Alcohol and other drug treatment services

Development of a National Minimum Data Set

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Abbreviations

ABS	Australian Bureau of Statistics
ADCA	Alcohol and Other Drugs Council of Australia
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
BEACH	Bettering the Evaluation and Care of Health
COTSA	Clients of Treatment Service Agencies
ICD-9-CM	International Classification of Diseases, 9th revision, Clinical Modification
IGCD	Intergovernmental Committee on Drugs
NDARC	National Drug and Alcohol Research Centre
NDS	National Drug Strategy
NHDC	National Health Data Committee
NHDD	*National Health Data Dictionary*
NHIA	National Health Information Agreement
NHIMG	National Health Information Management Group
NMDS	National Minimum Data Set
NMDS-WG	National Minimum Data Set Working Group
NSMHWB	National Survey of Mental Health and Wellbeing

1 Introduction

A National Minimum Data Set (NMDS) is a minimum set of data elements agreed by the National Health Information Management Group (NHIMG) for mandatory collection and reporting at the national level. A NMDS is contingent upon a national agreement to collect uniform data and supply it as part of a national collection, but does not preclude agencies and service providers from collecting additional data to meet their own specific needs (AIHW 2000a).

The NMDS for alcohol and other drug treatment services emanated from the national forum 'Treatment and Research—Where to From Here?' held in 1995 by the Alcohol and other Drugs Council of Australia (ADCA). Clinicians, researchers and government administrators attending the forum agreed that a lack of comparable data for alcohol and other drug treatment services was limiting the overall effectiveness of service provision. In response to this, the then Commonwealth Department of Health and Family Services funded the first phase of the current NMDS project. The NMDS for alcohol and other drug treatment services has continued as a national project and, in December 1999, the Commonwealth and State and Territory Governments through the NHIMG endorsed a version of the NMDS for collection to commence on 1 July 2000.

The NMDS will make it possible to compare and aggregate information nationally on drug-related problems, service utilisation and treatment programs for a variety of clients, population groups and service settings. It will provide agencies with access to basic data relating to particular types of clients, drug-related problems and treatment responses that are relevant to their own circumstances. The data derived from this national collection will be considered in conjunction with other information sources to inform debate, policy decisions and national strategies that occur within the alcohol and other drug treatment sector.

The NMDS will help in the evaluation, monitoring and reporting on the National Drug Strategic Framework 1998–99 to 2002–03 (see Ministerial Council on Drug Strategy 1998) by:

- monitoring and reporting on the harms caused by drug use (e.g. the number of clients receiving treatment for a specific drug of concern);
- providing data that may be used for evaluating achievements against objectives and priority areas on treatment (e.g. access to treatment);
- informing evidence-based practice in treatment; and
- identifying emerging challenges and problems in the treatment sector (e.g. increasing client numbers in treatment for a specific drug of concern

1.1 Aims of the report

The aims of this report are:

- to provide a brief historical account of the strategic context surrounding the need for national alcohol and other drug treatment services data;
- to provide an assessment of existing national data collections relating to alcohol and other drug treatment services;
- to outline the agreed NMDS for alcohol and other drug treatment services; and

- to provide information on work undertaken to date in developing the NMDS for alcohol and other drug treatment services, and to make recommendations for the future development of alcohol and other drug treatment services data.

2 Alcohol and other drug treatment services in Australia

2.1 Background

In this report an agency or service provider that delivers alcohol and other drug treatment services is defined as one that offers one or more specialist treatment services to people with alcohol and / or other drug problems (Torres, Mattick, Chen & Baillie 1995). The range of treatment interventions covered by this definition is broad and includes detoxification and rehabilitation programs, therapeutic community programs, and pharmacological and psychological treatments. Using this definition, self-help groups, sobering-up centres, and services that provide only information, education, accommodation, and crisis interventions are not classified as specialist alcohol and other drug treatment agencies.

Research has indicated that drug treatment services are effective in reducing harmful drug use, hospital costs, drug-related crime, violence and welfare costs (Mattick & Hall 1993). The cost effectiveness of alcohol and other drug treatment services, and the benefits that can be obtained from early interventions conducted by suitably trained specialists have also been reported (see Single & Rohl 1997).

Alcohol and other drug treatment services are provided in a variety of settings, mainly through partnerships involving government and community-based organisations or the private sector (e.g. private medical clinics). The general aim is to match clients with an appropriate treatment option. Treatment services range from early, brief intervention designed to prevent someone progressing to harmful drug use, to long-term residential treatment designed to rehabilitate someone with an alcohol or drug dependence. The goals of treatment services can vary from complete abstinence to reduced or controlled use. In addition to helping people become drug free, such services can also offer other health benefits through drug substitution and reduction of harmful drug use and associated risk behaviour. Alcohol and other drug treatment services also work with other service providers to resolve additional health and social problems confronting their clients (Ministerial Council on Drug Strategy 1998).

2.2 Treatment settings

Alcohol and other drug treatment providers may be publicly funded government or non-government agencies / organisations, or they may be privately funded. As mentioned above, alcohol and other drug treatment services are provided in a variety of settings and the main treatment settings are described below.

Hospital alcohol and other drug services

Most acute care hospitals provide specialist alcohol and other drug treatment services to admitted patients as part of hospital services. These services include detoxification and rehabilitation procedures and patients admitted for these purposes tend to have short-term

hospital stays. Hospital outpatient services may also provide alcohol and other drug treatment to clients.

Community-based alcohol and other drug residential treatment facilities

An alcohol and other drug residential treatment facility is a unit mainly engaged in the treatment, rehabilitation or harm reduction of alcohol or other drug dependence on a residential basis. Clients reside either temporarily or long-term in the facility, that is not their home or usual place of residence.

Community-based alcohol and other drug non-residential treatment facilities

A community-based alcohol and other drug non-residential treatment facility is a unit mainly engaged in the provision of acute or rehabilitative ambulatory or home care services for patients with alcohol or other drug dependencies. These units may also provide services through community clinics, and mobile and outreach services.

General community health centres

Community health centres are non-residential, centre-based units that are mainly engaged in providing a range of ambulatory health services, including public health services. They are not specialised alcohol and other drug treatment services, but may provide an alcohol and drug service as a component of the overall health centre program.

Outreach environment

Mobile / outreach alcohol and other drug treatment providers may engage clients in public (e.g. on the streets). An outreach environment can include any public or private location that is not a place where alcohol and other drug treatment services are normally provided.

2.3 Future developments

The *National Drug Strategic Framework 1998–99 to 2002–03* (Ministerial Council on Drug Strategy 1998) has identified a number of future development priorities for alcohol and other drug treatment services:

- improving the range of services available;
- improving the effectiveness and quality of services;
- improving access to services and ensuring community acceptance of services including the development of services for specific population groups (e.g. young people, Indigenous people, and people from culturally and linguistically diverse backgrounds);
- increasing the involvement of mainstream service providers such as general practitioners and hospitals in early intervention and relapse prevention;
- building stronger links between drug treatment services and mental health care services; and
- improving access to treatment for people in the criminal justice and juvenile justice systems.

Progress in these areas relies on an effective partnership between government, community-based organisations and the private sector. The National Illicit Drug Strategy has recognised the need to target unmet demand and to encourage research that will examine the effectiveness of existing interventions and new treatment options (Ministerial Council on

Drug Strategy 1998). In response to this, the Non-Government Organisation Treatment Grants Program provides funding for the establishment, expansion, upgrading and operation of non-government treatment services. The funding aims to strengthen the capacity of non-government organisations to achieve improved services and outcomes and to increases the number of treatment places available with a particular emphasis on filling identified geographic and target population gaps in the coverage of existing services. Following a national grant process, 133 projects were granted funding totalling $57 million (Commonwealth Department of Health and Aged Care 2000).

Information development will play a central role in the future development of alcohol and other drug treatment services in Australia. For evaluation, monitoring and reporting purposes, it is vital that information about the changing trends in harmful drug use and treatment demands be available to all levels of government, the alcohol and drug treatment sector and the wider community. The NMDS for alcohol and other drug treatment services will contribute significantly to the existing data sources that are presently available.

3 Existing national alcohol and other drug treatment services data

At present it is not possible to compare or combine data about the clients and activities of alcohol and other drug treatment service providers within different States and Territories (Rankin & Copeland 1997). The NMDS is essentially a response to this lack of nationally consistent information. However, there are a few national data collections that do provide informative data on alcohol and other drug treatment services. These collections are outlined below with some summary data and limitations of the data noted.

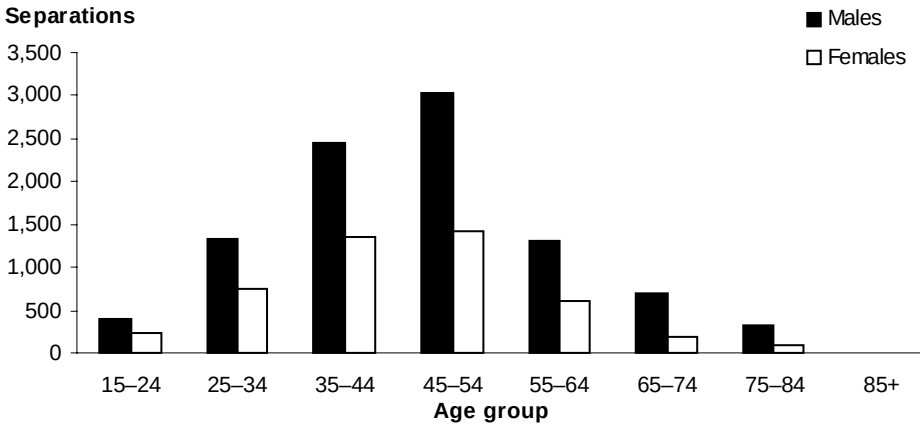
3.1 The National Hospital Morbidity Database

The National Hospital Morbidity Database is a patient-level data set that is collected on admitted patients in public and private hospitals in Australia and collated by the Australian Institute of Health and Welfare (AIHW). The only exceptions are public hospitals not within the jurisdiction of a State or Territory health authority or the Department of Veterans' Affairs, for example hospitals operated by the Department of Defence or correctional authorities. All data collected on admitted patients are agreed as part of the NMDS—admitted patient care, and data definitions are published in the *National Health Data Dictionary* (AIHW 2000a). Data are validated in conjunction with the State and Territory health authorities and the Department of Veterans' Affairs, and a comprehensive summary of the data is reported annually in the *Australian Hospital Statistics* series (see AIHW 2000b).

Data collected in this database include administrative details, demographic information on patients, and clinical information including diagnoses and medical procedures. The collection of morbidity data is separation-based, that is, all data are reported at the completion of each episode of care and each admission or re-admission generates a separate patient record. Where a patient receives only one type of care in a hospital, the episode of care length will be equivalent to the hospital stay length. Where patients receive different types of care, the patient will be statistically separated from the hospital and re-admitted into a second phase (or episode) of care.

The principal diagnosis is the diagnosis established to be chiefly responsible for occasioning the patient's episode of care in hospital. Data on principal diagnoses provide information on the diseases and conditions for which hospitalisations occur and can provide an indirect measure of community morbidity (AIHW 1999a). In addition to the principal diagnosis, additional diagnoses—which can include comorbidity—can be recorded for each separation.

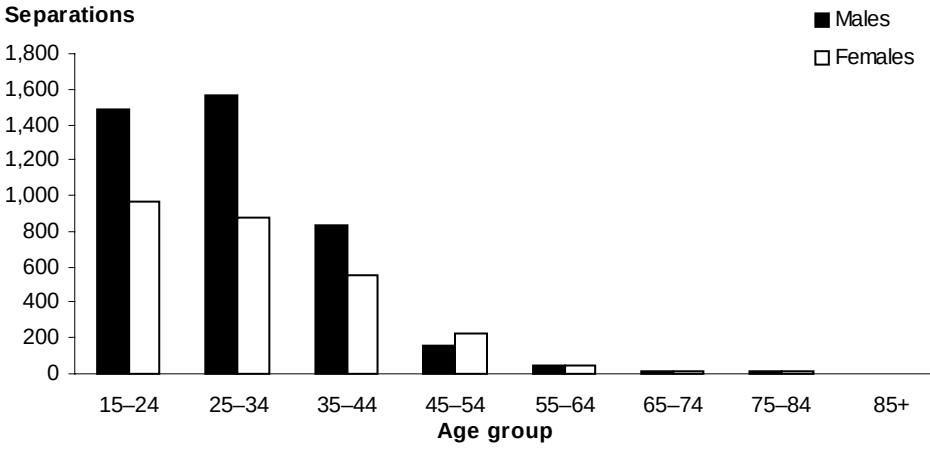
The following figures and tables present information on the diagnoses reported for alcohol and drug related health conditions for the 1997–98 financial year. Principal diagnoses are classified, coded and reported using the Australian version of the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD–9–CM) (National Coding Centre 1996). Figure 3.1 presents the number of hospital separations for patients who had a principal diagnosis of alcohol dependence syndrome (ICD–9–CM 303) during 1997–98 by sex and age. The figure shows that male patients had a higher proportion of hospital separations for alcohol dependence syndrome than female patients (67.3% compared to 32.7%), and that the majority of separations are reported for both male and female patients within the age range of 35–54 years.



Source: AIHW National Hospital Morbidity Database.

Figure 3.1: Hospital separations with principal diagnosis of alcohol dependence syndrome, by sex and age, Australia, 1997–98

Figure 3.2 shows the number of hospital separations for patients who had a principal diagnosis of drug dependence (ICD–9–CM 304) during the 1997–98 financial year by sex and age. Male patients had a higher proportion of hospital separations for drug dependence than female patients (60.5% compared to 39.5%). Separations for drug dependence are predominantly reported for both male and female patients within the age range of 15–44 years. Only 7.6% of hospital separations for drug dependence are reported for patients 45 years of age and over.



Source: AIHW National Hospital Morbidity Database.

Figure 3.2: Hospital separations with principal diagnosis of drug dependence, by sex and age, Australia, 1997–98

The volume of acute admitted patient care is indicated by the number of days that patients are treated in hospitals. Table 3.1 presents the number of days of admitted patient care for patients who had a diagnosis of alcohol dependence syndrome, drug dependence or non-

dependent drug use disorder in the 1997–98 reporting period. Male patients had a higher proportion of patient days than female patients for the majority of alcohol and drug disorders with 63% of all patient days recorded for male patients. Male patients had a considerably higher proportion of patient days compared to female patients for principal disorders of *cannabis dependence* (2,779 days compared to 1,000 days), *acute alcoholic intoxication* (8,924 days compared to 3,845 days), and *other and unspecified alcohol dependence* (52,452 days compared to 25,926 days). In contrast, female patients had a higher proportion of patient days than male patients for principal disorders of *barbiturate and similarly acting sedative or hypnotic dependence* (3,922 days compared to 2,411 days), *other specified drug dependence* (279 days compared to 229 days), and *unspecified drug dependence* (978 days compared to 940 days). Table 3.1 also shows that the majority of patient days were recorded for patients in the age range between 35 and 54 years (45% of all patient days).

Comorbidity refers to the occurrence of more than one disorder at the same time. The existence of some conditions can predispose individuals to another condition. For people with mental disorders, comorbidity is common (ABS 1998). Table 3.2 provides information on the number of hospital separations for people whose principal diagnosis is a *mental disorder* (ICD–9–CM 290–302, 306–312) and who have an additional diagnosis of *alcohol or drug dependence* (ICD–9–CM 303–304).

Table 3.2 indicates that comorbidity is particularly common for separations with a principal diagnosis of *personality disorders*, *adjustment reaction*, or *acute reaction to stress*. For example, when looking at separations for patients with a principal diagnosis of *personality disorder,* 4.4% of those separations were associated with an additional diagnosis of *alcohol dependence* and 7.2% with *drug dependence*. For separations with a principal diagnosis of *adjustment reaction,* 5.6% were associated with an additional diagnosis of *alcohol dependence* and 3.5% with *drug dependence*. For separations with a principal diagnosis of *acute reaction to stress,* 4.2% were associated with an additional diagnosis of *alcoholic dependence* and 4.2% with *drug dependence* (see Table 3.2).

Table 3.1: Number of patient days for principal diagnosis of alcohol dependence syndrome, drug dependence and non-dependent drug use disorder in ICD-9-CM 4-digit groupings, by sex and age, Australia, 1997–98

	Age group								
Principal diagnosis	**15–24**	**25–34**	**35–44**	**45–54**	**55–64**	**65–74**	**75–84**	**85+**	**Total**
Acute alcoholic intoxication (303.0)									
Males	302	1,010	2,216	2,823	1,340	914	313	6	**8,924**
Females	119	568	888	1,294	503	257	167	49	**3,845**
Other & unspecified alcohol dependence (303.9)									
Males	1,741	6,650	12,184	15,962	7,496	5,553	2,799	67	**52,452**
Females	765	3,366	7,014	6,521	3,944	3,859	451	6	**25,926**
Opioid type dependence (304.0)									
Males	3,690	4,362	3,073	492	134	5	1	9	**11,766**
Females	3,498	2,835	1,840	402	16	—	26	27	**8,644**
Barbiturate & similarly acting sedative or hypnotic dependence (304.1)									
Males	269	745	538	448	268	66	58	19	**2,411**
Females	265	776	1,458	789	397	157	80	—	**3,922**
Cocaine dependence (304.2)									
Males	23	49	63	2	—	—	6	—	**143**
Females	76	31	8	—	—	—	—	—	**115**
Cannabis dependence (304.3)									
Males	1,506	960	204	109	—	—	—	—	**2,779**
Females	461	404	123	12	—	—	—	—	**1,000**
Amphetamine & other psychostimulant dependence (304.4)									
Males	582	554	174	16	—	—	—	—	**1,326**
Females	472	270	91	—	—	—	—	—	**833**
Hallucinogen dependence (304.5)									
Males	18	15	—	—	—	—	—	—	**33**
Females	8	14	—	—	—	—	—	—	**22**
Other specified drug dependence (304.6)									
Males	101	56	25	19	28	—	—	—	**229**
Females	30	16	109	88	26	10	—	—	**279**
Combinations of opioid type drug with any other (304.7)									
Males	749	670	290	41	27	15	—	—	**1,792**
Females	596	537	297	133	16	44	—	—	**1,623**
Combinations of drug dependence excluding opioid type drug (304.8)									
Males	258	334	149	54	20	4	—	—	**819**
Females	162	102	109	28	11	—	—	—	**412**
Unspecified drug dependence (304.9)									
Males	453	346	107	34	—	—	—	—	**940**
Females	373	194	161	80	88	82	—	—	**978**
Non-dependent (305.0)									
Males	2,742	3,272	2,397	2,069	902	700	171	65	**12,318**
Females	1,861	1,854	1,703	1,186	516	316	277	142	**7,855**
Total									
Males	**12,434**	**19,023**	**21,420**	**22,069**	**10,215**	**7,257**	**3,348**	**166**	**95,932**
Females	**8,686**	**10,967**	**13,801**	**10,533**	**5,517**	**4,725**	**1,001**	**224**	**55,454**

Notes: — indicates nil; () indicates the ICD-9-CM 4-digit code.

Source: AIHW National Hospital Morbidity Database.

Table 3.2: Hospital separations with principal diagnosis of a mental disorder and additional diagnosis of alcohol or drug dependence, Australia, 1997–98

Principal diagnosis	Additional diagnosis	No. separations	% separations
Senile & presenile organic psychotic conditions (290)		7,301	
	Alcohol dependence	76	1.0
	Drug dependence	87	1.2
Transient organic psychotic conditions (293)		5,482	
	Alcohol dependence	150	2.7
	Drug dependence	63	1.1
Other organic psychotic conditions (294)		3,961	
	Alcohol dependence	62	1.6
	Drug dependence	24	0.6
Schizophrenic disorders (295)		34,556	
	Alcohol dependence	795	2.3
	Drug dependence	1,070	3.1
Affective disorders (296)		60,106	
	Alcohol dependence	1,613	2.7
	Drug dependence	1,427	2.4
Paranoid states (297)		2,164	
	Alcohol dependence	63	2.9
	Drug dependence	54	2.5
Other nonorganic psychoses (298)		4,271	
	Alcohol dependence	98	2.3
	Drug dependence	177	4.1
Neurotic disorders (300)		22,660	
	Alcohol dependence	626	2.8
	Drug dependence	699	3.1
Personality disorders (301)		8,247	
	Alcohol dependence	365	4.4
	Drug dependence	590	7.2
Sexual deviations & disorders (302)		284	
	Alcohol dependence	8	2.8
	Drug dependence	3	1.1
Physiological malfunction arising from mental factors (306)		551	
	Alcohol dependence	7	1.3
	Drug dependence	7	1.3
Special symptoms or syndrome, not elsewhere classified (307)		8,578	
	Alcohol dependence	26	0.3
	Drug dependence	84	1.0
Acute reaction to stress (308)		4,052	
	Alcohol dependence	169	4.2
	Drug dependence	172	4.2
Adjustment reaction (309)		19,655	
	Alcohol dependence	1,102	5.6
	Drug dependence	690	3.5
Specific nonpsychotic mental disorders due to organic brain damage (310)		1,859	
	Alcohol dependence	48	2.6
	Drug dependence	24	1.3
Depressive disorder, not elsewhere classified (311)		8,987	
	Alcohol dependence	337	3.7
	Drug dependence	209	2.3
Disturbance of conduct, not elsewhere classified (312)		2,163	
	Alcohol dependence	26	1.2
	Drug dependence	22	1.0

Notes: — indicates nil; () indicates the ICD-9-CM 4-digit code.

Source: AIHW National Hospital Morbidity Database.

Table 3.3 presents information on the number of separations with a principal diagnosis of *alcohol dependence, drug dependence* or *non-dependent drug use disorder* (ICD–9–CM 303–305) with an additional diagnosis of a *mental disorder* (ICD–9–CM 290–302, 306–312).

For separations with a principal diagnosis of *alcohol dependence syndrome*, 9.6% were associated with an additional diagnosis of *neurotic disorders*, 7.3% with an additional diagnosis of *depressive disorder not elsewhere classified,* and 6.0% with an additional diagnosis of *personality disorders.* For those separations with a principal diagnosis of *drug dependence*, 7.0% were associated with an additional diagnosis of *personality disorders* and 6.2% had an additional diagnosis of *neurotic disorders.*

For those separations with a principal diagnosis of *non-dependent drug use disorder,* 7.4% were associated with an additional diagnosis of *personality disorders* and 7.1% had an additional diagnosis of *neurotic disorders.*

Table 3.3: Hospital separations with principal diagnosis of alcohol dependence, drug dependence or non-dependent drug use and additional diagnosis of a mental disorder, Australia, 1997–98

Principal diagnosis	Additional diagnosis	No. separations	% separations
Alcohol dependence syndrome (303)	Senile & presenile organic psychotic conditions (290)	13	0.1
	Transient organic psychotic conditions (293)	18	0.1
	Other organic psychotic conditions (294)	32	0.2
	Schizophrenic disorders (295)	215	1.5
	Affective disorders (296)	765	5.4
	Paranoid states (297)	20	0.1
	Other nonorganic psychoses (298)	20	0.1
	Neurotic disorders (300)	1,362	9.6
	Personality disorders (301)	853	6.0
	Sexual deviations & disorders (302)	13	0.1
	Physiological malfunction arising from mental factors (306)	—	—
	Special symptoms or syndrome, not elsewhere classified (307)	47	0.3
	Acute reaction to stress (308)	95	0.7
	Adjustment reaction (309)	659	4.6
	Specific nonpsychotic mental disorders due to organic brain damage (310)	32	0.2
	Depressive disorder, not elsewhere classified (311)	1,036	7.3
	Disturbance of conduct, not elsewhere classified (312)	67	0.5
Drug dependence (304)	Senile & presenile organic psychotic conditions (290)	2	—
	Transient organic psychotic conditions (293)	3	—
	Other organic psychotic conditions (294)	4	0.1
	Schizophrenic disorders (295)	100	1.5

(continued)

Table 3.3(continued): Hospital separations with principal diagnosis of alcohol dependence, drug dependence or non-dependent drug use and additional diagnosis of a mental disorder, Australia, 1997–98

Principal diagnosis	Additional diagnosis	No. separations	% separations
	Affective disorders (296)	195	2.9
	Paranoid states (297)	17	0.2
	Other nonorganic psychoses (298)	14	0.2
	Neurotic disorders (300)	420	6.2
	Personality disorders (301)	479	7.0
	Sexual deviations & disorders (302)	2	—
	Physiological malfunction arising from mental factors (306)	3	—
	Special symptoms or syndrome, not elsewhere classified (307)	50	0.7
	Acute reaction to stress (308)	28	0.4
	Adjustment reaction (309)	117	1.7
	Specific nonpsychotic mental disorders due to organic brain damage (310)	8	0.1
	Depressive disorder, not elsewhere classified (311)	299	4.4
	Disturbance of conduct, not elsewhere classified (312)	31	0.5
Non-dependent drug use disorder (305)	Senile & presenile organic psychotic conditions (290)	6	0.1
	Transient organic psychotic conditions (293)	19	0.3
	Other organic psychotic conditions (294)	13	0.2
	Schizophrenic disorders (295)	128	2.0
	Affective disorders (296)	209	3.3
	Paranoid states (297)	15	0.2
	Other organic psychoses (298)	12	0.2
	Neurotic disorders (300)	452	7.1
	Personality disorders (301)	476	7.4
	Sexual deviations & disorders (302)	4	0.1
	Physiological malfunction from mental factors (306)	1	—
	Special symptoms or syndrome, not elsewhere classified (307)	40	0.6
	Acute reaction to stress (308)	50	0.8
	Adjustment reaction (309)	222	3.5
	Specific nonpsychotic mental disorders due to organic brain damage (310)	6	0.1
	Depressive disorder, not elsewhere classified (311)	257	4.0
	Disturbance of conduct, not elsewhere classified (312)	56	0.9

Notes: —, indicates nil; () indicates the ICD-9-CM 4-digit code.

Source: AIHW National Hospital Morbidity Database.

3.1.1 Limitations of data

- Data are not collected for those public hospitals not within the jurisdiction of a State or Territory health authority or the Department of Veterans' Affairs. Data are also not complete from a small number of private hospitals, although coverage of these hospitals is improving.
- The data collection relates to admitted patients only and does not include information on clients in residential services (outside the acute care hospital setting), non-residential/outpatient services, community-based settings or other specialised services.
- All data in this database are based on episodes of care and hospital separations, not individual patients. Hence, a patient entering hospital three times in a year will generate three records. Data on the number of individuals being treated is not available, nor is there any data that describes an individual's passage through the health system.

3.2 Survey of clients of treatment service agencies

In March 1990, the first national survey of clients of treatment service agencies in Australia was conducted. The aim of the survey was to obtain information on the characteristics of clients being treated for problems related to drug use. A study of these characteristics was viewed under the National Campaign Against Drug Abuse (NCADA), now the National Drug Strategy (NDS), as an important tool to complement other relevant data sources. The characteristics of clients receiving treatment could then be compared with other data and used for planning and evaluation purposes (Torres, Mattick, Chen & Baillie 1995). The survey has subsequently been conducted in 1992 and 1995 which has allowed trends to be monitored in client characteristics, patterns of drug use and treatment seeking.

To be included in the survey, agencies had to be identified as providing one or more face-to-face specialist treatment services to clients with alcohol and/or other drug problems. The range of treatment interventions covered by this definition was very wide, including among others a variety of outpatient treatment services, residential rehabilitation programs, detoxification, therapeutic communities, methadone maintenance plus an additional service, and smoking cessation programs. The third national survey of clients of treatment service agencies collected information from 498 agencies representing a response rate of 92% of all agencies that had been listed from available federal, State and Territory government and non-government organisation directories. The response rates for the 1990 and 1992 surveys were 85% and 93% respectively. All agencies participating in the survey were required to complete their surveys on the same day (referred to as census day), and they were required to provide information about all the clients to whom they provided face-to-face treatment on the day of the survey.

The information collected in the survey included:

- client status (substance user or relative/friend of user)
- age
- gender
- country of birth
- language spoken by the client at home
- employment status
- service provided to the client

- principal drug problem of the substance user
- illicit drugs injected by the substance user in the past 12 months
- postcode of the client's usual residence.

In the latest survey a total of 5,212 clients had been treated on census day, and of them the majority were in treatment for their own substance use (92%). The mean age was 33.8 years for substance users and the majority of users were male (71%). Alcohol use was the most common presenting problem, followed by opiate use (See Table 3.4).

Table 3.4: Characteristics of clients of treatment services in 1990, 1992 and 1995

Client characteristics	1990	1992	1995
Total number of clients	6,175	5,730	5,212
Client type			
Substance users (%)	90	91.8	91.6
Relative/friend (%)	10	7.8	8.3
Mean age (years)	34.4	34.3	33.8
Male (%)	66.4	72.1	70.6
Born in Australia (%)	83.3	85.4	85.7
Principal drug problems			
Alcohol (%)	55.2	51.7	49.3
Opiates (%)	33.7	33.2	33.6
Tobacco (%)	7.9	8.5	4.8
Cannabis (%)	4.1	6.0	6.7
Amphetamines (%)	3.9	4.3	6.5

Source: Clients of treatment service agencies March 1995 census findings (Torres et al. 1995).

3.2.1 Limitations of data

- Clients of non-residential services who were not seen on census day are excluded.
- Over a third of the agencies surveyed (38%) reported that the clients seen on census day were not typical of their client load.
- The collection of data is based on survey methods, rather than the extraction of administrative data, the former placing a greater burden on those agencies required to report the data.

3.3 National Survey of Mental Health and Wellbeing

The National Survey of Mental Health and Wellbeing (NSMHWB) was conducted by the ABS in 1997 on a representative sample of adults living in private dwellings in all States and Territories of Australia. Approximately 10,600 people aged 18 years or over participated in the survey, which represented a response rate of 78% (ABS 1998).

The main objective of the survey was to inform governments about the need for improvements in mental health service delivery in the Australian community, and was also designed to provide information on the prevalence of a range of major mental disorders affecting Australian adults. In addition, the survey covered demographic and socioeconomic

characteristics, physical conditions and disability associated with mental disorders (ABS 1998).

The survey collected information on a range of major mental disorders including anxiety disorders, affective disorders and substance use disorders. Substance use disorders were defined as harmful use and / or dependence on drugs and / or alcohol. Four drug categories, including both illegal and prescription drugs, were identified in the survey:

- sedatives, e.g. barbiturates, librium, serepax, sleeping pills, valium;
- stimulants, e.g. amphetamines, dexedrine, speed;
- cannabis, e.g. marijuana and hashish; and
- opioids, e.g. heroin, methadone, opium.

Details of the survey have been reported in the publication *Mental Health and Wellbeing Profile of Adults, Australia 1997* (ABS 1998).

Table 3.5 shows that men were more than twice as likely as women to have a substance use disorder (11% compared with 5%). Young men aged 18–24 years had the highest prevalence of substance use disorders (22%). For both men and women the prevalence of substance use disorders declined with age from 16% of persons aged 18–24 years to 8% of persons aged 35–44 years, to 1% of those aged 65 years and over.

Table 3.5: Prevalence (per cent) of substance use disorders[(a)] by age and sex, Australia, 1997

	Age group (years)						
Sex	**18–24**	**25–34**	**35–44**	**45–54**	**55–64**	**65+**	**Total**
Males	21.5	15.6	12.0	7.4	5.2	2.1	11.1
Females	10.6	7.0	4.5	3.2	1.2	0.2	4.5
Persons	16.1	11.3	8.2	5.3	3.2	1.1	7.7

(a) During the twelve months prior to interview.

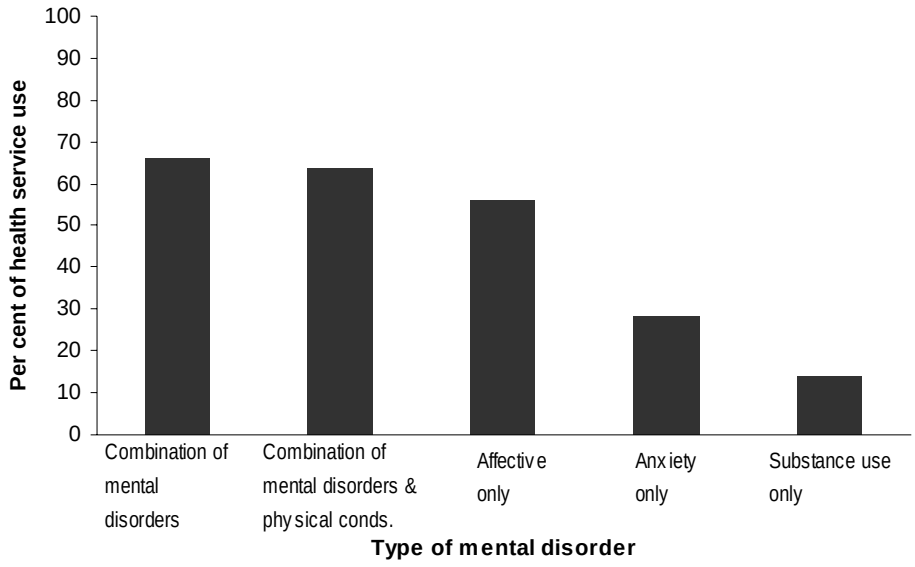
Source: ABS 1997 National Survey of Mental Health and Wellbeing (ABS 1998).

The survey also collected information on admissions to hospitals and consultations with health professionals. The likelihood of using health services for a self-perceived mental health problem was closely related to type of mental disorder. Of those with substance use disorders only, approximately 14% used health services, compared with 56% of those with affective disorders only and 28% of those with anxiety disorders only. Those with combinations of mental disorders were the most likely to use health services (see Figure 3.3).

3.3.1 Limitations of data

- The survey was a once only cross-sectional collection and cannot be used to monitor trends over time.
- The data collected is self-reported and thus is not comparable with administrative data reporting. In addition, self-reported service use cannot be verified.
- Data was collected from a private household sample only, and therefore no information is available from people living in special dwellings (such as hospitals, hostels, boarding

houses or nursing homes) nor from the homeless. Dwellings in remote and sparsely settled parts of Australia were also excluded.



Source: ABS 1997 National Survey of Mental Health and Wellbeing (ABS 1998).

Figure 3.3: Health service use (per cent) by mental health disorder, Australia, 1997

3.4 National Drug Strategy Household Survey

The 1998 National Drug Strategy Household Survey was the most comprehensive survey concerning drug use ever undertaken in Australia. It gathered information from over 10,000 persons aged 14 years and over. The survey comprised questions on drug-related knowledge, awareness, attitudes, use and behaviours. It was the sixth survey conducted under the auspices of the National Drug Strategy. Previous surveys were conducted in 1985, 1988, 1991, 1993 and 1995 and the data collected in these surveys contribute to the development of policies for Australia's response to drug issues (AIHW 1999b).

On the 1998 survey, one question asked respondents about whether they had ever participated in an alcohol or other drug treatment program. Responses to this item indicated that few people surveyed had participated in an alcohol or other drug treatment program (see Table 3.6). Six per cent of those surveyed had participated in a smoking-related program at some stage with less than 1% of both male and female respondents participating in other treatment programs with the exception of males participating in an alcohol-related program (Higgins, Cooper-Stanbury & Williams 2000).

Table 3.6: Participation in an alcohol or other drug-related treatment program, Australia, 1998

Program type	Never	Last 12 months	Yes, but not in last 12 months
		(per cent)	
		Males	
Smoking program	94	2	4
Alcohol program	98	1	1
Detoxification centre	99	—	1
Methadone maintenance	100	—	—
Prescription drugs treatment	99	1	—
Other	99	—	1
		Females	
Smoking program	94	2	4
Alcohol program	100	—	—
Detoxification centre	100	—	—
Methadone maintenance	100	—	—
Prescription drugs treatment	100	—	—
Other	100	—	—

Source: National Drug Strategy Household Survey 1998 (Higgins et al. 2000).

3.4.1 Limitations of data

- The sample was based on private households, therefore homeless and institutionalised persons, and persons residing in non-private dwellings (hotels, motels, boarding houses, etc.) were not included in the survey.
- Self-reported treatment participation cannot be verified.

3.5 Health care for alcohol and other drug problems in general practice

BEACH (Bettering the Evaluation And Care of Health) is a collaborative study between the Australian Institute of Health and Welfare and the University of Sydney. The *BEACH* program has three primary aims:

- to provide a reliable and valid data-collection process for general practice which is responsive to the needs of information users;
- to establish an ongoing database of general practitioner / patient encounter information; and
- to assess patient risk factors and health states and the relationship between these factors and the health service activity (Britt et al. 1999).

During each 12-month period of the study, 1,000 general practitioners are sampled and each GP is required to report details of 100 consecutive general practitioner-patient encounters of all types on structured paper encounter forms. Each form collects information about the consultation, the patient, the patient's problems, and the management for each problem. Problems are coded according to ICPC-2 PLUS, an extension of the *International Classification*

of Primary Care, 2nd Edition (ICPC-2). Problems coded under the broad classification of 'psychological' include alcohol and other drug-related problems. Therefore, this data set may be used to gather information on the types of alcohol and drug problems that patients are presenting to general practitioners, the prevalence with which these problems are presented and the management strategies employed by general practitioners to deal with them (e.g. referrals, treatment, prescriptions).

Tobacco abuse and drug abuse are both in the top 30 problems managed by general practitioners with a clinical treatment (Britt et al. 1999). The most common form of this clinical treatment for alcohol and drug problems is providing counselling and advice (see Britt et al. 1999).

3.5.1 Limitations of data

- The data is collected from a sample of general practitioners only, it is not a comprehensive national coverage of all patients.
- There is no way to verify that clients referred to specialist alcohol and other drug treatment services accessed these services.
- The number of alcohol and drug problems presented are very small and therefore have high sampling variability.

3.6 Conclusion

At present, data providing national statistics about people receiving alcohol and drug treatment services is largely limited to hospital separations or to survey data. The available data in the community setting is particularly limited and it is not possible at present to compare client data and service activity data across States and Territories. A greater availability of comparable and consistent data would enhance the capacity of the alcohol and other drug treatment sector to influence national policy, and would also provide agencies with basic data relating to drug problems and treatment responses that are relevant to their own circumstances.

4 Development of a NMDS for alcohol and other drug treatment services

Efforts to develop an agreed NMDS for alcohol and other drug treatment services have occurred within the processes established by the National Health Information Agreement (NHIA). Under the NHIA, the Commonwealth, States and Territories are committed to working with the Australian Institute of Health and Welfare (AIHW), the Australian Bureau of Statistics (ABS) and others to develop, collate and report on national health information. The Agreement establishes mechanisms for developing and collecting national data (see Appendix A). The National Health Information Management Group (NHIMG), which oversees the National Health Information Work Program, manages the Agreement. Data development work undertaken within this framework must first be agreed at a conceptual level by the National Health Data Committee (NHDC) and may then be agreed for collection by the NHIMG.

4.1 Initial development of the NMDS

The first phase of the current NMDS project was a joint feasibility study conducted by the National Drug and Alcohol Research Centre (NDARC) and the Alcohol and Other Drugs Council of Australia. The feasibility study reviewed existing data collection practices and procedures in all States and Territories and concluded that although there were national and regional disparities, the data collected by agencies generally contained the same basic client and service delivery data (Rankin & Copeland 1997). The study also proposed a set of data elements for collection in alcohol and other drug treatment services, based on a framework from the National Health Information Model (AIHW 1996) and data definitions provided in the *National Health Data Dictionary Version 6.0* (NHDC 1997).

On completion of the feasibility study, the National Drug Strategy Unit in the Commonwealth Department of Health and Aged Care took responsibility to oversee carriage of phase two—the development of the NMDS for alcohol and other drug treatment services. In September 1998, the Intergovernmental Committee on Drugs (IGCD) recommended the establishment of an interim working group to implement phase two, comprising representatives from interested jurisdictions (initially New South Wales, Victoria, Queensland and South Australia), the AIHW, the NDARC and the Commonwealth Department of Health and Aged Care. Under a Memorandum of Understanding with the Department of Health and Aged Care, the AIHW is responsible for the management of definitional developments and collection strategies for the NMDS under the provisions of the NHIA.

Development of the NMDS for alcohol and other drug treatment services has been undertaken in consultation with other relevant health information data development activities (e.g. the national data sets developed for admitted patients mental health care, community mental health care, and palliative care). This is to ensure and promote uniformity and consistency of data items across these related collections.

During 1998, a process for integrating data developments in health and community services at the AIHW was established as a means of promoting consistent data standards across different sectors. The development of the NMDS for alcohol and other drug treatment services thus takes into consideration developmental work and collection practices of a wide range of stakeholders represented in the AIHW collections.

Consultation with other peak bodies, for example the National Centre for Research into the Prevention of Drug Abuse, and the Alcohol and Other Drugs Council of Australia has also been undertaken. A comprehensive list of organisations for inclusion in the national consultation process was developed on advice from representatives of the Intergovernmental Committee on Drugs NMDS Working Group and is attached in Appendix B.

In March 1998, NDARC conducted a survey of approximately 100 alcohol and other drug treatment services across all jurisdictions to assess the likely response at the agency level to the project. The majority of respondents (92%) supported the development of a national data set. Also, as part of the developmental work, consultative forums (conducted by NDARC) have been held in the States and Territories to provide alcohol and other drug treatment agencies the opportunity to participate in the development of the NMDS. Following this research, a proposed set of data elements was developed.

4.2 Pilot study

The National Drug and Alcohol Research Centre conducted a pilot study of the proposed set of data elements for the NMDS with 19 agencies nationally, over a six-week period between June and August 1998. The purpose of the pilot study was to test the data set content and definitions that had been developed in workshops with service providers, and to test the ability of agencies to collect this data consistently. The type of support and systems that were in place was also identified (Conroy 1998). Analysis of the pilot study data has been reported in the publication *National Minimum Data Set Project for Alcohol and Other Drug Treatment Services: Report on the Pilot Study and Recommended Set of Data Definitions* (Conroy & Copeland 1998). The information in this report, including feedback from staff of participating agencies, has been used to inform further development of the NMDS.

The pilot study collected information on the following data elements:

- establishment identifier
- date episode commenced
- person identifier
- client status
- date of birth
- sex
- country of birth
- indigenous status
- source of income
- type of usual accommodation
- living situation
- previous treatment for alcohol and other drug problems
- source of referral

- presenting problem drug
- secondary problem drug
- method of use for presenting problem drug
- method of use for secondary problem drug
- agency program type
- main type of service provided
- other type of service provided
- reason for treatment termination
- referral to further care
- problem drug treated
- methadone dose
- date episode terminated.

4.2.1 Summary of pilot study data

A total of 1,388 clients were recorded over the six-week period, and 95% of clients were in treatment for their own substance use (see Table 4.1). The mean age was 32 years for substance users, with the majority of users male (70%) and born in Australia (84%). Alcohol use was the most common presenting problem, followed by heroin use, although opiates as a combined group (including heroin, methadone and other opiates) exceeded alcohol in prevalence.

From this information, the proposed data elements were examined and evaluated and a revised data set was developed.

Table 4.1: Characteristics of clients of treatment services, pilot study, 1998

Client characteristics	1998
Total number of clients	1,388
Client type	
Substance users (%)	95
Relative/friend (%)	5
Mean age (years)	32
Male (%)	70
Born in Australia (%)	84
Most prevalent presenting problem drugs	
Alcohol (%)	36
Heroin (%)	29
Cannabis (%)	11

Source: Conroy & Copeland (1998).

4.3 NMDS development during 1999

The NMDS for alcohol and other drug treatment services has since become a national project. In January 1999, it was agreed to expand the IGCD NMDS Working Group to include at least one health representative from each jurisdiction and representatives from the ABS were also invited. Throughout 1999, development work on the NMDS was conducted by the AIHW with the assistance of the IGCD NMDS Working Group. The AIHW convened the Working Group during this period, taking responsibility for the role of secretariat as well as chairing the meetings.

4.3.1 Statement of purpose and NMDS objectives

The IGCD NMDS Working Group developed the following statement of purpose, which has been endorsed by the IGCD to provide the basis for data development work:

> There is an urgent requirement for data development and collection implementation which will provide timely and accurate data to support the delivery of alcohol and other drug treatment services in Australia. The information strategy will be developed under the National Health Information Agreement and will be designed to monitor and evaluate the key objectives of the National Drug Strategic Framework, and to assist States and Territories in the planning, management and quality improvement of services.

In addition to the statement of purpose, the IGCD NMDS Working Group identified the following objectives of the NMDS. The aim of the NMDS is to:

- monitor broad patterns of service utilisation by clients;
- monitor access to services for specific population groups;
- inform planning and development of service delivery strategies; and
- support the development of strategies for benchmarking.

In addition, a number of specific issues that require client-level information have been identified, including:

- number of clients and contacts per treatment type;
- client utilisation of services (e.g. a community-based equivalent of ‘average length of stay’, and including an indication of ‘completion’ rates);
- client characteristics in terms of demographic factors;
- reasons for clients to seek services and treatment;
- the types of services received by clients; and
- client referral patterns (e.g. source of referral).

4.3.2 Content of the NMDS

The IGCD NMDS Working Group developed the content of the NMDS using the pilot study list as a starting point for data elements to be collected nationally. Proposed data elements were assessed by the Working Group in terms of the need and suitability for national collection and the likelihood of collection occurring in all jurisdictions. For each proposed data element, the Working Group devised a standard definition and a guide for use. Data elements were only included in the NMDS when the following criteria had been satisfied:

- there had been consensus reached by the Working Group with regard to the need for collection of the data element at the national level;

- it had been established that collection of the data element in all jurisdictions was achievable; and
- a standard definition and guide for use had been agreed upon by the Working Group.

As a result of these requirements, a number of the data elements included in the pilot study conducted by NDARC were excluded from the initial content of the NMDS (e.g. source of income, type of usual accommodation, and living situation). This does not mean however, that these data elements will not be considered for future inclusion.

Data elements included in the NMDS were mapped to the National Health Information Model, which is a high-level framework for national information development and management, providing the broad categories of information required within the health sector. Table 4.2 identifies the entities in the National Health Information Model to which data elements of the NMDS for alcohol and other drug treatment services relate.

Table 4.2: Mapping of data elements for the National Minimum Data Set—alcohol and other drug treatment services to National Health Information Model entities

Entities	Data elements
Organisation characteristic	Establishment identifier Establishment type
Person role	
Recipient role	Client type Person identifier
Person characteristic	
Demographic characteristic	Sex Date of birth Country of birth Indigenous status
Social characteristic	Preferred language
Health and welfare service event	
Request for/entry into service event	Source of referral to alcohol and other drug treatment service Date of commencement of treatment
Person event	
Other life event	Method of use for principal drug of concern Injecting drug use
Need/Issue	Principal drug of concern Other drugs of concern
Location	
Address	Geographic location of establishment

The NMDS was endorsed by the IGCD in July 1999 and received in-principle support from the National Health Data Committee in September 1999, subject to some minor alterations. In December 1999, the Commonwealth and State and Territory Governments, through the NHIMG, endorsed the NMDS for alcohol and other drug treatment services for collection to commence on 1 July 2000.

Establishment-level and client-level data were requested for collection from 1 July 2000. Both pre-existing *National Health Data Dictionary* Version 8 (AIHW 1999c) data elements and new data elements were included in the data set. Table 4.3 presents the data elements endorsed by the IGCD, the NHDC, and the NHIMG for collection from 1 July 2000. Table 4.3 also indicates the items that were pre-existing data elements in the *National Health Data Dictionary* (NHDD) and those that were new items in version 9. Full details of each data element as included in the *NHDD Version 9.0* (AIHW 2000a) are provided in Appendix C.

Three additional data elements, *Cessation of treatment, Reason for cessation of treatment* and *Date of cessation of treatment*, were included in the *NHDD Version 9.0*, but were not proposed for collection at 1 July 2000.

Table 4.3: Data elements for the NMDS—alcohol and other drug treatment services, endorsed for collection from 1 July 2000

Data element	NHDD Code	Existing NHDD data elements	New data elements
Establishment-level data elements			
Establishment identifier (comprised of)	000050	✓	
— State identifier	000380	✓	
— Establishment sector	000379	✓	
— Region code	000378	✓	
— Establishment number	000377	✓	
Establishment type	000327	✓	
Geographic location of establishment	000260	✓	
Client-level data elements			
Establishment identifier	000050	✓	
Person identifier	000127	✓	
Sex	000149	✓	
Date of birth	000036	✓	
Country of birth	000035	✓	
Indigenous status	000001	✓	
Preferred language	000132	✓	
Client type	000426		✓
Date of commencement of treatment	000430		✓
Source of referral to alcohol and other drug treatment service	000444		✓
Principal drug of concern	000443		✓
Other drugs of concern	000442		✓
Method of use for principal drug of concern	000433		✓
Injecting drug use	000432		✓

4.3.3 Scope of collection

Alcohol and other drug treatment service providers included within the scope of the NMDS comprise all publicly funded (at State and / or Commonwealth level) government and non-government agencies that provide one or more specialist treatment services to clients with alcohol and / or other drug problems.

The following are *not* within scope of the collection:

- alcohol and other drug treatment services based in prisons and other correctional institutions;
- agencies that provide primarily accommodation or overnight stays such as 'halfway houses' or 'sobering-up shelters';
- agencies that provide services primarily concerned with a preventative or educational emphasis such as needle and syringe exchanges;
- admitted patients in psychiatric hospitals or general hospital wards; and
- methadone treatment services.

Methadone treatment services are excluded because of the complexity of the service delivery structure and the range of agencies and practitioners involved. A separate collection for methadone clients will be collated directly from State and Territory registers.

4.3.4 Supply of data to AIHW

The data will be forwarded to the AIHW annually by each State and Territory. The data will be requested for each financial year reference period (1 July to 30 June). In collating the data into a national database, a formal validation process will be followed to maximise data quality. A report will then be prepared which will include results at both the national and at the State/Territory level. No individual service provider or individual client will be identified in the report.

The *Australian Institute of Health and Welfare Act 1987* prescribes strict conditions to ensure the security of the data held and managed by the Institute. The AIHW Act provides for strict penalties (including imprisonment) for breaches of confidentiality. AIHW staff—including those in collaborating units—cannot be forced to reveal confidential AIHW data, even in a court of law.

4.4 Profile survey of alcohol and other drug treatment services

Also during 1999, the AIHW and the IGCD NMDS Working Group developed a survey to establish a profile of agencies in each State and Territory and to assess the capacity of jurisdictions to collect the NMDS. More specifically, the survey aimed to provide information about the type of alcohol and drug treatment services provided by agencies, the location of clients for which services are provided, the reporting activity of agencies, and the number of agencies that collect agreed NMDS data items.

All NMDS items agreed for collection from 1 July 2000 were included in the survey. Information was also collected for items identified as potential data elements for future use.

Within each State or Territory, a nominated Working Group member coordinated the distribution and collection of surveys. Publicly funded government and non-government agencies were included in the survey sample. Completed surveys were sent to AIHW for data entry and analysis.

It should be noted that the survey was not intended for research purposes but rather was intended to provide information regarding the readiness of service providers to begin collection of the NMDS. See Appendix D for a copy of the survey form.

4.4.1 Sample

Survey responses from 425 agencies were included for analysis. Estimates of agency numbers obtained from States and Territories indicated that approximately 600 agencies would be included in the sample (i.e. have a survey form mailed to them). Alcohol and other drug treatment services not included in the coverage of the NMDS collection (e.g. prisons, 'sobering-up shelters', and 'half-way houses') were excluded from the analysed survey sample. Likewise, agencies identified exclusively as methadone treatment services were not included. Note that agencies providing services in addition to methadone treatment, and agencies for which it could not be established that methadone treatment was the only service provided, were included in the sample.

4.4.2 Findings for national data

The findings as reported here are for national data only.

Table 4.4 shows that approximately 50% of agencies classed their service type as 'general community', comprised primarily of community health centres that provide an alcohol and drug treatment service as a component of the overall health centre program. Approximately 43% of agencies provide 'non-residential centre-based care', comprised primarily of units engaged in the provision of acute or rehabilitative ambulatory or home-care services for patients with alcohol or other drug dependencies. Approximately 26% of agencies provide 'residential centre-based care', comprised primarily of alcohol and other drug residential treatment centres engaged in the treatment, rehabilitation or harm reduction of alcohol and other drug dependence on a residential basis. Approximately 18% of agencies provide services to 'admitted patients', comprised primarily of specialist detoxification and/or rehabilitation units that are located in a hospital.

Table 4.4: Number of agencies by type of alcohol and other drug treatment services, national data 2000

Service type[a]	Number	Per cent of services (N=425)[b]
Admitted patient	76	17.9
Residential centre-based care	111	26.1
Non-residential centre-based care	184	43.3
General community	213	50.1

(a) Note that classifications of service type were self-identified and agencies may have selected more than one.

(b) The total number of agencies for which surveys were returned and data entered.

Table 4.5 presents the number of agencies by the area of service (metropolitan, rural or remote). Approximately one-third of agencies indicated that they provide services to clients in metropolitan areas only. Likewise, one-third provide services to clients in both rural and metropolitan areas. Approximately one-quarter of agencies provide services in rural areas only. A high number of agencies (39%) indicated that they provide services to clients living in remote locations. Note that classifications of areas were self identified by agencies and therefore subject to inconsistency as to how 'remote' locations are defined.

Table 4.5: Number of agencies by location to which services are provided (metro, rural and remote), national data 2000

Area of service[a]	Number	Per cent of services (N=425)[b]
Metro areas only	137	32.2
Rural and metro areas	137	32.2
Rural areas only	108	25.4
Total	**382**	89.9
Remote locations	167	39.3

(a) Note that classifications of area of service were self-identified and agencies may have selected remote locations in addition to rural and metro areas, and rural areas only.

(b) The total number of agencies for which surveys were returned and the data entered.

Table 4.6 shows that approximately 72% of agencies in the sample indicated that they were required under a funding service agreement to supply data related to treatment services (excluding methadone) to a State or Territory health department. For those agencies that do supply data, the majority (67%) report on a regular basis (at least quarterly). Approximately 91% of all agencies indicated that they routinely collected information on clients accessing their treatment services.

Table 4.6: Number of agencies by reporting requirements, national data 2000

Reporting Requirements	Number	Percent of services (N=425)(a)
Required to supply data to State or Territory health department	305	71.8
How often report: quarterly (includes monthly)	205	48.2
six-monthly	45	10.6
annually	54	12.7
Collect info on clients accessing types of treatment services provided	388	91.3

(a) The total number of agencies for which surveys were returned and the data entered.

Information was also gathered on the data items that agencies routinely collect, with the aim of finding the extent to which NMDS items were collected. Table 4.7 presents the number of agencies that collect each data item, and shows that the item *Sex* was collected by the most agencies (95%), followed by the item *Date of birth* (94%). The item *Method of use for principal drug of concern* was collected by the fewest number of agencies (61%) closely followed by the item *Preferred language* (64%). The majority of items are collected by approximately 80% of agencies, with an average collection rate of 82.5% recorded across all data items. Most importantly, a total of 189 agencies (45%) indicated that they collect all NMDS items.

As indicated in Table 4.7, 61% of agencies reported that they collect additional information. Additional information commonly collected by agencies included *Marital status, Accommodation, Employment status, Source of income, Current medication, Period of substance abuse, Previous treatment* and *Legal history*.

Table 4.7: Number of agencies that collect information on clients who access treatment services, by data items and how data is recorded, national data 2000

Data elements	Agreed to collect 1 July 2000	Number	Per cent of services (N=425)[(a)]
Person identifier	✓	344	81.0
Socio-demographic items			
Sex	✓	402	94.6
Date of birth	✓	398	93.6
Country of birth	✓	374	88.0
Indigenous status	✓	371	87.3
Preferred language	✓	274	64.5
Client type	✓	340	80.0
Service and administrative items			
Source of referral	✓	390	91.8
Service type		363	85.4
Service contact date		385	90.6
Other services provided		284	66.8
Date of entry into treatment	✓	380	89.4
Reason for cessation of treatment		332	78.1
Date of cessation treatment		348	81.9
Clinical item			
Principal drug of concern	✓	383	90.1
Other drugs of concern	✓	372	87.5
Method of use for principal drug of concern	✓	260	61.2
Injecting drug use	✓	303	71.3
None of these collected		14	3.3
Other items collected		258	60.7
Items recorded			
Paper records		341	80.2
Electronic records		262	61.6
Collect all NMDS data elements		189	44.5

(a) The total number of agencies for which surveys have been returned and the data entered.

4.4.3 Issues of quality

- The self-report style of the survey means that the validity of the reported data is questionable, as some inconsistency was present in the interpretation of questions and the classification of service types and areas of service provision.

5 Recent NMDS development and future directions

The IGCD has supported the continued development of the NMDS for alcohol and other drug treatment services throughout 2000. The AIHW has maintained a coordinating role in the project, undertaking data development work as well as highlighting national and jurisdictional implementation issues. The AIHW also produced the publication *Guidelines for the National Minimum Data Set for Alcohol and Other Drug Treatment Services* (AIHW 2000c) to provide information about the collection process and the data elements that comprise the data set.

5.1 Data development in 2000

The IGCD and the IGCD NMDS Working Group have identified a need to collect data elements that provide information on the treatment types accessed by clients, the settings in which these treatments are being delivered, and the frequency with which clients have contact with the treatment providers. This information will allow trends in treatment patterns to be monitored, which is of fundamental importance to planning effective treatment delivery.

It has also been identified that more useful information will be captured by the data set if 'treatment episodes' are reported, instead of the registration-based collection that is in place for the 2000–01 collection period. The Working Group noted that the use of treatment episodes reflects clinical practice within the alcohol and other drug treatment sector. The inclusion of a treatment episode concept at the national level will enhance the quality of information on service utilisation. The proposed concept is similar to that of 'episode of care' used in the admitted patient care NMDS, with episodes being defined around different 'treatment' or 'care' types.

The NMDS for alcohol and other drug treatment services currently includes a date of commencement of treatment, however there is no reporting of the date of cessation of treatment. The inclusion of a data element that records the date on which treatment ceases, will allow the concept of 'treatment episodes' to be introduced to the NMDS.

In September 2000, the IGCD NMDS Working Group agreed to propose that the NMDS for alcohol and other drug treatment services be expanded to include the following new data elements and data element concepts:

- main treatment type for alcohol and other drugs
- other treatment type for alcohol and other drugs
- treatment delivery setting for alcohol and other drugs
- reason for cessation of treatment episode for alcohol and other drugs
- date of cessation of treatment episode for alcohol and other drugs
- number of contacts within a treatment episode for alcohol and other drugs
- cessation of treatment episode for alcohol and other drugs (concept)
- service contact (concept)

- treatment episode for alcohol and other drugs (concept).

All jurisdictions have indicated their support for the inclusion and development of the above data elements, but agreement to collect additional items for the 2001–02 period is subject to the availability of resources and systems development. It was recommended to the National Health Data Committee (NHDC) that the changes to the NMDS be endorsed, but to note that not all jurisdictions may be able to commit to the collection until some time after
1 July 2001.

The NHDC considered this submission at their meeting held on 5/6 October 2000 and raised a number of issues and recommendations for the IGCD NMDS Working Group to consider before endorsing the changes to be submitted to the National Health Information Management Group (NHIMG). The IGCD NMDS Working Group resolved these issues at a teleconference held on 18 October 2000. A re-submission with revised drafts of the data elements and data concepts was made to the NHDC for consideration at a teleconference held on 26 October 2000. The NHDC agreed on the inclusion of the additional data elements and concepts and agreed to the change in statistical units of the NMDS, and recommended these changes for endorsement by the NHIMG.

The NHIMG endorsed the recommendations at a meeting held 9–10 November 2000 with the condition that a phased uptake of the revised NMDS be adopted with commencement from 1 July 2001 and all jurisdictions complying by July 2002.

5.1.1 Proposed content of the NMDS beyond July 2001

Table 5.1 presents the agreed NMDS for alcohol and other drug treatment services for mandatory collection by States and Territories by 1 July 2002. The pre-existing data elements (as published in the *National Health Data Dictionary Version 9.0*) and those data elements that will be new additions to the NMDS are indicated in Table 5.1. The full details of the new data elements are provided in Appendix E.

5.2 Future directions

Further development of the NMDS for alcohol and other drug treatment services will be ongoing during 2001–02 and directed by requirements of the IGCD, in consultation with States and Territories and the AIHW. Development will include making amendments to existing data elements and formulating new data elements for inclusion. Development on existing data elements includes refining definitions, data domains, and the directions provided in the relevant data element entries in the *National Health Data Dictionary* as stakeholders identify problems. The emphasis will be on having:

- clear, consistent and appropriate definitions;
- clear, consistent and adequate data domains; and
- clear, consistent and adequate instructions to guide in the collection and use of NMDS data.

Development on potential data elements will be conducted with the aim of increasing both the quantity and quality of the data collected by the NMDS.

Table 5.1: The National Minimum Data Set—alcohol and other drug treatment services, showing data elements that are agreed for collection by States and Territories by 1 July 2002.

Data Element	New to NMDS	NHDD code
Establishment-level data elements		
Establishment identifier (comprised of)		000050
— State identifier		000380
— Establishment sector		000379
— Region code		000378
— Establishment number		000377
Establishment type		000327
Geographic location of establishment		000260
Client-level data elements		
Client type		000426
Country of birth		000035
Date of birth		000036
Date of cessation of treatment episode for alcohol and other drugs	✓	000424
Date of commencement of treatment episode for alcohol and other drugs		000430
Establishment identifier		000050
Indigenous status		000001
Injecting drug use		000432
Main treatment type for alcohol and other drugs	✓	000639
Method of use of principal drug of concern		000433
Number of service contacts within a treatment episode for alcohol and other drugs	✓	000641
Other drugs of concern		000442
Other treatment type for alcohol and other drugs	✓	000642
Person identifier		000127
Preferred language		000132
Principal drug of concern		000443
Reason for cessation of treatment episode for alcohol and other drugs	✓	000423
Sex		000149
Source of referral to alcohol and other drug treatment services		000444
Treatment delivery setting for alcohol and other drugs	✓	000646
Supporting data element concepts		
Cessation of treatment episode for alcohol and other drugs	✓	000422
Commencement of treatment episode for alcohol and other drugs		000427
Service contact	✓	000401
Treatment episode for alcohol and other drugs	✓	000647

Appendix A

Health information management and development

What is national health information and why is it needed?

National health information is information that is either national in coverage or has relevance nationally and relates to:

- the health of the population;
- the determinants of the population's health, including external factors (physical, biological, social, cultural and economic) and those internal to individuals (e.g. knowledge, behaviour, disease risk factors);
- health interventions or health services, including those provided directly to individuals and those provided to communities, covering information on the nature of interventions, management, resourcing, accessibility, use and effectiveness; and
- the relationships among these elements.

Health information is needed by consumers and providers of health services, the health industry, governments and the community to enable informed decision-making. Consumers need information to guide their decisions to seek care, modify their behaviour, choose between different treatment options and understand the care they are receiving. Providers of health services need information about the needs of the populations they serve, the effectiveness of their interventions and for whom they are effective, and the acceptability of these interventions to consumers. Providers also require nationally consistent information to be able to compare the effectiveness and efficiency of their operations with those of their peers. The health industry and governments need information to make decisions about how to provide services equitably, efficiently and effectively, and to monitor health service financing, performance and health outcomes (Jellie & Shaw 1999).

National Health Information Agreement

The National Health Information Agreement (NHIA) provides the infrastructure for health information development in Australia. The Agreement ensures that the compilation and interpretation of national information is appropriate to government and community requirements and that data are collected and reported efficiently. The Agreement has been signed by Commonwealth, State and Territory Governments, the AIHW and the Australian Bureau of Statistics, and operates under the auspices of the Australian Health Ministers' Advisory Council (AHMAC). The National Health Information Management Group and the National Health Data Committee, in consultation with other national working groups, provide the mechanism for State and Territory endorsement of data standards and collections. The NHIA aims to improve access to uniform health information by community groups, health professionals, and government and non-government organisations. Under the NHIA provisions, all jurisdictions agree on definitions, standards and rules of collection of information and on guidelines for the coordination of access, interpretation and publication of national health information (AIHW 1994). The National Health Information

Work Program is a rolling triennial work program of national health information projects. The NMDS for alcohol and other drug treatment services project has been included as part of the National Health Information Work Program.

National Health Information Management Group

The National Health Information Management Group (NHIMG) is responsible for:

- overseeing the direction, development, review and implementation of the National Health Information Agreement and the agreed work program;
- making recommendations to the Australian Health Ministers' Advisory Council on national health information priorities, work programs, funding implications and other policy issues;
- negotiating with other groups and individuals for the collection and dissemination of information which will enhance the provision of health care;
- overseeing the role and function of the National Health Data Committee; and
- overseeing the review and maintenance of the *National Health Data Dictionary*.

National Health Data Committee

The National Health Data Committee (NHDC) coordinates national information development and endorses all definitions proposed for inclusion in the *National Health Data Dictionary* prior to submission to the National Health Information Management Group. The *National Health Data Dictionary* is a set of data items and definitions that is intended to facilitate the collection of uniform data in order to more accurately describe and compare health services in Australia. Other responsibilities include:

- reviewing and endorsing national minimum data sets in the health field;
- promoting and facilitating the sharing of information about developments in national health information; and
- taking a pro-active role in health information development that is consistent with identified National Health Information Priority Areas.

National Health Data Dictionary

The *National Health Data Dictionary* is a compilation of data items and definitions that is intended to facilitate the collection of uniform data in order to more accurately describe and compare health services in Australia. It has been produced every year since 1991 and originally it covered only the National Minimum Data Set—institutional health care. However, since the implementation of the National Health Information Agreement in 1993, it has become the vehicle for all national data definitions developed through the NHDC. Coverage has extended beyond institutional health care, drawing on data development projects in the National Health Information Work Program. Given the continuing policy interests in non-institutional health care, further expansion of the Dictionary's coverage over the next few years is anticipated.

National Minimum Data Sets

National minimum data sets (NMDS) are subsets of the *National Health Data Dictionary* data definitions that are agreed for mandatory collection and reporting at a national level. Proposed NMDSs require endorsement by both the NHDC and NHIMG. One NMDS may include data elements that are also included in another NMDS. An NMDS is contingent upon a national agreement to collect uniform data and to supply it as part of the national collection, but does not preclude agencies and service providers from collecting additional data to meet their own specific needs. Existing NMDSs include: institutional health care, hospital waiting times, institutional mental health care, community mental health care, health labour force and the perinatal collection.

The Australian Institute of Health and Welfare

The AIHW is a statutory authority of the Australian Government established by the *Australian Institute of Health and Welfare Act 1987*. This legislation:

- authorises the Institute to undertake data collection (with agreement of the Australian Bureau of Statistics);
- authorises arrangements with other bodies for performance of functions on behalf of the Institute;
- provides confidentiality protection for individual persons or organisations;
- enables research access (subject to confidentiality constraints).

The mission of the Institute is to improve the health and wellbeing of Australians and to inform community discussion and decision making through national leadership in developing and providing health and welfare statistics and information.

Appendix B

List of organisations for national consultation

Alcohol and Other Drugs Council of Australia (ADCA)
PO Box 269
Woden ACT 2606
Ph.: 02 6281 0686

Australian IntraVenous League (AIVL) based at ADCA (see above)

Monash University National Centre for Coronial Information
Email: ncis@vifp.monash.edu.au

National Centre for Education & Training on Addiction
Level 3B, Mark Oliphant Building
Science Park Adelaide
Bedford Park SA 5042

National Centre for Epidemiology and Population Health
Australian National University
Canberra ACT 2600

National Drug Research Institute (NDRI) *
Curtin University of Technology
GPO Box U1987
Perth WA 6001
Ph.: 08 9368 2055
Fax: 08 9367 8141
Email: info@ncrpda.curtin.edu.au

* Formerly known as the National Centre for Research into Prevention of Drug Abuse (NCRPDA)

National Drug and Alcohol Research Centre (NDARC)
University of New South Wales
Sydney NSW 2052
Ph.: 02 9398 9333
Fax: 02 9399 7143
Email: NDARC@unsw.edu.au

NEXT STEP Specialist Alcohol and Drug Services
Carrellis Centre
7 Field Street
Mount Lawley WA 6005

Queensland Alcohol and Drug Research and Education Centre (QADREC)
Department of Social and Preventive Medicine
Medical School
The University of Queensland

Turning Point Alcohol & Drug Centre
54–62 Gertrude Street
Fitzroy VIC 3065
Ph.: 03 9254 8061
Fax: 03 9416 3420

WA Drug Abuse Strategy Office
Level 1, 6 Thelma Street
West Perth WA 6005

Appendix C

NMDS data elements and concepts agreed for collection 2000–01

The agreed set of NMDS data elements and supporting data concepts to be collected for the financial year period 2000–01 are presented below in alphabetical order. Attached are copies of the entries in the *National Health Data Dictionary Version 9.0* for each data element and concept.

- Cessation of treatment
- Client type
- Commencement of treatment
- Country of birth
- Date of birth
- Date of commencement of treatment
- Establishment identifier
- Establishment number
- Establishment sector
- Establishment type
- Geographic location of establishment
- Indigenous status
- Injecting drug use
- Method of use for principal drug of concern
- Other drugs of concern
- Person identifier
- Preferred language
- Principal drug of concern
- Region code
- Sex
- Source of referral to alcohol and other drug treatment service
- State identifier

Cessation of treatment

Admin. status: CURRENT 01/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000422 ***Version number:*** 1

Data element type: DATA ELEMENT CONCEPT

Definition: Cessation of treatment is the decision to complete treatment or to discontinue further service contact by either a client and/or a service provider.

Context: Alcohol and other drug treatment services

Relational and representational attributes

Data type: ***Representational form:***

Field size: ***Min.*** ***Max.*** ***Representational layout:***

Data domain:

Guide for use: A client is identified as ceasing treatment if one or more of the following apply:
—their need for the treatment service has ended;

—they have had no contact with the service for a period of three months nor plan in place for further contact;

—their Principal drug of concern has changed.

Verification rules:

Collection methods:

Related data: Relates to the data element Reason for cessation of treatment, version 1

Relates to the data element Date of cessation of treatment, version 1

Administrative attributes

Source document:

Source organisation: Inter-governmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2000 to

Comments:

Client type

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000426 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: The status of a person in terms of whether contact with the service concerns their own alcohol and/or other drug use or that of another person.

Context: Alcohol and other drug treatment services. Required to differentiate between clients to provide a basis for description of the people accessing alcohol and other drug treatment services.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 1 ***Max.*** 1 ***Representational layout:*** N

Data domain:

1 Own drug use
2 Other's drug use
3 Both own and other's drug use
9 Not stated/inadequately described

Guide for use: Code 1 A client who contacts a service to receive treatment or assistance concerning their own alcohol and/or other drug use. These clients are sometimes referred to as primary clients.

Code 2 A client who contacts a service to receive support and/or assistance in relation to the alcohol and/or other drug use of another person. These clients are sometimes referred to as secondary clients.

Code 3 A client who contacts a service to receive treatment or assistance concerning both their own alcohol and/or other drug use and the alcohol and/or other drug use of another person.

Verification rules:

Collection methods: To be collected on commencement of treatment with a service.

Related data:

Administrative attributes

Source document:

Source organisation: Inter-governmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2000 to

Comments:

Commencement of treatment

Admin. status: CURRENT 01/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000427 ***Version number:*** 1

Data element type: DATA ELEMENT CONCEPT

Definition: Commencement of treatment is the first service contact when assessment and/or treatment occurs with the service provider.

Context: Alcohol and other drug treatment services

Relational and representational attributes

Data type: ***Representational form:***

Field size: ***Min.*** ***Max.*** ***Representational layout:***

Data domain:

Guide for use: A client is identified as commencing treatment if one or more of the following apply:
—they are a new client;

—they have had no contact with the service for a period of three months, nor plan in place for further contact;

—their Principal drug of concern has changed.

Commencement would not normally include client intake before assessment, for example those clients on waiting lists, nor would it include telephone or triage assessment.

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document:

Source organisation: Inter-governmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2000 to

Comments:

Country of birth

Admin. status: CURRENT 1/07/1994

Identifying and definitional attributes

Knowledgebase ID: 000035 ***Version number***: 2

Data element type: DATA ELEMENT

Definition: The country in which the person was born.

Context: Country of birth is important in the study of access to services by different population subgroups. Country of birth is the most easily collected and consistently reported of possible data items. The item provides a link between the Census of Population and Housing, other ABS statistical collections and regional data collections. Country of birth may be used in conjunction with other data elements such as period of residence in Australia, etc., to derive more sophisticated measures of access to services by different population subgroups.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 4 ***Max.*** 4 ***Representational layout:*** NNNN

Data domain: Australian Standard Classification of Countries for Social Statistics (ASCCSS) 4-digit (individual country) level. ABS catalogue no. 1269.0

Guide for use: A country, even if it comprises other discrete political entities such as states, is treated as a single unit for all data domain purposes. Parts of a political entity are not included in different groups. Thus, Hawaii is included in Northern America (as part of the identified country United States of America), despite being geographically close to and having similar social and cultural characteristics as the units classified to Polynesia in the ASCCSS.

Verification rules:

Related data: Supersedes previous data element Country of birth, version 1.

Administrative attributes

Source document: ABS Catalogue No. 1269.0

Source organisation: Australian Bureau of Statistics

National minimum data sets:

Admitted patient care	from 1/07/2000 to
Admitted patient mental health care	from 1/07/2000 to
Perinatal	from 1/07/1997 to
Admitted patient palliative care	from 1/07/2000 to
Alcohol and other drug treatment services	from 1/07/2000 to

Country of birth (*continued*)

Comments:

The Australian Standard Classification of Countries for Social Statistics (ASCCSS) in ABS catalogue no. 1269.0 has been superseded by the Standard Australian Classification of Countries (SACC) (ABS 1269.0 1998).

While not formally adopted by the National Health Data Committee (NHDC), the use of SACC is consistent with the data domains described, as there is a direct concordance between the two classifications.

The NHDC will be evaluating this data element in 2000.

Date of birth

Admin. status: CURRENT 1/07/1994

Identifying and definitional attributes

Knowledgebase ID: 000036 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: The date of birth of the person.

Context: Required to derive age for demographic analyses, for analysis by age at a point of time and for use to derive a Diagnosis Related Group (admitted patients).

Relational and representational attributes

Data type: Numeric ***Representational form:*** DATE

Field size: ***Min.*** 8 ***Max.*** 8 ***Representational layout:*** DDMMYYYY

Data domain: Valid dates

Guide for use: If date of birth is not known, provision should be made to collect age (in years) and a date of birth derived from age.

Verification rules: For the provision of State and Territory hospital data to commonwealth agencies this field must:
—be <= Admission date, otherwise resulting in a fatal error;
—not be null;

—be consistent with diagnoses and procedure codes, for records to be grouped, otherwise resulting in a fatal error.

Collection methods: It is recommended that in cases where all components of the date of birth are not known or where an estimate is arrived at from age, a valid date be used together with a flag to indicate that it is an estimate.

Related data: Supersedes previous data element Date of birth, version 1
Is used in the derivation of Diagnosis related group, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Admitted patient care	from 1/07/2000 to
Health labour force	from 1/07/1989 to
Admitted patient mental health care	from 1/07/2000 to
Perinatal	from 1/07/1997 to
Community mental health care	from 1/07/2000 to
Admitted patient palliative care	from 1/07/2000 to

Comments:

Date of commencement of treatment

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000430 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: Date on which commencement of treatment occurs.

Context: Alcohol and other drug treatment services. Required to identify the commencement of treatment in a service.

Relational and representational attributes

Data type: Numeric ***Representational form:*** DATE

Field size: ***Min.*** 8 ***Max.*** 8 ***Representational layout:*** DDMMYYYY

Data domain: Valid dates

Guide for use: The first date of treatment is the first service contact when assessment and/or treatment occurs.

Verification rules: Must be less than or equal to the Date of cessation of treatment.

Collection methods:

Related data: Relates to the data element concept Commencement of treatment, version 1

Administrative attributes

Source document:

Source organisation: Inter-governmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2000 to

Comments:

Establishment identifier

Admin. status: CURRENT 01/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000050 ***Version number:*** 2

Data element type: COMPOSITE ELEMENT

Definition: Identifier for the establishment in which episode or event occurred. Each separately administered health care establishment to have a unique identifier at the national level.

Context: Public hospital establishments and admitted patient care.

Relational and representational attributes

Data type: Alphanumeric ***Representational form:*** CODE

Field size: ***Min.*** 6 ***Max.*** 6 ***Representational layout:*** NNANNN

Data domain: Concatenation of:
N—State identifier
N—Establishment sector
A—Region code
NNN—Establishment number

Guide for use: If data is supplied on computer media, this item is only required once in the header information. If information is supplied manually, this item should be provided on each form submitted.

Verification rules:

Related data: Is composed of State identifier, version 2
Is composed of Establishment sector, version 2
Is composed of Region code, version 2
Is composed of Establishment number, version 2

Supersedes previous data element Establishment identifier, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Admitted patient care	from 1/07/2000 to
Public hospital establishments	from 1/07/2000 to
Admitted patient mental health care	from 1/07/2000 to
Perinatal	from 1/07/1997 to
Community mental health care	from 1/07/2000 to
Admitted patient palliative care	from 1/07/2000 to

Establishment identifier (*continued*)

Comments:

A residential establishment is considered to be separately administered if managed as an independent institution for which there are financial, budgetary and activity statistics. For example, if establishment-level data for components of an area health service are not available separately at a central authority, this is not grounds for treating such components as a single establishment unless such data are not available at any level in the healthcare system.

This item is now being used to identify hospital contracted care. The use of this item will lead to reduced duplication in reporting patient activity and will enable linkage of services to one episode of care.

Establishment number

Admin. status: CURRENT 01/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000377 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: An identifier for establishment, unique within the State or Territory.

Context: Public hospital establishments and admitted patient care.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 3 ***Max.*** 3 ***Representational layout:*** NNN

Data domain:

Guide for use:

Verification rules:

Related data: Is a composite part of Establishment identifier, version 2

Administrative attributes

Source document:

Source organisation:

National minimum data sets:

Admitted patient care	from 1/07/2000 to
Public hospital establishments	from 1/07/2000 to
Admitted patient mental health care	from 1/07/2000 to
Perinatal	from 1/07/1997 to
Alcohol and other drug treatment services	from 1/07/2000 to
Emergency department waiting times	from 1/07/1999 to

Comments: This data element supports the provision of unit record and/or summary level data by State and Territory health authorities as part of the Emergency Department Waiting Times National Minimum Data Set.

Establishment sector

Admin. status: CURRENT 01/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000379 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: A section of the health care industry.

Context: Public hospital establishments and admitted patient care.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 1 ***Max.*** 1 ***Representational layout:*** N

Data domain:

1	Public
2	Private
3	Repatriation

Guide for use:

Verification rules:

Related data: Relates to the data element Hospital, version 1
Is composite part of Establishment identifier, version 2

Administrative attributes

Source document:

Source organisation:

National minimum data sets:

Public hospitals establishments	from 1/07/2000 to
Admitted patient care	from 1/07/2000 to
Admitted patient mental health care	from 1/07/2000 to
Perinatal	from 1/07/1997 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments:

Establishment type

Admin. status: CURRENT 01/07/1989

Identifying and definitional attributes

Knowledgebase ID: 000327 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: Type of establishment (defined in terms of legislative approval, service provided and patients treated) for each separately administered establishment. Residential establishments are considered to be separately administered if managed as an independent unit in terms of financial, budgetary and activity statistics. The situation where establishment-level data, say for components of an area health service, were not available separately at a central authority was not grounds for treating such a group of establishments as a single establishment unless such data were not available at any level in the healthcare system.
Non-residential health services are classified in terms of separately administered organisations rather than in terms of the number of sites at which care is delivered. Thus, domiciliary nursing services would be counted in terms of the number of administered entities employing nursing staff rather than in terms of the number of clinic locations used by the staff.
Establishments can cater for a number of activities and in some cases separate staff and financial details are not available for each activity. In these cases it is necessary to classify the establishment according to its predominant residential activity (measured by costs) and to allocate all the staff and finances to that activity. Where non-residential services only are provided at one establishment, that establishment is classified according to the predominant non-residential activity (in terms of costs).

Context: Health services: type of establishment is required in order to aggregate establishment-level data into meaningful summary categories (for example, public hospitals, nursing homes) for reporting and analysis.

Relational and representational attributes

Data type: Alphanumeric ***Representational form:*** CODE

Field size: ***Min.*** 2 ***Max.*** 6 ***Representational layout:*** AN.N.N

Data domain: N7.1 Public day centre/hospital
N7.2 Public freestanding day surgery centre
N7.3 Private day centre/hospital
N7.4 Private freestanding day surgery centre
N8.1.1 Public community health centre
N8.1.2 Private (non-profit) community health centre
N8.2.1 Public domiciliary nursing service

Establishment type (*continued*)

Data domain (continued):

N8.2.2 Private (non-profit) domiciliary nursing service
N8.2.3 Private (profit) domiciliary nursing service
R1.1 Public acute care hospital
R1.2 Private acute care hospital
R1.3.1 Veterans' Affairs hospital
R1.3.2 Defence force hospital
R1.3.3 Other Commonwealth hospital
R2.1 Public psychiatric hospital
R2.2 Private psychiatric hospital
R3.1 Private charitable nursing home for the aged
R3.2 Private profit nursing home for the aged
R3.3 Government nursing home for the aged
R3.4 Private charitable nursing home for young disabled
R3.5 Private profit nursing home for young disabled
R3.6 Government nursing home for young disabled
R4.1 Public alcohol and drug treatment centre
R4.2 Private alcohol and drug treatment centre
R5.1 Charitable hostels for the aged
R5.2 State government hostel for the aged
R5.3 Local government hostel for the aged
R5.4 Other charitable hostel
R5.5 Other State government hostel
R5.6 Other local government hostel
R6.1 Public hospice
R6.2 Private hospice

Guide for use:

Establishments are classified into 10 major types subdivided into major groups:

—residential establishments (R)

—non-residential establishments (N)

Establishment type (*continued)*

R1 Acute care hospitals

Establishments which provide at least minimal medical, surgical or obstetric services for in-patient 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.
Hospitals specialising in dental, ophthalmic aids and other specialised medical or surgical care are included in this category. Hospices (establishments providing palliative care to terminally ill patients) that are freestanding and do not provide any other form of acute care are classified to R6.

R2 Psychiatric hospitals

Establishments devoted primarily to the treatment and care of in-patients with psychiatric, mental or behavioural disorders. Private hospitals formerly approved by the Commonwealth Department of Health under the *Health Insurance Act 1973* (Cwlth) (now licensed/approved by each State health authority) catering primarily for patients with psychiatric or behavioural disorders are included in this category. Centres for the non-acute treatment of drug dependence, and developmental and intellectual disability are not included here (see below). This code also excludes institutions mainly providing living quarters or day care.

R3 Nursing homes

Establishments which provide long-term care involving regular basic nursing care to chronically ill, frail, disabled or convalescent persons or senile inpatients. They must be approved by the Commonwealth Department of Health and Family Services and/or licensed by the State, or controlled by government departments. Private-profit nursing homes are operated by private profit-making individuals or bodies. Private charitable nursing homes are participating nursing homes operated by religious and charitable organisations. Government nursing homes are nursing homes either operated by or on behalf of a State or Territory Government.

R4 Alcohol and drug treatment centres

Freestanding centres for the treatment of drug dependence on an inpatient basis.

Establishment type (*continued)*

R5 Hostels and residential services

Establishments run by public authorities or registered non-profit organisations to provide board, lodging or accommodation for the aged, distressed or disabled who cannot live independently but do not need nursing care in a hospital or nursing home. Only hostels subsidised by the Commonwealth are included.

Separate dwellings are not included, even if subject to an individual rental rebate arrangement. Residents are generally responsible for their own provisions, but may be provided in some establishments with domestic assistance (meals, laundry, personal care). Night shelters providing only casual accommodation are excluded.

R6 Hospices

Establishments providing palliative care to terminally ill patients. Only freestanding hospices which do not provide any other form of acute care are included in this category.

N7 Same-day establishments

Includes both the traditional day centre / hospital and also freestanding day surgery centres.
Day centres / hospitals are establishments providing a course of acute treatment on a full-day or part-day non-residential attendance basis at specified intervals over a period of time. Sheltered workshops providing occupational or industrial training are excluded.
Freestanding day surgery centres are hospital facilities providing investigation and treatment for acute conditions on a day-only basis and are approved by the Commonwealth for the purposes of basic table health insurance benefits.

N8 Non-residential health services

Services administered by public authorities or registered non-profit organisations which employ full-time equivalent medical or paramedical staff (nurses, nursing aides, physiotherapists, occupational therapists and psychologists, but not trade instructors or teachers). This definition distinguishes health services from welfare services (not within the scope of the NMDS) and thereby excludes such services as sheltered workshops, special schools for the intellectually disabled, meals on wheels and baby clinics offering advisory services but no actual treatment. Non-residential health services should be enumerated in terms of services or organisations rather than in terms of the number of sites at which care is delivered. Non-residential health services provided by a residential establishment (for example domiciliary nursing service that is part of a public hospital) should not be separately enumerated.

N8.1 Community health centres

Public or registered non-profit establishments in which a range of non-residential health services is provided in an integrated and coordinated

Establishment type (*continued*)

manner, or which provides for the coordination of health services elsewhere in the community.

N8.2 Domiciliary nursing service

Public or registered non-profit or profit-making establishments providing nursing or other professional paramedical care or treatment to patients in their own homes or in (non-health) residential institutions. Establishments providing domestic or housekeeping assistance are excluded by the general definition above.

Note that national minimum data sets currently include only community health centres and domiciliary nursing services.

Verification rules:

Related data:

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Public hospital establishments	from 1/07/2000 to
Admitted patient care	from 1/07/2000 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments: In the current data element, the term establishment is used in a very broad sense to mean bases, whether institutions, organisations or the community from which health services are provided. Thus, the term covers conventional health establishments and also organisations that may provide services in the community.
This data element is currently under review by the Organisational Units Working Group of the National Health Data Committee. Recommendations will provide a comprehensive coverage of the health service delivery sector.

Geographic location of establishment

Admin. status: CURRENT 01/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000260 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: Geographical location of the establishment. For establishments with more than one geographical location, the location is defined as that of the main administrative centre.

Context: Health services: To enable the analysis of service provision in relation to demographic and other characteristics of the population of a geographic area.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 5 ***Max.*** 5 ***Representational layout:*** NNNNN

Data domain: The geographical location is reported using a 5-digit numerical code to indicate the Statistical Local Area (SLA) within the reporting State or Territory, as defined in the Australian Standard Geographical Classification (ASGC) (Australian Bureau of Statistics, catalogue number 1216.0).

Guide for use: The ASGC is updated on an annual basis with a date of effect of 1 July each year. Therefore, the edition effective for the data collection reference year should be used.
The Australian Bureau of Statistics' National Localities Index (NLI) can be used to assign each locality or address in Australia to an SLA. The NLI is a comprehensive list of localities in Australia with their full code (including SLA) from the main structure of the ASGC.
For the majority of localities, the locality name (suburb or town, for example) is sufficient to assign an SLA. However, some localities have the same name. For most of these, limited additional information such as the postcode or State can be used with the locality name to assign the SLA.
In addition, other localities cross one or more SLA boundaries and are referred to as split localities. For these, the more detailed information of the number and street of the establishment is used with the Streets Sub-index of the NLI to assign the SLA.

Verification rules:

Related data: Relates to the data element Establishment type, version 1
Supersedes previous data element Geographic location, version 1

Geographic location of establishment (*continued*)

Administrative attributes

Source document: Australian Standard Geographical Classification (Australian Bureau of Statistics Catalogue No. 1216.0).

Source organisation: National Health Data Committee

National minimum data sets:

Public hospital establishments	from 1/07/2000 to
Community mental health care	from 1/07/1998 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments: The geographical location does not provide direct information on the geographical catchment area or the catchment population of the establishment.

Indigenous status

Admin status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000001 ***Version number:*** 3

Data element type: DATA ELEMENT

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

Context: Given the gross inequalities in health status between Indigenous and non-Indigenous peoples in Australia, and the size of the Aboriginal and Torres Strait Islander populations and their historical and political context, there is a strong case for ensuring that information on Indigenous status is collected for planning and service delivery purposes and for monitoring Aboriginal and Torres Strait Islander health.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 1 ***Max.*** 1 ***Representational layout:*** N

Data domain:

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

Guide for use: There are three components to the definition:
—Descent;
—self-identification; and
—community acceptance.
The classification for 'Indigenous status' has a hierarchical structure comprising two levels. There are four categories at the detailed level of the classification which are grouped into two categories at the broad level. There is one supplementary category for 'not stated' responses. The classification is as follows:

- Indigenous

—Aboriginal but not Torres Strait Islander origin
—Torres Strait Islander but not Aboriginal origin
—Both Aboriginal and Torres Strait Islander origin

- Non-Indigenous

—Neither Aboriginal nor Torres Strait Islander origin

Indigenous status (*continued*)

Guide for use (continued):

- Not stated

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

—primarily when importing data from other data collections that do not contain mappable data;

—where an answer was refused; or

—where the question was not able to be asked prior to discharge because the patient was unable to communicate (e.g. patient unconscious) or a person who knows the patient was not available.

Verification rules:

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

Collection methods:

The standard question for Indigenous status is as follows:

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

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

No.....

Yes, Aboriginal.....

Yes, Torres Strait Islander.....

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

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

In circumstances where it is impossible to ask the person directly, such as in the case of death, the question should be asked of a close relative or friend, and only if a relative or friend is not available should the undertaker or other such person answer.

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

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

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

Indigenous status (*continued*)

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

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

Related data:

Administrative attributes

Source document: Standards for Statistics on Cultural and Language Diversity, ABS Catalogue Number. 1289.0, November 1999.

Source organisation: Australian Bureau of Statistics

National minimum data sets:

Admitted patient care	from 1/07/1989 to
Institutional mental health care	from 1/07/1997 to
Perinatal	from 1/07/1997 to
Community mental health care	from 1/07/2000 to
Palliative care	from 1/07/2000 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments:

Injecting drug use

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000432 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: The client's use of injection as a method of administering drugs. Includes intravenous, intramuscular and subcutaneous forms of injection.

Context: Alcohol and other drug treatment services. The data element is important for identifying patterns of drug use and harms associated with injecting drug use.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 1 ***Max.*** 1 ***Representational layout:*** N

Data domain:

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

Guide for use:

Verification rules:

Collection methods: To be collected on commencement of treatment with a service.

Related data: Relates to the data element Principal drug of concern, version 1

Relates to the data element Method of use for principal drug of concern, version 1

Relates to the data element Other drugs of concern, version 1

Administrative attributes

Source document:

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

Injecting drug use *(continued)*

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2000 to

Comments:

This data element is used in conjunction with Commencement of treatment for reporting the NMDS for alcohol and other drug treatment services, and has been developed for use in clinical settings.
A code that refers to a three-month period to define 'current' injecting drug use is required as a clinically relevant period of time.

The data element may also be used in population surveys that require a longer timeframe, for example to generate 12-month prevalence rates, by aggregating codes 1 and 2. However, caution must be exercised when comparing clinical samples with population samples.

Method of use for principal drug of concern

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000433 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: The client's usual method of administering the Principal drug of concern as stated by the client.

Context: Alcohol and other drug treatment services. Identification of drug use methods is important for minimising specific harms associated with drug use, and is consequently of value for informing treatment approaches.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 1 ***Max.*** 1 ***Representational layout:*** N

Data domain:

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

Guide for use: Code 1 Refers to eating or drinking as the method of administering the Principal drug of concern.

Verification rules:

Collection methods: Collect only for Principal drug of concern.
To be collected on commencement of treatment with a service.

Related data: Relates to the data element Principal drug of concern, version 1, relates to the data element Injecting drug use, version 1

Administrative attributes

Source document:

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2000 to

Comments:

Other drugs of concern

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000442 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: Any drugs apart from the Principal drug of concern which the client perceives as being a health concern.

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

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 4 ***Max.*** 4 ***Representational layout:*** NNNN

Data domain: Australian Standard Classification of Drugs of Concern (ASCDC). ABS catalogue no. 1248.0.

Guide for use: This is a multiple response data item to allow for the coding of polydrug use. The data element can be used in conjunction with Principal drug of concern.

Verification rules: There should be no duplication with Principal drug of concern.

Collection methods: More than one drug may be selected.
To be collected on commencement of treatment with a service.

Related data: Relates to the data element Principal drug of concern, version 1.

Administrative attributes

Source document:

Source organisation: Intergovernmental Committee on Drugs NMDS–WG

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2000 to

Comments: The Australian standard classification of drugs of concern is being developed by the Australian Bureau of Statistics (ABS) and will be available from the end of July 2000. The ABS has also undertaken to develop a short form menu list of this classification for use by service providers that will be issued separately when finalised.

Person identifier

Admin. status: CURRENT 1/07/1989

Identifying and definitional attributes

Knowledgebase ID: 000127 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: Person identifier unique within establishment or agency.

Context: This item could be used for editing at the establishment or collection authority level and, potentially, for episode linkage. There is no intention that this item would be available beyond collection authority level.

Relational and representational attributes

Data type: Alphanumeric ***Representational form:*** CODE

Field size: ***Min.*** ***Max.*** ***Representation layout:***

Data domain:

Guide for use: Individual establishments or collection authorities may use their own alphabetic, numeric or alphanumeric coding systems.

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Admitted patient care	from 1/07/2000 to
Admitted patient mental health care	from 1/07/2000 to
Perinatal	from 1/07/1997 to
Community mental health care	from 1/07/2000 to
Admitted patient palliative care	from 1/07/2000 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments: For admitted patient care statistics, person identifier is used in conjunction with other data elements recording individual episodes of care or events. To date, there has been limited development of patient-based data, i.e. linking data within hospital morbidity collections about all episodes of care for individuals.

Preferred language

Admin. status: CURRENT 1/07/1998

Identifying and definitional attributes

Knowledgebase ID: 000132 ***Version number:*** 2

Data element type: DATA ELEMENT

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

Context: Health and welfare services: An important indicator of ethnicity, especially for persons born in non-English-speaking countries. Its collection will assist in the planning and provision of multilingual services and facilitate program and service delivery for migrants and other non-English speakers.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 2 ***Max.*** 2 ***Representational layout:*** NN

Data domain:

00 Afrikaans
01 Albanian
02 Alyawarr (Alyawarra)
03 Arabic (including Lebanese)
04 Armenian
05 Arrernte (Aranda)
06 Assyrian (including Aramaic)
07 Australian Indigenous languages, not elsewhere classified
08 Bengali
09 Bisaya
10 Bosnian
11 Bulgarian
12 Burarra
13 Burmese
14 Cantonese
15 Cebuano
16 Croatian
17 Czech
18 Danish
19 English
20 Estonian
21 Fijian
22 Finnish
23 French
24 German
25 Gilbertese
26 Greek
27 Gujarati

Preferred language *(continued)*

Data domain (continued):

28 Hakka
29 Hebrew
30 Hindi
31 Hmong
32 Hokkien
33 Hungarian
34 Indonesian
35 Irish
36 Italian
37 Japanese
38 Kannada
39 Khmer
40 Korean
41 Kriol
42 Kuurinji (Gurindji)
43 Lao
44 Latvian
45 Lithuanian
46 Macedonian
47 Malay
48 Maltese
49 Mandarin
50 Mauritian Creole
51 Netherlandic
52 Norwegian
53 Persian
54 Pintupi
55 Pitjantjatjara
56 Polish
57 Portuguese
58 Punjabi
59 Romanian
60 Russian
61 Samoan
62 Serbian
63 Sinhalese
64 Slovak
65 Slovene
66 Somali
67 Spanish
68 Swahili
69 Swedish
70 Tagalog (Filipino)
71 Tamil
72 Telugu
73 Teochew
74 Thai
75 Timorese

Preferred language *(continued)*

Data domain (continued):

76 Tiwi
77 Tongan
78 Turkish
79 Ukranian
80 Urdu
81 Vietnamese
82 Walmajarri (Walmadjari)
83 Warlpiri
84 Welsh
85 Wik-Mungkan
86 Yiddish
95 Other languages, nfd
96 Inadequately described
97 Non-verbal, so described (including sign languages e.g. Auslan, Makaton)
98 Not stated

Guide for use:

The classification used in this data element is a modified version of the 2-digit level Australian Standard Classification of Languages (ABS) classification.
All non-verbal means of communication, including sign languages, are to be coded to 97.
Code 96 should be used where some information, but insufficient, is provided.
Code 98 is to be used when no information is provided.
All Australian Indigenous languages not shown separately on the code list are to be coded to 07.

Verification rules:

Collection methods:

This information may be collected in a variety of ways. It may be collected by using a predetermined shortlist of languages that are most likely to be encountered from the above code list accompanied by an open text field for 'Other language' or by using an open-ended question that allows for recording of the language nominated by the person. Regardless of the method used for data collection the language nominated should be coded using the above ABS codes.

Related data:

Supersedes previous data element Preferred language, version 1

Administrative attributes

Source document

Australian Standard Classification of Languages (ASCL), Australian Bureau of Statistics, Catalogue number 1267.0

Source organisation:

National Health Data Committee (NHDC), Australian Bureau of Statistics

Preferred language *(continued)*

National Minimum data sets:

Alcohol and other drug treatment services from 1/07/2000

Comments:

The ABS has developed a detailed 4-digit language classification of 193 language units which was used in the 1996 Census. Although it is preferable to use the classification at a 4-digit level, the requirements of administrative collections have been recognised and the ABS has developed a classification of 86 languages at a 2-digit level from those most frequently spoken in Australia. Mapping of this 2-digit running code system to the 4-digit Australian Standard Classification of Language is available from ABS. The classification used in this data element is a modified version of the 2-digit level ABS classification.

The NHDC considered that the grouping of languages by geographic region was not useful in administrative settings. Thus the data domain includes an alphabetical listing of the 86 languages from the ABS 2-digit level classification with only one code for 'Other languages, nfd'. By removing the geographic groupings from the classification information about the broad geographic region of languages that are not specifically coded is lost. However, the NHDC considered that the benefits to data collectors gained from simplifying the code listing outweighed this disadvantage.

Principal drug of concern

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000443 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: The drug that has led a person to seek treatment from the service, as stated by the client.

Context: Alcohol and other drug treatment services. Required as an indicator of the client's treatment needs.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 4 ***Max.*** 4 ***Representational layout:*** NNNN

Data domain: Australian Standard Classification of Drugs of Concern (ASCDC). ABS catalogue no. 1248.0.

Guide for use: A principal drug of concern may be indicated on a client's referral, however the criterion for nominating the principal drug of concern is the identification by the client of the drug.

Verification rules:

Collection methods: To be collected on commencement of treatment with a service.

Related data: Relates to the data element Method of use for principal drug of concern, version 1

Relates to the data element Other drugs of concern, version 1

Administrative attributes

Source document:

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2000 to

Comments: The Australian standard classification of drugs of concern is being developed by the Australian Bureau of Statistics (ABS) and will be available from the end of July 2000. The ABS has also undertaken to develop a short form menu list of this classification for use by service providers that will be issued separately when finalised.

Region code

***Admin. status**:* CURRENT 01/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000378 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: An identifier for location of health services in an area.

Context: Health services

Relational and representational attributes

Data type: Alphanumeric ***Representational form*** CODE

Field size: ***Min.*** 1 ***Max.*** 2 ***Representational layout:*** A

Data domain:

Guide for use: Domain values are specified by individual States/Territories

Verification rules:

Related data: Is a composite part of Establishment identifier, version 2

Administrative attributes

Source document:

Source organisation:

National minimum data sets:

Admitted patient care	from 1/07/2000 to
Public hospital establishments	from 1/07/2000 to
Admitted patient mental health care	from 1/07/2000 to
Perinatal	from 1/07/1997 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments:

Sex

Admin. status: CURRENT 1/07/1998

Identifying and definitional attributes

Knowledgebase ID: 000149 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: The sex of the person.

Context: Required for analyses of service utilisation, needs for services and epidemiological studies.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 1 ***Max.*** 1 ***Representational layout:*** N

Data domain:

1 Male
2 Female
3 Indeterminate
9 Not stated / inadequately described

Guide for use: An indeterminate sex category may be necessary for situations such as the classification of perinatal statistics when it is not possible for the sex to be determined.

Verification rules: For the provision of State and Territory hospital data to Commonwealth agencies this field must be consistent with diagnosis and procedure codes, for records grouped in Major Diagnostic Categories 12, 13 and 14, for valid grouping, otherwise resulting in a fatal error for sex conflicts. For other Major Diagnostic Categories, sex conflicts result in a warning error.

Collection methods:

It is suggested that the following format be used for data collection:
What is your (the person's) sex?
___ Male
___ Female

The term 'sex 'refers to the biological differences between males and females, while the term 'gender' refers to the socially expected/perceived dimensions of behaviour associated with males and females—masculinity and femininity. The ABS advises that the correct terminology for this data element is sex. Information collection for transsexuals and people with transgender issues should be treated in the same manner. To avoid problems with edits, transsexuals undergoing a sex change operation should have their sex at time of hospital admission recorded.

Related data: Is used in the derivation of Diagnosis related group, version 1
Supersedes previous data element Sex, version 1

Sex *(continued)*

Administrative attributes

Source document: ABS Directory of concepts and standards for social, labour and demographic statistics, 1993

Source organisation: National Health Data Committee

National minimum data sets:

Admitted patient care	from 1/07/2000 to
Admitted patient mental health care	from 1/07/2000 to
Perinatal	from 1/07/1997 to
Community mental health care	from 1/07/2000 to
Admitted patient palliative care	from 1/07/2000 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments: This item has been altered to enable standardisation of the collection of information relating to sex (to include indeterminate), gender, people with transgender issues and transsexuals.

Source of referral to alcohol & other drug treatment service

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgbase ID: 000444 ***Version number:*** 1

Data element type: DATA ELEMENT

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

Context: Alcohol and other drug treatment services. Source of referral is important in assisting in the analyses of inter-sectoral patient/client flow and for health care planning.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 1 ***Max.*** 2 ***Representational layout:*** NN

Data domain:

1	Self
2	Family member/friend
3	General practitioner
4	Medical specialist
5	Psychiatric hospital
6	Other hospital
7	Residential community mental health care unit
8	Residential alcohol and other drug treatment/care unit
9	Other residential community care unit
10	Non-residential medical and/or allied health care agency
11	Non-residential community mental health care agency or outpatient clinic
12	Non-residential alcohol and other drug treatment agency or outpatient clinic
13	Other non-residential community health care agency or outpatient clinic
14	Other community service agency
15	Community-based corrections
16	Police diversion
17	Court diversion
18	Other
99	Not stated/inadequately described

Guide for use: Code 3 General practitioner includes vocationally registered general practitioners, vocationally registered general practitioner trainees and other primary-care medical practitioners in private practice.

Code 4 Includes specialists in private practice.

Code 6 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

Source of referral to alcohol & other drug treatment service *(continued)*

of hospitals, and mothercraft hospitals. Excludes outpatient clinics (which should be coded to 11–13), non-residential community healthcare agencies, or outpatient clinics.

Code 7–9 Includes settings in which persons reside temporarily at an accommodation unit providing support, non-acute care and other services to people with particular personal, social or behavioural problems. Includes mental health care units for people with severe mental illness or severe psychosocial disability and drug and alcohol residential treatment units.

Code 10 Non-residential service centres that operate a range of medical and / or allied health services from a centre-based establishment, including blood donation centres, breast-screening clinics, dental clinics, general medical centres, HIV or AIDS clinics, sexual health clinics, day procedure centres or facilities, Aboriginal medical centres. Excludes any of the above operating from hospital outpatient clinics, which should be coded to 17 Other non-residential community health care agency or outpatient clinic.

Code 11–13 Non-residential centre-based establishments providing a range of community-based health services, including community health centres, family planning centres, maternal and child health centres, migrant women's health centres, multipurpose health centres.

Code 14 Includes Home and Community Care agencies, Aged Care Assessment Teams, agencies providing care or assistance to persons in their own homes, childcare centres / pre-schools or kindergartens, community centres, family support services, domestic violence and incest resource centres or services, Aboriginal co-operatives.

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document:

Source organisation:

National minimum data sets:

Alcohol and other drug treatment services from 1 / 07 / 2000 to

Comments: A working group of the National Health Data Committee will be convened to develop the source of referral data element for use in all settings, for use by July 2001.

State identifier

Admin. status: CURRENT 1/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000380 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: An identifier for State or Territory.

Context: Health services

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 1 ***Max.*** 1 ***Representational layout:*** N

Data domain:

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:

Verification rules:

Collection methods:

Related data: Is composite part of Establishment identifier, version 2

Administrative attributes

Source document: Domain values are derived from the Australian Standard Geographic Classification (Australian Bureau of Statistics, Catalogue Number 1216.0)

Source organisation: National Health Data Committee

State identifier *(continued)*

National minimum data sets:

Admitted patient care	from 1/07/2000 to
Admitted patient mental health care	from 1/07/2000 to
Perinatal	from 1/07/1997 to
Alcohol and other drug treatment services	from 1/07/2000 to

Comments:

Appendix D

Survey of Alcohol and Other Drug Treatment Services 1999

Attached is a copy of the survey and the explanatory notes that accompanied the survey form.

AIHW
AUSTRALIAN INSTITUTE OF HEALTH & WELFARE

Survey of Alcohol and Other Drug Treatment Services 1999

The confidentiality of data reported to this survey of Alcohol and Other Drug Treatment Services is protected under the provisions of the *Australian Institute of Health and Welfare Act 1987.*

1. State or Territory

2. Name of health region/district (if applicable)

3. Agency details

Agency name

Street address

State | P'code

4. Types of alcohol and other drug treatment services

Please indicate the types of alcohol and other drug treatment services provided by your agency by ticking the appropriate box(es) in the table below. Refer to definitions in the explanatory notes.

4.1 Admitted patient

4.2 Residential centre-based care

4.3 Non-residential centre-based

4.4 General community

4.5 Does your agency provide any alcohol and other drug treatment services to people living in rural areas?

No, services are provided in metropolitan areas only

Yes, services are provided in rural areas and metropolitan areas

Yes, services are provided in rural areas only

4.6 Does your agency provide services to people living in remote locations?

Yes | No | Unable to specify

5. Reporting alcohol and other drug treatment service activity and client data

5.1 to Are you currently required under your funding service agreement to supply data related to treatment services (excluding methadone) to your State or Territory health department?

Yes ☐ No ☐

5.2 If YES, please indicate how often you report.

Quarterly ☐ Six monthly ☐ Yearly ☐

5.3 Does your agency routinely collect information on clients accessing any of the types of treatment services provided by your agency?

Yes ☐ No ☐

5.4 If YES, does your agency routinely collect the data items listed below for each client?

Please tick where applicable. Refer to the explanatory notes.

Person identifier	☐	**Service and administrative items**	
Socio-demographic items		Source of referral	☐
Sex	☐	Service type	☐
Date of birth	☐	Service contact date	☐
Country of birth	☐	Other service provided	☐
Indigenous status	☐	Admission date / Date of registration	☐
Preferred language	☐	Reason for cessation of treatment	☐
Client status	☐	Date of cessation of treatment	☐
Clinical items			
Principal drug of concern	☐		
Other drugs of concern	☐		
Method of use for principal drug of concern	☐		
Injecting drug use	☐	None of these collected	☐

5.5 Are there any other data items that your agency routinely collects for all clients?

Yes ☐ No ☐

IF YES, please list below.

5.6 Are the data in the list above (at 5.4) which this agency collects, recorded as

Paper records (cards, files) ☐

and/or

Electronic records (computerised system) ☐

If available, please attach blank registration and/or assessment forms used by your agency.

AIHW
AUSTRALIAN INSTITUTE OF HEALTH & WELFARE

Explanatory notes for survey of Alcohol and Other Drug Treatment Services 1999

Item 4—Types of alcohol and other drug treatment services

The types (excluding 'Admitted patient') are based on the 'National classification of community services delivery settings' in the *National Classifications of Community Services (AIHW 1997).*

The Organisational Units Working Group (OUWG) of the NHDC has been established to review and revise the establishment type data item in the *National Health Data Dictionary* so that all establishments in the health sector are clearly defined. The definitions provided below for each setting type are based on the draft working definitions for alcohol and other drug treatment services currently being used by the OUWG.

Admitted patient

Acute care hospitals are units that provide at least minimal medical, services for admitted-patient 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. This would include specialist detoxification/rehabilitation units/services that are a part of the hospital and require the patient to have a medical record number for admittance.

Residential centre-based care

An alcohol and other drug residential treatment centre is a unit mainly engaged in the treatment, rehabilitation or harm reduction of alcohol or other drug dependence on a residential basis. These centres may include therapeutic communities, specialist detoxification and rehabilitation services.

Non-residential centre-based

A community alcohol and other drug treatment service is a unit mainly engaged in the provision of acute or rehabilitative ambulatory or home care services for patients with alcohol or other drug dependencies, and in harm reduction. These units may provide services through community clinics, mobile and outreach services, and community residential units staffed for less than 24 hours per day.

General community

Community health centres are non-residential centre-based units that are mainly engaged in providing a range of ambulatory health services, including public health services. They are not specialised alcohol and other drug treatment services, but may provide an alcohol and drug service as a component of the overall health centre program.

Item 5.3—Data items

A number of the data items would be collected only on registration, i.e. sex, date of birth, country of birth, Indigenous status, preferred language, injecting drug use, source of referral and admission date and date of registration. A number of the data items would be collected only on termination, i.e. reason for termination of treatment and date of termination. Other data items would be collected for each contact, i.e. principal drug of concern, other drugs of concern, method of use for principal drug of concern, service type, service contact date and other service provided.

Person identifier: The identifier that is unique to one patient within establishment or agency.

Sex: The sex of the person.

Date of birth: The date of birth of the person.

Country of birth: The country in which the person was born.

Indigenous status: Indigenous status of the person according to the following definition: An Aboriginal or Torres Strait Islander is a person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.

Preferred language: 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.

Client status: The status of the person in relation to the drug use issue for which they are presenting, in terms of whether it concerns their own drug use or the drug use of another person.

Principal drug of concern: The drug that has caused the client to seek treatment, as stated by the client, or the drug indicated on their referral from another service.

Other drugs of concern: Any drugs apart from the 'Principal drug of concern' which the client or members of staff perceive as being a health concern for the client over the past 3 months.

Method of use for principal drug of concern: The client's usual method of administering their 'Principal drug of concern' during the last 3 months, as stated by the client.

Injecting drug use: The client's use of injection as a method of administering drugs.

Source of referral: The source from which the person was transferred or referred for the episode of admitted patient care or service contact in non-admitted health care.

Service type: The type of treatment provided to the client, e.g. intoxication management, withdrawal management, counselling, residential rehabilitation, drug substitution therapy (refer also to 'Service contact' definition below).

Service contact date: The date of each service contact between a health service provider and patient/client (refer also to 'Service contact' definition below).

Other services provided: Any other type of services provided in addition to 'Service type' (applies to 'Residential centre-based care' only).

Admission date/Date of entry: Date of admission into an admitted patient setting or residential centre-based care setting.

Reason for termination of treatment: The reason for the termination of treatment.

Date of termination: The date on which treatment is terminated (this would be equivalent to separation date for clients in admitted patient or residential centre-based care setting.

Service contact: A contact between a patient/client and an ambulatory care health unit (including outpatient and community health units) which results in a dated entry being made in the patient/client record.

A service contact can include either face-to-face, telephone or video link service delivery modes. Service contacts would either be with a client, carer or family member or another health service provider involved in providing care and do not include contacts of an administrative nature (e.g. telephone contact to schedule an appointment) except where a matter would need to be noted on a patient's record.

There may be instances where notes are made in the client record that have not been prompted by a service contact with a patient/client (eg. noting receipt of test results that require no further action). These instances would not be regarded as a service contact.

Appendix E

New and revised NMDS data elements and data concepts for 1 July 2001

New data elements and data concepts for the NMDS—alcohol and other drug treatment services agreed for inclusion from 1 July 2001 are presented below. Note that the data element *Date of commencement of treatment episode for alcohol and other drugs*, and the data element concept *Commencement of treatment episode for alcohol and drugs* are also included as slight revisions have been made to these as a matter of consistency. Attached are copies of the proposed entries to be included in the *National Health Data Dictionary Version 10*.

Data elements

- Date of cessation of treatment episode for alcohol and other drugs
- Date of commencement of treatment episode for alcohol and other drugs
- Main treatment type for alcohol and other drugs
- Other treatment type for alcohol and other drugs
- Number of service contacts within a treatment episode for alcohol and other drugs
- Reason for cessation of treatment episode for alcohol and other drugs
- Treatment delivery setting for alcohol and other drugs

Supporting data element concepts

- Cessation of treatment episode for alcohol and other drugs
- Commencement of treatment episode for alcohol and other drugs
- Service contact
- Treatment episode for alcohol and other drugs

Date of cessation of treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000424 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: Date on which a treatment episode for alcohol and other drugs ceases.

Context: Alcohol and other drug treatment services. Required to identify the cessation of a treatment episode by an alcohol and other drug treatment service.

Relational and representational attributes

Data type: Numeric ***Representational form:*** DATE

Field size: ***Min.*** 8 ***Max.*** 8 ***Representational layout:*** DDMMYYYY

Data domain: Valid dates

Guide for use: Refers to the date of the last service contact in a treatment episode between the client and staff of the treatment provider. In situations where the client has had no contact with the treatment provider for three months, nor is there a plan in place for further contact, the date of last service contact should be used.

Refer to data element concept Cessation of treatment episode for alcohol and other drugs to determine when a treatment episode ceases.

Verification rules: Must be later than or the same as the Date of commencement of treatment for alcohol and other drugs.

Collection methods:

Related data: Relates to the data element Reason for cessation of treatment episode for alcohol and other drugs, version 2

Relates to the data element concept Cessation of treatment episode for alcohol and other drugs, version 2

Administrative attributes

Source document:

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2001

Comments:

Date of commencement of treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000430 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: Date on which a treatment episode for alcohol and other drugs commences.

Context: Alcohol and other drug treatment services. Required to identify the commencement of a treatment episode by an alcohol and other drug treatment service.

Relational and representational attributes

Data type: Numeric ***Representational form:*** DATE

Field size: ***Min.*** 8 ***Max.*** 8 ***Representational layout:*** DDMMYYYY

Data domain: Valid dates

Guide for use: The first date of the treatment episode is the first service contact within the treatment episode when assessment and/or treatment occurs.

Verification rules: Must be earlier than or the same as the Date of cessation of treatment episode for alcohol and other drugs.

Collection methods:

Related data: Relates to the data element concept Commencement of treatment episode for alcohol and other drugs, version 2

Administrative attributes

Source document:

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2001

Comments:

Main treatment type for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: 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.

Context: Alcohol and other drug treatment services. Information about treatment provided is of fundamental importance to service delivery and planning.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

Field size: ***Min*** 1 ***Max.*** 1 ***Representational layout:*** N

Data domain:

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

Guide for use: To be completed at assessment or commencement of treatment.

The main treatment type is the principal activity as judged by the treatment provider that is necessary for the completion of the treatment plan for the principal drug of concern. The main treatment type for alcohol and other drugs is the principal focus of a single treatment episode. Consequently, each treatment episode will only have one main treatment type.

For brief interventions, the main treatment type may apply to as few as one contact between the client and agency staff.

Code 1 refers to any form of withdrawal management, including medicated and non-medicated, in any delivery setting.

Code 2 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.

Main treatment type for alcohol and other drugs (*continued*)

Guide for use: (continued)

Code 3 refers to an intensive treatment program that integrates a range of services and therapeutic activities that may include behavioural treatment approaches, recreational activities, social and community living skills, group work and relapse prevention. Rehabilitation treatment can provide a high level of support (i.e. up to 24 hours a day) and tends towards a medium to longer-term duration. Rehabilitation activities can occur in residential or non-residential settings.

Code 4 refers to pharmacotherapies that include those used as maintenance therapies (e.g. naltrexone, buprenorphine, LAAM and specialist methadone treatment). Use code 1 (withdrawal management) where a pharmacotherapy is used solely for withdrawal.

Code 5 refers to support and case management offered to clients (e.g. treatment provided through youth alcohol and drug outreach services). This choice only applies where support and case management treatment is recorded as individual client data and the treatment activity is not included in any other category. It is noted that in general, service contacts would include a component of support and case management.

Code 6 refers to when there is no other treatment provided to the client other than information and education. It is noted that in general, service contacts would include a component of information and education.

Code 7 refers to when there is no other treatment provided to the client other than an assessment. It is noted that in general, service contacts would include an assessment component.

Verification rules:

Collection methods: Only one code to be selected.

Related data: Related to the data element Other treatment type for alcohol and other drugs, version 1

Administrative attributes

Source document:

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2001

Comments:

Number of service contacts within a treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: Number of service contacts made with a client for the purpose of providing alcohol and other drug treatment during a treatment episode.

Context: Alcohol and drug treatment services. This data element provides a measure of the frequency of client contact and service utilisation within a treatment episode.

Relational and representational attributes

Data type: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 3 ***Representational layout:*** NNN

Data domain:

Guide for use: This data element is a count of therapeutic contacts recorded on a client record. Any client contact that does not constitute part of a treatment should not be considered a 'service contact'. Contact with the client for administrative purposes, such as arranging an appointment, should not be included.

This data element is not collected for residential clients.

Verification rules:

Collection methods: To be collated at the close of an episode. The total number of contacts are calculated or counted for the closed episode.

Related data: Relates to the data element concept Service contact, version 1

Relates to the data element concept, Treatment episode for alcohol and other drugs, version 1.

Administrative attributes

Source document:

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2001

Comments:

Other treatment type for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: ***Version number:*** 1

Data element type: DATA ELEMENT

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

Context: Alcohol and other drug treatment services. Information about treatment provided is of fundamental importance to service delivery and planning.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

Field size: ***Min*** 1 ***Max.*** 1 ***Representational layout:*** N

Data domain:

1	Withdrawal management (detoxification)
2	Counselling
3	Rehabilitation
4	Pharmacotherapy
8	Other

Guide for use: To be completed at cessation of treatment episode.

Only report treatment recorded in the client's file for a treatment episode that is in addition to, and not a component of, the Main treatment type for alcohol and other drugs. Treatment activity reported here is not necessarily for the Principal drug of concern in that it may be treatment for a Other drug of concern.

Code 1 refers to any form of withdrawal management, including medicated and non-medicated.

Code 2 refers to any method of individual or group counselling directed towards identified problems with alcohol and/or other drug use or dependency. This selection excludes counselling activity that is part of a rehabilitation program as defined in code 3.

Code 3 refers to an intensive treatment program that integrates a range of services and therapeutic activities that may include behavioural treatment approaches, recreational activities, social and community living skills, group work and relapse prevention. Rehabilitation treatment can provide a high level of support (i.e. up to 24 hours a day) and tends towards a medium to longer-term duration. Rehabilitation activities can occur in residential or non-residential settings.

Code 4 refers to pharmacotherapies that include those used as maintenance therapies (e.g. Naltrexone, buprenorphine, LAAM and specialist methadone treatment). Use code 1 (withdrawal management) where a

Other treatment type for alcohol and other drugs (*continued*)

pharmacotherapy is used solely for withdrawal.

Verification rules:

Collection methods: More than one code may be selected. This field should be left blank if there are no other treatment types for the episode.

Related data: Related to the data element Main treatment type for alcohol and other drugs, version 1

Administrative attributes

Source document:

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2001

Comments:

Reason for cessation of treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000423 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: The reason that the client's treatment episode from an alcohol and other drugs treatment service ceased.

Context: Alcohol and other drug treatment services. Given the levels of attrition within alcohol and other drug treatment programs, it is important to identify the range of different reasons for ceasing treatment with a service.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 1 ***Max.*** 2 ***Representational layout:*** NN

Data domain:

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

Guide for use: Code 1 is to be used when all of the immediate goals of the treatment plan have been fulfilled

Code 2 a treatment episode will end if there is a change in the Main treatment type for alcohol and other drugs.

Reason for cessation of treatment episode for alcohol and other drugs (*continued*)

Guide for use (continued):

Code 3 a treatment episode will end if there is a change in the Treatment delivery setting for alcohol and other drugs.

Code 4 a treatment episode will end if there is a change in the Principal drug of concern.

Code 5 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.

Code 6 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 refers to situations where the client ceased to receive treatment without notifying the service provider of their intention to no longer participate.

Code 8 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 refers to situations where the client has fulfilled their obligation to satisfy expiation requirements (e.g. participate in a treatment program to avoid having a criminal conviction being recorded against them) as part of a police or court diversion scheme and chooses not to continue with the treatment program.

Code 10 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. To be used when codes 2, 3 or 4 is not applicable.

Code 11 applies to drug court and / or court diversion service clients who are sanctioned back into jail for non-compliance with the program.

Code 12 applies to clients who are imprisoned for reasons other than code 11.

Verification rules: To be collected on cessation of a treatment episode.

Collection methods:

Related data: Relates to the data element concept Cessation of treatment episode for alcohol and other drugs, version 2

Relates to the data element Date of cessation of treatment episode for alcohol and other drugs, version 2

Administrative attributes

Source document:

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

Reason for cessation of treatment episode for alcohol and other drugs (*continued*)

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2001

Comments:

Treatment delivery setting for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: The setting in which the main treatment is provided.

Context: Alcohol and other drug treatment services. Required to identify the settings in which treatment is occurring, allowing for trends in treatment patterns to be monitored.

Relational and representational attributes

Data type: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 1 ***Max.*** 1 ***Representational layout:*** N

Data domain:

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

Guide for use: Code 1 refers to any non-residential centre that provides alcohol and other drug treatment services, including hospital outpatient services and community health centres.

Code 2 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.

Code 3 refers to the client's own home or usual place of residence.

Code 4 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.

Verification rules: Only one code to be selected.

Collection methods:

Related data: Related to the data element, Main treatment type for alcohol and other drugs, version 1.

Treatment delivery setting for alcohol and other drugs (*continued*)

Administrative attributes

Source document:

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2001

Comments:

Cessation of treatment episode for alcohol and other drugs

Admin. status: CURRENT 01/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000422 ***Version number:*** 2

Data element type: DATA ELEMENT CONCEPT

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

Context: Alcohol and other drug treatment services.

Relational and representational attributes

Data type: ***Representational form:***

Field size: ***Min.*** ***Max.*** ***Representational layout:***

Data domain:

Guide for use: A client is identified as ceasing a treatment episode if one or more of the following apply:

– their treatment plan is completed;

– they have had no contact with the treatment provider for a period of three months, nor is there a plan in place for further contact;

– their Principal drug of concern for alcohol and other drugs has changed;

– their Main treatment type for alcohol and other drugs has changed;

– their Treatment delivery setting for alcohol and other drugs has changed; or

– their treatment has ceased for other reasons (e.g. imprisoned, ceased treatment against advice, transferred to another service provider, died).

Verification rules:

Collection methods:

Related data: Relates to the data element Reason for cessation of treatment episode for alcohol and other drugs, version 1

Relates to the data element Date of cessation of treatment episode for alcohol and other drugs, version 1

Administrative attributes

Source document:

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2001

Comments:

Commencement of treatment episode for alcohol and other drugs

Admin. status: CURRENT 01/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000427 ***Version number:*** 2

Data element type: DATA ELEMENT CONCEPT

Definition: Commencement of a treatment episode for alcohol and other drugs is the first service contact when assessment and/or treatment occurs with the treatment provider.

Context: Alcohol and other drug treatment services.

Relational and representational attributes

Data type: ***Representational form:***

Field size: ***Min.*** ***Max.*** ***Representational layout:***

Data domain:

Guide for use: A client is identified as commencing a treatment episode if one or more of the following apply:

– they are a new client;

– they are a client recommencing treatment after they have had had no contact with the treatment provider for a period of three months or had any plan in place for further contact;

– their Principal drug of concern for alcohol and other drugs has changed;

– their Main treatment type for alcohol and other drugs has changed; or

– their Treatment delivery setting for alcohol and other drugs has changed.

Verification rules:

Collection methods:

Related data: Relates to the data element Date of commencement of treatment episode for alcohol and other drugs, version 1.

Administrative attributes

Source document:

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2001

Comments:

Service contact

Admin. status: CURRENT 1/07/1999

Identifying and definitional attributes

Knowledgebase ID: 000401 ***Version number:*** 1

Data element type: DATA ELEMENT CONCEPT

Definition: A contact between a patient/client and an ambulatory care health unit (including outpatient and community health units) which results in a dated entry being made in the patient/client record.

Context: Identifies service delivery at the patient level for mental health and alcohol and other drug treatment services (including consultation/liaison, mobile and outreach services).

A service contact can include either face-to-face, telephone or video link service delivery modes. Service contacts would either be with a client, carer or family member or another professional or health worker involved in providing care and do not include contacts of an administrative nature (e.g. telephone contact to schedule an appointment) except where a matter would need to be noted on a patient's record.

Service contacts may be differentiated from administrative and other types of contacts by the need to record data in the client record. However, there may be instances where notes are made in the client record that have not been prompted by a service contact with a patient/client (e.g. noting receipt of test results that require no further action). These instances would not be regarded as a service contact.

Relational and representational attributes

Data type: ***Representational form:***

Field size: ***Min.*** ***Max.*** ***Representational layout:***

Data domain:

Guide for use:

Verification rules:

Collection methods:

Related data: Relates to the data element Number of service contact dates, version 2

Relates to the data element Service contact date, version 1

Administrative attributes

Source document:

Source organisation:

Service contact (*continued*)

National minimum data sets:

Alcohol and other drug treatment services	from 01/07/2001
Community and mental health	from 01/07/2000

Comments: The proposed definition is not able to measure case complexity or level of resource usage with each service contact alone. This limitation also applies to the concept of occasions of service to non-admitted hospital patients. Some overlap with the data element Occasions of service is acknowledged by the National Health Data Committee. The National Health Data Committee also acknowledges that information about group sessions or activities that do not result in a dated entry being made in each individual participant's patient/client record is not currently covered by this data element concept.

Treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: ***Version number:*** 1

Data element type: DATA ELEMENT CONCEPT

Definition: The period of contact, with defined dates of commencement and cessation, between a client and a treatment provider or team of providers that occurs in one setting and in which there is no change in the main treatment type or principal drug of concern, and there has not been a non-planned absence of contact for greater than 3 months.

Context: Alcohol and drug treatment services. This concept is required to provide the basis for a standard approach to recording and monitoring patterns of service utilisation by clients.

Relational and representational attributes

Data type: ***Representational form:***

Field size: ***Min.*** ***Max.*** ***Representational layout:***

Data domain:

Guide for use: A treatment episode can have only one Main treatment type for alcohol and other drugs and only one Principal drug of concern.

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 is only delivered within one setting. Where an agency operates in more than one treatment delivery setting, for any client receiving treatment in multiple settings, a separate treatment episode is required for each setting. Consequently, more than one treatment episode may be in progress for a client at the same time, and it is possible for each of these episodes to have different dates of commencement and cessation.

Verification rules:

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.

Related data: Relates to the data element Main treatment type for alcohol and other drugs, version 1

Relates to the data element Treatment delivery setting for alcohol and other drugs, version 1

Relates to the data element Date of commencement of treatment episode for alcohol and other drugs, version 1

Treatment episode for alcohol and other drugs (*continued*)

Relates to the data element Date of cessation of treatment episode for alcohol and other drugs, version 2

Relates to the data element concept Commencement of treatment episode for alcohol and other drugs, version 1

Administrative attributes

Source document:

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2001

Comments:

References

Australian Bureau of Statistics (ABS) 1998. Mental health and wellbeing: profile of adults, Australia 1997. Canberra: ABS cat. no. 4326.0.

Australian Institute of Health and Welfare (AIHW) 1994. National Health Information Agreement procedure manual. Canberra: AIHW.

Australian Institute of Health and Welfare (AIHW) 1996. National Health Information Model, Version 1. Canberra: AIHW.

Australian Institute of Health and Welfare (AIHW) 1997. National classifications of community services. Version 1.0. AIHW cat. no. HWI 7. Canberra: AIHW.

Australian Institute of Health and Welfare (AIHW) 1999a. Australian hospital statistics 1997–98. AIHW cat. no. HSE 6. Canberra: AIHW (Health Services Series).

Australian Institute of Health and Welfare (AIHW) 1999b. 1998 National Drug Strategy Household Survey: First results. AIHW cat. No. PHE 15. Canberra: AIHW (Drug Statistics Series).

Australian Institute of Health and Welfare (AIHW) 1999c. National health data dictionary Version 8.0. AIHW cat. no. HWI 18. Canberra: AIHW.

Australian Institute of Health and Welfare (AIHW) 2000a. National health data dictionary. Version 9.0. AIHW cat. no. HWI 24. Canberra: AIHW.

Australian Institute of Health and Welfare (AIHW) 2000b. Australian hospital statistics 1998–99. AIHW cat. no. HSE 11. Canberra: AIHW (Health Services Series no. 15).

Australian Institute of Health and Welfare (AIHW) 2000c. Guidelines for the national minimum data set for alcohol and other drug treatment services. AIHW cat. no. HSE 10. Canberra: AIHW.

Britt H, Sayer GP, Miller GC, Charles J, Scahill S, Horn F & Bhasale A, & McGeechan K. 1999. General practice activity in Australia 1998-99. AIHW cat. no. GEP 1. Canberra: AIHW (General Practice Series no. 2).

Commonwealth Department of Health and Aged Care 2000. Population Health Division: National Illicit Drug Strategy (cited Nov 2000). Available from the Internet: URL: http://www.health.gov.au/pubhlth/strateg/drugs/illicit/index.htm

Conroy A 1998. Australian treatment data and drug epidemiology: maximising the opportunity for a national minimum data set. Research workshop paper presented at the Winter School in the Sun, Brisbane, 6–9 July 1998.

Conroy A & Copeland J 1998. The national minimum data set project for alcohol and other drug treatment services: report on the pilot study and recommended set of data definitions. NDARC Technical Report no. 65. Sydney: NDARC.

Higgins K, Cooper-Stanbury M & Williams P 2000. Statistics on drug use in Australia 1998. AIHW cat. no. PHE 16. Canberra: AIHW (Drug Statistics Series).

International classification of primary care (ICPC) 1987. 2nd edition. Oxford: Oxford University Press.

Jellie C & Shaw J 1999. Palliative care information development: Progress report on the national minimum data set for palliative care. AIHW cat. no. HSE 8. Canberra: AIHW.

Mattick RP & Hall W (eds) 1993. A treatment outline for approaches to opioid dependence: quality assurance project. National Drug Strategy monograph series no. 21. Canberra: AGPS.

Ministerial Council on Drug Strategy (MCDS) 1998. National Drug Strategic Framework 1998–99 to 2002–03: Building partnerships: A strategy to reduce the harm caused by drugs in our community. Canberra: MCDS.

National Coding Centre 1996. The Australian version of the International Classification of Diseases, 9th revision, clinical modification (ICD-9-CM) 2nd ed. Sydney: University of Sydney.

National Health Data Committee (NHDC) 1997. National health data dictionary. Version 6. AIHW cat. no. HW 19. Canberra: AIHW.

Rankin J & Copeland J 1997. The national minimum data set project for alcohol and other drug treatment services: Phase one report on current data management; phase two proposal to develop data standards. NDARC Technical Report no. 46. Sydney: NDARC.

Single E & Rohl T 1997. The National Drug Strategy: mapping the future. Evaluation of the National Drug Strategy 1993–1997 commissioned by the Ministerial Council on Drug Strategy. Canberra: AGPS.

Torres MI, Mattick RP, Chen R & Baillie A 1995. Clients of treatment service agencies, March 1995 census findings. Canberra: AGPS.