients of alcohol and other drug treatment services were still able to receive treatment even when the number of places were decreased.

Victoria

In February 2021, the Victorian Department of Health and Human Services was separated into two new departments: the Department of Health (DH) and the Department of Families, Fairness and Housing (DFFH) to better prepare for the state's public health response to the COVID-19 pandemic. The DH is responsible for the state's health system, including mental health and AOD treatment services.

Victorian AOD services operate under a mixed-funding model.

- The majority of adult residential and non-residential services have been funded through Activity-Based Funding (ABF), Drug Treatment Activity Unit (DTAU) based on the number of closed courses, since September 2014.
- Aboriginal and youth-specific services are funded on the basis of an episode of care (EOC).

- Other AOD treatment grants such as research, local initiatives and pharmacotherapy programs are block funded.
- Funding for AOD prevention and control activities is based on block grants and submissions.

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, brief intervention, counselling, care and recovery co-ordination, withdrawal, rehabilitation and pharmacotherapy.

Funded services are accountable for the appropriate use of funding and for the delivery of services specified in the service agreement. To ensure accountability, services are required to report monthly on the services they are funded to deliver through the Victorian Alcohol and Drug Collection (VADC) and other reporting. This allows both the DH and AOD funded services to monitor their progress towards agreed targets and performance measures, respond to demand for services and ensure funding accountability is met.

Introduced in October 2018, the VADC is a list of data elements (or types of information) that AOD funded services are required to report from their own client management systems (CMS) to the DH. This data is aggregated to assess the performance of each provider and the AOD treatment program, to produce reports to inform performance monitoring, service planning and policy development including catchment-based planning, demand modelling, program evaluation and research, and to meet national reporting requirements.

Victorian data is not directly comparable with data for other jurisdictions because every treatment type provided is reported as a separate episode.

COVID-19

In 2020–21, 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 and public health guidelines were met. As a result, bed-based occupancy decreased compared to pre-COVID-19 occupancy. Wait times between referrals and admissions also increased due to reduced capacity. COVID-19 reduced the number of referrals and increased the number of admission cancelations to 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.

Queensland

Queensland Health collects data from all Queensland Government-funded alcohol and other drug treatment service providers including providers of several police and court diversion programs (i.e. Police Drug Diversion Program, Illicit Drugs Court Diversion Program, and the Drug and Alcohol Assessment and Referral program). 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 by police and the courts has been historically recorded as information and education only. However, from 1 July 2020, providers now record these sessions under the Main Treatment Type of counselling. Actual treatment involves a brief intervention of up to 2-hours involving screening, assessment, motivational interviewing, provision of harm reduction information, and referral, if required.

As such, in 2020–21, there was an increase in the reporting of treatment episodes where the main treatment type was counselling and a decrease of episodes where the main treatment type was information and education, primarily due to the change in reporting diversion episodes.

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.

In 2020–21, Queensland transitioned to an integrated public mental health and AOD system to improve access to collaborative, holistic care for the significant number of people with co-occurring conditions. A key part of this transition was the integration of AODS information needs into the Consumer Integrated Mental Health and Addiction (CIMHA) application from 14 November 2020. The use of CIMHA is monitored for data integrity issues and improvement opportunities.

In 2020–21, recent changes in agency numbers (from 97 in 2011–12 to 194 in 2019–20, falling to 182 in 2020–21) is attributed to a review of the agency coding structure in the public sector. As a result, there have been significant agency identifier changes which have been constructed to align with the Queensland Health Corporate Reference Database System, providing a more accurate representation of the number of agencies reporting at the service outlet level.

COVID-19

In 2020–21, there was an increase in the reporting of diversion episodes compared to 2019–20. This may be due to the easing of public restrictions.

In 2019–20, there was a decrease in the reporting of diversion episodes due to public restrictions being in place and the restricted operation of the Magistrates Courts. In 2020–21, there were more treatment episodes provided for diversion via telephone. This included sessions that were postponed due to the public 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.

In July 2021, WA decommissioned the central client management system that the majority of organisations used to record AODTS NMDS data. Some services experienced difficulties transitioning to new systems which has potentially impacted WA data published in April 2022. In April 2022, AODTS NMDS data for Western Australia was resubmitted; these data are included in subsequent published reporting products.

COVID-19

As a result of COVID-19, services offered more telehealth appointments and there was also decreased bed capacity across residential services includng rehabilitation and low/high medical withdrawal services 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 or PHN. 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

During COVID-19 restrictions, a proportion of counselling services shifted from face-to-face appointments to telehealth and telephone clinical support to clients in treatment. There was also decreased bed capacity across residential services and withdrawal services reducing the amount of people accessing these services.

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

By mid July 2020 COVID-19 restrictions in Tasmania had largely been eased and this remained the case for the remainder of 2021–22. Service delivery was unaffected.

Tasmania was in 'lockdown' from April–June in the 2019–20 financial year where the majority of services remained accessible, however, there was some reluctance by clients to access treatment.

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

In late March 2020, ACT Health Directorate acknowledged the expected impacts for treatment service delivery due to the ACT COVID-19 response. This included for example, agency staff relocating to work from home; reduction in service operating hours; reduction in the number of residential beds operating; switching treatment delivery modes, from face-to-face to non-contact delivery; and ending or slowing new client intake.

COVID-19 restrictions resulted in decreased bed capacity in residential rehabilitation and withdrawal services and ceased or reduced intake of new clients to residential and non-residential treatment 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 NT 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.

A policy was introduced in 2018 requiring all agencies in the Northern Territory to complete a separate assessment only episode prior to the commencement of treatment. This practice recognises the volume of assessment work performed by agencies.

COVID–19

As a result of COVID-19, COVID-safe procedures in residential rehabilitation resulted in a decrease in the number of people that could be accommodated in each facility (e.g. one person per room).

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, 2019–20 and 2020–21 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, Person-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, 237,545 in 2019–20 and 242,980 in 2020–21.

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 2020–21.

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.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Related metadata references:

Supersedes [Alcohol and other drug treatment services NMDS, 2019–20; Quality Statement](#)
   [AIHW Data Quality Statements](#), Superseded 14/04/2022

Has been superseded by [Alcohol and other drug treatment services NMDS, 2021–22; Quality Statement](#)
   [AIHW Data Quality Statements](#), Superseded 16/04/2024