

Alcohol and other drug treatment services 2002–03

Guidelines for collection of the National Minimum Data Set

AIHW

August 2002

Australian Institute of Health and Welfare
Canberra

AIHW cat. no. HSE 21

©Australian Institute of Health and Welfare 2002

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced without prior written permission from the Australian Institute of Health and Welfare. Requests and enquiries concerning reproduction and rights should be directed to the Head, Media and Publishing, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

A complete list of the Institute's publications is available from the Media and Publishing Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601, or via the Institute's web site at www.aihw.gov.au.

ISBN 1 74024 202 5

Suggested citation

Australian Institute of Health and Welfare (AIHW) 2002. Alcohol and other drug treatment services 2002–03: Guidelines for collection of the National Minimum Data Set. Version 3. AIHW cat. no. HSE 21. Canberra: AIHW

Australian Institute of Health and Welfare

Board Chair
Dr Sandra Hacker

Director
Dr Richard Madden

Any enquiries about or comments on this publication should be directed to:

Dr Bradley Grant
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Phone: (02) 6244 1152

Published by Australian Institute of Health and Welfare

Contents

List of tables	iv
List of figures	iv
Acknowledgments	v
Abbreviations	vi
1 Introduction	1
Why do we need a national collection?	1
Brief history of the national collection	2
Roles and responsibilities	2
2 Scope of the AODTS-NMDS	7
Which agencies?	7
Which clients?	8
Which activities?	8
3 What's new for 2002-03?	9
Treatment episodes reported by all jurisdictions	9
Changes to existing data elements	9
4 The data elements – in brief.....	11
Establishment-level data elements	11
Client-level data elements.....	13
Supporting data element concepts	22
5 Collection procedures and data quality.....	24
Collation of the national data set	24
Data transfer	26
Data quality.....	33
6 AIHW validation checks.....	34
AIHW validation checks	34
7 Privacy and confidentiality of data.....	43
Privacy – an introduction.....	43
Privacy and the AIHW	44
References	52

Appendix A	53
IGCD NMDS Working Group.....	53
Appendix B	55
Data definitions – NHDD extracts.....	55
Appendix C	103
Notes on ABS classifications.....	103
Appendix D	106
Common methods of use for selected drugs of concern	106
Appendix E	107
Extract of Information Privacy Principles from the Privacy Act 1988.....	107
Some detail on the National Privacy Principles (for private sector organisations).....	111

List of tables

Table 1: Data elements that are agreed for collection by States and Territories from 1 July 2002 for the alcohol and other drug treatment services NMDS.....	10
Table 2: Specifications for data transfer to AIHW of establishment-level data	27
Table 3: Specifications for data transfer to AIHW of client-level data	28
Table 4: Proposed checks for valid dates and codes during preliminary loading.....	34
Table 5: Proposed logic checks for individual records	36
Table 6: Proposed frequency tables for State and Territory data sets	38
Table 7: Proposed cross-tabulations for State and Territory data sets	40

List of figures

Figure 1: The process by which revisions are made to the AODTS-NMDS	4
Figure 2: The key stages in AODTS-NMDS collection, collating and reporting process.....	25

Acknowledgments

This publication was prepared by members of the National Data Development Unit. The AIHW would like to acknowledge the assistance that was provided by members of the Intergovernmental Committee on Drugs NMDS Working Group. The AIHW would also like to acknowledge that this publication was funded by the Commonwealth Department of Health and Ageing.

Abbreviations

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
AODTS-NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
ASCDC	<i>Australian Standard Classification of Drugs of Concern</i>
ASCL	<i>Australian Standard Classification of Languages</i>
ASGC	<i>Australian Standard Geographical Classification</i>
IGCD	Intergovernmental Committee on Drugs
IPP	Information Privacy Principles
NDARC	National Drug and Alcohol Research Council
NHDC	National Health Data Committee
NHDD	<i>National Health Data Dictionary</i>
NHIA	National Health Information Agreement
NHIMG	National Health Information Management Group
NLI	National Localities Index
NMDS	National Minimum Data Set
NPP	National Privacy Principles
MECC	Monitoring and Evaluation Coordination Committee
SACC	<i>Standard Australian Classification of Countries</i>
SLA	Statistical Local Area

1 Introduction

These guidelines have been prepared as a reference for those involved in collecting and supplying the data for the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS). It should be particularly useful to staff in Commonwealth, State and Territory departments, and alcohol and other drug treatment agency staff directly involved in the collection and reporting of the data set.

This publication is intended to:

- provide some history on the collection's development and outline the overall collection process;
- provide information about changes and variations made to the data set from the previous year's collection;
- provide working definitions of all data elements included in the data set;
- provide an up-to-date reference to ensure that the collection can run in a coordinated and timely fashion; and
- to provide information about the data validation procedures that are undertaken by the Australian Institute of Health and Welfare (AIHW).

Why do we need a national collection?

A National Minimum Data Set (NMDS) is a minimum set of data elements agreed by the National Health Information Management Group (NHIMG) for mandatory collection and reporting at the national level. One NMDS may include data elements that are included in another NMDS, thereby extending consistency of data standards across related fields. A NMDS is contingent upon a national agreement to collect uniform data and supply it as part of the national collection, but does not preclude health jurisdictions and individual agencies and service providers from collecting additional data to meet their own specific needs. In fact, for most States and Territories the AODTS-NMDS is a sub-section of a larger data set that is collected by the health jurisdiction for management purposes. The intention, however, is that the AODTS-NMDS data items have standardised definitions and collection methods across all States and Territories so that this information may be compared and used to inform planning and policy developments for the reduction of drug-related harm.

The aim of the AODTS-NMDS is to aggregate standardised Commonwealth, State and Territory data so that national information about clients accessing alcohol and other drug treatment, service utilisation and treatment programs can be reported. It is also expected that the collection will provide agencies with access to basic data relating to particular types of communities, drug problems and treatment responses that are relevant to their own circumstances. The data derived from the national collection will be considered with information from other sources (e.g. admitted-patient data and national surveys) to inform debate, policy decisions and strategies that occur within the alcohol and other drug treatment sector.

Brief history of the national collection

The AODTS–NMDS emanated from the national forum ‘Treatment and research – where to from here?’ held in 1995 by the Alcohol and other Drugs Council of Australia. Clinicians, researchers and government administrators who attended the forum agreed that a lack of comparable national data for alcohol and other drug treatment services was limiting the overall effectiveness of service provision. The then Commonwealth Department of Health and Family Services funded the first phase of the current AODTS–NMDS project – a joint feasibility study conducted by the National Drug and Alcohol Research Centre (NDARC) and the Alcohol and other Drugs Council of Australia.

On completion of the feasibility study, the National Drug Strategy Unit in the then Commonwealth Department of Health and Aged Care took responsibility for overseeing the carriage of phase two – the development of the AODTS–NMDS. In September 1998 the Intergovernmental Committee on Drugs (IGCD) recommended the establishment of an interim working group to implement phase two. The initial working group comprised representatives from four jurisdictions (New South Wales, Victoria, Queensland and South Australia), the AIHW, NDARC and the Commonwealth Department of Health and Aged Care.

The AODTS–NMDS has since become a national project of the IGCD NMDS Working Group. Current membership has increased with the inclusion of representatives from all other jurisdictions (Tasmania, Western Australia, the Northern Territory and the Australian Capital Territory) and the Australian Bureau of Statistics (ABS). Development of the data elements for the national collection continued throughout 1999 and the data set was subsequently endorsed by the IGCD. In December 1999 the Commonwealth Government and State and Territory Governments, through the NHIMG, endorsed the AODTS–NMDS and collection commenced on 1 July 2000.

The IGCD has supported the continued development of the AODTS–NMDS throughout 2000–02. The AIHW has maintained a coordinating role in the project, including providing the Secretariat and the Chair for the NMDS Working Group, undertaking data development work, and highlighting national and jurisdictional implementation and collection issues. The AIHW is also the data custodian of the collection.

Roles and responsibilities

IGCD NMDS Working Group

The IGCD NMDS Working Group is responsible for the development and implementation of the AODTS–NMDS. Members include representatives from each State and Territory, the AIHW, the ABS, the NDARC, and the Commonwealth’s National Drug Strategy Unit. The working group reports to the IGCD, and works closely with expert national health information bodies such as the NHDC and the NHIMG. The majority of Working Group members also play a role in coordinating the collation of data from service providers within their jurisdiction and forwarding this data to the AIHW for the national data set. The Working Group will also have a large input into the national report that will be produced by the AIHW. Working Group members are responsible for providing approval for their

jurisdiction's data to be analysed. The names and contact details of the NMDS Working Group (current at July 2002) are provided at Appendix A.

Other committees

The AODTS-NMDS has been developed and implemented under the terms of the National Health Information Agreement (NHIA). Under the NHIA, the Commonwealth, States and Territories are committed to working with the AIHW, the ABS and others to develop, collate and report national health information. The NHIA aims to ensure that the compilation and interpretation of national information is appropriate to government and community requirements and that data are collected and reported efficiently. The NHIA operates under the auspices of the Australian Health Ministers' Advisory Council (AHMAC). The NHIMG and the National Health Data Committee (NHDC), in consultation with other national working groups such as the IGCD NMDS Working Group, provide the mechanism for State and Territory endorsement of data standards and collections (AIHW 1994).

All data elements and supporting data element concepts that form the AODTS-NMDS are included in the *National Health Data Dictionary*. Any revisions to the data elements or changes to the AODTS-NMDS must be endorsed by the NHDC and the NHIMG.

The IGCD must also endorse any data development conducted by the NMDS Working Group and in particular any changes made to the collection. The IGCD has requested that the Monitoring and Evaluation Coordination Committee (MECC) provide some input into the AODTS-NMDS project, including advising on the boundaries for the collection. Figure 1 shows the path by which changes and variations are made to the national data set.

Brief details about the key committees involved in the NHIA and the development of the AODTS-NMDS are provided below:

- AHMAC – is a committee of the heads of the Commonwealth, State and Territory health authorities and the Commonwealth Department of Veterans' Affairs. AHMAC advises the Australian Health Ministers' Conference on resource matters and financial issues.
- IGCD – is a Commonwealth and State/Territory Government forum that acts as one of the advisory bodies supporting the Ministerial Council on Drug Strategy. It consists of senior officers who represent health and law enforcement agencies in each Australian jurisdiction and other people with expertise in identified priority areas.
- MECC – provides high-level expert advice to the IGCD on the development of a National Drug Monitoring and Evaluation Strategy for the National Drug Strategic Framework 1998-99 to 2002-03.
- NHIMG – directs the implementation of the NHIA and comprises a representative from each of the signatory organisations and a Chair appointed by the AHMAC. The New Zealand Ministry of Health has observer status. The AIHW supports the Management Group not only through membership but also by providing the Secretariat.
- NHDC – is a standing committee of the NHIMG. The primary role of the NHDC is to assess data definitions proposed for inclusion in the *National Health Data Dictionary* (NHDD) and recommend to the NHIMG, revisions and additions to each successive version of the Dictionary. The NHDD is the authoritative source of national health data definitions. The NHDD contains the definitions of data elements (or discrete items of information) that have been described according to a standard set of rules, and endorsed

Government health authorities

The AODTS–NMDS is a set of standard data elements which the Commonwealth, States and Territories have agreed to collect. The Commonwealth, State and Territory departments have custodianship of their own data collections under the NHIA.

It is the responsibility of the Commonwealth and State and Territory health authorities to establish and coordinate the collection of data from their alcohol and other drug treatment service providers. To ensure that the AODTS–NMDS is effectively implemented and collected, these authorities need to:

- allocate establishment identifiers and ensure that these are consistent with establishment identifiers used in other NMDS collections where appropriate;
- assign agencies with appropriate codes (after consultation) for the data elements Establishment type and Geographical location of establishment;
- establish a coding system to be used for the person identifier, whether it be unique to the agency, or be implemented in cooperation with other agencies in the region, the district or across the State or Territory;
- establish a suitable process for collecting client-level information (e.g. use of data entry software) and a process for agencies to deliver the data to the Commonwealth, State or Territory authority;
- establish time lines for the delivery of data to the relevant health authority; and
- establish a process to check and validate data at the State/Territory level and, where possible, assist and advise on data quality at the agency level.

Governmental health authorities need to also ensure that appropriate information security and privacy procedures are in place. Health authorities are responsible for ensuring that the collection, use, disclosure, storage and handling of the information contained in the AODTS–NMDS comply with the standards outlined in the Information Privacy Principles for Commonwealth agencies, and the National Privacy Principles for private sector organisations (see Chapter 7). In particular, data custodians are responsible for ensuring that their data holdings are protected from unauthorised access, alteration or loss. Health authorities are also responsible for ensuring that their procedures comply with any existing legislation within their State or Territory.

Service providers

Service providers whose data will be included in the national collection are responsible for collecting the agreed data elements and forwarding this information to the appropriate health authority as arranged. Service providers are responsible for ensuring that the required information is accurately recorded, and should inform their health authority if they have difficulty collecting the information. Service providers are also responsible for ensuring that their data collection and storage methods comply with the standards as outlined in the Information Privacy Principles (for Commonwealth agencies) and the National Privacy Principles (for private sector organisations). In particular, they are responsible for maintaining the confidentiality of their clients and need to ensure that their procedures comply with any existing legislation within their State or Territory.

The AIHW

The AIHW is responsible for collating data from jurisdictions into a national data set and analysing and reporting on that data. The IGCD NMDS Working Group is responsible for overseeing the development, implementation and collection of the AODTS-NMDS and the AIHW is responsible for managing this process. The AIHW is also the data custodian of the national collection and is responsible for the timely reporting of the information, as well as enabling research access to the data (subject to confidentiality constraints). As data custodian, the AIHW is responsible for ensuring that appropriate security procedures are in place for the storage, use and release of the information. See Chapter 7 for further details about AIHW policy and procedures on information and security.

2 Scope of the AODTS–NMDS

It is critical that service providers know which of their component services are included in the AODTS–NMDS collection. Agencies may provide treatment activities that fall both inside and outside the intended scope of the national data set. In these situations, only the information recorded for clients accessing a treatment activity that falls within the intended scope should be forwarded to a health authority for inclusion in the AODTS–NMDS collection. Furthermore, some agencies providing treatment services or other forms of assistance to people with alcohol and/or other drug problems are not included in the scope of the national collection (e.g. treatment services based in prisons).

The following information describes which agencies, clients and activities are to be included/excluded from the AODTS–NMDS collection.

Which agencies?

Included

- All publicly funded (at State and/or Commonwealth level) government and non-government agencies that provide one or more specialist alcohol and/or drug treatment services, including residential and non-residential agencies. Acute care hospitals or psychiatric hospitals are included if they have specialist alcohol and drug units that provide treatment to non-admitted patients (e.g. outpatient services). Aboriginal or Mental Health Services may also be included if they provide specialist alcohol and other drug treatment.

Excluded

- Agencies that provide primarily accommodation or overnight stays such as ‘halfway houses’ and ‘sobering-up shelters’.
- Agencies that provide services concerned primarily with health promotion (e.g. needle and syringe exchange programs).
- Treatment services based in prison or other correctional institutions.
- Agencies whose sole function is to prescribe and/or provide dosing for methadone maintenance treatment.
- Alcohol and drug treatment units in acute care or psychiatric hospitals that only provide treatment to admitted patients.

Methadone treatment services are excluded because of the complexity of the service delivery structure and the range of agencies and practitioners in private and general practice settings. In the future, consideration will be given to expanding the coverage of the national collection to include prison-based treatment services and other programs.

Which clients?

Included

- All clients assessed and accepted for one or more types of treatment from an alcohol and other drug treatment service (see the data element *Main treatment type for alcohol and other drugs*).

Excluded

- Clients who are on a methadone maintenance program and who are not receiving any other form of treatment.
- People who seek advice or information but have not been formally assessed and accepted for treatment.
- Admitted patients in acute care or psychiatric hospitals.
- Clients treated in agencies that are excluded from the collection.

Which activities?

Treatment activities can range from an early, brief intervention to long-term residential treatment. The NMDS intends to cover a wide variety of treatment interventions and, among others, includes detoxification and rehabilitation programs, and pharmacological and psychological treatments.

Included

- All closed treatment episodes for the types of treatment specified in the data element *Main treatment type for alcohol and other drugs*, which have been completed within the 2002–03 financial year.

Excluded

- Any methadone dosage and/or prescription received by a client.
- All treatment episodes that are still open.
- Needle and syringe exchange activities.

3 What's new for 2002–03?

Treatment episodes reported by all jurisdictions

A treatment episode refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment provider. For the 2001–02 collection period, closed treatment episodes were introduced as the unit of measurement used by the collection. The inclusion of a treatment episode concept at the national level required the introduction of the following data elements and concepts:

- *Date of cessation of treatment episode for alcohol and other drugs*
- *Main treatment type for alcohol and other drugs*
- *Number of service contacts within a treatment episode for alcohol and other drugs*
- *Other treatment type for alcohol and other drugs*
- *Reason for cessation of treatment episode for alcohol and other drugs*
- *Treatment delivery setting for alcohol and other drugs*
- *Service contact (data element concept)*
- *Treatment episode for alcohol and other drugs (data element concept).*

All jurisdictions supported the inclusion of the above data elements and concepts in the AODTS–NMDS, on the condition that a phased uptake of the revised data set be adopted. The uptake process was to begin on 1 July 2001 and all jurisdictions agreed to comply by 1 July 2002. Closed treatment episodes will be the unit of measurement used by all jurisdictions for the 2002–03 collection period.

Changes to existing data elements

The following changes were incorporated into version 11 of the *National Health Data Dictionary*.

- *Client type – alcohol and other drug treatment services*
 - change of title to include term – alcohol and other drug treatment services
 - minor change made to context
 - change to Data domain with the removal of code 9
 - change to Collection methods
 - inclusion of Related data
- *Number of service contacts within a treatment episode for alcohol and other drugs*
 - change to Definition
 - change to Guide for use
 - change to Collection methods

More information about data elements and concepts is provided in Chapter 4. See Appendix B for full definitions of all data elements and concepts as they appear in the *National Health Data Dictionary*. Table 1 presents the complete data set for mandatory collection by States and Territories from 1 July 2002.

Table 1: Data elements that are agreed for collection by States and Territories from 1 July 2002 for the alcohol and other drug treatment services NMDS

Data element	Revised	NHDD code
Establishment-level data elements		
Establishment identifier (comprising)		000050
— State identifier		000380
— Establishment sector		000379
— Region code		000378
— Establishment number		000377
Establishment type		000327
Geographical location of establishment		000260
Client-level data elements		
Client type — alcohol & other drug treatment services	✓	000426
Country of birth		000035
Date of birth		000036
Date of cessation of treatment episode for alcohol & other drugs		000424
Date of commencement of treatment episode for alcohol & other drugs		000430
Establishment identifier		000050
Indigenous status		000001
Injecting drug use		000432
Main treatment type for alcohol and other drugs		000639
Method of use for principal drug of concern		000433
Number of service contacts within a treatment episode for alcohol & other drugs	✓	000641
Other drugs of concern		000442
Other treatment type for alcohol and other drugs		000642
Person identifier		000127
Preferred language		000132
Principal drug of concern		000443
Reason for cessation of treatment episode for alcohol and other drugs		000423
Sex		000149
Source of referral to alcohol and other drug treatment services		000444
Treatment delivery setting for alcohol and other drugs		000646
Supporting data element concepts		
Cessation of treatment episode for alcohol and other drugs		000422
Commencement of treatment episode for alcohol and other drugs		000427
Service contact		000401
Treatment episode for alcohol and other drugs		000647

4 The data elements—in brief

Summary information for all data elements and data concepts is provided below.

Establishment-level data elements

Establishment identifier

The Establishment identifier is a nationally unique identifier for each alcohol and other drug treatment agency included in the AODTS-NMDS collection. It is the responsibility of each jurisdiction's health authorities to assign a unique establishment identifier to each agency. This identifier is a combination of four other data elements:

- State identifier
- Establishment sector
- Region code
- Establishment number.

Establishment number

The Establishment number uniquely identifies an alcohol and other drug treatment agency within a State or Territory. It is the responsibility of each jurisdiction's health authorities to assign an Establishment number to each agency.

State identifier

This number uniquely identifies each State and Territory as follows:

- 1 New South Wales
- 2 Victoria
- 3 Queensland
- 4 South Australia
- 5 Western Australia
- 6 Tasmania
- 7 Northern Territory
- 8 Australian Capital Territory
- 9 Other Territories (Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory).

Establishment sector

This data element differentiates between alcohol and other drug treatment agencies operating in the public and private sectors of the health care industry. Coding options are:

- 1 Public
- 2 Private.

The sector of an alcohol and other drug treatment agency can be determined by the level of government ownership/control of the agency regardless of its' funding source. Treatment agencies that are controlled and maintained by a level of government (Commonwealth, State or Local) should be classified as public. Treatment agencies that have a high degree of autonomy (e.g. non-government organisations) should be classified as private. The term private in this sense includes not-for-profit non-government organisations.

Region code

This code identifies the area health services region which each alcohol and other drug treatment agency is located within the State or Territory.

The health authority in each State or Territory allocates the relevant region code.

Note: The field size for this data element will need to be 2 alpha characters (AA) if there are more than 26 regions in the State/Territory.

Establishment type

This data element describes the type of health care establishment in terms of legislative approval, service provided and clients treated. The range of coding options in this data element are extensive (see full data definition in Appendix C) and reflect the wide range of health care establishments. Two codes need to be added to the list to allow for coding of public and private non-residential alcohol and other drug treatment agencies. The NHDC has been informed of this problem and recommended use of the codes:

N8.1.1 Public community health centre; or

N8.1.2 Private (non-profit) community health centre.

Agencies that are non-residential will be reported in the national collection as community health centres with a distinction between Public (N8.1.1) and Private/not for profit (N8.1.2).

Residential alcohol and other drug treatment agencies are to be coded as:

R4.1 Public alcohol and drug treatment centre; or

R4.2 Private alcohol and drug treatment centre.

The NHDC identified this as an interim measure, pending the completion of work being undertaken by the Organisational Units Working Group. This interim reporting method will result in the duplication of public and private reporting in the Establishment type and Establishment sector data elements. It is expected that this issue will be addressed in the future.

As with the Establishment identifier, it is the responsibility of the jurisdiction health authorities to assign an Establishment type code to each agency. Health authority staff should contact the AIHW for further advice on this issue.

Geographical location of establishment

The geographical location of an alcohol and other drug treatment agency is reported using a five-digit numerical code to indicate the State and the statistical local area (SLA) within the State or Territory. SLAs are defined in the *Australian Standard Geographical Classification* (ASGC), ABS Cat. No. 1216.0. For more detail about this classification see Appendix C.

As with Establishment identifier and Establishment type, it is the responsibility of the jurisdiction health authorities to assign the relevant SLA code to each agency. Health authorities should consult with agencies before assigning a code. For agencies with more than one establishment, the geographical location is defined as that of the main administrative centre.

The IGCD NMDS Working Group is reviewing this definition to see if it is possible to obtain the geographical location of the service delivery outlet rather than the central administrative centre.

Client-level data elements

Person identifier

Each client of an alcohol and other drug treatment agency should be allocated an identifier that is unique within the agency. This will ensure that client unit records can be distinguished from one another. Individual agencies may use their own alphabetic, numeric or alphanumeric coding systems. Agencies will need to inform their relevant health authority of the method they used to derive the identifiers. Agencies are responsible for ensuring that their clients cannot be personally identified outside the agency by the assigned codes (e.g. surnames or mailing addresses should not be used in the codes).

Sex

The sex of the client is to be coded as follows:

- 1 Male
- 2 Female.

The full definition, as it appears in the *National Health Data Dictionary* (see Appendix B), includes a third coding option (3 – Indeterminate). This coding option is specifically designed for classification in perinatal statistics when it is not possible for the sex of the baby to be determined. For alcohol and other drug treatment agencies only codes 1 and 2 apply.

Note that the term 'sex' refers to the biological differences between males and females, while the term 'gender' refers to the socially expected/perceived dimensions of behaviour associated with males and females – masculinity and femininity. The ABS advises that the correct terminology for this data element is sex.

Date of birth

This data element refers to the date of birth of a client and is collected in the format DDMMYYYY and must be zero-filled (e.g. 1 January 1911 = 01011911).

If the date of birth is not known, it should be derived from the client's age. It is recommended that the 1st of January of a valid year be used (e.g. if 1991 was the valid year code as 01011991). Service providers should inform their relevant health authority of the procedures they have used to estimate dates of birth. It is recommended that jurisdictions encourage service providers to adopt a standard procedure for estimating birth dates that are unknown.

Country of birth

This data element records the country in which a client was born using a four-digit code from the *Standard Australian Classification of Countries* (ABS Cat. No. 1269.0, 1998). See Appendix C for further detail about this classification.

Indigenous status

This data element records whether or not a client identifies himself or herself as being of Aboriginal and/or Torres Strait Islander origin.

The coding options for reporting this information in the national collection are:

- 1 Aboriginal but not Torres Strait Islander origin
- 2 Torres Strait Islander but not Aboriginal origin
- 3 Aboriginal and Torres Strait Islander origin
- 4 Neither Aboriginal nor Torres Strait Islander origin
- 9 Not stated.

Note: Code 9 is not to be used as a valid answer to the question. It is intended for coding use only, when an answer is refused, the question could not be asked before the person ceased to be a client, the client was unable to communicate (e.g. client was unconscious) or a person who knows the client was not available.

The standard question for Indigenous status is:

[Are you] [Is the person] [Is (name)] of Aboriginal or Torres Strait Islander origin?

This question is recommended for self-enumerated or interview-based collections. It can also be used in circumstances where a close relative, friend, or another member of the household is answering on behalf of the subject.

When a client is not present, the person answering for them should be in a position to do so (i.e. this person must personally know the client and feel confident about providing accurate information about them). However, it is strongly recommended that this question be asked directly wherever possible.

This question should always be asked even if the person does not 'look' Aboriginal or Torres Strait Islander.

More information about how to code multiple responses is provided in the full definition of the data element at Appendix B.

Preferred language

This data element describes the language (including sign language) most preferred by a client for communication. This may be a language other than English even where the person can speak fluent English. Preferred language is not recorded for children under 5 years of age (for these clients this item should be coded as 99).

The ABS has developed a detailed four-digit language classification of 193 language units, the *Australian Standard Classification of Languages (ASCL)*, ABS Cat. No. 1267.0 (see Appendix C). Although it is preferable to use the classification at a four-digit level, the requirements of administrative collections have been recognised and the ABS has developed a classification of 86 languages at a two-digit level from those most frequently spoken in Australia. The classification used in this data element is a modified version of the two-digit level ABS classification.

Note that for some jurisdictions this item will be coded to the full four-digit level of the ASCL.

See Appendix B for the full definition and code list.

Client type—alcohol and other drug treatment services (revised)

This data element records whether a client's contact with an alcohol and other drug treatment agency concerns their own drug use or that of another person. However, there are three coding options because sometimes a person may be a client of an alcohol and other drug treatment agency because of both their own and another person's drug problem (e.g. a drug-dependent couple who request joint counselling). In other words, code 3 is to be selected in the event that the drug use of another person significant to the client is, in the opinion of the assessing clinician, a feature of the client's presentation that warrants clinical intervention.

Coding options are:

- 1 Own drug use
- 2 Other's drug use
- 3 Both own and other's drug use

This data element qualifies collection of the following items: *Principal drug of concern*, *Other drugs of concern*, *Injecting drug use* and *Method of use for principal drug of concern*. For a client covered under code 2, information for these four data elements is not required. For a client covered under code 3, the information recorded for these four data elements relates to his or her own drug use.

Note that the coding for this data element is under review by the national Working Group and code 3 is likely to be removed from the 2003–04 collection.

Changes made to this data element for 2002-03

There has been a change of title to include the term 'alcohol and other drug treatment services' so that the context of use for this data element is clear.

A minor change was made to the Context to help with clarification.

Code 9 has been removed from the Data domain to more accurately convey that this data element is mandatory and there should not be an option for service providers to report a not stated/inadequately described response.

The terms 'primary client' and 'secondary client' have been removed from the Guide for use as they were not adequately defined within the Data domain.

Additional information has been provided in the Collection methods to clarify which data elements should not be reported when a client is treated for another's drug use. It also clarifies that for clients covered by code 3, drug use information should relate to their own behaviour.

Information on Related data has been included to clearly state that the client type qualifies the data elements *Principal drug of concern*, *Other drugs of concern*, *Injecting drug use* and *Method of use for principal drug of concern*.

Source of referral to alcohol and other drug treatment service

This data element describes the source from which the client was transferred or referred to an alcohol and other drug treatment agency. See the full definition at Appendix B for coding options.

Note that the current data domain is to be reviewed during 2002-03 and is likely to change for future collections.

Date of commencement of treatment episode for alcohol and other drugs

This data element records the date on which a client's treatment episode for alcohol and other drugs began. Note that the date is collected for the commencement of a treatment episode, rather than the commencement of treatment. For example, if a client recommences treatment or begins a new treatment episode, the date of commencement for the new episode is reported, not the date that the client first registered with the agency.

The Data domain requires a valid date with the following format (DDMMYYYY).

Date of cessation of treatment episode for alcohol and other drugs

This is the date on which a client's treatment episode for alcohol and other drugs ceased.

For a treatment episode to be completed (closed), it requires defined dates of commencement and cessation. This data element will clearly identify when a treatment episode ceased, enabling a clear distinction to be made between treatment episodes that are still ongoing (open) and those that have been closed. The data domain requires a valid date with the

following format (DDMMYYYY). It refers to the date of the last service contact in a treatment episode between the client and staff of the treatment provider. In situations where a client has had no contact with the treatment provider for three months, and there is no plan in place for further contact, the date of the last service contact should be used. To determine when a treatment episode ceases, refer to the data element concept Cessation of treatment episode for alcohol and other drugs.

Note that only completed treatment episodes are reported in the AODTS-NMDS collection.

Reason for cessation of treatment episode for alcohol and other drugs

This data element describes the reason why a client's treatment episode was ceased.

Given the levels of attrition within alcohol and other drug treatment programs, it is important to identify the range of different reasons for ceasing treatment with a service. This data element was developed to report the main reasons why treatment episodes are closed. Reasons for closing a treatment episode include a change in the principal drug of concern, the treatment delivery setting or the main treatment type.

The full range of coding options is:

- 1 Treatment completed
- 2 Change in the main treatment type
- 3 Change in the delivery setting
- 4 Change in the principal drug of concern
- 5 Transferred to another service provider
- 6 Ceased to participate against advice
- 7 Ceased to participate without notice
- 8 Ceased to participate involuntary (non-compliance)
- 9 Ceased to participate at expiation
- 10 Ceased to participate by mutual agreement
- 11 Drug court and/or sanctioned by court diversion service
- 12 Imprisoned, other than drug court sanctioned
- 13 Died
- 98 Other
- 99 Not stated/inadequately described.

This information is to be recorded at the cessation of the treatment episode.

Number of service contacts within a treatment episode for alcohol and other drugs (revised)

The number of service contacts between a treatment provider and a client, for the purpose of providing alcohol and other drug treatment, recorded during the course of a treatment episode.

This data element has been developed to provide a measure of the frequency of client contact and service utilisation within a treatment episode in any setting other than a residential treatment facility (code 2 in *Treatment delivery setting for alcohol and other drugs*). This data element is not collected for residential clients.

The data element is derived from a count of service contacts recorded on a client's record. Only contact that constitutes part of a treatment should be counted, for example a counselling session. Contacts for administrative purposes, such as arranging an appointment, should not be included.

The total number of service contacts should be counted and recorded at the cessation of the treatment episode.

Where multiple service contacts occur on the same day, each independent service contact is to be counted.

Changes made to the data element for 2002-03

A change was made to the Guide for use to accurately reflect the correct collection procedure to be used for the AODTS-NMDS when multiple service contacts occur on the same day.

Minor changes for clarification were also made to the Definition and Collection methods. The full wording of the revised definition is provided at Appendix B.

Treatment delivery setting for alcohol and other drugs

This describes the setting in which the *Main treatment type for alcohol and other drugs* is provided. Only one setting should be selected from the following coding options:

- 1 Non-residential treatment facility
- 2 Residential treatment facility
- 3 Home
- 4 Outreach setting
- 8 Other.

Each treatment episode will only have one treatment delivery setting. If there is a change in the treatment delivery setting, the current treatment episode should be closed and a new episode commenced. This interpretation is currently under review by the NMDS Working Group. It is recommended that a change in delivery setting is not used as a trigger to close a treatment episode in cases where the change in setting is only temporary (e.g. a one-off case).

Code 4 Outreach settings, includes treatment provided to a client who is located within a hospital or other inpatient facility, when the hospital is not the treatment establishment.

Treatment provided in correctional facilities should be recorded as code 8.

Method of use for principal drug of concern

This data element describes a client's usual method of administering the *Principal drug of concern*, as stated by the client.

This information should be collected at the commencement of the treatment episode and only in relation to the principal drug of concern. Coding options are:

- 1 Ingests
- 2 Smokes
- 3 Injects
- 4 Sniffs (powder)
- 5 Inhales (vapour)
- 6 Other
- 9 Not stated/inadequately described.

For clients whose treatment episode is related to the alcohol or other drug use of another person, this data element should not be collected. Where the treatment episode relates to both the client's own drug use and the drug use of another person, method of use for principal drug of concern is recorded for the client's own behaviour.

For a list of the most likely methods of use by drug type, see Appendix D.

Injecting drug use

This data element describes a client's use of injection as a method of administering drugs, including intravenous, intramuscular and subcutaneous forms of injection.

Coding options are:

- 1 Current injecting drug use (last injected within the previous three months)
- 2 Injecting drug use more than three months ago but less than twelve months ago
- 3 Injecting drug use more than twelve months ago (and not in last twelve months)
- 4 Never injected
- 9 Not stated/inadequately described.

This information should be collected at the commencement of a treatment episode.

For clients whose treatment episode is related to the alcohol or other drug use of another person, this data element should not be collected. Where the treatment episode relates to both the client's own drug use and the drug use of another person, injecting drug use is recorded for the client's own behaviour.

Principal drug of concern

This is the principal drug, as stated by the client, which has led the person to seek treatment or advice from the alcohol and other drug treatment agency.

The classification coding used for this data element is the four-digit level of coding used by the *Australian Standard Classification of Drugs of Concern (ASCDC)*, ABS Cat. No. 1248.0 (see Appendix C). In some jurisdictions, coding to the ABS standard has been implemented.

Where this has not happened, it is the responsibility of the health authority to re-code agency

data to a level that is at least mappable to the ABS standard. At the agency level, when a short list of drugs of concern are used for ease of selection (e.g. tick box list on a form), it is recommended that the following drug categories be included and listed alphabetically:

Drug of concern	ASCDC code
Alcohol	2101
Amphetamines	3100
Benzodiazepines	2400
Cannabis	3201
Cocaine	3903
Ecstasy	3405
Heroin	1202
Methadone	1305
Nicotine	3906

Other – please specify

This list has been endorsed by the IGCD NMDS Working Group as the national short list of drugs of concern. Efforts should be made where possible to code the principal drug of concern at the lowest level of detail available rather than to 'other' or a broad category.

This information should be collected at assessment or at the commencement of the treatment episode.

If there is a change in the principal drug of concern, a treatment episode should be closed and a new treatment episode begun.

For clients whose treatment episode is related to the alcohol or other drug use of another person, this data element should not be collected. Where the treatment episode relates to both the client's own drug use and the drug use of another person, the principal drug of concern is recorded for the client's own drug use.

Other drugs of concern

Any drugs, apart from the principal drug of concern, which the client perceives as being a health concern is reported here.

This data element complements *Principal drug of concern*. It is a multiple response item to allow for the coding of polydrug use. It is recommended that up to five Other drugs of concern are reported. There should be no duplication with *Principal drug of concern*. The classification coding used for this data element is also the four-digit level of coding used by the *Australian Standard Classification of Drugs of Concern*, ABS Cat. No. 1248.0 (see Appendix C). Note, however that the nationally endorsed short list for drugs of concern can also be used for recording other drugs of concern.

If possible, the information is best collected at the commencement of the treatment episode; however, additional information can be recorded throughout the treatment episode.

For clients whose treatment episode is related to the alcohol or other drug use of another person, this data element should not be collected. Where the treatment episode relates to both the client's own drug use and the drug use of another person, other drugs of concern is recorded for the client's own drug use.

Jurisdiction health authorities can also use the following supplementary codes where appropriate before they transfer the data to the AIHW:

0000 Inadequately described

0001 Not stated

0003 None/no other drugs of concern.

Note however, that service providers should not use these codes.

Main treatment type for alcohol and other drugs

The main treatment type is the principal activity, determined at assessment by the treatment provider, for treating a client's alcohol and/or drug problem for the principal drug of concern.

This data element has been developed so that some measure of treatment activity is included in the collection. The main treatment type is the principal focus of a single treatment episode, which means that each treatment episode will only have one main treatment type. If there is a change in the main treatment type, then the current episode should be closed and a new episode commenced. For brief interventions, the main treatment type may apply to as few as one contact between a client and agency staff.

Broad treatment types have been included in the data domain so that a selection will be applicable across all jurisdictions. Coding options are:

- 1 Withdrawal management (detoxification)
- 2 Counselling
- 3 Rehabilitation
- 4 Pharmacotherapy
- 5 Support and case management only
- 6 Information and education only
- 7 Assessment only
- 8 Other

This information should be recorded at assessment or at the commencement of the treatment episode.

Note if codes 5-7 (support and case management only, information and education only, assessment only) are chosen, then there should be no other treatment types selected.

More information on the coding options is provided at Appendix B.

Other treatment type for alcohol and other drugs

All other forms of treatment provided to a client in addition to the *Main treatment type for alcohol and other drugs*.

Coding options are:

- 1 Withdrawal management (detoxification)
- 2 Counselling
- 3 Rehabilitation

4 Pharmacotherapy

5 Other

Only treatment recorded in a client's file that is in addition to, and not a component of, the main treatment type should be reported. Treatment activity reported is not necessarily for the principal drug of concern, as it may be treatment for another drug of concern. More than one data domain code may be selected (it is possible to report up to 4 other treatment types in addition to the main treatment type).

This information should be recorded at the cessation of a treatment episode.

Supporting data element concepts

Cessation of treatment episode for alcohol and other drugs

Cessation of a treatment episode occurs when treatment is completed or discontinued; or there has been a change in the principal drug of concern, the main treatment type or the treatment delivery setting.

Commencement of treatment episode for alcohol and other drugs

Commencement of a treatment episode is the first service contact between a client and a treatment provider when assessment and/or treatment occurs.

Service contact

A service contact is contact between a client and an alcohol and other drug treatment agency that results in a dated entry being made in the client's record.

In the AODTS-NMDS, only treatment-related contacts between clients and service providers are actually counted when reporting the number of service contacts within a treatment episode.

The definition in the *National Health Data Dictionary* (see Appendix B) was originally developed for use in the Community Mental Health Care NMDS. As a result, some wording is not particularly relevant to alcohol and other drug treatment agencies, and this will be modified in the future. Of most importance is the relationship between this concept definition and the definition and guide for use provided for the data element *Number of service contacts within a treatment episode for alcohol and other drugs*, which establishes when a service contact should be counted.

In the AODTS-NMDS:

- only treatment-related service contacts between clients and treatment providers are to be counted; and
- where multiple independent service contacts occur on the same day, each service contact is to be counted.

Treatment episode for alcohol and other drugs

The decision to adopt a completed treatment episode as the unit of measurement for the national collection requires a supporting data element concept that clearly defines a treatment episode in the context of alcohol and other drug treatment. A treatment episode is defined as the period of contact between a client and a treatment provider or team of treatment providers (with the following caveats):

- it must have a defined date of commencement and cessation;
- during the period of contact there has been no change in:
 - the principal drug of concern
 - the treatment delivery setting
 - the main treatment type; and
- a treatment episode is deemed to have terminated in the event that there has been no (service) contact between the client and the treatment provider/s for a period of three months or more, unless the period of non-contact was planned between the client and the treatment provider.

Given that some clients may receive more than one form of treatment for different drugs of concern and in different settings, it is possible that more than one treatment episode may be in progress for a client at any one time. It is possible for each of these episodes to have different dates of commencement and cessation.

Listed below are some of the circumstances under which a treatment episode is commenced and terminated.

A new treatment episode commences when:

- a new client presents and is assessed/registered for treatment;
- a current client's principal drug of concern changes;
- a current client's main treatment type changes;
- a current client's treatment delivery setting changes (i.e. the client receives their main treatment in a different setting from that applicable to the existing treatment episode);
- a previous client re-presents after not having had contact with the treatment provider for three months or more, unless that period of non-contact was planned between the client and the treatment provider; and/or
- a previous client re-presents for treatment after completing a previous treatment plan.

A treatment episode is terminated when:

- a client's treatment plan has been completed;
- there has been no contact (i.e. service contact that comprises treatment) between the client and the treatment provider for a period of three months, unless that period of non-contact was planned;
- the client's principal drug of concern has changed;
- the client's main treatment type has changed;
- the treatment delivery setting for the client's main treatment type has changed; and/or
- the client's treatment has ceased for other reasons (e.g. imprisoned, ceased treatment against advice or died).

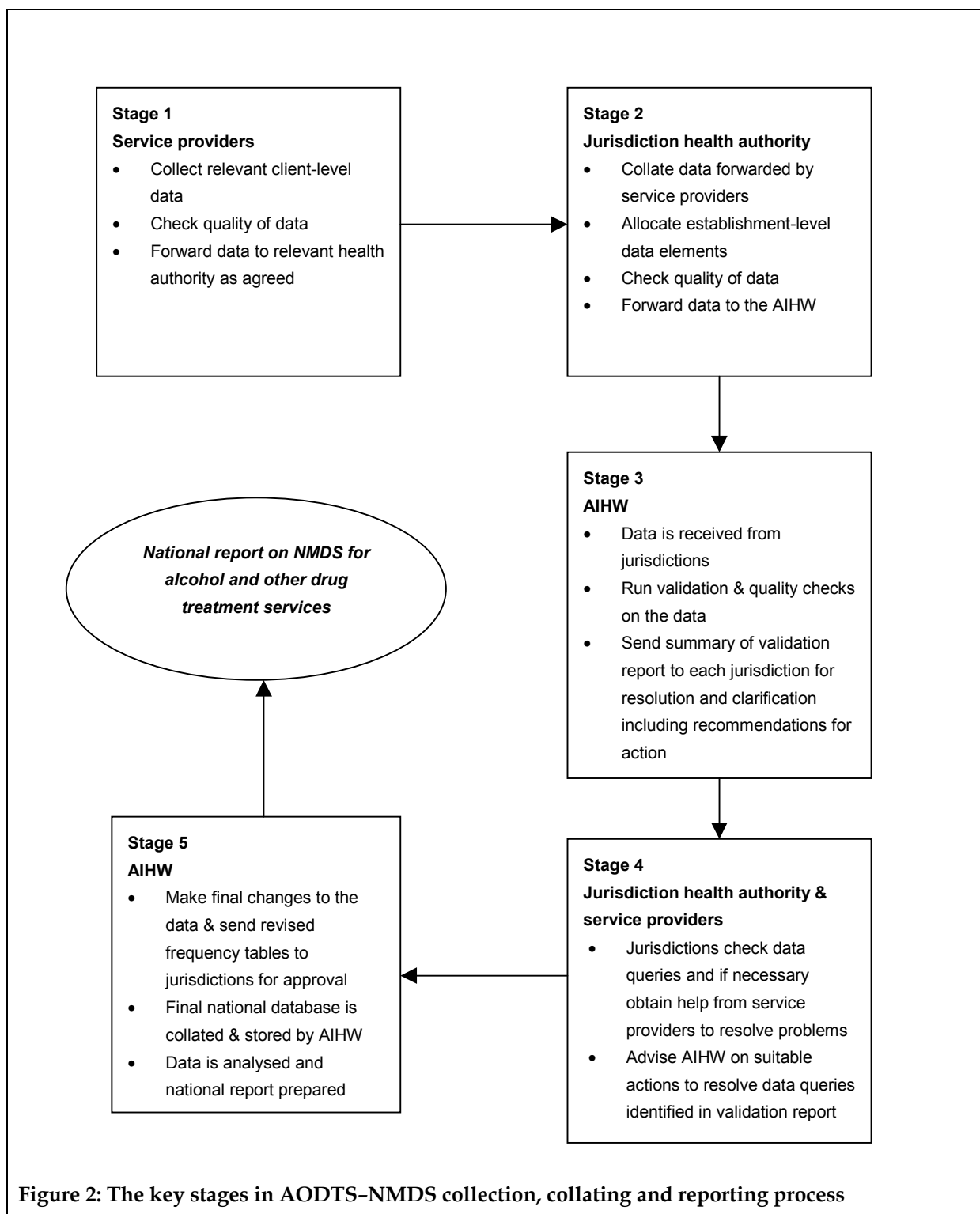
5 Collection procedures and data quality

Collation of the national data set

The collation of a national data set involves five distinct stages (see Figure 2).

1. The first stage is the collection of the agreed data elements by service providers for each client who is eligible for inclusion in the collection. Service providers then forward their collected information to the designated health authority for collation. This process will differ across jurisdictions, as service providers in some States/Territories are required to forward their data to an area or region coordinator, whereas in other States the data is forwarded directly to the central authority.
2. The second stage involves the designated health authority collating the data that was forwarded by the service providers. At this stage the data should also undergo a rigorous validation process to ensure the quality of the information. Health authorities are required to allocate establishment-level data elements. The collated unit record data is then forwarded to the AIHW.
3. At stage three the AIHW receives the collated State/Territory data for validation. When finished validating the data, the AIHW sends a summary report to each State/Territory health authority (which includes all queries and identified problems with their data) for resolution and clarification. The report includes an initial set of frequency and cross-tabulation tables.
4. At stage four, State and Territory health authorities send their responses to the validation report to the AIHW. The required changes are made to the data and revised frequency tables sent back to the State and Territories for final approval of the database.
5. At the final stage, the approved national database is stored by the AIHW ready for analysis and reporting.

Note that no data are to be directly submitted by service providers to the AIHW. Note also that the information transferred from service providers to health authorities and then to the AIHW does not include client names, only a person identifier code that is generated by the service provider.



Data transfer

Service providers to health authorities

Protocols for the transfer of data from alcohol and other drug treatment agencies to their jurisdictional health authority vary between States and Territories. Each health authority responsible for the AODTS-NMDS collection will contact service providers within scope for the collection to inform them of the required format and timing of the data transfer.

Health authorities to AIHW

The NMDS data will need to be forwarded to the AIHW annually by each jurisdiction. The data requested will be for a financial year reference period (1 July to 30 June). Data for the period 1 July 2002 to 30 June 2003 will be requested by the AIHW early in the 2003-04 financial year (September 2003). It is expected that State and Territory health authorities will supply this data to the AIHW by no later than December 2003. The results of the analysis of this data, at both the national and State/Territory levels, will be reported during 2004.

Transfer method

The preferred transfer method is by e-mail attachment or floppy disk. Note that floppy disks can only hold 1.4 Mb of data, and the AIHW can only accept files by e-mail that are less than 4 Mb. Files sent by e-mail or floppy disk should be compressed, preferably with WinZip, and password protected. Jurisdictions interested in sending the file via e-mail are requested to contact the AIHW, before sending the file, to advise the AIHW of the password.

If a file does not fit on a floppy disk or is too large for an e-mail attachment, the next preferred option is a CD-ROM.

File format

When jurisdictions are satisfied that their data are clean, and that all practical follow-up has been completed, unformatted data should be forwarded to the AIHW contact in the following form:

Comma Separated Variable (CSV) ASCII text records.

For example, a single client unit record will look like the following:

12A00101, PID99, 1, 05061977, 1101, 4, 19, 1, 01, 02092001, 03122001, 07, 02, 1, 3201, 0003, , , 2, 4, 2, 8, , , ,

The following file types can be accepted by AIHW:

- Microsoft Excel file
- Microsoft Access file
- Unformatted SAS file in transport mode indicating the appropriate platform (e.g. Unix, NT, MVS) and the SAS version used.

File content

There should be two files for each jurisdiction:

- establishment-level file (statistical unit = alcohol and other drug treatment agency/organisation)
- client-level file (statistical unit = closed treatment episode).

Accompanying information

When transferring data to the AIHW each jurisdiction should include the following documentation:

- a file with summary frequency tables and cross-tabulation tables, which can be used by the AIHW to verify information when compiling the national data set (the required frequency and cross-tabulation tables are listed in chapter 6);
- a description of the file including the total number of records it contains;
- identification of variables that do not conform to the standard definitions and any necessary translation or manipulation of the data to achieve national standards; and
- if non-standard names are used for any variables, please include a mapping of these names to the standard names.

File specification

The following tables specify the order in which the data should be provided to the AIHW and the range of valid responses.

Table 2: Specifications for data transfer to AIHW of establishment-level data

Item no.	Item name	Description	Valid response
1	Establishment identifier	Alphanumeric item. Consists of a unique identifier for each State/Territory (<i>State identifier</i>), an establishment sector code (<i>Establishment sector</i>), an alphanumeric, alpha or numeric code for the location of the service (<i>Region code</i>), and a unique service number within the State/Territory (<i>Establishment number</i>).	Maximum 9 characters NNANNNNNN where N = <i>State identifier</i> (valid range 1-9), N = <i>Establishment sector</i> (valid range 1-2), AA = <i>Region code</i> (jurisdiction specific), NNNNN = <i>Establishment number</i> (jurisdiction specific). Note that a 'not stated', 'null', 'missing' or 'coding error' response is not permitted. Where no Establishment identifier has been assigned, the establishment record should be excluded.

(continued)

Table 2 (continued): Specifications for data transfer to AIHW of establishment-level data

Item no.	Item name	Description	Valid response
2	Establishment type	Alphanumeric item. The type of service provider.	Valid code from data domain (e.g. R4.1, R4.2, N8.1.1, N8.1.2).
3	Geographical location of establishment	Numeric code to indicate the statistical local area (SLA) of the agency within the reporting State or Territory.	Five-digit valid code as defined in the <i>Australian Standard Geographical Classification (ASGC)</i> , ABS Cat. No. 1216.0 or 99999 (not stated/inadequately described). Use code 99999 as the default value for invalid codes and missing data.

Table 3: Specifications for data transfer to AIHW of client-level data

Item no.	Item name	Description	Valid response
1	Establishment identifier	As before.	As before.
2	Person identifier	Alpha, numeric or alphanumeric item. A client's unique identifier within an agency.	Alpha, numeric or alphanumeric code (agency determined). Note that a 'not stated', 'null', 'missing' or 'coding error' response is not permitted. Where no person identifier has been assigned, the client record should be excluded.
3	Sex	Numeric code to indicate the sex of a client.	1 (male), 2 (female) or 9 (not stated/inadequately described). Use code 9 as the default value for invalid codes and missing values.
4	Date of birth	Numeric item stating a client's date of birth.	DDMMYYYY format, right justified, zero-filled (e.g. 3 March 1965 would be 03031965). When an estimate is required use 0101 with a valid year. Use 01011900 as default date for invalid and missing dates.

(continued)

Table 3 (continued): Specifications for data transfer to AIHW of client-level data

Item no.	Item name	Description	Valid response
5	Country of birth	A numeric code to indicate the country in which a client was born.	Four-digit valid code as defined in the <i>Standard Australian Classification of Countries</i> (SACC), ABS Cat. No. 1269.0 (1998) and 0000 (inadequately described), 0003 (not stated), 0004 (unknown). Use 0000 as default value for invalid codes and 0003 for missing data.
6	Indigenous status	A numeric code indicating whether or not a client is of Aboriginal and/or Torres Strait Islander origin.	1-4 and 9 (not stated). Code 9 should only be used when the question was refused or not able to be asked.
7	Preferred language	A numeric code indicating the language most preferred by a client for communication.	Two-digit valid code 00-86 and 95 (Other languages nfd), 96 (Inadequately described), 97 (Non-verbal, so described including sign languages) and 98 (Not stated). Right justified. Use 96 as default value for invalid codes and 98 for missing values.
8	Client type— alcohol and other drug treatment services	A numeric code indicating the status of a person in terms of whether contact with the agency concerns their own alcohol and/or other drug use or that of another person or both.	1-3. Note that a 'not stated', 'null', 'missing', or 'not known' response is not permitted.
9	Source of referral to alcohol and other drug treatment service	A numeric code indicating the source from which a client was transferred or referred to an agency.	1-18 and 99 (not stated/ inadequately described), right justified. Use code 99 as the default value for invalid codes and missing values.
10	Date of commencement of treatment episode for alcohol and other drugs	Numeric item stating the date on which a client's treatment episode commenced.	DDMMYYYY format, right justified, zero-filled (e.g. 3 March 2001 would be 03032001). Note that a 'not stated', 'null', 'missing', 'not known' or an invalid date response is not permitted. Where an accurate date of commencement is not available, the client record should be excluded.

(continued)

Table 3 (continued): Specifications for data transfer to AIHW of client-level data

Item no.	Item name	Description	Valid response
11	Date of cessation of treatment episode for alcohol and other drugs	Numeric item stating the date on which a client's treatment episode ceased.	DDMMYYYY format, right justified, zero-filled (e.g. 3 March 2001 would be 03032001). Note that a 'not stated', 'null', 'missing', 'not known' or an invalid date response is not permitted. Where an accurate date of cessation is not available, the client record should be excluded.
12	Reason for cessation of treatment episode for alcohol and other drugs	Numeric item stating the reason a client's treatment episode ceased.	1-13, 98 (Other) and 99 (Not stated/inadequately described).
13	Number of service contacts within a treatment episode for alcohol and other drugs	Numeric item stating the number of service contacts within a treatment episode.	Valid digit (range 0-999).
14	Treatment delivery setting for alcohol and other drugs	Numeric item stating the type of treatment delivery setting.	1-4 and 8. Note that a 'not stated', 'null', 'missing' or 'not known' response is not permitted.
15	Method of use for principal drug of concern	A numeric code indicating a client's usual method of administering the principal drug of concern, as stated by the client.	1-6 and 9 (not stated/inadequately described). Use code 9 as the default value for invalid codes and missing values.
16	Injecting drug use	A numeric code indicating a client's use of injection as a method of administering drugs.	1-4 and 9 (not stated/inadequately described). Use code 9 as the default value for invalid codes and missing values.
17	Principal drug of concern	A numeric code indicating the drug that has led a client to seek treatment or advice from an agency. As stated by the client.	Four-digit valid code as defined in the <i>Australian Standard Classification of Drugs of Concern</i> , ABS Cat. No. 1248.0 (2000), 0000 (inadequately described) or 0001 (not stated). Use code 0001 as the default value for invalid codes and missing values.

(continued)

Table 3 (continued): Specifications for data transfer to AIHW of client-level data

Item no.	Item name	Description	Valid response
18a	Other drugs of concern (1st)	A numeric code indicating any drugs, in addition to the principal drug of concern, which a client perceives as a health concern.	Four-digit valid code from <i>Australian Standard Classification of Drugs of Concern</i> , ABS Cat. No. 1248.0 (2000) or 0001 (not stated) and 0003 (none/no other drugs of concern). Use code 0001 as the default value for invalid codes. – for up to 5 ‘other drugs of concern’ see items 14a-14e. To ensure correct data loading, 5 commas must be inserted even if blanks are present. (E.g. if there are no other drugs of concern it would be 0003,,,,, if 2 other drugs of concern it would be NNNN, NNNN,,,,). Note that code 0003 only needs to be used for the 1st field.
18b	Other drugs of concern (2nd)	A numeric code indicating the second other drug of concern.	Four-digit valid code as above. If blank response then insert a comma (,) without brackets.
18c	Other drugs of concern (3rd)	A numeric code indicating the third other drug of concern.	Four-digit valid code as above. If blank response then insert a comma (,) without brackets.
18d	Other drugs of concern (4th)	A numeric code indicating the fourth other drug of concern.	Four-digit valid code as above. If blank response then insert a comma (,) without brackets.
18e	Other drugs of concern (5th)	A numeric code indicating the fifth other drug of concern.	Four-digit valid code as above. If blank response then insert a comma (,) without brackets.
19	Main treatment type for alcohol and other drugs	A numeric item stating the main treatment type.	1-8. Each treatment episode will only have one main treatment type.

(continued)

Table 3 (continued): Specifications for data transfer to AIHW of client-level data

Item no.	Item name	Description	Valid response
20a	Other treatment type for alcohol and other drugs (1st)	A numeric code indicating any treatment that a client is receiving in addition to the Main treatment type.	1-5 and 8 (none/no other treatment type) or 9 (not stated/ inadequately described). Up to 4 other treatment types can be reported, see Item nos 20a-20d. To ensure correct data loading, 4 commas must be inserted, even if blank responses are present (e.g. if no other treatment types it would be 8,,,,. If 2 other treatment types it would be N, N,,,,). Note that code 8 only needs to be used for the 1st field.
20b	Other treatment type for alcohol and other drugs (2nd)	A numeric code indicating the second Other treatment type.	1-5 and 8 or 9. If a blank response then insert a comma (,) without brackets
20c	Other treatment type for alcohol and other drugs (3rd)	A numeric code indicating the third Other treatment type.	1-5 and 8 or 9. If a blank response then insert a comma (,) without brackets
20d	Other treatment type for alcohol and other drugs (4th)	A numeric code indicating the fourth Other treatment type.	1-5 and 8 or 9. If a blank response then insert a comma (,) without brackets

AIHW contacts for further information on file transfer

Dr Bradley Grant National Data Development Unit
 Phone: (02) 6244 1152 Email: bradley.grant@aihw.gov.au

Ms Gail Weaving National Data Development Unit
 Phone: (02) 6244 1050 Email: gail.weaving@aihw.gov.au

Mr Rod Hall Data and Information Technology Unit
 Phone: (02) 6244 1188 Email: rod.hall@aihw.gov.au

Data quality

Data collections require ongoing attention to quality. There is a need to attend to how questions are asked and information obtained, data entry, the handling of missing and erroneous information, edit checking and there is a need to follow-up with data providers to ensure the highest quality data possible.

To ensure that the AIHW is supplied with a useable national data set, it is essential that jurisdictions clean (edit) the data they receive from service providers before they transfer it to the AIHW. The quality of the NMDS data will also be enhanced if service providers check the quality of their data before sending it to their jurisdictional health authority. In collating the data into a national database, the AIHW also follows a formal validation process to maximise data quality (see Chapter 6).

Some general checks that should be conducted

Service providers and jurisdictions should perform the following quality checks before the data are sent to the AIHW.

- **Missing agencies:** Jurisdictions should ensure that all agencies within scope of the collection have sent data for the entire collection period.
- **Missing data:** Jurisdictions should investigate missing data to ensure that agencies are reporting all AODTS–NMDS data items. Where possible, a reasonable attempt should be made to resolve missing data issues, at both an agency level and at the unit record level.
- **Incorrect codes:** Where possible, jurisdictions should ensure that agencies use the correct codes for all data items. Coding errors that cannot be corrected should be coded to the appropriate default value (e.g. inadequately described).
- **Duplicate records:** Jurisdictions should check for duplicate unit records. When records are identified as possible duplicates, the agency should be consulted to ensure that unit records have not been mistakenly submitted on more than one occasion.
- **Reporting period:** The cessation dates of treatment episodes should be checked to ensure that only treatment episodes that closed within the valid reporting period (1 July 2002 to 30 June 2003) are included in the 2002–03 collection.
- **Data inclusion:** Jurisdictions should ensure that data not within scope of the AODTS–NMDS are excluded from the collated data set sent to the AIHW (e.g. methadone treatment).
- **Establishment identifiers:** Jurisdictions should ensure that establishment identifiers used on the establishment data file are the same as those used on the client data file and that there are the same number of establishments on each file.
- **Geographical location of establishment:** Jurisdictions should ensure that all geographic location codes begin with a valid State or Territory identification number.
- **Client type:** Jurisdictions should ensure that for clients who attend treatment because of another person's drug use (client type = 2), the following data elements are coded to Not stated: *Method of use for principal drug of concern* (code 9), *Injecting drug use* (code 9), *Principal drug of concern* (code 0001), and *Other drugs of concern* (code 0001).

6 AIHW validation checks

AIHW validation checks

The AIHW will apply an editing process to validate the data before loading it into a national database. It is assumed that jurisdictions will also perform validation checks and fix any errors that they can before the data is sent to the AIHW. The editing process will take place in two stages (in consultation with the data providers):

1. **Validity checks** are used to ensure that values entered for each data element are within a valid numeric range. For example, responses to the data element *Injecting drug use* should only be coded within the range of 1-4 or as 9. A response that does not fall within this range has to be an error. Therefore, range edits should identify incorrect and missing codes.
2. **Logic checks** are used to ensure internal consistency between responses within individual unit records. For example, when the response for *injecting drug use* = 4 (never injected), the response for *Method of use for principal drug of concern* cannot = 3 (injects).

Validity checks are performed first, so that the logic checks can be performed on valid data. A summary report on the findings from the validity and logic checks will be sent to each jurisdiction to allow consultation to resolve invalid/illogical data. Once validation issues have been resolved, revised frequency and cross tabulation tables on a selection of variables will be sent to each jurisdiction for approval to load the data into the national database. It is assumed that jurisdictions will have amended their own data sets with the agreed changes arising from the invalid/illogical data queries. It is also assumed that jurisdictions will have produced revised frequencies and cross-tabulation tables for checking against those supplied by the AIHW.

Table 4 contains a range of proposed validity checks to be applied to each State/Territory data set. It describes the range of values considered valid in the AODTS-NMDS as well as the treatment of 'not stated' or 'null' responses for each data element in the establishment-level and client-level collections.

Table 4: Proposed checks for valid dates and codes during preliminary loading

Data element	Validity check performed
Establishment-level	
Establishment identifier	Check that it is present for all unit records. Check for valid State identifier
Establishment type	Check for invalid code
Geographical location of establishment	Check against SLA table for invalid codes
Client-level	
Establishment identifier	Check for missing ID (must be present for all unit records)
Person identifier	Check for missing ID (must be present for all unit records)

Table 4 (continued): Proposed checks for valid dates and codes during preliminary loading

Data element	Validity check performed
Sex	Check for invalid code
Date of birth	Check for invalid date
Country of birth	Check against SACC table for invalid codes
Indigenous status	Check for invalid code
Preferred language	Check for invalid code
Client type – alcohol and other drug treatment services	Check for invalid code
Source of referral to AODT service	Check for invalid code
Date of commencement of treatment episode for alcohol and other drugs	Check for missing data (must be present for all unit records) and for invalid date
Date of cessation of treatment episode for alcohol and other drugs	Check for missing data (must be present for all unit records) and for invalid date
Reason for cessation of treatment episode for alcohol and other drugs	Check for invalid code
Number of service contacts within a treatment episode for alcohol and other drugs	Check for a numeric response that falls within an expected range (i.e. check against duration of episode established from commencement and cessation dates).
Treatment delivery setting for alcohol and other drugs	Check for missing data (must be present for all unit records) and for invalid code
Method of use for principal drug of concern	Check for invalid code
Injecting drug use	Check for invalid code
Principal drug of concern	Check for missing data (must be present for all unit records) and check against ASCDC table for invalid codes
Other drugs of concern	Check against ASCDC for invalid codes
Main treatment type for alcohol and other drugs	Check for missing data (must be present for all unit records) and for invalid code
Other treatment types for alcohol and other drugs	Check for invalid code

Table 5 contains a range of proposed logic checks to be applied to each individual record within a State/Territory data set after initial validity checks and preliminary loading. For these checks the output will identify records which do not pass the logic tests. These checks describe the types of data coding errors that are most likely to occur and will provide a guide for jurisdictions on the potential problem areas.

Table 5: Proposed logic checks for individual records

Data element	Logic check	Reasoning
Establishment identifier	<i>Establishment identifier</i> included in the Client file = the <i>Establishment identifier</i> in the Establishment file.	To ensure that all client record data can be linked to a valid establishment.
Geographical location of establishment	The first digit for <i>Geographical location of establishment</i> must = <i>State identifier</i> .	To ensure that the correct State/Territory identifier has been added to the SLA code.
Date of birth	Check if <i>Date of birth</i> is > than <i>Date of commencement of treatment episode for alcohol and other drugs</i> . Check if <i>Date of birth</i> before 1 January 1902, excluding 01011900 or after 01061993.	A client's <i>Date of birth</i> must be prior to their commencement of treatment. Check for outliers.
Country of birth and Preferred language	Check for abnormally large or unexpected frequencies in either data item, e.g. Preferred language = 00 (Afrikaans) where 00 is incorrectly used to code missing or not stated (98).	There is usually a connection between <i>Country of birth</i> and <i>Preferred language</i> .
Date of commencement of treatment episode for alcohol and other drugs	Check that <i>Date of commencement of treatment episode for alcohol and other drugs</i> is before 1 July 2003. <i>Date of commencement of treatment episode for alcohol and other drugs</i> must be equal to or prior to <i>Date of cessation of treatment episode for alcohol and other drugs</i> . Must also be after <i>Date of birth</i> .	Unit of measurement is all treatment episodes that closed in the period 1 July 2002 and 30 June 2003.
Date of cessation of treatment episode for alcohol and other drugs	Check that <i>Date of cessation of treatment episode for alcohol and other drugs</i> falls within 1 July 2002 and 30 June 2003. <i>Date of cessation of treatment episode for alcohol and other drugs</i> must be equal to or after <i>Date of commencement of treatment episode for alcohol and other drugs</i> .	Unit of measurement is all treatment episodes that closed in the period 1 July 2002 to 30 June 2003.
Reason for cessation of treatment episode for alcohol and other drugs	When <i>Reason for cessation of treatment episode for alcohol and other drugs</i> = 2, 3 or 4 check that next treatment episode for client reflects the correct change.	Provides a check on the validity of the trigger for a new treatment episode.
Treatment delivery setting for alcohol and other drugs	When <i>Treatment delivery setting for alcohol and other drugs</i> = 2 (residential treatment facility), check that <i>Number of service contacts within a treatment episode for alcohol and other drugs</i> = 0.	The number of service contacts is not collected for residential clients so for these clients the number should be set at 0.

(continued)

Table 5 (continued): Proposed logic checks for individual records

Data element	Logic check	Reasoning
Method of use for principal drug of concern	<p>Check if <i>Method of use for principal drug of concern</i> = 3 (injects), and <i>injecting drug use</i> = 4 (never injected).</p> <p>Check if <i>Method of use for principal drug of concern</i> is an appropriate code for example if <i>Principal drug of concern</i> = 2101 (alcohol) then <i>Method of use</i> should = 1 (ingest). See Appendix D for further information.</p>	<p>If a client states that they inject their <i>Principal drug of concern</i>, they cannot report that they have never injected.</p> <p>For example, if a client states that alcohol is their <i>Principal drug of concern</i>, it does not make sense if they report sniffing (powder) as their <i>Method of use for principal drug of concern</i>.</p>
Other drugs of concern	<p>Check if <i>Other drugs of concern</i> = <i>Principal drug of concern</i>.</p> <p>Check if any of the <i>Other drugs of concern</i> have the same code as each other.</p>	<p>This item complements <i>Principal drug of concern</i> and records any drugs apart from the principal drug.</p>
Main treatment type for alcohol and other drugs	<p>If <i>Main treatment type for alcohol and other drugs</i> = 5, 6 or 7 check that no <i>Other treatment type for alcohol and other drugs</i> is recorded.</p>	<p>If <i>Main treatment type</i> is support and case management only, information and education only, or assessment only then no other treatment should be reported.</p>
Other treatment type for alcohol and other drugs	<p>Check if <i>Other treatment type for alcohol and other drugs</i> = <i>Main treatment type for alcohol and other drugs</i>.</p> <p>Check if any of the <i>Other treatment types for alcohol and other drugs</i> have the same code as each other.</p>	<p><i>Other treatment type for alcohol and other drugs</i> is intended to only report any form of treatment that a client receives in addition to the <i>Main treatment type for alcohol and other drugs</i>.</p>

On completion of the proposed validity and logic checks, AIHW will produce frequency counts for the majority of variables in each State/Territory data set (see Table 6). Frequency tables will be used to check that data provided is consistent with the national standard and that frequency distributions are sensible. Some cross-tabulation counts will also be produced (see Table 7). AIHW produced frequency and cross tabulation counts will be compared with those provided by the States and Territories. The AIHW will consult with the relevant jurisdiction to resolve any differences.

Table 6: Proposed frequency tables for State and Territory data sets

Data element	Output labels
Establishment identifier	List of establishment identifiers
Establishment type	Public community centre Private community centre Public AODT centre Private AODT centre Not stated/inadequately described
Person identifier	Number of individual person identifiers (as a single aggregate number) contained in unit records
Sex	Male Female Indeterminate Not stated/inadequately described
Date of birth	Age groups (derived by subtracting each client's <i>Date of birth</i> from <i>Date of cessation of treatment episode for alcohol and other drugs</i>) < 20 20–29 30–39 40–49 50–59 60+
Country of birth	Frequency counts for all countries listed
Indigenous status	Aboriginal but not Torres Strait Islander Torres Strait Islander but not Aboriginal Aboriginal and Torres Strait Islander Not Aboriginal or Torres Strait Islander Not stated
Preferred language	Frequency counts for all languages listed (code range 00–98).
Client type – alcohol and other drug treatment	Own drug use Other's drug use Both own and other's drug use
Source of referral to AODT service	Frequency counts for all codes listed
Reason for cessation of treatment episode for alcohol and other drugs	Frequency counts for all codes listed

(continued)

Table 6 (continued): Proposed frequency tables for State and Territory data sets

Data element	Output labels
Number of service contacts within a treatment episode for alcohol and other drugs	Aggregate number of contacts reported and average number of contacts reported for treatment episodes (total no. of contacts/no. of treatment episodes). Note that treatment episodes in a residential setting should be excluded from any calculation.
Treatment delivery setting for alcohol and other drugs	Non-residential treatment facility Residential treatment facility Home Outreach setting Other
Method of use for principal drug of concern	Ingests Smokes Injects Sniffs (powder) Inhales (vapour) Other Not stated/inadequately described
Injecting drug use	Current injecting drug use Injecting drug use more than 3 months ago but less than 12 months ago Injecting drug use 12 months ago or more Never injected Not stated/inadequately described
Principal drug of concern	Alcohol (2101) Amphetamines (3100) Benzodiazepines (2400) Cannabis (3201) Cocaine (3903) Ecstasy (3405) Heroin (1202) Methadone (1305) Nicotine (3906) Other drugs
Other drugs of concern	Frequency counts (as above) for each of the first five other drugs of concern

(continued)

Table 6 (continued): Proposed frequency tables for State and Territory data sets

Data element	Output labels
Main treatment type for alcohol and other drugs	Withdrawal management (detoxification) Counselling Rehabilitation Pharmacotherapy Support and case management only Information and education only Assessment only Other
Other treatment type for alcohol and other drugs	Frequency counts for each of the first four other treatment types

Table 7: Proposed cross-tabulations for State and Territory data sets

Cross tabulation	Reasoning
Client type - alcohol and other drug treatment service by sex	This will check the male, female and total persons count by <i>Client type</i> to ensure that the variable has been correctly loaded and the coding is correct.
Indigenous status by sex	This will check the male, female and total persons count by <i>Indigenous status</i> to ensure that the variable has been correctly loaded and the coding is correct.
Principal drug of concern (selection) by sex Proposed drugs of concern: Alcohol (2101) Amphetamines (3100) Benzodiazepines (2400) Cannabis (3201) Cocaine (3903) Ecstasy (3405) Heroin (1202) Methadone (1305) Nicotine (3906)	This will check the male, female and total persons count by selections of <i>Principal drug of concern</i> to ensure that the variable has been correctly loaded and coding is correct.

Table 7 (continued): Proposed cross-tabulations for State and Territory data sets.

Cross tabulation	Reasoning
Age groups (derived by subtracting each client's Date of birth from Date of commencement of treatment episode) by sex and total persons <i>Proposed age groups:</i> < 20 20-29 30-39 40-49 50-59 60+	This will check the male, female and total persons count by derived age groups to ensure that <i>Date of birth</i> has been correctly loaded.
Treatment delivery setting for alcohol and other drugs by sex	This will check the male, female and total persons count by treatment delivery settings to ensure that <i>Treatment delivery setting for alcohol and other drugs</i> has been correctly loaded.
Main treatment type for alcohol and other drugs by Treatment delivery setting for alcohol and other drugs	This will check the treatment delivery setting count by main treatment types to ensure that <i>Main treatment type for alcohol and other drugs</i> has been correctly loaded.

Database sign-off

Before the AIHW collates the validated data into a national database, each jurisdiction will be required to 'sign-off' their data. The AIHW will provide each jurisdiction with frequency tables of their data set. If it is agreed that these tables are accurate, the jurisdiction will approve the AIHW to store the data into the national database and analyse it for the national report. This process keeps States and Territories fully informed of any changes or alterations that may be made to their data before it is used to produce the national report.

Each jurisdiction will also be given opportunities to view and comment on their data as presented in the national report before it is finalised.

Time-line for the validation process

The time-line for the validation process depends on the timely supply of the data from jurisdictions. Late supply may delay this process. The AIHW plans to send the 2002-03 validation tables to jurisdictions at the beginning of March 2004. Changes will be incorporated during March/April 2004. Tables for publication will be sent with the first draft of the national report for validation and approval.

Collection output

The AIHW is responsible for producing a comprehensive annual report on the AODTS-NMDS. The primary focus of the AIHW will be to produce national data, although where appropriate, State and Territory specific information may be produced. The AIHW may also consider ad hoc data requests (subject to confidentiality constraints and ethical clearance).

The annual report will be available in both hard copy and electronic form (PDF downloadable format) via the Institute's web site (www.aihw.gov.au).

Future data development

Development of the AODTS-NMDS will be ongoing and directed by the requirements of the IGCD and the States and Territories, in consultation with the AIHW and the Commonwealth. Development will include amending existing data elements and formulating new data elements when the need arises. Developing existing data elements will include refining data definitions and data domains, and modifying the directions in the 'guide for use' sections etc, as stakeholders identify problems. Potential data elements that increase the quantity and quality of the information collected by the AODTS-NMDS will continue to be developed.

7 Privacy and confidentiality of data

Privacy—an introduction

Privacy and confidentiality must be considered whenever data about individuals, service provider organisations or funding departments are collected or disseminated. Privacy legislation is concerned with the handling of personal information. Personal information includes an opinion, whether true or not, no matter how it is recorded, about an individual whose identity is apparent, or can reasonably be ascertained from the information or opinion.

The *Privacy Act 1988* (the Act) requires Commonwealth public agencies to comply with specific standards when handling personal information. Commonwealth agencies include Ministers, Departments, the Australian Federal Police, the Federal Court etc. The Act also applies to ACT government agencies. The standards for the handling of personal information by Commonwealth agencies are contained in the 11 Information Privacy Principles (IPPs) in the Act.

The *Privacy Amendment Act, 2000* came into operation on 21 December 2000. It introduced similar provisions for private sector organisations which, from 21 December 2001, also have to comply with personal information standards. For private sector agencies, 10 National Privacy Principles (NPPs) generally apply. Or, a private sector organisation may be subject to an Industry Approved Privacy Code, which must deliver a level of protection no less than that provided by the NPPs.

There are also special requirements in respect of ‘sensitive information’ and ‘health information’ (which is both sensitive and personal). See Appendix E for the full listing of the IPPs and NPPs.

Some States and Territories also have legislation governing the handling of different types of personal, health or sensitive information.

Summary of requirements for Commonwealth agencies (IPPs) and private organisations (NPPs)

The IPPs and NPPs set out rules relating to the collection, use and disclosure, storage and handling, quality and security of personal information by Commonwealth agencies and private sector organisations.

The IPPs and NPPs give individuals the right to ascertain what information an agency holds about them and the right to ensure the information is accurate.

The IPPs and NPPs can be summarised by 3 basic principles:

1. Agencies/organisations must tell people what information they are collecting and what they will do with it (i.e. the purpose and uses of that collection).

2. Whenever possible, agencies/organisations should get an individual's consent or give them an opportunity to 'opt out' before collecting, using or disclosing information about them.
3. Agencies/organisations should give people confidence that they respect their personal information and will treat it accordingly.

Privacy and the AIHW

The AIHW's functions are to:

- identify and meet the information needs of government and the community to enable them to make informed decisions to improve the health and welfare of Australians;
- provide authoritative and timely information to the Commonwealth, State and Territory governments and non-government clients through the collection, analysis and dissemination of national health, welfare, housing assistance and community services data; and
- develop, maintain and promote, in conjunction with stakeholders, information standards for health, welfare, housing assistance and community services data.

As a Commonwealth agency, the AIHW must comply with the IPPs set out in the Act. The AIHW is **also** bound by its own legislation, the *Australian Institute of Health and Welfare Act 1987*, which contains a section on confidentiality (s29).

In summary s29 states:

- A person who holds any information concerning another person, due to their employment at the AIHW, or due to the fact they are performing a duty or function for the AIHW, or doing any act as a result of any arrangement entered into by the AIHW, shall not directly or indirectly:
 - divulge that information to any person
 - give a document containing that information to any person
 - be required to divulge that information to a court
- Nothing prohibits a person holding information concerning another person (as stated above) from:
 - divulging information to the Minister if it does not identify the information subject
 - divulging information to the information provider
 - divulging information to a person specified in writing by the Ethics committee if to do so is not contrary to the written terms upon which the information was divulged initially by the information provider (only applies to health related statistical information)
 - publishing conclusions based on statistics derived from the work of the AIHW if to do so is not contrary to written terms upon which the information provider divulged the information directly to the AIHW.

AIHW policy and procedures on information security and privacy

(Excerpt from *AIHW Information Security and Privacy Policy and Procedures* document).

The provisions of the *Privacy Act 1988* and the Information Privacy Principles establish the framework for the collection, storage, use and release of all personal information in the public sector. The AIHW policy complies with the requirements of the *Privacy Act 1988* and in addition, covers issues of specific relevance to the AIHW, including s29 on Confidentiality contained in the *AIHW Act 1987*.

Privacy ethos

1. All AIHW and Collaborating Unit staff must have a knowledge of section 29 and a good understanding, in relation to the work they do, of the implications of:
 - The *Australian Institute of Health and Welfare Act 1987*, section 29
 - The Information Privacy Principles.
2. All AIHW and Collaborating Unit staff must sign the Institute's *Undertaking of confidentiality – Employees*.
3. The Institute will ensure that its various Collaborating Units maintain a consistent privacy and security ethos.
4. All work performed by consultants, contractors, seconded staff, visiting fellows and students working under supervision of the Institute which involves access to information collected under the AIHW Act and other identifiable information, must be authorised by contracts which impose information and privacy security requirements at least as stringent as those applying to Institute employees.

Information gathering and receipt

5. Information may only be collected and held for the purpose of AIHW activities.
6. Identifiable information may only be collected and held with the approval of the Institute's Ethics Committee.
7. Any information collected must be limited to that directly relevant to the aims and objectives of an approved project.
8. All data holdings containing identifiable information must be recorded and managed in accordance with the Institute's *Guidelines for custody of AIHW data*.
9. Except as outlined in paragraphs 10 and 11 below, the consent of information subjects for the use of their information should be obtained when the identifying information is in the form of identified records held indefinitely on registers used to contact the information source for research purpose (all such research must be approved by the Ethics Committee).
10. Otherwise, consent should not be required provided that appropriate guarantees are given that the information will be handled in a secure environment, the public good benefits of the research are clear and its use will have no impact on those individuals whose information is being used. As far as is possible, an opt out option should be provided.
11. Regardless of whether consent needs to be obtained, information subjects should be advised, by whatever mechanism is appropriate, why their information is being

collected, how it is to be used, who will be using it, the type of access that will occur and how it will be protected.

Information storage, retention and destruction

12. Data must be stored to meet the storage and archival requirements of the National Archives of Australia, and in accordance with the Institute's *Guidelines for custody of AIHW data*.
13. Data Custodians are responsible for ensuring their data holdings are protected from unauthorised access, alteration or loss.
14. Paper-based identifiable information must be kept securely locked away when not in use. The minimum requirement is that, outside normal working hours, the information must be stored in locked drawers or cabinets.
15. Particular care must be taken regarding the print out and photocopying of paper-based information. Users must stand by printers and photocopiers while this material is being printed or copied.
16. Information users must follow normal practice for the use of IT systems (see the IT Security Manual) to ensure the security and privacy of in-confidence information stored on computer systems.
17. Identifiable information must not be copied to or held on work station hard disks.
18. Wherever possible, identifiable information and associated attribute information should each be stored separately in databases to minimise any risk from unauthorised access.
19. Identifiable information must not be copied or removed from Institute premises without specific approval from the relevant Data Custodian.
20. Normally, data holdings used in support of the Institute's Work Program must be retained for a specified period in order to allow later verification of the research, and in accordance with undertakings given to data providers.
21. Decisions regarding retention of databases lies with Data Custodians, and must be taken in accordance with the Institute's *Guidelines for custody of AIHW data*.
22. The Institute will maintain a physical security system, which provides reasonable and properly enforced measures to protect both staff and its repositories of personal information.

Information transmission

23. If identifiable information is sent by post, registered or certified mail or safe hand delivery must be used.
24. The electronic transmission of identifiable information must apply procedures for the certification of transmission and the encryption of information which are at least commensurate with that used for transmission by post.

Information retrieval and use within the Institute

25. Rather than treating ownership (of data) as an indivisible entitlement, it should be treated as a 'basket of rights' in relation to the information concerned, and there should be acceptance that different parties may have different entitlements. The 'basket of rights' would include the right to do the following, for statistical purposes:

- gain access to information;
 - amend the information;
 - use the information;
 - disclose the information; and
 - control who can do these things and under what conditions.
26. Data Custodians may approve use, within the Institute, of identifiable information for purposes consistent with those for which it was collected, in accordance with the Institute's *Guidelines for the custody of AIHW data*.
27. In published tables, the amount of information in small cells should be reduced to minimise the potential for identification. Aggregations of data with small cell sizes, which may enable inferences about or identification of individual entities, should not be published.

Conditions applying to data linkage projects

28. Ethics Committee approval is required for record linkage projects. Before granting such approval, the Committee must be satisfied that:
- the 'public good' benefits to be reasonably expected from them will be significant; and
 - 'best practice' procedures will be adopted throughout the conduct of the studies
29. It is not necessary for the Institute to obtain the consent of information subjects for the use of their information in record linkage studies if:
- their identity is irrelevant (except to facilitate the linkage process);
 - the objective is data analysis;
 - no administrative action will be taken in relation to the individuals concerned.
30. The Institute will not permit its data to be linked for client management or regulatory purposes.

Information release and disclosure outside the Institute

31. The AIHW Act allows the Institute to release or disclose identifiable health information to third parties, subject to s29 of the AIHW Act.
32. Requests for access to, or release of identifiable information from a database must be in writing. Any person or organisation wishing to access an Institute database for research purposes should prepare an adequate written proposal for the study following the Institute's *Guidelines for the preparation of submissions for ethical clearance*.
33. Any requests for release or disclosure of identifiable information must be scrutinised by the appropriate Data Custodian in accordance with the Institute's *Guidelines for custody of AIHW data*.
34. If the information requested can be provided under the information provider's constraints, and its release would not contravene s29 of the Act, but the information cannot be provided under an existing Ethics Committee approval, then an opinion must be obtained from the Committee. In this case the appropriate Data Custodian should provide the information requested with documentation necessary for submissions to the Committee.

35. The Institute should endeavour to identify potential disclosure requirements at the commencement of a project and, where appropriate, to build these into the agreements with information providers and into submissions to the Institute's Ethics Committee. Such action can be used to obtain information provider and ethical approval in advance, thereby streamlining the release process.
36. Staff should take particular care to ensure that no release, publication or public presentation or discussion of individual records or results of research could breach the requirements of this Policy. Results shown in tables with small cell values often need special attention (n.b. paragraph 25.)

The Institute in an agency role

37. Data providers, such as Registrars of Births, Deaths and Marriages in States and Territories, supply data to the Institute for the Institute's purposes. The Institute reformats this data and produces national data sets. These data sets may be returned to the Registrars.
38. Should Registrars wish to furnish the national lists of births and deaths to other agencies for their own purposes, Institute staff may assist the Registrars with these tasks, acting as the Registrar's agent.
39. At all times, it must be clear that the work is being undertaken as an agent of the Registrars.

Monitoring and audits

40. The Institute's Board requires that security audits be carried out as part of the Institute's audit program.
41. Compliance and quality control will be assessed by routine data audits. Results will be reported to the Board's Audit and Finance Committee.

Breaches and sanctions

42. The Institute relies on the diligence of all staff in preventing breaches of information security.
43. If a breach is thought to have occurred it should be reported immediately to the Director through normal Divisional/ Collaborating Unit reporting channels.
44. The Director may appoint a person to investigate the circumstances of a suspected breach. If a breach is proven the Director may initiate disciplinary or legal action under the relevant legislation.
45. Details of suspected breaches will be treated as STAFF-IN-CONFIDENCE information at all times.
46. The Institute's Fraud Control Guidelines and Plan (available to staff on the Intranet) are also relevant.

AIHW Ethics Committee

(Excerpt from *Guidelines for the preparation of submissions for ethical clearance* document)

The AIHW Ethics committee (appointed under s16(1) of the *Australian Institute of Health and Welfare Act*) may, under strict conditions, allow the release of information to researchers proposing studies judged to have scientific merit and that meet the required data confidentiality standards. The following criteria upon which the submissions will be evaluated include:

Purpose of the proposal

- The Committee will only approve use of information for research purposes. A key criterion is that the research output is to be put in the public domain. Regulatory, legal and administrative purposes are not acceptable, unless there is an overriding public good and no detriment to the information subject.

Research focus of the proposal

- The Committee will only approve research that has recognition of relevant ethical considerations, including social and cultural factors, by all involved in the conduct of the activity, and their commitment to upholding ethical standards.
- The Committee will also take into consideration a project's overall value to society and of the predicted outcome of activities in relation to possible risks such as the comfort and privacy of information subjects.

Scientific validity of the proposal

- The Institute has the responsibility only to submit to the Committee proposals that it considers as scientifically valid.
- The Committee has the right to raise queries about scientific validity if it sees fit, and to refer them to the Institute.
- The submission should be signed off by the responsible data custodian.

Approval by the applicant's own institutional ethics committee

- All applications other than applications by the Institute before the Committee need to be approved by the applicant's own institutional ethics committee.

Organisational framework of the researcher

- Consideration will be given to whether there is an established accountability mechanism, [e.g. an institutional ethics committee], that can impose sanctions if necessary.
- The Committee may approve an agreement between the Institute and other organisations for the use of the Institute's data in classes of research projects so that the organisation can release identifiable AIHW data subject to the approval of its own Ethics Committee.

Credentials and technical competence of the researcher

- The qualifications, competence and expertise of personnel engaged in the activities will be considered.

Extent to which privacy and consent issues have been addressed

- The Committee will take into account the privacy provisions contained in *Minding our own business* which is the privacy protocol for Commonwealth agencies in the Northern Territory handling personal information of Aboriginal and Torres Strait Islander people.
- The Committee will only approve research projects where the protection of the well-being and privacy of the subjects, and also of persons who collect, communicate, work with or have access to the information about them is assured.
- The Committee will be mindful of legal requirements, in particular the pertinent sections of the AIHW Act, and the *Privacy Act 1988* and the current *Guidelines for the protection of privacy in the conduct of medical research* as approved by the Privacy Commissioner.
- If further information is needed from information subjects, the Committee will seek their consent to an approach by the principal investigator.
- The Committee will not require informed consent where this is not necessary.

Adequacy of researcher's data security protection mechanisms

- The Committee must be assured that the maintenance of adequate degrees of confidentiality of information about identifiable persons (and, in certain cases, of groups of persons) is enforced.
- The Committee must also be assured of the physical security of data, covering the security access system to the building, storage rules for hard copy of data, computer security procedures and the disposal of data when no longer required.

Commitment to, and method of publishing results of research

- The Committee considers it important that the results of research are disseminated to the appropriate groups, communities and individuals. Therefore, the dissemination plan will be carefully considered in each submission. The Committee requests that a copy of the published work be made available to it and may also request that a summary of the research be made available on the AIHW web site.
- The Committee does not give approval to projects where there is no intention to publish results. The 'Undertaking' signed by researchers, allowing for legal disclosure of information by the AIHW, specifies that the AIHW must be acknowledged as the source of data in any publication, and that a copy of any published material must be supplied to the AIHW.

Transfer of data out of Australia

- This will not normally be approved, but can be on a case by case basis where the overseas data holder and their organisations are of undoubted quality.

For more information on the AIHW Ethics Committee, refer to the [AIHW web site](#)

Data custodians at the AIHW

(Taken from *Guidelines for custody of AIHW data* document)

Whilst all staff at the AIHW share responsibility for maintaining the security of AIHW data, data custodians have overall responsibility for the security of specified data collections. Once the *data custodian delegation* instrument is signed, the custodians assume the responsibility of the director in regard to the data in their custody. The relevant unit head is given the responsibility of data custodian. The custodianship is vested in a position rather than a named person.

Data Custodians ensure that data holdings within their unit are properly documented, maintained and controlled, and ensure an appropriate level of consultation with other units regarding the data resources within the Institute. This includes responsibility for:

- Recognising and abiding by all limitations placed on data.
- Maintaining up-to-date documentation, including Datahound entries, of the content and format of the data holding and of the constraints applying to its use and/or release.
- Authorising and recording users of the data within the AIHW, and providing advice and assistance to new users on any constraints which apply.
- Assisting potential users wishing to access identifiable data in the preparation of their proposals for submission to the Health and Welfare Ethics Committees (see *Guidelines for the preparation of submissions for ethical clearance*).
- Following Ethics Committee approval, arranging for the secure transfer of data to recipients in accordance with constraints imposed regarding the use of data.
- Working with the Ethics Committee Secretariat with their monitoring processes.
- Ensuring, when required, the appropriate destruction (or return to the original information provider) of the data holding.

References

- Australian Bureau of Statistics (ABS) 1990. Australian Standard Classification of Countries for Social Statistics (ASCCSS). ABS Cat. No. 1269.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1997. Australian Standard Classification of Languages (ASCL). ABS Cat. No. 1267.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998. Standard Australian Classification of Countries (SACC). ABS Cat. No. 1269.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1999. Australian Standard Geographical Classification (ASGC). ABS Cat. No. 1216.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1999. Standards for Statistics on Cultural and Language Diversity. ABS Cat. No. 1289.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 2000. Australian Standard Classification of Drugs of Concern. ABS Cat. No. 1248.0. Canberra: ABS.
- Australian Institute of Health and Welfare (AIHW) 1994. National Health Information Agreement procedure manual. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 2001. National health data dictionary. Version 10. AIHW Cat. No. HWI 24. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW). Guidelines for custody of AIHW data. Internal policy document.
- Australian Institute of Health and Welfare (AIHW). Guidelines for the preparation of submissions for ethical clearance. Internal policy document.
- Australian Institute of Health and Welfare (AIHW). Information security and privacy policy and procedures. Internal policy document.
- Darke S, Ross J, Hando J, Hall W & Degenhardt L (2000). Illicit drug use in Australia: Epidemiology, use patterns and associated harm. National Drug Strategy Monograph Series no. 43. Canberra.

Appendix A

IGCD NMDS Working Group

As current at 1 July 2002. Please note that these contacts are subject to changes.

Australian Institute of Health and Welfare

Ms Trish Ryan (Chair) Head Community Care & Community Health Unit	Phone: (02) 6244 1054 Email: trish.ryan@aihw.gov.au
Dr Bradley Grant (Secretariat) Team Leader Community Care & Community Health Unit	Phone: (02) 6244 1152 Email: bradley.grant@aihw.gov.au

Commonwealth Department of Health and Ageing

Ms Alison Sewell Director National Drug Strategy Unit	Phone: (02) 6289 8725 Email: alison.sewell@health.gov.au
Ms Amber Summerill Project Officer National Drug Strategy Unit	Phone: (02) 6289 7684 Email: amber.summerill@health.gov.au
Ms Kate Jorgensen Project Officer Illicit Drugs Section	Phone: (02) 6289 4384 Email: kate.jorgenson@health.gov.au

Australian Bureau of Statistics

Mr David Hunter Director Classifications & Data Standards	Phone: (02) 6252 6300 Email: david.hunter@abs.gov.au
---	--

New South Wales Department of Health

Ms Devon Indig Manager Drug Programs Bureau	Phone: (02) 9391 9220 Email: DINDI@doh.health.nsw.gov.au
Ms Sue Doyle Information development	Phone: (02) 9391 9091 Email: SDOLL@doh.health.nsw.gov.au

Victoria – Department of Human Services

Ms Ros Carter Manager Drug Treatment Services Development Drug Policy & Services Branch	Phone: (03) 9637 4238 Email: ros.carter@dhs.vic.gov.au
---	--

Ms Carol Riedell
Information Analyst
Drug Policy & Services Branch

Phone: (03) 9637 5237
Email: carol.riedell@dhs.vic.gov.au

Queensland Health

Ms Tania Murray
Principal Advisor
Treatment Services
Alcohol, Tobacco and Other Drug Services

Phone: (07) 3234 1924
Email: murrayt@health.qld.gov.au

Mr Ross McAllister
Treatment Services Project Officer
Alcohol, Tobacco and Other Drug Services

Phone: (07) 3234 1329
Email: Ross_McAllister@health.qld.gov.au

Western Australia – Health Department

Dr Anne Bartu
Principal research officer
Drug and Alcohol Office

Phone: (08) 9370 0333
Email: anne.bartu@health.wa.gov.au

South Australia – Drug and Alcohol Services Council

Mr Richard Cooke
Senior Evaluation Officer
Drug and Alcohol Services Council

Phone: (08) 8274 3385
Email: Cooke.Richard@saugov.sa.gov.au

Tasmania – Department of Health and Human Services

Mr Andrew Foskett
A/Policy officer
Alcohol and Drug Service

Phone: (03) 6233 2269
Email: andrew.foskett@dchs.tas.gov.au

Northern Territory – Territory Health Services

Ms Susan Vesperman
Planning and Information Officer
Alcohol and Other Drugs Program

Phone: (08) 8999 2830
Email: susan.vesperman@nt.gov.au

Australian Capital Territory – Department of Health and Community Care

Mr Chris Killick-Moran
Policy Officer
Alcohol and Drug Services Unit
Community Health Branch

Phone: (02) 6205 0863
Email: chris.killick-moran@act.gov.au

National Drug and Alcohol Research Centre, University of New South Wales

Dr Jan Copeland
Senior Lecturer

Phone: (02) 9398 9333
Email: j.copeland@unsw.edu.au

Appendix B

Data definitions—NHDD extracts

The detailed data definitions for the data elements of the NMDS for alcohol and other drug treatment services are published in the *National Health Data Dictionary* and are accessible electronically via the AIHW Knowledgebase (www.aihw.gov.au).

Client type—alcohol and other drug treatment services

Admin. status: CURRENT 1/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000426 *Version number:* 2

Data element type: DATA ELEMENT

Definition: The status of a person in terms of whether contact with the service concerns their own alcohol and/or other drug use or that of another person.

Context: Alcohol and other drug treatment services. Required to differentiate between clients according to whether contact with the service concerns their own alcohol and/or other drug use or that of another person to provide a basis for description of the people accessing alcohol and other drug treatment services.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

1	Own drug use
2	Other's drug use
3	Both own and other's drug use

Guide for use:

Code 1 A client who contacts a service to receive treatment or assistance concerning their own alcohol and/or other drug use.

Code 2 A client who contacts a service to receive support and/or assistance in relation to the alcohol and/or other drug use of another person.

Code 3 A client who contacts a service to receive treatment or assistance concerning both their own alcohol and/or other drug use and the alcohol and/or other drug use of another person.

Collection methods: To be collected on commencement of treatment with a service.

For clients covered under code 2, exclude the collection of the following data elements: Principal drug of concern, Other drugs of concern, Injecting drug use and Method of use for principal drug of concern.

For clients covered under code 3, ensure that these data elements relate to the person's own drug use.

Related data: Qualifies the data elements Principal drug of concern, Other drugs of concern, Injecting drug use and Method of use for principal drug of concern.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2002 to

Country of birth

Admin. status: CURRENT 1/07/1994

Identifying and definitional attributes

NHIK identifier: 000035 *Version number:* 3

Data element type: DATA ELEMENT

Definition: The country in which the person was born.

Context: Country of birth is important in the study of access to services by different population subgroups. Country of birth is the most easily collected and consistently reported of possible data items. The item provides a link between the Census of Population and Housing, other ABS statistical collections and regional data collections. Country of birth may be used in conjunction with other data elements such as period of residence in Australia, etc., to derive more sophisticated measures of access to services by different population subgroups.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 4 Max. 4 *Layout:* NNNN

Data domain: Standard Australian Classification of Countries (SACC) Four-digit (individual country) level. ABS Cat. No. 1269.0 (1998).

Guide for use: A country, even if it comprises other discrete political entities such as states, is treated as a single unit for all data domain purposes. Parts of a political entity are not included in different groups. Thus, Hawaii is included in Northern America (as part of the identified country United States of America), despite being geographically close to and having similar social and cultural characteristics as the units classified to Polynesia.

Related data: Supersedes previous data element Country of birth, version 2.

Administrative attributes

Source document: ABS Cat. No. 1269.0 (1998)

Source organisation: Australian Bureau of Statistics

National minimum data sets:

Admitted patient care	from 1/07/2000	to
Admitted patient mental health care	from 1/07/2000	to
Admitted patient palliative care	from 1/07/2000	to
Alcohol and other drug treatment services	from 1/07/2000	to
Community mental health care	from 1/07/2001	to
Perinatal	from 1/07/1997	to

Date of birth

Admin. status: CURRENT 1/07/1994

Identifying and definitional attributes

NHIK identifier: 000036 *Version number:* 3

Data element type: DATA ELEMENT

Definition: The date of birth of the person.

Context: Required to derive age for demographic analyses, for analysis by age at a point of time and for use to derive a Diagnosis Related Group (admitted patients).
Perinatal data collections require the collection of the date of birth for the mother and the baby(s).

Relational and representational attributes

Data type: Numeric *Field size:* Min. 8 Max. 8 *Layout:* DDMMYYYY

Data domain: Valid dates

Guide for use: If date of birth is not known, provision should be made to collect age (in years) and a date of birth derived from age.

Verification rules: For the provision of State and Territory hospital data to Commonwealth agencies this field must:
- be <= Admission date, otherwise resulting in a fatal error
- not be null
- be consistent with diagnoses and procedure codes, for records to be grouped, otherwise resulting in a fatal error.

Collection methods: It is recommended that in cases where all components of the date of birth are not known or where an estimate is arrived at from age, a valid date be used together with a flag to indicate that it is an estimate.

Data collection systems must be able to differentiate between the date of birth of the mother and the baby(s). This is important in the Perinatal data collection as the date of birth of the baby is used to determine the antenatal length of stay and the postnatal length of stay.

Related data: Supersedes previous data element Date of birth, version 2
is used in the derivation of Diagnosis Related Group, version 1
is used in the calculation of Length of stay (postnatal), version 1
is used in the calculation of Length of stay (antenatal), version 1

Administrative attributes

Source organisation: National Health Data Committee

National minimum data sets:

Admitted patient care	from 1/07/2000	to
Health labourforce	from 1/07/1989	to
Admitted patient mental health care	from 1/07/2000	to
Perinatal	from 1/07/1997	to
Community mental health care	from 1/07/2000	to
Admitted patient palliative care	from 1/07/2000	to
Alcohol and other drug treatment services	from 1/07/2000	to

Date of cessation of treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000424 *Version number:* 2

Data element type: DATA ELEMENT

Definition: Date on which a treatment episode for alcohol and other drugs ceases.

Context: Alcohol and other drug treatment services. Required to identify the cessation of a treatment episode by an alcohol and other drug treatment service.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 8 Max. 8 *Layout:* DDMMYYYY

Data domain: Valid dates

Guide for use: Refers to the date of the last service contact in a treatment episode between the client and staff of the treatment provider. In situations where the client has had no contact with the treatment provider for three months, nor is there a plan in place for further contact, the date of last service contact should be used.

Refer to data element concept Cessation of treatment episode for alcohol and other drugs to determine when a treatment episode ceases.

Verification rules: Must be later than or the same as the Date of commencement of treatment episode for alcohol and other drugs.

Related data: Relates to Reason for cessation of treatment episode for alcohol and other drugs, version 2.

Relates to the concept Cessation of treatment episode for alcohol and other drugs, version 2.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2001

Date of commencement of treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000430 *Version number:* 2

Data element type: DATA ELEMENT

Definition: Date on which a treatment episode for alcohol and other drugs commences.

Context: Alcohol and other drug treatment services. Required to identify the commencement of a treatment episode by an alcohol and other drug treatment service.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 8 Max. 8 *Layout:* DDMMYYYY

Data domain: Valid dates

Guide for use: The first date of the treatment episode is the first service contact within the treatment episode when assessment and/or treatment occurs.

Verification rules: Must be earlier than or the same as the Date of cessation of treatment episode for alcohol and other drugs.

Related data: Relates to the data element concept Commencement of treatment episode for alcohol and other drugs, version 2.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2001

Establishment identifier

Admin. status: CURRENT 1/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000050 *Version number:* 3

Data element type: COMPOSITE ELEMENT

Definition: Identifier for the establishment in which episode or event occurred. Each separately administered health care establishment to have a unique identifier at the national level.

Context: Admitted patient care:
Admitted patient palliative care:
Admitted patient mental health care:
Alcohol and other drug treatment services:
Community mental health care:
Community mental health establishments:
Perinatal:
Public hospital establishments.

Relational and representational attributes

Data type: Alphanumeric *Field size:* Min. 8 Max. 9 *Layout:* NNANNNNN

Data domain: Concatenation of:
N – State identifier
N – Establishment sector
A – Region code
NNNNN – Establishment number

Guide for use: If data is supplied on computer media, this item is only required once in the header information. If information is supplied manually, this item should be provided on each form submitted.

Related data: Is composed of State identifier, version 2
is composed of Establishment sector, version 3
is composed of Region code, version 2
is composed of Establishment number, version 3
supersedes previous data element Establishment identifier, version 2.

Administrative attributes

Source organisation: National Health Data Committee

National minimum data sets:

Public hospital establishments	from 1/07/1997 to
Admitted patient care	from 1/07/1997 to
Admitted patient mental health care	from 1/07/1997 to
Perinatal	from 1/07/1997 to
Community mental health care	from 1/07/1998 to
Community mental health establishments	from 1/07/1998 to
Admitted patient palliative care	from 1/07/2000 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments:

A residential establishment is considered to be separately administered if managed as an independent institution for which there are financial, budgetary and activity statistics. For example, if establishment-level data for components of an area health service are not available separately at a central authority, this is not grounds for treating such components as a single establishment unless such data are not available at any level in the health care system.

This item is now being used to identify hospital contracted care. The use of this item will lead to reduced duplication in reporting patient activity and will enable linkage of services to one episode of care.

Establishment number

Admin. status: CURRENT 1/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000377 *Version number:* 3

Data element type: DATA ELEMENT

Definition: An identifier for establishment, unique within the State or Territory.

Context: Admitted patient care:
Admitted patient palliative care:
Admitted patient mental health care:
Alcohol and other drug treatment services:
Emergency department waiting times:
Perinatal:
Public hospital establishments.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 5 Max. 5 *Layout:* NNNNN

Data domain: Valid establishment number

Related data: Is a composite part of Establishment identifier, version 3
supersedes Establishment number, version 2.

Administrative attributes

National minimum data sets:

Public hospital establishments	from 1/07/1989 to
Admitted patient care	from 1/07/1989 to
Admitted patient mental health care	from 1/07/1997 to
Perinatal	from 1/07/1997 to
Emergency Department waiting times	from 1/07/1999 to
Alcohol and other drug treatment services	from 1/07/2000 to
Elective surgery waiting times	from 1/07/2001 to

Comments:

This data element supports the provision of unit record and/or summary level data by State and Territory health authorities as part of the Emergency Department Waiting Times National Minimum Data Set.

Establishment sector

Admin. status: CURRENT 1/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000379 *Version number:* 3

Data element type: DATA ELEMENT

Definition: A section of the health care industry.

Context: Public hospital establishments and admitted patient care.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:
1 Public
2 Private

Related data: Relates to Hospital, version 1
is a composite part of Establishment identifier, version 3
supersedes Establishment sector, version 2.

Administrative attributes

National minimum data sets:

Admitted patient care	from 1/07/2000 to
Admitted patient mental health care	from 1/07/2000 to
Elective surgery waiting times	from 1/07/2001 to
Perinatal	from 1/07/1997 to
Public hospital establishments	from 1/07/2000 to

Establishment type

Admin. status: CURRENT 1/07/1989

Identifying and definitional attributes

Knowledgebase ID: 000327 *Version number:* 1

Data element type: DATA ELEMENT

Definition: Type of establishment (defined in terms of legislative approval, service provided and patients treated) for each separately administered establishment.

Residential establishments are considered to be separately administered if managed as an independent unit in terms of financial, budgetary and activity statistics. The situation where establishment-level data, say for components of an area health service, were not available separately at a central authority was not grounds for treating such a group of establishments as a single establishment unless such data were not available at any level in the health care system.

Non-residential health services are classified in terms of separately administered organisations rather than in terms of the number of sites at which care is delivered. Thus, domiciliary nursing services would be counted in terms of the number of administered entities employing nursing staff rather than in terms of the number of clinic locations used by the staff.

Establishments can cater for a number of activities and in some cases separate staff and financial details are not available for each activity. In these cases it is necessary to classify the establishment according to its predominant residential activity (measured by costs) and to allocate all the staff and finances to that activity. Where non-residential services only are provided at one establishment, that establishment is classified according to the predominant non-residential activity (in terms of costs).

Context: Health services: type of establishment is required in order to aggregate establishment-level data into meaningful summary categories (for example, public hospitals, residential aged care services) for reporting and analysis.

Relational and representational attributes

Data type: Alphanumeric *Field size:* Min. 2 Max. 6 *Layout:* AN.N.N

Data domain:

- N7.1 Public day centre/hospital
- N7.2 Public freestanding day surgery centre
- N7.3 Private day centre/hospital
- N7.4 Private freestanding day surgery centre
- N8.1.1 Public community health centre
- N8.1.2 Private (non-profit) community health centre

***Data domain
(continued):***

- N8.2.1 Public domiciliary nursing service
- N8.2.2 Private (non-profit) domiciliary nursing service
- N8.2.3 Private (profit) domiciliary nursing service
- R1.1 Public acute care hospital
- R1.2 Private acute care hospital
- R1.3.1 Veterans' Affairs hospital
- R1.3.2 Defence force hospital
- R1.3.3 Other Commonwealth hospital
- R2.1 Public psychiatric hospital
- R2.2 Private psychiatric hospital
- R3.1 Private charitable residential aged care service
- R3.2 Private profit residential aged care service
- R3.3 Government residential aged care service
- R3.4 Private charitable nursing home for young disabled
- R3.5 Private profit nursing home for young disabled
- R3.6 Government nursing home for young disabled
- R4.1 Public alcohol and drug treatment centre
- R4.2 Private alcohol and drug treatment centre
- R5.1 Charitable hostels for the aged
- R5.2 State government hostel for the aged
- R5.3 Local government hostel for the aged
- R5.4 Other charitable hostel
- R5.5 Other State government hostel
- R5.6 Other local government hostel
- R6.1 Public hospice
- R6.2 Private hospice

Guide for use:

Establishments are classified into 10 major types subdivided into major groups:

- residential establishments (R)
- non-residential establishments (N)

*Guide for use
(continued):*

R1 Acute care hospitals

Establishments which provide at least minimal medical, surgical or obstetric services for inpatient treatment and/or care, and which provide round-the-clock comprehensive qualified nursing service as well as other necessary professional services. They must be licensed by the State health department, or controlled by government departments. Most of the patients have acute conditions or temporary ailments and the average stay per admission is relatively short.

Hospitals specialising in dental, ophthalmic aids and other specialised medical or surgical care are included in this category. Hospices (establishments providing palliative care to terminally ill patients) that are freestanding and do not provide any other form of acute care are classified to R6.

R2 Psychiatric hospitals

Establishments devoted primarily to the treatment and care of inpatients with psychiatric, mental or behavioural disorders. Private hospitals formerly approved by the Commonwealth Department of Health under the *Health Insurance Act 1973* (Cwlth) (now licensed/approved by each State health authority), catering primarily for patients with psychiatric or behavioural disorders are included in this category.

Centres for the non-acute treatment of drug dependence, developmental and intellectual disability are not included here (see below). This code also excludes institutions mainly providing living quarters or day care.

R3 Residential aged care services

Establishments which provide long-term care involving regular basic nursing care to chronically ill, frail, disabled or convalescent persons or senile inpatients. They must be approved by the Commonwealth Department of Health and Family Services and/or licensed by the State, or controlled by government departments.

Private profit residential aged care services are operated by private profit-making individuals or bodies.

Private charitable residential aged care services are participating residential aged care services operated by religious and charitable organisations.

Government residential aged care services are residential aged care services either operated by or on behalf of a State or Territory Government.

R4 Alcohol and drug treatment centres

Freestanding centres for the treatment of drug dependence on an inpatient basis.

R5 Hostels and residential services

Establishments run by public authorities or registered non-profit organisations to provide board, lodging or accommodation for the aged, distressed or disabled who cannot live independently but do not need nursing care in a hospital or residential aged care service. Only hostels subsidised by the Commonwealth are included.

Separate dwellings are not included, even if subject to individual rental rebate arrangements. Residents are generally responsible for their own provisions, but may be provided in some establishments with domestic

*Guide for use
(continued):*

assistance (meals, laundry, personal care). Night shelters providing only casual accommodation are excluded.

R6 Hospices

Establishments providing palliative care to terminally ill patients. Only freestanding hospices which do not provide any other form of acute care are included in this category.

N7 Same-day establishments

Includes both the traditional day centre/hospital and also freestanding day surgery centres.

Day centres/hospitals are establishments providing a course of acute treatment on a full-day or part-day non-residential attendance basis at specified intervals over a period of time. Sheltered workshops providing occupational or industrial training are excluded.

Freestanding day surgery centres are hospital facilities providing investigation and treatment for acute conditions on a day-only basis and are approved by the Commonwealth for the purposes of basic table health insurance benefits.

N8 Non-residential health services

Services administered by public authorities or registered non-profit organisations which employ full-time equivalent medical or paramedical staff (nurses, nursing aides, physiotherapists, occupational therapists and psychologists, but not trade instructors or teachers). This definition distinguishes health services from welfare services (not within the scope of the National Minimum Data Project) and thereby excludes such services as sheltered workshops, special schools for the intellectually disabled, meals on wheels and baby clinics offering advisory services but no actual treatment. Non-residential health services should be enumerated in terms of services or organisations rather than in terms of the number of sites at which care is delivered.

Non-residential health services provided by a residential establishment (for example, domiciliary nursing service which is part of a public hospital) should not be separately enumerated.

N8.1 Community health centres

Public or registered non-profit establishments in which a range of non-residential health services is provided in an integrated and coordinated manner, or which provides for the coordination of health services elsewhere in the community.

N8.2 Domiciliary nursing service

Public or registered non-profit or profit-making establishments providing nursing or other professional paramedical care or treatment to patients in their own homes or in (non-health) residential institutions.

Establishments providing domestic or housekeeping assistance are excluded by the general definition above.

Note that national minimum data sets currently include only community health centres and domiciliary nursing services.

Administrative attributes

Source organisation: National Health Data Committee

National minimum data sets:

Public hospital establishments	from 1/07/2000 to
Admitted patient care	from 1/07/2000 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments:

In the current data element, the term 'establishment' is used in a very broad sense to mean bases, whether institutions, organisations or the community from which health services are provided. Thus, the term covers conventional health establishments and also organisations which may provide services in the community.

This data element is currently under review by the Organisational Units Working Group of the National Health Data Committee. Recommendations will provide a comprehensive coverage of the health service delivery sector.

Geographical location of establishment

Admin. status: CURRENT 1/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000260 *Version number:* 2

Data element type: DATA ELEMENT

Definition: Geographical location of the establishment. For establishments with more than one geographical location, the location is defined as that of the main administrative centre.

Context: Health services: To enable the analysis of service provision in relation to demographic and other characteristics of the population of a geographic area.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 5 Max. 5 *Layout:* NNNNN

Data domain: The geographical location is reported using a five-digit numerical code to indicate the Statistical Local Area (SLA) within the reporting State or Territory, as defined in the Australian Standard Geographical Classification (ABS Cat. No. 1216.0).

Guide for use: The *Australian Standard Geographical Classification (ASGC)* is updated on an annual basis with a date of effect of 1 July each year. Therefore, the edition effective for the data collection reference year should be used.

The Australian Bureau of Statistics' National Localities Index (NLI) can be used to assign each locality or address in Australia to an SLA. The NLI is a comprehensive list of localities in Australia with their full code (including SLA) from the main structure of the ASGC.

For the majority of localities, the locality name (suburb or town, for example) is sufficient to assign an SLA. However, some localities have the same name. For most of these, limited additional information such as the postcode or State can be used with the locality name to assign the SLA.

In addition, other localities cross one or more SLA boundaries and are referred to as split localities. For these, the more detailed information of the number and street of the establishment is used with the Streets Sub-index of the NLI to assign the SLA.

Related data: Supersedes previous data element Geographic location, version 1
Relates to Establishment type, version 1.

Administrative attributes

Source document: *Australian Standard Geographical Classification (ABS Cat. No. 1216.0)*

Source organisation: National Health Data Committee

National minimum data sets:

Public hospital establishments	from 1/07/2000 to
Community mental health establishments	from 1/07/1998 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments:

The geographical location does not provide direct information on the geographical catchment area or catchment population of the establishment.

Indigenous status

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000001 *Version number:* 3

Data element type: DATA ELEMENT

Definition: An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.

Context: Given the gross inequalities in health status between Indigenous and non-Indigenous peoples in Australia, the size of the Aboriginal and Torres Strait Islander populations and their historical and political context, there is a strong case for ensuring that information on Indigenous status is collected for planning and service delivery purposes and for monitoring Aboriginal and Torres Strait Islander health.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

- 1 Aboriginal but not Torres Strait Islander origin
- 2 Torres Strait Islander but not Aboriginal origin
- 3 Aboriginal and Torres Strait Islander origin
- 4 Neither Aboriginal nor Torres Strait Islander origin
- 9 Not stated

Guide for use: There are three components to the definition:

- descent;
- self-identification; and
- community acceptance.

The classification for 'Indigenous Status' has a hierarchical structure comprising two levels. There are four categories at the detailed level of the classification which are grouped into two categories at the broad level. There is one supplementary category for 'not stated' responses. The classification is as follows:

- Indigenous
 - Aboriginal but not Torres Strait Islander origin
 - Torres Strait Islander but not Aboriginal origin
 - Both Aboriginal and Torres Strait Islander origin
- Non-Indigenous
 - Neither Aboriginal nor Torres Strait Islander origin
- Not stated

**Guide for use
(continued):**

This category is not to be available as a valid answer to the questions but is intended for use:

- Primarily when importing data from other data collections that do not contain mappable data;
- Where an answer was refused; or
- Where the question was not able to be asked prior to discharge because the patient was unable to communicate (e.g. patient unconscious) or a person who knows the patient was not available.

Only in the last two situations may the tick boxes on the questionnaire be left blank.

Collection methods:

The standard question for Indigenous status is as follows:

[Are you] [Is the person] [Is (name)] of Aboriginal or Torres Strait Islander origin?

(For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes.)

No.....

Yes, Aboriginal.....

Yes, Torres Strait Islander.....

This question is recommended for self-enumerated or interview-based collections. It can also be used in circumstances where a close relative, friend, or another member of the household is answering on behalf of the subject.

When someone is not present, the person answering for them should be in a position to do so, i.e. this person must know the person about whom the question is being asked well and feel confident to provide accurate information about them. However, it is strongly recommended that this question be asked directly wherever possible.

In circumstances where it is impossible to ask the person directly, such as in the case of death, the question should be asked of a close relative or friend, and only if a relative or friend is not available should the undertaker or other such person answer.

This question should always be asked even if the person does not 'look' Aboriginal or Torres Strait Islander.

The Indigenous status question allows for more than one response. The procedure for coding multiple responses is as follows:

If the respondent marks 'No' and either 'Aboriginal' or 'Torres Strait Islander', then the response should be coded to either Aboriginal or Torres Strait Islander as indicated (i.e. disregard the 'No' response).

If the respondent marks both the 'Aboriginal' and 'Torres Strait Islander' boxes, then their response should be coded to 'Both Aboriginal and Torres Strait Islander Origin'.

If the respondent marks all three boxes ('No', 'Aboriginal' and 'Torres Strait Islander'), then the response should be coded to 'Both Aboriginal and Torres Strait Islander Origin' (i.e. disregard the 'No' response).

Administrative attributes

Source document: Standards for Statistics on Cultural and Language Diversity, ABS Cat. No. 1289.0, 1999.

Source organisation: Australian Bureau of Statistics

National minimum data sets:

Admitted patient care	from	1/07/2000	to
Admitted patient mental health care	from	1/07/2000	to
Perinatal	from	1/07/1997	to
Community mental health care	from	1/07/2000	to
Admitted patient palliative care	from	1/07/2000	to
Alcohol and other drug treatment services	from	1/07/2000	to

Injecting drug use

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000432 *Version number:* 1

Data element type: DATA ELEMENT

Definition: The client's use of injection as a method of administering drugs. Includes intravenous, intramuscular and subcutaneous forms of injection.

Context: Alcohol and other drug treatment services. The data element is important for identifying patterns of drug use and harms associated with injecting drug use.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

1	Current injecting drug use (last injected within the previous three months)
2	Injecting drug use more than three months ago but less than twelve months ago
3	Injecting drug use more than twelve months ago (and not in last twelve months)
4	Never injected
9	Not stated/inadequately described

Collection methods: To be collected on commencement of treatment with a service.

Related data: Relates to Principal drug of concern, version 1
Relates to Method of use for principal drug of concern, version 1
Relates to Other drugs of concern, version 1.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2000 to

Comments:

This data element used in conjunction with Commencement of treatment for reporting the NMDS-Alcohol and Other Drug Treatment Services, and has been developed for use in clinical settings. A code that refers to a three-month period to define 'current' injecting drug use is required as a clinically relevant period of time.

The data element may also be used in population surveys that require a longer timeframe, for example to generate 12-month prevalence rates, by aggregating codes 1 and 2. However, caution must be exercised when comparing clinical samples with population samples.

Main treatment type for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000639 *Version number:* 1

Data element type: DATA ELEMENT

Definition: The main activity determined at assessment by the treatment provider to treat the client's alcohol and/or drug problem for the principal drug of concern.

Context: Alcohol and other drug treatment services. Information about treatment provided is of fundamental importance to service delivery and planning.

Relational and representational attributes

Data type: Numeric *Field size:* Min 1 Max. 1 *Layout:* N

Data domain:

- 1 Withdrawal management (detoxification)
- 2 Counselling
- 3 Rehabilitation
- 4 Pharmacotherapy
- 5 Support and case management only
- 6 Information and education only
- 7 Assessment only
- 8 Other

Guide for use: To be completed at assessment or commencement of treatment.

The main treatment type is the principal activity as judged by the treatment provider that is necessary for the completion of the treatment plan for the principal drug of concern. The Main treatment type for alcohol and other drugs is the principal focus of a single treatment episode. Consequently, each treatment episode will only have one main treatment type.

For brief interventions, the main treatment type may apply to as few as one contact between the client and agency staff.

Code 1 refers to any form of withdrawal management, including medicated and non-medicated, in any delivery setting.

Code 2 refers to any method of individual or group counselling directed towards identified problems with alcohol and/or other drug use or dependency. This code excludes counselling activity that is part of a rehabilitation program as defined in code 3.

Code 3 refers to an intensive treatment program that integrates a range of services and therapeutic activities that may include behavioural treatment approaches, recreational activities, social and community living skills, group work and relapse prevention. Rehabilitation treatment can provide a high level of support (i.e. up to 24 hours a day) and tends towards a medium to longer-term duration. Rehabilitation activities can occur in residential or non-residential settings.

**Guide for use
(continued):**

- Code 4 refers to pharmacotherapies that include those used as maintenance therapies (e.g. naltrexone, buprenorphine, LAAM and specialist methadone treatment). Use code 1 (withdrawal management) where a pharmacotherapy is used solely for withdrawal.
- Code 5 refers to support and case management offered to clients (e.g. treatment provided through youth alcohol and drug outreach services). This choice only applies where support and case management treatment is recorded as individual client data and the treatment activity is not included in any other category.
- Code 6 refers to when there is no treatment provided to the client other than information and education. It is noted that, in general, service contacts would include a component of information and education.
- Code 7 refers to when there is no treatment provided to the client other than assessment. It is noted that, in general, service contacts would include an assessment component.

Collection methods: Only one code to be selected.

Related data: Related to Other treatment type for alcohol and other drugs, version 1.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2001

Method of use for principal drug of concern

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000433 *Version number:* 1

Data element type: DATA ELEMENT

Definition: The client's usual method of administering the Principal drug of concern as stated by the client.

Context: Alcohol and other drug treatment services. Identification of drug use methods is important for minimising specific harms associated with drug use, and is consequently of value for informing treatment approaches.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

1	Ingests
2	Smokes
3	Injects
4	Sniffs (powder)
5	Inhales (vapour)
6	Other
9	Not stated/inadequately described

Guide for use: Code 1 Refers to eating or drinking as the method of administering the Principal drug of concern.

Collection methods: Collect only for Principal drug of concern.
To be collected on commencement of treatment with a service.

Related data: Relates to Principal drug of concern, version 1
Relates to Injecting drug use, version 1.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2000 to

Number of service contacts within a treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2002

Identifying and definitional attributes

Knowledgebase ID: 000641 *Version number:* 2

Data element type: DATA ELEMENT

Definition: Number of service contacts recorded between a client and the service provider within a treatment episode for the purpose of providing alcohol and other drug treatment.

Context: Alcohol and drug treatment services. This data element provides a measure of the frequency of client contact and service utilisation within a treatment episode.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 3 *Layout:* NNN

Data domain: Valid integer

Guide for use: This data element is a count of service contacts related to treatment that are recorded on a client record. Any client contact that does not constitute part of a treatment should not be considered a service contact. Contact with the client for administrative purposes, such as arranging an appointment, should not be included.

This data element is not collected for residential clients.

Where multiple service provider staff have contact with the client at the same time, on the same occasion of service, the contact is counted only once.

When multiple service contacts are recorded on the same day, each independent contact should be counted separately.

Collection methods: To be collated at the close of a treatment episode.

Related data: Relates to the concept Service contact, version 1

Relates to the concept Treatment episode for alcohol and other drugs, version 1.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services

from 01/07/2002

Other drugs of concern

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000442 *Version number:* 1

Data element type: DATA ELEMENT

Definition: Any drugs apart from the Principal drug of concern which the client perceives as being a health concern.

Context: Alcohol and other drug treatment services. This item complements Principal drug of concern. The existence of other drugs of concern may have a role in determining the types of treatment required and may also influence treatment outcomes.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 4 Max. 4 *Layout:* NNNN

Data domain: The *Australian Standard Classification of Drugs of Concern* (ASCDC). ABS Cat No. 1248.0 (2000).

Guide for use: This is a multiple-response data item to allow for the coding of polydrug use. The data element can be used in conjunction with Principal drug of concern.

Verification rules: There should be no duplication with Principal drug of concern.

Collection methods: More than one drug may be selected.
To be collected on commencement of treatment with a service.

Related data: Relates to Principal drug of concern, version 1.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2000 to

Comments:

This is consistent with the findings of the Pilot Study conducted by the National Drug and Alcohol Research Centre over a six-week period between June and August 1998.

Other treatment type for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000642 *Version number:* 1

Data element type: DATA ELEMENT

Definition: All other forms of treatment provided to the client in addition to the Main treatment type for alcohol and other drugs.

Context: Alcohol and other drug treatment services. Information about treatment provided is of fundamental importance to service delivery and planning.

Relational and representational attributes

Data type: Numeric *Field size:* Min 1 Max. 1 *Layout:* N

Data domain:

- 1 Withdrawal management (detoxification)
- 2 Counselling
- 3 Rehabilitation
- 4 Pharmacotherapy
- 5 Other

Guide for use: To be completed at cessation of treatment episode.

Only report treatment recorded in the client's file that is in addition to, and not a component of, the Main treatment type for alcohol and other drugs. Treatment activity reported here is not necessarily for Principal drug of concern in that it may be treatment for Other drugs of concern.

Code 1 refers to any form of withdrawal management, including medicated and non-medicated.

Code 2 refers to any method of individual or group counselling directed towards identified problems with alcohol and/or other drug use or dependency. This selection excludes counselling activity that is part of a rehabilitation program as defined in code 3.

Code 3 refers to an intensive treatment program that integrates a range of services and therapeutic activities that may include behavioural treatment approaches, recreational activities, social and community living skills, group work and relapse prevention. Rehabilitation treatment can provide a high level of support (i.e. up to 24 hours a day) and tends towards a medium to longer-term duration. Rehabilitation activities can occur in residential or non-residential settings.

Code 4 refers to pharmacotherapies that include those used as maintenance therapies (e.g. naltrexone, buprenorphine, LAAM and specialist methadone treatment). Use code 1 (withdrawal management) where a pharmacotherapy is used solely for withdrawal.

Collection methods: More than one code may be selected. This field should be left blank if there are no other treatment types for the episode.

Related data: Related to Main treatment type for alcohol and other drugs, version 1.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2001

Person identifier

Admin. status: CURRENT 1/07/1989

Identifying and definitional attributes

Knowledgebase ID: 000127 *Version number:* 1

Data element type: DATA ELEMENT

Definition: Person identifier unique within establishment or agency.

Context: This item could be used for editing at the establishment or collection authority level and, potentially, for episode linkage. There is no intention that this item would be available beyond collection authority level.

Relational and representational attributes

Data type: Alphanumeric *Field size:* Min. Max. *Layout:* Optional

Data domain: Valid patient identification number

Guide for use: Individual establishments or collection authorities may use their own alphabetic, numeric or alphanumeric coding systems.

Administrative attributes

Source organisation: National minimum data set working parties

National minimum data sets:

Admitted patient care	from 1/07/2000 to
Admitted patient mental health care	from 1/07/2000 to
Perinatal	from 1/07/1997 to
Community mental health care	from 1/07/2000 to
Admitted patient palliative care	from 1/07/2000 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments:

For admitted patient care statistics, Person identifier used in conjunction with other data elements recording individual episodes of care or events. To date, there has been limited development of patient-based data, i.e. linking data within hospital morbidity collections about all episodes of care for individuals.

Preferred language

Admin. status: CURRENT 1/07/1998

Identifying and definitional attributes

Knowledgebase ID: 000132 *Version number:* 2

Data element type: DATA ELEMENT

Definition: The language (including sign language) most preferred by the person for communication. This may be a language other than English even where the person can speak fluent English.

Context: Health and welfare services: An important indicator of ethnicity, especially for persons born in non-English-speaking countries. Its collection will assist in the planning and provision of multilingual services and facilitate program and service delivery for migrants and other non-English speakers.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 2 Max. 2 *Layout:* NN

Data domain:

00	Afrikaans
01	Albanian
02	Alyawarr (Alyawarra)
03	Arabic (including Lebanese)
04	Armenian
05	Arrernte (Aranda)
06	Assyrian (including Aramaic)
07	Australian Indigenous languages, not elsewhere classified
08	Bengali
09	Bisaya
10	Bosnian
11	Bulgarian
12	Burarra
13	Burmese
14	Cantonese
15	Cebuano
16	Croatian
17	Czech
18	Danish
19	English
20	Estonian
21	Fijian
22	Finnish
23	French
24	German
25	Gilbertese
26	Greek
27	Gujarati
28	Hakka
29	Hebrew
30	Hindi

<i>Data domain</i>	31	Hmong
<i>(continued):</i>	32	Hokkien
	33	Hungarian
	34	Indonesian
	35	Irish
	36	Italian
	37	Japanese
	38	Kannada
	39	Khmer
	40	Korean
	41	Kriol
	42	Kuurinji (Gurindji)
	43	Lao
	44	Latvian
	45	Lithuanian
	46	Macedonian
	47	Malay
	48	Maltese
	49	Mandarin
	50	Mauritian Creole
	51	Netherlandic
	52	Norwegian
	53	Persian
	54	Pintupi
	55	Pitjantjatjara
	56	Polish
	57	Portuguese
	58	Punjabi
	59	Romanian
	60	Russian
	61	Samoan
	62	Serbian
	63	Sinhalese
	64	Slovak
	65	Slovene
	66	Somali
	67	Spanish
	68	Swahili
	69	Swedish
	70	Tagalog (Filipino)
	71	Tamil
	72	Telugu
	73	Teochew
	74	Thai
	75	Timorese
	76	Tiwi
	77	Tongan
	78	Turkish
	79	Ukranian
	80	Urdu
	81	Vietnamese
	82	Walmajarri (Walmadjari)
	83	Warlpiri
	84	Welsh

Data domain	85	Wik-Mungkan
(continued):	86	Yiddish
	95	Other languages, nfd
	96	Inadequately described
	97	Non verbal, so described (including sign languages e.g. Auslan, Makaton)
	98	Not stated

Guide for use: The classification used in this data element is a modified version of the two-digit level *Australian Standard Classification of Languages* (ABS) classification.

All non-verbal means of communication, including sign languages, are to be coded to 97.

Code 96 should be used where some information, but insufficient, is provided.

Code 98 is to be used when no information is provided.

All Australian Indigenous languages not shown separately on the code list are to be coded to 07.

Collection methods: This information may be collected in a variety of ways. It may be collected by using a predetermined shortlist of languages that are most likely to be encountered from the above code list accompanied by an open text field for 'Other language' or by using an open-ended question that allows for recording of the language nominated by the person. Regardless of the method used for data collection, the language nominated should be coded using the above ABS codes.

Related data: Supersedes previous Preferred language, version 1.

Administrative attributes

Source document: *Australian Standard Classification of Languages*, (ASCL), ABS Cat. No. 1267.0

Source organisation: NHDC, Australian Bureau of Statistics

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2000 to

Comments:

The Australian Bureau of Statistics has developed a detailed four-digit language classification of 193 language units which was used in the 1996 Census. Although it is preferable to use the classification at a four-digit level, the requirements of administrative collections have been recognised and the ABS has developed a classification of 86 languages at a two-digit level from those most frequently spoken in Australia. Mapping of this two-digit running code system to the 4-digit *Australian Standard Classification of Language* is available from ABS. The classification used in this data element is a modified version of the two-digit level ABS classification.

The National Health Data Committee considered that the grouping of languages by geographic region was not useful in administrative settings. Thus the data domain includes an alphabetical listing of the 86 languages from the ABS two-digit level classification with only one code for 'Other languages, nfd'. By removing the geographic groupings from the classification information about the broad geographic region of languages that are not specifically coded is lost. However, the NHDC considered that the benefits to data collectors gained from simplifying the code listing outweighed this disadvantage.

Principal drug of concern

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000443 *Version number:* 1

Data element type: DATA ELEMENT

Definition: The drug that has led a person to seek treatment from the service, as stated by the client.

Context: Alcohol and other drug treatment services. Required as an indicator of the client's treatment needs.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 4 Max. 4 *Layout:* NNNN

Data domain: The *Australian Standard Classification of Drugs of Concern* (ASCDC). ABS Cat. No. 1248.0 (2000).

Guide for use: A principal drug of concern may be indicated on a client's referral. However, the criterion for nominating the principal drug of concern is the identification by the client of the drug.

Collection methods: To be collected on commencement of treatment with a service.

Related data: Relates to Method of use for principal drug of concern, version 1.
Relates to Other drugs of concern, version 1.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2000 to

Reason for cessation of treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000423 *Version number:* 2

Data element type: DATA ELEMENT

Definition: The reason for the client ceasing to receive a treatment episode from an alcohol and other drug treatment service.

Context: Alcohol and other drug treatment services. Given the levels of attrition within alcohol and other drug treatment programs, it is important to identify the range of different reasons for ceasing treatment with a service.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 2 *Layout:* NN

Data domain:

1	Treatment completed
2	Change in main treatment type
3	Change in the delivery setting
4	Change in the principal drug of concern
5	Transferred to another service provider
6	Ceased to participate against advice
7	Ceased to participate without notice
8	Ceased to participate involuntary (non-compliance)
9	Ceased to participate at expiation
10	Ceased to participate by mutual agreement
11	Drug court and/or sanctioned by court diversion service
12	Imprisoned, other than drug court sanctioned
13	Died
98	Other
99	Not stated/inadequately described

Guide for use:

Code 1 is to be used when all of the immediate goals of the treatment plan have been fulfilled.

Code 2 a treatment episode will end if there is a change in the Main treatment type for alcohol and other drugs.

Code 3 a treatment episode will end if there is a change in the Treatment delivery setting for alcohol and other drugs.

Code 4 a treatment episode will end if there is a change in the Principal drug of concern.

Code 5 includes situations where the service provider is no longer the most appropriate and the client is transferred/referred to another service. For example, transfers could occur for clients

Guide for use:
(continued)

- between non-residential and residential services or between residential services and a hospital.
- Code 6 refers to situations where the service provider is aware of the client's intention to stop participating in treatment, and the client ceases despite advice from staff that such action is against the client's best interest.
- Code 7 refers to situations where the client ceased to receive treatment without notifying the service provider of their intention to no longer participate.
- Code 8 refers to situations where the client's participation has been ceased by the service provider due to non-compliance with the rules or conditions of the program.
- Code 9 refers to situations where the client has fulfilled their obligation to satisfy expiation requirements (e.g. participate in a treatment program to avoid having a criminal conviction being recorded against them) as part of a police or court diversion scheme and chooses not to continue with the treatment program.
- Code 10 refers to situations where the client ceases participation by mutual agreement with the service provider even though the treatment plan has not been completed. This may include situations where the client has moved out of the area. To be used when code 2, 3 or 4 is not applicable.
- Code 11 applies to drug court and/or court diversion service clients who are sanctioned back into jail for non-compliance with the program.
- Code 12 applies to clients who are imprisoned for reasons other than code 11.

Collection methods: To be collected on cessation of a treatment episode.

Related data:

Supersedes previous Date of cessation of treatment, version 1.

Relates to the concept Cessation of treatment episode for alcohol and other drugs, version 2.

Relates to Date of cessation of treatment episode for alcohol and other drugs, version 2.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2001

Region code

Admin. status: CURRENT 1/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000378 *Version number:* 2

Data element type: DATA ELEMENT

Definition: An identifier for location of health services in an area.

Context: Health services

Relational and representational attributes

Data type: Alphanumeric *Field size:* Min. 1 Max. 2 *Layout:* A

Data domain: Valid region code

Guide for use: Domain values are specified by individual States/Territories

Related data: Is a composite part of Establishment identifier, version 3.

Administrative attributes

National minimum data sets:

Admitted patient care from 1/07/2000 to

Admitted patient mental health care from 1/07/2000 to

Elective surgery waiting times from 1/07/2001 to

Perinatal from 1/07/1997 to

Public hospital establishments from 1/07/2000 to

Sex

Admin. status: CURRENT 1/07/1998

Identifying and definitional attributes

NHIK identifier: 000149 *Version number:* 2

Data element type: DATA ELEMENT

Definition: The sex of the person.

Context: Required for analyses of service utilisation, needs for services and epidemiological studies.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

- 1 Male
- 2 Female
- 3 Indeterminate
- 9 Not stated/inadequately described

Guide for use: An indeterminate sex category may be necessary for situations such as the classification of perinatal statistics when it is not possible for the sex to be determined.

Verification rules: For the provision of State and Territory hospital data to Commonwealth agencies this field must be consistent with diagnosis and procedure codes, for records grouped in Major Diagnostic Categories 12, 13 and 14, for valid grouping, otherwise resulting in a fatal error for sex conflicts. For other Major Diagnostic Categories, sex conflicts result in a warning error.

Collection methods: It is suggested that the following format be used for data collection:

What is your (the person's) sex?

___ Male

___ Female

The term 'sex' refers to the biological differences between males and females, while the term 'gender' refers to the socially expected/perceived dimensions of behaviour associated with males and females – masculinity and femininity. The ABS advises that the correct terminology for this data element is sex.

Information collection for transsexuals and people with transgender issues should be treated in the same manner. To avoid problems with edits, transsexuals undergoing a sex change operation should have their sex at time of hospital admission recorded.

Related data: Supersedes previous data element Sex, version 1

is used in the derivation of Diagnosis Related Group, version 1.

Administrative attributes

Source organisation: National Health Data Committee

National minimum data sets:

Admitted patient care	from 1/07/2000 to
Admitted patient mental health care	from 1/07/2000 to
Perinatal	from 1/07/1997 to
Community mental health care	from 1/07/2000 to
Admitted patient palliative care	from 1/07/2000 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments:

This item has been altered to enable standardisation of the collection of information relating to sex (to include indeterminate), gender, people with transgender issues and transsexuals.

Source of referral to alcohol and other drug treatment service

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000444 *Version number:* 1

Data element type: DATA ELEMENT

Definition: The source from which the person was transferred or referred to the alcohol and other drug treatment service.

Context: Alcohol and other drug treatment services. Source of referral is important in assisting in the analyses of inter-sectoral patient/client flow and for health care planning.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 2 *Layout:* NN

Data domain:

1	Self
2	Family member/friend
3	General practitioner
4	Medical specialist
5	Psychiatric hospital
6	Other hospital
7	Residential community mental health care unit
8	Residential alcohol and other drug treatment/care unit
9	Other residential community care unit
10	Non-residential medical and/or allied health care agency
11	Non-residential community mental health care agency or outpatient clinic
12	Non-residential alcohol and other drug treatment agency or outpatient clinic
13	Other non-residential community health care agency or outpatient clinic
14	Other community service agency
15	Community-based corrections
16	Police diversion
17	Court diversion
18	Other
99	Not stated/inadequately described

Guide for use: Code 3 General practitioner includes vocationally registered general practitioners, vocationally registered general practitioner trainees and other primary-care medical practitioners in private practice.

**Guide for use
(continued):**

- Code 4 Includes specialists in private practice.
- Code 5-6 Includes public and private hospitals, hospitals specialising in dental, ophthalmic aids and other specialised medical or surgical care, satellite units managed and staffed by a hospital, emergency departments of hospitals, and mothercraft hospitals. Excludes outpatient clinics (which should be coded to 14-17), non-residential community health care agencies or outpatient clinics.
- Code 7-9 Includes settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems. Includes mental health care units for people with severe mental illness or severe psychosocial disability, and drug and alcohol residential treatment units.
- Code 10 Non-residential service centres that operate a range of medical and/or allied health services from a centre-based establishment, including blood donation centres, breast-screening clinics, dental clinics, general medical centres, HIV or AIDS clinics, sexual health clinics; day procedure centres or facilities, Aboriginal medical centres. Excludes any of the above operating from hospital outpatient clinics, which should be coded to 13 Other non-residential community health care agency or outpatient clinic.
- Code 11-13 Non-residential centre-based establishments providing a range of community-based health services, including community health centres, family planning centres, maternal and child health centres, migrant women's health centres, multipurpose health centres.
- Code 14 Includes Home and Community Care agencies, Aged Care Assessment Teams, agencies providing care or assistance to persons in their own homes, child care centres/pre-schools or kindergartens, community centres, family support services, domestic violence and incest resource centres or services, Aboriginal cooperatives.

Administrative attributes

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2000 to

State identifier

Admin. status: CURRENT 1/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000380 *Version number:* 2

Data element type: DATA ELEMENT

Definition: An identifier for State or Territory.

Context: Health services

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

1	New South Wales
2	Victoria
3	Queensland
4	South Australia
5	Western Australia
6	Tasmania
7	Northern Territory
8	Australian Capital Territory
9	Other Territories (Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory)

Related data: Is a composite part of Establishment identifier, version 3.

Administrative attributes

Source document: Domain values are derived from the *Australian Standard Geographic Classification* (ABS Cat. No. 1216.0)

Source organisation: National Health Data Committee

National minimum data sets:

Public hospital establishments from 1/07/2000 to

Admitted patient care from 1/07/2000 to

Admitted patient mental health care from 1/07/2000 to

Perinatal from 1/07/1997 to

Treatment delivery setting for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000646 *Version number:* 1

Data element type: DATA ELEMENT

Definition: The setting in which the main treatment is provided.

Context: Alcohol and other drug treatment services. Required to identify the settings in which treatment is occurring, allowing for trends in treatment patterns to be monitored.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

1	Non-residential treatment facility
2	Residential treatment facility
3	Home
4	Outreach setting
8	Other

Guide for use:

Code 1 refers to any non-residential centre that provides alcohol and other drug treatment services, including hospital outpatient services and community health centres.

Code 2 refers to community-based settings in which clients reside either temporarily or long-term in a facility that is not their home or usual place of residence to receive alcohol and other drug treatment. This does not include ambulatory situations.

Code 3 refers to the client's own home or usual place of residence.

Code 4 refers to an outreach environment, excluding a client's home or usual place of residence, where treatment is provided. An outreach environment may be any public or private location that is not covered by codes 1-3. Mobile/outreach alcohol and other drug treatment service providers would usually provide treatment within this setting.

Verification rules: Only one code to be selected.

Related data: Related to the data element, Main treatment type for alcohol and other drugs, version 1.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services

from 1/07/2001

Cessation of treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000422 *Version number:* 2

Data element type: DATA ELEMENT CONCEPT

Definition: Cessation of a treatment episode occurs when treatment is completed or discontinued; or there has been a change in the principal drug of concern, the main treatment type, or the treatment delivery setting.

Context: Alcohol and other drug treatment services.

Relational and representational attributes

Guide for use: A client is identified as ceasing a treatment episode if one or more of the following apply:

- their treatment plan is completed;
- they have had no contact with the treatment provider for a period of three months, nor is there a plan in place for further contact;
- their Principal drug of concern has changed;
- their Main treatment type for alcohol and other drugs has changed;
- their Treatment delivery setting for alcohol and other drugs has changed;
- their treatment has ceased for other reasons (e.g. imprisoned, ceased treatment against advice, transferred to another service provider, died).

Related data: Relates to Reason for cessation of treatment episode for alcohol and other drugs, version 2.

Relates to Date of cessation of treatment episode for alcohol and other drugs, version 2.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

Commencement of treatment episode for alcohol and other drugs

Admin. status: CURRENT 01/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000427 *Version number:* 2

Data element type: DATA ELEMENT CONCEPT

Definition: Commencement of a treatment episode for alcohol and other drugs is the first service contact when assessment and/or treatment occurs with the treatment provider.

Context: Alcohol and other drug treatment services.

Relational and representational attributes

Guide for use: A client is identified as commencing a treatment episode if one or more of the following apply:

- they are a new client;
- they are a client recommencing treatment after they have had no contact with the treatment provider for a period of three months or had any plan in place for further contact;
- their Principal drug of concern has changed;
- their Main treatment type for alcohol and other drugs has changed; or
- their Treatment delivery setting for alcohol and other drugs has changed.

Related data: Relates to the data element Date of commencement of treatment episode for alcohol and other drugs, version 2.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

Service contact

Admin. status: CURRENT 1/07/1999

Identifying and definitional attributes

Knowledgebase ID: 000401 *Version number:* 1

Data element type: DATA ELEMENT CONCEPT

Definition: A contact between a patient/client and an ambulatory care health unit (including outpatient and community health units) which results in a dated entry being made in the patient/client record.

Context: Identifies service delivery at the patient level for mental health services (including consultation/liaison, mobile and outreach services).

A service contact can include either face-to-face, telephone or video link service delivery modes. Service contacts would either be with a client, carer or family member or another professional or mental health worker involved in providing care and do not include contacts of an administrative nature (e.g. telephone contact to schedule an appointment) except where a matter would need to be noted on a patient's record.

Service contacts may be differentiated from administrative and other types of contacts by the need to record data in the client record. However, there may be instances where notes are made in the client record that have not been prompted by a service contact with a patient/client (e.g. noting receipt of test results that require no further action). These instances would not be regarded as a service contact.

Relational and representational attributes

Related data: Relates to Number of service contact dates, version 2.

Relates to Number of service contacts within a treatment episode for alcohol and other drugs, version 1.

Relates to Service contact date, version 1.

Administrative attributes

Comments:

The proposed definition is not able to measure case complexity or level of resource usage with each service contact alone. This limitation also applies to the concept of occasions of service (in admitted patient care) and hospital separations.

Some overlap with the data element Occasions of service is acknowledged by the National Health Data Committee.

The National Health Data Committee also acknowledges that information about group sessions or activities that do not result in a dated entry being made in each individual participant's patient/client record is not currently covered by this data element concept.

Treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000647 *Version number:* 1

Data element type: DATA ELEMENT CONCEPT

Definition: The period of contact, with defined dates of commencement and cessation, between a client and a treatment provider or team of providers that occurs in one setting and in which there is no change in the Main treatment type or Principal drug of concern, and there has not been a non-planned absence of contact for greater than three months.

Context: Alcohol and drug treatment services. This concept is required to provide the basis for a standard approach to recording and monitoring patterns of service utilisation by clients.

Relational and representational attributes

Guide for use: A treatment episode can have only one Main treatment type for alcohol and other drugs and only one Principal drug of concern.
A treatment episode must have a defined Date of commencement of treatment episode for alcohol and other drugs and a Date of cessation of treatment episode for alcohol and other drugs.
A treatment episode is only delivered within one setting. Where an agency operates in more than one treatment delivery setting, for any client receiving treatment in multiple settings, a separate treatment episode is required for each setting. Consequently, more than one treatment episode may be in progress for a client at the same time, and it is possible for each of these episodes to have different dates of commencement and cessation.

Collection methods: Is taken as the period starting from the date of commencement of treatment and ending at the date of cessation of treatment episode.

Related data: Relates to Main treatment type for alcohol and other drugs, version 1.
Relates to Treatment delivery setting for alcohol and other drugs, version 1.
Relates to Date of commencement of treatment episode for alcohol and other drugs, version 1.
Relates to Date of cessation of treatment episode for a alcohol and other drugs, version 2.
Relates to the concept Commencement of treatment episode for alcohol and other drugs, version 2.
Relates to the concept Cessation of treatment episode for alcohol and other drugs, version 2.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

Appendix C

Notes on ABS classifications

Standard Australian Classification of Countries (SACC), ABS Cat. No. 1269.0

The SACC has been developed by the Australian Bureau of Statistics (ABS) for use in the collection, storage and dissemination of all Australian statistical data classified by country. It provides a single classificatory framework for both population and economic statistics.

The SACC is a classification of countries essentially based on the concept of geographic proximity. In its main structure it groups neighbouring countries into progressively broader geographic areas on the basis of their similarity in terms of social, cultural, economic and political characteristics.

The SACC has a three-level hierarchical structure. The third, and most detailed level, consists of the base units, which are countries. The classification consists of 244 third-level units including five 'not elsewhere classified' categories, which contain entities that are not listed separately in the classification. A four-digit code represents each country. The second level of the main classification structure comprises 27 minor groups, which are groups of neighbouring countries similar in terms of social, cultural, economic and political characteristics. Each minor group lies wholly within the boundaries of a geographic continent. A two-digit code represents each minor group. The first, and most general level of the classification structure comprises nine major groups which are formed by aggregating geographically proximate minor groups. A single-digit code represents each major group.

Australian Standard Classification of Languages (ASCL), ABS Cat. No. 1267.0

The ABS has developed the ASCL in response to a wide community interest in the language use of the Australian population and to meet a growing statistical and administrative need. The Australian Standard Classification of Languages should be used whenever demographic, labour and social statistics are classified by language. The ABS will use the classification in its own statistical work, for example, in the 1996 Census of Population and Housing. The ABS urges its use by other government agencies, community groups, and academic and private sector organisations collecting, analysing, or using information relating to language use. This will improve the comparability of data from these sources.

In the ASCL, languages are grouped into progressively broader categories on the basis of their evolution from a common ancestral language, and on the basis of the geographic proximity of areas where particular languages originated. This results in a classification that is useful for the purposes of Australian social analysis by allowing populations of language speakers that are similar in terms of the ethnic and cultural origin to be grouped in a manner that is intuitively meaningful in the Australian context.

The ASCL has a three-level hierarchical structure. One-, two- and four-digit codes are assigned to the first-, second- and third-level units of the classification respectively. The first digit identifies the Broad Group in which each Language or Narrow group is contained. The first two digits taken together identify the Narrow Group in which each Language is contained. The four-digit codes represent each of the 193 Language or third-level units.

Note that for the data element 'Preferred language' the correct data domain is the two-digit code classification as listed in the *National Health Data Dictionary* Version 10 (AIHW 2001).

Mapping of this two-digit running code system to the four-digit ASCL is available from the ABS.

Australian Standard Geographical Classification (ASGC), ABS Cat. No. 1216.0

The main purpose of the ASGC is for collecting and disseminating geographically classified statistics. These are statistics with a 'where' dimension. The ASGC is a hierarchical classification system consisting of six interrelated classification structures:

- Main Structure;
- Local Government Area Structure;
- Statistical District Structure;
- Statistical Region Structure;
- Urban Centre/Locality Structure; and
- Section of State Structure.

These structures are hierarchical, and are made up of geographical spatial units. The statistical local area (SLA) is a general-purpose spatial unit. It is the base unit used to collect and disseminate statistics other than those collected from the population censuses. In non-census years, the SLA is the smallest unit defined in the ASGC. In census years, a SLA consists of one or more whole census collection district. In aggregate, SLAs cover the whole of Australia without gaps or overlaps.

SLAs are identified by four-digit codes. These codes are unique only within a State or Territory. For unique Australia-wide identification the four-digit SLA code must be preceded by the unique one-digit State/Territory code.

Example:

Barraba 10400 (in New South Wales) (S/T code 1)

Barcaldine 30400 (in Queensland) (S/T code 3)

Note that for the data element *Geographical location of establishment* the location is reported using a five-digit code, which comprise the unique one-digit State/Territory code and the four-digit SLA.

Australian Standard Classification of Drugs of Concern (ASCDC), ABS Cat. No. 1248.0

The ASCDC is the Australian statistical standard for classifying data relating to drugs that are considered to be of concern in Australian society. The ASCDC is essentially a

classification of types of drugs of concern based on their chemical structure, mechanism of action and effect on physiological activity. The classification of type of drug is described as the 'main classification structure' throughout the ASCDC document. Because many collectors and users of drug-related data also require information on the form in which drugs are encountered and the method of drug use, the ASCDC also includes classifications for these elements of drug-related information. The ASCDC is intended for use in the collection, classification, storage and dissemination of all statistical, administrative and service delivery data relating to drugs of concern.

The ASCDC will assist government planners, policy analysts and social researchers by providing a consistent framework for the classification of drug-related data. The use of the standard definitions, classifications and coding procedures detailed in the ASCDC will help to ensure the comparability and compatibility of data derived from a range of different statistical, administrative and service provision systems at both the state and national level.

The main classification of the ASCDC has a three-level hierarchical structure.

The third and most detailed level of the classification consists of the base units which are separately identified drugs of concern, aggregate groups of drugs of concern and residual categories of drugs of concern. The classification comprises 153 third-level units including 10 aggregate groups of drugs and 32 residual 'not elsewhere classified' (nec) categories.

The 10 third-level aggregate units comprise drugs that do not support individual identification but which are aggregated to form single base-level units as they are chemically similar and, when grouped, represent useful categories.

The 32 nec categories contain drugs which are not sufficiently significant, in the current Australian context, to support separate identification or representation as an aggregate base level unit. All drugs which have been identified as drugs of concern, but which are not listed separately or contained within one of the aggregate base-level units, are included in the nec category of the narrow group to which they relate.

The second level of the classification consists of 33 narrow groups that contain base-level units that are similar in terms of the classification criteria. Included in the 33 narrow groups are 6 residual 'Other' categories. These residual categories contain base-level units that do not belong in any of the alternative narrow groups contained within the broad group on the basis of the classification criteria.

The first and most general level of the classification comprises 7 broad groups. The broad groups are formed, in the main, by aggregating narrow groups that are broadly similar in terms of the classification criteria. The classification has one 'Miscellaneous' broad group which comprises narrow groups of drugs which were considered to be of sufficient importance to be included in the classification structure but which do not fit into any of the other 6 broad groups on the basis of the classification criteria.

Appendix D

Common methods of use for selected drugs of concern

Table A1: The most likely methods of use for a selection of drugs of concern

Drug of concern	Method of use				
	Ingests	smokes	injects	sniffs (powder)	Inhales (vapour)
Alcohol	✓				
Cannabis	✓	✓			
Amphetamines	✓	✓	✓	✓	
Ecstasy	✓		✓	✓	
Cocaine	✓	✓	✓	✓	
Heroin	✓	✓	✓	✓	
Benzodiazepines	✓		✓		
Morphine	✓		✓		
Methadone	✓		✓		
Anaesthetics	✓		✓		✓
Steroids	✓		✓		
LSD	✓				
Nicotine	✓	✓			

✓ Indicates a common or likely method of use

Source: Darke et al. (2000); Illicit Drug Reporting System (IDRS), NDARC.

Appendix E

The following provides detailed information about the Information Privacy Principles and the National Privacy Principles.

Extract of Information Privacy Principles from the Privacy Act 1988

Information Privacy Principles (for Commonwealth agencies)

Principle 1 Manner and purpose of collection of personal information

1. Personal information shall not be collected by a collector for inclusion in a record or in a generally available publication unless:
 - (a) the information is collected for a purpose that is a lawful purpose directly related to a function or activity of the collector; and
 - (b) the collection of the information is necessary for or directly related to that purpose.
2. Personal information shall not be collected by a collector by unlawful or unfair means.

Principle 2 Solicitation of personal information from individual concerned

Where:

- (a) a collector collects personal information for inclusion in a record or in a generally available publication; and
- (b) the information is solicited by the collector from the individual concerned; the collector shall take such steps (if any) as are, in the circumstances, reasonable to ensure that, before the information is collected or, if that is not practicable, as soon as practicable after the information is collected, the individual concerned is generally aware of:
 - (c) the purpose for which the information is being collected;
 - (d) if the collection of the information is authorised or required by or under law – the fact that the collection of the information is so authorised or required; and
 - (e) any person to whom, or any body or agency to which, it is the collector's usual practice to disclose personal information of the kind so collected, and (if known by the collector) any person to whom, or any body or agency to which, it is the usual practice of that first-mentioned person, body or agency to pass on that information.

Principle 3 Solicitation of personal information generally

Where:

- (a) a collector collects personal information for inclusion in a record or in a generally available publication; and
- (b) the information is solicited by the collector;

the collector shall take such steps (if any) as are, in the circumstances, reasonable to ensure that, having regard to the purpose for which the information is collected:

- (c) the information collected is relevant to that purpose and is up to date and complete; and
- (d) the collection of the information does not intrude to an unreasonable extent upon the personal affairs of the individual concerned.

Principle 4 Storage and security of personal information

A record-keeper who has possession or control of a record that contains personal information shall ensure:

- (a) that the record is protected, by such security safeguards as it is reasonable in the circumstances to take, against loss, against unauthorised access, use, modification or disclosure, and against other misuse; and
- (b) that if it is necessary for the record to be given to a person in connection with the provision of a service to the record-keeper, everything reasonably within the power of the record-keeper is done to prevent unauthorised use or disclosure of information contained in the record.

Principle 5 Information relating to records kept by record-keeper

1. A record-keeper who has possession or control of records that contain personal information shall, subject to clause 2 of this Principle, take such steps as are, in the circumstances, reasonable to enable any person to ascertain:
 - (a) whether the record-keeper has possession or control of any records that contain personal information; and
 - (b) if the record-keeper has possession or control of a record that contains such information:
 - (i) the nature of that information;
 - (ii) the main purposes for which that information is used; and
 - (iii) the steps that the person should take if the person wishes to obtain access to the record.
2. A record-keeper is not required under clause 1 of this Principle to give a person information if the record-keeper is required or authorised to refuse to give that information to the person under the applicable provisions of any law of the Commonwealth that provides for access by persons to documents.
3. A record-keeper shall maintain a record setting out:
 - (a) the nature of the records of personal information kept by or on behalf of the record-keeper;
 - (b) the purpose for which each type of record is kept;

- (c) the classes of individuals about whom records are kept;
 - (d) the period for which each type of record is kept;
 - (e) the persons who are entitled to have access to personal information contained in the records and the conditions under which they are entitled to have that access; and
 - (f) the steps that should be taken by persons wishing to obtain access to that information.
4. A record-keeper shall:
- (a) make the record maintained under clause 3 of this Principle available for inspection by members of the public; and
 - (b) give the Commissioner, in the month of June in each year, a copy of the record so maintained.

Principle 6 Access to records containing personal information

Where a record-keeper has possession or control of a record that contains personal information, the individual concerned shall be entitled to have access to that record, except to the extent that the record-keeper is required or authorised to refuse to provide the individual with access to that record under the applicable provisions of any law of the Commonwealth that provides for access by persons to documents.

Principle 7 Alteration of records containing personal information

1. A record-keeper who has possession or control of a record that contains personal information shall take such steps (if any), by way of making appropriate corrections, deletions and additions as are, in the circumstances, reasonable to ensure that the record:
- (a) is accurate; and
 - (b) is, having regard to the purpose for which the information was collected or is to be used and to any purpose that is directly related to that purpose, relevant, up to date, complete and not misleading.
2. The obligation imposed on a record-keeper by clause 1 is subject to any applicable limitation in a law of the Commonwealth that provides a right to require the correction or amendment of documents.
3. Where:
- (a) the record-keeper of a record containing personal information is not willing to amend that record, by making a correction, deletion or addition, in accordance with a request by the individual concerned; and
 - (b) no decision or recommendation to the effect that the record should be amended wholly or partly in accordance with that request has been made under the applicable provisions of a law of the Commonwealth;
- the record-keeper shall, if so requested by the individual concerned, take such steps (if any) as are reasonable in the circumstances to attach to the record any statement provided by that individual of the correction, deletion or addition sought.

Principle 8 Record-keeper to check accuracy etc. of personal information before use

A record-keeper who has possession or control of a record that contains personal information shall not use that information without taking such steps (if any) as are, in the circumstances, reasonable to ensure that, having regard to the purpose for which the information is proposed to be used, the information is accurate, up to date and complete.

Principle 9 Personal information to be used only for relevant purposes

A record-keeper who has possession or control of a record that contains personal information shall not use the information except for a purpose to which the information is relevant.

Principle 10 Limits on use of personal information

1. A record-keeper who has possession or control of a record that contains personal information that was obtained for a particular purpose shall not use the information for any other purpose unless:
 - (a) the individual concerned has consented to use of the information for that other purpose;
 - (b) the record-keeper believes on reasonable grounds that use of the information for that other purpose is necessary to prevent or lessen a serious and imminent threat to the life or health of the individual concerned or another person;
 - (c) use of the information for that other purpose is required or authorised by or under law;
 - (d) use of the information for that other purpose is reasonably necessary for enforcement of the criminal law or of a law imposing a pecuniary penalty, or for the protection of the public revenue; or
 - (e) the purpose for which the information is used is directly related to the purpose for which the information was obtained.
2. Where personal information is used for enforcement of the criminal law or of a law imposing a pecuniary penalty, or for the protection of the public revenue, the record-keeper shall include in the record containing that information a note of that use.

Principle 11 Limits on disclosure of personal information

1. A record-keeper who has possession or control of a record that contains personal information shall not disclose the information to a person, body or agency (other than the individual concerned) unless:
 - (a) the individual concerned is reasonably likely to have been aware, or made aware under Principle 2, that information of that kind is usually passed to that person, body or agency;
 - (b) the individual concerned has consented to the disclosure;

- (c) the record-keeper believes on reasonable grounds that the disclosure is necessary to prevent or lessen a serious and imminent threat to the life or health of the individual concerned or of another person;
 - (d) the disclosure is required or authorised by or under law; or
 - (e) the disclosure is reasonably necessary for the enforcement of the criminal law or of a law imposing a pecuniary penalty, or for the protection of the public revenue.
2. Where personal information is disclosed for the purposes of enforcement of the criminal law or of a law imposing a pecuniary penalty, or for the purpose of the protection of the public revenue, the record-keeper shall include in the record containing that information a note of the disclosure.
3. A person, body or agency to whom personal information is disclosed under clause 1 of this Principle shall not use or disclose the information for a purpose other than the purpose for which the information was given to the person, body or agency.

Some detail on the National Privacy Principles (for private sector organisations)

(Extract from Office of the Federal Privacy Commissioner – Information Sheet 2)

NPP 1 Collection

Collection of personal information must be fair, lawful and not intrusive. A person must be told of an organisation's name, the purpose of the collection, that the person can get access to their personal information and what happens if the person does not get access to the information.

NPP 2 Use and Disclosure

An organisation should only use or disclose information for the purpose it was collected unless the person has consented, or the secondary purpose for use or disclosure is related to the primary purpose and a person would reasonably expect such use or disclosure, or for direct marketing in specified circumstances, or in circumstances related to public interest such as law enforcement and public or individual health and safety (see NPP 10 for further discussion).

NPP 3 Data Quality

An organisation must take reasonable steps to ensure that the personal information it collects, uses or discloses is accurate, complete and up to date.

NPP 4 Data Security

An organisation must take reasonable steps to protect the personal information it holds from misuse and loss and from unauthorised modification and disclosure.

NPP 5 Openness

An organisation must have a policy document outlining its information handling practices and make this available to anyone who asks.

NPP 6 Access and Correction

Generally, an organisation must give an individual access to personal information it holds about that individual on request.

NPP 7 Identifiers

Generally speaking an organisation must not adopt, use or disclose an identifier that has been assigned by a Commonwealth government agency e.g. Medicare or DVA identifiers.

NPP 8 Anonymity

Organisations must give people the option to interact anonymously whenever it is lawful and practicable to do so.

NPP 9 Transborder Data flows

An organisation can only transfer personal information to a recipient in a foreign country in circumstances where the information will have appropriate protection.

NPP 10 Sensitive information

An organisation must not collect sensitive information (including racial or ethnic information) unless the individual has consented, it is required by law, or in other special specified circumstances (e.g. relating to health services provision and individual or public health or safety).