

4 The data elements—in brief

Summary information for all data elements and data concepts is provided below, including full details of new or revised data elements and data concepts.

NOTE: there have been changes to the *National Health Data Dictionary* (NHDD) protocols for data elements where they are used in specific NMDS's. As from NHDD v.12 (2003) all text that is not relevant to the specific NMDS the data element is used for does not need to be retained. For AODTS NMDS this change affects the data element 'Sex'.

For example, the full definition of sex includes a third coding option (3 - Indeterminate). This coding option is specifically designed for classification in perinatal statistics when it is not possible for the sex of the baby to be determined. For alcohol and other drug treatment agencies only codes 1 and 2 apply and therefore code 3 does not appear in the AODTS NMDS data domain. Similarly, information in the context, guide for use, verification rules, collection methods and comments sections only include those descriptions that are relevant for the specific NMDS that the data element is included in.

4.1 Establishment-level data elements

Establishment identifier

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

- State/territory identifier
- Establishment sector
- Region code
- Establishment number (to include code to identify service delivery outlet)

Establishment number

The Establishment number uniquely identifies an alcohol and other drug treatment agency within a state or territory. It is the responsibility of each jurisdiction's health authorities to assign an Establishment number to each agency and to include a code for each service delivery outlet where appropriate (see *Geographical location of service delivery outlet* p. 85 and *Service delivery outlet* p. 115).

State/territory identifier (revised)

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).

Changes made to this data element for 2003-04

There has been a change of name from State identifier to State/territory identifier.

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.

Geographical location of service delivery outlet (replacement)

A new derived data element has been developed to provide the geographic location of each AODTS outlet. It is intended to function as a replacement for *Geographical location of*

establishment in the AODTS NMDS. This data element has also been designed to be generic so that it can apply to other community health areas.

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

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

The IGCD NMDS Working Group agreed that an additional code would be attached to the establishment number to identify the service delivery outlet where that differs from the establishment (see *Service delivery outlet* p. 115. Note that *Geographical location of service delivery outlet* is to be collected at the Treatment episode level.

4.2 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 (revised)

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

- 1 Male
- 2 Female.

The full definition of sex includes a third coding option (3 – Indeterminate). This coding option is specifically designed for classification in perinatal statistics when it is not possible for the sex of the baby to be determined. For alcohol and other drug treatment agencies only codes 1 and 2 apply and therefore code 3 does not appear in the AODTS NMDS data domain. Similarly, information in the context, guide for use, verification rules, collection methods and comments sections only include those descriptions that are relevant for the specific NMDS that the data element is included in.

Note that the term ‘sex’ refers to the biological differences between males and females, while the term ‘gender’ refers to the socially expected/perceived dimensions of behaviour associated with males and females – masculinity and femininity. The ABS advises that the correct terminology for this data element is sex. See the full definition at Appendix B for coding options.

Changes made to this data element for 2003–04

Code 3 has been removed as a category from the Data domain.

In line with changes to the NHDD protocols for DEs in specific NMDS's all text has been removed from Guide for use and Verification rules as it was not relevant for the AODTS NMDS (see note at beginning of this chapter, p. 10).

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 B for further detail about this classification.

Indigenous status (revised)

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

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

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

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 as follows:

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

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

No.....

Yes, Aboriginal.....

Yes, Torres Strait Islander.....

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

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

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

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

Changes made to this data element for 2003-04

There have been changes in the Definition and Context of this data element to more accurately reflect what is being collected and to update the purpose of this data element.

There have been small changes to the Data domain and Guide for use to bring more clarity to the codes used, not to change what is being collected.

There have also been changes to the Collection methods, Source document and Comments. Again these are for clarification purposes not to change how the data element is collected.

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. Coding options are:

- 1 Own drug use
- 2 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.

Changes made to this data element for 2003-04

There has been a small change in the Definition and Context of this data element to reflect treatment episode.

Code 3 has been removed as a category from the Data domain.

Modification to Guide for use and Collection methods to ensure consistency.

Information on Related data has been updated for the data elements *Principal drug of concern*, *Other drugs of concern* to version 2 from version 1.

Source of referral to alcohol and other drug treatment service (revised)

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** the additional changes below agreed at the 10 April 2003 Working Group meeting. These changes will be incorporated into the next version of the *National Health Data Dictionary*.

Changes made to this data element for 2003-04

The Data domain and the Guide for use were revised to more accurately capture the most common sources of referral and to make the categories more mutually exclusive.

The separation of codes into Agency and Non-agency reflects the approach taken in the NCSDD data element 'Referral source'.

Important further changes agreed at 10 April 2003 Working Group meeting

The mapping provided in Table 2 column 2 is to be used for Source of referral codes **not** the codes provided under the Data element description on p. 108.

Table 2: Source of referral codes to be used for 2003-04 AODTS NMDS

Code	Data domain	Code	Data domain
1	Self	7	Other community/health care service
2	Family member/friend	8	Correctional service
3	General practitioner/medical specialist	9	Police diversion
4	Hospital	10	Court diversion
5	Community mental health care service	98	Other
6	Alcohol and other drug treatment service	99	Not stated/inadequately described

Table 3: Mapping of Source of referral codes to be used for 2003–04 AODTS NMDS

2002–03 Guidelines	Mapping for 2003–04 from 2002–03 and 2003–04 Guidelines	2003–04 Guidelines
		10 Non-agency individual
1 Self	1 Self	11 Self
2 Family member/friend	2 Family member/friend	12 Family member/friend
3 General practitioner	3 General practitioner/medical specialist	13 General practitioner
4 Medical specialist	3 General practitioner/medical specialist	
	98 Other	18 Other individual
		20 Agency
5 Psychiatric Hospital	4 Hospital	
6 Other hospital	4 Hospital	21 Hospital
7 Residential community mental health care service	5 Community mental health care service	22 Community mental health care service
8 Residential alcohol and other drug treatment service	6 Alcohol and other drug treatment service	23 Alcohol and other drug treatment service
9 Other residential community care unit	7 Other community/health care service	24 Other community/health care service
10 Non-residential medical and/or allied health care agency	7 Other community/health care service	
11 Non-residential community mental health care agency or outpatient clinic	5 Community mental health care service	
12 Non-residential AODTS or outpatient clinic	6 Alcohol and other drug treatment service	
13 Other Non-residential community health care agency or outpatient clinic	7 Other community/health care service	
14 Other community service agency	7 Other community/health care service	
15 Community-based corrections	8 Correctional service	25 Correctional service
16 Police diversion	9 Police diversion	26 Police diversion
17 Court diversion	10 Court diversion	27 Court diversion
18 Other	98 Other	28 Other agency
99 Not stated/inadequately described	99 Not stated/inadequately described	99 Not stated/inadequately described

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. 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.

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

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

The NMDS WG agreed that, subject to endorsement by the NHDC, this data element would no longer be used in the AODTS NMDS collection from 2003–04. The corresponding data element concept *Service contact* has also been removed, subject to endorsement by the NHDC, from use in this collection.

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 and should be coded to Not stated (9).

Where the treatment episode relates to both the client's own drug use and the drug use of another person, method of use for principal drug of concern is recorded for the client's own behaviour.

Injecting drug use status (revised)

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

Coding options are:

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

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

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

Changes made to this data element for 2003-04

Revision of the Data domain to more accurately reflect the time periods used for injecting drug use.

Additional information was included in Collection methods and Related data for clarification.

All changes to the revised data element are shown in Appendix B.

Principal drug of concern (revised)

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

The classification coding used for this data element is the four-digit level of coding used by the *Australian Standard Classification of Drugs of Concern (ASCDC)*, ABS Cat. No. 1248.0 (see Appendix C). In some jurisdictions, coding to the ABS standard has been implemented. Where this has not happened, it is the responsibility of the health authority to re-code agency data to a level that is at least mappable to the ABS standard. At the agency level, when a short list of drugs of concern are used for ease of selection (e.g. tick box list on a form), it is recommended that the following drug categories be included and listed alphabetically:

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

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

This information should be collected at assessment or commencement of 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 and should be coded to Not stated (1).

Changes made to this data element for 2003–04

Revised Data definition to clarify meaning of data element.

Revised Data domain to update the details of the classification used.

Revised Guide for use to indicate that generally it is the main drug of concern indicated by the client, but if a client is referred into treatment and does not nominate a drug of concern, then the drug involved in the client's referral should be chosen.

Additional information added to Collection methods and Related data.

All changes to the revised data element are shown in Appendix B.

Other drug of concern (revised)

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

This data element complements *Principal drug of concern*. It is a multiple response item to allow for the coding of multiple drug use. It is recommended that up to five Other drugs of concern are reported. There should be no duplication with *Principal drug of concern*. The classification coding used for this data element is 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 those jurisdictions with the capacity to do this.

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

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

- 0000 Inadequately described
- 0001 Not stated
- 0003 None/no other drugs of concern

Note, code 0003 should only be used for the first Other drug of concern.

Changes made to this data element for 2003-04

Slight change to title.

Revised Data definition to more accurately reflect what is captured.

Revised Data domain to update classification used.

Revised Guide for use to improve understanding.

Additional information added to Collection methods and Related data.

All changes to the revised data element are shown in Appendix B.

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 type for alcohol and other drugs* 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.

4.3 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

The NMDS WG agreed that, subject to endorsement by the NHDC, this data element concept would no longer be used in the AODTS NMDS collection from 2003–04. The corresponding data element *Number of service contacts within a treatment episode for alcohol and other drugs* has also been removed from use in this collection.

Service delivery outlet (new)

A new concept has been developed and it is designed to be generic so that it can apply to other community health areas, but needs to adequately cover AODTS outlets. The service delivery outlet uniquely identifies each outlet of an alcohol and other drug treatment agency within a state or territory. It is required to identify agency sites that conduct treatment episodes, as distinct from administrative centres.

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

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).