



**Australian Government**

**Australian Institute of  
Health and Welfare**

# **Alcohol and Other Drug Treatment Services National Minimum Data Set**

**Data Collection Manual 2021–22**

**May 2021**

Version 1.0

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Australian Institute of Health and Welfare  
Canberra

Cat. no. DAT 12

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**Suggested citation**

Australian Institute of Health and Welfare 2021. Alcohol and Other Drug Treatment Services National Minimum Data Set: Data Collection Manual 2021–22. Version 1.0. Cat. no. DAT 12. Canberra: AIHW.

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# 1 Introduction

This manual contains the details for the provision of data for the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS). It includes specifications for the data set, information on data quality and validation checks, and data privacy and confidentiality guidelines.

## 1.1 AIHW Project Team

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## 1.2 Supporting documentation

The AODTS NMDS specifications are available from the AIHW Metadata Online Registry (METeOR) at <https://meteor.aihw.gov.au/content/index.phtml/itemId/733903>.

For information on how to use the AIHW's online validation tool, contact the AIHW Project Team.

## 1.3 Scope

### Agencies

#### Included

- All publicly funded (at state, territory or Australian Government level) government and non-government agencies that provide one or more specialist alcohol and other drug treatment services, whether residential or non-residential.
- Acute care hospitals or psychiatric hospitals **if** they have specialist alcohol and other drug units that provide treatment to non-admitted patients (for example, outpatient services).
- Aboriginal or mental health services **if** they provide specialist alcohol and other drug treatment.

#### Excluded

- Agencies whose sole function is to prescribe or provide dosing for opioid pharmacotherapy. (These agencies are excluded because of the complexity of the service delivery structure and the range of agencies and practitioners in private and general practice settings.)
- Agencies that primarily provide accommodation or overnight stays (for example, half-way houses and sobering-up shelters).
- Agencies that provide services primarily concerned with health promotion (for example, needle and syringe programs).
- Treatment services based in prisons or other correctional institutions.

- Alcohol and other 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.

Indigenous substance use services and Aboriginal primary health care services that are funded by the Australian Government are in scope for this collection but most are not included. The AIHW is working with the Department of Health (Health) to include these services in the collection.

## Clients

### Included

- Clients who are assessed and/or accepted for treatment for their own or another person's alcohol or other drug problem from an in-scope agency **and** are aged 10 or older at the start of the treatment episode.

### Excluded

- Clients who are in an opioid pharmacotherapy program and not receiving any other form of treatment that falls within the scope of the collection.
- People who seek advice or information but have not been formally assessed or accepted for treatment where an assessment is required for the type of treatment.
- Clients aged less than 10 at the start of the treatment episode.

Clients of Indigenous substance use services and Aboriginal primary health care services that are funded by the Australian Government are in scope for this collection but most are not included. The AIHW is working with Health to include these clients in the collection.

## Treatment episodes

The AODTS NMDS captures information on 'closed treatment episodes'. This refers to a period of contact between a client and a treatment provider where there are defined start (commencement) and end (cessation) dates. A treatment episode is closed when treatment is completed, when there has been no further contact between the client and treatment provider for 3 months, where there is a change in the main treatment type, principal drug of concern or delivery setting, or where treatment is ceased.

### Included

- All treatment episodes for eligible clients, agencies and treatment types that were closed in 2021–22.

### Excluded

- Treatment episodes that have not been closed as at 30 June 2021.
- Treatment episodes for clients who are in an opioid pharmacotherapy program and not receiving any other form of treatment that falls within the scope of the collection.
- Needle and syringe exchange activities.

## 1.4 Roles and responsibilities

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. 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.

## **AODTS NMDS Working Group**

The AODTS NMDS Working Group is responsible for developing and implementing the AODTS NMDS. Members include representatives from each state and territory, the Australian Institute of Health and Welfare (AIHW), National Drug and Alcohol Research Centre (NDARC) (on behalf of national drug research Institutes/ organisations) and the Department of Health (Health). The AODTS NMDS Working Group works closely with expert health information bodies such as the National Health Information Standards and Statistics Committee (NHISSC). Representatives of other Departments—for example, the Australian Bureau of Statistics (ABS)—or relevant AOD organisations will be invited to Working Group meetings on an 'as needs' basis.

The majority of working group members play a role in coordinating the collation of data from service providers within their jurisdiction, then forwarding these data to the AIHW for the national data set. The working group also provides input into the national annual report that is produced by the AIHW. Working group members are responsible for ensuring data is provided to the AIHW as per the agreed schedule and arranging sign-off on their jurisdiction's data. The approved data is then collated into a national data set and used for analysis and national reporting on AOD treatment services. The AIHW provides the secretariat for the AODTS NMDS Working Group. The roles of chair and deputy chair are rotated among working group members.

## **Government health authorities**

The AODTS NMDS is a set of standard data elements that the Australian Government and state and territory health authorities have agreed to collect. All health authorities have custodianship of their own data collections under the National Health Information Agreement (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 *Address—statistical area, level 2 (SA2) code* (ASGS 2016)
- establish a coding system to be used for the *person identifier*, whether it be unique to the agency or be implemented in cooperation with other agencies in the region, the district, or across the state or territory
- establish a suitable process for collecting client-level information (for example, use of data entry software) and a process for agencies to deliver the data to the Australian Government, or 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 and 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 Australian Privacy Principles (APPs). 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 in their state or territory.

Health authorities are responsible for ensuring that:

- treatment agencies are informed that the data they supply to the jurisdiction (health authority) will be passed on to the AIHW for inclusion in the AODTS NMDS
- relevant state or 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.

## **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 APPs. In particular, they are responsible for maintaining the confidentiality of their clients and need to ensure that their procedures comply with any existing legislation in their state or territory.

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.

## **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 AIHW is also 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.

All AIHW staff with access to AODTS NMDS data have signed a confidentiality undertaking, which is consistent with the *Australian Institute of Health and Welfare 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 (for example, for 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 they meet the AIHW's confidentiality policy and copies of the requested tables are sent to all jurisdictions for their information.
- Where tables that require a national breakdown by state or territory, or where state- or territory-only tables are requested, the applicant must make a formal request for access to the AODTS NMDS. The output of this request is then forwarded to all contributing jurisdictions for consideration. If approved by all jurisdictions, the applicant can access the data.

## **Related organisations and Committees**

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).

On 23 October 2020 National Cabinet accepted the Review's recommendations that include reducing the number of ministerial forums and ensuring that those that remain are more agile and responsive, with direct responsibility for decision-making resting with Ministers.

Consistent with the direction set by National Cabinet, ministers' meetings will not report to National Cabinet (or the National Federation Reform Council) unless tasked. Ministerial Drug and Alcohol Forum was disbanded and now meets as needed to consider one-off issues.

Following a review of the committee structure and functions under the COAG Health Council and AHMAC in 2017, the committees and reporting lines have been restructured. AHMAC now has four principal committees that report directly to it—the Australian Health Protection Principal Committee (AHPPC), the Health Services Principal Committee (HSPSC), the Clinical Principal Committee (CPC) and the Mental Health Principal Committee (MHPC).

The National Health Data and Information Standards Committee (NHDISC) is responsible for the development of health standards (metadata) and collections. These arrangements will replace the former National Health Information and Performance Principal Committee (NHIPPC) and the former National Health Information Standards and Statistics Committee (NHISSC) which together had responsibility for these functions. Other national working groups that provide the mechanism for state and territory endorsement of data standards and collections include the AODTS NMDS Working Group. Any revisions to the data elements or changes to the AODTS NMDS must be endorsed by NHDISC.

Governance arrangements for the oversight, development, implementation and monitoring of Australia's national drug policy frameworks was reformed by COAG in late 2015 and



expanded to the new National Drug Strategy Committee (NDSC) formed in 2017 which replaced the Intergovernmental Committee on Drugs (IGCD). These arrangements are outlined in the National Drug Strategy 2017–26. The National Drug Strategy is available from the Australian Government Department of Health’s Ministerial Drug and Alcohol forum web page at <http://www.health.gov.au/internet/main/publishing.nsf/Content/ministerial-drug-alcohol-forum>.

All data elements and supporting items that form the AODTS NMDS are included in version 16 of the *National health data dictionary* (NHDD) available through the AIHW’s online metadata repository METeOR and AIHW at <http://www.aihw.gov.au/publication-detail/?id=10737422826>.

## 1.5 AODTS NMDS files

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 Department of Health.

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 authorities, who combine them with establishment-level items and send them to the AIHW for collation.

### Data items collected in the AODTS NMDS

Establishment file	Episode file
Establishment identifier	Person identifier
Australian state/territory identifier	Sex
Sector	Date of birth
Region identifier	Country of birth
Organisation identifier	Indigenous status
Statistical area level 2 (SA2)	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 status
	Principal drug of concern
	Other drug of concern (first)
	Other drug of concern (second)
	Other drug of concern (third)
	Other drug of concern (fourth)
	Other drug of concern (fifth)
	Main treatment type
	Other treatment type (first)

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Other treatment type (second)  
Other treatment type (third)  
Other treatment type (fourth)  
Date accuracy indicator  
SLK-581  
Letters of family name  
Letter of given name  
Date of birth  
Sex  
Postcode of client  
Usual accommodation type prior to  
service episode

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## 1.6 Reference files

### Australia Post postcodes

Australia Post maintains the list of all valid Australian postcodes.

<http://auspost.com.au/>

### Australian Standard Classification of Drugs of Concern

The current version is the Australian Standard Classification of Drugs of Concern, 2011. This is available from the ABS website.

<http://www.abs.gov.au/ausstats/abs@.nsf/mf/1248.0>

### Australian Standard Classification of Languages (ASCL)

The current version is the Australian Standard Classification of Languages (ASCL), 2016. This is available from the ABS website.

<http://www.abs.gov.au/ausstats/abs@.nsf/a866861f12e106e0ca256a38002791fa/4293e19b52ac5377ca25703e00045c2e!OpenDocument>

### Australian Statistical Geography Standard (ASGS)

In 2011, the Australian Bureau of Statistics' Australian Statistical Geography Standard (ASGS) replaced the Australian Standard Geographical Classification (ASGC) as the preferred classification for statistical geography. A new version of the ASGS was released by the ABS in 2016.

Information on the ABS' Statistical Geography, including the ASGS and its relationship to the ASGC, is available from the ABS website. <http://www.abs.gov.au/geography>

### Standard Australian Classification of Countries (SACC)

The current version is the Standard Classification of Countries (SACC), 2016. This is available from the ABS website. <http://www.abs.gov.au/ausstats/abs@.nsf/mf/1269.0>

## 1.7 AODTS NMDS file specifications

### File specification

Each data supplier should submit the following files in CSV format via the Validata tool or, in the case of agencies funded through the Drug and Alcohol Program (DAP) or solely-funded by Primary Health Networks (PHN's), send the files to the AIHW, with variables in the following order:

- establishment file (must contain 2 variables) (DAP's **do not** require an establishment file)
- episode file (must contain 30 variables)

Please ensure column headers are included in both files. The following tables can be used as a guide for data element requirements; refer to Chapter 3 'AODTS NMDS data elements' for detailed information.

**Table 1: Establishment file—Order of data items**

Item no.	Data item	Metadata definition	Cell content	'Not stated' response
1	<b>Establishment identifier (Organisation ID)</b>	The identifier for the establishment in which the episode or event occurred. Each separately administered health care establishment to have a unique identifier at the national level.	Format 'NNX[X]NNNNN'  Jurisdiction specified range, made up from the following four data items: <b>State/territory identifier</b> <b>Sector</b> <b>Region identifier</b> <b>Organisation identifier</b>	Not permitted
	– <b>State/territory identifier</b>	An identifier of the Australian state or territory in which an establishment is located, as represented by a code.	Format 'N'  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
	– <b>Sector</b>	This data item provides information about the location of treatment agencies in the public (government) or private (non-government) sectors.	Format 'N'  1 Public 2 Private	Not permitted
	– <b>Region identifier</b>	An alphanumeric identifier for the location of health services in a defined geographic or administrative area. Regions may also be known as Areas or Districts.	Format 'X[X]'  Valid region identifier. Any valid region identifier created by a jurisdiction is permitted.	Not permitted
	– <b>Organisation identifier</b>	An identifier for an organisation, unique within the state or territory.	Format 'NNNNN'  Valid organisation identifier.	Not permitted
2	<b>Statistical area Level 2 (SA2)</b>	Geographical location of a site from which a health/community service is delivered, as represented by a code.	Format 'NNNNNNNNN'  9-digit valid code as defined in the <b>Australian Statistical Geography Standard (ASGS) (ABS cat. no 1270.0, 2016 version)</b> .  Indicates the statistical local area of the service delivery outlet within a reporting state or territory.	Not permitted

**Table 2: Episode File—Order of data items**

Item no.	Data item	Metadata definition	Cell content	'Not stated' response
1	<b>Establishment identifier</b>	The identifier for the establishment in which the episode or event occurred. Each separately administered health care establishment should have a unique identifier at the national level.	Format 'NNX[X]NNNNN'  Jurisdiction specified range (as in previous table).	Not permitted
2	<b>Person identifier</b>	Person identifier is unique within an establishment or agency. Individual agencies, establishments or collection authorities may use their own alphabetic, numeric or alphanumeric coding systems.	Format 'Unspecified'  Agency specified range.	Not permitted
3	<b>Sex*</b>	The biological distinction between male and female, as represented by a code.  *New code ' <b>Other</b> ' 3: Persons who have mixed or non-binary biological characteristics (if known), or a non-binary sex assigned at birth. The label 'Other' is used because a more descriptive term has not been widely agreed within the general community.	Format 'X'  1 Male 2 Female 3 Other* 9 Not stated  *3 (Other) is now an accepted code in the AODTS collection.	9
4	<b>Date of birth</b>	The date of birth of the person. The day, month and year when the person seeking drug treatment was born.	Format 'ddmmyyy' (date, month, year)	01011900 When <i>Date of birth</i> is not stated (01011900), <i>Date accuracy indicator</i> is 'UUU'
5	<b>Country of birth</b>	The country in which the person was born, as represented by a code.	Format 'NNNN' A numeric 4-digit ABS code from the <b>ABS Standard Australian Classification of Countries (SACC) (ABS cat. no. 1269.0, 2016 version)</b> .	0000 inadequately described 0003 missing
6	<b>Indigenous status</b>	Whether a person identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code.	Format 'N'  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
7	<b>Preferred language</b>	The language (including sign language) most preferred by the person for communication, as represented by a code.	Format 'NNNN'  A numeric 4-digit ABS code from the <b>ABS Australian Standard Classification of Languages (ASCL) (ABS cat. no. 1267.0, 2016 version)</b> .	0002

8	<b>Client type— alcohol and other drug treatment services</b>	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.  Where <i>Client type</i> is coded 2, do not collect (that is, leave blank) <i>Principal drug of concern</i> , <i>Other drug of concern</i> , <i>Injecting drug use status</i> and <i>Method of use</i> .	Format 'N'  1 Own alcohol or other drug use 2 Other's alcohol or other drug use	Not permitted
9	<b>Source of referral to alcohol and other drug treatment service</b>	The source from which the person was transferred or referred to the alcohol and other drug treatment service, as represented by a code.	Format 'NN'  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 99 Not stated /inadequately described	99
10	<b>Date of commencement of treatment episode for alcohol and other drugs</b>	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 3 months.	Format 'ddmmyyy' (date, month, year)	Not permitted
11	<b>Date of cessation of treatment episode for alcohol and other drugs</b>	The date on which a treatment episode for alcohol and other drugs ceases.	Format 'ddmmyyy' (date, month, year)	Not permitted
12	<b>Reason for cessation of treatment episode for alcohol and other drugs</b>	The reason for the client ceasing to receive a treatment episode from an alcohol and other drug treatment service, as represented by a code.	Format 'N[N]'  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	99

			<b>13</b> Died <b>98</b> Other <b>99</b> Not stated	
13	<b>Treatment delivery setting for alcohol and other drugs</b>	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.	Format 'N'  <b>1</b> Non-residential treatment facility <b>2</b> Residential treatment facility <b>3</b> Home <b>4</b> Outreach setting <b>8</b> Other	Not permitted
14	<b>Method of use for principal drug of concern</b>	The client's self-reported usual method of administering the principal drug of concern, as represented by a code.  Where <i>Client type</i> is coded 2 do not collect (leave blank) <i>Principal drug of concern, Other drug of concern, Injecting drug use status and Method of use.</i>	Format 'N'  <b>1</b> Ingests <b>2</b> Smokes <b>3</b> Injects <b>4</b> Sniffs (powder) <b>5</b> Inhales (vapour) <b>6</b> Other <b>9</b> Not stated	9
15	<b>Injecting drug use status</b>	The client's use of injection as a method of administering drugs, as represented by a code.  Where <i>Client type</i> is coded 2 do not collect (leave blank) <i>Principal drug of concern, Other drug of concern, Injecting drug use status and Method of use.</i>	Format 'N'  <b>1</b> Last injected three months ago or less. <b>2</b> Last injected more than 3 months ago but less than or equal to 12 months ago. <b>3</b> Last injected more than 12 months ago. <b>4</b> Never injected. <b>9</b> Not stated.	9
16	<b>Principal drug of concern</b>	The main drug, as stated by the client that has led a person to seek treatment from the service, as represented by a code.  Where <i>Client type</i> is coded 2 do not collect (leave blank) <i>Principal drug of concern, Other drug of concern, Injecting drug use status and Method of use.</i>	Format 'NNNN'  A numeric 4-digit ABS code from the <b>ABS Australian Standard Classification of Drugs of Concern (ASCDC) (ABS cat. no. 1248.0, 2011 version).</b>	Not permitted Leave blank for client type 2. <b>0000</b> can be used <b>ONLY</b> where <i>Source of referral</i> = <b>09</b> police diversion <b>10</b> Court diversion <b>98</b> Other <b>99</b> (not stated/ inadequately described).
17	<b>Other drugs of concern (1st)</b>	A drug apart from the principal drug of concern which the client states as being a concern, as represented by a code.	Format 'NNNN'  A numeric 4-digit ABS code from the <b>ABS Australian Standard Classification of Drugs of Concern (ASCDC) (ABS cat. no. 1248.0, 2011 version).</b>	Blank
18	<b>Other drugs of concern (2nd)</b>			
19	<b>Other drugs of concern (3rd)</b>			
20	<b>Other drugs of concern (4th)</b>			
21	<b>Other drugs of concern (5th)</b>			

22	<b>Main treatment type for alcohol and other drugs</b>	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.	Format ' <b>N[N]</b> '  1 Withdrawal management (detoxification) 2 Counselling 3 Rehabilitation 4 Pharmacotherapy 5 Support and case management 6 Information and education 7 Assessment only 88 Other	Not permitted
23	<b>Other treatment type for alcohol and other drugs (1st)</b>	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.	Format ' <b>N[N]</b> '  1 Withdrawal management (detoxification) 2 Counselling 3 Rehabilitation 4 Pharmacotherapy 5 Support and case management* 6 Information and education* 88 Other*  *Note the coding of Other has changed from 5 (Other) to *88 (Other)  Note the inclusion of *5 (Support and case management) and *6 (Information and education) as accepted code in the AODTS collection	Blank
24	<b>Other treatment type for alcohol and other drugs (2nd)</b>			
25	<b>Other treatment type for alcohol and other drugs (3rd)</b>			
26	<b>Other treatment type for alcohol and other drugs (4th)</b>			
27	<b>Date accuracy indicator</b>	Date accuracy indicator indicates the accuracy of a client's date of birth, as supplied in their AODTS data record.  Date accuracy indicator is a 3-character code that indicates the extent to which the recorded <i>Date of birth</i> is accurate, estimated or unknown.  Any combination of the values A, E, U representing the corresponding level of accuracy of each date component of the reported date of birth.	<b>Preferred</b> The following codes accurately reflect the standard collection of <i>Date of birth</i> in the AODTS NMDS. <b>Value    Meaning</b> AAA    Day, month and year are accurate UUE    Day and month are unknown, year is estimated UUU    Day, month and year are unknown <b>Accepted</b> The following codes are valid and will be accepted. However they should be exceptionally uncommon, if date of birth is collected according to the AODTS NMDS specifications <b>Value    Meaning</b> AAE    Day and month are accurate, year is estimated AAU    Day and month are accurate, year is unknown AEE    Day is accurate, month and year are estimated AEU    Day is accurate, month is estimated, year is unknown AUU    Day is accurate, month and year are unknown AUA    Day is accurate, month is unknown, year is accurate	Not permitted  When <i>Date of birth</i> is not stated (01011900), <i>Date accuracy indicator</i> is 'UUU'



			<p>AUE Day is accurate, month is unknown, year is estimated</p> <p>AEA Day is accurate, month is estimated, year is accurate</p> <p>EAA Day is estimated, month and year are accurate</p> <p>EAE Day is estimated, month is accurate, year is estimated</p> <p>EAU Day is estimated, month is accurate, year is unknown</p> <p>EEA Day and month are estimated, year is accurate</p> <p>EEE Day, month and year are estimated</p> <p>EEU Day and month are estimated, year is unknown</p> <p>EUA Day is estimated, month is unknown, year is accurate</p> <p>EUE Day is estimated, month is unknown, year is estimated</p> <p>EUU Day is estimated, month and year are unknown</p> <p>UAA Day is unknown, month and year are accurate</p> <p>UAE Day is unknown, month is accurate, year is estimated</p> <p>UAU Day is unknown, month is accurate, year is unknown</p> <p>UEA Day is unknown, month is estimated, year is accurate</p> <p>UEE Day is unknown, month and year are estimated</p> <p>UEU Day is unknown, month is estimated, year is unknown</p> <p>UUA Day and month are unknown, year is accurate</p>	
28	SLK-581	A key that enables two or more records belonging to the same individual to be brought together. It is represented by a code consisting of the second, third and fifth characters of a person's family name, the second and third letters of the person's given name, the day, month and year when the person was born and the sex of the person, concatenated in that order.	<p>Format 'XXXXXDDMMYYYYX'</p> <p>The default value is <b>99999010119009</b>. This cannot be used if <i>Date of birth</i> (Item 4) is not equal to '01011900' or <i>Sex</i> (Item 3) is not equal to 9.</p>	99999010119009 Default for missing SLK values
	SLK Letters of the family name	Second, third and fifth letters of the client's family name.	Format '[XXX]XXDDMMYYYYX'	999
	SLK Letters of given name	Second and third letters of the client's given name	Format 'XXX[XX]DDMMYYYYX'	99
	SLK Date of birth	The date of birth of the person. The day, month and year when the person seeking drug treatment was born.	<p>Format 'XXXXX[DDMMYYYY]X'</p> <p>(date, month, year)</p> <p>This must match with <i>Date of birth</i> (Item 4).</p>	01011900

	<b>Sex*</b>	The biological distinction between male and female, as represented by a code.  *New code ' <b>Other</b> ' 3: Persons who have mixed or non-binary biological characteristics (if known), or a non-binary sex assigned at birth. The label 'Other' is used because a more descriptive term has not been widely agreed within the general community.	Format 'XXXXDDMMYY[X]'  1 Male 2 Female 3 Other* 9 Not stated  This must match with Sex (Item 3). *Note: 3 (Other) is now an accepted code in the AODTS collection.	9
29	<b>Postcode—of client</b>	The postcode of the client's last known home address at the start of the treatment episode.	Format 'NNNN'  Refer to the Australian postcodes for a full list of postcodes visit the Australia Post website: < <a href="http://auspost.com.au/">http://auspost.com.au/</a> >  Supplementary codes <b>0055</b> Overseas <b>0088</b> Other <b>0097</b> No fixed address (or Not applicable) <b>0098</b> Unknown <b>0099</b> Not stated/inadequately described	Permitted 99
30	<b>Accommodation type – usual prior to episode of service</b>	The usual type of physical accommodation the person lived in prior to the start of the service episode, as represented by a code.	Format 'NN{.N}'  11 Private residence 12 Boarding house/private hotel 13 Informal housing 14 None/homeless/public place 21 Domestic-scale supported living facility 22 Supported accommodation facility 23 Short term crisis, emergency or transitional accommodation facility 31.1 Acute hospital 31.2 Psychiatric hospital 31.3 Rehabilitation hospital 31.8 Other hospital 32.1 Residential aged care facility 33.1 Mental health 33.2 Alcohol and other drugs 33.8 Other specialised community residential 34 Prison/remand centre/youth training centre 88 Other 98 Unknown 99 Not stated/inadequately described	Permitted 99

## Data transfer information for Drug and Alcohol Program (DAP also formerly NGOTGP agencies)/Primary Health Network funded agencies reporting directly to AIHW

### File format

When DAP/PHN funded agencies are satisfied that their data are clean, data should be forwarded to the AIHW contact in **Comma Separated Values (CSV) format**. DAPs do not

need to submit an Establishment file. As directed above, the AIHW only require the DAP Episode file variables.

## Accompanying information

When transferring data to the AIHW, each jurisdiction should include a completed **data submission information document**.

This document contains a description of the file, identifies any variables that do not conform to the standard specifications 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.

## 1.8 Timeline

**Table 3: National timetable for transfer, validation and reporting of 2021–22 data**

Year 2021	Who	What
September	AIHW	Formal request/reminder to jurisdictions and DAPs for the collection of 2021–22 data from agencies
	AIHW/ Jurisdictions/DAP/PHN funded agencies	Validata available for jurisdictions to process 2021–22 data from agencies
November	Jurisdictions	Finalise clean 2021–22 data from agencies. Jurisdictions prepare to submit data to AIHW for approval
December	Jurisdictions/DAP/PHN funded agencies	Jurisdictions/DAP/PHN funded agencies provide final sign-off for their data submissions by 31 December
Year 2022		
January	AIHW	AIHW compile national dataset for the 2021–22 AODTS NMDS
	AIHW	Begin analysis for the <i>2021–22 annual report</i>
March	AIHW/Jurisdictions	Draft <i>2023–24 specifications</i> discussed at March Working Group meeting
April	AIHW/Jurisdictions	Draft <i>2021–22 annual report</i> circulated to jurisdictions for comment
May	AIHW	2023–24 specifications released online.
July	AIHW	Release of <i>2021–22 annual report</i>
	AIHW/Jurisdictions	Draft <i>2021–22 bulletin</i> circulated to jurisdictions for comment
September	AIHW	Release of <i>2021–22 bulletin</i>

## **2 Changes for the 2021–22 collection**

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

There were no changes to the collection in the 2021–22 collection period.

## 3 AODTS NMDS data elements

### 3.1 Key concepts

Treatment episodes are the foundation of the AODTS NMDS collection. The following provides information allowing data collectors to answer the questions: 'What is a treatment episode?' and 'How do I know when a treatment episode starts and finishes?' The broad definitions are listed for the concepts of an episode, treatment commencement, treatment cessation and cessation reason.

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

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##### Definition

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 3 months.

##### Guide for use

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.

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.

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.

##### 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.

##### Treatment commencement date

The date on which a treatment episode for alcohol and other drugs commences.

##### Treatment cessation date

The date on which a treatment episode for alcohol and other drugs ceases.

##### Cessation reason

The reason for the client ceasing to receive a treatment episode from an alcohol and other drug treatment service.

## 3.2 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 *Statistical area level 2 (SA2)*. *Establishment identifier* is made up of 4 other elements (see Table 4.1). These are detailed directly after *Establishment identifier* in this section.

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### Establishment identifier

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#### Description

*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 and to ensure the same unique establishment identifier is used for that agency over time. The stability of the establishment identifier over time is particularly important for deriving client identifiers using the SLK-581.

#### Format

String (9)

#### Values

The *Establishment identifier* is a combination of four other data elements:

- *Australian state/territory identifier*—which gives the first 'N'
- *Sector*—which gives the second 'N'
- *Region identifier*—which gives 'X[X]'
- *Organisation identifier*—which gives the final 'NNNNN'.

See the individual sections for details on each of these components.

**Table 4.1:** An example establishment identifier is '32AB12346'

3	2	AB	12346
Queensland	Public sector	Queensland area health services region	<i>Organisation identifier</i>

#### Guide for use

*Establishment identifier* should be able to distinguish between all health care establishments nationally. When constructed from its 4 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.

Each individual outlet must have a unique establishment identifier.

#### Data checks

##### Logic checks

- The establishment identifier (establishment file) must appear in the episode file.
- The establishment identifier (episode file) must appear in the establishment file.

## Duplicates

- Each establishment identifier (establishment file) must appear only once (each record in the establishment file must have a unique establishment identifier)

## Null values

- Null values are not permitted for this data item.

### **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.

- All establishment IDs in the 'establishment file' should match with one establishment ID in the 'client file'.
- There should be the same number of establishments IDs in both the 'establishment file' and 'client file' (allowing for repetition of establishment IDs in the 'client file').

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## Australian State/Territory identifier (establishment)

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This item forms part of the data element *Establishment identifier*.

### Description

An identifier of the Australian state or territory in which an establishment is located, as represented by a code. This data item is one of four items which make up the overall data element *Establishment identifier*.

### Format

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

### Values

- 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)

### Guide for use

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.

### Data checks

#### Null values

- Null values are not permitted for this data item.

### Examples of how 'state/territory identifier' is used

- Alcohol was the most frequently reported principal drug of concern in all states and territories. The Northern Territory had the largest proportion of alcohol-related treatment episodes (48%) and Tasmania the smallest (39%).
- The number of agencies per state and territory ranged from 15 in the Australian Capital Territory to 318 in New South Wales.



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## Sector

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This item forms part of the data element *Establishment identifier*.

### Description

A section of the health care industry with which a health care establishment can identify, as represented by a code. This data item is one of four items which make up the overall data element *Establishment identifier*.

### Format

*Sector* is the second 'N' in *Establishment identifier* (NNA[A]NNNNN).

### Values

- |   |         |
|---|---------|
| 1 | Public  |
| 2 | Private |

### Guide for use

This data item 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).

#### CODE 1      Public

Use where the establishment:

- 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, and
- is financed mainly from taxation.

#### CODE 2      Private

Use where the establishment:

- is not controlled by government
- 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.

### Data checks

#### Range check

- The sector component of the *Establishment identifier* must have a value of 1 or 2.

#### Null values

- Null values are not permitted for this data item.

#### Example of how 'sector' is used

- In New South Wales, the majority of treatment agencies were in the government sector (73%). In the remaining states and territories, most treatment agencies were in the non-government sector, ranging from 57% in South Australia to 100% in Victoria.

---

## Region identifier

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This item forms part of the data element *Establishment identifier*.

### Description

*Region identifier* distinguishes the area health services region in which each alcohol and other drug treatment agency is located in the state or territory. This data item is one of four items which make up the overall data element *Establishment identifier*.

### Format

*Region identifier* makes up the 'XX' in *Establishment identifier* (NNX[X]NNNNN).

### Guide for use

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.

### Values

Domain values are specified by individual states and territories as the health authority allocates the relevant region identifier.

The field size for this data element will be one alpha character (A) between A and Z if there are fewer than 26 regions in the state or territory.

If there are more than 26 regions in the state or territory the field size will be two alpha characters (XX). For example, the twenty-seventh region would be 'AA' and twenty-eighth region 'AB'.

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.

### Data checks

#### Null values

- Missing values are not permitted for this data item.

### Example of how 'region identifier is used

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

---

## Organisation identifier

---

This item forms part of the data element *Establishment identifier*.

### Description

An identifier for an establishment, unique within the state or territory. This data item is one of four items which make up the overall data element *Establishment identifier*.

### Format

*Organisation identifier* is the last 'NNNNN' of *Establishment identifier* (NNX[X]NNNNN).

### Values

*Organisation identifier* **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 organisation identifier to each agency and to ensure that the **same organisation identifier is used for that agency over time**. Some agencies have separate administrative offices and service delivery outlets, or more than one service delivery outlet. The AODTS NMDS Working Group has agreed that a code will be included in *Organisation identifier* to identify individual service delivery outlets where there is more than one for an agency.

### Guide for use

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

***Organisation identifier 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 alcohol and other drugs staff to provide counselling to people in the local area. DrugHelp also has two smaller sites in the Adelaide suburbs to provide services to people in those areas. Appropriate organisation identifiers for DrugHelp would be:

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

The *Organisation identifier must be unique over time*. For example the organisation identifier used to identify an agency for the 2021–22 collection period must be the same organisation identifier used to identify that agency in previous and future collection periods.

### Data checks

#### Null values

- Null values are not permitted for this data item.

### Example of how 'organisation identifier' 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.

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## Statistical area level 2 (SA2): geographical location of service delivery outlet

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### Description

A designated region describing location and contact details that represents a medium-sized area built from a number of Statistical Area 1 localities, as represented by a code. The aim is to represent a community that interacts together socially and economically.

This item relates to the location of the service delivery outlet.

### Format

An SA2 is identifiable by a 9-digit fully hierarchical code. The SA2 identifier is a 4-digit code, assigned in alphabetical order within an SA3 and SA4. An SA2 code is only unique within a state/territory if it is preceded by the state/territory identifier.

### Values

Refer to the ABS Australian Statistical Geography Standard (ASGS) (ABS 2016).

### Guide for use

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.

*Statistical area level 2 (SA2)* relates to the site from which a drug treatment service is delivered. As with *Establishment identifier*, it is the responsibility of each jurisdiction's health authorities to identify and assign the relevant SA2 code to each agency. SA2 uses the Australian Statistical Geography Standard (ASGS) coding system. For agencies with more than one location, the SA2 relates to the service delivery outlet.

The ASGS is the newest continuing ABS geographical coding system and will be updated on a 5-year basis aligning with the Australian Census years.

### Data checks

#### Logic checks

- The code must be a valid SA2 code and must start with the same number as the corresponding state or territory code in the establishment identifier.

#### Null values

- Missing values are not permitted for this data item.

#### Range checks

- The code is a valid SA2 code.

### Examples of how 'SA2 geographical location' is used

- Treatment agencies were mostly located in *Major cities* (54%) and *Inner regional* areas (24%). Less than 4% were located in *Very remote* areas.
- Agencies located in *Major cities* provided proportionally more withdrawal management (detoxification) (13%) than agencies in *Very remote* areas (6%).

### 3.3 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.

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#### Address—Australian postcode

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##### Description

The postcode of the client's last known home address at the start of the treatment episode.

##### Format

Number (4)

##### Values

Refer to the Australian postcodes for a full list of postcodes visit the Australia Post website: <http://auspost.com.au/>.

##### Guide for use

Client postcode information collected in the AODTS NMDS will be used to analyse geographic location of clients against other variables such as agency location to look at travelling distances.

This data element may be used in the analysis of data on a geographical basis which involves a conversion from postcodes to the Australian Bureau of Statistics (ABS) postal areas. This conversion results in some inaccuracy of information as postcodes do not have a geographic definition and boundaries are not well defined. However, in some data sets postcode is the only geographic identifier, therefore the use of other more accurate indicators (for example, Statistical Areas—SA) is not always possible.

When dealing with aggregate data, postal areas converted from postcodes can be mapped to Australian Statistical Geography Standard (ASGS) codes using an ABS concordance, for example to determine SA2s.

The following codes supplement the Australian postcodes and are used to indicate the following:

0055	Overseas
0088	Other
0097	No fixed address*
0098	Unknown
0099	Not stated/inadequately described

\*Please note that 0097 is classified/coded as 'Not applicable' in order to retain its use across other collections. For this collection it means 'No fixed address'.

##### Data checks

##### Range checks

- Code must be a valid Australian postcode.

## Null values

Null values are permitted.

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# Client type

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## Description

*Client type* (alcohol and other drug treatment services) 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, as represented by a code.

## Format

Number (1)

## Values

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

## Guide for use

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.

### CODE 1 Own alcohol or other drug use

Use this code for a client who receives treatment or assistance concerning their own alcohol and/or other drug use.

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.

### CODE 2 Other's alcohol or other drug use

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.

## Data checks

### Logic checks

- Where *Client type* is Code 1 (own alcohol or other drug use), *Principal drug of concern*, *Other drug of concern*, *Injecting drug use status*, and *Method of use* must contain values.
- Where *Client type* is Code 2 (Other's alcohol or other drug use):
  - neither *Main treatment type* nor *Other treatment type* should have a code of 1 (withdrawal management (detoxification)), 3 (rehabilitation) or 4 (pharmacotherapy).
  - *Principal drug of concern*, *Other drug of concern*, *Injecting drug use status*, and *Method of use* should not contain values.
- Where *Client type* is Code 2 do not collect (that is, leave blank) *Principal drug of concern*, *Other drug of concern*, *Injecting drug use status* and *Method of use*.

**Range checks**

- *Client type* has a value of 1 or 2.

**Null values**

- Null values are not permitted for this data item

**Examples of how 'client type' is used**

- Most (96%) 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 (33 years).
- In 2016–17, clients seeking treatment for their own drug use received an average of 1.6 treatment episodes, while those receiving treatment for someone else's drug use received an average of 1.3 episodes.



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## Country of birth

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### Description

The country in which the person was born, as represented by a code.

### Format

Number (4)

### Values

Refer to ABS, Standard Australian Classification of Countries, ABS cat. no. 1269.0. The SACC is updated from time to time and was last updated by the ABS in 2016.

### Guide for use

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.

Responses to this data item should be provided in the format given in the SACC 4-digit (individual country) level.

If the country of birth is unknown, use '0003'.

### Data checks

#### Range checks

- The code is a valid SACC code.

#### Null values

- Null values are not permitted.

### Examples of how 'country of birth' is used

- Most clients of drug treatment agencies were Australian born (87% of treatment episodes involved people born in Australia).
- England (3%) and New Zealand (2%) were the next most common countries of birth.
- Nationally, 87% of treatment episodes were provided to clients who were born in Australia.

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## Date accuracy indicator

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### Description

*Date accuracy indicator* indicates the accuracy of a client's date of birth, as supplied in their AODTS data record.

### Format

String (3)

### Values

*Date accuracy indicator* is a 3-character code that indicates the extent to which the recorded *Date of birth* is accurate, estimated or unknown.

The current specifications for *Date of birth* lay out steps for dealing with incomplete *Date of birth* records. The *Date accuracy indicator* has many possible combinations depending on whether the day, month or year of birth is estimated or unknown.

This data element contains positional fields (DMY) that reflects the order of the date components in the format (DDMMYYYY) of the reported date:

- Field 1 (D) – refers to the accuracy of the day component
- Field 2 (M) – refers to the accuracy of the month component
- Field 3 (Y) – refers to the accuracy of the year component.

Data domain	Date component (for a format DDMMYYYY)		
	(D)ay	(M)onth	(Y)ear
Accurate	A	A	A
Estimated	E	E	E
Unknown	U	U	U

Common examples of *Date accuracy indicator* codes include:

**AAA:** If a date has been sourced from a reliable source and is known as accurate then the *Date accuracy indicator* should be AAA.

**Example:** Dorina was born on the fourth of October 1983 and *Date of birth* is recorded as 04101983. *Date accuracy indicator* = AAA.

**UUE:** If only the age of the person is estimated and there is no certainty of the accuracy of this, then the *Date accuracy indicator* should be UUE. That is, the day and month are 'unknown' and the year is 'estimated'.

**Example:** Dorina's birth date is unknown but it is estimated that she is about 30. Her *Date of birth* is recorded as 01011982. *Date accuracy indicator* = UUE.

**UUU:** No information is known about the person's date of birth or age.

**Example:** Dorina's birth date and age was unknown. Her *Date of birth* is recorded as the default date—01011900. *Date accuracy indicator* = UUU.

## Guide for use

This element is used to generate client identifiers in conjunction with the *SLK-581*. It allows for records belonging to clients whose dates of birth are recorded inconsistently to be matched.

The following codes are expected:

- **AAA**—this indicates the date of birth is accurate
- **UUE**—this indicates the date of birth is unknown and that the year of birth of the client has been estimated based on an estimate of the client's age
- **UUU**—this indicates that no information about the client's age or date of birth is known. If this code is used, then the date of birth should be 01011900.

## Data checks

### Logic checks

- If the code is 'UUU', then *Date of birth* must be 01011900.

### Range checks

- Only A, E and U can be used.

### Null values

- Missing values are not permitted for this data item.

---

## Date of birth

---

### Description

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

### Format

DDMMYYYY (8)

### Guide for use

*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.

Where the date of birth is not provided directly by the client, other records such as referral documents may be used to establish or estimate the *Date of birth*.

This item is used in conjunction with *Date accuracy indicator*. Where exact date of birth is unknown, estimate the year of birth based on the client's age and use 0101 as the day and month of birth and use UUE for the *Date accuracy indicator*. Where it is not possible to estimate the year of birth, use 01011900 and use UUU for the *Date accuracy indicator*.

### Data checks

#### Logic checks

- The client should be aged 10–100 at the date of commencement.
- If the date of birth is 01011900, then the *Date accuracy indicator* must be UUU.

#### Valid values

- Must be a valid date in the format DDMMYYYY.

#### Null values

- Null values are not permitted.

### Examples of how 'date of birth' is used

**Table 4.2: Closed treatment episodes by sex and age group (per cent)**

Sex/client type	Age group (years)						Total <sup>(a)</sup>	Total (no.)	Median age
	10–19	20–29	30–39	40–49	50–59	60+			
<b>Persons<sup>(b)</sup></b>									
Own drug use	12.9	29.0	26.8	18.9	8.5	3.8	100.0	125,668	33
Other's drug use	18.4	10.3	14.2	17.0	23.0	17.0	100.0	5,560	42
<b>Total persons</b>	<b>13.2</b>	<b>28.8</b>	<b>26.3</b>	<b>18.8</b>	<b>9.1</b>	<b>4.4</b>	<b>100.0</b>	<b>..</b>	<b>33</b>
<b>Total (number)</b>	<b>17,291</b>	<b>37,054</b>	<b>34,523</b>	<b>24,635</b>	<b>11,975</b>	<b>5,740</b>	<b>..</b>	<b>131,228</b>	<b>..</b>

(a) Includes 'not stated' for age.

- For clients aged 30 and over, alcohol was the most common principal drug of concern, while for clients aged 10–29, cannabis was the most common.

---

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

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### Description

The date on which a treatment episode for alcohol and other drugs ceases.

### Format

DDMMYYYY (8)

### Guide for use

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

### Data checks

#### Valid values

*Date of cessation of treatment episode* must be a valid date of the format DDMMYYYY.

#### Logic checks

- The date of cessation must fall within the collection period (1 July 2021 to 30 June 2022).
- The date of cessation must be on or after date of commencement.

#### Null values

- Missing values are not permitted for this data item.

### Examples of how 'date of cessation' is used

- Nationally, the median duration of closed treatment episodes in 2019–20 was almost 3 weeks (20 days).
- Only 7% of treatment episodes lasted 6 months or longer.
- Information and education only had a median duration of 1 day. Counselling had a median duration of 47 days.

---

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

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### Description

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

### Format

DDMMYYYY (8)

### Guide for use

*Date of commencement of treatment episode for alcohol and other drugs* is used together with *Date of cessation* to derive the duration of treatment episodes.

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

### Data checks

#### Logic checks

- The date of commencement must be earlier than or equal to the date of cessation.

#### Valid values

- *Date of commencement of a treatment episode* must be a valid date in the format (DDMMYYYY).

#### Null values

- Missing values are not permitted for this data item.

### Examples of how 'date of commencement' is used

- Duration of treatment for heroin-related treatment episodes were the longest out of all drug types, with a median length of 29 days.
- Alcohol-related treatment episodes had a duration of approx.16 days and treatment episodes for ecstasy as a principal drug of concern lasted around 4 days.

---

## Indigenous status

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### Description

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

### Format

Numeric (1)

### Values

- 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

### Guide for use

This data item is an essential demographic component of the AODTS NMDS, along with items such as *Date of birth* 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.

'Not stated/inadequately described' is not to be available as a valid answer to the questions but is intended for use:

- 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.

### Data checks

#### Range checks

- *Indigenous status* has a value of 1, 2, 3, 4, or 9.

#### Null values

- Missing values are not permitted.



## Examples of how 'Indigenous status' is used

**Table 4.3: Closed treatment episodes<sup>(a)</sup> by principal drug of concern and Indigenous status**

Principal drug of concern	Indigenous		Non-Indigenous		Not stated		Total	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Alcohol	6,036	52.8	30,377	43.5	1,594	42.9	38,007	44.5
Amphetamines	3,910	9.2	20,931	11.6	1,986	9.6	26,827	11.2
Benzodiazepines	72	0.8	904	1.8	36	1.6	1,012	1.7
Cannabis	5,032	21.6	25,516	21.6	1,503	21.4	32,051	21.6
Cocaine	20	0.2	428	0.3	48	0.3	496	0.3
Ecstasy	34	0.4	923	1.0	165	0.7	1,122	0.9
Nicotine	237	1.5	2,214	1.8	97	1.3	2,548	1.7
Opioids								
Heroin	692	6.8	5,025	11.0	246	11.3	5,963	10.5
Methadone	150	1.1	1,016	1.6	52	1.5	1,218	1.6
Morphine	115	1.1	782	0.9	39	1.1	935	0.9
<i>Total opioids<sup>(b)</sup></i>	<i>957</i>	<i>9.9</i>	<i>18,634</i>	<i>15.0</i>	<i>1,159</i>	<i>16.0</i>	<i>21,380</i>	<i>14.5</i>
All other drugs <sup>(c)</sup>	583	3.6	4,344	3.5	447	6.2	5,374	3.6
<b>Total</b>	<b>16,058</b>	<b>100.0</b>	<b>124,430</b>	<b>100.0</b>	<b>7,233</b>	<b>100.0</b>	<b>147,721</b>	<b>100.0</b>
<b>Per cent of Indigenous status</b>	<b>10.9</b>	<b>..</b>	<b>84.2</b>	<b>..</b>	<b>4.9</b>	<b>..</b>	<b>100.0</b>	<b>..</b>

(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.

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

- About 1 in 7 (15%) clients receiving treatment for their own drug use, and 11% of clients receiving treatment for someone else's drug use were Indigenous.
- Where cannabis was the principal drug of concern, Indigenous Australians (910 per 100,000 population) were more likely to have received treatment than non-Indigenous Australians (123 per 100,000 population).

---

## Injecting drug use status

---

### Description

The client's use of injection as a method of administering drugs, as represented by a code.

### Format

Number (1)

### Values

- 1 Last injected 3 months ago or less
- 2 Last injected more than 3 months ago but less than or equal to 12 months ago
- 3 Last injected more than 12 months ago
- 4 Never injected
- 9 Not stated/inadequately described

### Guide for use

The client's history of injection as a method of administering drugs, including intravenous, intramuscular and subcutaneous forms of injection. This element should be asked of everyone who is seeking treatment for their own drug use (where *Client type* is Code 1). The element is not asking about injecting drug use for the principal drug of concern.

Do not collect this item for episodes where the *Client type* is Code 2.

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

### Data checks

#### Logic checks

- Where *Injecting drug use status* is Code 4 (never injected), *Method of use* must not be Code 3 (injects).
- If the *Client type* is Code 2, this item must have a null value.

#### Range checks

- *Injecting drug use status* has a value of 1, 2, 3, 4, 9.

#### Null values

- Required where the *Client type* is Code 2.
- Not permitted where the *Client type* is Code 1.

### Example of how 'injecting drug use status' is used

Over half (58%) of closed treatment episodes involved clients who reported never having injected drugs, 14% involved clients who injected within the previous 3 months, and a further 12% involved clients who reported they had injected drugs in the past (4% between 3 months and 12 months ago and 8%, 12 or more months ago). This item was reported as 'not stated' in 16% of episodes involving people seeking treatment for their own drug use.

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## Main treatment type for alcohol and other drugs

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### Description

*Main treatment type for alcohol and other drugs* 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.

### Format

Number (2)

### Values

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

### Guide for use

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 data set variables.

#### **Business rule:**

It is noted that many AOD treatment types comprise one or more service types. When using these codes please follow the rule that:

- the code which should be allocated for main treatment type will be that for the largest proportion of the treatment provided to the client.

For example:

- if a client receives both a counselling session and an information and education session, but the proportion of their overall treatment dedicated to counselling is greater than that dedicated to information and education, the appropriate coding for this client would be:
  - Main treatment type: *Code 2 Counselling*
  - Other treatment type: *Code 6 Information and education*

Clinical judgment should be used in those instances where the proportional split between different treatment types is not clear.

**CODE 1      Withdrawal management (detoxification)**

This code refers to any form of withdrawal management, including medicated and non-medicated, in any delivery setting.

**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 (Rehabilitation).

**CODE 3      Rehabilitation**

This code refers to an intensive structured treatment program that can occur in residential or non-residential settings and 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. 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 (for example, methadone or buprenorphine) and those used as relapse prevention (e.g. acamprosate, naltrexone or disulfiram). 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**

Refers to when the type of treatment provided to the client is support and case management (e.g. treatment planning and monitoring, case conferences, advocacy or facilitated referral).

**CODE 6      Information and education**

Refers to when the type of treatment provided to the client is information and education (e.g. written information or a psycho-educational intervention).

**CODE 7      Assessment only**

Refers to when there is no treatment provided to the client other than an overall assessment of the extent and nature of their drug and/or alcohol problem. An assessment encompasses treatment planning and referral.

**CODE 88      Other**

Refers to other treatment types not further defined such as art, equine or outdoor therapy.

**Data checks**

**Logic checks**

- If *Main treatment type* is Code 7, then *Other treatment type 1–4* must be blank.
- If *Main treatment type* is Code 1, 3 or 4, then *Client type* must be coded 1.

- If *Main treatment type* is Code 1–7, then *Other treatment type 1–4* must not contain the same value as the *Main treatment type*.
- If *Main treatment type* is Code 4 (pharmacotherapy), then *Other treatment type 1* must not contain a null value.

### Valid values

- *Main treatment type* has a value of 1, 2, 3, 4, 5, 6, 7, 88.

### Null values

- Null values are not permitted for this data item.

### Additional information for AODTS NMDS data collectors

As agreed by the AODTS NMDS Working Group, episode duration will be monitored and warnings provided for the following:

- where *Main treatment type* is Code 6 (information education) and episode duration is greater than 100 days
- where *Main treatment type* is Code 1 (withdrawal management—detoxification) and treatment duration is 14 days or more
- where *Main treatment type* is Code 7 (assessment only) and treatment duration is greater than 90 days.

### Examples of how ‘main treatment type’ is used

- The most common main treatment type was counselling (43% of closed treatment episodes), followed by withdrawal management (17%) and assessment only (16%).
- Where counselling was the main treatment type, most episodes (88%) took place in a non-residential treatment facility, while episodes with a main treatment type of withdrawal management were most likely to take place in a residential treatment facility (49%).

**Table 4.4: Trends in main treatment type, 2007–08 to 2012–13**

Main treatment type	2007–08	2008–09	2009–10	2010–11	2011–12	2012–13
Counselling	57,470	53,787	60,792	61,935	65,889	68,570
Withdrawal management	26,927	25,818	24,453	25,800	26,674	25,424
Assessment only	21,976	21,172	19,803	20,511	21,588	27,524
Support and case management only	12,279	12,740	12,718	13,678	13,480	15,013
Rehabilitation	11,099	9,667	7,521	7,844	8,665	7,989
Pharmacotherapy	1,250	1,222	1,100	728	898	1,250
Information and education only	15,086	13,283	13,076	11,532	7,997	13,464
Other <sup>(a)</sup>	9,161	7,205	7,267	9,188	9,375	4,378
<b>Total</b>	<b>153,998</b>	<b>143,672</b>	<b>145,630</b>	<b>150,488</b>	<b>153,668</b>	<b>162,362</b>

(a) ‘Other’ includes closed treatment episodes where the main treatment was reported as pharmacotherapy.

---

## Method of use for principal drug of concern

---

### Description

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

### Format

Number (1)

### Values

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

### Guide for use

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.

### Data checks

#### Logic checks

- Where *Method of use* for principal drug of concern is Coded 3 (injects), *Injecting drug use status* must not be Code 4 (never injected).

#### Range checks

- *Method of use* for *Principal drug of concern* has a value of 1, 2, 3, 4, 5, 6, 9.

#### Null values

- Null values are required where *Client type* is Code 2.
- Null values are not permitted where *Client type* is Code 1.

### Examples of how 'method of use of principal drug of concern' is used

- In 2016–17, smoking/inhaling was the most common usual method of use (46% of episodes), followed by injecting (38%).
- In most instances, where amphetamines were the principal drug of concern, smoking was the most common method of use (47%), followed by injecting (37%) and ingesting (4%).
- Injecting was the most common method of use in most episodes where the principal drug of concern was heroin (81% of episodes).

---

## Other drug of concern

---

### Description

Other drug or drugs that are of concern to the client (apart from the principal drug of concern).

### Format

Number (4)

### Values

Refer to the Australian Standard Classification of Drugs of Concern 2011 (ABS cat. no. 1248.0 ASCDC 2011).

### Guide for use

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

Broader category codes xx00 can also be used to capture an other drug of concern when more detailed information about the drug is not known. For example, code 2100 would be used when the *Other drug of concern* was an alcohol, but information about the specific alcohol type is not known.

### Data checks

#### Logic checks

- *Other drug of concern 1–5* must not contain the same value as *Principal drug of concern*, with the exception of Code 9999 (miscellaneous drugs) and null values.
- *Other drug of concern 1–5* must not contain the same values, with the exception of Code 9999 and null values.
- If *Other drug of concern 1* is Code 0000 or 0001, *Other drug of concern 2–5* must be null.
- Where *Client type* is Code 2, *Other drug of concern 1-5* must be null.

#### Valid values

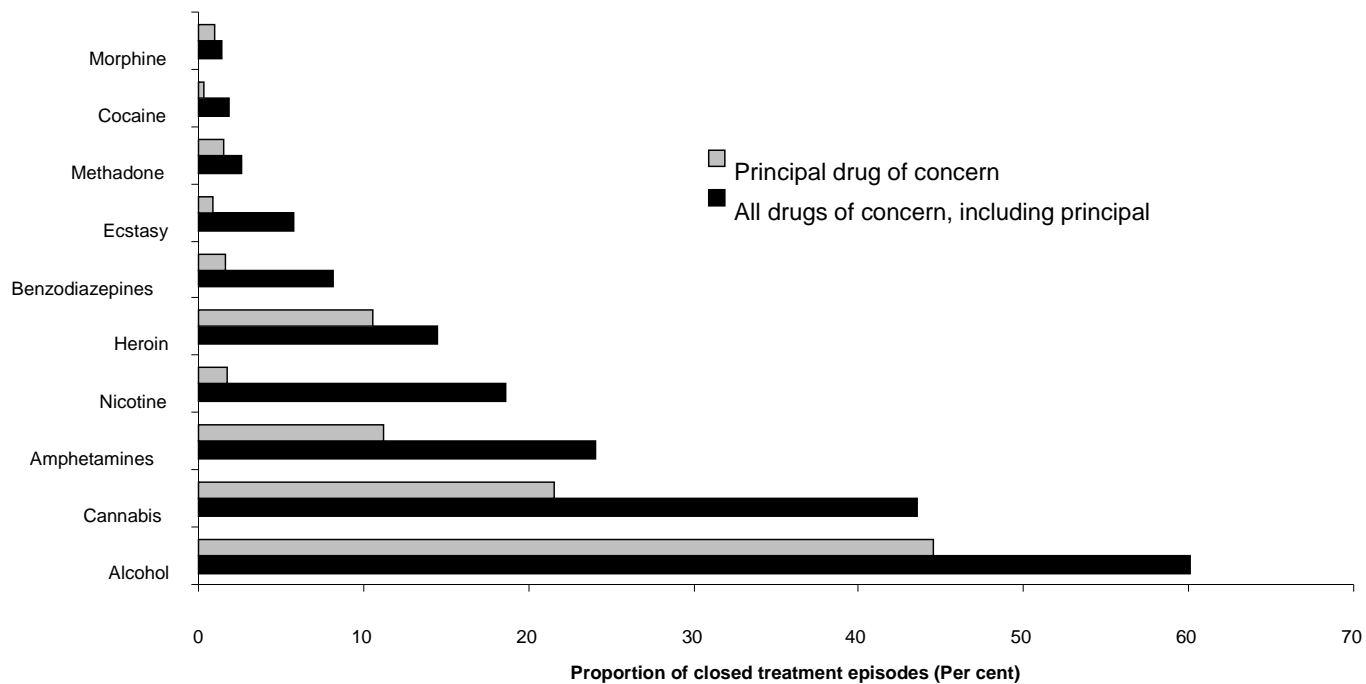
- If not null, must contain a value from the Australian Standard Classification of Drugs of Concern 2011 (ASCDC 2011), ABS cat. no. 1248.0 (ABS 2011a). This includes 2 supplementary codes:
  - Code 0005 (opioid analgesics not further defined): to be used when it is known that the client's principal drug 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.

#### Null values

- Where *Client type* is Code 2, a null value is required.
- Where *Client type* is Code 1, null values are permitted.

### Examples 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 (44%) together with the proportion of episodes where alcohol was reported as being a concern (either as the principal or other drug)(60%).



- In general, pharmaceuticals were more likely to be listed as an additional drug of concern (9%) for treatment purposes than as the principal drug of concern (6%).



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## Other treatment type for alcohol and other drugs

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### Description

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

### Format

Number (2)

### Values

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

### Guide for use

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

#### **CODE 1      Withdrawal management (detoxification)**

This code refers to any form of withdrawal management, including medicated and non-medicated, in any delivery setting.

#### **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.

#### **CODE 3      Rehabilitation**

This code refers to an intensive structured treatment program that can occur in residential or non-residential settings and 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 (that is, up to 24 hours a day) and tends towards a medium to longer-term duration. 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 (for example, methadone or buprenorphine) and those used as relapse prevention (e.g. acamprosate, naltrexone or disulfiram). 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**

Refers to when the type of treatment provided to the client is support and case management (e.g. treatment planning and monitoring, case conferences, advocacy or facilitated referral).

**CODE 6      Information and education**

Refers to when the type of treatment provided to the client is information and education. (e.g. written information or a psycho-educational intervention).

**CODE 88      Other**

Refers to other treatment types not further defined such as art, equine or outdoor therapy.

**Data checks****Logic Checks**

- If *Main treatment type* is Code 7, *Other treatment type 1–4* must be null.
- If *Other treatment type 1* is null, *Other treatment type 2–4* must also be null.
- If *Client type* is Code 2, *Other treatment type 1–4* must not be Code 1, 3 or 4.
- If *Main treatment type* is Code 4 (pharmacotherapy), *Other treatment type 1* must not be null.

**Duplicates**

- A single client record cannot have the same *Main treatment type* code recorded more than once, with the exception of Code 88 (other).

**Range checks**

- *Other treatment type* has a value of 1, 2, 3, 4, 5, 6, 88 or null.

**Null values**

- Null values are permitted.

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

Of the 206,635 closed treatment episodes where clients were seeking treatment, 22,942 episodes reported at least two treatment types—that is, a main treatment type and at least one other treatment type. Just under half of the additional treatments reported were counselling.

---

## Person identifier

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### Description

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

### Format

String (20)

### Values

Alphanumeric

### Guide for use

This data item is used for editing at the establishment or collection authority level. A *person identifier* will only be released to persons who have met all the conditions of the AIHW Ethics Committee and received approval from all relevant jurisdictions.

Individual agencies, establishments or collection authorities may use their own alphabetic, numeric or alphanumeric coding systems. Do not use the client's name as the person identifier.

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

The *SLK-581* does not replace the *person identifier*. Both the *SLK-581* and the *person identifier* must be provided.

### Data checks

#### Logic checks

- The *Person identifier* must not contain non-alphanumeric characters.

#### Duplicates

- Each *Person identifier* must appear only once for each establishment identifier.

#### Null values

- Null values are not permitted for this data item.

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## Preferred language code (ASCL 2016)

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### Description

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.

### Format

Number (4)

### Values

Refer to the Australian Standard Classification of Languages (ASCL), 2016. (ABS cat. no. 1267.0).

### Guide for use

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.

Use Code 0002 for not stated responses.

### Data checks

#### Range checks

- *Preferred language* contains a value from the ASCL, ABS cat. no. 1267.0 (ABS 2016).

#### Null values

- Null values are not permitted for this item.

### Example of how this data item is used

- English was the most frequently reported preferred language.
- English was reported in 93% 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 (1%).

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## Principal drug of concern

---

### Description

The main drug, as stated by the client, that has led a person to seek treatment from the service, as represented by a code.

### Format

String (4)

### Values

Refer to the four digit code in the Australian Standard Classification of Drugs of Concern (ASCDC 2011) ABS cat. no. 1248.0.

### Guide for use

This data item is collected to get an understanding of the main drug of concern that led a person to seek treatment. *Principal drug of concern* is then analysed with reference to other data set variables.

Do not record a drug of concern where the *Client type* is Code 2.

Code 9999 (other drugs of concern) should only be used where *Principal drug of concern* is not coded elsewhere in the ASCDC.

Where the *Source of referral* is Code 9 (police diversion) or Code 10 (court diversion) and the *Principal drug of concern* is unknown, use Code 0000 (inadequately described).

Broader category codes xx00 can also be used to capture a *Principal drug of concern* when more detailed information about the drug is not known. For example, Code 2100 would be used when the other drug of concern was an alcohol, but information about the specific alcohol type is not known.

### Data checks

#### Logic checks

- *Other drug of concern 1–5* must not contain the same value as *Principal drug of concern* (except for null values and Code 9999 (miscellaneous drugs)).

#### Range checks

- Other drug of concern must contain a value from the Australian Standard Classification of Drugs of Concern 2011 (ASCDC 2011), ABS cat. no. 1248.0 (ABS 2011a). This includes two 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.

The AODTS Working Group noted there is a rising prevalence in the use of emerging psychoactive substances and synthetic cannabinoids and agreed these instances can be recorded as follows:

- Code 7102 (cannabinoid agonists) to be used for coding synthetic cannabinoids.

- Code 3999 (other stimulants and hallucinogens) to be used for emerging psychoactive substances that cannot be coded elsewhere.

**Null values**

- Required where *Client type* is Code 2.
- Not permitted where *Client type* is Code 1.

**Examples of how ‘principal drug of concern’ is used**

- Nationally, alcohol (32%) was the most common principal drug of concern in treatment episodes followed by amphetamines and cannabis (both 23%). Heroin accounted for 6% and overall fewer than 1% of closed treatment episodes were for the principal drugs ecstasy and cocaine (0.6% and 0.3%, respectively).
- Over the 5-year period from 2012–13 to 2016–17, the number of treatment episodes where amphetamines was the principal drug of concern increased by 123% (from 22,265 to 49,670 episodes).
- For clients aged 30 and over, alcohol was the most common principal drug of concern, while for clients aged 10–29, cannabis was the most common.

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

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### Description

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

### Format

Number (2)

### Values

- 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
- 99 Not stated/inadequately described

### Guide for use

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 data set variables.

#### **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 (for example, 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 checks

### Range checks

- *Reason for cessation* of treatment has a value of 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 98, 99.

### Null values

- Null values are not permitted. Use code 99 for missing values.

## Examples of how 'reason for cessation' is used

- Treatment completed was the cessation reason for 62% of treatment episodes. 'Ceased to participate without notice' was the second reason for cessation at 18% of treatment episodes for alcohol.
- Almost two-thirds (66%) of closed episodes where alcohol was the principal drug of concern ended with an expected cessation, while 20% ended unexpectedly.

**Table 5.3: Closed treatment episodes, by reason for cessation and client type, 2016–17 (%)**

<b>Reason for cessation</b>	<b>Own drug use</b>	<b>Other's drug use</b>
Expected cessation	62.4	70.2
Unexpected cessation	19.9	12.8
Referred to another service or change in treatment	5.7	3.0
Other	12.0	14.0
<b>Total</b>	<b>100.0</b>	<b>100.</b>

---

# Sex

---

## Description

The biological distinction between male and female. Where there is an inconsistency between anatomical and chromosomal characteristics, sex is based on anatomical characteristics.

## Format

Number (1)

## Values

- |   |                                   |
|---|-----------------------------------|
| 1 | Male                              |
| 2 | Female                            |
| 3 | Other                             |
| 9 | Not stated/inadequately described |

## Guide for use

For statistical purposes, the following category codes, labels and definitions are preferred:

### **CODE 1      Male**

Persons who have male or predominantly masculine biological characteristics, or male sex assigned at birth.

### **CODE 2      Female**

Persons who have female or predominantly feminine biological characteristics, or female sex assigned at birth.

### **CODE 3      Other**

Persons who have mixed or non-binary biological characteristics (if known), or a non-binary sex assigned at birth. The value meaning of 'Other' has been assigned to Code 3 for this value domain, which replaces 'Intersex or indeterminate' for the superseded value domain [Sex code N](#). Terms such as 'indeterminate', 'intersex', 'non-binary', and 'unspecified' are variously used to describe the 'Other' category of sex. The label 'Other' is used because a more descriptive term has not been widely agreed within the general community.

### **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.

## Data checks

### Range check

- Sex must contain a value of 1, 2, 3, 9.
- Note that while the format of this item permits the use of alphabetic codes; for example, 'M', 'F' and 'X', the use of the numeric codes above is preferred to maximise consistency with the values used in previous collection years.

## Null values

- Null values not permitted for this item.

## Example of how 'sex' is used

- The sex distribution of clients receiving treatment 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 2003–04.
- Female clients accounted for the majority (66%) of treatment episodes for someone else's drug use.

### **Additional information for AODTS NMDS data collectors**

Sex refers to the chromosomal, gonadal and anatomical characteristics associated with biological sex. Where there is an inconsistency between anatomical and chromosomal characteristics, sex is based on anatomical characteristics.

The term 'sex' refers to a person's biological characteristics. A person's sex is usually described as being either male or female; some people may have both male and female characteristics, or neither male nor female characteristics, or other sexual characteristics.

Sex is assigned at birth and is relatively fixed. However, a person's sex may change during their lifetime as a result of procedures commonly referred to as sex change, gender reassignment, gender affirmation, transsexual surgery, transgender reassignment or sexual reassignment. Throughout this process, which may be over a considerable period of time, sex may be recorded as either male, female or other.

Collection of sex excludes gender information, which is interrelated but conceptually distinct. The concept of sex is based on the physical or biological aspects of a person's body while the concept of gender relates to the way a person feels, presents and is recognised within the general community and may refer to outward social markers such as their name, outward appearance, mannerisms and dress. Sexual orientation is a separate concept to sex and gender, involving a person's emotional or sexual attraction to another person, and is not covered in the collection of sex information.

In general, both sex and gender should not be collected in a single collection instrument. The Australian Government Guidelines on the Recognition of Sex and Gender recommends the preferred Australian Government approach of collecting and using gender information, with sex only being collected where there is a legitimate need to know the biological characteristics of the target population. It should be recognised that in some cases an individual may choose to report their gender when sex is being requested.

Organisations should ensure when they collect sex and/or gender information they use the correct terminology for the information they are seeking. Male and female are predominantly associated with the set of biological attributes that define the different types of sexes, while masculine and feminine characteristics are predominantly associated with the set of factors that make up gender. However, it should be recognised that male/female and masculine/feminine are sometimes used interchangeably to refer to sex and/or gender.

---

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

---

### Description

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

### Format

String (2)

### Values

- 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
- 99 Not stated/inadequately described

### Guide for use

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

#### **CODE 03 Medical practitioner**

Includes medical specialists, vocationally registered general practitioners, vocationally registered general practitioner 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); for example, state and 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.

**Other information**

- Referrals from solicitors to treatment programs should be coded to 01 (self-referral).

**Data checks**

**Range checks**

- *Source of referral* must contain a value of 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 98, 99.

**Null values**

- Not permitted for this item. Use '99' for missing data.

**Examples of how 'source of referral' is used**

- Self-referral was the most common source of referral for clients seeking treatment for their own drug use (31%), followed by referrals from correctional service, 58 s (12%) and police diversion (10%).
- In 2016–17, where alcohol was the principal drug of concern, the most common source of referral for closed treatment episodes was self/family (42%), followed by a health service (37%).
- The most common source of referral for treatment episodes where nicotine was the principal drug of concern was a health service (38%), followed by police or court diversion programs (29%) and self/family (23%).

---

## Statistical linkage key 581 (cluster)

---

### Description

*Statistical linkage key 581 (SLK-581)* is a code consisting of:

- the second, third and fifth characters of a client's family name
- the second and third letters of the client's given name
- the day, month and year of a client's birth
- the sex of the client.

### Format

String (14)

XXXXXDDMMYYYYX

#### Letters of family name

XXX: 2<sup>nd</sup>, 3<sup>rd</sup> and 5<sup>th</sup> letters of family name.

Example: Dorina Chatswood = HAS

**Short names:** place a '2' in the place of the missing letters(s).

Example: May Lee = EE2

**Non-alphabetic characters:** ignore non-alphabetic characters (hyphens, dashes etc.) when counting letters.

Example: John O'Ran-Miller = RAM.

#### Letters of given name

XX: 2<sup>nd</sup> and 3<sup>rd</sup> letters of given name.

Example: Jo-Anne = 'OA'.

**Short names:** place a '2' in the place of the missing character(s).

Example: Jo Simons = O2

**Non-alphabetic characters:** ignore non-alphabetic characters when counting letters.

Example: Li-Anne Davis = IA.

#### Date of birth

See *Date of birth* for details for this element.

This data element is supplied twice in the episode file: once for the *Date of birth* element and once for the *SLK-581*.

Note that the value supplied for the *Date of birth* data element must match the *SLK Date of birth* and this will be validated.

#### Sex

See *Sex* for details for this element.

This data element is supplied twice in the episode file: once for the *Sex* element and once for the *SLK-581*.

Note that the value supplied for the *Sex* data element must match the *SLK Sex* and this will be validated.

## Guide for use

The *SLK-581* allows for records belonging to the same client to be identified in a manner that protects the privacy of the individual. The resulting client identifiers are sufficiently accurate for analysis purposes but are not sufficiently accurate for client management purposes.

At the March 2013 meeting of the AODTS NMDS Working Group, members agreed that:

- the components of the *SLK-581* would be submitted as a single element (letters of family name, letters of given name, date of birth, sex)
- only the letters of family name and the letters of given name are validated.

The data submitted for the separate *Date of birth* and *Sex* elements will be separately validated.

*Please note:* Data submitters will be required to use the SLK default code **99999010119009** for records with missing SLKs or missing components.

## Data checks

### Logic checks

- *Date of birth* must match *SLK Date of birth*
- *Sex* must match *SLK Sex*
- Letters of name (family and given) must contain 5 characters only.
- Letters of name (family and given) must only contain letters, '2' and '9'.
- If the first or second position (letters of family name) contains a '9', both the first and second position must contain a '9'.
- The first position (letters of family name) must not contain a '2'.
- If the third, fourth or fifth positions (letters of given name) contain a '9', all three positions (3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup>) must contain a '9'.
- The third position (letters of given name) must not contain a '2'.
- The default for *SLK Date of birth* (01011900) can only be used if *Date of birth* also uses the default value.
- The default for *SLK Sex* (9) can only be used if *Sex* also uses the default value.
- If the *SLK-581* is 99999010119009, then the *Date accuracy indicator* must be UUU.

### Null values

- Null values are not permitted for this element.

---

## Treatment delivery setting for alcohol and other drugs

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### Description

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).

### Format

Number (1)

### Values

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

### Guide for use

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

Only one code can 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.

#### **CODE 1 Non-residential treatment facility**

This code refers to any non-residential centre that provides alcohol and other drug treatment services, including hospital outpatient services and community health centres.

#### **CODE 2 Residential treatment facility**

This code refers to community-based settings in which clients reside either temporarily or long-term in a facility 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 (e.g. at a mutually agreed public space).



**CODE 8      Other**

This code refers to other treatment delivery settings such as prison facilities or correctional settings.

**Data checks****Range checks**

- *Treatment delivery setting* must have a value of 1, 2, 3, 4, 8.

**Null values**

Null values are not permitted for this data item.

**Examples 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.
- Over the recent collection cycle, 67% of treatment episodes were provided in non-residential treatment facilities and 14% were provided in residential facilities. Treatment in the client's home was least common at 1% of treatment episodes.
- Episodes provided for the most common principal drugs of concern (alcohol, amphetamines, cannabis and heroin) were most likely to be provided by non-residential treatment facilities (89% of episodes).

---

## Usual accommodation type prior to service episode

---

### Description

The usual type of physical accommodation the person lived in prior to the start of the service episode, as represented by a code.

### Format

Number (3)

NN{.N}

### Values

#### Independent residential

- 11 Private residence
- 12 Boarding house/private hotel
- 13 Informal housing
- 14 None/homeless/public place

#### Supported independent living

- 21 Domestic-scale supported living facility
- 22 Supported accommodation facility
- 23 Short term crisis, emergency or transitional accommodation facility

#### Residential care

##### Hospital

- 31.1 Acute hospital
- 31.2 Psychiatric hospital
- 31.3 Rehabilitation hospital
- 31.8 Other hospital

##### Special-purpose residential setting

- 32.1 Residential aged care facility

##### Community care residential unit

- 33.1 Mental health
- 33.2 Alcohol and other drugs
- 33.8 Other specialised community residential

##### Custodial

- 34 Prison/remand centre/youth training centre

##### Other

- 88 Other

##### Supplementary values

- 98 Unknown
- 99 Not stated/inadequately described

## **Guide for use**

'Usual' is defined as the type of accommodation the person has lived in predominantly prior to the start of the service episode.

### **Independent residential**

#### **Independent living accommodation in a private setting**

##### **CODE 11 Private residence**

A largely self-contained dwelling intended for occupation by one or more usual residents, regardless of whether the dwelling is owned, being purchased or being rented privately, publicly or through a community organisation.

Includes: Dwellings in public housing estates, caravans, mobile homes, cabins, other permanent structures located in caravan parks, dwellings at marinas, houseboats, independent living units within a retirement village.

##### **CODE 12 Boarding house/private hotel**

Residence of the person living independently in a dwelling receiving services only if these are provided independently of the accommodation.

Includes: Hotel, motel, boarding house, private hotel.

Excludes: Aged persons' hostel.

##### **CODE 13 Informal housing**

Residence occupied outside legal tenure arrangement, improvised and makeshift dwellings.

Includes: Squat, humpy, tent.

##### **CODE 14 None/homeless/public place**

Includes: Public places such as streets and parks, as well as temporary shelters such as bus shelters or camps or other settings where the client would be considered to be living rough or homeless.

### **Supported independent living**

#### **Residential setting is owned or provided by a service provider**

##### **CODE 21 Domestic-scale supported living facility**

Community living settings in which service users reside in a facility that provides support in some way by staff or volunteers. This category includes group homes, cluster apartments where a support worker lives on site, community residential apartments, congregate care arrangements, etc. Domestic-scale supported living settings may or may not have 24-hour supervision and care.

Includes: Smaller domestic-scale supported accommodation facilities (less than 7 people) which may or may not have 24-hour supervision or care.

Excludes: Independent living units in retirement villages and community psychiatric facilities.

## **CODE 22 Supported accommodation facility**

Settings in which service users reside in an accommodation facility which provides board or lodging for a number of people. Residents are generally responsible for their own provisions, but may be provided with domestic assistance. Support services are usually provided on a 24-hour basis by rostered care workers.

Includes: apartments, flats or unit where support is provided by a carer; and special purpose hostels for young people.

Excludes: Smaller supported accommodation facilities (less than 7 people) which may or may not have 24-hour supervision or care; residential facilities for people with a disability, mental health and/or drug and alcohol.

## **CODE 23 Short term crisis, emergency or transitional accommodation facility**

Settings in which clients in a crisis or emergency receive immediate and/or short-term accommodation or a special purpose facility providing accommodation and support as part of the transition between a supported living environment and independent living.

Includes: Night shelters, refuges, hostels for the homeless, women's shelters.

## **Residential care**

Settings in which persons receive care in a health care facility as either an admitted or non-admitted patient, secure detention centre for persons on remand, in the custody of the relevant State or Territory authority for correctional services, or in police detention. Also included are residential facilities providing personal care, regular basic nursing care and health care to chronically ill, frail, disabled or convalescent people or hospitals in-patient with an age-related illness of condition.

## **Hospital**

A health-care facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day procedure unit and authorised to provide treatment and/or care to patients.

### **CODE 31.1 Acute hospital**

An establishment that provides at least minimal medical, surgical or obstetric services for inpatient treatment and/or care, and which provide round-the-clock comprehensive qualified nursing service as well as other necessary professional services. They must be licensed by the state health department, or controlled by government departments. Most of the patients have acute conditions or temporary ailments and the average stay per admission is relatively short.

Includes: Hospitals and other health care facilities but not specialised prison health facilities or psychiatric hospitals.

### **CODE 31.2 Psychiatric hospital**

Establishments devoted primarily to the treatment and care of inpatients with psychiatric, mental, or behavioural disorders.

Includes: Mental health units and forensic health units of corrective services systems.

### **CODE 31.3 Rehabilitation hospital**

An establishment that provides care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with an impairment, activity limitation or participation restriction due to a health condition. The patient will be capable of actively participating.

Rehabilitation care is always:

- delivered under the management of or informed by a clinician with specialised expertise in rehabilitation, and
- evidenced by an individualised multidisciplinary management plan, which is documented in the patient's medical record, that includes negotiated goals within specified time frames and formal assessment of functional ability.

### **CODE 31.8 Other hospital**

Includes: Multi-purpose services

#### **Special-purpose residential setting**

A residential facility providing personal care, regular basic nursing care and health care to chronically ill, frail, disabled or convalescent people with an age-related illness or condition. Usually permanent/long term arrangement.

#### **CODE 32.1 Residential aged care facility**

Includes: Aged care hostels, nursing homes.

#### **Community care residential unit**

Usually a temporary accommodation unit proving support, non-acute care and other services to people with a particular personal or social difficulty.

#### **CODE 33.1 Mental health**

An establishment that provides specialised mental health care on an overnight basis in a domestic-like environment.

#### **CODE 33.2 Alcohol and other drugs**

Includes: Facilities that cater for drug and alcohol rehabilitation. Excludes rehabilitation in prisons and correctional facilities.

#### **CODE 33.8 Other specialised community residential**

##### **Custodial**

Secure detention centre for persons on remand, in the custody of the relevant state or territory for correctional services, or in police detention.

#### **CODE 34 Prison/remand centre/youth training centre**

Includes: Prisons, remand centres, police centres, youth training centres and juvenile justice centres.

##### **Other**

#### **CODE 88 Other**

Includes: Children under a court or guardianship order with no usual address.

## **Data checks**

### **Range checks**

- *Accommodation type* must have a value of 11, 12, 13, 14, 21, 22, 23, 31.1, 31.2, 31.3, 31.8, 32.1, 33.1, 33.2, 33.8, 34, 88, 98, 99.

### **Null values**

- Null values are not permitted for this element. Use of 98 or 99 for unknown or inadequately described can be used.

## 4 Privacy and data principles

Those providing AODTS NMDS data to the AIHW are expected to familiarise themselves with the AIHW privacy of data information page and undertake their role in the collection in accordance with these principles <<http://www.aihw.gov.au/privacy-of-data/>>.

The privacy and data principles are designed to apply to health and welfare data, including that collected for the AODTS NMDS collection. That is, the principles apply 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.

### Privacy Act and Australian Privacy Principles

The *Privacy Act 1988* (Commonwealth) contains 13 Australian Privacy Principles (APPs) that govern the conduct of an entity in the collection, management, use and disclosure of records containing personal information. More information on the *Privacy Act* and how it applies to the AIHW can be found on the AIHW's privacy of data information page <<http://www.aihw.gov.au/privacy-of-data/>>.

State and territory public authorities are bound by the requirements of specific state and territory privacy legislation.

### The AIHW Act and the AIHW Ethics Committee

The AIHW and the AIHW Ethics Committee are established by the *Australian Institute of Health and Welfare Act 1987* (AIHW Act). Data custodians are responsible for ensuring data holdings are protected from unauthorised access, alteration or loss.

For more information on the AIHW Act and role of the Ethics Committee see the AIHW Ethics Committee information page <<http://www.aihw.gov.au/ethics/>>.

### The 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. The principles can be found at <<https://www.aihw.gov.au/our-services/international-collaboration/international-group-indigenous-health-measurement>>.

### Services provided under the Drug and Alcohol Program previously Non-Government Organisation Treatment Grants Program

Services provided under the National Illicit Drug Strategy; Drug and Alcohol Program (DAP) previously known as the 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.

# Appendix 1: A history of data element changes

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

## 2021–22 changes

No changes were made.

## 2020–21 changes

No changes were made.

## 2019–20 changes

- Main treatment type for alcohol and other drugs
  - Removal of the word ‘only’ from Code 5 (support and case management), and Code 6 (information and education)
  - Updated code for Other from 8 to 88
  - Revised code descriptions and inclusion of examples for all main treatment type
- Other treatment type for alcohol and other drugs
  - Code 5 changed from ‘Other’ to *Code 5: Support and case management* and Code 6 (Information and education):
  - Updated code for Other from 5 to 88
- Treatment delivery setting for alcohol and other drugs
  - Revised description of Code 4 (Outreach) to include example of an outreach setting.

## 2018–19 changes

- Australian Standard Classification of Languages (ASCL)
  - ASCL 2016 replaced ASCL 2011
- Australian Statistical Geography Standard (ASGS)
  - ASGS 2016 replaced ASGS 2011
- Standard Australian Classification of Countries (SACC)
  - SACC 2016 replaced SACC 2011
- Sex
  - format of permissible code values changed from ‘N’ to ‘X’. Description of Code 3 changed from ‘Intersex/indeterminate’ to ‘Other’, and Code 3 is now available for use in the AODTS collection



- while the format now allows the reporting of alphabetic values, the continued use of numeric values is preferred in the AODTS collection to maximise consistency and the potential for linkage via the SLK-581 with previous collection years
- this change also impacts on the underlying structure of the SLK-581, in that the final character of the format is now 'X' rather than 'N', that is, the complete format for the SLK-581 is now 'XXXXXDDMMYYYYX'.

## **2017–18 changes**

No changes were made.

## **2016–17 changes**

No changes were made.

## **2015–16 changes**

- Accommodation type – usual prior to episode of service
  - addition to the episode file.

## **2014–15 changes**

No changes were made.

## **2013–14 changes**

- Postcode—Australian (person)
  - addition to the episode file
- Geographical location of service delivery outlet
  - Statistical Area Level 2 (SA2) replaced Statistical Local Area (SLA).

## **2012–13 changes**

- Geographical location of service delivery outlet
  - addition of Statistical Area Level 2 (SA2) data item, intended to replace Statistical Local Area (SLA) in 2013–14
- Statistical Linkage Key 581 (SLK-581)
  - addition to the episode file
- Data Accuracy Indicator
  - addition to the episode file
- Australian Standard Classification of Drugs of Concern (ASCDC)
  - ASCDC 2011 replaced ASCDC 2000.

## **2011–12 changes**

- Geographical location of service delivery outlet (ASGC)
  - classification scheme was updated
- Assessment-only episodes
  - added validation checks for episodes of greater than six months.

## **2010–11 changes**

- Assessment-only episodes
  - added validation check for these episodes exceeding 90 days
- Geographical location of service delivery outlet (ASGC)
  - classification was updated
- Country of birth (SACC)
  - classification was updated.

## **2009–10 changes**

- Country of birth (SACC)
  - 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 NHDD (HWI 88) and are a consequence of re-engineering the data elements for inclusion in the AIHW's metadata repository METeOR. It is important to note that these changes did 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 two-digit ASCL codes to the four-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 NHDD (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 drug 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 NHDD (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 3 in Data domain
  - modification to Guide for use and Collection methods to ensure consistency
- Injecting drug use status
  - 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 drug 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 *National community services data dictionary* (NCSDD) data element *Referral source*
- Service delivery outlet
  - a new data element concept developed
  - designed to be generic so that it would apply to other community health areas while still adequately covering alcohol and other drugs treatment services' outlets
- Geographical location of service delivery outlet (ASGC)
  - a new derived data element developed to provide the geographic location of each alcohol and other drugs treatment service's outlet
  - designed to be generic so that it would apply to other community health areas
  - 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 NHDD (HWI 36):

- Client type (alcohol and other drug treatment services)
  - change of title to include the 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 NHDD (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.