INQUIRY INTO DRUG AND ALCOHOL TREATMENT

Organisation: Australian Institute of Health and Welfare

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Authoritative information and statistics to promote better health and wellbeing

General Purpose Standing Committee No. 2 Legislative Council Parliament of NSW Macquarie St Sydney NSW 2000

RE NSW Legislative Council inquiry into drug and alcohol treatment

The Australian Institute of Health and Welfare (AIHW) welcomes the opportunity to make a submission to the NSW Legislative Council's inquiry into the effectiveness of current drug and alcohol policies.

The AIHW is a major national agency set up by the Australian Government under the *Australian Institute of Health and Welfare Act* to provide reliable, regular and relevant information and statistics on Australia's health and welfare. We are an independent statutory authority established in 1987, governed by a Management Board, and accountable to the Australian Parliament through the Health and Ageing portfolio.

Our aim is to improve the health and wellbeing of Australians through better health and welfare information and statistics. We collect and report information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The AIHW operates under a strict privacy regime which has its basis in section 29 of The Australian Institute of Health and Welfare Act 1987. Our record of protecting the security of the data we hold on the health and welfare of Australians is exemplary. The AIHW Board closely monitors the Institute's performance regarding maintenance of the privacy of its data, and has commissioned and endorsed a range of policies and practices relating to data privacy. This includes an independent Ethics Committee which must approve all new data collections and all data linkage projects. Under principles for the integration (linkage) of Commonwealth data for statistical or research purposes, such work can only be carried out by approved 'integrating authorities' that meet stringent criteria covering project governance, capability, data management, and the protection of privacy and confidentiality. The AIHW is an accredited Commonwealth Integrating Authority.

I wish to draw to the attention of the Committee data available from AIHW that may be of relevance to this inquiry. The AIHW has a number of data collections directly related to drug and alcohol use and treatment. Information on drug and alcohol issues and services to address these are also collected in a range of other AIHW data collections. Descriptions of these collections and some of their findings relating to New South Wales are set out below. I have provided links to relevant information on the AIHW website and contact details should the Committee have any queries or wish to request additional data from the AIHW.

Finally, I have also highlighted some areas where data may not be sufficient to meet public policy information needs and future data development may be warranted.

Relevant data collections managed by the AIHW

The development and improvement of relevant, accessible, timely and robust data collections is critical to compiling an evidence base for determining the effectiveness of treatment services.

The AIHW manages several data collections relating to alcohol and drug issues.

National Drug Strategy Household Survey (NDSHS)

This is a large triennial population survey that asks people about their knowledge of and attitudes towards drugs and their history of alcohol and other drug consumption.

The most recent survey was conducted in 2010 and had 26,648 respondents, of whom 7,777 were from New South Wales. The next survey will be conducted mid-2013, with a report released in 2014.

The survey provides information on the use of alcohol and other drugs in the general population. Results from the 2010 survey show that people in New South Wales are slightly more likely to be current smokers than the national average, but slightly less likely to have consumed alcohol or cannabis in the past 12 months (see Table 1 in the Appendix).

Reports on the NDSHS are available from the AIHW website: http://www.aihw.gov.au/alcohol-and-other-drugs-publications/.

Alcohol and Other Drug Treatment Services (AODTS) National Minimum Data Set

This collection contains information on alcohol and other drug treatment agencies in Australia and the episodes of treatment provided by those agencies, including the drugs of concern and the types of treatment provided. It does not contain any information on the effectiveness of these treatment services or on any co-morbid conditions of the client.

In 2010–11, the most recent year for which data are available, the 262 treatment agencies in New South Wales (39% of the national total) provided around 36,000 treatment episodes that were closed in that year (24% of the national total). In half of the treatment episodes provided in New South Wales, the principal drug of concern was alcohol, while cannabis was the principal drug for one-fifth (see Table 2 in the Appendix). Counselling was the main treatment provided in one-third of treatment episodes in New South Wales, while withdrawal management was the main treatment for one-fifth (see Table 3 in the Appendix). In less than 10% of the treatment episodes closed in 2010-11 in New South Wales, the client was referred to the treatment agency as part of a police or court diversion program (see Table 4 in the Appendix). Court diversion (9% of episodes) was more common than police diversion (less than 1%).

The most recent report on this collection, *Alcohol and other drug treatment services in Australia* 2010–11, is available from the AIHW website: http://www.aihw.gov.au/alcohol-and-other-drugs-publications/. A report detailing key state and territory findings for 2010–11 will be released in mid-March 2013 while the annual report on the 2011–12 collection will be released in mid-2013.

National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection

This collection contains information about people receiving opioid pharmacotherapy throughout Australia on a single day in the year.

In 2012, information was collected about 46,446 clients; 41% (18,883) of these were in New South Wales.

The most recent report on this collection, *National Opioid Pharmacotherapy Statistics Annual Data collection*: 2011 report is available from the AIHW website (the 2012 report will be available mid-2013): http://www.aihw.gov.au/alcohol-and-other-drugs-publications/.

Other related collections

Other collections managed by the AIHW that may be of interest to the Council include:

- The Office for Aboriginal and Torres Strait Islander Online Services Reporting (OATSIH OSR) data collection, which includes information on Aboriginal and Torres Strait Islander substance-use-specific services funded by the Australian Government.
- The Specialist Homelessness Services (SHS) collection, which contains information on all clients assisted by government-funded specialist homelessness services, their circumstances and the services provided. The SHS NMDS includes data on people who are referred to homelessness services from an alcohol or other drug service, seeking assistance due to problematic alcohol or other drug use and those who require counseling relating to alcohol and other drug use.
- The Admitted Patient Mental Health Care NMDS, Community Mental Health Care NMDS and the Residential Mental Health Care NMDS, which each contain data on people who are receiving treatment with a principal diagnosis of either 'mental health and behavioural disorders due to use of alcohol' or 'mental and behavioural disorders due to psychoactive substance use'.
- The National Prisoner Health Data Collection, which contains data on prisoners' use of alcohol, tobacco and illicit drugs in the 12 months before entry into prison and while in prison. The collection includes data on prisoners' access to opioid substitution programs and needle and syringe programs before entry into prison and on prisoners' plans to continue opioid substitution programs after release. The collection also includes data on visits to prison clinics where the problem was related to alcohol or other drug use and repeat medication dispensed for drugs used to treat opioid dependence and nicotine dependence.

Strategies to improve data on treatment services

Data linkage

The AIHW's data collections do not contain information on the adequacy and effectiveness of alcohol and other drug treatment services or integrated services to treat co-morbid conditions. However, one possible method for exploring outcomes and patterns of use across a number of sectors is data linkage. This refers to the bringing together of data from different sources in order to obtain a greater understanding of a situation or individual from the combined (or linked) data set.

Data linkage is a powerful means for adding value to data. Its potential applications are very wide and include the following:

- Within a given health or welfare service, converting event-based data on clients' encounters with the service into person-based data.
- Generating a view of a person's pathway through multiple health or welfare services.
 For example, linking data on alcohol and other drug treatment services with mental health and disability data collections would enable the identification of key characteristics of people with co-morbid conditions and the analysis of their patterns of service use.
- Understanding the precursors to encounters with the health or welfare system.
- Understanding the outcomes of encounters with the health and welfare system.

Understanding the outcomes of diagnoses.

A number of AIHW health and welfare collections contain sufficient information to enable data linkage including collections on people accessing mental health, homelessness and disability services, children in the child protection system and young people under juvenile justice system.

The AIHW and jurisdictions are currently working together to include information in the AODTS NMDS collection that will, in future, provide information on the patterns of service usage, by groups of individuals. For example, by linking records, we can determine the average number of assessments provided to groups of clients with a specific profile before they move on to another treatment. This information is important to plan service delivery and gain a better understanding of the health issues faced by this population. Linkage with other collections may be possible in the future.

An alternative to data linkage is the introduction of indicators relevant to drug treatment to other data sets. This approach is discussed further in the report *Review of the Alcohol and Other Drug Treatment Services National Minimum Data Set* (AIHW 2011).

Improving timeliness of data

Assessing the delivery and effectiveness of treatment services requires access to timely and accurate data. The AIHW is progressively improving the quality and timeliness of its data collections by supporting a richer array of data checks, reducing multiple handing of data and providing a better data audit trail. In 2011–12, the AIHW continued to enhance data validation processes for hospitals data, extended data validation processes to the new Specialist Homelessness Services and has recently introduced the tool for AODTS NMDS data suppliers with the aim of improving the timeliness and quality of health and welfare information.

The AIHW provides leadership in the development, improvement and dissemination of data through active participation and leadership in national committees and maintenance of the Metadata Online Registry (METeOR).

The AIHW is continuing to work to improve the evidence base on tobacco, alcohol and other drug-related issues, including data on treatment services, and recognises that those data are essential for the evaluation and improvement of existing policy and the development of new policy. To this end, I will be interested in any findings of this inquiry that may relate to information needs in the area of drug and alcohol treatment.

Should the Committee have any queries about the information I have provided or wish to seek additional data from the AIHW please contact Amber Jefferson, Head of the Tobacco, Alcohol and Other Drugs Unit, on 02 6244 1137.

Yours sincerely

David Kalisch
Director
72 February 2013

Appendix: Tables

Table 1: Use of alcohol and other drugs in the past 12 months by the general population, 2010 (per cent)

| Drug | NSW | Aust |
|---------------------|------|------|
| Tobacco | 16.8 | 18.0 |
| Alcohol | 78.2 | 80.5 |
| Cannabis | 9.1 | 10.0 |
| Other illicit drugs | 8.1 | 8.3 |

Note: Tobacco use is currently smoking.

Source: AIHW NDSHS cited in AIHW 2011 Drugs in Australia 2010: tobacco, alcohol and other drugs.

Table 2: Closed treatment episodes provided to clients receiving treatment for their own drug use by principal drug of concern, 2010–11

| | NSW | | Aust. | |
|---------------------------|--------|-------|---------|-------|
| Principal drug of concern | No. | % | No. | % |
| Alcohol | 17,904 | 50.6 | 68,167 | 47.3 |
| Cannabis | 6,933 | 19.6 | 31,762 | 22.1 |
| Heroin | 3,157 | 8.9 | 13,354 | 9.3 |
| Amphetamines | 2,945 | 8.3 | 12,563 | 8.7 |
| Benzodiazepines | 766 | 2.2 | 2,488 | 1.7 |
| Methadone | 728 | 2.1 | 1,961 | 1.4 |
| Nicotine | 498 | 1.4 | 1,849 | 1.3 |
| Morphine | 406 | 1.2 | 1,794 | 1.3 |
| Cocaine | 233 | 0.7 | 501 | 0.4 |
| Ecstasy | 86 | 0.2 | 708 | 0.5 |
| Total volatile solvents | 21 | 0.1 | 553 | 0.4 |
| Other drugs | 1,688 | 4.8 | 8,302 | 5.8 |
| Total | 35,365 | 100.0 | 144,002 | 100.0 |

Note: Principal drug of concern is not recorded for clients receiving assistance for someone else's drug use.

Source: AIHW 2012 Alcohol and other drug treatment services in Australia 2010-11.

Table 3: Closed treatment episodes provided to both clients receiving treatment for their own drug use and clients receiving assistance for someone else's drug use by main treatment type, 2010–11

| | NSW | | Aust. | |
|--|--------|-------|---------|-------|
| Main treatment type | No. | % | No. | % |
| Counselling | 11,303 | 31.4 | 61,935 | 41.2 |
| Withdrawal management (detoxification) | 7,425 | 20.6 | 23,843 | 15.8 |
| Assessment only | 5,294 | 14.7 | 20,511 | 13.6 |
| Support and case management only | 3,544 | 9.8 | 13,678 | 9.1 |
| Rehabilitation | 2,531 | 7.0 | 7,844 | 5.2 |
| Information and education only | 431 | 1.2 | 11,532 | 7.7 |
| Other | 5,512 | 15.3 | 11,145 | 7.4 |
| Total | 36,040 | 100.0 | 150,488 | 100.0 |

Source: AIHW 2012 Alcohol and other drug treatment services in Australia 2010-11.

Table 4: Closed treatment episodes by source of referral, 2010-11

| | NSW | | Aust. | |
|----------------------------|--------|-------|---------|-------|
| Referral source | No. | % | No. | % |
| Police diversion | 63 | 0.2 | 5,325 | 3.5 |
| Court diversion | 3,117 | 8.6 | 19,583 | 13.0 |
| All other referral sources | 32,860 | 91.2 | 125,580 | 83.4 |
| Total | 36,040 | 100.0 | 150,488 | 100.0 |

Source: AIHW 2012 Alcohol and other drug treatment services in Australia 2010-11.