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Abbreviations

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and other drugs
AODTS-NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
ASCDC	Australian Standard Classification of Drugs of Concern
ASCL	Australian Standard Classification of Languages
ASGC	Australian Standard Geographical Classification
IGCD	Intergovernmental Committee on Drugs
IPPs	Information Privacy Principles
METeOR	AIHW's Metadata Online Registry
NDARC	National Drug and Alcohol Research Council
NEHIPC	National E-Health Information Principal Committee
NHDD	National health data dictionary
NHIA	National Health Information Agreement
NHIMG	National Health Information Management Group
NHISSC	National Health Information Standards & Statistics Committee
NLI	National Localities Index
NMDS	National minimum data set
NPPs	National Privacy Principles
SACC	Standard Australian Classification of Countries
SIMC	Statistical Information Management Committee
SLA	Statistical Local Area

Summary

This document is a guide for drug treatment agencies, state and territory health departments and other people involved in collecting and transmitting data for the 2009–10 Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS). It contains definitions of the data elements in the collection, and guidelines about collecting and transmitting the data in 2009–10. This document is one of a series of similar documents that provide information to assist participants in each year of the collection.

This publication was updated by Karen Blakey-Fahey and Amber Jefferson of the Australian Institute of Health and Welfare, advised and assisted by members of the Intergovernmental Committee on Drugs AODTS–NMDS Working Group. The AIHW gratefully acknowledges the funding provided by the Australian Government Department of Health and Ageing.

1 Introduction

1.1 How to use this document

These guidelines have been prepared as a reference for all those involved in collecting and supplying data for the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS). They should be useful to staff in Australian Government, state and territory departments, and alcohol and other drug treatment agency staff directly involved in the collection and reporting of the data set.

Anyone looking for information about the meaning of specific data elements will find details in Chapter 4. That is the place to go for questions like “What is a closed treatment episode?” and “How is ‘expiation’ defined when it’s recorded as a reason for cessation?”

Chapter 4 includes detailed data item definitions (which remain the same even when the data item is used in other data collections), additional information specifically for AODTS data collectors, and examples of how the data items are used in AIHW AODTS–NMDS publications.

This publication also provides a comprehensive guide to the AODTS–NMDS collection, including:

- some history on the collection’s purpose and development
- the scope of the national data set
- information about changes and variations made to the data set over time
- information about the data validation procedures that are undertaken by the Australian Institute of Health and Welfare (AIHW)
- the privacy and data principles that govern the collection
- data release guidelines.

1.2 Why do we need a national collection?

The aim of the AODTS–NMDS is to combine standardised Australian Government, state and territory data so that national information about clients accessing alcohol and other drug treatment, service usage and treatment programs can be reported. It is also expected that the collection will provide agencies with access to basic data relating to drug problems and treatment responses in their areas. The data derived from the national collection are used, with information from other 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.

National minimum data sets (NMDS) for health collections are minimum sets of data elements agreed to by the relevant national data committee. The AODTS–NMDS was originally 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. An NMDS depends on a national agreement to collect a

complete set of uniform data and supply them as part of the national collection, but does not preclude health jurisdictions and individual agencies and service providers from collecting additional data to meet their own specific needs. In fact, for most states and territories the AODTS–NMDS is a subsection of a larger data set that is collected by the health jurisdiction for management purposes. The intention, however, is that the AODTS–NMDS data items have standardised definitions and collection methods across all states and territories so that this information may be compared and used to inform planning and policy developments for reducing drug-related harm.

1.3 Brief history of the national collection

The AODTS–NMDS 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 who attended the forum agreed that a lack of comparable national 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 AODTS–NMDS 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 then Commonwealth Department of Health and Aged Care took responsibility for overseeing the carriage of phase two – the development of the AODTS–NMDS. 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 states (New South Wales, Victoria, Queensland and South Australia), the AIHW, NDARC and the then Australian Government Department of Health and Aged Care.

The AODTS–NMDS has since become a national project of the IGCD AODTS–NMDS Working Group. Current membership consists of representatives from all states and territories, the Australian Bureau of Statistics (ABS), the National Drug and Alcohol Research Centre (NDARC), the Australian Government Department of Health and Ageing (DOHA) and the Australian Institute of Health and Welfare (AIHW). Development of the data elements for the national collection continued throughout 1999 and the data set was subsequently endorsed by the IGCD. In December 1999, the Australian Government and state and territory governments, through the then NHIMG, endorsed the AODTS–NMDS and collection commenced on 1 July 2000.

Output from the NMDS each year includes an annual report, national bulletin, state and territory data briefings and interactive data cubes. The full range of reports, plus data from the interactive electronic data cubes (multidimensional representations of data which provide fast retrieval and drill down facilities), are available from the AIHW website: <www.aihw.gov.au/drugs/index.cfm>.

The IGCD has supported the continued development of the AODTS–NMDS since its inception. The AIHW has maintained a coordinating role in the project, including providing the Secretariat and, until 2004, the Chair for the IGCD AODTS–NMDS Working Group. The AIHW is responsible for collating, analysing and reporting on AODTS–NMDS data, undertaking data development work, and highlighting national and jurisdictional

implementation and collection issues. The AIHW is also the data custodian of the national collection.

1.4 Roles and responsibilities

IGCD AODTS–NMDS Working Group

The IGCD AODTS–NMDS Working Group is responsible for developing and implementing the AODTS–NMDS. Members include representatives from each state and territory, the AIHW, the ABS, NDARC, and the Australian Government’s Drug Strategy Branch in the Department of Health and Ageing. The Working Group works closely with expert national health information bodies such as the National Health Information Standards and Statistics Committee (NHISSC). The majority of Working Group members play a role in coordinating the collation of data from service providers within their jurisdiction, forwarding these data to the AIHW for the national data set. The Working Group also has a large input into the national annual report that is produced by the AIHW. Working Group members are responsible for providing approval for their jurisdiction’s data to be analysed. The AIHW provides the Secretariat role for the Working Group and the roles of Chair and Deputy Chair are rotated among Working Group members. Since the establishment of the Working Group the role of Chair has been filled by members from New South Wales, South Australia, Victoria and Western Australia. The names and contact details of the IGCD AODTS–NMDS Working Group (current at March 2009) are provided at Appendix 2.

Related groups

The AODTS–NMDS was developed and implemented under the terms of the National Health Information Agreement (NHIA). Under the NHIA, the Australian Government, states and territories are committed to working with the AIHW, the ABS and others to develop, collate and report national health information. The NHIA aims to ensure 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 National E-health Information Principal Committee (NEHIPC) and the National Health Information Standards and Statistics Committee (NHISSC), together with other national working groups such as the IGCD AODTS–NMDS Working Group, provide the mechanism for state and territory endorsement of data standards and collections.

All data elements and supporting items that form the AODTS–NMDS are included in the *National Health Data Dictionary* available through METeOR at meteor.aihw.gov.au/content/index.phtml/itemId/181162. Any revisions to the data elements or changes to the AODTS–NMDS must be endorsed by the NHISSC and NEHIPC.

Box 1: Key committees involved in the NHIA and the development of the AODTS-NMDS

AHMAC – is a committee of the heads of the Australian Government, state and territory health authorities and the Australian Government Department of Veterans' Affairs.

IGCD – acts as one of the advisory bodies supporting the Ministerial Council on Drug Strategy. It consists of senior officers who represent health, law enforcement, education and Customs agencies in Australian jurisdictions and in New Zealand.

NEHIPC – advises AHMAC on e-health and information strategies and facilitates collaboration between the Australian Government, states and territories to implement these strategies.

NHISSC – endorses national information standards and specifications for statistical collections for health information.

Government health authorities

The AODTS-NMDS is a set of standard data elements which the Australian Government, state and territory health authorities have agreed to collect. All health authorities have custodianship of their own data collections under the NHIA. It is the responsibility of each health authority to establish and coordinate the collection of data from their publicly funded alcohol and other drug treatment service providers. To ensure that the AODTS-NMDS 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 agencies with appropriate codes (after consultation) for the data element *Geographical location of service delivery outlet*
- 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/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 Australian Government, state or territory authority
- establish timelines for the delivery of data to the relevant health authority
- establish a process to check and validate data at the state/territory level and, where possible, assist and advise on data quality at the agency level.

Governmental health authorities also need to ensure that appropriate information security and privacy procedures are in place. Health authorities are responsible for ensuring that the collection, use, disclosure, storage and handling of the information contained in the AODTS-NMDS comply with the standards outlined in the Information Privacy Principles for Commonwealth agencies, and the National Privacy Principles for private sector organisations (see Chapter 6). In particular, data custodians are responsible for ensuring that their data holdings are protected from unauthorised access, alteration or loss. Health authorities are also responsible for ensuring that their procedures comply with any existing legislation within their state or territory.

Alcohol and other drug treatment providers

Drug treatment agencies whose data will be included in the national collection are responsible for collecting the agreed data elements and forwarding this information to the appropriate health authority as arranged. Agencies are responsible for ensuring that:

- the required information is accurately recorded, and should inform their health authority if they have difficulty collecting the information
- their clients are generally aware of the purpose for which the information is being collected; the fact that the collection of the information is authorised or required; and if any personal information will be passed on to another agency
- their data collection and storage methods comply with the standards as outlined in the Information Privacy Principles (for Commonwealth agencies) and the National Privacy Principles (for private sector organisations). (See Chapter 6 for further details.) In particular, they are responsible for maintaining the confidentiality of their clients and need to ensure that their procedures comply with any existing legislation within their state or territory.

The Australian Institute of Health and Welfare

The AIHW is responsible for collating and validating data from jurisdictions into a national data set and analysing and reporting on that data. The IGCD AODTS-NMDS Working Group is responsible for overseeing the development, implementation and collection of the AODTS-NMDS. The AIHW is responsible for coordinating and managing this process as well as secretariat duties for the Working Group. The AIHW is also the data custodian of the national collection and is responsible for the timely reporting of the information, as well as facilitating research access to the data (subject to confidentiality constraints). As national data custodian, the AIHW is responsible for ensuring that appropriate security procedures are in place for the storage, use and release of the information. See Appendix 8 for further details about AIHW policy and procedures on information and security.

2 Scope of the AODTS–NMDS

It is critical that drug treatment agencies know whether they need to report their activities under the NMDS, and if they are required to report, which of their service components are included in the AODTS–NMDS collection.

Some alcohol and other drug treatment agencies, such as prison-based treatment services, are not required to report because they are outside the scope of the collection (see Section 2.1).

Other agencies provide treatment activities that fall both inside and outside the intended scope of the national data set (see Section 2.2). 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 AODTS–NMDS collection.

It's also important to note that alcohol and other drug services are constantly changing and improving. If a new service does not clearly fit in to the scope lists below, the relevant state/territory health authority will consult with the AODTS–NMDS Working Group (through the AIHW) to clarify whether the service should report to the collection.

Details about which agencies, clients and activities are to be included/excluded from the AODTS–NMDS collection are below. The scope of the collection has remained unchanged since the collection's inception. Wording changes between different year's *Specifications* have sought only to clarify practice rather than to change the scope in any way.

2.1 Which agencies?

Included

- All publicly funded (at state, territory and/or Australian Government level) government and non-government agencies that provide one or more specialist alcohol and/or drug treatment services, including residential and non-residential agencies.
- Acute care hospitals or psychiatric hospitals are included if 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 whose sole function is to prescribe and/or provide dosing for opioid pharmacotherapy treatment. Services that provide opioid pharmacotherapy treatment are excluded only because of the complexity of the service delivery structure and the range of agencies and practitioners in private and general practice settings.
- Agencies that provide primarily accommodation or overnight stays such as 'halfway houses' and 'sobering-up shelters'.
- Agencies that provide services concerned primarily with health promotion (e.g. needle and syringe programs).

- Treatment services based in prison or other correctional institutions.
- Alcohol and drug treatment units in acute care or psychiatric hospitals that only provide treatment to admitted patients.
- Private treatment agencies that do not receive public funding.
- The majority of Australian Government-funded Indigenous substance use services or Aboriginal primary health care services are not included in the collection.

2.2 Which clients?

Included

- All clients assessed and/or accepted for one or more types of treatment for their own, or another person's, alcohol and other drug problem from an alcohol and other drug treatment service (see the data element *Main treatment type for alcohol and other drugs* and the data element *Client type- Alcohol and other drug treatment services*).

Excluded

- Clients who are on an opioid pharmacotherapy program and who are not receiving any other form of treatment that falls within the scope of the AODTS-NMDS.
- People who seek advice or information but have not been formally assessed and accepted for treatment where such an assessment is required for the relevant treatment type. (Note that some treatment episodes entail 'assessment only'. See *Main treatment type for alcohol and other drugs* in Section 4.3 for more information).
- Admitted patients in acute care or psychiatric hospitals.
- Clients treated in agencies that are excluded from the collection.
- Clients receiving support solely from the majority of Australian Government-funded Indigenous substance use services or Aboriginal primary health care services that also provide treatment for alcohol and other drug problems.
- Clients aged under 10 years, irrespective of whether they were provided with services, or received these services from agencies included in the collection.

2.3 Which activities?

Treatment activities in the alcohol and other drug sector are varied and range from preventative programs through to intense individual interventions such as long-term rehabilitation. The AODTS-NMDS covers treatment activities that focus on an individual client and have an identifiable beginning and end date. For example, community education programs and group counselling are generally not included. Treatments reported to the NMDS include assessment, counselling (including brief interventions), support and case management, withdrawal management, rehabilitation, information and education, pharmacotherapy and other interventions.

The unit of measurement used for treatment activities in the collection is the 'closed treatment episode'. A treatment episode refers to a period of contact, with defined dates of

commencement and cessation, between a client and a treatment provider. Treatment episodes vary in length from one day to several months or longer depending on the type of treatment provided. A treatment episode is considered to be closed when the treatment plan has been completed; there is a change in main treatment type, principal drug of concern or delivery setting; or for other reasons such as imprisonment. See *Reason for cessation of treatment episode for alcohol and other drugs* in Section 4.3 for more information.

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 2009–10 financial year (see the data element *Date of cessation of treatment episode for alcohol and other drugs* in Section 4.3 for more information).

Excluded

- Any methadone or other opioid pharmacotherapy dosage and/or prescription received by a client where no other treatment type is received.
- All treatment episodes that are still open (i.e. treatment episodes that have not ended).
- Needle and syringe exchange activities.

3 What's new for 2009–10?

Over the period of time that the collection has been operating, data elements have been refined and improved by the AODTS–NMDS Working Group (see Section 4.4 and Appendix 1 for a detailed history of data element changes).

3.1 Changes in 2009–10

There are minimal changes to the collection in the 2009–10 year. The data elements are the same as those used in 2008–09 and their definitions have not changed. The following changes may be of interest:

Scope guidelines have been clarified including:

- The need to consult the AODTS–NMDS Working Group about new service types to determine whether they are in scope and should be reporting to the collection.
- The fact that some service activities do not require a formal assessment and are still in scope for the collection has been clarified (see Section 2.2). Previously the scope statements included clients 'assessed *and* accepted' for treatment. In practice the NMDS has always included services that do not require assessment or formal acceptance (for example, 'assessment only', 'information and education only'). Therefore the new words of 'assessed *or* accepted' clarify rather than change the scope of the collection.

Two data elements have been clarified:

- For *Principal drug of concern*, the information for AODTS–NMDS collectors has expanded to give more guidance about how to record diversion treatment episodes. That is, the principal drug of concern should be recorded as 0000 (inadequately described) where there is no information directly from the client about their principal drug of concern.
- *Source of referral* has also been expanded to specifically advise how to code referrals from solicitors to treatment programs (as Code 1 self referral).

Two classifications used for data elements in the AODTS–NMDS have been updated. These updates have implications for the coding of *Geographical location of service delivery outlet* and *Country of birth*. Please see Appendix 3 and 4 for details.

4 AODTS data items

4.1 Overview of data items in the NMDS

The AODTS–NMDS collects two types of data items: establishment-level elements and episode-level elements. Establishment-level items relate to the agencies that provide alcohol and other drug treatment. They are reported to the AIHW by state and territory health departments and the Australian Government Department of Health and Ageing. Episode-level items include demographic information about the person receiving treatment, together with information about the drugs of concern and the treatment provided. Episode-level items are collected by treatment agencies and transmitted to health departments, who combine them with establishment level items and send them to the AIHW for collation.

Table 4.1: Data items collected in the AODTS–NMDS

Treatment agency items	Episode items
Establishment identifier (including):	Person identifier
State/territory identifier	Sex
Establishment sector	Date of birth
Region code	Country of birth
Establishment number	Indigenous status
Geographical location (ASGC)	Preferred language
	Client type
	Source of referral
	Date of commencement
	Date of cessation
	Reason for cessation
	Treatment delivery setting
	Method of use for principal drug of concern
	Injecting drug use
	Principal drug of concern
	Other drug of concern (1st)
	Other drug of concern (2nd)
	Other drug of concern (3rd)
	Other drug of concern (4th)
	Other drug of concern (5th)
	Main treatment type
	Other treatment type (1st)
	Other treatment type (2nd)
	Other treatment type (3rd)
	Other treatment type (4th)

4.2 Key definitions

Underpinning the AODTS-NMDS collection are some key definitions or supporting data element concepts. These definitions allow data collectors to answer the questions: “What is a treatment episode?” and “How do I know when a treatment episode starts and finishes?”. The data elements that follow are extracts from the *National Health Data Dictionary* (NHDD).

Episode of treatment for alcohol and other drugs

Identifying and definitional attributes

<i>Metadata item type:</i>	Object Class
<i>METeOR identifier:</i>	268961
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The period of contact, with defined dates of commencement and cessation, between a client and a treatment provider or team of providers in which there is no change in the main treatment type or the principal drug of concern, and there has not been a non-planned absence of contact for greater than three months.
<i>Context:</i>	Alcohol and drug treatment services. This concept is required to provide the basis for a standard approach to recording and monitoring patterns of service utilisation by clients.
<i>Specialisation of:</i>	Episode of care (Episode of treatment for alcohol and other drugs status)

Collection and usage attributes

<i>Guide for use:</i>	<p>A treatment episode must have a defined date of commencement of treatment episode for alcohol and other drugs and a date of cessation of treatment episode for alcohol and other drugs.</p> <p>A treatment episode can have only one main treatment type for alcohol and other drugs and only one principal drug of concern. If the main treatment or principal drug changes then the treatment episode is closed and a new treatment episode is opened.</p> <p>A treatment episode may also be considered closed (ceased) if there is a change in the treatment delivery setting or the service delivery outlet. Where the change reflects a substantial alteration in the nature of the treatment episode, for instance where an agency operates in more than one treatment setting (or outlet) they may consider that a change from one setting (or outlet), to another necessitates closure of one episode and commencement of a new one.</p>
<i>Collection methods:</i>	Is taken as the period starting from the date of commencement of treatment and ending at the date of cessation of treatment episode.

Source and reference attributes

<i>Submitting organisation:</i>	Intergovernmental Committee on Drugs National Minimum Data Set - Working Group
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Relational attributes

Related metadata references:

Supersedes Treatment episode for alcohol and other drugs, version 2, DEC, NHDD, NHIMG, Superseded 01/03/2005.pdf (15.13 KB)

Data Element Concepts implementing this Object Class:

Episode of treatment for alcohol and other drugs – cessation reason Health, Standard 01/03/2005

Episode of treatment for alcohol and other drugs – client type Health, Standard 01/03/2005

Episode of treatment for alcohol and other drugs – drug of concern Health, Standard 01/03/2005

Episode of treatment for alcohol and other drugs – number of service contacts Health, Standard 01/03/2005

Episode of treatment for alcohol and other drugs – referral source Health, Standard 01/03/2005

Episode of treatment for alcohol and other drugs – service delivery setting Health, Standard 01/03/2005

Episode of treatment for alcohol and other drugs – treatment cessation date Health, Standard 01/03/2005

Episode of treatment for alcohol and other drugs – treatment commencement date Health, Standard 01/03/2005

Episode of treatment for alcohol and other drugs – treatment type Health, Standard 01/03/2005

Episode of treatment for alcohol and other drugs— treatment commencement date

<i>Metadata item type:</i>	Data Element Concept
<i>METeOR identifier:</i>	269541
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The date on which a treatment episode for alcohol and other drugs commences.
<i>Context:</i>	Alcohol and other drug treatment services

Object Class attributes

Identifying and definitional attributes

<i>Object class:</i>	Episode of treatment for alcohol and other drugs
<i>Definition:</i>	The period of contact, with defined dates of commencement and cessation, between a client and a treatment provider or team of providers in which there is no change in the main treatment type or the principal drug of concern, and there has not been a non-planned absence of contact for greater than three months.
<i>Context:</i>	Alcohol and drug treatment services. This concept is required to provide the basis for a standard approach to recording and monitoring patterns of service utilisation by clients.
<i>Specialisation of:</i>	Episode of care (Episode of treatment for alcohol and other drugs status)

Collection and usage attributes

<i>Guide for use:</i>	<p>A treatment episode must have a defined date of commencement of treatment episode for alcohol and other drugs and a date of cessation of treatment episode for alcohol and other drugs.</p> <p>A treatment episode can have only one main treatment type for alcohol and other drugs and only one principal drug of concern. If the main treatment or principal drug changes then the treatment episode is closed and a new treatment episode is opened.</p> <p>A treatment episode may also be considered closed (ceased) if there is a change in the treatment delivery setting or the service delivery outlet. Where the change reflects a substantial alteration in the nature of the treatment episode, for instance where an agency operates in more than one treatment setting (or outlet) they may consider that a change from one setting (or outlet), to another necessitates closure of one episode and commencement of a new one.</p>
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Collection methods: Is taken as the period starting from the date of commencement of treatment and ending at the date of cessation of treatment episode.

Source and reference attributes

Submitting organisation: Intergovernmental Committee on Drugs National Minimum Data Set - Working Group

Property attributes

Identifying and definitional attributes

Property: Treatment commencement date

Definition: The date of the first service contact in which an assessment and/or treatment occurred, whichever occurred first.

Property group: Service provision event

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Data element concept attributes

Relational attributes

Data Elements implementing this Data Element Concept: Episode of treatment for alcohol and other drugs – treatment commencement date, DDMMYYYY Health, Standard 01/03/2005

Episode of treatment for alcohol and other drugs— cessation reason

<i>Metadata item type:</i>	Data Element Concept
<i>METeOR identifier:</i>	269484
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The reason for the client ceasing to receive a treatment episode from an alcohol and other drug treatment service.
<i>Context:</i>	Alcohol and other drug treatment services

Object Class attributes

Identifying and definitional attributes

<i>Object class:</i>	Episode of treatment for alcohol and other drugs
<i>Definition:</i>	The period of contact, with defined dates of commencement and cessation, between a client and a treatment provider or team of providers in which there is no change in the main treatment type or the principal drug of concern, and there has not been a non-planned absence of contact for greater than three months.
<i>Context:</i>	Alcohol and drug treatment services. This concept is required to provide the basis for a standard approach to recording and monitoring patterns of service utilisation by clients.
<i>Specialisation of:</i>	Episode of care (Episode of treatment for alcohol and other drugs status)

Collection and usage attributes

<i>Guide for use:</i>	<p>A treatment episode must have a defined date of commencement of treatment episode for alcohol and other drugs and a date of cessation of treatment episode for alcohol and other drugs.</p> <p>A treatment episode can have only one main treatment type for alcohol and other drugs and only one principal drug of concern. If the main treatment or principal drug changes then the treatment episode is closed and a new treatment episode is opened.</p> <p>A treatment episode may also be considered closed (ceased) if there is a change in the treatment delivery setting or the service delivery outlet. Where the change reflects a substantial alteration in the nature of the treatment episode, for instance where an agency operates in more than one treatment setting (or outlet) they may consider that a change from one setting (or outlet), to another necessitates closure of one episode and commencement of a new one.</p>
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Collection methods: Is taken as the period starting from the date of commencement of treatment and ending at the date of cessation of treatment episode.

Source and reference attributes

Submitting organisation: Intergovernmental Committee on Drugs National Minimum Data Set - Working Group

Property attributes

Identifying and definitional attributes

Property: Cessation reason

Definition: The reason for ending an event or process.

Property group: Exit/leave from service event

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Data element concept attributes

Relational attributes

Data Elements implementing this Data Element Concept: Episode of treatment for alcohol and other drugs – cessation reason, code N[N] Health, Standard 01/03/2005

4.3 Establishment-level items

This section details the establishment-level data elements agreed for collection under the AODTS-NMDS. The data elements are referred to by their short or commonly used names. There are only two establishment-level items in the NMDS – ‘establishment identifier’ and ‘geographical location of service delivery outlet’. ‘Establishment identifier’ is made up of four other elements (see Table 4.1). These are detailed directly after ‘establishment identifier’ in this section.

The establishment-level items are presented in two parts. The first part contains a copy of the ‘user friendly’ version of the data element from the *National Health Data Dictionary* (NHDD). This version and a ‘technical’ version of each element can be accessed via the AIHW online metadata repository (METeOR) at: <meteor.aihw.gov.au>. Note that data elements can be found in METeOR under their technical names.

Data elements in the NHDD may be used in multiple data collections. Therefore, these specifications contain general information for use in health data sets, as well as clarifying additional information for AODTS-NMDS data collectors.

Establishment identifier

Identifying and definitional attributes

<i>Technical name:</i>	Establishment – organisation identifier (Australian), NNX[X]NNNNN
<i>METeOR identifier:</i>	269973
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The identifier for the establishment in which episode or event occurred. Each separately administered health care establishment to have a unique identifier at the national level.
Data Element Concept:	Establishment – organisation identifier

Value domain attributes

Representational attributes

<i>Representation class:</i>	Identifier
<i>Data type:</i>	String
<i>Format:</i>	NNX[X]NNNNN
<i>Maximum character length:</i>	9

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Concatenation of: Australian state/territory identifier (character position 1); Sector (character position 2); Region identifier (character positions 3-4); and Organisation identifier (state/territory), (character positions 5-9).
<i>Comments:</i>	Establishment identifier should be able to distinguish between all health care establishments nationally.

Source and reference attributes

<i>Origin:</i>	National Health Data Committee
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Relational attributes

<i>Related metadata references:</i>	Supersedes Establishment identifier, version 4, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (16.97 KB) Is formed using Establishment – Australian state/territory identifier, code N Health, Standard 01/03/2005
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Implementation in Data Set Specifications:

Is formed using Establishment – organisation identifier (state/territory), NNNNN Health, Standard 01/03/2005

Is formed using Establishment – sector, code N Health, Standard 01/03/2005

Is formed using Establishment – region identifier, X[X] Health, Standard 01/03/2005

Admitted patient mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Admitted patient palliative care NMDS 2008-09 Health, Standard 05/02/2008

Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008

Community mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Elective surgery waiting times (census data) NMDS Health, Standard 07/12/2005

Elective surgery waiting times (removals data) NMDS Health, Standard 07/12/2005

Health care client identification DSS Health, Standard 04/05/2005

Mental health establishments NMDS 2008-2009 Health, Standard 05/02/2008

Non-admitted patient emergency department care NMDS 2008-2009 Health, Standard 05/02/2008

Outpatient care NMDS Health, Standard 04/07/2007

Perinatal NMDS 2008-2009 Health, Standard 05/02/2008

Public hospital establishments NMDS 2008-2009 Health, Standard 05/02/2008

Residential mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2009

Additional information for AODTS–NMDS data collectors

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 authority to assign a unique establishment identifier to each agency.

Classification

NNX[X]NNNNN

Missing values

Missing values are not permitted for this data item.

Other information

The establishment identifier is a combination of four other data elements:

- Australian state/territory identifier – which gives the first ‘N’
 - Establishment sector – which gives the second ‘N’
 - Region code – which gives ‘X[X]’
 - Organisation identifier – which gives the final ‘NNNNN’
- An example Establishment ID is ‘32AB12346’:

3	2	AB	12346
Queensland	Public sector	Queensland area health services region	Establishment number

Why is this data item collected?

When constructed from its four constituent parts, ‘establishment identifier’ provides an identifier of the service providing establishment for each closed treatment episode throughout the collection. This identifier includes the state/territory the establishment is located in, if the establishment is public or private, the region it is in, and a further unique identifying number.

Establishment—Australian state/territory identifier, code N

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Short name:</i>	Australian State/Territory identifier (establishment)
<i>METeOR identifier:</i>	269941
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	An identifier of the Australian state or territory in which an establishment is located, as represented by a code.
Data Element Concept:	Establishment – Australian state/territory identifier

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code																				
<i>Data type:</i>	Number																				
<i>Format:</i>	N																				
<i>Maximum character length:</i>	1																				
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>1</td><td>New South Wales</td></tr><tr><td>2</td><td>Victoria</td></tr><tr><td>3</td><td>Queensland</td></tr><tr><td>4</td><td>South Australia</td></tr><tr><td>5</td><td>Western Australia</td></tr><tr><td>6</td><td>Tasmania</td></tr><tr><td>7</td><td>Northern Territory</td></tr><tr><td>8</td><td>Australian Capital Territory</td></tr><tr><td>9</td><td>Other territories (Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory)</td></tr></tbody></table>	Value	Meaning	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)
Value	Meaning																				
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)																				

Collection and usage attributes

<i>Guide for use:</i>	The order presented here is the standard for the Australian Bureau of Statistics (ABS). Other organisations (including the Australian Institute of Health and Welfare) publish data in state order based on population (that is, Western Australia before South Australia and Australian Capital Territory before Northern Territory).
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Source and reference attributes

Reference documents: Australian Bureau of Statistics 2005. Australian Standard Geographical Classification (ASGC). Cat No. 1216.0. Canberra: ABS. Viewed on 30/09/2005

Data element attributes

Collection and usage attributes

Guide for use: This metadata item applies to the location of the establishment and not to the patient's area of usual residence.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Origin: National Health Data Committee
National Community Services Data Committee

Relational attributes

Related metadata references: Supersedes Australian State/Territory identifier, version 4, DE, Int. NCSDD & NHDD, NCSIMG & NHIMG, Superseded 01/03/2005.pdf (18.84 KB)

Is used in the formation of Service delivery outlet – geographic location, code (ASGC 2007) NNNNN Health, Standard 05/02/2008

Is used in the formation of Establishment – organisation identifier (Australian), NNX[X]NNNNN Health, Standard 01/03/2005

Implementation in Data Set Specifications: Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008

Community mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Mental health establishments NMDS 2008-2009 Health, Standard 05/02/2008

Additional information for AODTS–NMDS data collectors

The *Australian state/territory identifier* is the first 'N' in the establishment identifier which follows the format 'NNX[X]NNNNN'.

Missing values

Missing values are not permitted for this data item.

Why is this data item collected?

This data item is one of four items which make up the overall data element 'Establishment identifier'. It allows the analysis of data by state and territory. These analyses provide information about issues such as the treatments provided and drugs of concern in each state and territory.

Example of how 'state/territory identifier' is used

Alcohol was the most frequently reported principal drug of concern in all states and territories in 2006-07. The Northern Territory had the largest proportion of alcohol-related treatment episodes (63%) and Queensland the smallest (34%).

Source: AIHW 2008.

Establishment—sector, code N

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Short name:</i>	Establishment sector
<i>METeOR identifier:</i>	269977
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	A section of the health care industry with which a health care establishment can identify, as represented by a code.
Data Element Concept:	Establishment – profit sector type

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code						
<i>Data type:</i>	Number						
<i>Format:</i>	N						
<i>Maximum character length:</i>	1						
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>1</td><td>Public</td></tr><tr><td>2</td><td>Private</td></tr></tbody></table>	Value	Meaning	1	Public	2	Private
Value	Meaning						
1	Public						
2	Private						

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>This data element is used to differentiate between establishments run by the government sector (code 1) and establishments that receive some government funding but are run by the non-government sector (code 2).</p> <p>CODE 1 is to be used when the establishment:</p> <ul style="list-style-type: none">operates from the public accounts of a Commonwealth, state or territory government or is part of the executive, judicial or legislative arms of government,is part of the general government sector or is controlled by some part of the general government sector,provides government services free of charge or at nominal prices, andis financed mainly from taxation. <p>CODE 2 is to be used only when the establishment:</p> <ul style="list-style-type: none">is not controlled by government,
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- is directed by a group of officers, an executive committee or a similar body
- elected by a majority of members, and
- may be an income tax exempt charity.

Relational attributes

Related metadata references:

Supersedes Establishment sector, version 4, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (15.79 KB)

Is used in the formation of Establishment – organisation identifier (Australian), NNX[X]NNNNN Health, Standard 01/03/2005

Implementation in Data Set Specifications:

Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008

Community mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Health care client identification DSS Health, Standard 04/05/2005

Mental health establishments NMDS 2008-2009 Health, Standard 05/02/2008

Residential mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Additional information for AODTS–NMDS data collectors

The *establishment sector* is the second ‘N’ in the establishment identifier NNA[A]NNNNN.

Missing values

Missing values are not permitted for this data item.

Why is this data item collected?

This data item provides information about the location of treatment agencies in the public (government) or private (non-government) sectors. In practice, ‘private’ (agencies that do not receive any government funding) agencies are excluded as they are not within scope for the collection.

Example of how ‘establishment sector’ is used

Just under half of all agencies identified as government providers in 2006–07 (48% or 305 out of 633).

Source: AIHW 2008.

Establishment—region identifier, X[X]

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Short name:</i>	Region code
<i>METeOR identifier:</i>	269940
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	An alphanumeric identifier for the location of health services in a defined geographic or administrative area.
Data Element Concept:	Establishment – region identifier

Value domain attributes

Representational attributes

<i>Representation class:</i>	Identifier
<i>Data type:</i>	String
<i>Format:</i>	X[X]
<i>Maximum character length:</i>	2

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Domain values are specified by individual states/territories. Regions may also be known as Areas or Districts. Any valid region code created by a jurisdiction is permitted.
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Relational attributes

<i>Related metadata references:</i>	Supersedes Region code, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (14.33 KB) Is used in the formation of Establishment – organisation identifier (Australian), NNX[X]NNNNN Health, Standard 01/03/2005
<i>Implementation in Data Set Specifications:</i>	Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008 Community mental health care NMDS 2008-2009 Health, Standard 05/02/2008 Mental health establishments NMDS 2008-2009 Health, Standard 05/02/2008 Residential mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Additional information for AODTS–NMDS data collectors

The *region identifier* makes up the 'XX' in the establishment identifier (NNX[X]NNNNNN). The region identifier identifies the area health services region in which each alcohol and other drug treatment agency is located within the state or territory.

Classification

X[X]

Missing values

Missing values are not permitted for this data item.

Other information

- Domain values are specified by individual states/territories as the health authority allocates the relevant region code.
- The field size for this data element will be one alpha character (A) between A–Z if there are fewer than 26 regions in the state/territory.
- If there are more than 26 regions in the state/territory the field size will be 2 alpha characters (XX). For example, the 27th region would be 'AA' and 28th region 'AB'.
- Also, **this field is case sensitive** so the same case (upper or lower) needs to be used for the Establishment Identifier in both the Establishment file and the Episode file for data transmission.

Why is this data item collected?

This data item is one of four items which make up the overall data element 'Establishment identifier'.

Example of how 'region code' is used

This data item assists with the administration of the collection and does not directly affect any published information.

Establishment—organisation identifier (state/territory), NNNNN

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Short name:</i>	Establishment number
<i>METeOR identifier:</i>	269975
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	An identifier for an establishment, unique within the state or territory.
Data Element Concept:	Establishment – organisation identifier (state/territory)

Value domain attributes

Representational attributes

<i>Representation class:</i>	Identifier
<i>Data type:</i>	Number
<i>Format:</i>	NNNNN
<i>Maximum character length:</i>	5

Data element attributes

Collection and usage attributes

<i>Comments:</i>	Identifier should be a unique code for the health care establishment used in that state/territory.
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Relational attributes

<i>Related metadata references:</i>	Supersedes Establishment number, version 4, DE, NHDD, NHIMG, Superseded 01/03/2005 .pdf (14.61 KB) Is used in the formation of Establishment – organisation identifier (Australian), NNX[X]NNNNN Health, Standard 01/03/2005
<i>Implementation in Data Set Specifications:</i>	Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008 Cancer (clinical) DSS Health, Standard 07/12/2005 Community mental health care NMDS 2008-2009 Health, Standard 05/02/2008 Health care client identification DSS Health, Standard 04/05/2005 Mental health establishments NMDS 2008-2009 Health, Standard 05/02/2008

Additional information for AODTS–NMDS data collectors

The *establishment number* is the last ‘NNNNN’ of the establishment identifier (NNX[X]NNNNN). 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 authority to assign an *establishment number* to each agency. Some agencies have separate administrative offices and service delivery outlets, or more than one service delivery outlet. The IGCD AODTS–NMDS Working Group has agreed that a code will be included in the *establishment number* to identify individual service delivery outlets where there is more than one for an agency.

Definition

An identifier for an establishment, unique within the state or territory.

Classification

NNNNN

Missing values

Missing values are not permitted for this data item.

Other information

Establishment numbers must be unique for each establishment or service delivery outlet. For example, the fictitious agency ‘DrugHelp’ has central offices in Adelaide City. These offices contain both administrative staff for the whole DrugHelp organisation and AOD staff to provide counselling to people in the local area. DrugHelp also has two smaller sites in the Adelaide suburbs to provide AOD services to people in those areas. Appropriate Establishment Numbers for DrugHelp would be:

DrugHelp (central Adelaide)	12345
DrugHelp (suburban Adelaide)	12346
DrugHelp (second suburban outlet)	12347

Why is this data item collected?

This data item is one of four items which make up the overall data element ‘Establishment identifier’.

Example of how ‘establishment number’ is used

This data item assists with administration of the collection. For example, it assists the AIHW to track changes in agencies over collection periods. It may also be available to researchers if appropriate to their projects, agreed by the AIHW Ethics Committee and all jurisdictions.

Geographical location of service delivery outlet

Identifying and definitional attributes

<i>Technical name:</i>	Service delivery outlet – geographic location, code (ASGC 2007) NNNNN
<i>METeOR identifier:</i>	362295
<i>Registration status:</i>	Health, Standard 05/02/2008
<i>Definition:</i>	Geographical location of a site from which a health/community service is delivered, as represented by a code.
Data Element Concept:	Service delivery outlet – geographic location

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	Australian Standard Geographical Classification 2007
<i>Representation class:</i>	Code
<i>Data type:</i>	Number
<i>Format:</i>	NNNNN
<i>Maximum character length:</i>	5

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>The geographical location is reported using a five digit numerical code to indicate the Statistical Local Area (SLA) within the reporting state or territory, as defined in the Australian Standard Geographical Classification (ASGC). It is a composite of State identifier and SLA (first digit = State identifier, next four digits = SLA).</p> <p>The Australian Bureau of Statistics' National Localities Index (NLI) can be used to assign each locality or address in Australia to an SLA. The NLI is a comprehensive list of localities in Australia with their full code (including SLA) from the main structure of the ASGC. For the majority of localities, the locality name (suburb or town, for example) is sufficient to assign an SLA. However, some localities have the same name. For most of these, limited additional information such as the postcode or State can be used with the locality name to assign the SLA.</p> <p>In addition, other localities cross one or more SLA boundaries and are referred to as split localities. For these, the more detailed information of the number and street of</p>
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the establishment is used with the Streets Sub- index of the NLI to assign the SLA.

Comments:

To enable the analysis of the accessibility of service provision in relation to demographic and other characteristics of the population of a geographic area.

Source and reference attributes

Submitting organisation:

Intergovernmental Committee on Drugs National Minimum Data Set Working Group

Origin:

Australian Standard Geographical Classification (ABS Cat. No. 1216.0)

Relational attributes

Related metadata references:

Supersedes Service delivery outlet – geographic location, code (ASGC 2006) NNNNN Health, Superseded 05/02/2008

Is formed using Establishment – Australian state/territory identifier, code N Health, Standard 01/03/2005

Implementation in Data Set Specifications:

Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

Implementation start date:

01/07/2008

Additional information for AODTS–NMDS data collectors

The *Geographical location of service delivery outlet* relates to the site from which a drug treatment service is delivered. As with establishment identifier, it is the responsibility of the jurisdiction health authorities to identify and assign the relevant SLA code to each agency. For agencies with more than one location, **the geographical location relates to the service delivery outlet.**

Classification

NNNNN

Missing values

Missing values are not permitted for this data item.

Other information

- Responses to this data item should come in the format given in the Australian Standard Geographical Classification (ASGC) (ABS Cat. No. 1216.0). The ASGC is updated on an annual basis with a date of effect of 1 July each year. The 2008 edition will be used for the 2009–10 collection period because of the timing of updates to the ASGC and their incorporation into the METeOR data element. If it is not possible to use the 2008 version,

state/territory health authorities are requested to advise the AIHW which version has been used (on the Attachment A form with their data submission).

- Some jurisdictions have used the ABS's National Localities Index to assist with assigning SLAs to their treatment agencies in previous years. This index will no longer be updated (with the last version applicable until 30 June 2008). For the 2009–10 data collection, please use the 'Locality to SLA 2008 Concordance' on the ABS website or contact the AIHW for assistance.
- The first digit for Geographical location of service delivery outlet must be the same as the *State/territory identifier* in the *Establishment identifier*.

Why is this data item collected?

This data item is collected to get an understanding about the location of agencies and of how different variables pertaining to closed treatment episodes, such as principal drug of concern and type of treatment, appear in different geographical locations.

Example of how 'geographical location of service delivery outlet' is used

Treatment agencies were mostly located in *Major cities* (56%) and *Inner regional* areas (27%) in 2006–07. Under 1% were located in *Very remote* areas.

Agencies located in *Major cities* provided proportionally more withdrawal management (detoxification) (19%) than agencies in *Very remote* areas (6%).

Source: AIHW 2008.

4.4 Episode-level items

This section details the episode-level data elements agreed for collection under the AODTS-NMDS. The data elements are referred to by their short or commonly used names. For ease of use, the items are listed alphabetically.

As for establishment-level items, the data element information for episode-level data is presented in two parts. The first part contains a copy of the 'user friendly' version of the data element from the *National Health Data Dictionary*. This version and a 'technical' version of each element can be accessed via the AIHW online metadata repository (METeOR) at: <meteor.aihw.gov.au>. Note that elements can be found in METeOR under their technical names.

Data elements listed in the NHDD are frequently used in multiple collections. Therefore, these specifications contain general information for use in health data sets, as well as clarifying and additional information for AODTS-NMDS data collectors.

Client type (alcohol and other drug treatment services)

Identifying and definitional attributes

<i>Technical name:</i>	Episode of treatment for alcohol and other drugs – client type, code N
<i>METeOR identifier:</i>	270083
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The status of a person in terms of whether the treatment episode concerns their own alcohol and/or other drug use or that of another person, as represented by a code.
<i>Data Element Concept:</i>	Episode of treatment for alcohol and other drugs – client type

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code						
<i>Data type:</i>	Number						
<i>Format:</i>	N						
<i>Maximum character length:</i>	1						
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>1</td><td>Own alcohol or other drug use</td></tr><tr><td>2</td><td>Other's alcohol or other drug use</td></tr></tbody></table>	Value	Meaning	1	Own alcohol or other drug use	2	Other's alcohol or other drug use
Value	Meaning						
1	Own alcohol or other drug use						
2	Other's alcohol or other drug use						

Collection and usage attributes

<i>Guide for use:</i>	<p>CODE 1 Own alcohol or other drug use</p> <p>Use this code for a client who receives treatment or assistance concerning their own alcohol and/or other drug use.</p> <p>Use this code where a client is receiving treatment or assistance for both their own alcohol and/or other drug use and the alcohol and/or other drug use of another person.</p> <p>CODE 2 Other's alcohol or other drug use</p> <p>Use this code for a client who receives support and/or assistance in relation to the alcohol and/or other drug use of another person.</p>
<i>Collection methods:</i>	To be collected on commencement of a treatment episode with a service.

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Where Code 2 Other's alcohol or other drug use is reported, do not collect the following data elements: Episode of treatment for alcohol and other drugs – drug of concern (principal), code (ASCDC 2000 extended) NNNN; Episode of treatment for alcohol and other drugs – drug of concern (other), code (ASCDC 2000 extended) NNNN; Client – injecting drug use status, code N; and Client – method of drug use (principal drug of concern), code N.
<i>Comments:</i>	Required to differentiate between clients according to whether the treatment episode concerns their own alcohol and/or other drug use or that of another person to provide a basis for description of the people accessing alcohol and other drug treatment services.

Source and reference attributes

<i>Submitting organisation:</i>	Intergovernmental Committee on Drugs National Minimum Data Set Working Group
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Relational attributes

<i>Related metadata references:</i>	Supersedes Client type - alcohol and other drug treatment services, version 3, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (15.5 KB)
<i>Implementation in Data Set Specifications:</i>	Alcohol and other drug treatment services NMDS Health, Superseded 21/03/2006 Alcohol and other drug treatment services NMDS Health, Superseded 23/10/2006 Alcohol and other drug treatment services NMDS 2007-2008 Health, Superseded 05/02/2008 Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

<i>Implementation start date:</i>	01/07/2008
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Additional information for AODTS–NMDS data collectors

Definition

Client type refers to the status of a person in terms of whether the treatment episode concerns their own alcohol and/or other drug use or that of another person.

Missing values

Missing values are not permitted for this data item.

Other information

- Where client type is coded 2 (other's alcohol or other drug use), neither the main treatment type nor other (additional) treatment types should be coded '1-withdrawal management (detoxification)', '3-rehabilitation' or '4-pharmacotherapy'.
- Where client type is 2 do not collect (leave blank) *principal drug of concern, other drug of concern, injecting drug use and method of use*.

Why is this data item collected?

This data item is collected to get an understanding of whether clients are accessing alcohol and other drug treatment services for assistance with their own drug use or for assistance with issues associated with another person's drug use.

Example of how 'client type' is used

In 2006–07, 95% of all closed treatment episodes involved clients seeking treatment for their own alcohol or other drug use, a similar proportion as in previous years.

People seeking treatment in relation to someone else's drug use were older, with a median age of 42 years, than those seeking treatment for their own drug use (31 years).

Source: AIHW 2008.

Person—country of birth, code (SACC 2008) NNNN

Identifying and definitional attributes

<i>Metadata item type:</i>	Data Element
<i>Short name:</i>	Country of birth
<i>METeOR identifier:</i>	370943
<i>Registration status:</i>	Health, Standard 01/10/2008 Community services, Standard 02/06/2008 Housing assistance, Standard 24/11/2008
<i>Definition:</i>	The country in which the person was born, as represented by a code.
Data Element Concept:	Person – country of birth

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	Standard Australian Classification of Countries 2008
<i>Representation class:</i>	Code
<i>Data type:</i>	Number
<i>Format:</i>	NNNN
<i>Maximum character length:</i>	4

Collection and usage attributes

<i>Guide for use:</i>	<p>The Standard Australian Classification of Countries 2008 (SACC) is a four-digit, three-level hierarchical structure specifying major group, minor group and country.</p> <p>A country, even if it comprises other discrete political entities such as states, is treated as a single unit for all data domain purposes. Parts of a political entity are not included in different groups. Thus, Hawaii is included in Northern America (as part of the identified country United States of America), despite being geographically close to and having similar social and cultural characteristics as the units classified to Polynesia.</p>
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Data element attributes

Collection and usage attributes

<i>Collection methods:</i>	Some data collections ask respondents to specify their country of birth. In others, a pre-determined set of countries is specified as part of the question, usually accompanied by an 'other (please specify)' category.
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Recommended questions are:

In which country were you/was the person/was (name) born?

Australia

Other (please specify)

Alternatively, a list of countries may be used based on, for example common Census responses.

In which country were you/was the person/was (name) born?

Australia

England

New Zealand

Italy

Viet Nam

India

Scotland

Philippines

Greece

Germany

Other (please specify)

In either case coding of data should conform to the SACC.

Sometimes respondents are simply asked to specify whether they were born in either 'English speaking' or 'non-English speaking' countries but this question is of limited use and this method of collection is not recommended.

Comments:

This metadata item is consistent with that used in the ABS collection methods and is recommended for use whenever there is a requirement for comparison with ABS data (last viewed 2/6/2008).

Relational attributes

Related metadata references:

Supersedes Person – country of birth, code (SACC 1998) NNNN Health, Superseded 01/10/2008, Community services, Superseded 02/06/2008, Housing assistance, Superseded 24/11/2008

Implementation in Data Set Specifications:

Acute coronary syndrome (clinical) DSS Health, Standard 01/10/2008

Commonwealth State/Territory Disability Agreement NMDS (July 2008) Community services, Standardisation pending 24/07/2008

Information specific to this data set:

It is recommended that the 10 most frequently reported countries of birth are listed on data collection forms to simplify data collection and minimise coding load on service type outlets and funding departments. Where the country of birth is known but is not specified in the classification below, (i.e., is 'other country'), funded agencies should specify it on primary data collection forms. These will then be coded by funding departments to the appropriate SACC code.

Additional information for AODTS–NMDS data collectors

Definition

The country in which the client was born.

Classification

NNNN (as coded in the ABS Standard Australian Classification of Countries; Appendix D). The SACC is updated from time to time. The latest version is called the Second Edition and was released on 19 May 2008. This edition should be used unless otherwise advised to the AIHW on the Attachment A form that accompanies the data submission. Changes since the previous version of the SACC include changes to the coding of the Channel Islands, and Serbia and Montenegro.

0000 Inadequately Described

0001 At Sea

0003 Not Stated

Missing values

Use code 0003 for missing values.

Other information

Responses to this data item should be provided in the format given in the *Standard Australian Classification of Countries* (SACC) Four-digit (individual country) level (ABS Cat. No. 1269.0 Second Edition) (See Appendix D).

Why is this data item collected?

This data item is collected to get an understanding of the countries of birth of clients accessing alcohol and other drug treatment services. Country of birth is used in demographic analysis of clients in the collection.

Example of how 'country of birth' is used

Most clients of drug treatment agencies in 2006–07 were Australian born (86% of treatment episodes involved people born in Australia). England (3%) and New Zealand (2%) were the next most common countries of birth.

Source: AIHW 2008.

Date of birth

Identifying and definitional attributes

<i>Technical name:</i>	Person – date of birth, DDMMYYYY
<i>METeOR identifier:</i>	287007
<i>Registration status:</i>	Health, Standard 04/05/2005 Community services, Standard 25/08/2005 Housing assistance, Standard 20/06/2005
<i>Definition:</i>	The date of birth of the person.
Data Element Concept:	Person – date of birth

Value domain attributes

Representational attributes

<i>Representation class:</i>	Date
<i>Data type:</i>	Date/Time
<i>Format:</i>	DDMMYYYY
<i>Maximum character length:</i>	8

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>If date of birth is not known or cannot be obtained, provision should be made to collect or estimate age. Collected or estimated age would usually be in years for adults, and to the nearest three months (or less) for children aged less than two years. Additionally, an estimated date flag or a date accuracy indicator should be reported in conjunction with all estimated dates of birth.</p> <p>For data collections concerned with children's services, it is suggested that the estimated date of birth of children aged under 2 years should be reported to the nearest 3 month period, i.e. 0101, 0104, 0107, 0110 of the estimated year of birth. For example, a child who is thought to be aged 18 months in October of one year would have his/her estimated date of birth reported as 0104 of the previous year. Again, an estimated date flag or date accuracy indicator should be reported in conjunction with all estimated dates of birth.</p>
<i>Collection methods:</i>	<p>Information on date of birth can be collected using the one question:</p> <p>What is your/(the person's) date of birth?</p> <p>In self-reported data collections, it is recommended that the</p>

following response format is used:

Date of birth: __ / __ / _____

This enables easy conversion to the preferred representational layout (DDMMYYYY).

For record identification and/or the derivation of other metadata items that require accurate date of birth information, estimated dates of birth should be identified by a date accuracy indicator to prevent inappropriate use of date of birth data. The linking of client records from diverse sources, the sharing of patient data, and data analysis for research and planning all rely heavily on the accuracy and integrity of the collected data. In order to maintain data integrity and the greatest possible accuracy an indication of the accuracy of the date collected is critical. The collection of an indicator of the accuracy of the date may be essential in confirming or refuting the positive identification of a person. For this reason it is strongly recommended that the data element Date – accuracy indicator, code AAA also be recorded at the time of record creation to flag the accuracy of the data.

Comments:

Privacy issues need to be taken into account in asking persons their date of birth.

Wherever possible and wherever appropriate, date of birth should be used rather than age because the actual date of birth allows a more precise calculation of age.

When date of birth is an estimated or default value, national health and community services collections typically use 0101 or 0107 or 3006 as the estimate or default for DDMM.

It is suggested that different rules for reporting data may apply when estimating the date of birth of children aged under 2 years because of the rapid growth and development of children within this age group which means that a child's development can vary considerably over the course of a year. Thus, more specific reporting of estimated age is suggested.

Source and reference attributes

Origin:

National Health Data Committee

National Community Services Data Committee

Reference documents:

AS5017 Health Care Client Identification, 2002, Sydney: Standards Australia

AS4846 Health Care Provider Identification, 2004, Sydney: Standards Australia

Relational attributes

Related metadata references:

See also Date – accuracy indicator, code AAA Health, Standard 04/05/2005, Community services, Standard 30/09/2005

See also Date – estimate indicator, code N Community services, Standard 27/04/2007

Supersedes Person – date of birth, DDMMYYYY Health, Superseded 04/05/2005, Community services, Superseded 25/08/2005

Is used in the formation of Episode of admitted patient care – major diagnostic category, code (AR-DRG v5.1) NN Health, Standard 01/03/2005

Is used in the formation of Episode of admitted patient care – length of stay (including leave days) (postnatal), total N[NN] Health, Standard 04/07/2007

Is used in the formation of Episode of admitted patient care – length of stay (including leave days) (antenatal), total N[NN] Health, Standard 04/07/2007

Is used in the formation of Episode of admitted patient care – diagnosis related group, code (AR-DRG v5.1) ANNA Health, Standard 01/03/2005

Is used in the formation of Episode of admitted patient care (postnatal) – length of stay (including leave days), total N[NN] Health, Superseded 04/07/2007

Is used in the formation of Episode of admitted patient care (antenatal) – length of stay (including leave days), total N[NN] Health, Superseded 04/07/2007

Implementation in Data Set Specifications:

AROC inpatient data set specification Health, Candidate 14/02/2007

Acute coronary syndrome (clinical) DSS Health, Standard 07/12/2005

Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008

Admitted patient mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Admitted patient palliative care NMDS 2008-09 Health, Standard 05/02/2008

Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008

Cancer (clinical) DSS Health, Standard 07/12/2005

Cancer (clinical) DSS Health, Candidate 14/09/2006

Cardiovascular disease (clinical) DSS Health, Standard 04/07/2007

Children's Services NMDS Community services, Standard 18/12/2007

Commonwealth State/Territory Disability Agreement NMDS - 1 July 2006 Community services, Standard 27/04/2007

Community mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Computer Assisted Telephone Interview demographic module DSS Health, Standard 04/05/2005

Diabetes (clinical) DSS Health, Standard 21/09/2005

Health care client identification DSS Health, Standard 04/05/2005

Health care provider identification DSS Health, Standard 04/07/2007

Health labour force NMDS Health, Standard 01/03/2005

Juvenile Justice NMDS Community services, Standard 27/03/2007

Non-admitted patient emergency department care NMDS 2008-2009 Health, Standard 05/02/2008

Perinatal NMDS 2008-2009 Health, Standard 05/02/2008

Residential mental health care NMDS 2008-2009 Health, Standard 05/02/2008

SAAP Client Collection National Minimum Data Set Community services, Standard 30/11/2007

Data set specification specific attributes

<i>Implementation start date:</i>	01/07/2008
<i>Information specific to this data set:</i>	<p>This field must not be null.</p> <p>National Minimum Data Sets:</p> <p>For the provision of State and Territory hospital data to Commonwealth agencies this field must:</p> <ul style="list-style-type: none"> • be less than or equal to Admission date, Date patient presents or Service contact date • be consistent with diagnoses and procedure codes, for records to be grouped.

Additional information for AODTS–NMDS data collectors

Definition

The day, month and year when the person seeking drug treatment was born.

Classification

ddmmyyyy

Missing values

Use code 01011900 for missing values.

Other information

- Where the day and/or month of birth is unknown, estimate the year of birth and enter '0101' as the day and month.
- Where the date of birth is unknown, and year of birth cannot be estimated, enter '01011900'.
- For privacy reasons, age in years will be the output data item rather than date of birth.
- The 'date of birth' should be before the 'date of commencement' and before the 'date of cessation'.
- There should be no clients where the 'date of birth' for the client equates to the client being aged less than 10 years (when age is calculated using 'date of birth' and 'date of cessation').

Why is this data item collected?

Date of birth is required to derive the age of clients for demographic analyses, and for analysis by age (or age group) at a point in time. Age is used for analysis of service utilisation, and comparison with population data.

Example of how 'date of birth' is used

Table 4.2: Closed treatment episodes by sex and age group, 2006–07 (per cent)

	Age group (years)						Total ^(a)	Total (no.)	Median age
	10–19	20–29	30–39	40–49	50–59	60+			
Persons^(b)									
Own drug use	11.7	32.6	29.4	17.3	6.6	2.1	100.0	140,475	31
Other's drug use	17.9	11.1	15.2	21.5	21.7	9.8	100.0	6,850	42
Total persons	11.9	31.6	28.8	17.4	7.3	2.4	100.0	..	32
Total (number)	17,598	46,599	42,407	25,708	10,804	3,581	..	147,325	..

(a) Includes 'not stated' for age.

(b) Includes 'not stated' for sex.

Source: AIHW 2008.

Date of cessation of treatment episode for alcohol and other drugs

Identifying and definitional attributes

<i>Technical name:</i>	Episode of treatment for alcohol and other drugs – treatment cessation date, DDMMYYYY
<i>METeOR identifier:</i>	270067
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The date on which a treatment episode for alcohol and other drugs ceases.
Data Element Concept:	Episode of treatment for alcohol and other drugs – treatment cessation date

Value domain attributes

Representational attributes

<i>Representation class:</i>	Date
<i>Data type:</i>	Date/Time
<i>Format:</i>	DDMMYYYY
<i>Maximum character length:</i>	8

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Refers to the date of the last service contact in a treatment episode between the client and staff of the treatment provider. In situations where the client has had no contact with the treatment provider for three months, nor is there a plan in place for further contact, the date of last service contact should be used. Refer to the glossary item Cessation of treatment episode for alcohol and other drugs to determine when a treatment episode ceases. The date must be later than or the same as the treatment commencement date for the episode of treatment for alcohol and other drugs.
<i>Comments:</i>	Required to identify the cessation of a treatment episode by an alcohol and other drug treatment service.

Source and reference attributes

<i>Submitting organisation:</i>	Intergovernmental Committee on Drugs National Minimum Data Set Working Group
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Relational attributes

<i>Related metadata references:</i>	Supersedes Date of cessation of treatment episode for alcohol and other drugs, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (14.63 KB)
<i>Implementation in Data Set Specifications:</i>	Alcohol and other drug treatment services NMDS Health, Superseded 21/03/2006
	Alcohol and other drug treatment services NMDS Health, Superseded 23/10/2006
	Alcohol and other drug treatment services NMDS 2007-2008 Health, Superseded 05/02/2008
	Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

<i>Implementation start date:</i>	01/07/2008
<i>Information specific to this data set:</i>	The date must be later than or the same as the treatment commencement date for the episode of treatment for alcohol and other drugs.

Additional information for AODTS–NMDS data collectors

Definition

The day, month and year when a treatment episode for alcohol and other drugs ceases.

Classification

ddmmyyyy

Missing values

Missing values are not permitted for this data item.

Other information

- Months with less than 31 days should not have 'date of cessation' recorded as the 31st.
- No 'date of cessation' should be recorded as 30 or 31 February.
- There should be no 'date of cessation' recorded as 29/02 in a non-leap year.
- 'Date of cessation' must fall within the financial year of the collection (i.e. 1 July 2009 to 30 June 2010).

Why is this data item collected?

Date of cessation is required to derive the duration of treatment episodes. Duration can then be related to other variables such as demographics, principal drug of concern and treatment type.

Example of how 'date of cessation' is used

The median number of days for a treatment episode in 2006–07 was 17, one day longer than the previous year. Information and education only had a median duration of 1 day. Counselling had a median duration of 43 days.

Source: AIHW 2008.

Date of commencement of treatment episode for alcohol and other drugs

Identifying and definitional attributes

<i>Technical name:</i>	Episode of treatment for alcohol and other drugs – treatment commencement date, DDMMYYYY
<i>METeOR identifier:</i>	270069
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The date on which the first service contact within the treatment episode when assessment and/or treatment occurs.
Data Element Concept:	Episode of treatment for alcohol and other drugs – treatment commencement date

Value domain attributes

Representational attributes

<i>Representation class:</i>	Date
<i>Data type:</i>	Date/Time
<i>Format:</i>	DDMMYYYY
<i>Maximum character length:</i>	8

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>A client is identified as commencing a treatment episode if one or more of the following apply:</p> <ul style="list-style-type: none">• they are a new client,• they are a client recommencing treatment after they have had had no contact with the treatment provider for a period of three months or had any plan in place for further contact,• their principal drug of concern for alcohol and other drugs has changed,• their main treatment type for alcohol and other drugs has changed,• their treatment delivery setting for alcohol and other drugs has changed.
<i>Comments:</i>	Required to identify the commencement of a treatment episode by an alcohol and other drug treatment service.

Source and reference attributes

Submitting organisation: Intergovernmental Committee on Drugs National Minimum Data Set Working Group

Relational attributes

Related metadata references: Supersedes Date of commencement of treatment episode for alcohol and other drugs, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (14.07 KB)

Supersedes Commencement of treatment episode for alcohol and other drugs, version 2, DEC, NHDD, NHIMG, Superseded 01/03/2005.pdf (13.48 KB)

Implementation in Data Set Specifications: Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008

Information specific to this data set: The date must be earlier than or the same as the treatment cessation date for the episode of treatment for alcohol and other drugs.

Additional information for AODTS–NMDS data collectors

Definition

The day, month and year when a treatment episode for alcohol and other drugs commences.

Classification

ddmmyyyy

Missing values

Missing values are not permitted for this data item.

Other information

- The commencement of a treatment episode is the first service contact between a client and a treatment provider when assessment and/or treatment occurs.
- The 'date of commencement' should be earlier than or the same as the 'date of cessation' and later than the 'date of birth'.
- Months with less than 31 days should not have 'date of commencement' recorded as the 31st.
- No 'date of commencement' should be recorded as 30 or 31 February.
- There should be no 'date of commencement' recorded as 29/02 in a non-leap year.

Why is this data item collected?

Date of commencement is used together with date of cessation to derive the duration of treatment episodes.

Example of how 'date of commencement' is used

In 2006-07, heroin-related treatment episodes were the longest out of all drug types, with a median length of 29 days. Alcohol-related episodes were 17 days and ecstasy treatment around 8 days.

Source: AIHW 2008.

Indigenous status

Identifying and definitional attributes

<i>Technical name:</i>	Person – Indigenous status, code N
<i>METeOR identifier:</i>	291036
<i>Registration status:</i>	Health, Standard 04/05/2005 Community services, Standard 25/08/2005
<i>Definition:</i>	Whether a person identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code. This is in accord with the first two of three components of the Commonwealth definition.
<i>Data Element Concept:</i>	Person – Indigenous status

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code	
<i>Data type:</i>	Number	
<i>Format:</i>	N	
<i>Maximum character length:</i>	1	
<i>Permissible values:</i>	Value	Meaning
	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
<i>Supplementary values:</i>	9	Not stated/inadequately described

Collection and usage attributes

<i>Guide for use:</i>	<p>This metadata item is based on the Australian Bureau of Statistics (ABS) standard for Indigenous status. For detailed advice on its use and application please refer to the ABS Website as indicated in the Reference documents.</p> <p>The classification for Indigenous status has a hierarchical structure comprising two levels. There are four categories at the detailed level of the classification which are grouped into two categories at the broad level. There is one supplementary category for 'not stated' responses. The classification is as follows:</p>
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Indigenous:

- Aboriginal but not Torres Strait Islander origin.
- Torres Strait Islander but not Aboriginal origin.
- Both Aboriginal and Torres Strait Islander origin.

Non-indigenous:

- Neither Aboriginal nor Torres Strait Islander origin.

Not stated/ inadequately described:

This category is not to be available as a valid answer to the questions but is intended for use:

- Primarily when importing data from other data collections that do not contain mappable data.
- Where an answer was refused.
- Where the question was not able to be asked prior to completion of assistance because the client was unable to communicate or a person who knows the client was not available.

Only in the last two situations may the tick boxes on the questionnaire be left blank.

Data element attributes

Collection and usage attributes

Collection methods:

The standard question for Indigenous Status is as follows:

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

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

No.....

Yes, Aboriginal.....

Yes, Torres Strait Islander.....

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

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

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

The Indigenous status question allows for more than one response. The procedure for coding multiple responses is as follows:

If the respondent marks 'No' and either 'Aboriginal' or 'Torres Strait Islander', then the response should be coded to either Aboriginal or Torres Strait Islander as indicated (i.e. disregard the 'No' response).

If the respondent marks both the 'Aboriginal' and 'Torres Strait Islander' boxes, then their response should be coded to 'Both Aboriginal and Torres Strait Islander Origin'.

If the respondent marks all three boxes ('No', 'Aboriginal' and 'Torres Strait Islander'), then the response should be coded to 'Both Aboriginal and Torres Strait Islander Origin' (i.e. disregard the 'No' response).

This approach may be problematical in some data collections, for example when data are collected by interview or using screen based data capture systems. An additional response category

Yes, both Aboriginal and Torres Strait Islander...

may be included if this better suits the data collection practices of the agency or establishment concerned.

Comments:

The following definition, commonly known as 'The Commonwealth Definition', was given in a High Court judgement in the case of *Commonwealth v Tasmania* (1983) 46 ALR 625.

'An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives'.

There are three components to the Commonwealth definition:

- descent;
- self-identification; and
- community acceptance.

In practice, it is not feasible to collect information on the community acceptance part of this definition in general purpose statistical and administrative collections and therefore standard questions on Indigenous status relate to descent and self-identification only.

Source and reference attributes

Origin: National Health Data Committee

National Community Services Data Committee

Reference documents: Australian Bureau of Statistics 1999. Standards for Social, Labour and Demographic Variables. Cultural Diversity Variables, Canberra. Viewed 3 August 2005.

Relational attributes

Related metadata references: Supersedes Person – Indigenous status, code N Health, Superseded 04/05/2005, Community services, Superseded 25/08/2005

Implementation in Data Set AROC inpatient data set specification Health, Candidate 14/02/2007
Acute coronary syndrome (clinical) DSS Health, Standard 07/12/2005

Specifications:

- Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008
- Admitted patient mental health care NMDS 2008-2009 Health, Standard 05/02/2008
- Admitted patient palliative care NMDS 2008-09 Health, Standard 05/02/2008
- Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008
- Cardiovascular disease (clinical) DSS Health, Standard 04/07/2007
- Child protection and support services (CPSS) - out-of-home care NMDS pilot (2008) Community services, Standard 18/12/2007
- Children's Services NMDS Community services, Standard 18/12/2007
- Commonwealth State/Territory Disability Agreement NMDS - 1 July 2006 Community services, Standard 27/04/2007
- Community mental health care NMDS 2008-2009 Health, Standard 05/02/2008
- Computer Assisted Telephone Interview demographic module DSS Health, Standard 04/05/2005
- Diabetes (clinical) DSS Health, Standard 21/09/2005
- Health care client identification DSS Health, Standard 04/05/2005
- Juvenile Justice NMDS Community services, Standard 27/03/2007
- Non-admitted patient emergency department care NMDS 2008-2009 Health, Standard 05/02/2008
- Perinatal NMDS 2008-2009 Health, Standard 05/02/2008
- Residential mental health care NMDS 2008-2009 Health, Standard 05/02/2008
- SAAP Client Collection National Minimum Data Set Community services, Standard 30/11/2007
- SAAP Demand for Accommodation National Minimum Data Set Community services, Standard 30/11/2007

Data set specification specific attributes

Implementation start date: 01/07/2008

Additional information for AODTS–NMDS data collectors

Definition

Indigenous status is a measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin.

Classification

- 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

Missing values

The not stated/inadequately described category is not to be available as a valid answer to the question but may be used when the client refuses to answer.

Why is this data item collected?

This data item is an essential demographic component to the AODTS–NMDS, along with items such as age and sex. This data item is used to explore the relationship between the Indigenous status of clients and other data items in the AODTS–NMDS.

Example of how ‘Indigenous status’ is used

Table 4.3: Closed treatment episodes^(a) by principal drug of concern and Indigenous status, 2006–07

Principal drug of concern	Indigenous		Non-Indigenous		Not stated		Total	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Alcohol	6,975	49.0	49,384	41.4	3,121	44.1	59,480	42.3
Amphetamines	1,546	10.9	15,029	12.6	717	10.1	17,292	12.3
Benzodiazepines	101	0.7	2,080	1.7	117	1.7	2,298	1.6
Cannabis	3,134	22.0	27,312	22.9	1,534	21.7	31,980	22.8
Cocaine	24	0.2	402	0.3	22	0.3	448	0.3
Ecstasy	41	0.3	924	0.8	45	0.6	1,010	0.7
Nicotine	242	1.7	2,059	1.7	149	2.1	2,450	1.7
Opioids								
Heroin	1,078	7.6	13,157	11.0	635	9.0	14,870	10.6

(continued)

Table 4.3 (continued): Closed treatment episodes^(a) by principal drug of concern and Indigenous status, 2006–07

Principal drug of concern	Indigenous		Non-Indigenous		Not stated		Total	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Methadone	220	1.5	1,938	1.6	110	1.6	2,268	1.6
Morphine	163	1.1	1,042	0.9	94	1.3	1,299	0.9
<i>Total opioids</i>	<i>1,555</i>	<i>10.9</i>	<i>17,658</i>	<i>14.8</i>	<i>983</i>	<i>13.9</i>	<i>20,196</i>	<i>14.4</i>
All other drugs ^(b)	614	4.3	4,315	3.6	392	5.5	5,321	3.8
Total	14,232	100.0	119,163	100.0	7,080	100.0	140,475	100.0
Per cent of Indigenous status	10.1	..	84.8	..	5.0	..	100	..

(a) Excludes treatment episodes for clients seeking treatment for the drug use of others.

(b) 'Total opioids' includes the balance of opioid drugs coded according to ASCDC. See Appendix 5.

(c) Includes balance of principal drugs of concern coded according to ASCDC. See Appendix 5.

Source: AIHW 2008.

Injecting drug use status

Identifying and definitional attributes

<i>Technical name:</i>	Client – injecting drug use status, code N
<i>METeOR identifier:</i>	270113
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The client's use of injection as a method of administering drugs, as represented by a code.
<i>Data Element Concept:</i>	Client – injecting drug use status

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code										
<i>Data type:</i>	Number										
<i>Format:</i>	N										
<i>Maximum character length:</i>	1										
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>1</td><td>Last injected three months ago or less</td></tr><tr><td>2</td><td>Last injected more than three months ago but less than or equal to twelve months ago</td></tr><tr><td>3</td><td>Last injected more than twelve months ago</td></tr><tr><td>4</td><td>Never injected</td></tr></tbody></table>	Value	Meaning	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
Value	Meaning										
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										
<i>Supplementary values:</i>	9 Not stated/inadequately described										

Data element attributes

Collection and usage attributes

<i>Collection methods:</i>	To be collected on commencement of treatment with a service. For clients whose treatment episode is related to the alcohol and other drug use of another person, this metadata item should not be collected.
<i>Comments:</i>	This metadata item has been developed for use in clinical settings. A code that refers to a three-month period to define 'current' injecting drug use is required as a clinically relevant period of time. The metadata item may also be used in population surveys that require a longer timeframe, for example to generate 12-month prevalence rates, by aggregating Codes 1 and 2. However, caution must be exercised when comparing clinical samples with population samples.

This metadata item is important for identifying patterns of drug use and harms associated with injecting drug use.

Source and reference attributes

Submitting organisation: Intergovernmental Committee on Drugs National Minimum Data Set Working Group

Relational attributes

Related metadata references: Supersedes Injecting drug use status, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (15.76 KB)

Implementation in Data Set Specifications: Alcohol and other drug treatment services NMDS Health, Superseded 21/03/2006

Alcohol and other drug treatment services NMDS Health, Superseded 23/10/2006

Alcohol and other drug treatment services NMDS 2007-2008 Health, Superseded 05/02/2008

Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008

Additional information for AODTS–NMDS data collectors

Definition

The client's use of injection as a method of administering drugs; including intravenous, intramuscular and subcutaneous forms of injection.

Missing values

Use code 9 for missing values.

Other information

Where 'injecting drug use' is coded 4 (Never injected), check that 'method of use' is not coded 3 (injects).

Why is this data item collected?

This data item is collected to explore the levels of injection/needle use associated with drug treatment clients. Potentially, this allows a measure of health risk in the treatment population.

Example of how 'injecting drug use status' is used

In 2006–07, 49% of closed treatment episodes involved clients who reported never having injected drugs, 21% involved clients who identified themselves as current injectors; that is, injected within the previous 3 months, and a further 18% involved clients who reported they had injected drugs in the past (8% between 3 months and 12 months ago and 10% 12 or more months ago). This item was reported as 'not stated' in 12% of episodes involving people seeking treatment for their own drug use.

Source: AIHW 2008.

Main treatment type for alcohol and other drugs

Identifying and definitional attributes

<i>Technical name:</i>	Episode of treatment for alcohol and other drugs – treatment type (main), code N
<i>METeOR identifier:</i>	270056
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The main activity determined at assessment by the treatment provider to treat the client's alcohol and/or drug problem for the principal drug of concern, as represented by a code.
Data Element Concept:	Episode of treatment for alcohol and other drugs – treatment type

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code																		
<i>Data type:</i>	Number																		
<i>Format:</i>	N																		
<i>Maximum character length:</i>	1																		
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>1</td><td>Withdrawal management (detoxification)</td></tr><tr><td>2</td><td>Counselling</td></tr><tr><td>3</td><td>Rehabilitation</td></tr><tr><td>4</td><td>Pharmacotherapy</td></tr><tr><td>5</td><td>Support and case management only</td></tr><tr><td>6</td><td>Information and education only</td></tr><tr><td>7</td><td>Assessment only</td></tr><tr><td>8</td><td>Other</td></tr></tbody></table>	Value	Meaning	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
Value	Meaning																		
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																		

Collection and usage attributes

<i>Guide for use:</i>	<p>CODE 1 Withdrawal management (detoxification) This code refers to any form of withdrawal management, including medicated and non-medicated, in any delivery setting.</p> <p>CODE 2 Counselling This code refers to any method of individual or group counselling directed towards identified problems with alcohol and/or other drug use or dependency. This code excludes counselling activity that is part of a rehabilitation program as defined in Code 3.</p>
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CODE 3 Rehabilitation

This code refers to an intensive treatment program that integrates a range of services and therapeutic activities that may include counselling, behavioural treatment approaches, recreational activities, social and community living skills, group work and relapse prevention. Rehabilitation treatment can provide a high level of support (i.e. up to 24 hours a day) and tends towards a medium to longer-term duration. Rehabilitation activities can occur in residential or non-residential settings. Counselling that is included within an overall rehabilitation program should be coded to Code 3 for Rehabilitation, not to Code 2 as a separate treatment episode for counselling.

CODE 4 Pharmacotherapy

Refers to pharmacotherapies that include those used as maintenance therapies (e.g. naltrexone, buprenorphine, and methadone treatment) and those used as relapse prevention. Use Code 1 (withdrawal management) where a pharmacotherapy is used solely for withdrawal. Note collection exclusions: excludes treatment episodes for clients who are on an opioid pharmacotherapy maintenance program and are not receiving any other form of treatment.

CODE 5 Support and case management only

Refers to when there is no treatment provided to the client other than support and case management (e.g. treatment provided through youth alcohol and drug outreach services). This choice only applies where support and case management treatment is recorded as individual client data and the treatment activity is not included in any other category.

CODE 6 Information and education only

Refers to when there is no treatment provided to the client other than information and education. It is noted that, in general, service contacts would include a component of information and education.

CODE 7 Assessment only

Refers to when there is no treatment provided to the client other than assessment. It is noted that, in general, service contacts would include an assessment component.

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	<p>Only one code to be selected.</p> <p>To be completed at assessment or commencement of treatment.</p> <p>The main treatment type is the principal activity as judged by the treatment provider that is necessary for the completion of the treatment plan for the principal drug of concern. The main treatment type for alcohol and other drugs is the principal focus of a single treatment episode. Consequently, each treatment episode will only have one main treatment type.</p> <p>For brief interventions, the main treatment type may apply to as few as one contact between the client and agency staff.</p>
<i>Comments:</i>	<p>Information about treatment provided is of fundamental importance to service delivery and planning.</p>

Source and reference attributes

<i>Submitting organisation:</i>	Intergovernmental Committee on Drugs National Minimum Data Set Working Group
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Relational attributes

<i>Related metadata references:</i>	Supersedes Main treatment type for alcohol and other drugs, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (18.87 KB)
<i>Implementation in Data Set Specifications:</i>	Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

<i>Implementation start date:</i>	01/07/2008
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Additional information for AODTS–NMDS data collectors

Definition

The *Main treatment type* is the main activity determined necessary at assessment by the treatment provider to treat the client's alcohol and/or drug problem for the principal drug of concern.

Missing values

Missing values are not permitted for this data item.

Other information

- If 'main treatment type' is coded 5, 6 or 7, then 'other treatment type 1–4' must be blank.
- If 'main treatment type' is coded 1, 3 or 4, then 'client type' must not be coded 2.
- A single client record can not have the same main treatment type code recorded more than once, with the exception of code 8 (Other).
- Code 8 (Other): refers to other main treatment types such as nicotine replacement therapy or outdoor therapy.
- If pharmacotherapy is the main treatment type (coded as 'other '), then an 'other (additional) treatment type' must be recorded.

Why is this data item collected?

This data item is collected to explore the types of treatments being accessed by clients. Main treatment type is then analysed with reference to other dataset variables.

Example of how 'main treatment type' is used

Table 4.4: Closed treatment episodes by main treatment type, 2001–02 to 2006–07

Main treatment type	2001–02 ^(a)	2002–03	2003–04	2004–05	2006–07	2006–07
	(per cent)					
Withdrawal management (detoxification)	19.1	18.9	18.4	17.9	17.1	16.6
Counselling	38.9	41.5	37.6	40.2	37.8	38.7
Rehabilitation	6.3	7.5	8.6	7.7	7.5	7.4
Support and case management only	6.1	6.9	8.4	7.9	8.2	8.3
Information and education only	9.8	8	7.6	8.9	9.7	9.3
Assessment only	14.6	12.7	14.9	12.4	15.3	15.1
Other ^(b)	5.1	4.4	4.5	5	4.4	4.5
Total	100.0	100.0	100.0	100.0	100.0	100.0

(a) Excludes South Australia.

(b) 'Other' includes closed treatment episodes where the main treatment was reported as pharmacotherapy.

Source: AIHW 2008.

Method of use for principal drug of concern

Identifying and definitional attributes

<i>Technical name:</i>	Client – method of drug use (principal drug of concern), code N
<i>METeOR identifier:</i>	270111
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The client's self-reported usual method of administering the principal drug of concern, as represented by a code.
<i>Data Element Concept:</i>	Client – method of drug use (principal drug of concern)

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code														
<i>Data type:</i>	Number														
<i>Format:</i>	N														
<i>Maximum character length:</i>	1														
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>1</td><td>Ingests</td></tr><tr><td>2</td><td>Smokes</td></tr><tr><td>3</td><td>Injects</td></tr><tr><td>4</td><td>Sniffs (powder)</td></tr><tr><td>5</td><td>Inhales (vapour)</td></tr><tr><td>6</td><td>Other</td></tr></tbody></table>	Value	Meaning	1	Ingests	2	Smokes	3	Injects	4	Sniffs (powder)	5	Inhales (vapour)	6	Other
Value	Meaning														
1	Ingests														
2	Smokes														
3	Injects														
4	Sniffs (powder)														
5	Inhales (vapour)														
6	Other														
<i>Supplementary values:</i>	9 Not stated/inadequately described														

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	CODE 1 Refers to eating or drinking as the method of administering the principal drug of concern.
<i>Collection methods:</i>	Collect only for principal drug of concern. To be collected on commencement of treatment with a service.
<i>Comments:</i>	Identification of drug use methods is important for minimising specific harms associated with drug use, and is consequently of value for informing treatment approaches.

Source and reference attributes

Submitting organisation: Intergovernmental Committee on Drugs National Minimum Data Set Working Group

Relational attributes

Related metadata references: Supersedes Method of use for principal drug of concern, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (14.73 KB)

Implementation in Data Set Specifications: Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008

Additional information for AODTS–NMDS data collectors

Definition

The client's usual method of administering the principal drug of concern as stated by the client.

Missing values

Use code 9 for missing values.

Other information

Where 'method of use' is coded 3 (Injects), check that 'injecting drug use' is not coded 4 (Never injected).

Why is this data item collected?

This data item is collected to get an understanding of the prevalence of the different methods of drug use. This is then related to many other data items in the data set.

Example of use of 'method of use of principal drug of concern'.

In 2006–07, where amphetamines were the principal drug of concern, injecting was the most common method of use (69%), followed by smoking (14%) and ingesting (11%).

Source: AIHW 2008.

Other drug of concern

Identifying and definitional attributes

<i>Technical name:</i>	Episode of treatment for alcohol and other drugs – drug of concern (other), code (ASCDC 2000 extended) NNNN
<i>METeOR identifier:</i>	270110
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	A drug apart from the principal drug of concern which the client states as being a concern, as represented by a code.
Data Element Concept:	Episode of treatment for alcohol and other drugs – drug of concern

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	Australian Standard Classification of Drugs of Concern 2000	
<i>Representation class:</i>	Code	
<i>Data type:</i>	String	
<i>Format:</i>	NNNN	
<i>Maximum character length:</i>	4	
<i>Supplementary values:</i>	Value	Meaning
	0005	Opioid analgesics not further defined
	0006	Psychostimulants not further defined

Collection and usage attributes

<i>Guide for use:</i>	<p>The Australian Standard Classification of Drugs of Concern (ASCDC) provides a number of supplementary codes that have specific uses and these are detailed within the ASCDC e.g. 0000 = inadequately described.</p> <p>Other supplementary codes that are not already specified in the ASCDC may be used in National Minimum Data Sets (NMDS) when required. In the Alcohol and other drug treatment service NMDS, two additional supplementary codes have been created which enable a finer level of detail to be captured:</p> <p>CODE 0005 Opioid analgesics not further defined</p> <p>This code is to be used when it is known that the client's principal drug of concern is an opioid but the specific opioid used is not known. The existing code 1000 combines opioid analgesics and non-opioid analgesics together into Analgesics nfd and the finer level of detail, although known, is lost.</p>
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CODE 0006 Psychostimulants not further defined

This code is to be used when it is known that the client's principal drug of concern is a psychostimulant but not which type. The existing code 3000 combines stimulants and hallucinogens together into Stimulants and hallucinogens nfd and the finer level of detail, although known, is lost.

Psychostimulants refer to the types of drugs that would normally be coded to 3100-3199, 3300-3399 and 3400-3499 categories plus 3903 and 3905.

Data element attributes

Collection and usage attributes

Guide for use:

Record each additional drug of concern (according to the client) relevant to the treatment episode. The other drug of concern does not need to be linked to a specific treatment type.

More than one drug may be selected. There should be no duplication with the principal drug of concern.

Collection methods:

Any other drug of concern for the client should be recorded upon commencement of a treatment episode.

For clients whose treatment episode is related to the alcohol and other drug use of another person, this metadata item should not be collected.

Comments:

This item complements principal drug of concern. The existence of other drugs of concern may have a role in determining the types of treatment required and may also influence treatment outcomes.

Source and reference attributes

Submitting organisation:

Intergovernmental Committee on Drugs National Minimum Data Set Working Group

Relational attributes

Related metadata references:

Supersedes Other drug of concern, version 3, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (16.41 KB)

Implementation in Data Set Specifications:

Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

Implementation start date:

01/07/2008

Additional information for AODTS–NMDS data collectors

Definition

Other drug/s that are of concern to the client (apart from the principal drug of concern).

Classification

NNNN

Missing values

For a 'not stated' response, leave this item blank.

Other information

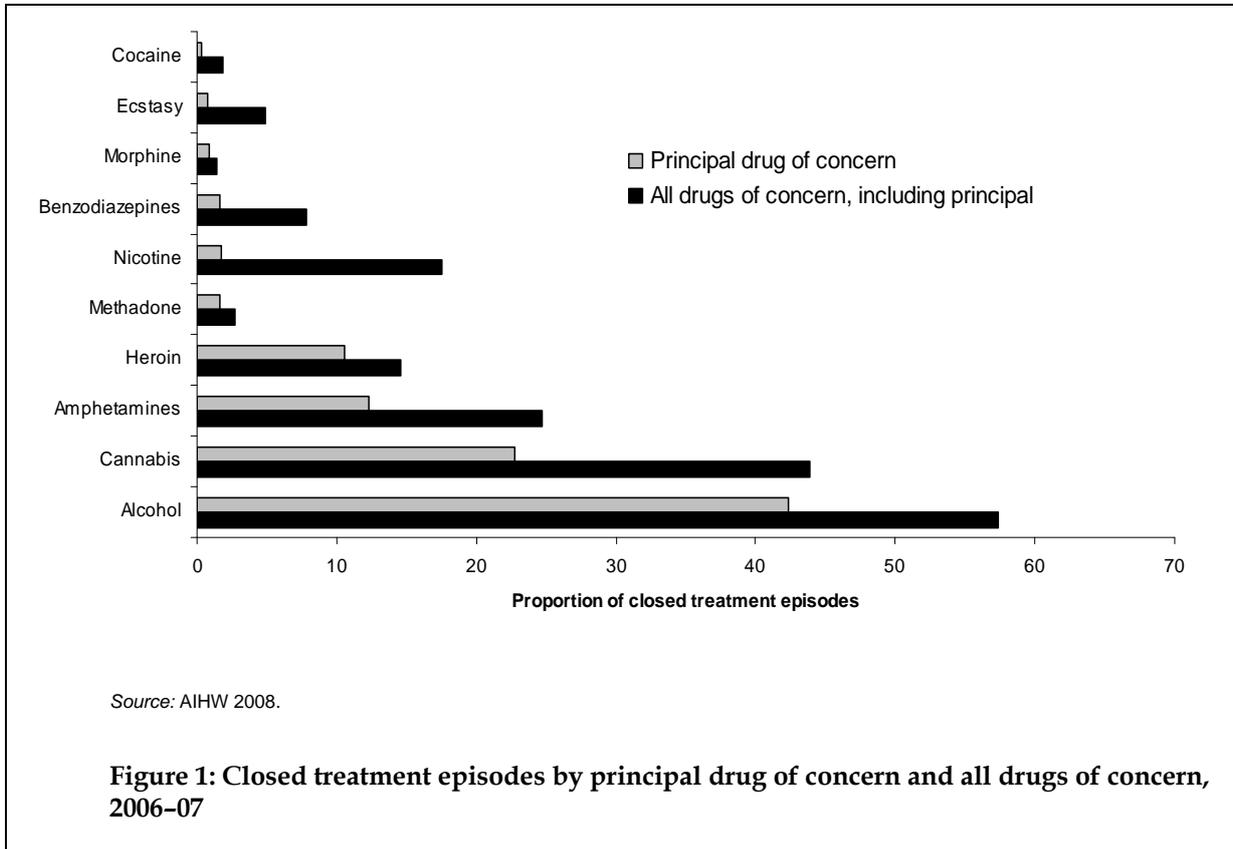
- Responses to this data item should come in the format given in the Australian Standard Classification of Drugs of Concern (ASCDC), ABS Cat No. 1248.0 (2000) (attached as Appendix F). This includes 2 supplementary codes:
 - Code 0005 (Opioid analgesics not further defined): to be used when it is known that the client's Principal drug of concern is an opioid but the specific opioid used is not known.
 - Code 0006 (Psychostimulants not further defined): to be used when it is known that the client's Principal drug of concern is a psychostimulant but not which type.
- Check that the code chosen for 'principal drug of concern' is not repeated for 'other drug of concern 1-5'. A single client record can not have the same drug code recorded more than once, with the exception of '0001' and '9000'.
- If 'other drug 1' is coded '0000' or '0001' then other drugs 2-5 must be blank.
- Where 'client type' is coded 2, 'other drug 1' must be blank.

Why is this data item collected?

This data item is collected to get an understanding of the range of drugs that are of concern to clients.

Example of how 'other drug of concern' is used

By combining the principal drug of concern and all 'other' drugs of concern reported, it is possible to analyse how many treatment episodes included alcohol as a drug of concern. The figure below shows the proportion of treatment episodes where alcohol was the principal drug of concern (43%) together with the proportion of episodes where alcohol was reported as being a concern (either as the principal or other drug)(58%).



Other treatment type for alcohol and other drugs

Identifying and definitional attributes

<i>Technical name:</i>	Episode of treatment for alcohol and other drugs – treatment type (other), code [N]
<i>METeOR identifier:</i>	270076
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	All other forms of treatment provided to the client in addition to the main treatment type for alcohol and other drugs, as represented by a code.
<i>Data Element Concept:</i>	Episode of treatment for alcohol and other drugs – treatment type

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code												
<i>Data type:</i>	Number												
<i>Format:</i>	[N]												
<i>Maximum character length:</i>	1												
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>1</td><td>Withdrawal management (detoxification)</td></tr><tr><td>2</td><td>Counselling</td></tr><tr><td>3</td><td>Rehabilitation</td></tr><tr><td>4</td><td>Pharmacotherapy</td></tr><tr><td>5</td><td>Other</td></tr></tbody></table>	Value	Meaning	1	Withdrawal management (detoxification)	2	Counselling	3	Rehabilitation	4	Pharmacotherapy	5	Other
Value	Meaning												
1	Withdrawal management (detoxification)												
2	Counselling												
3	Rehabilitation												
4	Pharmacotherapy												
5	Other												

Collection and usage attributes

<i>Guide for use:</i>	<p>CODE 1 Withdrawal management (detoxification) Refers to any form of withdrawal management, including medicated and non-medicated.</p> <p>CODE 2 Counselling Refers to any method of individual or group counselling directed towards identified problems with alcohol and/or other drug use or dependency. This selection excludes counselling activity that is part of a rehabilitation program as defined in Code 3.</p> <p>CODE 3 Rehabilitation Refers to an intensive treatment program that integrates a range of services and therapeutic activities that may include counselling, behavioural treatment approaches,</p>
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recreational activities, social and community living skills, group work and relapse prevention. Rehabilitation treatment can provide a high level of support (i.e. up to 24 hours a day) and tends towards a medium to longer-term duration. Rehabilitation activities can occur in residential or non-residential settings. Counselling that is included within an overall rehabilitation program should be coded to Code 3 for Rehabilitation, not to Code 2 as a separate treatment episode for counselling.

CODE 4 Pharmacotherapy

Refers to pharmacotherapies that include those used as maintenance therapies (e.g. naltrexone, buprenorphine, and methadone treatment) and those used as relapse prevention. Use Code 1 (withdrawal management) where a pharmacotherapy is used solely for withdrawal. Note collection exclusions: excludes clients who are on an opioid pharmacotherapy maintenance program and are not receiving any other form of treatment.

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	To be completed at cessation of treatment episode. Only report treatment recorded in the client's file that is in addition to, and not a component of, the main treatment type for alcohol and other drugs. Treatment activity reported here is not necessarily for principal drug of concern in that it may be treatment for other drugs of concern.
<i>Collection methods:</i>	More than one code may be selected. This field should be left blank if there are no other treatment types for the episode.
<i>Comments:</i>	Information about treatment provided is of fundamental importance to service delivery and planning.

Source and reference attributes

<i>Submitting organisation:</i>	Intergovernmental Committee on Drugs National Minimum Data Set Working Group
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Relational attributes

<i>Related metadata references:</i>	Supersedes Other treatment type for alcohol and other drugs, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (16.72 KB)
<i>Implementation in Data Set Specifications:</i>	Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008

Additional information for AODTS–NMDS data collectors

Definition

All other forms of treatment provided to the client in addition to the ‘main treatment type’ for alcohol and other drugs.

Missing values

For a ‘not stated’ response, leave this item blank.

Other information

- A single client record can not have the same main treatment type code recorded more than once, with the exception of code 5 (other).
- There are a maximum of four other (additional) treatment types that can be entered.
- ‘Other treatment type 1’ should be blank if ‘main treatment type’ is coded 5, 6 or 7.
- If ‘other treatment type 1’ is blank, then ‘other treatment type 2–4’, must also be blank.
- If ‘other treatment type 1’ is coded 1, 3 or 4, ‘client type’ must not be coded 2.
- If the main treatment type is pharmacotherapy, an ‘other treatment type’ must be reported.

Why is this data item collected?

This data item is collected to get an understanding of the range of treatments that clients are undergoing.

Example of how ‘other treatment type for alcohol and other drugs’ is used

Of the 147,325 closed treatment episodes where clients were seeking treatment in 2006–07, 17,279 episodes reported at least two treatment types – that is, a main treatment type and at least one other treatment type. Over half of the additional treatments reported were counselling.

Source: AIHW 2008.

Person identifier

Identifying and definitional attributes

<i>Technical name:</i>	Person – person identifier, XXXXXX[X(14)]
<i>METeOR identifier:</i>	290046
<i>Registration status:</i>	Health, Standard 04/05/2005 Community services, Standard 25/08/2005
<i>Definition:</i>	Person identifier unique within an establishment or agency.
Data Element Concept:	Person – person identifier

Value domain attributes

Representational attributes

<i>Representation class:</i>	Identifier
<i>Data type:</i>	String
<i>Format:</i>	XXXXXX[X(14)]
<i>Maximum character length:</i>	20

Data element attributes

Collection and usage attributes

<i>Guide for use:</i>	Individual agencies, establishments or collection authorities may use their own alphabetic, numeric or alphanumeric coding systems. Field cannot be blank.
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Source and reference attributes

<i>Reference documents:</i>	AS5017 Health Care Client Identification, 2002, Sydney: Standards Australia AS4846 Health Care Provider Identification, 2004, Sydney: Standards Australia
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Relational attributes

<i>Related metadata references:</i>	Supersedes Person – person identifier (within establishment/agency), XXXXXX[X(14)] Health, Superseded 04/05/2005, Community services, Superseded 25/08/2005
<i>Implementation in Data Set Specifications:</i>	AROC inpatient data set specification Health, Candidate 14/02/2007 Acute coronary syndrome (clinical) DSS Health, Standard 07/12/2005

Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008

Admitted patient mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Admitted patient palliative care NMDS 2008-09 Health, Standard 05/02/2008

Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008

Cancer (clinical) DSS Health, Standard 07/12/2005

Cancer (clinical) DSS Health, Candidate 14/09/2006

Cardiovascular disease (clinical) DSS Health, Standard 04/07/2007

Community mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Health care client identification DSS Health, Standard 04/05/2005

Health care provider identification DSS Health, Standard 04/07/2007

Juvenile Justice NMDS Community services, Standard 27/03/2007

Non-admitted patient emergency department care NMDS 2008-2009 Health, Standard 05/02/2008

Perinatal NMDS 2008-2009 Health, Standard 05/02/2008

Residential mental health care NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008

Additional information for AODTS–NMDS data collectors

Definition

The *Person identifier* is a unique code within the alcohol and other drug treatment establishment or agency.

Classification

Alphanumeric

Missing values

Missing values are not permitted for this data item.

Other information

- This identifier is not unique **across** agencies but must be unique **within** an agency.
- The person identifier should not include apostrophes, hyphens, inflections, dashes or spaces.
- The name of the client should not be used as their person identifier.

Why is this data item collected?

This data item is used for editing at the establishment or collection authority level and, could potentially be used for episode linkage. Person identifiers will only be released to persons who have met all the conditions of the AIHW ethics committee and received approval from all relevant jurisdictions.

Example of how 'person identifier' is used

This data item is administrative and does not directly affect any published information.

Preferred language

Identifying and definitional attributes

<i>Technical name:</i>	Person – preferred language, code (ASCL 2005) NN{NN}
<i>METeOR identifier:</i>	304128
<i>Registration status:</i>	Health, Standard 08/02/2006 Community services, Standard 29/04/2006
<i>Definition:</i>	The language (including sign language) most preferred by the person for communication, as represented by a code.
Data Element Concept:	Person – preferred language

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	Australian Standard Classification of Languages 2005
<i>Representation class:</i>	Code
<i>Data type:</i>	Number
<i>Format:</i>	NN{NN}
<i>Maximum character length:</i>	4

Collection and usage attributes

Guide for use: The Australian Standard Classification of Languages (ASCL) has a three-level hierarchical structure. The most detailed level of the classification consists of base units (languages) which are represented by four-digit codes. The second level of the classification comprises narrow groups of languages (the Narrow Group level), identified by the first two digits. The most general level of the classification consists of broad groups of languages (the Broad Group level) and is identified by the first digit. The classification includes Australian Indigenous languages and sign languages.

For example, the Lithuanian language has a code of 3102. In this case 3 denotes that it is an Eastern European language, while 31 denotes that it is a Baltic language. The Pintupi Aboriginal language is coded as 8713. In this case 8 denotes that it is an Australian Indigenous language and 87 denotes that the language is Western Desert language.

Language data may be output at the Broad Group level, Narrow Group level or base level of the classification. If necessary significant Languages within a Narrow Group can be presented separately while the remaining Languages in the Narrow Group are aggregated. The same principle can be adopted to highlight significant Narrow

Groups within a Broad Group.

Data element attributes

Collection and usage attributes

Guide for use: This may be a language other than English even where the person can speak fluent English.

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Reference documents: ABS cat. no.1267.0.Australian Standard Classification of Languages (ASCL), 2005-06. Canberra:Australian Bureau of Statistics

Relational attributes

Related metadata references: Supersedes Person – preferred language, code NN Health, Superseded 08/02/2006

Implementation in Data Set Specifications: Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008

Cardiovascular disease (clinical) DSS Health, Standard 04/07/2007

Data set specification specific attributes

Implementation start date: 01/07/2008

Additional information for AODTS–NMDS data collectors

Definition

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

Classification

'Preferred language' is reported as a 4-digit code (NNNN).

Missing values

Use code 0002 for 'not stated' responses.

Guide for use and validation checks

- Responses to this data item should be provided in the four-digit format given in the Australian Standard Classification of Languages (ASCL) (ABS Cat. No. 1267.0).
- From July 2007, the 4-digit code for the data item preferred language has been the appropriate level for collection at the agency level.

Why is this data item collected?

This data item is collected to get an understanding of the preferred language of clients accessing alcohol and other drug treatment services. Preferred language is used in demographic analysis of clients in the collection.

Example of how this data item is used

As in previous reporting periods, English was the most frequently reported preferred language in 2006–07. English was reported in 95% of treatment episodes as the preferred language of the client. Other preferred languages were relatively uncommon, with the second most preferred language being Australian Indigenous languages (2%).

Source: AIHW 2008.

Principal drug of concern

Identifying and definitional attributes

<i>Technical name:</i>	Episode of treatment for alcohol and other drugs – drug of concern (principal), code (ASCDC 2000 extended) NNNN
<i>METeOR identifier:</i>	270109
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The main drug, as stated by the client, that has led a person to seek treatment from the service, as represented by a code.
<i>Context:</i>	Required as an indicator of the client's treatment needs.
<i>Data Element Concept:</i>	Episode of treatment for alcohol and other drugs – drug of concern

Value domain attributes

Representational attributes

<i>Classification scheme:</i>	Australian Standard Classification of Drugs of Concern 2000	
<i>Representation class:</i>	Code	
<i>Data type:</i>	String	
<i>Format:</i>	NNNN	
<i>Maximum character length:</i>	4	
<i>Supplementary values:</i>	Value	Meaning
	0005	Opioid analgesics not further defined
	0006	Psychostimulants not further defined

Collection and usage attributes

<i>Guide for use:</i>	<p>The Australian Standard Classification of Drugs of Concern (ASCDC) provides a number of supplementary codes that have specific uses and these are detailed within the ASCDC e.g. 0000 = inadequately described.</p> <p>Other supplementary codes that are not already specified in the ASCDC may be used in National Minimum Data Sets (NMDS) when required. In the Alcohol and other drug treatment service NMDS, two additional supplementary codes have been created which enable a finer level of detail to be captured:</p> <p>CODE 0005 Opioid analgesics not further defined</p> <p>This code is to be used when it is known that the client's principal drug of concern is an opioid but the specific opioid used is not known. The existing code 1000 combines</p>
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opioid analgesics and non-opioid analgesics together into Analgesics nfd and the finer level of detail, although known, is lost.

CODE 0006 Psychostimulants not further defined

This code is to be used when it is known that the client's principal drug of concern is a psychostimulant but not which type. The existing code 3000 combines stimulants and hallucinogens together into Stimulants and hallucinogens nfd and the finer level of detail, although known, is lost.

Psychostimulants refer to the types of drugs that would normally be coded to 3100-3199, 3300-3399 and 3400-3499 categories plus 3903 and 3905.

Data element attributes

Collection and usage attributes

Guide for use: The principal drug of concern should be the main drug of concern to the client and is the focus of the client's treatment episode. If the client has been referred into treatment and does not nominate a drug of concern, then the drug involved in the client's referral should be chosen.

Collection methods: To be collected on commencement of the treatment episode.
For clients whose treatment episode is related to the alcohol and other drug use of another person, this metadata item should not be collected.

Source and reference attributes

Submitting organisation: Intergovernmental Committee on Drugs National Minimum Data Set Working Group

Relational attributes

Related metadata references: Supersedes Principal drug of concern, version 3, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (16.54 KB)

Implementation in Data Set Specifications: Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008

Additional information for AODTS–NMDS data collectors

Definition

The main drug, as stated by the client, that has led him/her to seek treatment from the service.

Classification

NNNN

Missing values

Missing values are not permitted for this data item.

Other information

- The ABS Australian Standard Classification of Drugs of Concern (ABS cat. no. 1248.0) must be used to code this item (attached as Appendix F). This includes 2 supplementary codes:
 - Code 0005 (Opioid analgesics not further defined): to be used when it is known that the client's *Principal drug of concern* is an opioid but the specific opioid used is not known.
 - Code 0006 (Psychostimulants not further defined): to be used when it is known that the client's *Principal drug of concern* is a psychostimulant but not which type.
- Check that the code chosen for 'principal drug of concern' is not the same as a code chosen for 'other drugs of concern 1–5' (with exception of '0001' coded as principal drug of concern and 1st other drug of concern and '9000' – miscellaneous drugs).
- For drug diversion treatment episodes, information about the principal drug of concern is sometimes not collected directly from the client. In such cases, the principal drug of concern should be recorded as 0000 (inadequately described).

Why is this data item collected?

This data item is collected to get an understanding of the types of drugs of concern to clients. Principal drug of concern is then analysed with reference to other dataset variables.

Example of how 'principal drug of concern' is used

Nationally in 2006–07, alcohol (42%) and cannabis (23%) were the most common principal drugs of concern in treatment episodes, followed by opioids (14% of all closed treatment episodes, with heroin accounting for 11%) and amphetamines (12%). Overall, fewer than 1% of closed treatment episodes were for the principal drugs ecstasy and cocaine (0.7% and 0.3% respectively).

Source: AIHW 2008.

Reason for cessation of treatment episode for alcohol and other drugs

Identifying and definitional attributes

<i>Technical name:</i>	Episode of treatment for alcohol and other drugs – cessation reason, code N[N]
<i>METeOR identifier:</i>	270011
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The reason for the client ceasing to receive a treatment episode from an alcohol and other drug treatment service, as represented by a code.
<i>Data Element Concept:</i>	Episode of treatment for alcohol and other drugs – cessation reason

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code																														
<i>Data type:</i>	Number																														
<i>Format:</i>	N[N]																														
<i>Maximum character length:</i>	2																														
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>1</td><td>Treatment completed</td></tr><tr><td>2</td><td>Change in main treatment type</td></tr><tr><td>3</td><td>Change in the delivery setting</td></tr><tr><td>4</td><td>Change in the principal drug of concern</td></tr><tr><td>5</td><td>Transferred to another service provider</td></tr><tr><td>6</td><td>Ceased to participate against advice</td></tr><tr><td>7</td><td>Ceased to participate without notice</td></tr><tr><td>8</td><td>Ceased to participate involuntary (non-compliance)</td></tr><tr><td>9</td><td>Ceased to participate at expiation</td></tr><tr><td>10</td><td>Ceased to participate by mutual agreement</td></tr><tr><td>11</td><td>Drug court and /or sanctioned by court diversion service</td></tr><tr><td>12</td><td>Imprisoned, other than drug court sanctioned</td></tr><tr><td>13</td><td>Died</td></tr><tr><td>98</td><td>Other</td></tr></tbody></table>	Value	Meaning	1	Treatment completed	2	Change in main treatment type	3	Change in the delivery setting	4	Change in the principal drug of concern	5	Transferred to another service provider	6	Ceased to participate against advice	7	Ceased to participate without notice	8	Ceased to participate involuntary (non-compliance)	9	Ceased to participate at expiation	10	Ceased to participate by mutual agreement	11	Drug court and /or sanctioned by court diversion service	12	Imprisoned, other than drug court sanctioned	13	Died	98	Other
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11	Drug court and /or sanctioned by court diversion service																														
12	Imprisoned, other than drug court sanctioned																														
13	Died																														
98	Other																														

Supplementary values:

99

Not stated/inadequately described

Collection and usage attributes

Guide for use:

To be collected on cessation of a treatment episode. Codes 1 to 12 listed above are set out as follows to enable a clearer picture of which codes are to be used for what purpose:

Treatment completed as planned:

CODE 1 Treatment completed

Client ceased to participate:

CODE 6 Ceased to participate against advice

CODE 7 Ceased to participate without notice

CODE 8 Ceased to participate involuntary (non-compliance)

CODE 9 Ceased to participate at expiation

Ceased to participate at expiation:

CODE 11 Drug court and /or sanctioned by court diversion service

CODE 12 Imprisoned, other than drug court sanctioned

Treatment not completed (other):

CODE 2 Change in main treatment type

CODE 3 Change in the delivery setting

CODE 4 Change in the principal drug of concern

CODE 5 Transferred to another service provider

Treatment ceased by mutual agreement:

CODE 10 Ceased to participate by mutual agreement

CODE 1 Treatment completed

This code is to be used when all of the immediate goals of the treatment have been completed as planned. Includes situations where the client, after completing this treatment, either does not commence any new treatment, commences a new treatment episode with a different main treatment or principal drug, or is referred to a different service provider for further treatment.

CODE 2 Change in main treatment type

A treatment episode will end if, prior to the completion of the existing treatment, there is a change in the main treatment type for alcohol and other drugs. See also Code 10.

CODE 3 Change in the delivery setting

A treatment episode may end if, prior to the completion of the existing treatment, there is a change in the treatment delivery setting for alcohol and other drugs. See also Code 10 and the Guide for use section in metadata item Episode of treatment for alcohol and other drugs.

CODE 4 Change in the principal drug of concern

A treatment episode will end if, prior to the completion of the existing treatment, there is a change in the principal drug of concern. See also Code 10.

CODE 5 Transferred to another service provider

This code includes situations where the service provider is no longer the most appropriate and the client is transferred/referred to another service. For example, transfers could occur for clients between non-residential and residential services or between residential services and a hospital. Excludes situations where the original treatment was completed before the client transferred to a different provider for other treatment (use Code 1).

CODE 6 Ceased to participate against advice

This code refers to situations where the service provider is aware of the client's intention to stop participating in treatment, and the client ceases despite advice from staff that such action is against the client's best interest.

CODE 7 Ceased to participate without notice

This code refers to situations where the client ceased to receive treatment without notifying the service provider of their intention to no longer participate.

CODE 8 Ceased to participate involuntary (non-compliance)

This code refers to situations where the client's participation has been ceased by the service provider due to non-compliance with the rules or conditions of the program.

CODE 9 Ceased to participate at expiation

This code refers to situations where the client has fulfilled their obligation to satisfy expiation requirements (e.g. participate in a treatment program to avoid having a criminal conviction being recorded against them) as part of a police or court diversion scheme and chooses not to continue with further treatment.

CODE 10 Ceased to participate by mutual agreement

This code refers to situations where the client ceases participation by mutual agreement with the service

provider even though the treatment plan has not been completed. This may include situations where the client has moved out of the area. Only to be used when Code 2, 3 or 4 is not applicable.

CODE 11 Drug court and/or sanctioned by court diversion service

This code applies to drug court and/or court diversion service clients who are sanctioned back into jail for non-compliance with the program.

CODE 12 Imprisoned, other than drug court sanctioned

This code applies to clients who are imprisoned for reasons other than Code 11.

Data element attributes

Collection and usage attributes

Comments: 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.

Source and reference attributes

Submitting organisation: Intergovernmental Committee on Drugs National Minimum Data Set Working Group

Relational attributes

Related metadata references: Supersedes Reason for cessation of treatment episode for alcohol and other drugs, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (22.38 KB)

Implementation in Data Set Specifications: Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008

Additional information for AODTS–NMDS data collectors

Definition

The reason for ending the treatment episode from an alcohol and other drug treatment service.

Missing values

Use Code 99 for missing values.

Other information

Refer to other data element information as appropriate, for example, 'main treatment type'.

Why is this data item collected?

This data item is collected to get an understanding of the reasons that episodes of treatment end. Reason for cessation is then analysed with reference to other dataset variables.

Example of how 'reason for cessation' is used

Treatment completion was the cessation reason for 54% of treatment episodes in 2006-07. 'Ceased to participate without notice' was the second reason for cessation at 17% of treatment episodes for alcohol.

Source: AIHW 2008.

Sex

Identifying and definitional attributes

<i>Technical name:</i>	Person – sex, code N
<i>METeOR identifier:</i>	287316
<i>Registration status:</i>	Health, Standard 04/05/2005 Community services, Standard 25/08/2005 Housing assistance, Standard 10/02/2006
<i>Definition:</i>	The biological distinction between male and female, as represented by a code.
Data Element Concept:	Person – sex

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code								
<i>Data type:</i>	Number								
<i>Format:</i>	N								
<i>Maximum character length:</i>	1								
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>1</td><td>Male</td></tr><tr><td>2</td><td>Female</td></tr><tr><td>3</td><td>Intersex or indeterminate</td></tr></tbody></table>	Value	Meaning	1	Male	2	Female	3	Intersex or indeterminate
Value	Meaning								
1	Male								
2	Female								
3	Intersex or indeterminate								
<i>Supplementary values:</i>	9 Not stated/inadequately described								

Collection and usage attributes

<i>Guide for use:</i>	<p>Diagnosis and procedure codes should be checked against the national ICD-10-AM sex edits, unless the person is undergoing, or has undergone a sex change or has a genetic condition resulting in a conflict between sex and ICD-10-AM code.</p> <p>CODE 3 Intersex or indeterminate</p> <p>Intersex or indeterminate, refers to a person, who because of a genetic condition, was born with reproductive organs or sex chromosomes that are not exclusively male or female or whose sex has not yet been determined for whatever reason.</p> <p>Intersex or indeterminate, should be confirmed if reported for people aged 90 days or greater.</p>
<i>Comments:</i>	<p>The definition for Intersex in Guide for use is sourced from the ACT Legislation (Gay, Lesbian and Transgender) Amendment Act 2003.</p>

Source and reference attributes

Origin: Australian Capital Territory 2003. Legislation (Gay, Lesbian and Transgender) Amendment Act 2003

Reference documents: Legislation (Gay, Lesbian and Transgender) Amendment Act 2003. See <http://www.legislation.act.gov.au/a/2003-14/20030328-4969/pdf/2003-14.pdf>.

Data element attributes

Collection and usage attributes

Collection methods: Operationally, sex is the distinction between male and female, as reported by a person or as determined by an interviewer.

When collecting data on sex by personal interview, asking the sex of the respondent is usually unnecessary and may be inappropriate, or even offensive. It is usually a simple matter to infer the sex of the respondent through observation, or from other cues such as the relationship of the person(s) accompanying the respondent, or first name. The interviewer may ask whether persons not present at the interview are male or female.

A person's sex may change during their lifetime as a result of procedures known alternatively as sex change, gender reassignment, transsexual surgery, transgender reassignment or sexual reassignment. Throughout this process, which may be over a considerable period of time, the person's sex could be recorded as either Male or Female.

In data collections that use the ICD-10-AM classification, where sex change is the reason for admission, diagnoses should include the appropriate ICD-10-AM code(s) that clearly identify that the person is undergoing such a process. This code(s) would also be applicable after the person has completed such a process, if they have a procedure involving an organ(s) specific to their previous sex (e.g. where the patient has prostate or ovarian cancer).

CODE 3 Intersex or indeterminate

Is normally used for babies for whom sex has not been determined for whatever reason.

Should not generally be used on data collection forms completed by the respondent.

Should only be used if the person or respondent volunteers that the person is intersex or where it otherwise becomes clear during the collection process that the individual is neither male nor female.

CODE 9 Not stated/inadequately described

Is not to be used on primary collection forms. It is primarily for use in administrative collections when transferring data from data sets where the item has not been collected.

Source and reference attributes

Origin: Australian Institute of Health and Welfare (AIHW)
National Mortality Database 1997/98 AIHW 2001 National Diabetes Register, Statistical Profile, December 2000 (Diabetes Series No. 2.)

Reference documents: Australian Bureau of Statistics
AS4846 Health Care Provider Identification, 2004, Sydney: Standards Australia
AS5017 Health Care Client Identification, 2002, Sydney: Standards Australia
In AS4846 and AS5017 alternative codes are presented. Refer to the current standard for more details.

Relational attributes

Related metadata references: Supersedes Person – sex (housing assistance), code N Housing assistance, Superseded 10/02/2006
Supersedes Person – sex, code N Health, Superseded 04/05/2005, Community services, Superseded 31/08/2005
Is used in the formation of Episode of admitted patient care – major diagnostic category, code (AR-DRG v5.1) NN Health, Standard 01/03/2005
Is used in the formation of Episode of admitted patient care – diagnosis related group, code (AR-DRG v5.1) ANNA Health, Standard 01/03/2005

Implementation in Data Set Specifications: AROC inpatient data set specification Health, Candidate 14/02/2007
Acute coronary syndrome (clinical) DSS Health, Standard 07/12/2005
Admitted patient care NMDS 2008-2009 Health, Standard 05/02/2008
Admitted patient mental health care NMDS 2008-2009 Health, Standard 05/02/2008
Admitted patient palliative care NMDS 2008-09 Health, Standard 05/02/2008
Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008
Cancer (clinical) DSS Health, Standard 07/12/2005

Cancer (clinical) DSS Health, Candidate 14/09/2006
Cardiovascular disease (clinical) DSS Health, Standard 04/07/2007
Children's Services NMDS Community services, Standard 18/12/2007
Commonwealth State/Territory Disability Agreement NMDS - 1 July 2006 Community services, Standard 27/04/2007
Community mental health care NMDS 2008-2009 Health, Standard 05/02/2008
Computer Assisted Telephone Interview demographic module DSS Health, Standard 04/05/2005
Diabetes (clinical) DSS Health, Standard 21/09/2005
Health care client identification DSS Health, Standard 04/05/2005
Health care provider identification DSS Health, Standard 04/07/2007
Juvenile Justice NMDS Community services, Standard 27/03/2007
Non-admitted patient emergency department care NMDS 2008-2009 Health, Standard 05/02/2008
Perinatal NMDS 2008-2009 Health, Standard 05/02/2008
Residential mental health care NMDS 2008-2009 Health, Standard 05/02/2008
SAAP Client Collection National Minimum Data Set Community services, Standard 30/11/2007
SAAP Demand for Accommodation National Minimum Data Set Community services, Standard 30/11/2007

Data set specification specific attributes

Implementation start date: 01/07/2008

Additional information for AODTS–NMDS data collectors

Definition

The biological sex of the person.

Missing values

Use Code 9 for missing values.

Other information

- Code 3 is not used in the AODTS-NMDS.
- 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.

Why is this data item collected?

This data item is collected to get an understanding of the sex of clients accessing treatment. Sex is then analysed with reference to other dataset variables.

Example of how 'sex' is used

- The sex distribution of clients receiving treatment in 2006-07 was almost identical to that of previous collection periods.
- Male clients accounted for two-thirds of all closed treatment episodes, which has been the case since 2001-02.
- Female clients accounted for the majority (67%) of treatment episodes for someone else's drug use.

Source: AIHW 2008.

Source of referral to alcohol and other drug treatment service

Identifying and definitional attributes

<i>Technical name:</i>	Episode of treatment for alcohol and other drugs – referral source, code NN
<i>METeOR identifier:</i>	269946
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The source from which the person was transferred or referred to the alcohol and other drug treatment service, as represented by a code.
<i>Data Element Concept:</i>	Episode of treatment for alcohol and other drugs – referral source

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code																								
<i>Data type:</i>	String																								
<i>Format:</i>	NN																								
<i>Maximum character length:</i>	2																								
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>01</td><td>Self</td></tr><tr><td>02</td><td>Family member/friend</td></tr><tr><td>03</td><td>Medical practitioner</td></tr><tr><td>04</td><td>Hospital</td></tr><tr><td>05</td><td>Mental health care service</td></tr><tr><td>06</td><td>Alcohol and other drug treatment service</td></tr><tr><td>07</td><td>Other community/health care service</td></tr><tr><td>08</td><td>Correctional service</td></tr><tr><td>09</td><td>Police diversion</td></tr><tr><td>10</td><td>Court diversion</td></tr><tr><td>98</td><td>Other</td></tr></tbody></table>	Value	Meaning	01	Self	02	Family member/friend	03	Medical practitioner	04	Hospital	05	Mental health care service	06	Alcohol and other drug treatment service	07	Other community/health care service	08	Correctional service	09	Police diversion	10	Court diversion	98	Other
Value	Meaning																								
01	Self																								
02	Family member/friend																								
03	Medical practitioner																								
04	Hospital																								
05	Mental health care service																								
06	Alcohol and other drug treatment service																								
07	Other community/health care service																								
08	Correctional service																								
09	Police diversion																								
10	Court diversion																								
98	Other																								
<i>Supplementary values:</i>	99 Not stated/inadequately described																								

Collection and usage attributes

<i>Guide for use:</i>	CODE 03 Medical practitioner Includes medical specialists, vocationally registered general practitioners, vocationally registered general practitioner
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trainees and other primary-care medical practitioners in private practice.

CODE 04 Hospital

Includes public and private hospitals, hospitals specialising in dental, ophthalmic aids and other specialised medical or surgical care, satellite units managed and staffed by a hospital, emergency departments of hospitals, and mothercraft hospitals. Excludes psychiatric hospitals, psychiatric units and drug and alcohol units located within or operating from hospitals, and outpatient clinics (see codes 05-07).

CODE 05 Mental health care service

Includes both residential and non-residential services. Includes psychiatric hospitals and psychiatric units within and outside of hospitals.

CODE 06 Alcohol and other drug treatment service

Includes both residential and non-residential services. Includes drug and alcohol units within and outside of hospitals.

CODE 07 Other community/health care service

Includes outpatient clinics and aged care facilities.

CODE 09 Police diversion

This code should be used when a person detained for a minor drug offence is formally referred to treatment by the police in order to divert the offender from the criminal justice pathway.

CODE 10 Court diversion

This code refers to the diversion of an offender into drug education, assessment and treatment at the discretion of a magistrate. This may occur at the point of bail or prior to sentencing.

CODE 98 Other

Includes persons referred under a legislative act (other than *Drug Diversion Act*) e.g. *Mental Health Act*.

Data element attributes

Collection and usage attributes

Comments:

Source of referral is important in assisting in the analyses of inter-sectoral patient/client flow and for health care planning.

Source and reference attributes

Submitting organisation: Intergovernmental Committee on Drugs National Minimum Data Set Working Group

Relational attributes

Related metadata references: Supersedes Source of referral to alcohol and other drug treatment service, version 3, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (17.19 KB)

Implementation in Data Set Specifications: Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008

Additional information for AODTS–NMDS data collectors

Definition

The source from which the person was transferred or referred to the alcohol and other drug treatment service.

Missing values

Use Code 99 for missing values.

Other information

- Code 98 (Other): Includes persons referred under a legislative act (other than Drug Diversion Act) e.g. state/territory Mental Health Acts. This code may also include persons referred to treatment through community services, government departments, remand or prison, education (through teachers and schools), and the Australian Community Service Organisation/Community Offenders Advice and Treatment Service
- Referrals from solicitors to treatment programs should be coded to 01 (self-referral).

Why is this data item collected?

This data item is collected to get an understanding of the avenues through which clients are referred to drug treatment services.

Example of how 'source of referral' is used

In 2006–07, self referral was the most common source of referral for clients seeking treatment for their own drug use (37%), followed by referrals from alcohol and other drug treatment services (11%) and correctional services (9%).

Source: AIHW 2008.

Treatment delivery setting for alcohol and other drugs

Identifying and definitional attributes

<i>Technical name:</i>	Episode of treatment for alcohol and other drugs – service delivery setting, code N
<i>METeOR identifier:</i>	270068
<i>Registration status:</i>	Health, Standard 01/03/2005
<i>Definition:</i>	The main physical setting in which the type of treatment that is the principal focus of a client's alcohol and other drug treatment episode is actually delivered irrespective of whether or not this is the same as the usual location of the service provider, as represented by a code.
Data Element Concept:	Episode of treatment for alcohol and other drugs – service delivery setting

Value domain attributes

Representational attributes

<i>Representation class:</i>	Code												
<i>Data type:</i>	Number												
<i>Format:</i>	N												
<i>Maximum character length:</i>	1												
<i>Permissible values:</i>	<table><thead><tr><th>Value</th><th>Meaning</th></tr></thead><tbody><tr><td>1</td><td>Non-residential treatment facility</td></tr><tr><td>2</td><td>Residential treatment facility</td></tr><tr><td>3</td><td>Home</td></tr><tr><td>4</td><td>Outreach setting</td></tr><tr><td>8</td><td>Other</td></tr></tbody></table>	Value	Meaning	1	Non-residential treatment facility	2	Residential treatment facility	3	Home	4	Outreach setting	8	Other
Value	Meaning												
1	Non-residential treatment facility												
2	Residential treatment facility												
3	Home												
4	Outreach setting												
8	Other												

Collection and usage attributes

<i>Guide for use:</i>	<p>Only one code to be selected at the end of the alcohol and other drug treatment episode. Agencies should report the setting in which most of the main type of treatment was received by the client during the treatment episode.</p> <p>CODE 1 Non-residential treatment facility</p> <p>This code refers to any non-residential centre that provides alcohol and other drug treatment services, including hospital outpatient services and community health centres.</p> <p>CODE 2 Residential treatment facility</p> <p>This code refers to community-based settings in which clients reside either temporarily or long-term in a facility</p>
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that is not their home or usual place of residence to receive alcohol and other drug treatment. This does not include ambulatory situations, but does include therapeutic community settings.

CODE 3 Home

This code refers to the client's own home or usual place of residence.

CODE 4 Outreach setting

This code refers to an outreach environment, excluding a client's home or usual place of residence, where treatment is provided. An outreach environment may be any public or private location that is not covered by Codes 1-3. Mobile/outreach alcohol and other drug treatment service providers would usually provide treatment within this setting.

Data element attributes

Source and reference attributes

Submitting organisation: Intergovernmental Committee on Drugs National Minimum Data Set Working Group

Relational attributes

Related metadata references: Supersedes Treatment delivery setting for alcohol and other drugs, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (15.79 KB)

Implementation in Data Set Specifications: Alcohol and other drug treatment services NMDS 2008-2009 Health, Standard 05/02/2008

Data set specification specific attributes

Implementation start date: 01/07/2008

Additional information for AODTS–NMDS data collectors

Definition

The main physical setting in which the type of treatment that is the principal focus of a client's alcohol and other drug treatment episode is actually delivered to a client (irrespective of whether or not this is the same as the usual location of the service provider).

Missing values

Missing values are not permitted for this data item.

Guide for use and validation checks

Code 8 (Other): refers to other treatment delivery settings such as prison facilities or correctional settings.

Why is this data item collected?

This data item is collected to get an understanding of the kind of settings in which clients are receiving treatment.

Example of how this data item is used

Treatment delivery setting refers to the setting in which the main treatment is provided – settings include non-residential or residential facilities, homes, outreach settings or other settings. In 2006–07, 71% of treatment episodes were provided in non-residential treatment facilities and 15% were provided in residential facilities. Treatment in the client’s home was least common at 2% of treatment episodes.

Source: AIHW 2008.

4.5 A summary of data element changes

Table 4.5 presents a historical record of changes made to the data elements and the introduction of new elements, from 2001–02 to 2009–10. The ticks in the table represent changes to the data element in that year. For further information about these changes please refer to Appendix 1.

Table 4.5: History of data elements in the AODTS–NMDS

Data element	METeOR ID	New/changed								
		01–02	02–03	03–04	04–05	05–06	06–07	07–08 ^(a)	08–09	09–10
Establishment-level data elements										
Establishment identifier (comprising)	269973	✓								
— Australian state/territory identifier (establishment)	269941			✓						
— Establishment sector	269977	✓			✓					
— Region code	269940									
— Establishment number	269975	✓								
Geographical location of service delivery outlet	329151	—	—	New					✓	✓
Episode (client-level) data elements										
Client type—alcohol & other drug treatment services	270083		✓	✓						
Country of birth	270277	✓								
Date of birth	287007									
Date of cessation of treatment episode for alcohol & other drugs	270067	New								
Date of commencement of treatment episode for alcohol & other drugs	270069	✓								
Establishment identifier	269973	✓								
Indigenous status	291036			✓						
Injecting drug use	270113			✓						
Main treatment type for alcohol and other drugs	270056	New				✓				
Method of use for principal drug of concern	270111									
Number of service contacts within a treatment episode for alcohol & other drugs	270117	New	✓	✓		removed				
Other drugs of concern	270110			✓	✓					
Other treatment type for alcohol and other drugs	270076	New				✓				
Person identifier	290046									

(continued)

Table 4.5 (continued): History of data elements in the AODTS–NMDS

Data element	METeOR ID	New/changed								
		01–02	02–03	03–04	04–05	05–06	06–07	07–08 ^(a)	08–09	09–10
Episode (client-level) data elements (continued)										
Preferred language	304128						✓			
Principal drug of concern	270109			✓	✓					
Reason for cessation of treatment episode for alcohol and other drugs	270011	New			✓					
Sex	287316			✓						
Source of referral to alcohol and other drug treatment services	269946			✓	✓					
Treatment delivery setting for alcohol and other drugs	270068	New			✓					
Supporting items										
Cessation of treatment episode for alcohol and other drugs	327302	✓						✓		
Commencement of treatment episode for alcohol and other drugs	327216	✓						✓		
Episode of treatment for alcohol and other drugs	268961	New			✓			✓		
Service contact	268983	New				removed				
Service delivery outlet	268970	—	—	New				✓		

(a) Changes in 2007–08 were a consequence of re-engineering the data elements for inclusion in METeOR. It is important to note that these changes do not alter the way data is collected for the AODTS–NMDS.

5 Collection procedures, data quality and validation checks

This section provides information on the data collection and transfer process for the 2009–10 collection and includes data quality and validation checks. The information contained in this section is to be used by jurisdictional health authorities to prepare appropriate edit checks for the 2009–10 collection and for the cleaning of the 2009–10 data prior to transmission. It should also be used by jurisdictions to inform their agencies of the type, and use, of appropriate codes when collecting and collating the 2009–10 AODTS–NMDS data.

5.1 Collation of the national data set

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

The first stage is the collection of the agreed data elements by service providers for each client who is eligible for inclusion in the collection. (See next paragraph for important information about privacy and confidentiality.) 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/territories the data are forwarded directly to the central authority.

*Privacy and confidentiality must be considered whenever data about individuals or service provider organisations are collected or disseminated. The *Privacy Amendment (Private Sector) Act 2000* regulates the way that private sector organisations can collect, use, keep secure and disclose personal information. It gives individuals the right to know what information an organisation holds about them and a right to correct information if it is wrong. It is the responsibility of the service provider to inform every client that data about them will be sent to the relevant health authority in their state or territory, and may, in a de-identified form, be collated into a national data set for statistical purposes. (Please also refer to Chapter 6 for information relating to the privacy and confidentiality of data.)

The second stage involves the designated health authority collating the data (as per tables 5.1 and 5.2) that were forwarded by the service providers. At this stage the data should also undergo a rigorous validation process to ensure the quality of the information using the validation checks in tables 5.3 and 5.4. Health authorities are required to allocate establishment-level data elements. The collated unit record data are then forwarded to the AIHW, together with frequency tables and the 'Attachment A' form.

At stage three, the AIHW receives the collated Australian Government and state/territory data for validation. When the validation process is finished, the AIHW sends an electronic summary validation report to each Australian Government and state/territory health authority (which includes all queries and identified problems with their data relating to checks specified in tables 5.3 and 5.4) for resolution and clarification.

At stage four, Australian Government and state/territory health authorities assess which of the changes specified in the summary validation report need to be made to the data and then make those changes. Details of the changes made are to be added to the appropriate section

of the summary validation report and the report returned electronically to AIHW together with a revised data file and revised frequency tables for final checking.

AIHW checks that the changes have been made and the revised frequency tables are correct. Australian Government and state/territory health authorities can then approve their final data set (i.e. send an email to AIHW authorising the loading of their data to the national database). The jurisdiction's data are then loaded to the national database where all data are stored by the AIHW ready for analysis and reporting.

Note that:

- no data are to be directly submitted by service providers to the AIHW
- 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.

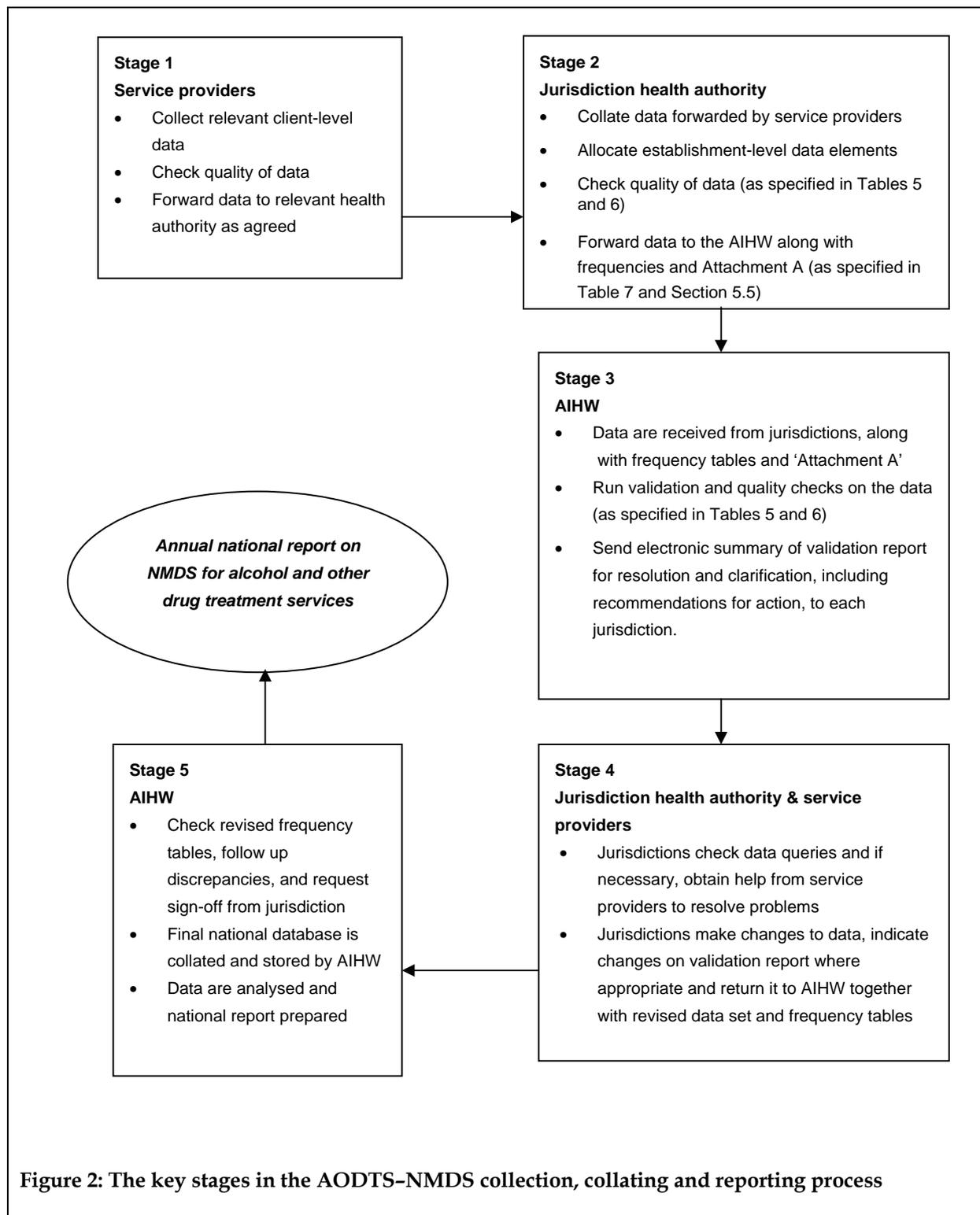


Figure 2: The key stages in the AODTS-NMDS collection, collating and reporting process

5.2 Data transfer

Service providers to health authorities

Protocols for the transfer of data from alcohol and other drug treatment agencies to their jurisdictional health authority vary between states and territories. Each health authority responsible for the AODTS-NMDS collection will contact service providers within the scope of the collection to inform them of the required format and timing of the data transfer.

Health authorities to AIHW

The NMDS data are forwarded to the AIHW annually by each jurisdiction. Data are requested for a financial year reference period (1 July to 30 June). Data for the period 1 July 2009 to 30 June 2010 will be requested by the AIHW in October 2010. This timing allows three months for agencies to identify and close those treatment episodes where there has been no contact with the client since the previous financial year. This ensures that all treatment episodes provided in the relevant financial year are included in the data set.

It is expected that the Australian Government, state and territory health authorities will aim to supply these data to the AIHW by the end of November 2010. The results of the analysis of these data, at both the national and state/territory levels, will be reported during 2011.

File format

When jurisdictions are satisfied that their data are clean, and that all practical follow-up has been completed, unformatted data should be forwarded to the AIHW contact in the following form: **Comma Separated Values (CSV) format** (also see Tables 5.1 and 5.2 for file specifications).

For example, a single client unit record will look like the following:

```
12A00101, PID99, 1, 05061977, 1101, 4, 1201, 1, 01, 02092001, 03122001, 07, 02, 1, 3201, 0003, , ,  
2, 4, 2, 8, , , ,
```

The following file types can also be accepted by the AIHW:

- Microsoft Excel file
- Microsoft Access file.

If the data are collected using Microsoft Access or Microsoft Excel, save the data file as a '.csv' file by selecting this file type under the 'Save as' function.

File transfer method

To ensure that the data set remains secure during transmission, the AIHW recommends the data be sent:

- in a comma separated values (.csv) format
- as a password-protected zipped file (at least 8 alphanumeric characters)
- on a floppy disk or CD-Rom

- via registered mail to:

Australian Institute of Health and Welfare
Attn. Amber Jefferson
GPO Box 570
Canberra, ACT, 2601

At the same time, a separate email/letter should be sent to the AIHW AODTS-NMDS contact (Amber Jefferson – see contact details below), advising the password needed to unzip the data file.

To ensure data privacy, the AIHW strongly recommends that jurisdictions **should not** transmit data as an email attachment. Email can be tampered with or intercepted and therefore is not safe without strong encryption.

Please contact Amber Jefferson at the AIHW for more detailed information in relation to data transfer if necessary (amber.jefferson@aihw.gov.au, phone: 02 6244 1137).

File content

There should be two files for each jurisdiction:

- establishment file (statistical unit = alcohol and other drug treatment agency/organisation)
- episode file (statistical unit = closed treatment episode).

Please ensure column descriptors are included for both files.

Accompanying information

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

1. **Summary frequencies**, which are used by the AIHW to verify information when compiling the national data set (see Table 5.5); and
2. **Data submission details (also known as 'Attachment A')**. This attachment is designed to obtain a description of the file and to identify variables that do not conform to the standard definitions and any translation or manipulation of the data necessary to achieve national standards. This information will assist the AIHW to correctly load and interpret the data (see Section 5.5).

Mandatory data items

- Establishment identifier
- Person identifier
- Client type
- Principal drug of concern
- Main treatment type
- Treatment delivery setting
- Date of commencement of treatment episode

- Date of cessation of treatment episode
- Principal drug of concern.

Note: For *Principal drug of concern*, where the Client type is 'Other's alcohol or other drug use' (Code 2), *Principal drug of concern* should be left blank; and where the information provided is not sufficient to code to a principal drug category, the 'inadequately described' code (0000) should be used.

File specification

As noted earlier, the proposed file structure for the transmission of data from jurisdictions to the AIHW is two comma separated value (.csv) files (establishment file and episode file). The following tables specify the order in which the data items should be provided to the AIHW in each of the files.

Table 5.1: Specifications for data transfer to AIHW of establishment file

Label	Item	Data type	Format	Minimum size	Maximum size
1	Establishment identifier	Alphanumeric	'XXXXXXXX'	9	9
2	Geographical location of service delivery outlet	Numeric	NNNNN	5	5

Following is an example of how one line of the Establishment file might look if viewed in a test viewer such as Notepad: 'XXXXXXXX',60675

Table 5.2: Specifications for data transfer to AIHW of episode file

Label	Item	Data type	Format	Minimum size	Maximum size
1	Establishment identifier	Alphanumeric	'XXXXXXXX'	9	9
2	Person identifier	Alphanumeric	'XXXXXXXX'	1*	12*
3	Sex	Numeric code	N	1	1
4	Date of birth	Date	ddmmyyy	8	8
5	Country of birth	Numeric code	NNNN	1	4
6	Indigenous status	Numeric code	N	1	1
7	Preferred language	Numeric code	NNNN	1	4
8	Client type—alcohol and other drug treatment services	Numeric code	N	1	1
9	Source of referral to alcohol and other drug treatment services	Numeric code	NN	1	2
10	Date of commencement of treatment episode for alcohol and other drugs	Date	ddmmyyy	8	8
11	Date of cessation of treatment episode for alcohol and other drugs	Date	ddmmyyy	8	8
12	Reason for cessation of treatment episode for alcohol and other drugs	Numeric code	NN	1	2
13	Treatment delivery setting for alcohol and other drugs	Numeric code	N	1	1
14	Method of use for principal drug of concern	Numeric code	N	1	1
15	Injecting drug use	Numeric code	N	1	1
16	Principal drug of concern	Numeric code	NNNN	1	4
17a	Other drug of concern (1)	Numeric code	NNNN	1	4

(continued)

Table 5.2 (continued): Specifications for data transfer to AIHW of client-level data

Label	Item	Data type	Format	Minimum size	Maximum size
17b	Other drug of concern (2)	Numeric code	NNNN	1	4
17c	Other drug of concern (3)	Numeric code	NNNN	1	4
17d	Other drug of concern (4)	Numeric code	NNNN	1	4
17e	Other drug of concern (5)	Numeric code	NNNN	1	4
18	Main treatment type for alcohol and other drugs	Numeric code	N	1	1
19a	Other treatment type (1)	Numeric code	N	1	1
19b	Other treatment type (2)	Numeric code	N	1	1
19c	Other treatment type (3)	Numeric code	N	1	1
19d	Other treatment type (4)	Numeric code	N	1	1

* The size limits for person identifier are arbitrary and should be adjusted by jurisdictions to align with existing systems.

Following is an example of how one line of the episode file might look like if viewed in a text viewer such as Notepad:

```
'XXXXXXXXX',12983476541,1,27011977,1012,3,1201,1,5,15082003,03022004,2,1,2,1,2300,4015,,,,,
2,,,,,
```

AIHW contacts for further information on file transfer

Ms Amber Jefferson Drug Surveys and Services Unit
 Phone: (02) 6244 1137
 Email: amber.jefferson@aihw.gov.au

Ms Karen Blakey-Fahey Drug Surveys and Services Unit
 Phone: (02) 6244 1049
 Email: karen.blakey-fahey@aihw.gov.au

5.3 Data quality

Data collections require ongoing attention to quality. There is a need to attend to how questions are asked and information obtained, data entry, the handling of missing and erroneous information, edit checking and following up with data providers to ensure the highest quality data possible.

To ensure that the AIHW is supplied with a useable national data set, it is essential that jurisdictions clean (edit) the data they receive from service providers before they transfer it 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. This can be done, for example, by jurisdictional health authorities undertaking the validation checks which are performed by the AIHW (tables 5.3 and 5.4). In collating the data into a national database, the AIHW also follows a formal validation process to maximise data quality (see Section 5.4).

General checks that should be conducted

Service providers and jurisdictions should perform the following quality checks before the data are sent to the AIHW.

- **Missing agencies:** Jurisdictions should ensure that all agencies within scope of the collection have sent data for the entire collection period.
- **Missing data:** Jurisdictions should investigate missing data to ensure that agencies are reporting all AODTS–NMDS data items. A reasonable attempt should be made to resolve missing data issues, at both an agency level and at the unit record level.
- **Incorrect codes:** Jurisdictions should ensure that agencies use the correct codes for all data items. This may involve mapping codes at the state/territory office before sending data to AIHW. Coding errors that cannot be corrected should be coded to the appropriate default value (for example, inadequately described).
- **Region codes:** The region code component (AA) of the establishment identifier is case sensitive. Where alpha characters are used the same case should be used in the establishment file as in the episode file, that is, both upper case or both lower case.
- **Duplicate records:** Jurisdictions should check for duplicate unit records. When records are identified as possible duplicates, the agency should be consulted to ensure that unit records have not been mistakenly submitted on more than one occasion. **The following data items are used by AIHW to check for duplicates:**
 - establishment identifier
 - person identifier
 - state
 - date of birth
 - date of commencement of treatment
 - date of cessation of treatment
 - principal drug of concern
 - main treatment type
 - treatment delivery setting.

- **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 2009 to 30 June 2010) are included in the 2009–10 collection.
- **Data inclusion:** Jurisdictions should ensure that data not within scope of the AODTS–NMDS are excluded from the collated data set sent to the AIHW (e.g. methadone or other opioid pharmacotherapy treatment where there are no main or other treatment types).
- **Establishment identifiers:** Jurisdictions should ensure that establishment identifiers used on the establishment data file are the same as those used on the client data file and that there are the same number of establishments on each file.
- **Geographical location of service delivery outlet:** Jurisdictions should ensure that all geographic location codes begin with a valid state or territory identification number, and are a valid SLA for the period in question, that is, 2009–10.
- **Client type:** Jurisdictions should ensure that for clients who attend treatment because of another person’s alcohol or other drug use (**client type = 2**), the following data elements are left blank:
 - Method of use for principal drug of concern
 - Injecting drug use
 - Principal drug of concern
 - Other drug of concern.

5.4 AIHW validation checks

The AIHW will apply an editing process to validate the data before loading it into a national database. It is assumed that jurisdictions will also perform validation checks (as specified in tables 5.3 and 5.4) and fix any errors that they can before the data are sent to the AIHW. The editing process involves four types of checks (in consultation with the data providers).

1. **Duplicate record checks** are made.
2. **Range checks** are used to ensure that values entered for each data element are within a valid numeric range (see tables 5.3 and 5.4). For example, responses to the data element *Injecting drug use* should only be coded within the range of 1–4 or as 9. A response that does not fall within this range is an error. Therefore, range edits should identify incorrect and missing codes.
3. **Logic checks** are used to ensure internal consistency between responses within individual unit records (see tables 5.3 and 5.4). 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).
4. **Frequency table checks** are carried out by the AIHW against the frequency tables that have been sent in by jurisdictions. This is to check that the totals held in the jurisdiction's data set match the totals generated by AIHW from the jurisdiction's data set.

A summary report on the findings from the validation checks will be sent to each jurisdiction to allow them to resolve invalid/illogical data. Once validation issues have been resolved each jurisdiction will send AIHW:

1. revised data files
2. revised frequency tables for checking against AIHW frequencies
3. the validation report sent by the AIHW with changes made as a result of queries documented as **tracked changes** by the jurisdiction.

The AIHW will then check the revised frequency tables and the changes that have been made by the jurisdiction. When correct, the AIHW will request that the jurisdiction signs off its data for loading onto the national database.

Tables 5.3 and 5.4 contain a range of proposed validity checks to be applied to each state/territory data set. It describes the range of values considered valid in the AODTS-NMDS as well as the treatment of 'not stated' or 'null' responses for each data element in the establishment-level and client-level collections, together with any logic checks relevant for each data item.

Table 5.3: Range and logic checks for data items in the establishment file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation comments in italics
1	Establishment identifier	Jurisdiction specified range, made up from the following four data items State/territory identifier Establishment sector Region code Establishment number	Not permitted	All establishment id's in the 'establishment file' should match with one establishment id in the 'client file'. There should be the same number of establishments id's in both the 'establishment file' and 'client file' (allowing for repetition of establishment id's in the 'client file').
	– State/territory identifier	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)	Not permitted	
	– Establishment sector	1 Public 2 Private	Not permitted	
	– Region code	Valid region code	Not permitted	
	– Establishment number	Valid establishment number	Not permitted	
2	Geographical location of service delivery outlet	Five-digit valid code as defined in the Australian Standard Geographical Classification, which indicates the statistical local area of the service delivery outlet within a reporting state or territory.	Not permitted	The first digit for Geographical location of service delivery outlet must be the same as the 'State identifier' in the Establishment identifier (this may differ in the DoHA data set).

Table 5.4: Range and logic checks for data items in the episode file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation comments in italics
1	Establishment identifier	Jurisdiction specified range (as in previous table)	Not permitted	
2	Person identifier	Agency specified range	Not permitted	This identifier is not unique across agencies but must be unique within an agency. The person identifier should not include apostrophes, hyphens, inflections, dashes or spaces. The name of the client should not be used as their person identifier.
3	Sex	1 Male 2 Female 9 Not stated	9	
4	Date of birth	ddmmyyyy	01011900	Months with less than 31 days should not have dates of birth recorded as the 31st. No date of birth should be recorded as 30 or 31 February. There should be no dates of birth recorded as 29/02 in a non-leap year. The date of birth should be before the 'date of commencement' and before the 'date of cessation'. Check if 'date of birth' is before 01011908 (excluding 01011900). There should be no records where the date of birth of a client equates to the client being aged less than 10 years (when age is calculated using the 'date of cessation').
5	Country of birth	Numeric 4-digit ABS code	0000 inadequately described 0003 missing	The ABS Standard Australian Classifications of Countries (ABS cat. no. 1269.0) 2008 2nd edition must be used when coding this item.
6	Indigenous status	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	9	

(continued)

Table 5.4 (continued): Range and logic checks for data items in the episode file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation <i>comments in italics</i>
7	Preferred language	A numeric 4-digit ABS code 0002 Not stated	0002	The ABS Australian Standard Classification of Languages (ABS cat. no. 1267.0) 2nd edition 2005–06 4 digit codes must be used when coding this item.
8	Client type—alcohol and other drug treatment services	1 Own alcohol or other drug use 2 Other's alcohol or other drug use	Not permitted	Where 'client type' is coded 2, check that main treatment type is not coded 1 (withdrawal management), 3 (rehabilitation) or 4 (pharmacotherapy). If 'client type' is coded 2, check that 'other treatment types 1–4' are not coded 1, 3 or 4. If 'client type' is coded 2, 'principal drug of concern' should be left blank.
9	Source of referral to alcohol and other drug treatment service	1 Self 2 Family member/friend 3 Medical practitioner 4 Hospital 5 Mental health care service 6 Alcohol and other drug treatment service 7 Other community/health care service 8 Correctional service 9 Police diversion 10 Court diversion 98 Other 99 Not stated/ inadequately described	99	
10	Date of commencement of treatment episode for alcohol and other drugs	ddmmyyy	Not permitted	Months with less than 31 days should not have dates of birth recorded as the 31st. No 'date of commencement' should be recorded as 30 or 31 February. There should be no 'date of commencement' recorded as 29/02 in a non-leap year. 'Date of commencement' must be a date after 'date of birth'. 'Date of commencement' must be a date before or the same as 'date of cessation'.

(continued)

Table5.4(continued): Range and logic checks for data items in the episode file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation comments in italics
11	Date of cessation of treatment episode for alcohol and other drugs	ddmmyyyy	Not permitted	<p>Months with less than 31 days should not have dates of birth recorded as the 31st.</p> <p>No date of cessation should be recorded as 30 or 31 February.</p> <p>There should be no dates of cessation recorded as 29/02 in a non-leap year.</p> <p>'Date of cessation' must fall between 1 July 2007 and 30 June 2008.</p> <p>'Date of cessation' must be equal to or after 'date of commencement'.</p> <p>'Date of cessation' must be after 'date of birth'.</p>
12	Reason for cessation of treatment episode for alcohol and other drugs	<p>1 Treatment completed</p> <p>2 Change in main treatment type</p> <p>3 Change in the delivery setting</p> <p>4 Change in the principal drug of concern</p> <p>5 Transferred to another service provider</p> <p>6 Ceased to participate against advice</p> <p>7 Ceased to participate without notice</p> <p>8 Ceased to participate involuntary (non-compliance)</p> <p>9 Ceased to participate at expiation</p> <p>10 Ceased to participate by mutual agreement</p> <p>11 Drug court and/or sanctioned by court diversion service</p> <p>12 Imprisoned, other than drug court sanctioned</p> <p>13 Died</p> <p>98 Other</p> <p>99 Not stated</p>	99	<p>The following checks are performed at the AIHW for information only and are not followed up.</p> <p>When 'reason for cessation' is coded 2, check that the next treatment episode for the client reflects this reason.</p> <p>When 'reason for cessation is coded 3, check that the next treatment episode for the client reflect this reason.</p> <p>When 'reason for cessation' is coded 4, check that the next treatment episode for the client reflects this reason.</p> <p>Where 'reason for cessation' is coded 9, identify all records where 'source of referral' is not coded 15, 16 or 17.</p>

(continued)

Table 5.4(continued): Range and logic checks for data items in the episode file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation <i>comments in italics</i>
13	Treatment delivery setting for alcohol and other drugs	1 Non-residential treatment facility 2 Residential treatment facility 3 Home 4 Outreach setting 8 Other	Not permitted	Where 'treatment delivery setting' is coded 2, check that main treatment type is not coded 5 (support and case management only), 6 (information and education only) or 7 (assessment only).
14	Method of use for principal drug of concern	1 Ingests 2 Smokes 3 Injects 4 Sniffs (powder) 5 Inhales (vapour) 6 Other 9 Not stated	9	Where 'method of use' is coded 3, check that 'injecting drug use' is not coded 4.
15	Injecting drug use	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	9	Where 'injecting drug use' is coded 4, check that 'method of use' is not coded 3.
16	Principal drug of concern	A numeric 4-digit ABS code	Not permitted	The ABS Australian Standard Classification of Drugs of Concern (ABS cat. no. 1248.0) must be used to code this item. Note that code 0001 (not stated) is not permitted as this item is compulsory. Check that the code chosen for 'principal drug of concern' is not the same as a code chosen for 'other drugs of concern 1–5' (with exception of '9000' – miscellaneous drugs).

(continued)

Table 5.4(continued): Range and logic checks for data items in the episode file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation comments in italics
17	Other drugs of concern (1st)	A numeric 4-digit ABS code	Blank	Check that the code chosen for 'principal drug of concern' is not repeated for other drug of concern 1. A single client record can not have the same drug code recorded more than once, with the exception of 9000. If 'other drug 1' is coded '0000' then 'other drugs 2-5' must be blank. Where 'client type' is coded 2, 'other drug 1' must be blank.
18	Other drugs of concern (2nd)	A numeric 4-digit ABS code	Blank	A single client record can not have the same drug code recorded more than once, with the exception of 9000. Where drug code '0000' has been recorded for 'other drug 1' then 'other drug 2' must be blank. If 'other drug 1' is blank, then 'other drug 2-5' must also be blank.
19	Other drugs of concern (3rd)	A numeric 4-digit ABS code	Blank	A single client record can not have the same drug code recorded more than once, with the exception of 9000. Where drug code '0000' has been recorded for 'other drug 1' then 'other drug 3' must be blank. If 'other drug 2' is blank, then 'other drug 3-5' must also be blank.
20	Other drugs of concern (4th)	A numeric 4-digit ABS code	Blank	A single client record can not have the same drug code recorded more than once, with the exception of 9000. Where drug code '0000' has been recorded for 'other drug 1' then 'other drug 4' must be blank. If 'other drug 3' is blank, then 'other drug 4-5' must also be blank.
21	Other drugs of concern (5th)	A numeric 4-digit ABS code	Blank	A single client record can not have the same drug code recorded more than once, with the exception of 9000. Where drug code '0000' has been recorded for 'other drug 1' then 'other drug 5' must be blank. If 'other drug 4' is blank, then 'other drug 5' must also be blank.

(continued)

Table 5.4 (continued): Range and logic checks for data items in the episode file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation comments in italics
22	Main treatment type for alcohol and other drugs	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	Not permitted	If 'main treatment type' is coded 5, 6 or 7, then 'other treatment type 1–4' must be blank. If 'main treatment type' is coded 1, 3 or 4, then 'client type' must not be coded 2. If 'main treatment type' is coded 5, 6 or 7, check that 'treatment delivery setting' is not coded 2. A single client record can not have the same main treatment type code recorded more than once, with the exception of code 5.
23	Other treatment type for alcohol and other drugs (1st)	1 Withdrawal management (detoxification) 2 Counselling 3 Rehabilitation 4 Pharmacotherapy 5 Other	Blank	A single client record can not have the same main treatment type code recorded more than once, with the exception of code 5. 'Other treatment type 1' should be blank if 'main treatment type' is coded 5, 6 or 7. If 'other treatment type 1' is blank, then 'other treatment type 2–4, must also be blank. If 'other treatment type 1' is coded 1, 3 or 4, 'client type' must not be coded 2.
24	Other treatment type for alcohol and other drugs (2nd)	1 Withdrawal management (detoxification) 2 Counselling 3 Rehabilitation 4 Pharmacotherapy 5 Other	Blank	A single client record can not have the same main treatment type code recorded more than once, with the exception of code 5. If 'other treatment type 1' is blank, then 'other treatment type 2–4, must also be blank. If 'other treatment type 2' is coded 1, 3 or 4, 'client type' must not be coded 2.
25	Other treatment type for alcohol and other drugs (3rd)	1 Withdrawal management (detoxification) 2 Counselling 3 Rehabilitation 4 Pharmacotherapy 5 Other	Blank	A single client record can not have the same main treatment type code recorded more than once, with the exception of code 5. If 'other treatment type 2' is blank, then 'other treatment type 3–4, must also be blank. If 'other treatment type 3' is coded 1, 3 or 4, 'client type' must not be coded 2.

(continued)

Table 5.4 (continued): Range and logic checks for data items in the episode file

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation <i>comments in italics</i>
26	Other treatment type for alcohol and other drugs (4th)	1 Withdrawal management (detoxification) 2 Counselling 3 Rehabilitation 4 Pharmacotherapy 5 Other	Blank	A single client record can not have the same main treatment type code recorded more than once, with the exception of code 5. If 'other treatment type 3' is blank, then 'other treatment type 4', must also be blank. If 'other treatment type 3' is coded 1, 3 or 4, 'client type' must not be coded 2.

On completion of the validation checks, AIHW will produce frequency counts for the majority of variables in each jurisdictions data set (see Table 5.5). Frequency tables are used to check that frequency distributions are sensible, and that AIHW totals match those of the jurisdictions. The AIHW will consult with the relevant jurisdiction to resolve any differences.

Table 5.5: Frequency tables for jurisdiction data sets

Data element	Output labels
Establishment identifier	List of establishment identifiers
Sex	Male Female Not stated/inadequately described
Date of birth (age groups)	10–19 20–29 30–39 40–49 50–59 60+ Not stated (including records where date of birth is coded 01011900)
Country of birth	Frequency count for all countries listed
Indigenous status	Aboriginal but not Torres Strait Islander Torres Strait Islander but not Aboriginal Aboriginal and Torres Strait Islander Not Aboriginal or Torres Strait Islander Not stated
Preferred language	Frequency count for all languages listed
Client type—alcohol and other drug treatment	Own drug use Other's drug use
Source of referral to AODT service	Frequency count for all codes listed

(continued)

Table 5.5 (continued): Frequency tables for jurisdiction data sets

Data element	Output labels
Reason for cessation of treatment episode for alcohol and other drugs	Frequency count for all codes listed
Treatment delivery setting for alcohol and other drugs	Frequency count for all codes listed
Method of use for principal drug of concern	Frequency count for all codes listed
Injecting drug use	Frequency count for all codes listed
Main treatment type for alcohol and other drugs	Frequency count for all codes listed
Other treatment type for alcohol and other drugs	Frequency counts for each of these four other treatment types as separate counts for each Other treatment type.
Principal drug of concern	Alcohol (2100–2102, 2199) Amphetamines (3100–3103, 3199) Benzodiazepines (2400–2408, 2499) Cannabis (3200–3201) Cocaine (3903) Ecstasy (3405) Heroin (1202) Methadone (1305) Nicotine (3906) Inadequately described (0000) Not stated (0001) should not appear in the frequency count because missing values are not permitted for Client Type 1, and pdoc should be blank for client type 2 Other drugs (balance of ASCDC codes)
Other drug of concern	Frequency counts (as above) for each of the five other drugs of concern as separate counts. Code 0001 (not stated) and Code 0003 (no other drugs of concern) should not appear in the frequency count as the fields should be blank where there are no other drugs of concern.

Database sign-off

Before the AIHW collates the validated data into a national database, each jurisdiction will be required to ‘sign-off’ their data. Each jurisdiction makes their own changes or alterations to their data on the basis of the validation report sent to them by the AIHW, and resends their final revised data file to the AIHW. The AIHW will check the revised frequency tables provided by the jurisdiction for their data set. If it is agreed that these tables are accurate, the jurisdiction will approve the AIHW to store the data in the national database and analyse it for the national report. The data set held by each jurisdiction will match the data set held by the AIHW.

Each jurisdiction will also be given opportunities to view and comment on their data as presented in the national report before it is finalised.

Timeline for the validation process

The key features of the annual collection cycle are set out in Table 5.6, reflecting a complete 12-month cycle that can re-commence without overlap with the previous year. A complete, clean data set for 2009–10 should be achieved by January 2011.

The timeline for the validation process hinges on the timely supply of the data from jurisdictions. The AIHW can generally provide validation reports to jurisdictions within one week of receipt of data. On receipt and verification of the revised data set and frequency tables from all jurisdictions, the AIHW will commence analysis of the data for the national report. Tables for publication will be sent with the first draft of the national report for validation and approval.

Table 5.6: National timetable for transfer, validation and reporting of 2009–10 data

Year 2010	Who	What
September	Jurisdictions	Jurisdictions to commence process of receiving and cleaning 2009–10 data from agencies
October	AIHW	Formal request for the 2009–10 data to jurisdictions
November	Jurisdictions	Transfer of clean data (2009–10) to the AIHW with file specifications and frequency tables
December	AIHW and jurisdictions	AIHW undertake data validation process. Validation report and data queries sent to each jurisdiction. Jurisdictions send revised data sets and accompanying documentation back to the AIHW
Year 2011		
January	AIHW and jurisdictions	Sign-off provided by jurisdictions for final loading of data. 2009–10 national AODTS–NMDS database compiled and ready for analysis
January	AIHW	Begin analysis of the 2009–10 AODTS–NMDS annual report
March	AIHW and jurisdictions	First draft of 2009–10 national report and national bulletin circulated to jurisdictions for comment
	AIHW	2010–11 <i>Specifications</i> draft discussed at March Working Group meeting
April	AIHW	Final draft of 2009–10 national report and national bulletin circulated for comments and final editing
May	AIHW	<i>Specifications</i> for 2011–12 collection released online.
July	AIHW	Release of 2009–10 national report and bulletin
August	AIHW	Release of 2009–10 state/territory bulletins and data cubes

Collection output

The AIHW is responsible for producing:

- a comprehensive annual report on the AODTS–NMDS
- a national bulletin (generally 12 pages) which highlights the main findings of the full annual report
- a state/territory bulletin, highlighting relevant findings at a more local level, for each interested jurisdiction
- interactive online ‘data cubes’, available on the AIHW website <www.aihw.gov.au/dataonline.cfm>.

The AIHW also considers ad hoc data requests (subject to confidentiality constraints and ethical clearance).

All printed reports are available in both hard copy and electronic form (PDF format) via the Institute's website <www.aihw.gov.au/drugs/publications.cfm>.

Future data development

Development of the AODTS-NMDS will be directed by the requirements of the National Drug Strategic Framework 2004-05 to 2009-10, the IGCD AODTS-NMDS Strategic Plan, the IGCD and the IGCD AODTS-NMDS WG.

For the 2004-05 to 2009-10 collections the emphasis has been on consolidating the existing AODTS-NMDS. Enhancements to existing data elements may include refining data definitions and value domains, and modifying written guidance as stakeholders identify problems. Future development will include amending existing data elements and formulating new data elements when the need arises.

'Attachment A'

Documentation of 2009–10 alcohol and other drug treatment services data

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE AIHW WITH YOUR 2009-10 DATA.

To assist the AIHW in the processing of alcohol and other drug treatment services data, it is requested that each jurisdiction complete the following documentation. Please answer all questions and supply the relevant information where requested. Of particular importance is information for variables that do not comply with the national standard. If the codes or descriptions used by agencies in your jurisdiction differ from the national standard, please document these differences and provide information necessary for the translation or manipulation of the data to achieve national standards.

Also, please indicate if you have not provided data for any of the data elements requested. Please insert the state/territory name in the box below:

Specific details about the data supplied

Format of data

Please indicate the format in which you have provided the data to the Institute.

- Flat file - comma separated variable length records (csv)*
- Flat file - fixed length records with data items identified by position
- SAS file - SAS transport file
- SAS file - PC SAS file
- MS Access file
- MS Excel file

Please note that all data must be in ASCII format and unformatted (i.e. stripped of all applied formats).

* This is the AIHW preferred format.

Any other comments?

Establishment data file

List of agencies/establishments included in 2009–10 collection

It is important for the AIHW to know whether the list of agencies contributing data for the 2009–10 collection has changed from the 2008–09 collection.

The AIHW would like each jurisdiction to insert or attach a list of establishments/agencies (including establishment number and the name of the agency) that have contributed data for the 2009–10 collection.

Please indicate any agencies that are new to the collection (i.e. were not included in the 2008–09 collection) or have changed their establishment number or agency name from the previous year.

[Insert the list here or attach at end of document]

It is very important that the AIHW is informed of any agencies within scope for the collection that have not provided any data for the 2009–10 period, or that were not able to provide data for the entire collection period.

How many in-scope agencies did *not* report in the 2009–10 period?

Any other comments?

File positions of variables

File position	Variable name
1	Establishment identifier
2	Geographical location of service delivery outlet

1. Are these positions correct?

Yes []

No []

If not correct, please provide details. Also, if a tab-delimited file has been used, please indicate the positions and lengths of the variables in the file.

National standards

2. Has the correct national standard been used for all establishment-level data elements?
Yes
No If not, please provide details.

Specific questions

- 3a. Are *Establishment identifiers* stable, unique identifiers for your state/territory?
If not, how are records uniquely identified by your state/territory?
- 3b. Do you have unique *Establishment identifiers* for each *Service delivery outlet*? *Service delivery outlet* refers to the **site** from which an organisation, or sub unit of an organisation, delivers a health/community service. That is, agency sites that conduct treatment as distinct from administrative centres. Accordingly, each site should have a unique *Establishment identifier*. The Establishment number comprises the last 5 digits of the *Establishment identifier* and provides space for the *Service delivery outlet* number.
- 3c. Do you have any comments on *Service delivery outlet*?
4. Please ensure that the code used for your state/territory identifier, corresponds to the correct code as shown below.

NMDS Code	NMDS Description
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

5. Please provide a list of region codes used (complete the table below or attach a list or section from your state/territory data dictionary).

State/territory region code	Name of region

6. For the item *Geographical location of service delivery outlet*, the Australian Standard Geographical Classification (ASGC) ABS. cat. no. 1216.0 is used. The AIHW advises jurisdictions to use the 2008 ASGC for 2009–10 data. Has the appropriate classification been used?

Yes []

No []

If not, what standard has been used?

If postcode has been supplied instead of SLA, please indicate what postcode version (year) has been used.

Any other comments?

Episode data file

File positions of variables

File position	Variable name
1	Establishment identifier
2	Person identifier
3	Sex
4	Date of birth
5	Country of birth
6	Indigenous status
7	Preferred language
8	Client type
9	Source of referral to alcohol & other drug treatment service
10	Date of commencement of treatment episode
11	Date of cessation of treatment episode
12	Reason for cessation of treatment episode

13	Treatment delivery setting for alcohol and other drugs
14	Method of use for principal drug of concern
15	Injecting drug use
16	Principal drug of concern
17	Other drug of concern (1)
18	Other drug of concern (2)
19	Other drug of concern (3)
20	Other drug of concern (4)
21	Other drug of concern (5)
22	Main treatment type for alcohol and other drugs
23	Other treatment type (1)
24	Other treatment type (2)
25	Other treatment type (3)
26	Other treatment type (4)

7. Are these positions correct?

Yes []

No []

If not, please provide details in the following section, including details of any 'not applicable' codes used, what code has been used and for which data items.

National standards

It is very important that the AIHW is informed of all cases where national standards have not been used or where mapping to the national standard has occurred.

8. Has the correct national standard been used for all client-level data elements?

Yes []

No []

Specific questions

9. Is the *Person identifier* maintained for individuals when they re-register for treatment? If so, does this apply only within individual agencies or throughout the state/territory? Will the identifiers continue to be used in following years? (That is, will it be possible to identify new episodes recorded for the same clients as registered in 2009-10?).

10. When *Date of birth* was not available, please advise whether 01011900 has been used (for missing values) or the year has been estimated as in 01011970 (or a mixture of both).

11. Has *Country of birth* been coded according to the Standard Australian Classification of Countries (SACC) ABS. cat. no. 1269.0 2nd edition? If not, please document what standard has been used? If a select short list of most common countries has been used, please provide this list and the respective coding used.

12. Please comment on the quality of data reported for *Indigenous status*. Is the quality considered acceptable or in need of improvement? Please describe any known limitations on the quality of the data.

13. If, for any reason, any of the following variables have not been coded in accordance with the 2009–10 *Specifications* standard please indicate which variable (s) and what alternative coding method has been used.
 - Preferred language (ASCL Second Edition 2005–06)
 - Client type
 - Source of referral to alcohol and other drug treatment service
 - Reason for cessation
 - Method of use
 - Injecting drug use
 - Principal drug of concern
 - Main treatment type

14. As *Other drug of concern* is a multiple response variable, it is important that you indicate the maximum number of responses possible for each client. That is, how many other drugs can be recorded for each client (e.g. 1–5 or more than 5)? If a CSV file has been sent, you must indicate the number of commas (positions) that have been allocated for this variable on each unit record.

15. As *Other treatment type for alcohol and other drugs* is a multiple response variable, it is important that you indicate the maximum number of responses possible for each client. That is, how many other treatment types can be recorded for each client (e.g. 1–4, more than 4?) and how many have been reported to AIHW (if number different to number recorded)? If a CSV file has been sent, you must indicate the number of commas (positions) that have been allocated for this variable on each unit record.

16. Does a change in the *Treatment delivery setting* act as a trigger for a new treatment episode?

17. Does a change in the *Principal drug of concern* act as a trigger for a new treatment episode?

18. Does a change in the *Main treatment type* act as a trigger for a new treatment episode?

19. When *Client type* = Other's drug use (Code 2). The following data items should be blank: *Method of use for principal drug of concern*, *Injecting drug use*, *Principal drug of concern* , and *Other drug of concern* .

Additional comments

Please add any other comments on data availability, quality and/or scope that are necessary for appropriate loading and analysis of these data.

6 AODTS–NMDS privacy and data principles

6.1 Introduction

All participants in the AODTS–NMDS collection are expected to read the AODTS–NMDS privacy and data principles and undertake their role in the collection in accordance with these principles. The principles draw heavily on legislation and standards designed to protect the rights of all involved.

The privacy and data principles are designed to apply to data collected for the AODTS–NMDS collection. That is, the principles apply specifically to data collected by alcohol and other drug treatment agencies, transmitted to health authorities in each jurisdiction and to the AIHW for national collation and analysis. Similar principles could be used, however, in data collections more generally.

Under National Privacy Principle 5.1 of the *Privacy Amendment (Private Sector) Act 2000* relevant agencies must set out, in writing, clearly expressed policies on their management of personal information. For agencies that have not developed such a policy, the AODTS–NMDS privacy and data principles may be a useful basis or starting point.

Section 6.2 first presents relevant background material and Section 6.3 draws on this material to outline privacy and data principles for the AODTS–NMDS collection.

6.2 Relevant background material

The Privacy Act and Information Privacy Principles

The *Privacy Act 1988* contains 11 Information Privacy Principles (IPPs) which govern the conduct of Commonwealth and ACT Government agencies in the collection, management, use and disclosure of records containing personal information. These principles have stood the test of time in a decade of rapid technical development (see Appendix 7 for a summary of steps to take to protect privacy).

The *Privacy Amendment (Private Sector) Act 2000* came into effect on 21 December 2001. This Act extends the coverage of the Privacy Act to protect personal information in the private sector, including non-government agencies. The *Amendment Act* includes 10 National Privacy Principles (NPPs) which set baseline standards for privacy protection by private sector organisations. The Act provides for the development and approval, by the Federal Privacy Commissioner, of sector-specific codes.

The Privacy Commissioner has issued guidelines to explain in a clear and simple way how the NPPs work in practice. Acknowledging that personal health information is generally considered to be amongst the most sensitive personal information, the Office of the Federal Privacy Commissioner has issued health privacy guidelines which complement the general NPP guidelines and provide specific guidance on how the NPPs operate in the private health

sector. The Act defines health information as including information or an opinion about the health or a disability (at any time) of an individual. Further information on privacy can be obtained from the Federal Privacy Commissioner's website <www.privacy.gov.au>.

Relevant AIHW data policies

The AIHW operates under the *AIHW Act 1987*, which has strong confidentiality provisions (refer to S29a). Confidentiality principles are documented in the AIHW policy as are procedures in relation to information security and privacy, approved by the Institute's Board, and related data custodianship procedures. These policies and procedures seek to operationalise the Information Privacy Principles, as well as the AIHW policy and other legislation. The Institute's Ethics Committee approves access to databases under certain conditions.

Some of the AIHW principles relating to data custodianship complement the other material quoted in this paper. Further information on AIHW policy and procedures on information security and privacy is included in Appendix 9.

Relevant state and territory policies and practices

New South Wales

NSW Health is committed to safeguarding the privacy of client information, and has implemented a number of measures to comply with its obligations set out in the *Health Records and Information Privacy Act 2002* (HRIP Act) and the *Privacy and Personal Information Protection Act 1998* (PPIP Act). Generally, individuals should be informed as to what information is being collected, what agency is collecting the information, how it will be used, and their rights in relation to it. Further information on NSW Health's privacy principles and procedures can be found at:

<www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_593.pdf>.

Victoria

The Victorian Department of Human Services is committed to protecting the privacy of personal information and is bound by the Victorian privacy laws, the *Information Privacy Act 2000* and the *Health Records Act 2001*, as well as other laws which impose specific obligations in regard to handling information. Further information on the Department's privacy principles can be found at: <www.dhs.vic.gov.au/privacy/public/index.htm>.

Queensland

Queensland Health respects the privacy of patients and clients, their families, staff members and business partners. Privacy is broader than the traditional concept of confidentiality and includes the collection, use, disclosure, security, quality, access, correction and openness of information. It includes such things as informing individuals when information is collected about them and informing the community about the types of information collected.

Further information on Queensland Health's privacy standard IS42A can be found at: <www.health.qld.gov.au/privacy/>.

Western Australia

The Western Australian Drug and Alcohol Office is committed to ensuring that the confidentiality of patient information is protected and that it meets its legal and ethical obligations to protect the privacy of individuals. It is anticipated that information privacy legislation will shortly be introduced in Western Australia which will contain principles applicable to personal health information. Until state legislation is enacted government policy requires that information sharing by state government organisations complies with appropriate minimum privacy standards such as the Commonwealth National Privacy Principles.

South Australia

South Australian Government agencies are required to comply with the Federal Government Information Privacy Principles drawn from the Commonwealth *Privacy Act 1988*.

Drug and Alcohol Services of South Australia respects confidential information obtained in the course of professional practice and refrains staff from disclosing such information without the consent of the client, except where disclosure is required by law, (for example, child protection, notification of infectious diseases, an Order of a Court), or is necessary in the public interest.

Tasmania

In Tasmania, Client Information Guidelines have been created to ensure the protection of individual privacy. The guidelines constitute a set of specific rules which apply to the collection and management of client information by all service providers who deal directly or indirectly with client information and/or have access to the Department of Health and Human Services (DHHS) client information. This includes contracted services, Non-Government Organisations and other agencies that utilise DHHS client information. The client information referred to is that collected, used, held and disclosed by service providers.

Australian Capital Territory

ACT Health has a legislative responsibility to protect the confidentiality of data, to respect the privacy rights of the individuals to whom it relates and to ensure appropriate security arrangements are in place to safeguard the confidentiality of the information provided. ACT Health actively promotes management of personal and sensitive information within privacy guidelines and ensures that data is managed pursuant to legislation in controlled and approved process.

Northern Territory

The Northern Territory Government is committed to ensuring that the confidentiality of client information and the respect and privacy rights of the individual are protected. The Northern Territory is governed by the *Northern Territory of Australia Information Act* as in force 5 May 2004. The Department of Health and Community Services has an Information and Privacy Unit through which any unusual requests for data can be cleared as compliant with the legislation.

Treatment agencies provide client and episode data to the Alcohol and Other Drugs Program (AODP), Department of Health and Community Services. To ensure client confidentiality, names are not requested and a client identifier is used to allow for repeat clients to be

monitored. De-identified data is then passed on to the AIHW annually. It is the treatment agency's responsibility to ensure that their client is aware that information recorded will be used, in a de-identified format, for statistical purposes.

Access to the Northern Territory AODP data collection is generally restricted to the AODP Research and Information Officer and the AODP Research Coordinator. Requests for data must come through to the AODP Research and Information Officer.

Services provided under the Non-Government Organisation Treatment Grants Program

Services provided under the National Illicit Drug Strategy Non-Government Organisation Treatment Grants Program (funded by the Australian Government) are required to comply with all relevant Commonwealth, state and local government statutes, regulations and by-laws as they apply to their particular project circumstances.

6.3 Responsibilities and principles

It is important to note that the people and organisations involved in the AODTS–NMDS collection are *custodians* of data provided by individuals and agencies. Thus, treatment agencies, jurisdictions and the AIHW do not 'own' data. They are, however, responsible for the protection, storage, analysis and dissemination of the data in accord with the purposes for which they were collected.

This section begins by providing a basic outline of the responsibilities of treatment agencies, jurisdictions and the AIHW.

Responsibilities of the treatment agencies

It is the responsibility of each treatment agency to inform every client that data about them will be sent to the health authority responsible for the AODTS–NMDS, and then on to the AIHW to become part of a national data set. It is important that the clients of each agency are made aware not only that data are being transmitted to the funding department and the AIHW, but that these data will be used only for statistical purposes and will not be used to affect individual treatment or entitlements.

Treatment agencies are thus responsible for ensuring that all clients whose data are included in the collection are informed of their rights.

Responsibilities of the jurisdictions

Jurisdictions are responsible for ensuring that:

- Treatment agencies are informed that the data they supply to the jurisdiction (health authorities) will be passed on to the AIHW for inclusion in the AODTS–NMDS.
- Relevant state/territory or Commonwealth legislation as well as local policies and procedures are referred to when responding to queries in relation to privacy and confidentiality.
- Data dissemination is carried out without compromising confidentiality.

Responsibilities of the AIHW

All AIHW staff with access to AODTS–NMDS data have signed a confidentiality undertaking, which is consistent with the *AIHW Act 1987* and the *Privacy Act 1988*.

For jurisdictions as well as the AIHW, data dissemination must be carried out without compromising confidentiality. Cell sizes of less than 5 should be thoroughly vetted to see if they compromise confidentiality – at a national level they may not, but with small groups (e.g. main treatment type or within jurisdictions) they may.

The AIHW may release national data, in response to special requests. The following protocols are observed in relation to requests for specific tables from the national database:

- Where national tables are requested from the AIHW, they are vetted to ensure that there are no small cell sizes and copies of the requested tables are sent to all jurisdictions for their information.
- Where tables that require a national breakdown by state/territory, or where state/territory only tables are requested, the applicant must make a formal request for access to the AODTS–NMDS. This ‘request for data access’ form is then forwarded to all contributing jurisdictions for consideration. If approved by all jurisdictions, the applicant can access the data after signing the AIHW confidentiality undertaking. (See also AODTS–NMDS data access protocols for further information.)

Principles

The following privacy and data principles are based on the key material outlined above and are designed to be consistent with this key material and draw together the material into a concise and holistic document.

The privacy and data principles are drafted under three main headings: ethos, purpose and content, and quality, methods and procedures.

Ethos

E1. Respect: privacy, dignity and confidentiality

The national minimum data set should be defined and collected in a climate of mutual respect:

- All participants in the AODTS–NMDS collection should respect the rights to privacy, dignity and confidentiality of the service user.
- Funded treatment agencies should be respected for their role in providing a valued service and for their need to operate cost effectively and competitively in a mixed economy.
- Service funders should be respected for their role in policy and administration, and their associated need to monitor the activities and outcomes of services and the profile and needs of service users.

E2. Fairness and transparency

Data should be collected in accordance with the privacy principles attached:

- Funded treatment agencies should ensure that service users are aware of the data being recorded, the purpose of the recording, and which data will be transmitted to other bodies, including funders and national statistical agencies, and for what purposes.
- Service users should be made aware of their rights to seek access to their records and to correct or update information about them, if it is incomplete, inaccurate or out-of-date.
- Funding departments should ensure that, similarly, funded treatment agencies are aware of the data being recorded, the purpose of recording them, and which data will be transmitted to other bodies including statistical agencies.
- Fairness and openness concerning purposes, data, procedures and release: Jurisdictions and the AIHW should publish clear statements about the purpose of each data item in the AODTS-NMDS, and the purpose of data collection and jurisdictional and national collection, analysis and dissemination. The purpose of data may legitimately extend to the collection of information that, while not immediately related to the service a person receives at a point in time, relates to the continued availability of that service. (For example, the collection of information on ethnicity or Indigenous status may or may not be directly relevant to the provision of service to a service user on a particular day. However, this information is regarded as crucial to the effective delivery of the alcohol and other drug treatment service, by establishing the accessibility and equity of the program, and hence ensuring its continuing financial support by governments.)

E3. Custodianship as a principle

- Funded treatment agencies, jurisdictions and the AIHW are the custodians of information collected from service users and funded treatment agencies. They do not 'own' data, but are responsible for the protection, storage, analysis and dissemination of the data in accordance with: the purposes for which they were collected; the principles of respect and fairness outlined above; and the quality standards outlined below.

Purpose and content

P1. AODTS National Minimum Data Set principles

- The data items included in a national minimum data set should be nationally relevant and important, and able to be collected consistently and interpreted meaningfully.
- The AODTS-NMDS should contribute to the goals and objectives of the National Drug Strategy and other national policy documents.

P2. Cost effectiveness

Including or changing data items imposes costs on all participants in a national collection:

- Data items should, as far as possible: be consistent with agency and jurisdictional administrative procedures; and able to be effectively collected and transmitted
- The costs of change to data items or collection methods should be weighed up against the desire for continued improvement in content.

Quality, methods and procedures

Q1. Quality of data items

Data items in the AODTS–NMDS should be: based on national and international standards where appropriate; defined clearly, concisely and comprehensively; in accordance with national information priorities; tested for meaning and feasible collection in the field; and collected and maintained accurately, with opportunities for correction by the service user, the funded treatment agency, the jurisdictional administration and the AIHW.

Q2. Quality of data capture and collection methods

- Funded treatment agencies should attempt to align data items on their administrative forms (e.g. age, sex and Indigenous status) as closely as possible to the AODTS–NMDS items, especially where these conform to national standards for health data definitions.

Q3. Custodianship standards: security of storage and access procedures

‘Identifiable information’ is defined here to be: individual records containing age and sex that could be related back to an individual (or could enable an individual’s identity to be reasonably ascertained), and agency records that could be used to identify an individual funded treatment agency. ‘Identifiable information’ is different from ‘identifying information’ where individual names and other identifiers are included (i.e. the individual is identified uniquely and with certainty).

Data custodians are responsible for ensuring data holdings are protected from unauthorised access, alteration or loss.

- Paper-based identifiable information should be kept securely locked away when not in use. The minimum requirements are that information must be accessible only to those who are authorised, and that outside normal working hours, information must be stored in locked drawers or cabinets.
- Particular care must be taken regarding the printout and photocopying of paper-based information – users should stand by printers, photocopiers and fax machines while this material is being printed, copied, sent or received.
- Information users should follow normal practice for the use of IT systems to ensure the security and privacy of in-confidence information stored on computer systems including, but not limited to:
 - user account and password protection, use and management; and
 - automatic screen shutdown or automatic log-off in place on all PCs.
- Identifiable information should not be copied to or held on workstation hard disks, or copied and removed from the data holding without permission of the data custodian.
- Funded treatment agencies must take reasonable steps to destroy or permanently de-identify personal information if it is not longer needed for any purpose for which the information was collected.

Q4. Dissemination and use

- Dissemination and use of the data should be in accordance with these AODTS–NMDS privacy and data principles and those relating to the purpose of the collection.

- Data should be carefully interpreted, and any conclusions drawn based on rigorous and balanced analysis of the AODTS–NMDS data and other relevant information.
- In published tables, the amount of personal information in cells with small numbers should be reduced to decrease the potential for identification.
- Published data should be made available, in suitable formats to data providers (e.g. funded treatment agencies) and data subjects (e.g. service users).

7 Data release guidelines for the AODTS–NMDS

7.1 Purpose

This chapter outlines the process to be followed by the AIHW upon receipt of data requests for the AODTS–NMDS collections. Data from the collections 2000–01 to 2006–07 were available at the time of writing and data for 2007–08 will be available from mid-2009. This chapter is for the information of AIHW staff, IGCD AODTS–NMDS Working Group members and persons who wish to access AODTS–NMDS data.

7.2 Background

Jurisdictions are custodians of information collected from alcohol and other drug treatment agencies within their state or territory. The AIHW is the custodian of collated national information collected from alcohol and other drug treatment agencies and forwarded to AIHW from jurisdictions (the AODTS–NMDS collection). Custodianship for the AIHW means responsibility for protection, storage, analysis and dissemination of the data in accord with the purpose for which the data were collected, the *AIHW Act (1987)* and other relevant privacy principles.

The *Australian Institute of Health and Welfare Act 1987* prescribes strict conditions to ensure the security of the data it holds and manages. It provides for strict penalties (including imprisonment) for breaches of confidentiality. In particular, the Act prohibits release of personal information to the police and courts.

The Act provides for oversight of AIHW data collections by the AIHW Ethics Committee. This committee only releases data to researchers proposing studies judged to have scientific merit and that meet the required data confidentiality standards.

Data requests can be for summarised tables or for access to unit record data held in the national database. Section 7.4—‘Requests to AIHW for summarised national data’ relates only to requests for summarised data, usually in table form. These data may be published data or unpublished data. Section 7.5—‘Access to unit record data in the national database’ relates to requests for access to unit record data held in the national database.

7.3 Options for access to unpublished data

There are a number of options available for accessing the AODTS–NMDS data.

1. Request the specific table or tables of summarised data required and AIHW will produce the tables. This option is usually the fastest and most efficient way of obtaining one-off requests, even if a request is complex. For national data only, no approvals are required, assuming the request does not breach any privacy or confidentiality provisions. For data containing information specifically relating to one

or more of the states or territories, approval from the relevant jurisdiction/s is required (**Attachment 1 to be completed by researcher**).

2. Request access to unit record data at AIHW premises with assistance from AIHW staff to run the required tables. This requires approval from all jurisdictions (**Attachment 1 to be completed by researcher**) and from the AIHW Ethics Committee (**Attachment 2 to be completed by researcher**). Only agreed outputs can be taken off-site.
3. Request off-site access to unit record data. This requires approval from all jurisdictions (**Attachment 1 to be completed by researcher**) and from the AIHW Ethics Committee (**Attachment 2 to be completed by researcher**). This is a more useful option for those planning to spend a long time doing multiple analyses.
4. The AODTS–NMDS Working Group may request access to unit record data at AIHW premises with assistance from AIHW staff to run the required tables. This requires approval from all jurisdictions (**Attachment 1 to be completed by all Working Group members present at specified meeting**). A list of agreed conditions of release in these circumstances has been agreed by the AODTS–NMDS Working Group. These conditions are included in Attachment 3.

The forms that need to be filled out for table requests at the state and/or territory level (**Attachment 1**) or for access to the unit record file (**Attachment 1 and Attachment 2**) are available at the end of this chapter.

Data custodians within each jurisdiction will endeavour to process the data request within 2 weeks. The AIHW will then require 1–2 weeks to extract the data as specified in the request. Some data requests – for example, those requiring AIHW Ethics Committee approval – will require a longer timeframe. A delivery timeframe will be established on a case-by-case basis. At a minimum, the AIHW will contact the researcher to acknowledge receipt of the data request.

7.4 Requests to AIHW for summarised national data

Summarised data requests may be for published or unpublished data.

Published data

Published data are available for the AODTS–NMDS from the AIHW website or in the electronic data cubes also available on the AIHW website <www.aihw.gov.au/drugs/treatment/index.cfm>. The most recent publications for the NMDS available are:

- *Alcohol and other drug treatment services in Australia 2006–07: Report on the National Minimum Data Set*
- *Alcohol and other drug treatment services in Australia 2006–07: Findings from the National Minimum Data Set* (a summary of the national report in bulletin form)
- Reports for each state and territory (excluding Queensland) about treatment in their jurisdiction based on the National Minimum Data Set 2006–07.

Unpublished data

Where tables of national data are requested from the AIHW, copies of requested tables produced by the AIHW are sent to all jurisdictions for information only. Approval from jurisdictions is not required for release by the AIHW of summarised national data, unless the summarised tables include the variable 'State/Territory Identifier', in which case **Attachment 1 is to be completed by the researcher.**

7.5 Requests to AIHW for access to unit record data in the national database

Access to the AODTS-NMDS database (i.e. unit record data), or part thereof, is only provided under strict conditions according to the following protocol:

- A potential researcher must make a formal request for access to the Alcohol and Other Drug National Minimum Data Set (**Attachment 1 to be completed by researcher**).
- If the request is for access to unit records from more than one jurisdiction, the request for access form is then forwarded to all relevant jurisdictions for approval. If approved by all relevant jurisdictions, the researcher will then be required to sign the AIHW confidentiality undertaking signed by all AIHW staff.
- Every request for access to unit record data in the national database must receive the AIHW Ethics Committee approval. Unit record data may contain potentially identifying information. The Ethics Committee assesses each data access request on a case-by-case basis to ensure that client confidentiality will not be breached by provision of the requested data. In some cases, specific conditions for access to and use of the data will be applied (**Attachment 2 to be completed by researcher**).
- The Ethics Committee meets four times a year and applications need to be submitted 2 weeks before a meeting. Deadlines for submissions are available from the following link: <www.aihw.gov.au/committees/ethics/index.cfm>.

7.6 Requests to states and territories for summarised or unit record data

In general, all requests for state and territory AODTS-NMDS data should first be sent to the relevant jurisdiction (see contact list in Appendix 2).

Release of summarised state and/or territory data

The jurisdiction will either provide the client with the data or forward the request to AIHW where AIHW processes will apply; for example, **Attachment 1 to be completed by researcher** and AIHW will send this to the relevant jurisdiction/s to obtain their approval to release the data.

Agency level data access requests

As with summarised state and/or territory data, agency level data access requests should be referred to the jurisdiction in which the agency is located. If the agency level data are to be

compared with national data, a request for national data will need to be put through the AIHW.

Cell size policy

Data dissemination must be carried out without compromising confidentiality. The practice used by the ABS and the AIHW of generally not releasing data with a cell size of less than 5 will be employed for state and/or territory data.

Release of unit record data

Requests for unit record data from one or more states and territories should be referred to the respective jurisdiction/s (see contact list in Appendix 2). The request may be fulfilled by the jurisdiction/s, or it may be referred to the AIHW where AIHW processes will apply; for example, **Attachment 1 to be completed by researcher** and AIHW will send this to the relevant jurisdiction/s to obtain their approval to release the data. In addition, every request for access to unit record data from the national database must receive AIHW Ethics Committee approval (**Attachment 2 to be completed by researcher**).

7.7 Requests from the AODTS–NMDS Working Group to explore data at meetings

The following conditions will apply to the live exploration of data at AODTS–NMDS Working Group meetings:

- written approval allowing meeting participants access to data will be required from all jurisdictions (whether attending or not) before the data are released at the Working Group (WG) meeting.
- WG members will sign a confidentiality undertaking prior to the meeting.
- WG members will only take agreed outputs off-site (any agreement would need to be unanimous).
- the AIHW will provide guidance on the appropriateness of specific analyses, particularly in relation to small cell sizes (this is consistent with the AIHW's commitment to the Guidelines for the Use and Disclosure of Health Data for Statistical Purposes produced by the Statistical Information Management Subcommittee in May 2007).
- the AIHW will keep a written log of analyses conducted during the meeting.
- analyses will only be conducted on data from years that are already published (currently 2006–07 and earlier) .
- state/territory level will be the lowest level of disaggregation of data.

7.8 AIHW charging policy for ad hoc information services

The standard AIHW charging policy will apply for ad hoc information services, except for those agencies with which AIHW has developed a specific information exchange agreement or for IGCD AODTS–NMDS Working Group members who are using the information for their own purposes.

- At the time of writing, there is a minimum charge of \$200 (includes up to 30 minutes of time) plus cost recovery at \$160 per hour.
- The full day charge (5.5 to 7 hours) is a flat \$1,000.
- For more than a full day, the charge is \$1,000 per day for each full day plus a charge of \$160/hr for any remaining hours less than a full day.
- Any extra services, such as courier delivery or priority air freight, are charged at cost plus 20%.
- 10% Goods and Services Tax will be added.

If the data request requires approval from the AIHW Ethics Committee, such as for access to unit record data, then the researcher must submit a request for access to the Ethics Committee (**Attachment 2 to be completed by researcher**). The current administrative charge for this service is \$250.

7.9 Data access forms

Request for release of AODTS–NMDS unpublished state/territory data or access to national database

TO:

STATE AND TERRITORY ALCOHOL AND OTHER DRUG TREATMENT SERVICES NATIONAL MINIMUM DATA SET DATA CUSTODIANS

REQUEST FOR RELEASE OF DATA

Name*	State/territory	Email	Phone No.
Kieron McGlone	NSW	KMcGlone@nscchahs.health.nsw.gov.au	(02) 8877 5129
Rob Knight	VIC	rob.knight@dhs.vic.gov.au	(03) 9096 5467
Karen Furlong	QLD	karen.furlong@health.qld.gov.au	(07) 3328 9847
Anne Bartu	WA	anne.bartu@health.wa.gov.au	(08) 9370 0333
Richard Cooke	SA	Cooke.Richard@health.sa.gov.au	(08) 8274 3385
Andrew Foskett	TAS	andrew.foskett@dhhs.tas.gov.au	(03) 6216 4266
Jennifer Taleski	ACT	jennifer.taleski@act.gov.au	(02) 6205 0932
Tania Davidson	NT	tania.davidson@nt.gov.au	(08) 8999 2692
Robyn Davies	Australian Government	robyn.davies@health.gov.au	(02) 6289 3102

*These names refer to the initial contact person in each jurisdiction not the data custodians.

Date:

Reference Number: 2009 -

Sender: Amber Jefferson
Drug Surveys and Services Unit
Australian Institute of Health and Welfare
Contact phone: 02 6244 1000
Contact fax: 02 6244 1299
Email: amber.jefferson@aihw.gov.au

Please email or fax back the attached data access request response as soon as possible. If you have any queries about these data request, please contact me.

Regards

Amber Jefferson

REQUEST FOR ACCESS TO ALCOHOL AND OTHER DRUG TREATMENT SERVICES NMDS

Reference number: 2009 –

Requestor:

Reason data required:

Proposed use/dissemination of data:

Data requested (table specifications):

Date data required:

Custodian response:

Please indicate your action to the above request:

- [...] Approve release of data
- [...] Do not approve release of data
- [...] Approve release of data subject to the following conditions

Conditions:

Comments:

Name:

State/territory:

Signature:

Date:

Please email completed form to: amber.jefferson@aihw.gov.au

DATA SPECIFICATIONS FOR INFORMATION REQUESTS:

Job Number: 2009 –

State: NSW VIC QLD WA SA TAS ACT NT Australian Government

Data set Year: 2000–01, 2001–02, 2002–03, 2003–04, 2004–05, 2005–06, 2006–07, 2007–08

Additional comments:

Request for ethical clearance for access to AODTS–NMDS database

Information sheet

AIHW Ethics Committee submissions

To be read in conjunction with AIHW Ethics Committee – guidelines for the preparation of submission for ethical clearance

All research activities with which the Australian Institute of Health and Welfare (AIHW) is involved must be ethically acceptable. The AIHW Ethics Committee forms an opinion on the ethical acceptability of all submissions made to it. This form is designed to provide information to the Committee in order to facilitate this procedure.

In making a submission to the Committee the following points should be noted:

- The Principal Investigator, an officer with the delegation to commit the organisation to the assurances (often the supervisor of the Principal Investigator), and any subordinates that may have access to the requested data **must** sign the undertaking (Section 8) attached to the submission.
- External investigators should make their submissions to the Committee via a contact officer at the AIHW. This officer will be the custodian of the data to which access is requested.
- Clearance from the investigator's host institutional ethics committee is required prior to the AIHW Ethics Committee's assessment of the application. If the proposal is from outside the Institute or from AIHW Collaborating Units and that institution does not have an ethics committee, then this should be discussed with contact officers at the AIHW prior to submitting the application.
- The Committee requires that all projects be scientifically reviewed by a group of independent peers before it is submitted to it.
- The Principal Investigator for this project is responsible for the security and, if required, the disposal of the data received from the Institute.
- The Ethics Committee will assess the ethical acceptability of activities specified in this application. If additional follow-up activities are planned, but not to be acted upon immediately, then these activities should form the basis of another application.
- The AIHW will charge an administration fee of \$250 for each submission to the Ethics Committee.

All submissions to the Ethics Committee will be considered at their quarterly meetings. The applicant will be advised of the outcome of their submission the next working day after the meeting. An application may be considered for out-of-session approval if it meets the criteria determined by the Committee. If you have any queries regarding your application please discuss them with your AIHW contact officer or the Secretary of the Ethics Committee (phone (02) 6244 1000).

EC No:

Office use only

AIHW Ethics Committee

Request for opinion on ethical acceptability of project

Australian Institute of Health and Welfare

GPO Box 570

Canberra ACT 2601

Telephone: (02) 6244 1000 Fax: (02) 6244 1299

1. Project title and contact details

Project Title	
Contact within AIHW	
Principal Investigator	
Contact Officer	
Telephone	
Fax	
Email	
Organisation	
Branch, Division	
Postal address	
Source of funds	

2. Summary of project activities

What data are requested from the AIHW?

Please state the primary objectives of your investigation.

Summarise the project protocol or activities. Please specify how you will be using the data requested from the AIHW.

Summarise the information already available or being collected on the study population. List the source(s) of this information.

3. Maintaining privacy and confidentiality

The Privacy Act sets out eleven Information Privacy Principles (IPPs) that govern agencies of the Australian Government in their collection, management and use of data containing personal information. Copies of the IPPs and the Privacy Guidelines are available from the AIHW or the Human Rights and Equal Opportunity Commission (HREOC) upon request.

You can access this information via the Internet from the HREOC homepage <www.hreoc.gov.au>. In order that your application is assessed in accordance with the Privacy Guidelines, please address the following points.

Does your proposal breach any of the IPPs?	YES	NO
<p>If YES which principles are involved, and what steps have you taken to address these?</p>		
<p>Describe how your organisation will store and maintain the confidentiality of information obtained from the Institute. This includes computer records as well as documents which would permit the identification of any individual or establishment.</p>		
<p>How will information obtained from the Institute be disposed of at the conclusion of the project? If information is to be retained please indicate how this will be done.</p>		

4. For external researchers and AIHW Collaborating Units only

Please note that clearance of the project by an ethics committee at your institution is required. If you have not already done so, please seek clearance.

Has this project been reviewed and approved by an ethics committee at your institution?	YES	NO
If YES name of institutional ethics committee and date of approval (attach copy of approval).		
If NO explain why there is no institutional ethics committee approval.		

5. Assurance of scientific quality

Has this project been reviewed by a group of independent peers?	YES	NO
If YES please provide details.		

6. Completion date and dissemination of results

What is the anticipated project completion date?	
How and to whom (main groups) will the results be disseminated?	
Published in peer reviewed journal, conference presentation	
Brochure, flyer to participants, interested parties	
Internet	
Newsletter	
Other	

Please note that the AIHW must be acknowledged as the source of data in any publication, and that a copy of any published material must be supplied to the AIHW.

7. Other individuals, groups or organisations participating in this project

List the name and administrative relationship of each individual, group and/or organisation that will have access to the information obtained from the Institute.

8. The Undertaking

Undertaking made in pursuance of Section 29 of the Australian Institute of Health and Welfare Act 1987

WHEREAS:

- (a) Subsection 29 (1) of the *Australian Institute of Health and Welfare Act 1987* ('the Act') provides for the disclosure of information to a person specified in writing by the Ethics Committee;
- (b) The Ethics Committee has agreed to release information to you;

NOW I, _____
Full name and position of Responsible Officer

in the _____
Name of Department or Organisation

HEREBY UNDERTAKE that the above mentioned organisation will use the information in accordance with the following conditions.

1. The unit record file will not be matched, in whole or in part, with any other information for the purposes of attempting to identify individuals, nor will any other attempt to identify an individual be made.
2. The person/organisation will not disclose or release the information to any other person or organisation, except as statistical information that does not identify an individual.
3. Access to the unit record file will be restricted to only those employees of the organisation who are directly responsible to the Principal Investigator. The Principal Investigator will explain to any employees granted access to the information the provisions of the AIHW Act prohibiting release of the information to others.
4. Access will not be granted to any other organisation without specific approval of the AIHW Ethics Committee.
5. The information will be used for statistical purposes in health and/or welfare research.
6. The information will not be used as a basis for any legal, administrative or other actions that could directly affect any particular individuals or organisations as a result of their identification in this project.
7. The identifying information will be used only for the project proposed and described in this application. Use of any of this information in any other project will not be undertaken until a separate application form has been submitted to, and approved by, the Ethics Committee.
8. The recipient will cooperate with any surveillance procedures established by the Institute or its Ethics Committee and advised to the recipient in writing.
9. Results of the project will be made available for consideration by the Ethics Committee, if it so requests prior to any public release.
10. The Institute will be acknowledged in all reports and publications resulting from this project, and will be provided with a copy of all such reports and publications.
11. The recipient will comply in all respects with the requirements of section 29 of the AIHW Act, as attached (and of Part III of *The Privacy Act 1988*).
12. Copyright in all data are vested in the Australian Government and contributing states and territories. The collection is managed under contract by the AIHW.
13. Any publication which uses the data must identify the AIHW as the source.

In providing this undertaking I understand and accept on behalf of the above mentioned organisation that subsection 29(1) of the *Australian Institute of Health and Welfare Act 1987* provides that a person who receives information or a document relating to another person and makes a record of, or divulges that information to any person, is guilty of an indictable offence punishable on conviction by a fine of \$2,000 or imprisonment for 12 months, or both.

Signature: _____

This application must be signed by a responsible officer with the authority or delegation to commit the above-mentioned organisation to the terms and conditions in Section 9.

Date: _____

Witness

Name: _____

Position: _____

Organisation/Unit: _____

Signature: _____

Date: _____

All employees of the above organisation who will be granted access to the information must be listed and must agree to comply with the conditions included in the undertaking.

Principal Investigator

Name: _____

Position: _____

Organisation/Unit: _____

Signature: _____

Date: _____

Details of any other person/s who will have access to the data

Date:

Please attach details of any other person who will have access to the data.

Witness

Date: _____

7.10 Other alcohol and other drug data

If the data requested are not available from the AODTS-NMDS, they may be available from the following other sources:

- National Opioid Pharmacotherapy Statistics Annual Data Collection
(AIHW) Amber Jefferson (02) 6244 1137
Australian Institute of Health and Welfare
- National Drug Strategy Household Survey
(AIHW) Nadia Docrat (02) 6244 1178
Australian Institute of Health and Welfare

Appendix 1: A history of data element changes

Presented below is specific information on the changes made to the data elements each year.

2009–10 changes

- *Country of birth*
 - change to using the 2nd edition of the Standard Australian Classification of Countries.

2008–09 changes

No changes were made.

2007–08 changes

The following changes were incorporated into version 13 of the *National health data dictionary* (HWI 88) and are a consequence of re-engineering the data elements for inclusion in AIHWs metadata repository METeOR. It is important to note that these changes do not alter the way data are collected for the AODTS–NMDS.

- *Australian state/territory identifier*
 - change of name from state/territory identifier to Australian state/territory identifier.

Supporting items

- *Cessation of treatment episode for alcohol and other drugs*
 - change from data element concept to glossary item
- *Commencement of treatment episode for alcohol and other drugs*
 - change from data element concept to glossary item
- *Episode of treatment for alcohol and other drugs*
 - change of name from Treatment episode for alcohol and other drugs to Episode of treatment for alcohol and other drugs
 - change from data element concept to object class
- *Service delivery outlet*
 - change from data element concept to object class

2006–07 changes

- Preferred language
 - change from using the ABS 2-digit ASCL codes to the 4-digit version 2 ASCL codes.

2005–06 changes

No changes were made.

2004–05 changes

The following changes were incorporated into the version 12 supplement of the *National health data dictionary* (HWI 72).

- *Establishment sector*
 - additions to Guide for use to clarify distinctions between definitions of Public and Private.
- *Main treatment type for alcohol and other drugs*
 - additions to Guide for use to assist clinicians coding to these Data domains.
- *Number of service contacts within a treatment episode for alcohol and other drugs*
 - this data element no longer used in AODTS–NMDS.
- *Other drugs of concern*
 - additions to Data domain and Guide for use describing two new supplementary ASCDC codes.
- *Other treatment type for alcohol and other drugs*
 - additions to Guide for use to assist clinicians coding to these Data domains.
- *Principal drug of concern*
 - additions to Data domain and Guide for use describing two new supplementary ASCDC codes.
- *Reason for cessation of treatment episode for alcohol and other drugs*
 - changes to Guide for use to clarify the correct use of the existing Data domains.
- *Source of referral to alcohol and other drug treatment service*
 - changes to Guide for use and refinement of Data domains to add clarity.
- *Treatment delivery setting for alcohol and other drugs*
 - rewording of Definition to clarify purpose of this Data element.
- *Treatment episode for alcohol and other drugs*
 - minor change to Definition and further clarification added to Guide for use.
- *Service contact*
 - this data element concept no longer used in AODTS–NMDS.

2003–04 changes

The following changes were incorporated into version 12 of the *National Health Data Dictionary* (HWI 43).

- *State/territory identifier*
 - change of name from State identifier to State/territory identifier.
- *Sex*
 - change to Data domain.

- *Indigenous status*
 - change to Definition and Context to more accurately reflect what is being collected
 - change to Data domain and Guide for use to bring more clarity to the codes used
 - change to Collection methods, Source document and Comments for clarification purposes.
- *Client type – alcohol and other drug treatment services:*
 - change to Definition and Context to reflect treatment episode
 - removal of code three in Data domain
 - modification to Guide for use and Collection methods to ensure consistency.
- *Injecting drug use:*
 - revision of Data domain
 - additional information included in Collection methods and Related data.
- *Principal drug of concern:*
 - revised Data definition, Data domain, and Guide for use
 - additional information added to Collection methods and Related data.
- *Other drugs of concern*
 - slight change to title and revised Data definition, Data domain, and Guide for use additional information added to Collection methods and Related data.
- *Source of referral to alcohol and other drug treatment service*
 - the Data domain and the Guide for use 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 categories reflects the approach taken in the NCSDD data element 'Referral source'.
- *Service delivery outlet*
 - a new data element concept has been developed and it is designed to be generic so that it can apply to other community health areas, while still adequately covering AODTS outlets.
- *Geographic location of service delivery outlet*
 - a new derived data element has been developed to provide the geographic location of each AODTS outlet
 - this data element has also been designed to be generic so that it can apply to other community health areas
 - it is intended to function as a replacement for Geographical location of establishment in the AODTS-NMDS.

2002–03 changes

The following changes were incorporated into version 11 of the *National Health Data Dictionary* (HWI 36).

- *Client type – alcohol and other drug treatment services*
 - change of title to include term – alcohol and other drug treatment services
 - minor change made to context
 - change to Data domain with the removal of Code 9
 - change to Collection methods
 - inclusion of Related data.
- *Number of service contacts within a treatment episode for alcohol and other drugs*
 - change to Definition
 - change to Guide for use
 - change to Collection methods.

2001–02 changes

The following changes were incorporated into version 10 of the National Health Data Dictionary (HWI 30)

- *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.*

Appendix 2: Members of the IGCD AODTS– NMDS Working Group

Western Australia—Health Department

Dr Anne Bartu (Chair) Phone: (08) 9370 0333
Principal research officer Email: anne.bartu@health.wa.gov.au
Drug and Alcohol Office
Western Australia Health Department
7 Field Street
Mt Lawley WA 6050

New South Wales Department of Health

Mr Kieron McGlone (Deputy Chair) Phone: (02) 8877 5129
Manager Email: KMcGlone@nscchahs.health.nsw.gov.au
Systems Development
Mental Health and Drug and Alcohol Office
PO BOX 169
North Ryde NSW 1670

Victoria—Department of Human Services

Mr Rob Knight Phone: (03) 9096 5467
Senior Information Analyst Email: rob.knight@dhs.vic.gov.au
Policy, Planning & Strategy Branch
Mental Health and Drugs Division
Department of Human Services
GPO Box 4057
MELBOURNE VIC 3001

Australian Government Department of Health and Ageing

Ms Robyn Davies Phone: (02) 6289 3102
Indigenous and Treatment Programs Email: robyn.davies@health.gov.au
Drug Strategy Branch
Department of Health and Ageing
GPO Box 9848 (MDP 27)
CANBERRA ACT 2601

Queensland Health Department

Ms Karen Furlong Phone: (07) 3234 1352
Project officer Email: karen.furlong@health.qld.gov.au
Alcohol, Tobacco and Other Drug Branch
Queensland Health
147-163 Charlotte Street
BRISBANE QLD 4000

South Australia—Drug and Alcohol Services Council

Mr Richard Cooke
Manager of Evaluation and Monitoring
Drug and Alcohol Services South Australia
161 Greenhill Road
PARKSIDE SA 5063

Phone: (08) 8274 3385
Email: Cooke.Richard@health.sa.gov.au

Tasmania—Department of Health and Human Services

Mr Andrew Foskett
Business Manager
Alcohol and Drug Service
3 Warragul Avenue
NEW TOWN, Tasmania 7008

Phone: (03) 6214 5718
Email: andrew.foskett@dhhs.tas.gov.au

Northern Territory— Department of Health and Community Services

Ms Tania Davidson
Program Evaluation and Research
Coordinator
Alcohol and Other Drugs Program
NT Department of Health
and Community Services
PO Box 40596
CASUARINA NT 0811

Phone: (08) 8999 2692
Email: Tania.Davidson@nt.gov.au

Australian Capital Territory— Department of Health

Ms Jennifer Taleski
Senior Policy Officer
Alcohol and Other Drug Policy Unit
Policy Division
ACT Health
GPO Box 825 CANBERRA ACT 2601

Phone: (02) 6205 0932
Email: jennifer.taleski@act.gov.au

Australian Bureau of Statistics

Ms Joan Burnside
Director
Population Statistics Standards
Australian Bureau of Statistics
GPO Box 10
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Appendix 3: Australian Standard Geographical Classification

The Australian Standard Geographical Classification (ASGC) is a tool for collecting and disseminating geographically classified statistics. These are statistics with a 'where' dimension. The classification has been updated annually during the period the AODTS-NMDS has been operating. The ASGC is a hierarchical classification system consisting of six interrelated classification structures:

- Main Structure
- Local Government Area Structure
- Statistical District Structure
- Statistical Region Structure
- Urban Centre/Locality Structure
- Section of state Structure.

These structures are hierarchical, and are made up of geographical spatial units. The statistical local area (SLA) is a general-purpose spatial unit. It is the base unit used to collect and disseminate statistics other than those collected from the population censuses. In non-census years, the SLA is the smallest unit defined in the ASGC. In census years, a SLA consists of one or more whole census collection district. In aggregate, SLAs cover the whole of Australia without gaps or overlaps.

SLAs are identified by four-digit codes. These codes are unique only within a state or territory. For unique Australia-wide identification the four-digit SLA code must be preceded by the unique one-digit state/territory code. For example:

Barraba 10400 (in New South Wales) (S/T code 1)

Barcaldine 30400 (in Queensland) (S/T code 3)

Note that for the data element *Geographical location of service delivery outlet* the location is reported using a five-digit code, which comprise the unique one-digit state/territory code and the four-digit SLA.

The correct version of the ASGC to use for the 2009–10 AODTS-NMDS data is 2008 (please advise the AIHW if you use a different year).

The National Localities Index (NLI) was previously used to identify a locality or address in Australia to an SLA. This index has not been updated beyond the 2007 version of the ASGC. Instead, the ABS will provide a 'Locality to SLA Correspondence'. Check the ABS website for details or contact the AIHW for assistance.

The ABS has reviewed the ASGC and intends to replace it with a new classification, the Australian Statistical Geography Standard. The implementation of the ASGS will begin in 2011.

Appendix 4: Standard Australian Classification of Countries

The Standard Australian Classification of Countries (SACC) has been developed by the Australian Bureau of Statistics (ABS) for use in the collection, storage and dissemination of all Australian statistical data classified by country. It provides a single classification framework for both population and economic statistics. Unlike the ASGC, the SACC is not updated annually, but only as necessary. The latest version (at the time of writing) is the Second Edition released on 19 May 2008.

The SACC is a classification of countries essentially based on the concept of geographic proximity. In its main structure it groups neighbouring countries into progressively broader geographic areas on the basis of their similarity in terms of social, cultural, economic and political characteristics.

The SACC has a three-level hierarchical structure. The third, and most detailed level (used in the AODTS-NMDS), consists of the base units, which are countries. The classification consists of 244 third-level units including five 'not elsewhere classified' categories, which contain entities that are not listed separately in the classification. A four-digit code represents each country. The second level of the main classification structure comprises 27 minor groups, which are groups of neighbouring countries similar in terms of social, cultural, economic and political characteristics. Each minor group lies wholly within the boundaries of a geographic continent. A two-digit code represents each minor group. The first, and most general level of the classification structure comprises nine major groups which are formed by aggregating geographically proximate minor groups. A single-digit code represents each major group.

The 2009-10 AODTS-NMDS collection period will be the first to use the Second Edition of the SACC. Based on previous years' data, the AIHW has identified the following codes that were valid for the first edition of the SACC but will no longer be valid in the second edition (for the 2009-10 collection).

- 1100 - Australia (includes External Territories), nfd
- 2101 - Channel Islands
- 3213 - Yugoslavia, Federal Republic of
- 4199 - North Africa, nec
- 7200 - Central Asia (Caucasus)

There may also be other codes that need updating, depending on each jurisdiction's data.

Correspondences between the first and second editions of the SACC are available on the ABS website for those jurisdictions needing assistance with new codes in the 2009-10 AODTS-NMDS collection.

Appendix 5: Australian Standard Classification of Languages

The ABS developed the Australian Standard Classification of Languages (ASCL) in response to a wide community interest in the language use of the Australian population and to meet a growing statistical and administrative need. The Australian Standard Classification of Languages is intended for use whenever demographic, labour and social statistics are classified by language. The ABS uses the classification in its own statistical work, for example, in the Census of Population and Housing. The ABS urges its use by other government agencies, community groups, and academic and private sector organisations collecting, analysing, or using information relating to language use. This will improve the comparability of data from these sources.

In the ASCL, languages are grouped into progressively broader categories on the basis of their evolution from a common ancestral language, and on the basis of the geographic proximity of areas where particular languages originated. This results in a classification that is useful for the purposes of Australian social analysis by allowing populations of language speakers that are similar in terms of the ethnic and cultural origin to be grouped in a manner that is intuitively meaningful in the Australian context.

The ASCL has a three-level hierarchical structure. One-, two- and four-digit codes are assigned to the first-, second- and third-level units of the classification respectively. The first digit identifies the Broad Group in which each Language or Narrow Group is contained. The first two digits taken together identify the Narrow Group in which each Language is contained. The four-digit codes represent each of the Language or third-level units. The Australian Standard Classification of Languages Second Edition (2005-06) is the latest release at the time of writing. This version should be used for the 2009-10 collection period.

Appendix 6: Australian Standard Classification of Drugs of Concern

The Australian Standard Classification of Drugs of Concern (ASCDC) is the Australian statistical standard for classifying data relating to drugs that are considered to be of concern in Australian society. The ASCDC is essentially a classification of types of drugs of concern based on their chemical structure, mechanism of action and effect on physiological activity. The classification of type of drug is described as the 'main classification structure' throughout the ASCDC document. Because many collectors and users of drug-related data also require information on the form in which drugs are encountered and the method of drug use, the ASCDC also includes classifications for these elements of drug-related information. The ASCDC is intended for use in the collection, classification, storage and dissemination of all statistical, administrative and service delivery data relating to drugs of concern.

The ASCDC will assist government planners, policy analysts and social researchers by providing a consistent framework for the classification of drug-related data. The use of the standard definitions, classifications and coding procedures detailed in the ASCDC will help to ensure the comparability and compatibility of data derived from a range of different statistical, administrative and service provision systems at both the state and national level.

The main classification of the ASCDC has a three-level hierarchical structure.

The third and most detailed level of the classification consists of the base units which are separately identified drugs of concern, aggregate groups of drugs of concern and residual categories of drugs of concern. The classification comprises 153 third-level units including 10 aggregate groups of drugs and 32 residual 'not elsewhere classified' (nec) categories.

The 10 third-level aggregate units comprise drugs that do not support individual identification but which are aggregated to form single base-level units as they are chemically similar and, when grouped, represent useful categories.

The 32 nec categories contain drugs which are not sufficiently significant, in the current Australian context, to support separate identification or representation as an aggregate base-level unit. All drugs which have been identified as drugs of concern, but which are not listed separately or contained within one of the aggregate base-level units, are included in the nec category of the narrow group to which they relate.

The second level of the classification consists of 33 narrow groups that contain base-level units that are similar in terms of the classification criteria. Included in the 33 narrow groups are 6 residual 'Other' categories. These residual categories contain base-level units that do not belong in any of the alternative narrow groups contained within the broad group on the basis of the classification criteria.

The first and most general level of the classification comprises 7 broad groups. The broad groups are formed, in the main, by aggregating narrow groups that are broadly similar in terms of the classification criteria. The classification has one 'Miscellaneous' broad group which comprises narrow groups of drugs which were considered to be of sufficient importance to be included in the classification structure but which do not fit into any of the other 6 broad groups on the basis of the classification criteria.

TYPE OF DRUG CLASSIFICATION: BROAD GROUPS, NARROW GROUPS AND DRUGS OF CONCERN

The main classification structure is presented below. For detailed information, supplementary codes and the full version of the coding index, see Australian Standard Classification of Drugs of Concern (ABS 2000).

- 1 ANALGESICS
 - 11 Organic Opiate Analgesics
 - 1101 Codeine
 - 1102 Morphine
 - 1199 Organic Opiate Analgesics, not elsewhere classified.
 - 12 Semisynthetic Opioid Analgesics
 - 1201 Buprenorphine
 - 1202 Heroin
 - 1203 Oxycodone
 - 1299 Semisynthetic Opioid Analgesics, n.e.c.
 - 13 Synthetic Opioid Analgesics
 - 1301 Fentanyl
 - 1302 Fentanyl analogues
 - 1303 Levomethadyl acetate hydrochloride
 - 1304 Meperidine analogues
 - 1305 Methadone
 - 1306 Pethidine
 - 1399 Synthetic Opioid Analgesics, n.e.c.
 - 14 Non Opioid Analgesics
 - 1401 Acetylsalicylic acid
 - 1402 Paracetamol
 - 1499 Non Opioid Analgesics, n.e.c.

2 SEDATIVES AND HYPNOTICS

- 21 Alcohols
 - 2101 Ethanol
 - 2102 Methanol
 - 2199 Alcohols, n.e.c.

22	Anaesthetics
	2201 Gamma-hydroxybutyrate
	2202 Ketamine
	2203 Nitrous oxide
	2204 Phencyclidine
	2299 Anaesthetics, n.e.c.
23	Barbiturates
	2301 Amylobarbitone
	2302 Methylphenobarbitone
	2303 Phenobarbitone
	2399 Barbiturates, n.e.c.
24	Benzodiazepines
	2401 Alprazolam
	2402 Clonazepam
	2403 Diazepam
	2404 Flunitrazepam
	2405 Lorazepam
	2406 Nitrazepam
	2407 Oxazepam
	2408 Temazepam
	2499 Benzodiazepines, n.e.c.
29	Other Sedatives and Hypnotics
	2901 Chlormethiazole
	2902 Kava lactones
	2903 Zopiclone
	2999 Other Sedatives and Hypnotics, n.e.c.
3	STIMULANTS AND HALLUCINOGENS
31	Amphetamines
	3101 Amphetamine
	3102 Dexamphetamine
	3103 Methamphetamine
	3199 Amphetamines, n.e.c.
32	Cannabinoids
	3201 Cannabinoids

33	Ephedra Alkaloids
	3301 Ephedrine
	3302 Norephedrine
	3303 Pseudoephedrine
	3399 Ephedra Alkaloids, n.e.c.
34	Phenethylamines
	3401 DOB
	3402 DOM
	3403 MDA
	3404 MDEA
	3405 MDMA
	3406 Mescaline
	3407 PMA
	3408 TMA
	3499 Phenethylamines, n.e.c.
35	Tryptamines
	3501 Atropinic alkaloids
	3502 Diethyltryptamine
	3503 Dimethyltryptamine
	3504 Lysergic acid diethylamide
	3505 Psilocybin
	3599 Tryptamines, n.e.c.
36	Volatile Nitrates
	3601 Amyl nitrate
	3602 Butyl nitrate
	3699 Volatile Nitrates, n.e.c.
39	Other Stimulants and Hallucinogens
	3901 Caffeine
	3902 Cathinone
	3903 Cocaine
	3904 Methcathinone
	3905 Methylphenidate
	3906 Nicotine
	3999 Other Stimulants and Hallucinogens, n.e.c.

- 41 Anabolic Androgenic Steroids
 - 4101 Boldenone
 - 4102 Dehydroepiandrosterone
 - 4103 Fluoxymesterone
 - 4104 Mesterolone
 - 4105 Methandriol
 - 4106 Methenolone
 - 4107 Nandrolone
 - 4108 Oxandrolone
 - 4111 Stanozolol
 - 4112 Testosterone
 - 4199 Anabolic Androgenic Steroids, n.e.c.
- 42 Beta2 Agonists
 - 4201 Eformoterol
 - 4202 Fenoterol
 - 4203 Salbutamol
 - 4299 Beta2 Agonists, n.e.c.
- 43 Peptide Hormones, Mimetics and Analogues
 - 4301 Chorionic gonadotrophin
 - 4302 Corticotrophin
 - 4303 Erythropoietin
 - 4304 Growth hormone
 - 4305 Insulin
 - 4399 Peptide Hormones, Mimetics and Analogues, n.e.c.
- 49 Other Anabolic Agents and Selected Hormones
 - 4901 Sulfonylurea hypoglycaemic agents
 - 4902 Tamoxifen
 - 4903 Thyroxine
 - 4999 Other Anabolic Agents and Selected Hormones, n.e.c.

- 51 Monoamine Oxidase Inhibitors
 - 5101 Moclobemide
 - 5102 Phenelzine
 - 5103 Tranylcypromine
 - 5199 Monoamine Oxidase Inhibitors, n.e.c.
- 52 Phenothiazines
 - 5201 Chlorpromazine
 - 5202 Fluphenazine
 - 5203 Pericyazine
 - 5204 Thioridazine
 - 5205 Trifluoperazin
 - 5299 Phenothiazines, n.e.c.
- 53 Serotonin Reuptake Inhibitors
 - 5301 Citalopram
 - 5302 Fluoxetine
 - 5303 Paroxetine
 - 5304 Sertraline
 - 5399 Serotonin Reuptake Inhibitors, n.e.c.
- 54 Thioxanthenes
 - 5401 Flupenthixol
 - 5402 Thiothixene
 - 5499 Thioxanthenes, n.e.c.
- 55 Tricyclic Antidepressants
 - 5501 Amitriptyline
 - 5502 Clomipramine
 - 5503 Dothiepin
 - 5504 Doxepin
 - 5505 Nortriptyline
 - 5599 Tricyclic Antidepressants, n.e.c.
- 59 Other Antidepressants and Antipsychotics
 - 5901 Butyrophenones
 - 5902 Lithium
 - 5903 Mianserin
 - 5999 Other Antidepressants and Antipsychotics, n.e.c.

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VOLATILE SOLVENTS

- 61 Aliphatic Hydrocarbons
 - 6101 Butane
 - 6102 Petroleum
 - 6103 Propane
 - 6199 Aliphatic Hydrocarbons, n.e.c.
- 62 Aromatic Hydrocarbons
 - 6201 Toluene
 - 6202 Xylene
 - 6299 Aromatic Hydrocarbons, n.e.c.
- 63 Halogenated Hydrocarbons
 - 6301 Bromochlorodifluoromethane
 - 6302 Chloroform
 - 6303 Tetrachloroethylene
 - 6304 Trichloroethane
 - 6305 Trichloroethylene
 - 6399 Halogenated Hydrocarbons, n.e.c.
- 69 Other Volatile Solvents
 - 6901 Acetone
 - 6902 Ethyl acetate
 - 6999 Other Volatile Solvents, n.e.c.

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MISCELLANEOUS DRUGS OF CONCERN

- 91 Diuretics
 - 9101 Antikaliuretics
 - 9102 Loop diuretics
 - 9103 Thiazides
 - 9199 Diuretics, n.e.c.
- 92 Opioid Antagonists
 - 9201 Naloxone
 - 9202 Naltrexone
 - 9299 Opioid Antagonists, n.e.c.
- 99 Other Drugs of Concern

Appendix 7: Steps for protecting privacy

The following extract from the Office of the Privacy Commissioner's website summarises the privacy obligations of organisations such as drug treatment agencies. For more detailed information please refer directly to the website.

1. Only collect information that is necessary.

Make sure individuals know what personal information your organisation or agency collects and why. Consider if each piece of information is necessary for any of the functions or activities of the organisation or agency and if the information is required in the circumstances. It may be the case that in some circumstances you can carry out your activities without collecting personal information, allowing individuals to interact with your organisation anonymously.

2. Do not collect personal information about an individual just because you think that information may come in handy later.

You should only collect information that is necessary at the time of collection, not information that may become necessary or useful at a later date. If the need arises later, collect the information then.

3. Tell people what you are going to do with the personal information you collect about them.

You should let individuals know why you need to collect the information, how you plan to use it and if you intend disclosing it. You should provide details about how they can contact you and, if they want to, how they can gain access to their personal information.

4. Consider whether you should be using personal information for a particular purpose.

Organisations often begin using personal information for a secondary purpose unrelated to the main purpose they collected the information. Unless you have consent from the individual concerned or authorisation under law, you should normally only use personal information if it is related to the purpose you collected it for and within the reasonable expectations of the individual.

5. Consider whether you need to disclose personal information.

In some cases, organisations and agencies disclose personal information that they do not need to disclose or disclose information without thinking about whether the disclosure is authorised. Consider whether you can achieve your purpose without disclosing personal information. It is often best practice to seek consent from the individual concerned if you wish to disclose their personal information for a reason beyond the reason for which you collected it. The Privacy Act allows disclosures in some circumstances.

6. If people ask, give them access to the personal information you hold about them.

Organisations and Australian and ACT Government agencies have a general duty to provide individuals with access to their personal information. You should be as open as possible by providing individuals with access to their own personal information in the form they request. If you wish to deny an individual access to personal information you should provide reasons, consistent with the Privacy Act, as soon as you can. Agencies should also be

mindful of their obligations under the Freedom of Information Act 1988 (Cth) which also provides some grounds for denying access.

7. Keep personal information secure.

It is important that you keep personal information safe and secure from unauthorised access, modification or disclosure and also against misuse and loss. The steps you should take should be proportionate to the sensitivity of the information you hold. Methods might include checking that all personal information has been removed from computers before you sell them, installing firewalls, cookie removers and anti-virus scanners on work IT systems, keeping hard copy files in properly secured cabinets, training staff in privacy procedures and allowing file access to staff on a 'need to know' basis only. You could also regularly monitor your information handling practices to ensure they are secure and consider the adequacy of existing security measures. Depending on the size of the organisation and the information it collects, you may wish to consider having an external privacy audit conducted.

8. Don't keep information you no longer need or are no longer required to retain.

If you no longer need personal information and there is no law that compels you to retain the information, then destroy it. You should shred, pulp or destroy the paper on which the personal information is recorded, place the files in a security garbage bin and securely delete any electronic record or file from computer systems to ensure it cannot be retrieved.

9. Keep personal information accurate and up to date.

Personal information can change. This is why you need to take reasonable steps to keep the personal information your organisation or agency holds current. If the personal information of someone changes amend your records to reflect those changes and make sure both hard copy and electronic files are updated. If you know that some personal information is likely to change regularly, then periodically go through the files to ensure the records are accurate and up to date.

10. Consider making someone in your organisation or agency responsible for privacy.

This could be a designated person (often called a Privacy Contact Officer or Chief Privacy Officer) who is aware of your organisation or agency's responsibilities under the Privacy Act and who is willing and able to handle complaints and enquiries about the personal information handling practices of your organisation or agency. The person may also be responsible for implementing a complaints handling process, staff training program and promoting Privacy Act compliance.

Source: <www.privacy.gov.au/publications/ten_steps/ten_steps_org.pdf>. Accessed 19/02/09.

Appendix 8: Privacy and the AIHW

The AIHW's functions are to:

- identify and meet the information needs of government and the community to enable them to make informed decisions to improve the health and welfare of Australians
- provide authoritative and timely information to the Australian Government, state and territory governments and non-government clients through the collection, analysis and dissemination of national health, welfare, housing assistance and community services data, and
- develop, maintain and promote, in conjunction with stakeholders, information standards for health, welfare, housing assistance and community services data.

As a Australian Government agency, the AIHW must comply with the IPPs set out in the *Privacy Act 1988*. The AIHW is also bound by its own legislation, the *Australian Institute of Health and Welfare Act 1987*, which contains a section on confidentiality (s29).

In summary s29 states:

- A person who holds any information concerning another person, due to their employment at the AIHW, or due to the fact they are performing a duty or function for the AIHW, or doing any act as a result of any arrangement entered into by the AIHW, shall not directly or indirectly:
 - divulge that information to any person
 - give a document containing that information to any person
 - be required to divulge that information to a court.
- Nothing prohibits a person holding information concerning another person (as stated above) from:
 - divulging information to the Minister if it does not identify the information subject
 - divulging information to the information provider
 - divulging information to a person specified in writing by the Ethics Committee if to do so is not contrary to the written terms upon which the information was divulged initially by the information provider (only applies to health related statistical information)
 - publishing conclusions based on statistics derived from the work of the AIHW if to do so is not contrary to written terms upon which the information provider divulged the information directly to the AIHW.

AIHW policy and procedures on information security and privacy

(Excerpt from *AIHW Information Security and Privacy Policy and Procedures* document).

The provisions of the *Privacy Act 1988* and the Information Privacy Principles establish the framework for the collection, storage, use and release of all personal information in the public sector. The AIHW policy complies with the requirements of the *Privacy Act 1988* and in addition, covers issues of specific relevance to the AIHW, including s29 on confidentiality contained in the *AIHW Act 1987*.

Privacy ethos

1. All AIHW and collaborating unit staff must have a knowledge of section 29 and a good understanding, in relation to the work they do, of the implications of:
 - The Australian Institute of Health and Welfare Act 1987, section 29
 - The Information Privacy Principles.
2. All AIHW and collaborating unit staff must sign the Institute's *Undertaking of confidentiality – Employees*.
3. The Institute will ensure that its various collaborating units maintain a consistent privacy and security ethos.
4. All work performed by consultants, contractors, seconded staff, visiting fellows and students working under supervision of the Institute which involves access to information collected under the AIHW Act and other identifiable information, must be authorised by contracts which impose information and privacy security requirements at least as stringent as those applying to Institute employees.

Information gathering and receipt

5. Information may only be collected and held for the purpose of AIHW activities.
6. Identifiable information may only be collected and held with the approval of the Institute's Ethics Committee.
7. Any information collected must be limited to that directly relevant to the aims and objectives of an approved project.
8. All data holdings containing identifiable information must be recorded and managed in accordance with the Institute's *Guidelines for custody of AIHW data*.
9. Except as outlined in paragraphs 10 and 11 below, the consent of information subjects for the use of their information should be obtained when the identifying information is in the form of identified records held indefinitely on registers used to contact the information source for research purpose (all such research must be approved by the Ethics Committee).
10. Otherwise, consent should not be required provided that appropriate guarantees are given that the information will be handled in a secure environment, the public good benefits of the research are clear and its use will have no impact on those individuals whose information is being used. As far as is possible, an opt out option should be provided.
11. Regardless of whether consent needs to be obtained, information subjects should be advised, by whatever mechanism is appropriate, why their information is being

collected, how it is to be used, who will be using it, the type of access that will occur and how it will be protected.

Information storage, retention and destruction

12. Data must be stored to meet the storage and archival requirements of the National Archives of Australia, and in accordance with the Institute's *Guidelines for custody of AIHW data*.
13. Data custodians are responsible for ensuring their data holdings are protected from unauthorised access, alteration or loss.
14. Paper-based identifiable information must be kept securely locked away when not in use. The minimum requirement is that, outside normal working hours, the information must be stored in locked drawers or cabinets.
15. Particular care must be taken regarding the print out and photocopying of paper-based information. Users must stand by printers and photocopiers while this material is being printed or copied.
16. Information users must follow normal practice for the use of IT systems (see the IT Security Manual) to ensure the security and privacy of in-confidence information stored on computer systems.
17. Identifiable information must not be copied to or held on workstation hard disks.
18. Wherever possible, identifiable information and associated attribute information should each be stored separately in databases to minimise any risk from unauthorised access.
19. Identifiable information must not be copied or removed from Institute premises without specific approval from the relevant Data Custodian.
20. Normally, data holdings used in support of the Institute's Work Program must be retained for a specified period in order to allow later verification of the research, and in accordance with undertakings given to data providers.
21. Decisions regarding retention of databases lies with Data Custodians, and must be taken in accordance with the Institute's *Guidelines for custody of AIHW data*.
22. The Institute will maintain a physical security system, which provides reasonable and properly enforced measures to protect both staff and its repositories of personal information.

Information transmission

23. If identifiable information is sent by post, registered or certified mail or safe hand delivery must be used.
24. The electronic transmission of identifiable information must apply procedures for the certification of transmission and the encryption of information which are at least commensurate with that used for transmission by post.

Information retrieval and use within the Institute

25. Rather than treating ownership (of data) as an indivisible entitlement, it should be treated as a 'basket of rights' in relation to the information concerned, and there

should be acceptance that different parties may have different entitlements. The 'basket of rights' would include the right to do the following, for statistical purposes:

- gain access to information
 - amend the information
 - use the information
 - disclose the information
 - control who can do these things and under what conditions.
26. Data Custodians may approve use, within the Institute, of identifiable information for purposes consistent with those for which it was collected, in accordance with the Institute's *Guidelines for the custody of AIHW data*.
27. In published tables, the amount of information in small cells should be reduced to minimise the potential for identification. Aggregations of data with small cell sizes, which may enable inferences about or identification of individual entities, should not be published.

Conditions applying to data linkage projects

28. Ethics Committee approval is required for record linkage projects. Before granting such approval, the Committee must be satisfied that:
- the 'public good' benefits to be reasonably expected from them will be significant
 - 'best practice' procedures will be adopted throughout the conduct of the studies.
29. It is not necessary for the Institute to obtain the consent of information subjects for the use of their information in record linkage studies if:
- their identity is irrelevant (except to facilitate the linkage process)
 - the objective is data analysis
 - no administrative action will be taken in relation to the individuals concerned.
30. The Institute will not permit its data to be linked for client management or regulatory purposes.

Information release and disclosure outside the Institute

31. The AIHW Act allows the Institute to release or disclose identifiable health information to third parties, subject to s29 of the AIHW Act.
32. Requests for access to or release of identifiable information from a database must be in writing. Any person or organisation wishing to access an Institute database for research purposes should prepare an adequate written proposal for the study following the Institute's *Guidelines for the preparation of submissions for ethical clearance*.
33. Any requests for release or disclosure of identifiable information must be scrutinised by the appropriate Data Custodian in accordance with the Institute's *Guidelines for custody of AIHW data*.
34. If the information requested can be provided under the information provider's constraints, and its release would not contravene s29 of the Act, but the information

cannot be provided under an existing Ethics Committee approval, then an opinion must be obtained from the Committee. In this case the appropriate Data Custodian should provide the information requested with documentation necessary for submissions to the Committee.

35. The Institute should endeavour to identify potential disclosure requirements at the commencement of a project and, where appropriate, to build these into the agreements with information providers and into submissions to the Institute's Ethics Committee. Such action can be used to obtain information provider and ethical approval in advance, thereby streamlining the release process.
36. Staff should take particular care to ensure that no release, publication or public presentation or discussion of individual records or results of research could breach the requirements of this Policy. Results shown in tables with small cell values often need special attention (see paragraph 25).

The Institute in an agency role

37. Data providers, such as Registrars of Births, Deaths and Marriages in states and territories, supply data to the Institute for the Institute's purposes. The Institute reformats these data and produces national data sets. These data sets may be returned to the Registrars.
38. Should Registrars wish to furnish the national lists of births and deaths to other agencies for their own purposes, Institute staff may assist the Registrars with these tasks, acting as the Registrar's agent.
39. At all times, it must be clear that the work is being undertaken as an agent of the Registrars.

Monitoring and audits

40. The Institute's Board requires that security audits be carried out as part of the Institute's audit program.
41. Compliance and quality control will be assessed by routine data audits. Results will be reported to the Board's Audit and Finance Committee.

Breaches and sanctions

42. The Institute relies on the diligence of all staff in preventing breaches of information security.
43. If a breach is thought to have occurred it should be reported immediately to the Director through normal divisional/collaborating unit reporting channels.
44. The Director may appoint a person to investigate the circumstances of a suspected breach. If a breach is proven the Director may initiate disciplinary or legal action under the relevant legislation.
45. Details of suspected breaches will be treated as STAFF-IN-CONFIDENCE information at all times.
46. The Institute's Fraud Control Guidelines and Plan (available to staff on the Intranet) are also relevant.

AIHW Ethics Committee

(Excerpt from Guidelines for the preparation of submissions for ethical clearance document)

The AIHW Ethics Committee (appointed under s16(1) of the Australian Institute of Health and Welfare Act) may, under strict conditions, allow the release of information to researchers proposing studies judged to have scientific merit and that meet the required data confidentiality standards. The following criteria upon which the submissions will be evaluated include:

Purpose of the proposal

- The Committee will only approve use of information for research purposes. A key criterion is that the research output is to be put in the public domain. Regulatory, legal and administrative purposes are not acceptable, unless there is an overriding public good and no detriment to the information subject.

Research focus of the proposal

- The Committee will only approve research that has recognition of relevant ethical considerations, including social and cultural factors, by all involved in the conduct of the activity, and their commitment to upholding ethical standards.
- The Committee will also take into consideration a project's overall value to society and the predicted outcome of activities in relation to possible risks such as the comfort and privacy of information subjects.

Scientific validity of the proposal

- The Institute has the responsibility only to submit to the Committee proposals that it considers as scientifically valid.
- The Committee has the right to raise queries about scientific validity if it sees fit, and to refer them to the Institute.
- The submission should be signed off by the responsible Data Custodian.

Approval by the applicant's own institutional ethics committee

- All applications other than applications by the Institute before the Committee need to be approved by the applicant's own institutional ethics committee.

Organisational framework of the researcher

- Consideration will be given to whether there is an established accountability mechanism, (e.g. an institutional ethics committee), that can impose sanctions if necessary.
- The Committee may approve an agreement between the Institute and other organisations for the use of the Institute's data in classes of research projects so that the organisation can release identifiable AIHW data subject to the approval of its own Ethics Committee.

Credentials and technical competence of the researcher

- The qualifications, competence and expertise of personnel engaged in the activities will be considered.

Extent to which privacy and consent issues have been addressed

- The Committee will take into account the privacy provisions contained in *Minding our own* business which is the privacy protocol for Australian Government agencies in the Northern Territory handling personal information of Aboriginal and Torres Strait Islander peoples.
- The Committee will only approve research projects where the protection of the wellbeing and privacy of the subjects, and also of persons who collect, communicate, work with or have access to the information about them is assured.
- The Committee will be mindful of legal requirements, in particular the pertinent sections of the AIHW Act, and the *Privacy Act 1988* and the current *Guidelines for the protection of privacy in the conduct of medical research* as approved by the Privacy Commissioner.
- If further information is needed from information subjects, the Committee will seek their consent to an approach by the principal investigator.
- The Committee will not require informed consent where this is not necessary.

Adequacy of researcher's data security protection mechanisms

- The Committee must be assured that the maintenance of adequate degrees of confidentiality of information about identifiable persons (and, in certain cases, of groups of persons) is enforced.
- The Committee must also be assured of the physical security of data, covering the security access system to the building, storage rules for hard copy of data, computer security procedures and the disposal of data when no longer required.

Commitment to, and method of publishing results of research

- The Committee considers it important that the results of research are disseminated to the appropriate groups, communities and individuals. Therefore, the dissemination plan will be carefully considered in each submission. The Committee requests that a copy of the published work be made available to it and may also request that a summary of the research be made available on the AIHW website.
- The Committee does not give approval to projects where there is no intention to publish results. The 'Undertaking' signed by researchers, allowing for legal disclosure of information by the AIHW, specifies that the AIHW must be acknowledged as the source of data in any publication, and that a copy of any published material must be supplied to the AIHW.

Transfer of data out of Australia

- This will not normally be approved, but can be on a case-by-case basis where the overseas data holder and their organisations are of undoubted quality.

For more information on the AIHW Ethics Committee, refer to:

<www.aihw.gov.au/committees/ethics/index.cfm>.

Data Custodians at the AIHW

(Taken from *Guidelines for custody of AIHW data*)

Whilst all staff at the AIHW share responsibility for maintaining the security of AIHW data, data custodians have overall responsibility for the security of specified data collections. Once the data custodian delegation instrument is signed, the custodians assume the responsibility of the director in regard to the data in their custody. The relevant unit head is given the responsibility of data custodian. The custodianship is vested in a position rather than a named person.

Data custodians ensure that data holdings within their unit are properly documented, maintained and controlled, and ensure an appropriate level of consultation with other units regarding the data resources within the Institute. This includes responsibility for:

- recognising and abiding by all limitations placed on data
- maintaining up-to-date documentation, including data catalogue entries, of the content and format of the data holding and of the constraints applying to its use and/or release
- authorising and recording users of the data within the AIHW, and providing advice and assistance to new users on any constraints which apply
- assisting potential users wishing to access identifiable data in the preparation of their proposals for submission to the Health and Welfare Ethics Committees (*see Guidelines for the preparation of submissions for ethical clearance*)
- following Ethics Committee approval, arranging for the secure transfer of data to recipients in accordance with constraints imposed regarding the use of data. Working with the Ethics Committee Secretariat with their monitoring processes
- ensuring, when required, the appropriate destruction (or return to the original information provider) of the data holding.

Appendix 9: National Aboriginal and Torres Strait Islander Health Data Principles

All organisations with significant responsibilities in Aboriginal and Torres Strait Islander health data should encourage the application of these principles and establish meaningful partnerships with Aboriginal and Torres Strait Islander Australians.

Mindful of Aboriginal and Torres Strait Islander peoples' understanding of ownership, including ownership of personal and community information, and any relevant agreements with various parties, including governments, these principles set out a culturally respectful foundation for the collection, storage and use of their health and health-related information.

Principle 1: The management of health-related information about Aboriginal and Torres Strait Islander persons must be ethical, meaningful, and support improved health and better planning and delivery of services.

Principle 2: The analysis, interpretation and reporting of Aboriginal and Torres Strait Islander health and health-related information should, where feasible, occur collaboratively with Aboriginal and Torres Strait Islander peoples.

Principle 3: The privacy and confidentiality of Aboriginal and Torres Strait Islander people will be protected in accordance with any relevant legislation and privacy codes.

Principle 4: Aboriginal and Torres Strait Islander peoples should be informed at the point of service that attendance/participation may contribute to administrative or mandatory data collections and that such data will be used to improve the quality, coverage and scope of health services and protect the public health. Data collection agencies and data custodians should have a policy that provides this information to people at the point of data collection and appropriate governance arrangements to review its implementation.

Principle 5: In general, free and informed consent should be obtained from Aboriginal and Torres Strait Islander peoples prior to any information management activities, except where mandatory reporting or legislative provisions apply. Otherwise, where there is a proposal to initiate an information management activity without the consent of Aboriginal and Torres Strait Islander peoples, it must be clearly demonstrated both that the activity will advance the interests of Aboriginal and Torres Strait Islander peoples and that it is impractical and infeasible to obtain further specific consent.

Principle 6: The value of the resources required to collect and use information should be assessed in the light of the potential benefit to Aboriginal and Torres Strait Islander peoples' health.

Principle 7: The collection, collation and utilisation of information should be conducted in the most efficient and effective manner possible and minimise the burden on Aboriginal and Torres Strait Islander people.

Principle 8: Systematic and ethical processes for sharing information should be encouraged to assist in policy, planning, management and delivery of health services to Aboriginal and Torres Strait Islander people.

Principle 9: Aboriginal and Torres Strait Islander communities should be provided with feedback about the results and possible implications arising from data analysis.

Principle 10: Information collections require regular review and refinement in order to ensure ongoing relevance to service delivery and the potential for improved health outcomes.

Principle 11: Cultural respect and security of data practices must be promoted across all collections. Aboriginal and Torres Strait Islander individuals and communities should be afforded the same ethical and legal standards of protection as are enjoyed by other Australians. This may require the development and application of methods that are different to or in addition to those in mainstream data collections.

Endorsed by AHMAC October 2006.

Source: <www.aihw.gov.au/committees/nagatsihid/nagatsihid_data_principles.doc>

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