

**Guidelines for the NMDS for alcohol and other
drug treatment services 2001–02**

The Australian Institute of Health and Welfare is Australia's national health and welfare statistics and information agency. The Institute's mission is to improve the health and well-being of Australians by informing community discussion and decision making through national leadership in developing and providing health and welfare statistics and information.

Guidelines for the NMDS for alcohol and other drug treatment services 2001–02

Australian Institute of Health and Welfare
Canberra

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Abbreviations

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
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
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
NMDS-AODTS	National Minimum Data Set for Alcohol and Other Drug Treatment Services
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 National Minimum Data Set for Alcohol and Other Drug Treatment Services (NMDS–AODTS). 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; and
- to provide an up-to-date reference to ensure that the collection can run in a coordinated and timely fashion.

Why do we need the NMDS–AODTS?

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 agencies and service providers from collecting additional data to meet their own specific needs (AIHW 2000).

The NMDS–AODTS is essentially a response to the lack of nationally consistent information about the clients and activities of alcohol and other drug treatment services. The collection ultimately aims to contribute standardised national data that will be used to inform planning and policy developments designed to reduce drug-related harm.

The NMDS–AODTS will make it possible to compare and aggregate information nationally on drug problems, service utilisation and treatment programs for a variety of clients, communities and service settings. It will also 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 this national collection will be considered in conjunction with other information 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 NMDS

The NMDS–AODTS 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 attending the forum agreed that a lack of

comparable 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 NMDS–AODTS 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 Commonwealth Department of Health and Aged Care took the responsibility of overseeing the carriage of phase two – the development of the NMDS–AODTS. 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 Australian Institute of Health and Welfare (AIHW), NDARC and the Commonwealth Department of Health and Aged Care.

The NMDS–AODTS 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 NMDS 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 NMDS–AODTS and collection commenced on 1 July 2000.

The IGCD has supported the continued development of the NMDS throughout 2000–01. 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 names and contact details of the NMDS Working Group (current at June 2001) are provided at Appendix A.

Roles and responsibilities

Committees

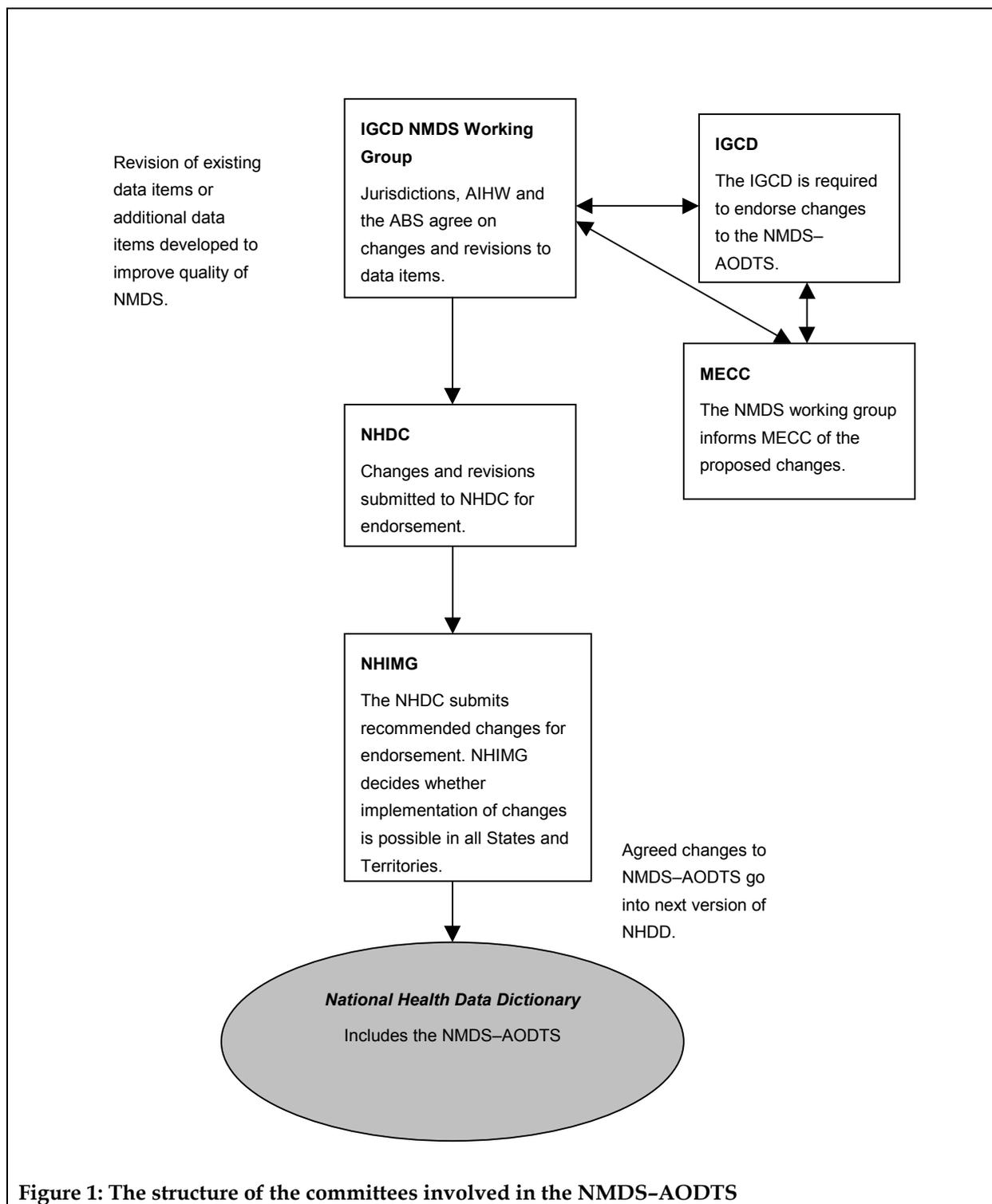
The NMDS–AODTS has been developed and implemented under the terms of the National Health Information Agreement (NHIA). Under the NHIA, the Commonwealth, States and Territories are committed to working with the AIHW, the ABS and others to develop, collate and report national health information. The NHIA ensures 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 NMDS–AODTS are included in the *National Health Data Dictionary* and must be endorsed by the NHDC and the NHIMG. Any revisions made to the data elements or changes to the NMDS–AODTS must be made through these bodies.

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

Brief details about the key committees involved in the NHIA and the development of the 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 representing health and law enforcement agencies in each Australian jurisdiction and other people with expertise in identified priority areas.
- IGCD NMDS Working Group – is responsible for the development and implementation of the National Minimum Data Set for Alcohol and Other Drug Treatment Services. Members include representatives from each Australian jurisdiction, the AIHW, the ABS, 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.
- 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 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 to make recommendations to the NHIMG on revisions and additions to each successive version of the Dictionary. The NHDD is the authoritative source of national health data definitions and contains definitions of data elements (or discrete items of information) that have been described according to a standard set of rules, and endorsed by the NHIMG as the national standard to apply whenever this information is collected in the health field.



Government health authorities

The NMDS–AODTS is a set of standard data elements which the Commonwealth, States and Territories have agreed to collect. The Commonwealth, State and Territory departments each 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 NMDS–AODTS 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 correct codes to agencies for the data elements Establishment type and Geographical location of establishment after consultation with agencies;
- 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 data delivery to the relevant health authority; and
- establish a process of data checking and validation at the State/Territory level and where possible assist and advise on data quality checks at the agency level.

Service providers

Service providers whose data will be included in the national collection are responsible for collecting the agreed data elements and forwarding this data to the appropriate health authority as arranged. Service providers have the responsibility of ensuring that required information is correctly recorded, and should inform their health authorities if they are having difficulty in collecting the information. Service providers also have a responsibility for maintaining the confidentiality of their clients.

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 and implementation of the NMDS–AODTS and the AIHW is responsible for managing this process. The AIHW will also be the data custodian of the collection and will be responsible for the timely reporting of the information, as well as enabling research access to the data (subject to confidentiality constraints). It is also the responsibility of the AIHW to ensure that confidentiality protection is provided for clients and organisations (see Appendix B).

The AIHW is an independent Commonwealth health and welfare statistics and information agency. Its mission is to improve the health and wellbeing of Australians, by informing community discussion and decision making through national leadership in developing and providing health and welfare statistics and information.

2 Scope of the NMDS

It is critical that service providers are aware which of their component services are included in the NMDS–AODTS collection. Agencies may provide treatment activities that fall both inside and outside the intended scope of the 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 NMDS. 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 NMDS collection (e.g. treatment services based in prisons).

The following information describes what is included and what is excluded from the 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. This includes residential and non-residential agencies. This does not include acute care or psychiatric hospitals unless 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 primarily concerned with a preventative or educational emphasis such as needle and syringe exchanges (with the exception of diversion initiatives).
- Treatment services based in prison or other correctional institutions.
- Agencies whose sole function is to provide prescribing and/or dosing for methadone maintenance treatment.
- Acute care and psychiatric hospitals, or alcohol and drug treatment centres that report to the Admitted Patient Care NMDS and do not provide treatment to non-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 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 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 excluded agencies previously noted.

Information required about patients in hospitals will be extracted from currently available admitted-patient data.

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 financial year.

Excluded

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

3 What's new for 2001–02?

Move to 'treatment episodes'

The IGCD NMDS Working Group agreed that more useful information will be captured by the data set if 'treatment episodes' are reported, instead of the registration-based collection that is in place for the 2000–01 collection period. A treatment episode refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment provider. It is the intention that completed (closed) treatment episodes will be the unit of measurement used by the collection. The Working Group noted that the use of treatment episodes reflects clinical practice within the alcohol and other drug treatment sector. The inclusion of a treatment episode concept at the national level will enhance the quality of information on service utilisation.

New data elements and concepts

Data elements

- 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

Supporting data element concepts

- Service contact
- Treatment episode for alcohol and other drugs

All jurisdictions supported the inclusion of the above data elements and concepts in the NMDS, on the condition that a phased uptake of the revised data set be adopted with a commencement from 1 July 2001 and all jurisdictions complying by 1 July 2002.

Changes to existing data elements

- Establishment identifier
- Establishment number
- Establishment sector
- Country of birth (now uses latest ABS classification)
- Date of commencement of treatment episode for alcohol and other drugs.

More information about the new data elements and concepts and the nature of changes to existing data elements is provided in Section 4 The data elements – in brief.

Full definitions of all NMDS–AODTS data elements and concepts as they appear in the *National Health Data Dictionary* Version 10 are provided at Appendix C.

Table 1 presents the complete data set for mandatory collection by States and Territories by 1 July 2002. The table highlights those data elements that are either new to the NMDS or have been modified since 2000–01. It is expected that the majority of jurisdictions will begin collecting the additional data elements from 1 July 2001, with full compliance by 1 July 2002.

Table 1: The National Minimum Data Set for Alcohol and Other Drug Treatment Services, showing data elements that are agreed for collection by States and Territories by 1 July 2002

Data element	New to NMDS	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			000426
Country of birth		✓	000035
Date of birth			000036
Date of cessation of treatment episode for alcohol and other drugs	✓		000424
Date of commencement of treatment episode for alcohol and 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 and 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

For detailed information on definitions and coding/classification structures see the extracts from the *National Health Data Dictionary* Version 10 (Appendix C). Summary information for existing and new data elements and data concepts are provided below.

Establishment-level data elements

Establishment identifier (*revised*)

The Establishment identifier is a *nationally* unique identifier for each alcohol and other drug treatment agency included in the 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.

Changes made for 2001-02

The field size for Establishment identifier has been changed from 6 to 8 characters in the NHDD. This is due to a change being made to the field size for the data element Establishment number (see below). However, if a jurisdiction has more than 26 regions, the field size will need to be 9 characters to allow for Region code to be reported as 2 alpha characters (AA) rather than one (A) as it appears in the NHDD.

Establishment number (*revised*)

The Establishment number uniquely identifies the 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.

Changes made for 2001-02

The field size for Establishment number has changed from 3 to 5 characters. As mentioned above, this has implications for the acceptable field size recorded for the Establishment identifier.

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 (*revised*)

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.

A classification distinction between public versus private alcohol and other drug treatment agencies can be made according to the level of government ownership/control of agencies regardless of funding sources. 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 is meant to indicate a not-for-profit non-government organisation.

Changes made for 2001-02

The National Health Data Committee has removed Code 3 Repatriation.

Region code

This code uniquely identifies the geographic region in which the alcohol and other drug treatment agency is located within each 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 the recommendation from this committee is for the use of the codes:

- N8.1.1 Public community health centre; or
- N8.1.2 Private (non-profit) community health centre.

Therefore agencies that are non-residential will be reported to the NMDS 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, due to the expected work by the Organisational Units Working Group (currently reforming). This interim reporting method will result in the duplication of reporting public and private, in the Establishment type data element and the Establishment sector data element. It is expected that the Organisational Units Working Group will address this issue.

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 the alcohol and other drug treatment agency is reported using a five-digit numerical code to indicate 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 D.

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 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 is to 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 jurisdiction health authority of the method they used to derive the identifiers. Agencies have a responsibility to ensure that their clients cannot be personally identified outside the agency by the assigned codes (e.g. surnames or mailing addresses should not be used).

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 C), 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 the 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, provision should be made to collect age in years and a date of birth derived from age. It is recommended that 0101 be used with a valid year. Service providers should inform their jurisdiction health authority of the estimate procedures they have used. It is recommended that jurisdictions encourage service providers to adopt a standard procedure for estimating the unknown date of births.

The full definition as it appears in the *National Health Data Dictionary* (see Appendix C) has been revised by the NHDC to add information that is relevant to the Perinatal NMDS collection. Changes have been made to the Context and to the Collection methods field of the definition. However, these changes do not affect collection of the item for the NMDS-AODTS.

Country of birth (revised)

This data element records the country in which the client was born using a four-digit code from the *Standard Australian Classification of Countries* (SACC). See Appendix D for further detail about this classification.

Changes made for 2001-02

The *Standard Australian Classification of Countries* (ABS Cat. No. 1269.0, 1998) supersedes the *Australian Standard Classification of Countries for Social Statistics* (ASCCSS) which was reported in Version 9 of the *National Health Data Dictionary*.

Indigenous status

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

The coding options for reporting this information in the NMDS 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 available as a valid answer to the question. It is intended for use only when an answer was refused or the question could not be asked before the person ceased to be a client because they were 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?

(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 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 C.

Preferred language

This data element describes the language (including sign language) most preferred by the 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 D). 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.

The NHDC 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.

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

See Appendix C for the full definition and code list.

Client type

This data element records whether the client's contact with the alcohol and other drug treatment agency concerns their own drug use or that of another person. This information is

required to differentiate between 'primary' and 'secondary clients'. 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
- 9 Not stated/inadequately described.

Note for code 3 Both own and other's drug use, information is recorded for the primary client only.

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 the alcohol and other drug treatment agency. See the full definition at Appendix C for coding options.

Note that the current data domain is likely to be reviewed before the 2002-03 collection.

Date of commencement of treatment episode for alcohol and other drugs (revised)

This data element records the date on which the client's treatment episode for alcohol and other drugs begins.

The data element was formerly called Date of commencement of treatment and changes have been made to reflect that the date is collected for the commencement of a treatment *episode*, rather than the commencement of treatment. For example, if a client is recommencing treatment or beginning a new treatment episode, the date of commencement for the new episode is what is reported, not the date that the client first registered with the agency.

Date of cessation of treatment episode for alcohol and other drugs (new)

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

This data element is required for treatment episodes to be used as the unit of measurement. 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 layout (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 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 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 NMDS-AODTS collection.

Principal drug of concern

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

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 D). In some jurisdictions, coding to the ABS standard has been implemented. However, in other jurisdictions it will be the responsibility of the health authority to re-code agency data to a level that is at least mappable to the ABS standard. 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 the treatment episode should be closed and a new treatment episode begun.

Note, where Client type is code 3, Principal drug of concern is recorded for the primary client.

Other drugs of concern

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

This data element complements the information recorded for Principal drug of concern. It is a multiple response item to allow for the coding of polydrug use. 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 D).

If there are no other drugs of concern reported, it is recommended that the code 0003 is used to indicate a 'null' response.

The following supplementary codes should also be used when they are appropriate:

- 0000 Inadequately described
- 0001 Not stated
- 0002 Not identified as a drug of concern
- 0003 None/no 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.

Note, where Client type is code 3, Other drugs of concern is recorded for the primary client.

Method of use for principal drug of concern

The data element describes the 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.

Note, where Client type is code 3, Method of use for principal drug of concern is recorded for the primary client.

Injecting drug use

This data element describes the 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 the treatment episode.

Note, where Client type is code 3, Injecting drug use is recorded for the primary client.

Main treatment type for alcohol and other drugs (new)

The Main treatment type is the principal activity determined at assessment by the treatment provider to treat the 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 NMDS. 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 the client and agency staff.

Broad treatment types have been included in the data domain so that selections 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 commencement of treatment.

The reference in the *Guide for use* – code 4, to specialist methadone treatment therapies, applies to Victoria only.

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

Other treatment type for alcohol and other drugs (*new*)

All other forms of treatment provided to the 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 the client's file that is in addition to, and not a component of, the Main treatment type for alcohol and other drugs should be reported. Treatment activity reported is not necessarily for the Principal drug of concern in that it may be treatment for an Other drug of concern. More than one data domain code may be selected. Although not included in the NHDD version (see Appendix C), it is recommended that the following supplementary codes are used when appropriate:

- 8 None/no other treatment
- 9 Not stated/inadequately described.

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

Treatment delivery setting for alcohol and other drugs (*new*)

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, then the current treatment episode should be closed and a new episode commenced.

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.

Reason for cessation of treatment episode for alcohol and other drugs (*new*)

This data element describes the reason for a client ceasing to receive a treatment episode from an alcohol and other drug treatment service.

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 any change in the Principal drug of concern, the Treatment delivery setting for alcohol and other drugs or the Main treatment type for alcohol and other drugs.

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 (*new*)

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

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 therapeutic 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 a treatment episode.

Note: At present, the definition featured in Version 10 of the *National Health Data Dictionary* (see Appendix C) states that multiple contacts during a single day should only be counted once. However, the IGCD NMDS Working Group does not support this limitation. An attempt will be made to revise this data element for Version 11 of the *National Health Data Dictionary* to accurately reflect the requirements of the NMDS collection.

In the NMDS-AODTS:

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

Supporting data element concepts

Cessation of treatment episode for alcohol and other drugs (*revised*)

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.

Changes made for 2001-02

This concept has been changed to refer to treatment *episodes*, reflecting the move to an episode-based NMDS collection rather than a client registration-based collection. The full wording of the revised definition is provided at Appendix C.

Commencement of treatment episode for alcohol and other drugs (*revised*)

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.

Changes made for 2001-02

This concept has been changed to refer to treatment *episodes*, reflecting the move to an episode-based NMDS collection rather than a client registration-based collection. The full wording of the revised definition is provided at Appendix C.

Service contact (*new*)

A service contact is a 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 NMDS-AODTS, only therapeutic contacts between clients and service providers are actually counted when reporting the Number of service contacts within a treatment episode for alcohol and other drugs.

The definition in the *National Health Data Dictionary* (see Appendix C) 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, to establish when a service contact should be counted.

In the NMDS-AODTS:

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

Treatment episode for alcohol and other drugs (*new*)

The decision to adopt a completed treatment episode as the unit of measurement for the NMDS 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.

If a client receives treatment in multiple settings a separate treatment episode must be reported for each setting. Therefore, 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 having completed a previous treatment plan.

A treatment episode is terminated when:

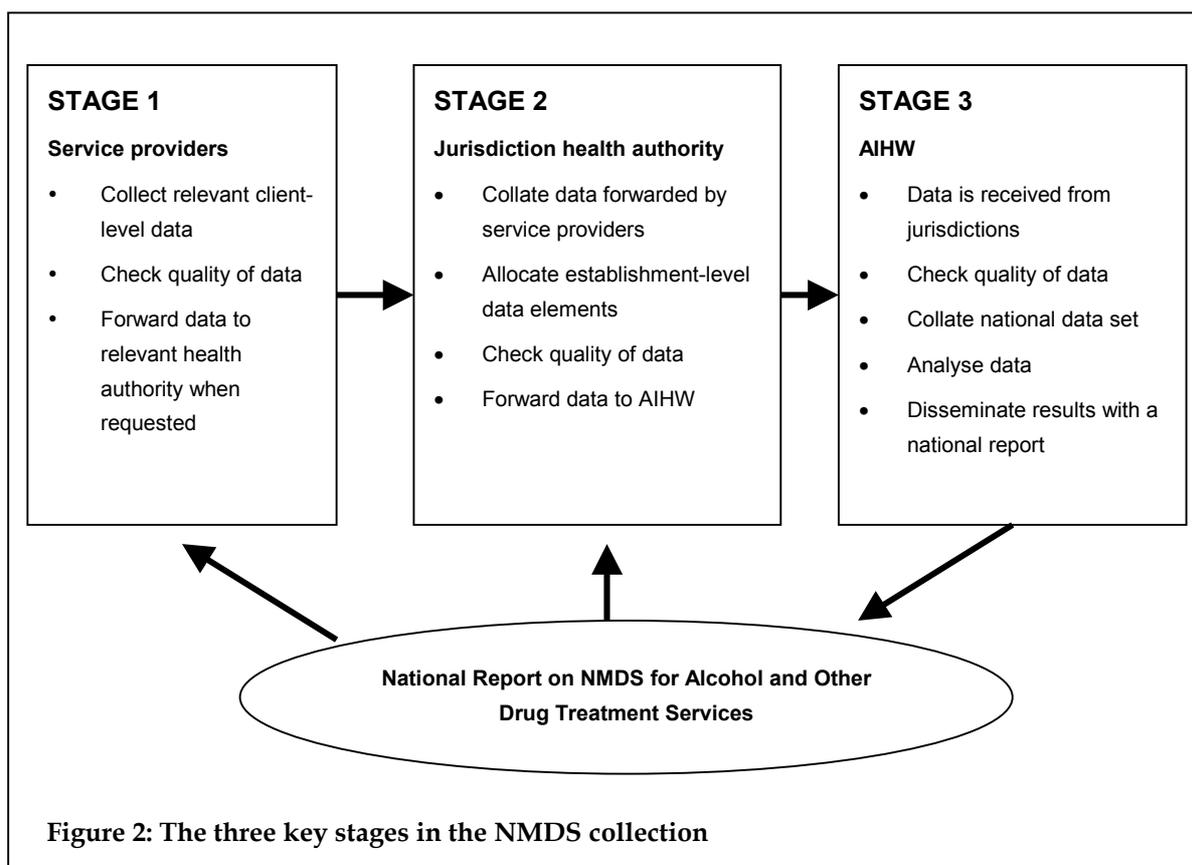
- a client's treatment plan has been completed;
- there has been no contact (i.e. service contact that comprises treatment) between the client and the treatment provider for a period of three months, unless that period of non-contact was planned;
- the client's principal drug of concern has changed;
- 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

Three stages for collation of the national data set

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

1. The first stage is the collection of the agreed data elements by service providers for each client that 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 collated State/Territory data is forwarded to the AIHW for national collation, validation, analysis and reporting.



Note that no data is 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 quality

Data collections require ongoing attention to quality. There is a need to attend to detail in the way questions are asked, data entry, the handling of 'not stated' or 'null' information, edit checking, non-response and follow-up with data providers in order to ensure the highest quality data possible.

In order to ensure that the AIHW will be supplied with a usable national data set, it is essential that jurisdictions clean (edit) the data they receive from service providers before they transfer the data 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 will also follow a formal validation process to maximise data quality.

There are two forms of editing that should be applied to the data set before it is loaded into a national database at the AIHW. Ideally, these checks should also be applied by agencies before they send their data to the relevant health authority.

1. **Range edits** 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 as a single figure within the range 1–4 or as 9. Any response that does not fall within this range has to be an error. Therefore, range edits should identify incorrect and missing codes.
2. **Logic edits** are used to ensure internal consistency between responses, and to ensure that nonsensical responses are not included. 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).

The following tables describe the range of values considered valid in the NMDS and the treatment of 'not stated' or 'null' responses for each data element in the establishment-level and client-level collections.

Table 2: Establishment-level range edits

Item no.	Item name	'Not stated' or 'null' response	Edit range
1	Establishment identifier	Not permitted	Maximum 9 characters NNAANNNNN Note: 2 alpha characters allowed for region code where a State/Territory has more than 26 regions
2	Establishment type	99	R4.1, R4.2, N8.1.1, N8.1.2 or 99
3	Geographical location of establishment	9999	Five-digit valid code from <i>Australian Standard Geographical Classification</i> (ASGC), ABS Cat. No. 1216.0 or 9999

Table 3: Client-level range edits

Item no.	Item name	'Not stated' or 'null' response	Edit range
1	Establishment identifier	Not permitted	Maximum 9 characters NNAANNNNN where N = State identifier (valid range 1–9) N = Establishment sector (valid range 1–2) AA = Region code (jurisdiction-specific code). Note: 2 alpha characters allowed for region code where a State/Territory has more than 26 regions) NNNNN = Establishment number (jurisdiction-specific code).
2	Person identifier	Not permitted	Alphanumeric (agency- specific code).
3	Sex	9	1 (male), 2 (female) or 9 (not stated)
4	Date of birth	Not permitted When an estimate is required use 0101 with a valid year.	DDMMYYYY format, right justified, zero-filled (e.g. 3 March 1965 would be 03031965).
5	Country of birth	0003	Four-digit valid code from <i>Standard Australian Classification of Countries</i> (SACC), ABS Cat. No. 1269.0 (1998) and 0003
6	Indigenous status	9	1–4 and 9
7	Preferred language	98	00–86, 95–98, right justified, zero-filled
8	Client type	9	1–3 and 9
9	Source of referral to alcohol and other drug treatment service	99	1–18 and 99, right justified, zero-filled
10	Date of commencement of treatment episode for alcohol and other drugs	Not permitted	DDMMYYYY format, right justified, zero-filled e.g. 2 September 2001 would be 02092001
11	Date of cessation of treatment episode for alcohol and other drugs	Not permitted	DDMMYYYY format, right justified, zero-filled (e.g. 2 September 2001 would be 02092001).
12	Reason for cessation of treatment episode for alcohol and other drugs	99	1–13, 98, 99
13	Number of service contacts within a treatment episode for alcohol and other drugs	000	001–999 and 000, right justified, zero-filled
14	Treatment delivery setting for alcohol and other drugs	Not permitted	1–4 and 8

(continued)

Table 3 (continued): Client-level range edits

Item no.	Item name	'Not stated' or 'null' response	Edit range
15	Principal drug of concern	Not permitted	Four-digit valid code from <i>Australian Standard Classification of Drugs of Concern</i> , ABS Cat. No. 1248.0 (2000).
16a	Other drugs of concern	0001 for 'not stated' 0003 for 'none/no other drugs of concern'	Four-digit valid code from <i>Australian Standard Classification of Drugs of Concern</i> , ABS Cat. No. 1248.0 (2000) or 0003 (none/no other drugs of concern) – for up to 5 'other drugs of concern' see Item Nos 16a – 16e. 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,,,,).
16b	(2nd Other drug of concern)	0001 for 'not stated' 0003 for 'none/no other drugs of concern'	Four-digit valid code as above. If blank response then insert a comma (,) without brackets.
16c	(3rd Other drug of concern)	0001 for 'not stated' 0003 for 'none/no other drugs of concern'	Four-digit valid code as above. If blank response then insert a comma (,) without brackets.
16d	(4th Other drug of concern)	0001 for 'not stated' 0003 for 'none/no other drugs of concern'	Four-digit valid code as above. If blank response then insert a comma (,) without brackets.
16e	(5th Other drug of concern)	0001 for 'not stated' 0003 for 'none/no other drugs of concern'	Four-digit valid code as above. If blank response then insert a comma (,) without brackets.
17	Method of use for principal drug of concern	9	1–6 and 9
18	Injecting drug use	9	1–4 and 9
19	Main treatment type for alcohol and other drugs	Not permitted	1–8

(continued)

Table 3 (continued): Client-level range edits

Item no.	Item name	'Not stated' or 'null' response	Edit range
20a	Other treatment type for alcohol and other drugs	8 for 'none/no other treatment type' or 9 for 'not stated/ inadequately stated'	1–5 and 8 or 9 Up to 5 'other treatment types' can be reported, see Item Nos 20a – 20e. To ensure correct data loading, 5 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,,,,).
20b	(2nd Other treatment type for alcohol and other drugs)	8 for 'none/no other treatment type' or 9 for 'not stated/ inadequately stated'	1–5 and 8 or 9 If blank response then insert a comma (,) without brackets
20c	(3rd Other treatment type for alcohol and other drugs)	8 for 'none/no other treatment type' or 9 for 'not stated/ inadequately stated'	1–5 and 8 or 9 If blank response then insert a comma (,) without brackets
20d	(4th Other treatment type for alcohol and other drugs)	8 for 'none/no other treatment type' or 9 for 'not stated/ inadequately stated'	1–5 and 8 or 9 If blank response then insert a comma (,) without brackets
20e	(5th Other treatment type for alcohol and other drugs)	8 for 'none/no other treatment type' or 9 for 'not stated/ inadequately stated'	1–5 and 8 or 9 If blank response then insert a comma (,) without brackets

The following table contains a range of logic checks or edits to be applied to the data set.

Table 4: Logic edits

1	<i>Date of birth</i> must be prior to <i>Date of commencement of treatment episode</i> .
2	<i>Date of commencement of treatment episode</i> must be equal to or prior to <i>Date of cessation of treatment episode</i> .
3	The value for <i>Establishment identifier</i> included in the Client file must occur in the range of values for <i>Establishment identifier</i> in the Establishment file.
4	When <i>Establishment type</i> = R4.1 or N8.1.1, <i>Establishment sector</i> must = 1.
5	When <i>Establishment type</i> = R4.2 or N8.1.2, <i>Establishment sector</i> must = 2.
6	When <i>Injecting drug use</i> = 4 (never injected), <i>Method of use for principal drug of concern</i> cannot = 3 (Injects).
7	<i>Other drugs of concern</i> cannot be equal to <i>Principal drug of concern</i> .
8	<i>Date of cessation of treatment episode</i> must be after or equal to <i>Date of commencement of treatment episode</i> and <i>Date of birth</i> , and prior to the end of the collection period (1 July 2002).
9	<i>Main treatment type</i> cannot be equal to <i>Other treatment type</i> .
10	When <i>Treatment delivery setting</i> = 1 (non-residential), <i>Establishment type</i> should equal either N8.1.1 or N8.1.2.
11	When <i>Treatment delivery setting</i> = 2 (residential), <i>Establishment type</i> should equal either R4.1 or R4.2.

Some general checks that should be conducted

Missing agencies: Jurisdictions should ensure that all agencies within scope of the collection have sent data for the entire collection period.

Incorrect dates: Dates reported by agencies should be scrutinised to ensure that they are not sending incorrect date formats.

Missing data: Jurisdictions should investigate missing data to ensure that agencies are reporting all NMDS data items.

Incorrect codes: Jurisdictions should ensure that agencies are using the correct codes for all data items.

Duplicate records: Jurisdictions should be watchful of duplicate treatment episodes being submitted by agencies. When records are identified as possible duplicates, the agency should be consulted to ensure that treatment episodes 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 2001 to 30 June 2002) are included in the 2001-02 collection.

Data inclusion: Jurisdictions should ensure that data not within scope of the NMDS is excluded from the collated data set sent to the AIHW (e.g. methadone treatment).

Data transfer

Service providers to health authorities

The protocols for the transfer of data from alcohol and other drug treatment agencies to the jurisdictional health authority vary between jurisdictions. Each health authority responsible for the NMDS collection will contact service providers included in the NMDS 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 will be requested for each financial year reference period (1 July to 30 June). Data for the period 1 July 2001 to 30 June 2002 will be requested by the AIHW early in the 2002-03 financial year (August/September). It is expected that State and Territory health authorities will supply these data to the AIHW no later than December 2002. The results of the analysis of this data, at both the national and State/Territory levels, will then be reported during 2003.

File format

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

Common Separated Variable (CSV) length ASCII text records with the fields separated by a comma.

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, , , ,

If the data cannot be transferred in the preferred format, the following forms 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 = treatment episode).

Accompanying information

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

- a file with some basic cross-tabulations, which can be used for verification purposes by the AIHW when compiling the national data set (the AIHW will specify the required cross-tabulations when the data is officially requested);
- a description of the file including the total number of records it contains and a count of the number of records for each data element;
- identification of any variables that do not conform to the standard definitions and any translation or manipulation of the data necessary to achieve national standards; and
- if non-standard names are used for any variables, please include a mapping of the variable names to the standard names.

Transfer method

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

If a file does not fit on a floppy disk or is too large for an email attachment, the next preferred option is a CD-ROM. Exa-byte tapes are also acceptable; however, tapes of any format have much higher administrative overhead costs (i.e. it takes longer to load and requires a greater involvement from IT specialists) and are not encouraged.

File specification

The following table specifies the order in which the data should be provided to AIHW.

Table 5: Specifications for data transfer to AIHW**Establishment level**

Item no.	Item name	Data type
1	Establishment identifier	Alphanumeric
2	Establishment type	Alphanumeric
3	Geographical location of establishment	Numeric

Client level

Item no.	Item name	Data type
1	Establishment identifier	Alphanumeric
2	Person identifier	Alphanumeric
3	Sex	Numeric
4	Date of birth	Numeric
5	Country of birth	Numeric
6	Indigenous status	Numeric
7	Preferred language	Numeric
8	Client type	Numeric
9	Source of referral to alcohol and other drug treatment service	Numeric
10	Date of commencement of treatment episode for alcohol and other drugs	Numeric
11	Date of cessation of treatment episode for alcohol and other drugs	Numeric
12	Reason for cessation of treatment episode for alcohol and other drugs	Numeric
13	Number of service contacts within a treatment episode for alcohol and other drugs	Numeric
14	Treatment delivery setting for alcohol and other drugs	Numeric
15	Principal drug of concern	Numeric
16a	Other drugs of concern	Numeric
16b	2nd Other drugs of concern	Numeric
16c	3rd Other drugs of concern	Numeric
16d	4th Other drugs of concern	Numeric
16e	5th Other drugs of concern	Numeric

(continued)

Client level (continued)

Item no.	Item name	Data type
17	Method of use for principal drug of concern	Numeric
18	Injecting drug use	Numeric
19	Main treatment type for alcohol and other drugs	Numeric
20a	Other treatment type for alcohol and other drugs	Numeric
20b	2nd Other treatment type for alcohol and other drugs	Numeric
20c	3rd Other treatment type for alcohol and other drugs	Numeric
20d	4th Other treatment type for alcohol and other drugs	Numeric
20e	5th Other treatment type for alcohol and other drugs	Numeric

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Privacy and confidentiality of data

Privacy and confidentiality must be considered whenever data about individuals, service provider organisations or funding departments are collected or disseminated.

Data security is vitally important to the AIHW. The *Australian Institute of Health and Welfare Act 1987* prescribes strict conditions to ensure the security of the data held and managed by the Institute (see Appendix B). The AIHW Act provides for strict penalties (including imprisonment) for breaches of confidentiality. AIHW staff – including those in collaborating units – cannot be forced to reveal confidential AIHW data, even in a court of law.

To reinforce the protection of data, the AIHW Health Ethics Committee was established under the AIHW Act in 1987 to monitor access to identifiable data for health research purposes. The arrangements are similar to those applying to medical research authorised under section 95 of the *Privacy Act 1988*. Researchers who are given access to identifiable information must sign an undertaking that binds them to the confidentiality provisions of the AIHW Act.

Any privacy laws contained within relevant State or Territory legislation should also be considered, as should each department's own legislation where specific references to privacy and/or confidentiality are made.

No individual service provider or individual client will be identified or identifiable in the AIHW's report on the NMDS-AODTS collection. For example, no identifiers for persons or establishments will be reported.

Collection output

Data output from the NMDS-AODTS is the responsibility of the AIHW and each year a detailed and comprehensive report on the data will be produced. National data dissemination will be the primary focus of the AIHW. However, there may be occasions where other levels of disaggregation not featured in the publication may be appropriate. Ad hoc requests for specific data, at a national level, may also be met by the AIHW.

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

Future data development

Further development of the NMDS for alcohol and other drug treatment services 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 making amendments to existing data elements as well as formulating new data elements for inclusion. Development of existing data elements includes refining data definitions, refining data domains, and modifying the directions provided in the 'guide for use' sections as stakeholders identify problems. Development of potential data elements will be conducted with the aim of increasing both the quantity and quality of the data collected by the NMDS-AODTS.

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Appendix A

IGCD NMDS Working Group

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Appendix B

AIHW legislation

Below is an extract from the *Australian Institute of Health and Welfare Act 1987*.

PART IV – MISCELLANEOUS

Confidentiality

29. (1) Subject to this section, a person (in this subsection called “**informed person**”) who has:
- (a) any information concerning another person (which person is in this section called an “**information subject**”), being information acquired by the informed person because of:
 - (i) holding an office, engagement or appointment, or being employed, under this Act;
 - (ii) performing a duty or function, or exercising a power, under or in connection with this Act; or
 - (iii) doing any act or thing under an agreement or arrangement entered into by the Institute; or
 - (b) any document relating to another person (which person is in this section also called an “**information subject**”), being a document furnished for the purposes of this Act;

shall not, except for the purposes of this Act, either directly or indirectly:

- (c) make a record of any of that information or divulge or communicate any of that information to any person (including an information subject);
- (d) produce that document to any person (including an information subject); or
- (e) be required to divulge or communicate any of that information to a court or to produce that document in a court.

Penalty: \$2,000 or imprisonment for 12 months, or both.

- (2) Subject to subsections (2A) and (2B), nothing in this section prohibits:
- (a) a person from divulging or communicating information, or producing a document, to the Minister if it does not identify an information subject;
 - (b) a person from divulging or communicating information, or producing a document, to a person specified in writing by the person (in this subsection called the “**information provider**”) who divulged or communicated the information, or produced the document, directly to the Institute;
 - (c) a person from divulging or communicating information, or producing a document, to a person specified in writing by the Ethics Committee if to do so is not contrary to the written terms and conditions (if any) upon which the information provider divulged or communicated the information, or produced the document, directly to the Institute; or

- (d) the publication of conclusions based on statistics derived from, or of particulars of procedures used in, the work of the Institute, if:
 - (i) to do so is not contrary to the written terms and conditions (if any) upon which an information provider divulged or communicated information relevant to the publication, or produced a document relevant to the publication, directly to the Institute; and
 - (ii) the publication does not identify the information subject.
- (2A) Paragraph (2)(c) applies only to information that is health-related information and statistics.
- (2B) Paragraph (2)(c) applies to a document only to the extent to which the document contains health-related information and statistics.
- (3) A person to whom information is divulged or communicated, or a document is produced, under paragraph (2)(a), (b) or (c), and any person under the control of that person is, in respect of that information or document, subject to subsection (1) as if the person were a person exercising powers, or performing duties or functions, under this Act and had acquired the information or document in the exercise of those powers or the performance of those duties or functions.
- (4) In this section:
 - (a) **“court”** includes any tribunal, authority or person having power to require the production of documents or the answering of questions;
 - (b) **“person”** includes a body or association of persons, whether incorporated or not, and also includes:
 - (i) in the case of an information provider – a body politic; or
 - (ii) in the case of an information subject – a deceased person;
 - (c) **“produce”** includes permit access to;
 - (d) **“publication”**, in relation to conclusions, statistics or particulars, includes:
 - (i) the divulging or communication to a court of the conclusions, statistics or particulars; and
 - (ii) the production to a court of a document containing the conclusions, statistics or particulars; and
 - (e) a reference to information concerning a person includes:
 - (i) a reference to information as to the whereabouts, existence or non-existence of a document concerning a person; and
 - (ii) a reference to information identifying a person or body providing information concerning a person.

Appendix C

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* Version 10 (AIHW 2001) and are accessible electronically via the AIHW Knowledgebase (www.aihw.gov.au).

The data element extracts from Version 10 of the *National Health Data Dictionary* are provided on the following pages with the relevant page numbers provided in Table A.1.

Table A.1: Data elements for the NMDS for Alcohol and Other Drug Treatment Services, for collection from 1 July 2001

Data element	Knowledgebase identifier	Page number
Client type	000426	39
Country of birth	000035	40
Date of birth	000036	42
Date of cessation of treatment episode for alcohol and other drugs	000424	44
Date of commencement of treatment episode for alcohol and other drugs	000430	45
Establishment identifier	000050	46
Establishment number	000377	48
Establishment sector	000379	49
Establishment type	000327	50
Geographical location of establishment	000260	55
Indigenous status	000001	57
Injecting drug use	000432	60
Main treatment type for alcohol and other drugs	000639	61
Method of use for principal drug of concern	000433	63
Number of service contacts within a treatment episode for alcohol and other drugs	000641	64
Other drugs of concern	000442	65
Other treatment type for alcohol and other drugs	000642	66
Person identifier	000127	68
Preferred language	000132	69
Principal drug of concern	000443	72
Reason for cessation of treatment episode for alcohol and other drugs	000423	73
Region code	000378	75
Sex	000149	76
Source of referral to alcohol and other drug treatment service	000444	78

(continued)

Table A.1 (continued): Data elements for the NMDS for Alcohol and Other Drug Treatment Services, for collection from 1 July 2001

Data element	Knowledgebase identifier	Page number
State identifier	000380	80
Treatment delivery setting for alcohol and other drugs	000646	81
Supporting data element concepts		
Cessation of treatment episode for alcohol and other drugs	000422	82
Commencement of treatment episode for alcohol and other drugs	000427	83
Service contact	000401	84
Treatment episode for alcohol and other drugs	000647	85

Notes

1. All data elements are defined in the *National Health Data Dictionary*, Version 10 (AIHW 2001).
2. The Knowledgebase: Australia's health and community services data registry can be accessed through the AIHW Internet home page at (<http://www.aihw.gov.au>).

Client type

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000426 *Version number:* 1

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 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
- 9 Not stated/inadequately described

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. These clients are sometimes referred to as primary clients.

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. These clients are sometimes referred to as secondary clients.

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.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

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

Comments:

The *Standard Australian Classification of Countries* (ABS Cat. No.1269.0 1998) supersedes the *Australian Standard Classification of Countries for Social Statistics* (ASCCSS) which was reported in version 9 of the NHDD.

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. 8 *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 the 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)

R1 Acute care hospitals

Establishments which provide at least minimal medical, surgical or obstetric services for inpatient treatment and/or care, and which provide

*Guide for use
(continued):*

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

*Guide for use
(continued):*

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 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000641 *Version number:* 1

Data element type: DATA ELEMENT

Definition: Number of service contacts made with a client for the purpose of providing alcohol and other drug treatment during a treatment episode.

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 therapeutic contacts 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 on the same occasion of service, the contact is counted only once. Where the client has multiple contacts on a single day, contact is counted only once.

Collection methods: To be collated at the close of an episode. The total number of contacts are calculated or counted for the closed 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 01/07/2001

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) four-digit (individual drugs of concern) level. 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
31	Hmong

<i>Data domain</i>	32	Hokkien
<i>(continued):</i>	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
	85	Wik-Mungkan
	86	Yiddish

Data domain (continued):	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) four-digit (individual drugs of concern) level. 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.

Code 4 Includes specialists in private practice.

**Guide for use
(continued):**

- 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 3 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 D

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.

The classification structure is listed below:

1 Oceania and Antarctica	2 North-West Europe
11 Australia (includes External Territories)	21 United Kingdom
1101 Australia	2101 Channel Islands
1102 Norfolk Island	2102 England
1199 Australian External Territories, nec	2103 Isle of Man
12 New Zealand	2104 Northern Ireland
1201 New Zealand	2105 Scotland
13 Melanesia	2106 Wales
1301 New Caledonia	22 Ireland
1302 Papua New Guinea	2201 Ireland
1303 Solomon Islands	23 Western Europe
1304 Vanuatu	2301 Austria
14 Micronesia	2302 Belgium
1401 Guam	2303 France

1402 Kiribati	2304 Germany
1403 Marshall Islands	2305 Liechtenstein
1404 Micronesia, Federated States of	2306 Luxembourg
1405 Nauru	2307 Monaco
1406 Northern Mariana Islands	2308 Netherlands
1407 Palau	2311 Switzerland
15 Polynesia (excludes Hawaii)	24 Northern Europe
1501 Cook Islands	2401 Denmark
1502 Fiji	2402 Faeroe Islands
1503 French Polynesia	2403 Finland
1504 Niue	2404 Greenland
1505 Samoa	2405 Iceland
1506 Samoa, American	2406 Norway
1507 Tokelau	2407 Sweden
1508 Tonga	4 North Africa and the Middle East
1511 Tuvalu	41 East North Africa
1512 Wallis and Futuna	4101 Algeria
1599 Polynesia (excludes Hawaii), nec	4102 Egypt
16 Antarctica	4103 Libya
1601 Adelie Land (France)	4104 Morocco
1602 Argentinian Antarctic Territory	4105 Sudan
1603 Australian Antarctic Territory	4106 Tunisia
1604 British Antarctic Territory	4107 Western Sahara
1605 Chilean Antarctic Territory	4199 North Africa, nec
1606 Queen Maud Land (Norway)	42 Middle East
1607 Ross Dependency (New Zealand)	4201 Bahrain
3 Southern and Eastern Europe	4202 Gaza Strip and West Bank
31 Southern Europe	4203 Iran
3101 Andorra	4204 Iraq
3102 Gibraltar	4205 Israel
3103 Holy See	4206 Jordan
3104 Italy	4207 Kuwait
3105 Malta	4208 Lebanon
3106 Portugal	4211 Oman
3107 San Marino	4212 Qatar
3108 Spain	4213 Saudi Arabia
32 South Eastern Europe	4214 Syria
3201 Albania	4215 Turkey
3202 Bosnia and Herzegovina	4216 United Arab Emirates

3203 Bulgaria	4217 Yemen
3204 Croatia	6 North-East Asia
3205 Cyprus	61 Chinese Asia (includes Mongolia)
3206 Former Yugoslav Republic of Macedonia (FYROM)	6101 China (excludes SARs and Taiwan Province)
3207 Greece	6102 Hong Kong (SAR of China)
3208 Moldova	6103 Macau (SAR of China)
3211 Romania	6104 Mongolia
3212 Slovenia	6105 Taiwan
3213 Yugoslavia, Federal Republic of	62 Japan and the Koreas
33 Eastern Europe	6201 Japan
3301 Belarus	6202 Korea, Democratic People's Republic of (North)
3302 Czech Republic	6203 Korea, Republic of (South)
3303 Estonia	8 Americas
3304 Hungary	81 Northern America
3305 Latvia	8101 Bermuda
3306 Lithuania	8102 Canada
3307 Poland	8103 St Pierre and Miquelon
3308 Russian Federation	8104 United States of America
3311 Slovakia	82 South America
3312 Ukraine	8201 Argentina
5 South-East Asia	8202 Bolivia
51 Mainland South-East Asia	8203 Brazil
5101 Burma (Myanmar)	8204 Chile
5102 Cambodia	8205 Colombia
5103 Laos	8206 Ecuador
5104 Thailand	8207 Falkland Islands
5105 Viet Nam	8208 French Guiana
52 Maritime South-East Asia	8211 Guyana
5201 Brunei Darussalam	8212 Paraguay
5202 Indonesia	8213 Peru
5203 Malaysia	8214 Suriname
5204 Philippines	8215 Uruguay
5205 Singapore	8216 Venezuela
5206 East Timor	8299 South America, nec
7 Southern and Central Asia	83 Central America
71 Southern Asia	8301 Belize
7101 Bangladesh	8302 Costa Rica
7102 Bhutan	8303 El Salvador
7103 India	

7104 Maldives	8304 Guatemala
7105 Nepal	8305 Honduras
7106 Pakistan	8306 Mexico
7107 Sri Lanka	8307 Nicaragua
72 Central Asia	8308 Panama
7201 Afghanistan	84 Caribbean
7202 Armenia	8401 Anguilla
7203 Azerbaijan	8402 Antigua and Barbuda
7204 Georgia	8403 Aruba
7205 Kazakhstan	8404 Bahamas
7206 Kyrgyz Republic	8405 Barbados
7207 Tajikistan	8406 Cayman Islands
7208 Turkmenistan	8407 Cuba
7211 Uzbekistan	8408 Dominica
9 Sub-Saharan Africa	8411 Dominican Republic
91 Central and West Africa	8412 Grenada
9101 Benin	8413 Guadeloupe
9102 Burkina Faso	8414 Haiti
9103 Cameroon	8415 Jamaica
9104 Cape Verde	8416 Martinique
9105 Central African Republic	8417 Montserrat
9106 Chad	8418 Netherlands Antilles
9107 Congo	8421 Puerto Rico
9108 Congo, Democratic Republic of	8422 St Kitts and Nevis
9111 Côte d'Ivoire	8423 St Lucia
9112 Equatorial Guinea	8424 St Vincent and the Grenadines
9113 Gabon	8425 Trinidad and Tobago
9114 Gambia	8426 Turks and Caicos Islands
9115 Ghana	8427 Virgin Islands, British
9116 Guinea	8428 Virgin Islands, United States
9117 Guinea-Bissau	
9118 Liberia	
9121 Mali	
9122 Mauritania	
9123 Niger	
9124 Nigeria	
9125 Sao Tomé and Príncipe	
9126 Senegal	
9127 Sierra Leone	

9128 Togo	
92 Southern and East Africa	
9201 Angola	9216 Mozambique
9202 Botswana	9217 Namibia
9203 Burundi	9218 Réunion
9204 Comoros	9221 Rwanda
9205 Djibouti	9222 St Helena
9206 Eritrea	9223 Seychelles
9207 Ethiopia	9224 Somalia
9208 Kenya	9225 South Africa
9211 Lesotho	9226 Swaziland
9212 Madagascar	9227 Tanzania
9213 Malawi	9228 Uganda
9214 Mauritius	9231 Zambia
9215 Mayotte	9232 Zimbabwe
	9299 Southern and East Africa, nec

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.

The classification structure is listed below:

Broad Groups, Narrow Groups and drugs of concern

1 Analgesics

11 Organic opiate analgesics

1101 Codeine

1102 Morphine

1199 Organic opiate analgesics, nec

12 Semisynthetic opioid analgesics

1201 Buprenorphine

1202 Heroin

1203 Oxycodone

1299 Semisynthetic opioid analgesics, nec

13 Synthetic opioid analgesics

1301 Fentanyl

1302 Fentanyl analogues

1303 Levomethadyl acetate hydrochloride

1304 Meperidine analogues

1305 Methadone

1306 Pethidine
1399 Synthetic opioid analgesics, nec

14 Non-opioid analgesics

1401 Acetylsalicylic acid
1402 Paracetamol
1499 Non-opioid analgesics, nec

2 Sedatives and hypnotics

21 Alcohols

2101 Ethanol
2102 Methanol
2199 Alcohols, nec

22 Anaesthetics

2201 Gamma-hydroxybutyrate
2202 Ketamine
2203 Nitrous oxide
2204 Phencyclidine
2299 Anaesthetics, nec

23 Barbiturates

2301 Amylobarbitone
2302 Methylphenobarbitone
2303 Phenobarbitone
2399 Barbiturates, nec

24 Benzodiazepines

2401 Alprazolam
2402 Clonazepam
2403 Diazepam
2404 Flunitrazepam
2405 Lorazepam
2406 Nitrazepam
2407 Oxazepam
2408 Temazepam
2499 Benzodiazepines, nec

29 Other sedatives and hypnotics

2901 Chlormethiazole
2902 Kava lactones
2903 Zopiclone
2999 Other sedatives and hypnotics, nec

3 Stimulants and hallucinogens

31 Amphetamines

- 3101 Amphetamine
- 3102 Dexamphetamine
- 3103 Methamphetamine
- 3199 Amphetamines, nec

32 Cannabinoids

- 3201 Cannabinoids

33 Ephedra alkaloids

- 3301 Ephedrine
- 3302 Norephedrine
- 3303 Pseudoephedrine
- 3399 Ephedra alkaloids, nec

34 Phenethylamines

- 3401 DOB
- 3402 DOM
- 3403 MDA
- 3404 MDEA
- 3405 MDMA
- 3406 Mescaline
- 3407 PMA
- 3408 TMA
- 3499 Phenethylamines, nec

35 Tryptamines

- 3501 Atropinic alkaloids
- 3502 Diethyltryptamine
- 3503 Dimethyltryptamine
- 3504 Lysergic acid diethylamide
- 3505 Psilocybin
- 3599 Tryptamines, nec

36 Volatile nitrates

- 3601 Amyl nitrate
- 3602 Butyl nitrate
- 3699 Volatile nitrates, nec

39 Other stimulants and hallucinogens

- 3901 Caffeine
- 3902 Cathinone
- 3903 Cocaine
- 3904 Methcathinone

- 3905 Methylphenidate
- 3906 Nicotine
- 3999 Other stimulants and hallucinogens, nec

4 Anabolic agents and selected hormones

41 Anabolic androgenic steroids

- 4101 Boldenone
- 4102 Dehydroepiandrosterone
- 4103 Fluoxymesterone
- 4104 Mesterolone
- 4105 Methandriol
- 4106 Methenolone
- 4107 Nandrolone
- 4108 Oxandrolone
- 4111 Stanozolol
- 4112 Testosterone
- 4199 Anabolic androgenic steroids, nec

42 Beta 2 Agonists

- 4201 Eformoterol
- 4202 Fenoterol
- 4203 Salbutamol
- 4299 Beta 2 agonists, nec

43 Peptide hormones, mimetics and analogues

- 4301 Chorionic gonadotrophin
- 4302 Corticotrophin
- 4303 Erythropoietin
- 4304 Growth hormone
- 4305 Insulin
- 4399 Peptide hormones, mimetics and analogues, nec

49 Other anabolic agents and selected hormones

- 4901 Sulfonylurea hypoglycaemic agents
- 4902 Tamoxifen
- 4903 Thyroxine
- 4999 Other anabolic agents and selected hormones, nec

5 Antidepressants and antipsychotics

51 Monoamine oxidase inhibitors

- 5101 Moclobemide
- 5102 Phenelzine

5103 Tranylcypromine
5199 Monoamine oxidase inhibitors, nec

52 Phenothiazines

5201 Chlorpromazine
5202 Fluphenazine
5203 Pericyazine
5204 Thioridazine
5205 Trifluoperazine
5299 Phenothiazines, nec

53 Serotonin reuptake Inhibitors

5301 Citalopram
5302 Fluoxetine
5303 Paroxetine
5304 Sertraline
5399 Serotonin reuptake inhibitors, nec

54 Thioxanthenes

5401 Flupenthixol
5402 Thiothixene
5499 Thioxanthenes, nec

55 Tricyclic antidepressants

5501 Amitriptyline
5502 Clomipramine
5503 Dothiepin
5504 Doxepin
5505 Nortriptyline
5599 Tricyclic antidepressants, nec

59 Other antidepressants and antipsychotics

5901 Butyrophenones
5902 Lithium
5903 Mianserin
5999 Other antidepressants and antipsychotics, nec

6 Volatile solvents

61 Aliphatic Hydrocarbons

6101 Butane
6102 Petroleum
6103 Propane
6199 Aliphatic Hydrocarbons, n.e.c.

62 Aromatic hydrocarbons

6201 Toluene

6202 Xylene

6299 Aromatic hydrocarbons, nec

63 Halogenated hydrocarbons

6301 Bromochlorodifluoromethane

6302 Chloroform

6303 Tetrachloroethylene

6304 Trichloroethane

6305 Trichloroethylene

6399 Halogenated hydrocarbons, nec

69 Other volatile solvents

6901 Acetone

6902 Ethyl acetate

6999 Other volatile solvents, nec

9 Miscellaneous drugs of concern

91 Diuretics

9101 Antikaliuretics

9102 Loop diuretics

9103 Thiazides

9199 Diuretics, nec

92 Opioid antagonists

9201 Naloxone

9202 Naltrexone

9299 Opioid antagonists, nec

99 Other Drugs of Concern

9999 Other drugs of concern