

# 4 The data elements—in brief

Summary information for all data elements and supporting items is provided below. More detailed information about each of the data elements can be found in Appendix B.

## 4.1 Establishment-level data elements

### Establishment identifier

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

- Australian state/territory identifier
- Establishment sector
- Region code
- Establishment number

### Australian state/territory identifier

This number uniquely identifies each state and territory as follows:

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

### Establishment sector

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

- 1 Public
- 2 Private.

In the AODTS-NMDS, this data element is used to differentiate between establishments run by the government sector (code 1) and establishments that receive some government funding but are run by the non-government sector (code 2).

### **Region code**

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

The health authority in each state or territory allocates the relevant region code.

Note: The field size for this data element will need to be 2 alpha characters (AA) if there are more than 26 regions in the state/territory. Also, **this field is case sensitive** so the same case (upper or lower) needs to be used for the Establishment Identifier in both the Establishment file and the Episode file for data transmission.

### **Establishment number**

The Establishment number uniquely identifies an alcohol and other drug treatment agency within a state or territory. It is the responsibility of each jurisdiction's health authorities to assign an Establishment number to each agency and to include a code for each service delivery outlet where appropriate (see *Geographical location of service delivery outlet* p. 93 and *Service delivery outlet* p. 135).

### **Geographical location of service delivery outlet**

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

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

The IGCD AODTS-NMDS Working Group agreed that an additional code would be attached to the establishment number to identify the service delivery outlet where that differs from the establishment (see *Service delivery outlet* p. 135). Note that *Geographical location of service delivery outlet* is to be collected at the treatment episode level.

## **4.2 Episode (client-level) data elements**

### **Client type—alcohol and other drug treatment services**

This data element records whether a client's contact with an alcohol and other drug treatment agency concerns their own drug use or that of another person. Coding options are:

- 1 Own alcohol or other drug use
- 2 Other's alcohol or other drug use.

Code 1 can include clients who receive treatment for both their own alcohol or other drug use and the alcohol or other drug use of another person.

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

## **Country of birth**

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

## **Date of birth**

This data element refers to the date of birth of a client and is collected in the format DDMMYYYY and must be zero-filled (e.g. 21 February 1911 = 21021911).

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

## **Date of cessation of treatment episode for alcohol and other drugs**

This data element refers to the date on which a client's treatment episode for alcohol and other drugs ceased and is collected in the format DDMMYYYY.

For a treatment episode to be completed (closed), it requires defined dates of commencement and cessation. This data element clearly identifies 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. It refers to the date of the last service contact in a treatment episode between the client and staff of the treatment provider. In situations where a client has had no contact with the treatment provider for three months, and there is no plan in place for further contact, the date of the last service contact should be used.

It is important to note that only completed treatment episodes are reported in the AODTS-NMDS collection.

## **Date of commencement of treatment episode for alcohol and other drugs**

This data element records the date on which a client's treatment episode for alcohol and other drugs began and is collected in the format DDMMYYYY.

Note that the date is collected for the commencement of a treatment episode, rather than the commencement of treatment. For example, if a client recommences treatment or begins a new treatment episode, the date of commencement for the new episode is reported, not the date that the client first registered with the agency.

## **Indigenous status**

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

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

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

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

The standard question for Indigenous status is 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.

This question must always be asked regardless of data collectors' perceptions based on appearance or other factors.

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

### **Injecting drug use status**

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

Coding options are:

- 1 Last injected three months ago or less
- 2 Last injected more than three months ago but less than or equal to twelve months ago.
- 3 Last injected more than twelve months ago.
- 4 Never injected
- 9 Not stated/inadequately described.

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

For clients whose treatment episode is related to the alcohol or other drug use of another person, this data element should not be collected and should be coded Not stated (9).

### **Main treatment type for alcohol and other drugs**

This data element describes 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.

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

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

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

Note: If codes 5–7 (support and case management only, information and education only and assessment only) are chosen, then there should be no *Other treatment type for alcohol and other drugs* selected. More information on the coding options is provided at Appendix B.

### **Method of use for principal drug of concern**

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

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

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

For clients whose treatment episode is related to the alcohol or other drug use of another person, this data element should not be collected and should be coded Not stated (9). Where the treatment episode relates to both the client's own drug use and the drug use of another person, method of use for principal drug of concern is recorded for the client's own behaviour.

### **Other drug of concern**

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

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

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

jurisdictions with the capacity to do this.

For clients whose treatment episode is related to the alcohol or other drug use of another person, this data element should not be collected and should be coded Not stated (0001). Where the treatment episode relates to both the client's own drug use and the drug use of another person, *Other drug of concern* is recorded for the client's own drug use.

The following supplementary codes can be used where appropriate before the data are transferred to the AIHW:

- 0000 Inadequately described
- 0001 Not stated
- 0003 None/no other drugs of concern
- 0005 Opioid analgesics nfd
- 0006 Psychostimulants nfd

Note: Code 3 should only be used for the **first** *Other drug of concern*.

### **Other treatment type for alcohol and other drugs**

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

Coding options are:

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

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

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

### **Person identifier**

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

### **Preferred language**

This data element describes the language (including sign language) most preferred by a client for communication. This may be a language other than English even where the person can speak fluent English.

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 also Appendix D). To date, the classification used for the preferred language data element has been a modified version of the two-digit level ABS classification. However, from the 1 July 2007 the four-digit code for the preferred language data element will be collected at the agency level.

### Principal drug of concern

This is the main drug, as stated by the client, that has led a person to seek treatment from the service.

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 E). In some jurisdictions, coding to the ABS standard has been implemented. Where this has not happened, it is the responsibility of the health authority to re-code agency data to a level that is at least mappable to the ABS standard. At the agency level, when a short list of drugs of concern are used for ease of selection (e.g. tick box list on a form), it is recommended that the following drug categories be included and listed alphabetically:

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

Other – please specify

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

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

For clients whose treatment episode is related to the alcohol or other drug use of another person (i.e. client type code 2), this data element should not be collected and should be coded Not stated (code 0001).

The following supplementary codes can be used where appropriate:

- 0000 Inadequately described
- 0001 Not stated (only to be used where Client type = code 2)
- 0005 Opioid analgesics nfd
- 0006 Psychostimulants nfd

### Reason for cessation of treatment episode for alcohol and other drugs

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

Given the levels of attrition within alcohol and other drug treatment programs, it is important to identify the range of different reasons for ceasing treatment with a service. This data element was developed to report the main reasons why treatment episodes are closed.

Reasons for closing a treatment episode include a change in the principal drug of concern, the treatment delivery setting or the main treatment type.

The full range of coding options is:

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

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

## **Sex**

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

- 1 Male
- 2 Female.

The full definition of sex 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 and therefore code 3 does not appear in the AODTS–NMDS value domain.

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. See Appendix B for the full definition and coding options.

## **Source of referral to alcohol and other drug treatment service**

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

Source of referral is coded as follows:

- 1 Self
- 2 Family member/friend
- 3 Medical practitioner

- 4 Hospital
- 5 Mental health care service
- 6 Alcohol and other drug treatment service
- 7 Other community/health care service
- 8 Correctional service
- 9 Police diversion
- 10 Court diversion
- 98 Other
- 99 Not stated/inadequately described

### **Treatment delivery setting for alcohol and other drugs**

This describes the main physical setting in which the type of treatment that is the principal focus of the alcohol and other drug treatment episode is actually delivered to a client, irrespective of whether or not this is the same as the usual location of the service provider. Only one code should be selected at the end of the alcohol and other drug treatment episode from the following coding options:

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

Agencies should report the setting in which most of the main type of treatment (as reported in *Main treatment type* for alcohol and other drugs) was received by the client during the treatment episode.

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.

## 4.3 Supporting items

### **Cessation of treatment episode for alcohol and other drugs**

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

### **Commencement of treatment episode for alcohol and other drugs**

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

### **Episode of treatment for alcohol and other drugs**

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

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

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

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

A new treatment episode commences when:

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

A treatment episode is terminated when:

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

### **Service delivery outlet**

A service delivery outlet is a site from which an organisation, or sub-unit of an organisation, delivers a health or community service. An organisation may have one or more service delivery outlets.

In the case of the AODTS-NMDS, the service delivery outlet uniquely identifies each outlet of an alcohol and other drug treatment agency within a state or territory. It is required to identify agency sites that conduct treatment episodes, as distinct from administrative centres.

It is the responsibility of each jurisdiction's health authorities to include a Service delivery outlet code as part of each agency's Establishment number. This will apply where an agency has more than one Service delivery outlet.