

The NSW Ministry of Health

Strategic Prioritisation Framework for Alcohol and other Drugs Research and Evaluation: 2020-2024

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SHPN (CAOD) 200813
ISBN 978-1-76081-545-5

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Executive Summary

The Centre for Alcohol and Other Drugs (CAOD), NSW Ministry of Health (the Ministry, or MoH) is committed to supporting high quality research and evaluation to drive evidence informed programs and policies, which improve health outcomes and reduce health inequities. The *NSW Ministry of Health Strategic Prioritisation Framework for Alcohol and other Drug Research and Evaluation* (the Framework) complements a range of NSW Health initiatives and builds on the CAOD's commitment to research, evaluation and innovation that keeps people healthy, and reduces alcohol and other drug (AOD) related harms.

The aim of this framework is to align research and evaluation activities to areas of strategic importance. Such areas will address gaps in knowledge, and support the continuing delivery of evidence-informed policies and programs which improve outcomes for people who experience AOD-related harms.

The Ministry will prioritise support and available funding for the following five research and evaluation areas identified within this framework (See Section 2: Identified Priority Areas) between 2020 and 2024:

- Evaluating Current Models of Care;
- Health System Access and Patient Journey;

- Improving AOD Services for Priority Populations;
- AOD-Related Mortality; and
- Prevention and Early Intervention.

The Ministry is able to offer the following mechanisms of support for these priority areas:

- Partnership and/or involvement through grant applications, such as the National Health and Medical Research Council (NHMRC) and Translational Research Grant Schemes (TRGS);
- Linkage partnerships and access to Ministry data assets; and
- Direct commissioning and funding of research, quality improvement and evaluation activity

Priority areas will be reviewed and updated (as required) and incorporated into the annual business plan for the Strategic Research and Evaluation Unit, CAOD. The framework will be reviewed and updated every three years unless the Ministry Executive directs earlier reprioritisation due to changing circumstances.

For matters arising from this framework, please contact Strategic Research and Evaluation, CAOD at MOH-AOD-ResearchandEvaluation@health.nsw.gov.au.

Defining and Communicating Priority Areas

This framework identifies the Ministry's AOD research and evaluation priorities to align Ministry investments with critical evidence gaps that can inform best practice and drive better health outcomes, maximising the impacts of and returns on research investment. The priority areas have been identified and developed through consultation with stakeholders who work directly or indirectly with people who experience AOD-related harms (Appendix 1).

Defining these priority areas for AOD research and evaluation has the potential to:

- Support partnerships between NSW Health services, Non-Government Organisations (NGOs) and academic researchers with common objectives;
- Encourage potential partners to align their AOD research and funding applications with NSW Health's priority areas;
- Assist Ministry policy areas in responding to requests for research or evaluation funding;
- Support leading better value care and outcomes-based investment and funding decisions; and
- Improve evidence-based policy and delivery of high-quality interventions.

Research and evaluation areas not identified in this framework may still be supported by the Ministry in other ways (e.g. via access to routine data collections, open grant opportunities, existing data assets or evaluation support). These other areas will remain outside the scope of direct Ministry AOD funding for the 2020 to 2024 period.

NSW Health AOD context and opportunities

Prospective researchers should consider the current NSW policy context when proposing research projects to ensure alignment with the priorities across NSW health, social, justice and community domains. These factors and/or assets include:

- **Premier's Priorities:** efforts to address the impacts of, and harms associated with, AOD use, contributing to the achievement of relevant priorities. Examples include reducing recidivism, homelessness and domestic violence, and protecting vulnerable children;
- **NSW State Health Plan:** promoting collaborative multi-disciplinary research and evaluation to reduce health inequities and improve health outcomes;
- **NSW Health Strategic Priorities:** drive the generation of policy relevant translational research for AOD to support keeping people healthy, and building a health system response to AOD, including across government agencies;
- As part of the NSW Health Strategic Priorities, the Ministry's commitment to **Value Based Healthcare:** moving from volume to outcomes and its direct link with patient experience by co-designing high impact initiatives to improve outcomes and experiences for people with specific conditions. Value based healthcare centres on delivering care that improves health outcomes that matter to patients; experiences of receiving care; experiences of providing care; and effectiveness and efficiency of care;¹
- Actions arising from **Inquiries and Coronial Inquests:** *The 2017 Parliamentary Inquiry into the provision of drug rehabilitation services in regional, rural and remote NSW and the Special Commission of Inquiry into the Drug 'Ice,' including recommendations for research and program expansion;*²

1 NSW Health, 'Strategic Priorities 2019-2020,' (2019) 3

2 Recommendation themes include expanding diversion programs with a focus on priority populations, workforce development and retention, treatment approaches which address access barriers, enhanced research and linked data collection to improve understanding of AOD use on health, justice, community and family outcomes, and research on social determinants of use, best points of intervention and best models of care, including effective prevention strategies.

- Potential inclusion of AOD indicators in **NSW Treasury’s Outcomes Based plans for FY 2020/21 and beyond**, and evidence including cost benefit analyses, returns on investment and improved service delivery and health outcomes from a range of research and evaluation projects³; and
- Availability of new linked public health data assets and analytical capacities enabled through, for instance, the **Alcohol and other Drugs Outcome Register (AoDOR)**, including patient journey, health system touch points and interactions across a range of government services, such as justice, education, and income support. (Refer to Appendix 2 for further details about the AoDOR dataset.)

These contextual factors and assets are supported by system opportunities that can facilitate the development, feasibility and implementation of strategic research, quality improvement and evaluation projects. These include:

- Various funding opportunities – Translational Research Grants Scheme (TRGS), partnership funding through NHMRC, Australian Research Council (ARC) grants and Ministry seed funding provided through the Co-creating Evidence Using Public Health Data approach;
- Clinical research and improvement projects across NSW Health AOD Services through the Ministry-funded NSW Drug and Alcohol Clinical Research and Improvement Network (DACRIN);
- Involvement of people with lived experience through the Ministry’s AOD Consumer Reference Committee, Consumer Peak Organisations and other networks;
- Data availability through clinical information systems that support research and evaluation of treatment outcomes, such as the Clinical Outcomes and Quality Indicators (COQI)-informed data systems and the NGO treatment sector’s NADAbase;
- Access to existing and emerging assets that may support research, quality improvement and evaluation, including administrative health data (large data sets linked under AoDOR including the NSW Drug and Alcohol Treatment Services Minimum Data Set, Non-Admitted Patient Data, Ambulatory Mental Health data and Electronic Medical Records or eMR); and
- Availability and support of clinical and academic expertise.

The framework and the resulting working groups will facilitate access to these new and existing assets and will support collaborative policy-relevant research partnerships that address research and evaluation priority areas aligned to NSW Government objectives.

Funding opportunities

Several funding opportunities exist to support research and evaluation activities (Table 1). NSW Health will prioritise support and partnership on grant applications that reflect the five identified priority areas. Prospective researchers should review the guidelines provided by funding bodies and contact the Strategic Research and Evaluation Unit regarding partnership opportunities that address priority issues.

Table 1: Potential funding channels

Funding body	Program(s)
NHMRC	Synergy grants, Clinical trials and cohort studies, Ideas grants, Investigator grants, Partnership grants, Centres of research excellence, Development grants
Medical Research Future Fund (MRFF)	Investigator grants, International clinical trial collaborations
Non-Government Organisations (NADA, Community Mental Health and Drug and Alcohol Research Network)	NGO Seed funding
Australian Research Council	Various grant opportunities
NSW Ministry of Health	Translational Research Grant Schemes (TRGS), Early Intervention and Innovation Fund (EIIF), Seed Funding for priority projects

Ad hoc funding opportunities may be available through other agencies, including NSW Government agencies, the Agency for Clinical Innovation (ACI), universities, the Commonwealth Government and topic-specific funds.

3 NSW Health, ‘Population Health Research Strategy 2018-2022,’ (2018) 13

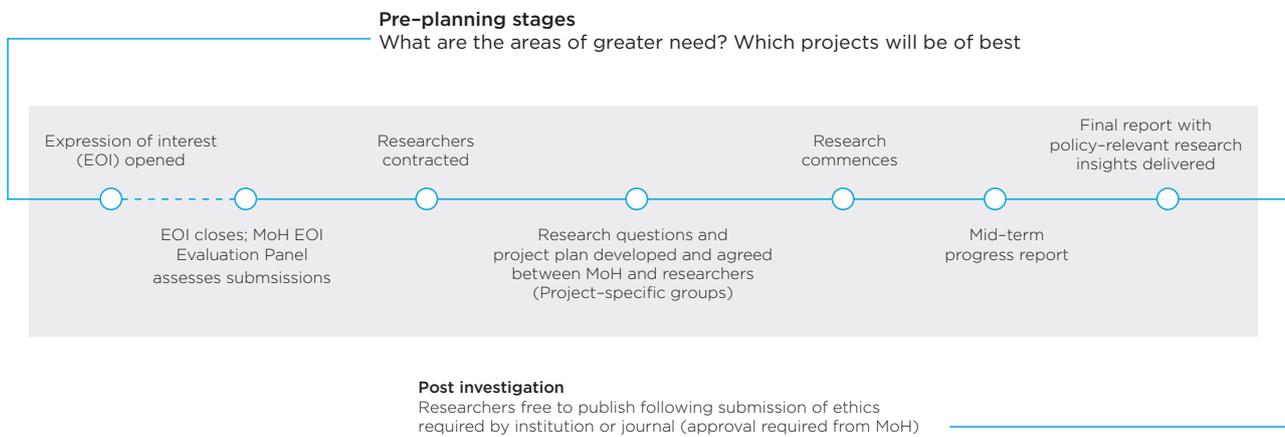
NSW Ministry of Health seed funding

Limited funds of up to \$30,000 for any one project may be available to individuals or organisations to investigate specific policy-relevant research and evaluation questions in partnership with the Ministry. Research questions or projects eligible for funding will be decided by the relevant working group and the Ministry for each of the five identified framework priorities.

Available seed funding will be administered through a Request for Quote tender. The process will follow the approach developed by the Centre

for Epidemiology and Evidence (CEE), NSW Ministry of Health, known as “Co-creating Evidence Using High Profile Public Health Data” (See Figure 1). Individuals or groups with appropriate skills will have the opportunity to submit an expression of interest to undertake the identified research and/or evaluation activities. Applications will be assessed by an expert panel and the successful applicant will work in collaboration with the Ministry to generate policy-relevant research and evaluation insights.

Figure 1: Co-creating evidence using high value public health data process



Governance structures to support this Framework

A comprehensive governance structure supports the implementation of this framework; and continues to progress research and evaluation capacities of the NSW AOD sector.

Each research and evaluation priority area will be governed by a project working group, responsible for:

1. Determining the scope of research and evaluation, including intended outcomes, measures of success and aligning efforts to existing work;
2. Identifying research questions suitable for the co-creating evidence approach;
3. Oversight of proposed work, including the provision of expert advice, feedback and resolution of issues arising; and
4. Seeking or suggesting alternative funding opportunities for projects, and appropriate partnerships to facilitate this work.

Project working groups will report to the Strategic Research and Evaluation Steering Group (Appendix 4) which will oversee and monitor implementation and progress of the framework's research and evaluation priorities.

Access to routine and linked data collections

All requests for access to, and use of, MoH data will be assessed by the MoH's CAOD Data Asset Working Group.

Applications will need to demonstrate:

1. Alignment to strategic research, quality improvement and evaluation priorities;
2. Consistency between intended use and purpose for which data is being collected;
3. Attainment of relevant ethics approvals; and
4. Intended use and planned outcomes of data access.

Data access and/or partnership opportunity requests can be made to Strategic Research and Evaluation, CAOD via MOH-AOD-ResearchandEvaluation@health.nsw.gov.au.

Conflicts of interest

Experts who may be most appropriate to participate in the Strategic Research & Evaluation Prioritisation Framework working groups or Steering Group may be eligible and wish to submit an expression of interest to tenders for research and evaluation activities supported by the Ministry.

It is the responsibility of each working/Steering group member to make any conflicts of interest known to the Chair. Members who submit funding applications will be excused from contributing towards the assessment of applications. If successful, the working/Steering group member may be excused from discussions and deliberations on the relevant topic.



Identified Priority Areas

The following priorities, and areas of work entailed in each, align with NSW Health strategic objectives and offer potential linkages and partnerships. The stakeholder consultation process by which they were identified is detailed in Appendix 3.

Priority Area One: Evaluating Current Models of Care

A 'Model of Care' broadly defines the way a treatment service or intervention is delivered. Models of care are not standardised and vary according to factors such as treatment or intervention setting (Local Health District (LHD) or NGO), process of care delivered, and target population⁴. The objective of work in this priority area is to support leading better value care by understanding what models do and do not work (and for which groups) and what gaps in efficacy exist.

Three methods of evaluation are in scope for this priority area:

- **Outcome evaluations**, including effectiveness and quality of care;
- **Cost effectiveness and economic evaluations**, including costings, return on investment, quantifying outcomes and value; and
- **Process evaluations**, including the appropriateness, acceptability, adaptability and sustainability of services.

Models of care evaluated at two service levels will be considered:

1. Multidisciplinary models that seek to address the holistic needs of individuals, including cross-agency initiatives, such as Assertive Community Management (ACM); and
2. Health-specific service models and interventions provided within specialist settings. For example, comorbidity models of care; Substance Use in Pregnancy and Parenting Services (SUPPS).

Research and evaluation aligned with this priority may address the following areas:

- consumer experience / feedback and outcomes across different models of care;
- evaluation approaches that enable point-of-care service evaluation and clinical trials using routinely collected clinical information systems, such as eMR;
- audits of where AOD treatment is delivered, including outside specialist settings (primary health, family and community services, mental health, justice), by clinician type, and the quality of care delivered;
- the return on investment, value and outcomes for resource intensive programs designed for clients with more complex needs;
- evaluation of innovation and strength of collaboration at whole-of-government and cross-agency levels, and methods to recognise good practice; and
- identifying mechanisms that support the delivery of quality health care, including organisational development and culture, optimal workforce skill mix, and resource allocation, including across geographic regions.

Current models of care across all treatment settings are in scope, including specialised services for specific patient groups, such as women with children, people with complex needs, and people in contact with the criminal justice system.

Programs and settings may include:

- Opioid Treatment Program: access, and health and psychosocial outcomes;
- Emergency department AOD presentations;
- Inpatient services, including hospital consultation liaison services (alcohol and other drugs);
- Residential, outpatient or community-based treatment settings;
- Other specialised services for specific patient groups; and
- Aboriginal Residential Rehabilitation models of care.

⁴ Agency for Clinical Innovation, 'Understanding the process to develop a Model of Care: An ACI Framework,' (2013)

Priority Area Two: Health System Access and Patient Journey

Research and evaluation around health system access, service access points and the patient journey will focus on community-based outcomes and system design for:

- people who experience AOD-related harms and access specialist services; and
- people who experience AOD-related harms and do **not** access specialist services.

The overall objective of the work will be to enhance pathways and access to AOD specialist services, intervention points and the patient journey to improve outcomes for people who engage with, and those who may be missed by, AOD services.

Research and evaluation may address the following areas:

- understanding consumer or patient interactions with different parts of the health system, such as primary care, Needle and Syringe Programs (NSPs), violence abuse and neglect (VAN) services, antenatal care, child protection and wellbeing, mental health, justice health and youth settings;
- understanding the journey of, and outcomes for, people who frequently present to a range of frontline services;
- identifying people who experience AOD-related harms and are being missed by AOD services; and
- opportunities to enhance engagement with community and other agency supports to improve health and social outcomes at discharge or transfer of care.

The AoDOR and clinical information datasets such as eMR will enable some of the relevant research, quality improvement, evaluation and analysis to be conducted internally by the Ministry. This may include patient access, engagement, and journey through treatment settings, including residential rehabilitation, inpatient and outpatient withdrawal care, and outpatient counselling and day programs. The AoDOR data may be supplemented by treatment data, including clinical outcomes, collected by both NGO and public health services.

Priority Area Three: Improving AOD Services for Priority Populations

The National Drug Strategy 2017-2026 identifies priority populations who are at higher risk of experiencing harms. Priority groups identified in the strategy include:

- Aboriginal and Torres Strait Islander people;
- People with co-occurring mental health conditions;
- Young people;
- Older people;
- People in contact with the criminal justice system;
- Culturally and linguistically diverse (CALD) populations; and
- People identifying as lesbian, gay, bisexual, transgender or queer (LGBTQ)⁵

Developing targeted and more effective services requires an enhanced understanding of priority populations, including at-risk populations who may not yet be identified. Addressing this priority should include assessment of the effectiveness of service delivery, including ease of service access, patient experiences and outcomes.

Research and evaluation may address the following areas:

- improving capacity for, and consistency in, routine data collection for priority populations;
- addressing methodological issues associated with priority population research;
- identifying and exploring other at-risk cohorts who experience AOD-related harms;
- determining the level of unmet demand for treatment by priority populations across different regions in NSW;
- costing or economic evaluations of services for priority populations;
- understanding and addressing the impacts of stigma and discrimination; and
- developing and testing new or existing targeted interventions where current service delivery may be ineffective or inefficient.

⁵ Commonwealth of Australia (Department of Health), 'National Drug Strategy: 2017-2026,' (2017)

Priority Area Four: AOD-Related Mortality

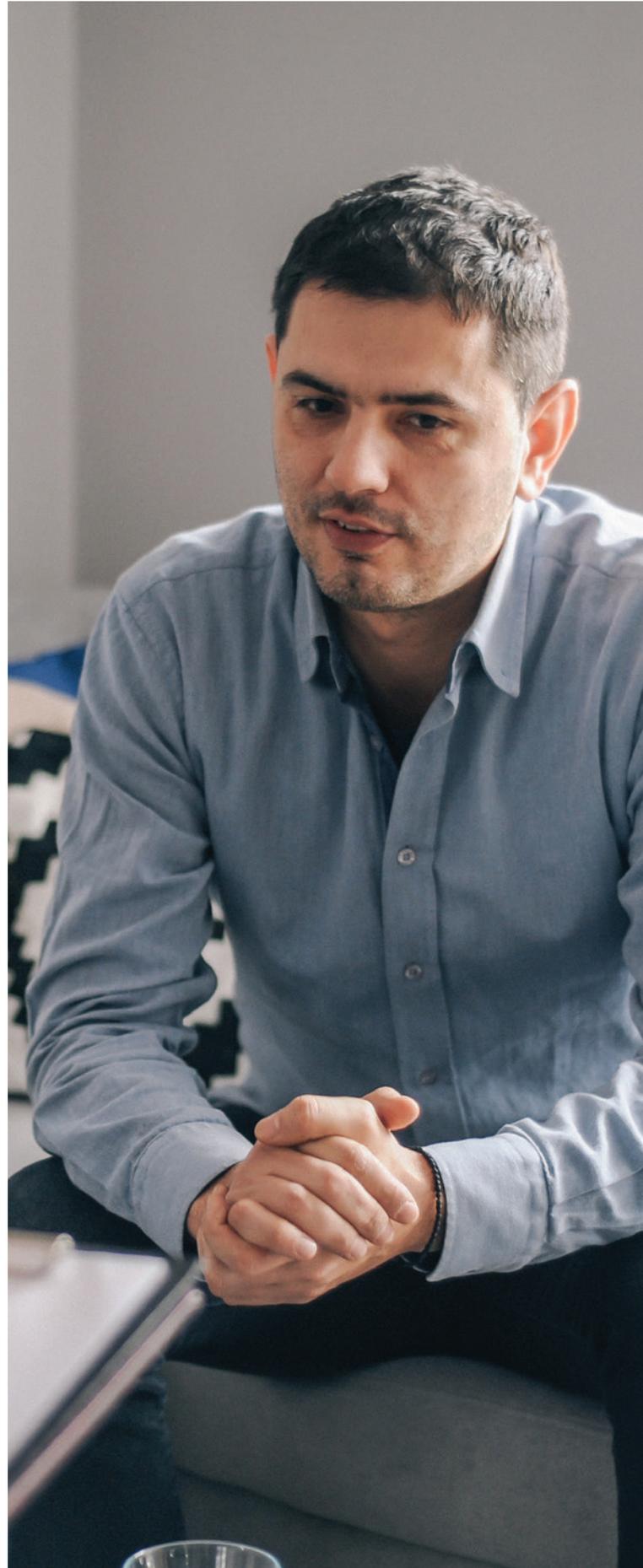
The AoDOR dataset enables the examination of some questions around AOD-related mortality, including for vulnerable populations where outcomes are focus areas of Premier's Priorities and NSW Health Strategic Priorities. These populations include people who are in AOD treatment or experiencing AOD-related harms.

The AoDOR dataset is an ever-expanding piece of infrastructure and has the potential to provide powerful analysis of whole-of-government issues through future data linkages (with the Department of Communities and Justice, for example). This process is undergoing continual improvement and data 'refresh'. Clear parameters will be applied to the analysis and interpretation of data. Analysis of AoDOR therefore may provide insights around the value of expanding or funding of specific whole-of-government policies, treatment or support interventions for the purpose of quality improvement.

Analysis focusing on mortality will in part be undertaken internally through the AoDOR dataset, and may include:

- an analysis of demographics, impacts and treatment paths associated with mortality; and
- morbidity and other factors associated with mortality for people receiving treatment from alcohol and other drug services in NSW.

The Ministry AOD-related Mortality working group will inform and approve the final design, analysis and reporting of research focused on quality improvement and evaluation using AoDOR and other projects arising from this priority area.





Priority Area Five: Prevention and Early Intervention

Prevention and early intervention promote population health by enabling informed choices that prevent the risk and impacts of health-related harms.⁶ NSW Health Strategic Priorities recognise prevention and early intervention as key enablers to achieving outcomes in keeping people healthy.⁷

Various national strategies, including the *National Drug Strategy 2017-2026*,⁸ place a strong focus on prevention and early intervention, recognising the role that harmful AOD-use plays in the experience of other harms, including adverse health, social and community impacts⁹. The importance and efficacy of such strategies targeting AOD use has been recognised in findings from recent NSW AOD Inquiries and Coronial Inquests, with various economic studies indicating they yield a significant return on investment¹⁰.

High quality research is needed to strengthen the evidence base in this important area, and further support the development of a more prevention-focused healthcare system.

“A sustainable health system that delivers outcomes that matter to patients and the community, is personalised, invests in wellness and is digitally enabled.”¹¹

NSW Health Outcome and Business Plan 2019-2020 to 2022-23

Prevention and early intervention research and evaluation may address the following areas:

- Auditing current activities to understand their impacts and outcomes, and the appropriate mix of strategies;
- Targeted responses to reduce AOD-related harms in at-risk populations;
- Understanding what makes programs effective and for which populations;
- Enhancing responses and capacity in primary care settings; and
- Enhancing efforts and outcomes within the existing service infrastructure.

6 Marks L, Howse E, Rychetnik L, and Wilson A, 'Current and future trends in chronic disease prevention: thematic analysis of grey and scientific literature,' The Australian Prevention Partnership Centre (April 2020).

7 NSW Ministry of Health, 'NSW Health Outcome and Business Plan 2019-2020 to 2022-23,' (February 2020)

8 Commonwealth of Australia (Department of Health), 'National Drug Strategy: 2017-2026,' (2017), Commonwealth of Australia (Department of Health), 'National Preventive Health Strategy,' (2020) (impending), National Health and Medical Research Council, 'Australian guidelines to reduce health risks from drinking alcohol,' (2020) (impending)

9 World Health Organization. Fact sheet: Noncommunicable diseases. Geneva, Switzerland: World Health Organization; 2018 updated 1 June 2018. Accessed 20 July 2020 Available from: www.who.int/en/news-room/fact-sheets/detail/noncommunicable-diseases Nishtar S. The NCDs Cooperative: a call to action. *Lancet*. 2017;390(10105):1820-1. doi:10.1016/S0140-6736(17)32481-9

10 Australian Institute of Health and Welfare, 'Australia's Health 2014,' (2014), Canberra.

11 NSW Ministry of Health, 'NSW Health Outcome and Business Plan 2019-2020 to 2022-23,' (Feb. 2020) p. 64

Appendix 1 – Contributing Stakeholders

The following stakeholders were involved in informing the development of this framework. The NSW Ministry of Health thanks each one for their time and contributions.

Name	Organisation
Members	Drug and Alcohol Program Council
Members	Quality in Treatment Committee
Adrian Dunlop	Hunter New England Local Health District
Adrienne Jensen	Consumer Reference Committee
Alana Fisher	University of Sydney
Alice Munro	Western NSW Local Health District
Alison Jaworski	Drug and Alcohol Multicultural Education Centre
Alison Ritter	Social Policy Research Centre, UNSW
Andreas Hedger	Department of Communities and Justice
Andrew Milat	Centre for Epidemiology and Evidence, NSW Ministry of Health
Angela Draper	Aboriginal Health & Medical Research Council
Angela Matheson	Centre for Alcohol and Other Drugs, NSW Ministry of Health
Anna Amanatidis	Consumer Reference Committee
Anna Bowden	Centre for Alcohol and Other Drugs, NSW Ministry of Health
Anni Ryan	South Eastern Sydney Local Health District
Anthony Shakeshaft	National Drug and Alcohol Research Centre, UNSW
Bethany White	Sydney Local Health District
Catherine Francis	Centre for Alcohol and Other Drugs, NSW Ministry of Health
Chris Keyes	Central and Eastern Sydney Primary Health Network
Clare Hughes	NSW Cancer Council
Claudia Carr	Department of Communities and Justice
Corina Backhouse	Child Abuse Royal Commission Implementation, NSW Ministry of Health
Daniel Madeddu	Centre for Alcohol and Other Drugs, NSW Ministry of Health
Danielle Neves	Southern NSW Local Health District
Debbie Kaplan	Centre for Alcohol and Other Drugs, NSW Ministry of Health
Don Weatherburn	National Drug and Alcohol Research Centre, UNSW
Elizabeth Whittaker	Centre for Epidemiology and Evidence, NSW Ministry of Health
Elly Howse	Sax Institute

Name	Organisation
Emily Deans	Youth Solutions
Fadil Pedic	Centre for Alcohol and Other Drugs, NSW Ministry of Health
Frances Kay-Lambkin	University of Newcastle
Grant Sara	Northern Sydney Local Health District
Hester Wilson	South Eastern Sydney Local Health District
Jennifer Johnstone	University Centre for Rural Health
Jillian Roberts	Justice Health and Forensic Mental Health Network
Jo Mitchell	Policy by Proxy
Joanne Bryant	Centre for Social Research in Health, UNSW
Joanne Ross	Centre for Alcohol and Other Drugs, NSW Ministry of Health
Jodie Miller	Far West Local Health District
Joel Murray	ACON
Jonathan Brett	Sydney Local Health District
Julie Mooney-Somers	University of Sydney
Kate Conigrave	Centre of Research Excellence in Indigenous Health and Alcohol
Katherine Mills	Matilda Centre, University of Sydney
Katrina Champion	Matilda Centre, University of Sydney
Kylie Valentine	Social Policy Research Centre, UNSW
Larry Pierce	Network of Alcohol and other Drugs Agencies
Leanne Hides	University of Queensland
Lexi Buckfield	Centre for Alcohol and Other Drugs, NSW Ministry of Health
Libby Topp	Drug and Alcohol Clinical Research and Improvement Network
Lisa Russell	Centre for Alcohol and Other Drugs, NSW Ministry of Health
Louisa Degenhardt	National Drug and Alcohol Research Centre
Luke Hutchins	Foundation for Alcohol Research and Education
Mary Haines	Mary Haines Consulting
Mary Harrod	NSW Users and Aids Association (NUAA)
Matt O'Reilly	NSW Police
Mayet Costello	Violence, Abuse and Neglect, NSW Ministry of Health
Michael Doyle	University of Sydney
Michael Farrell	National Drug and Alcohol Research Centre
Michael Livingstone	Centre for Alcohol Policy Research
Michelle Cretikos	Centre for Alcohol and Other Drugs, NSW Ministry of Health

Name	Organisation
Michelle Hall	Hunter New England Local Health District
Nadine Ezard	St Vincent's Hospital Network/ National Centre for Clinical Research on Emerging Drugs
Natalie Cook	Primary Health Networks
Neil Donnelly	Bureau of Crime Statistics and Research (BOCSAR)
Nicholas Lintzeris	South Eastern Sydney Local Health District
Nicola Lewis	Centre for Alcohol and Other Drugs, NSW Ministry of Health
Nirupama Wijesuriya	Sydney Local Health District
Pat Ward	NSW Police
Peter Kelley	University of Wollongong
Phillip Bannon	Centre for Aboriginal Health, NSW Ministry of Health
Rob Stirling	Network for Alcohol and other Drug Agencies (NADA)
Robbie Lloyd	Consumer Reference Committee
Sarah Adams	Illawarra Shoalhaven Local Health District
Shana Quayle	Aboriginal Health & Medical Research Council
Shikha Agrawal	St Vincent's Hospital Network/ National Centre for Clinical Research on Emerging Drugs
Sophie Dyson	NSW Ambulance Service
Sophie Scobie	Aboriginal Health & Medical Research Council
Soraia Sousa	Department of Communities and Justice
Stella Nalukwago	National Drug and Alcohol Research Centre, UNSW
Stephanie Todd	Centre for Alcohol and Other Drugs, NSW Ministry of Health
Steve Childs	Central Coast Local Health District
Suzie Hudson	Network of Alcohol and other Drugs Agencies
Tanya Merinda	Centre for Alcohol and Other Drugs, NSW Ministry of Health
Therese Ryan	Health System Support, NSW Ministry of Health
Tonina Harvey	Centre for Alcohol and Other Drugs, NSW Ministry of Health
Tricia O'Riordan	Mental Health Branch, NSW Ministry of Health

Appendix 2: Deidentified Linked Records in the AoDOR Public Health Register

Data Source	Description
NSW Alcohol and Other Drugs Minimum Dataset	Treatment cessation date: 1 Jan 2012 – 31 Mar 2019
NSW Non-Admitted Patient (NAP) Data Collection	NSW Outpatient admissions TIER 2 Non-Admitted Service Classification code of 20.52 and 40.30 Admission date: 1 Jul 2015 – 30 Sep 2018
NSW Admitted Patient Data Collection (APDC)	NSW Episodes of hospital care: Separation date: 1 Jul 2012 – 31 Dec 2018
NSW Emergency Department Data Collection (EDDC)	NSW Emergency Department Presentations Admission date: 1 Jan 2012 – 31 Dec 2018
Registry for Births, Deaths & Marriages Birth records (RBDM Births)	Births registered in NSW Date of birth: 1 Jan 1994 - 31 Dec 2017
Registry for Births, Deaths & Marriages Deaths records (RBDM Deaths)	Death Registrations in NSW Death or death registration date: 1 Jan 2012 – 31 Dec 2018
Cause of Death Unit Record File (COD URF)	Death notifications in NSW Death or death registration date: 1 Jan 2012 – 31 Dec 2016
NSW Notifiable Conditions IMS (NCIMS)	Notifiable conditions in NSW Notification date: 1 Jan 2012 – 31 Dec 2017
NSW Perinatal Data Collection – Mothers (PDC Mothers)	Birth events in NSW Baby date of birth: 1 Jan 2012 – 31 Dec 2017
NSW Mental Health Ambulatory (MHAMB)	Notification date: 1 Jan 2012 – 30 Jun 2018
NSW Ambulance (Ambulance)	Transport date: 1 Jan 2012 – 30 Sep 2018

*Data sets available as of March 2020.

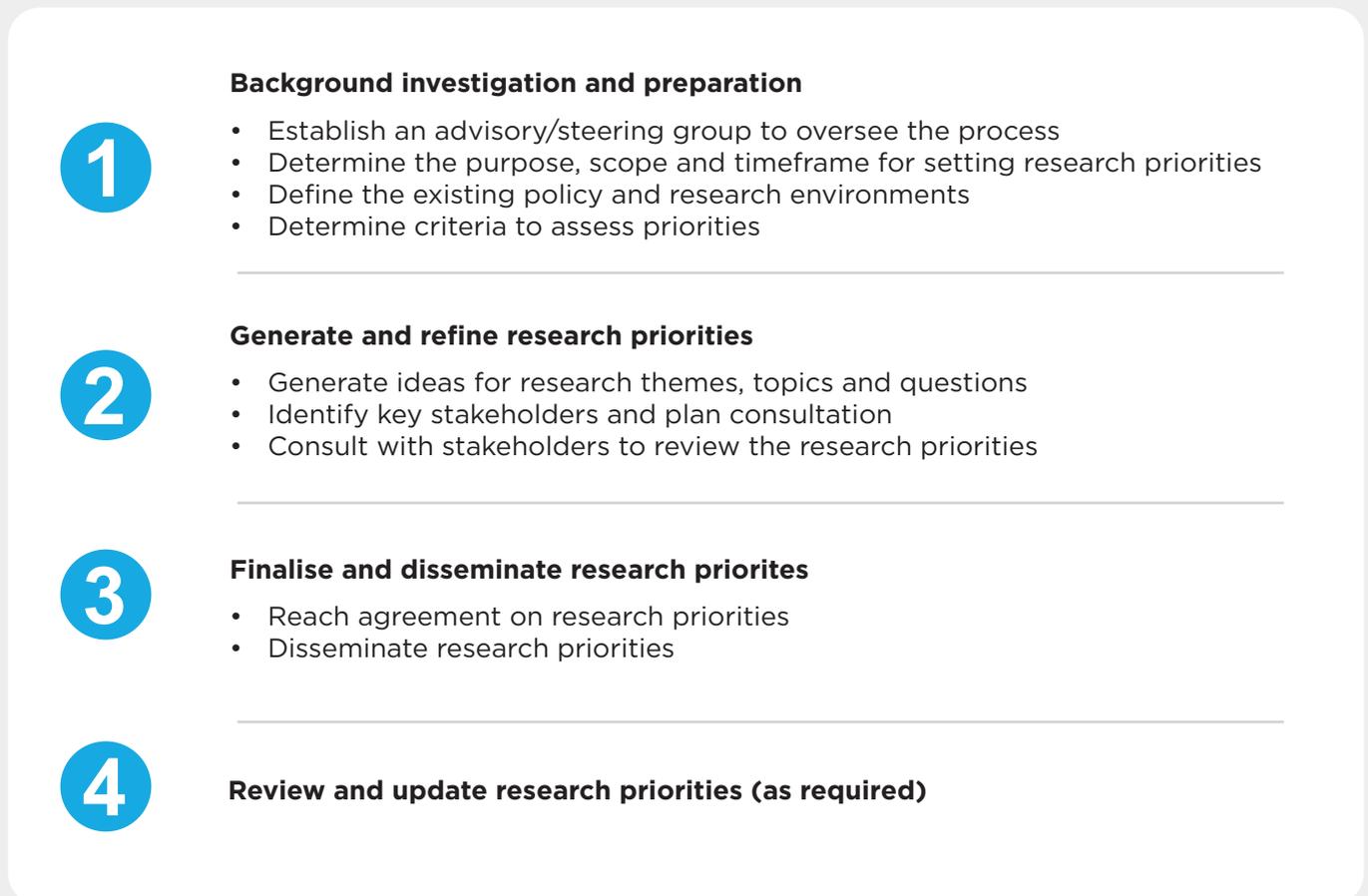
In accordance with the *NSW Public Health Act 2010*, AoDOR data **can only be used** for purposes for which the Register was established. This includes the following activities for people who experience drug and alcohol-related harms, or seek and receive services for alcohol and other drug issues:

- The measurement and monitoring of the impact of AOD drug treatment and services provided to patients;
- The identification, monitoring and measurement of health outcomes of patients;
- The planning of health programs, treatment or services for patients; and
- The evaluation of services and treatments provided to patients.

Appendix 3: Development and review process for the framework

The framework was developed based on the principles outlined in the Centre for Epidemiology and Evidence document, *Setting Research Priorities: A Guide*. The suggested four stage process for setting and reviewing research priority areas is outlined in Figure 2.

Figure 2: Suggested four stage process for setting and reviewing research priority areas¹²



The development of this framework has been consistent with these steps, including the establishment of criteria for research prioritisation, and governance and consultation mechanisms.

Criteria for research and evaluation prioritisation

The application of clearly defined assessment criteria is required to transparently determine research and evaluation priority areas.¹³ Eight impact and feasibility criteria (figure 3) were applied throughout consultation processes to identify suitable priority areas for research and evaluation.

¹² NSW Health, Centre for Epidemiology and Evidence, 'Setting Research Priorities: A Guide,' (2018) 6

¹³ NSW Health, Centre for Epidemiology and Evidence, 'Setting Research Priorities: A Guide,' (2018) 5

Figure 3: Criteria for assessing and prioritising research areas

Criteria for inclusion and priority assessment of issues

- Research evidence **could make a difference to decision-making**
- The issue is **relevant to current population health strategic priorities**
- The research will address **gaps in knowledge**
- Research has the **potential to address health inequities** within the NSW population
- There is an anticipated **return on investment** through the use of research evidence
- Areas of **research or practice excellence** are used to advantage
- Opportunities exist for **collaboration/partnership** between researchers, policy makers, academia, NGOs, clinicians, consumers, communities and industry
- **Feasibility** of the research (e.g. practicality of particular methodologies, availability of resources, or anticipated 'windows of opportunity.')

During consultation, stakeholders were requested to also consider the following two points:

- research and evaluation that can be achieved within a three-year period; and
- areas that articulate a focus within the broader theme of AOD treatment, dependence and harms (without seeking to define specific research questions, for example, access to treatment, patient experience).

Consultation mechanisms

Broad stakeholder engagement is recognised as best practice for defining research priorities, and improves:

- transparency and inclusiveness in setting priorities;
- the range of topics considered;
- the likelihood that priorities are accepted;
- the relevance of priorities for investment decisions; and
- likelihood that outcomes are translated into practice.¹⁴

Consultation mechanisms were embedded in the framework development and priority setting processes. These included, but were not limited to:

- establishment of an advisory committee, with AOD policy, NGO, consumer and clinical expertise;
- participation from external stakeholder agencies across organisation settings in a workshop;
- individual consultations;
- dissemination of the draft framework and priority areas to all contributing stakeholders (Appendix 1), with opportunities for feedback and review; and
- a virtual consultation session with prevention and early intervention subject matter experts.

¹⁴ NSW Health, Centre for Epidemiology and Evidence, 'Setting Research Priorities: A Guide,' (2018) 12

Advisory committee

To oversee the research priority setting process and framework development, an advisory committee was established in July 2019 with a quarterly meeting schedule. This group comprised representatives from the NSW Ministry of Health, AOD service delivery experts from Local Health Districts and Speciality Health Networks, and non-government organisations. A list of committee members is outlined below in Table 2.

Table 2: Strategic Research & Evaluation Prioritisation Framework advisory committee members

Organisation	Role
NSW Ministry of Health	Executive Director, CAOD
NSW Ministry of Health	Director, Alcohol and Other Drugs, CAOD
NSW Ministry of Health	Director, Clinical Quality and Safety, CAOD
NSW Ministry of Health	Manager, Strategic Research & Evaluation, CAOD
NSW Ministry of Health	Senior Project Officer, Strategic Research & Evaluation, CAOD
NSW Ministry of Health	Chief Addiction Medicine Specialist, CAOD
Justice Health	Clinical Director Drug and Alcohol
St Vincent's Health Network	Director, Drug and Alcohol Service
Hunter New England LHD	Director & Senior Staff Specialist, Drug & Alcohol Clinical Services
Sydney LHD and University of Sydney	Clinical Director
South Eastern Sydney LHD	Director, Drug and Alcohol Services
NSW Users and Aids Association	Chief Executive Officer
Network of Alcohol and other Drugs Agencies (NADA)	Deputy Chief Executive Officer

The Committee confirmed the need for a framework informed by broad external consultation with other key agencies to facilitate linkages between health and complementary priority areas. These agencies included justice, family and community services, mental health, housing, academia, and non-government organisations.

Following advisory committee meetings, the Ministry identified three themes to guide broader engagement into the identification of priority areas, including:

1. Patient experience;
2. Clinical service delivery; and
3. Whole-of-government investment for community outcomes.

Ongoing functions of this advisory committee have been transferred to the Research and Evaluation Steering Group, with additional membership representation. (Appendix 4).

Workshop: Developing a Strategic Research and Evaluation Framework for Alcohol and Other Drugs in NSW

The NSW Ministry of Health convened a meeting of key stakeholders on 6 December 2019 to seek collaborative input into the identification of high-impact priority areas for research and evaluation consistent with the three themes outlined above. The workshop was attended by 49 representatives from various agencies, including those listed in Appendix 1.

Workshop participants were provided with the strategic context for the framework, research and data asset availability, and the prioritisation criteria to guide discussions to identify and rank research and evaluation areas. Participants were asked, where possible, to identify potential supporting partnerships and any additional funding opportunities.

Workshop attendance, format, process for consultation, and the resulting feedback and identified themes were reflected in a report produced by the facilitating consultant (Aldo Spina). Workshop outcomes identified in this report informed the development of the draft framework, and four draft priority areas that were discussed and agreed on by the Strategic Research & Evaluation Advisory Committee in February 2020.

For access to the full workshop report, please contact Strategic Research and Evaluation, CAOD at MOH-AOD-ResearchandEvaluation@health.nsw.gov.au.

Draft Framework: Feedback and Review

The draft framework was distributed to stakeholders in February 2020 with the opportunity to provide feedback and comments. Support was noted for the four identified research and evaluation priority areas, in addition to identification of a fifth priority area of 'Prevention and Early Intervention.'

A final virtual consultation was conducted with prevention and early intervention subject matter experts in September 2020 (See Appendix 1 and below).

Workshop: Research and Evaluation Priorities: Prevention and Early Intervention

The NSW Ministry of Health convened a virtual workshop on Monday 21 September with 28 stakeholders, including NSW Government agencies, universities, academic and clinical researchers, consumers, the Aboriginal Health and Medical Research Council, NGO representatives, primary care physicians, and the primary health network.

Attendees were allocated to one of four virtual small group discussions for the purposes of identifying prevention and early intervention research and evaluation priorities that could be achieved within one to three years and were aligned to the approved assessment criteria (see Figure 3). The outcomes from the small group conversations were captured in a workshop report. This was disseminated to all attendees, who were asked to select and rank their top four research and evaluation priorities as identified in the report.

The final four areas selected as priorities by workshop participants were:

1. Audit of prevention and early intervention activities: impacts, outcomes and the appropriate mix of strategies;
2. Delivery of prevention and early intervention in primary care settings;
3. Enhancing prevention and early intervention within the existing health service infrastructure; and
4. Prevention and early intervention to reduce AOD-related harms in at-risk populations.

For access to this workshop report, please contact Strategic Research and Evaluation, CAOD at MOH-AOD-ResearchandEvaluation@health.nsw.gov.au.

Appendix 4: Research and Evaluation Steering Group: Terms of Reference

Terms of Reference	
Purpose	The Research and Evaluation Steering Group will provide governance and oversight of the priority areas identified in the <i>NSW Ministry of Health Strategic Prioritisation Framework for AoD Research and Evaluation in NSW</i> .
Key objective	<ol style="list-style-type: none"> 1. Build research and evaluation capacity within the AOD sector 2. Monitor research and evaluation activity aligned with the framework 3. Ensure integration of research and evaluation resources and effort across the sector
Confidentiality	Members of the Strategic Research and Evaluation Steering Group agree to keep confidential all research/evaluation projects, ideas, funding proposals, or questions under consideration, until otherwise advised.
Values	<p>Work of the Steering Group will be underpinned by the CORE Values of NSW Health</p> <ul style="list-style-type: none"> • Collaboration • Openness • Respect and • Empowerment
Governance	The Research and Evaluation Steering Group will oversee the implementation of the activities identified by the priority area working groups, and report to the Centre for Alcohol and Other Drugs, NSW Ministry of Health.



Terms of Reference

Frequency	Meetings to occur quarterly for a duration of two (2) hours via in person attendance or teleconference/online.
Chairpersons	<p>The Chair will:</p> <ul style="list-style-type: none">• Approve meeting agendas;• Ensure all agenda items are progressed as per allocated time unless otherwise agreed by members; and may defer issues for out-of-session resolution where appropriate; and• Ensure that members have the information required to fulfil their responsibilities; and, where relevant, report and follow up on agreed actions and related outcomes.
Quorum	50% plus one
Conflicts of interest	<p>Members of the Research and Evaluation Steering Group may participate in priority area working groups or apply for seed funding to answer identified research questions. In circumstances where members participate in priority area working groups, conflicts of interest must be stated at the start of the meeting against the relevant agenda item.</p> <p>Where a member has applied for funding, or has successfully attained funding to address research questions, conflicts of interest must be made known to the Chair. The member will be excused from content discussions and Request for Quote assessment processes.</p> <p>Where a member has applied for funding, or has successfully attained funding to address research questions, conflicts of interest must be made known to the Chair. The member will be excused from content discussions and Request for Quote assessment processes.</p> <p>Research and evaluation questions that may progress through a co-creating evidence process will be determined in partnership with priority area working groups, the Steering Group and the NSW Ministry of Health.</p>
Secretariat	Senior Project Officer, AOD Strategic Research and Evaluation, Clinical Quality and Safety, Centre for Alcohol and Other Drugs

Terms of Reference

Membership

- A/Director Clinical Quality and Safety, Centre for Alcohol and Other Drugs (Chair)
- Director, Centre for Alcohol and Other Drugs
- Manager, Strategic Research & Evaluation, Centre for Alcohol and Other Drugs
- Manager, Clinical Policy, Centre for Alcohol and Other Drugs
- Senior Project Officer, Strategic Research & Evaluation, Centre for Alcohol and Other Drugs
- Chief Addiction Medicine Specialist, Centre for Alcohol and Other Drugs
- Clinical Director Drug and Alcohol, Justice Health
- Director Drug and Alcohol Service, St Vincent's Health Network
- Director & Senior Staff Specialist, Drug & Alcohol Clinical Services, Hunter New England Local Health District
- Clinical Director, Sydney Local Health District
- Director, Drug and Alcohol Services, South Eastern Sydney Local Health District
- Chief Executive Officer, NSW Users and AIDS Association (NUAA)
- Chief Executive Officer, Network of Alcohol and Other Drug Agencies (NADA)
- Coordinator, Drug and Alcohol Clinical Research and Improvement Network
- Principal Advisor, Centre for Aboriginal Health
- Consumer Representative, Consumer Reference Committee
- CEO, Sydney Drug Education and Counselling Centre (SDECC)
- A/Sector Support Manager, Aboriginal Health and Medical Research Council of NSW
- Director, National Drug and Alcohol Research Centre (NDARC)
- Director, Centre for Social Research in Health

Date for review

Six months from finalisation (June 2021)

