

# 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**

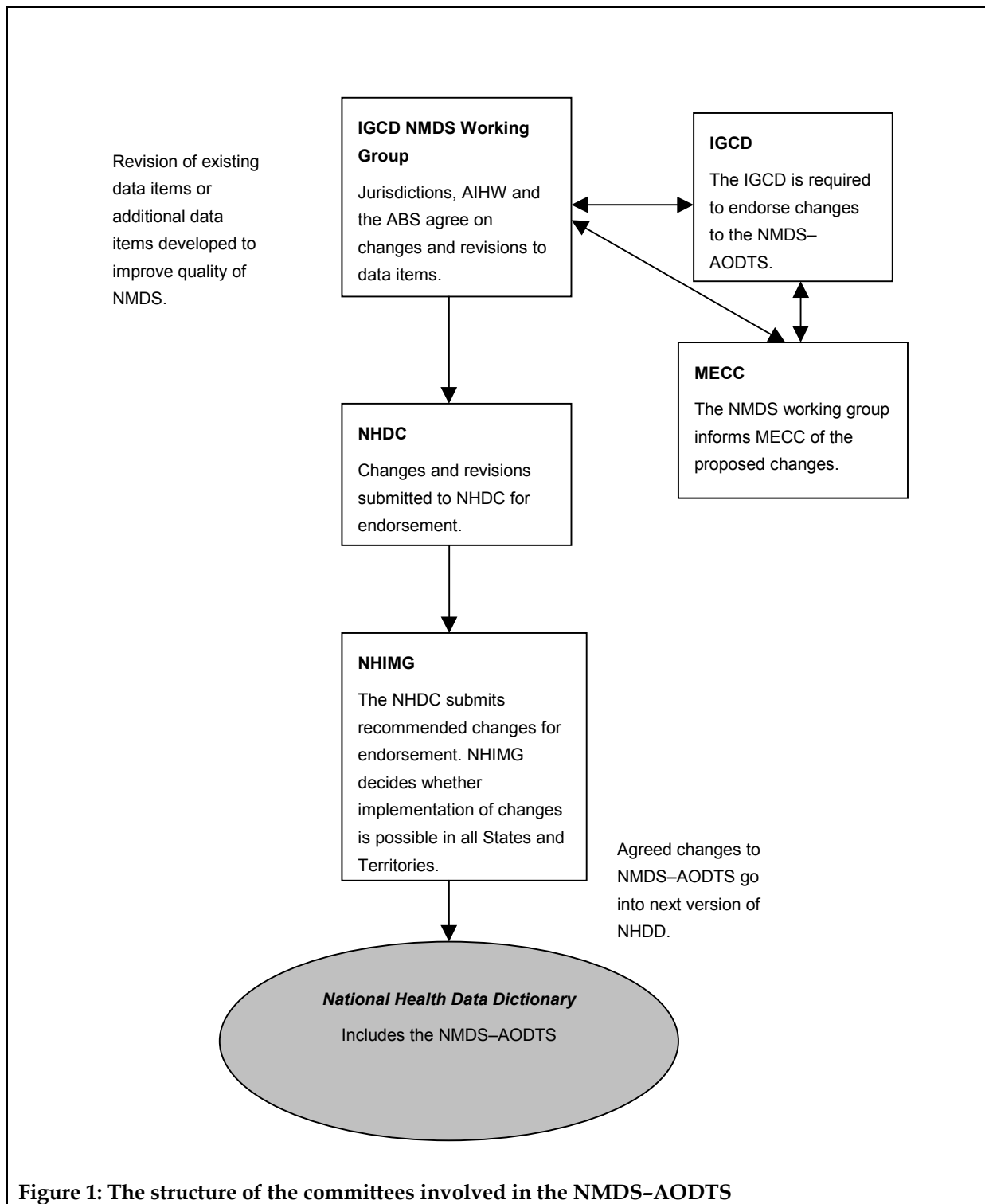
The NMDS–AODTS has been developed and implemented under the terms of the National Health Information Agreement (NHIA). Under the NHIA, the Commonwealth, States and Territories are committed to working with the AIHW, the ABS and others to develop, collate and report national health information. The NHIA 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
<b>Establishment-level data elements</b>			
Establishment identifier (comprising)		✓	000050
— State identifier			000380
— Establishment sector		✓	000379
— Region code			000378
— Establishment number		✓	000377
Establishment type			000327
Geographical location of establishment			000260
<b>Client-level data elements</b>			
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
<b>Supporting data element concepts</b>			
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:

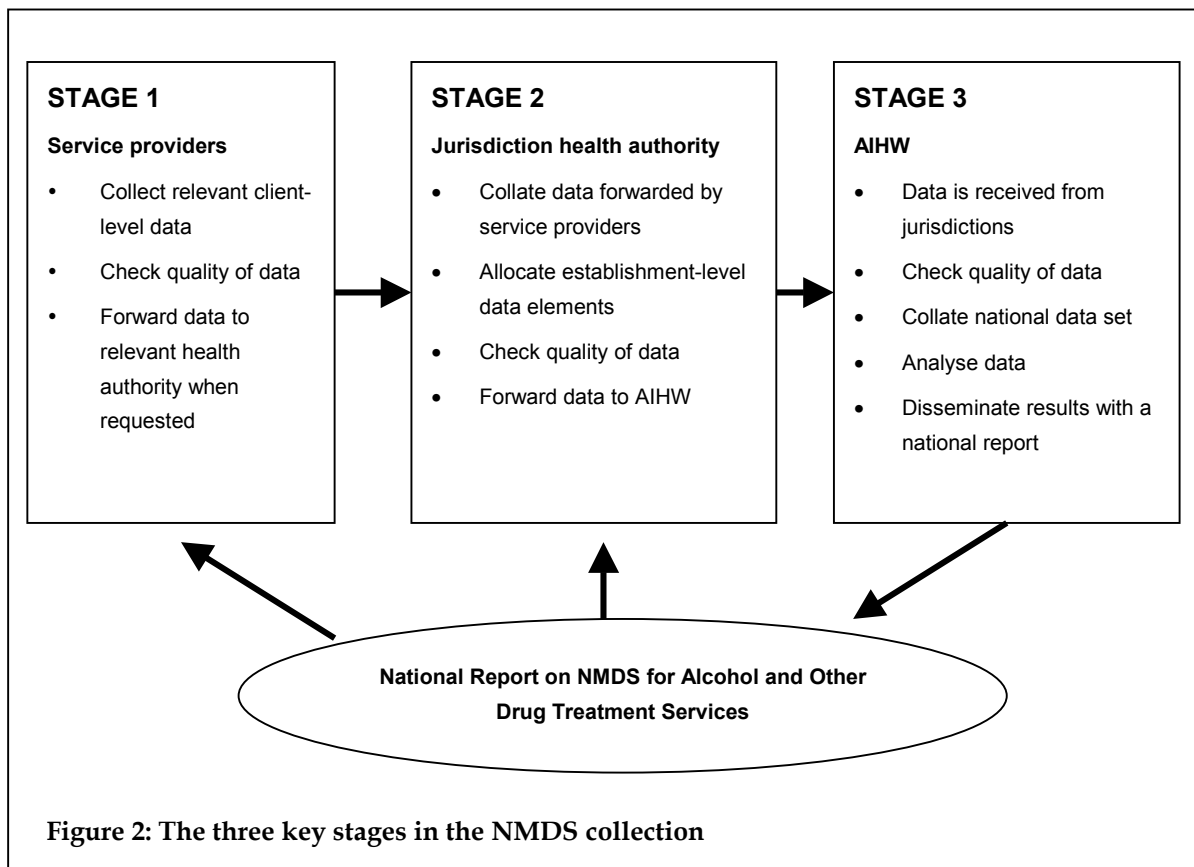
- a client's treatment plan has been completed;
- there has been no contact (i.e. service contact that comprises treatment) between the client and the treatment provider for a period of three months, unless that period of non-contact was planned;
- the client's principal drug of concern has changed;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

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

**Client level**

<b>Item no.</b>	<b>Item name</b>	<b>Data type</b>
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

### AIHW contact for further information on file transfer

Bradley Grant

Phone: (02) 6244 1152

Email: [bradley.grant@aihw.gov.au](mailto:bradley.grant@aihw.gov.au)

## 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.

## References

- Australian Bureau of Statistics (ABS) 1990. Australian Standard Classification of Countries for Social Statistics (ASCCSS). ABS Cat. No. 1269.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1997. Australian Standard Classification of Languages (ASCL). ABS Cat. No. 1267.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1998. Standard Australian Classification of Countries (SACC). ABS Cat. No. 1269.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1999. Australian Standard Geographical Classification (ASGC). ABS Cat. No. 1216.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 1999. Standards for Statistics on Cultural and Language Diversity. ABS Cat. No. 1289.0. Canberra: ABS.
- Australian Bureau of Statistics (ABS) 2000. Australian Standard Classification of Drugs of Concern. ABS Cat. No. 1248.0. Canberra: ABS.
- Australian Institute of Health and Welfare (AIHW) 1994. National Health Information Agreement procedure manual. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 2000. National health data dictionary. Version 9. AIHW Cat. No. HWI 24. Canberra: AIHW.
- Australian Institute of Health and Welfare (AIHW) 2001. National health data dictionary. Version 10. AIHW Cat. No. HWI 24. Canberra: AIHW.