

## Diversity and representation in AOD NGO services: What does NADAbase data tell us?

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**Introduction and Aims:** NSW non-government alcohol and other drug (AOD) services are supported to collect data via the NSW AOD peak body. NADA supports the sector by reporting information on people accessing services as part of data requirements to government and using the data as a quality improvement tool. This presentation will report on episodes of care and outcome data that was submitted through NADA, focussing on the 1 July 2021-30 June 2022 period.

**Methods:** The data is sourced from NADAbase, an online client repository system. The data describes the people who accessed the NGO AOD services and completed a validated client outcome measure contained within NADAbase (K10+, SDS, EUROHIS-QOL, ATOP). It also describes the average trends of outcome measures across each estimated 30-day time points after an intake assessment for different groups of people and different treatment settings.

**Key findings:** 18,420 people (38% women and 27% First Nations people) accessed 219 NGO AOD services for at least one episode of care. Alcohol was the most common substance of concern except for First Nations people who nominated methamphetamine. Overall, there is an observed reduction in the average K10+ and SDS scores and an increased EUROHIS-QOL scores across each time-point after first baseline assessment.

**Discussion and conclusion:** While it is promising that the people accessing treatment in the AOD NGO sector are showing improvement across a range of outcome domains, the distributions of outcomes may differ across subgroups due to the limitations of the dataset. The collection and utilisation of client data is essential for informing client care and service improvement, as well as sector planning and research.

**Implications for practice or policy:** Supporting services to improve the routine collection and use of outcome data remains a challenge. The data suggests additional research be undertaken to explore outcomes and experiences of care for specific populations accessing NGO AOD services.