

## 4 The data elements—in brief

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

### Establishment-level data elements

#### Establishment identifier

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

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

#### Establishment number

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

#### State identifier

This number uniquely identifies each State and Territory as follows:

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

## **Establishment sector**

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

- 1 Public
- 2 Private.

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

## **Region code**

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

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

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

## **Establishment type**

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

N8.1.1 Public community health centre; or

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

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

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

R4.1 Public alcohol and drug treatment centre; or

R4.2 Private alcohol and drug treatment centre.

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

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

## **Geographical location of establishment**

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

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

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

## **Client-level data elements**

### **Person identifier**

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

### **Sex**

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

- 1 Male
- 2 Female.

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

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

## Date of birth

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

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

## Country of birth

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

## Indigenous status

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

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

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

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

The standard question for Indigenous status is:

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

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

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

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

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

## Preferred language

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

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

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

See Appendix B for the full definition and code list.

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

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

Coding options are:

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

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

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

### **Changes made to this data element for 2002-03**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The full range of coding options is:

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

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

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

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

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

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

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

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

#### **Changes made to the data element for 2002-03**

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

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

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

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

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

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

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

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

## Method of use for principal drug of concern

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

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

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

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

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

## Injecting drug use

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

Coding options are:

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

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

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

## Principal drug of concern

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

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

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

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

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

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

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

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

## **Other drugs of concern**

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

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

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

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

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

0000 Inadequately described

0001 Not stated

0003 None/no other drugs of concern.

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

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

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

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

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

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

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

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

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

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

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

Coding options are:

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

4 Pharmacotherapy

5 Other

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

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

## Supporting data element concepts

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

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

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

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

### Service contact

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

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

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

In the AODTS-NMDS:

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

## Treatment episode for alcohol and other drugs

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

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

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

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

A new treatment episode commences when:

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

A treatment episode is terminated when:

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