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Specifications and collection manual

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Please note that there is the potential for minor revisions of data in this report. Please check the online version at <www.aihw.gov.au> for any amendments.

Contents

Abbreviations

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

Summary

This document is a guide for drug treatment agencies, state and territory health departments and other people involved in collecting and transmitting data for the 2010–11 Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS–NMDS). It contains definitions of the data elements in the collection, and guidelines about collecting and transmitting the data in 2010–11. This document is one of a series of similar documents that provide information to assist participants in each year of the collection.

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

1 Introduction

1.1 How to use this document

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

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

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

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

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

1.2 Why do we need a national collection?

The aim of the AODTS–NMDS is to combine standardised Australian Government, state and territory data so that national information about clients accessing alcohol and other drug treatment, service usage and treatment programs can be reported. It is also expected that the collection will provide agencies with access to basic data relating to drug problems and treatment responses in their areas. The data derived from the national collection are used, with information from other sources (for example admitted patient data and national surveys), to inform debate, policy decisions and strategies that occur within the alcohol and other drug treatment sector.

National minimum data sets (NMDSs) for health collections are minimum sets of data elements agreed to by the relevant national data committee. The AODTS–NMDS was originally agreed by the then National Health Information Management Group (NHIMG) for mandatory collection and reporting at the national level. One NMDS may include data elements that are included in another NMDS, thereby extending consistency of data standards across related fields. An NMDS depends on a national agreement to collect a

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

1.3 Brief history of the national collection

The AODTS–NMDS emanated from the national forum 'Treatment and research—where to from here?' held in 1995 by the Alcohol and other Drugs Council of Australia. Clinicians, researchers and government administrators who attended the forum agreed that a lack of comparable national data for alcohol and other drug treatment services was limiting the overall effectiveness of service provision. The then Commonwealth Department of Health and Family Services funded the first phase of the current AODTS–NMDS project—a joint feasibility study conducted by the National Drug and Alcohol Research Centre (NDARC) and the Alcohol and other Drugs Council of Australia.

On completion of the feasibility study, the National Drug Strategy Unit in the then Commonwealth Department of Health and Aged Care took responsibility for overseeing the carriage of phase two—the development of the AODTS–NMDS. In September 1998, the Intergovernmental Committee on Drugs (IGCD) recommended the establishment of an interim working group to implement phase two. The initial working group comprised representatives from four states (New South Wales, Victoria, Queensland and South Australia), the AIHW, NDARC and the then Australian Government Department of Health and Aged Care.

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

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

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

1.4 Roles and responsibilities

IGCD AODTS–NMDS Working Group

The IGCD AODTS–NMDS Working Group is responsible for developing and implementing the AODTS–NMDS. Members include representatives from each state and territory, the AIHW, the ABS, NDARC, and the Australian Government's Drug Strategy Branch in DoHA. The AODTS–NMDS Working Group works closely with expert national health information bodies such as the National Health Information Standards and Statistics Committee (NHISSC). The majority of working group members play a role in coordinating the collation of data from service providers within their jurisdiction, then forwarding these data to the AIHW for the national data set. The working group also has a large input into the national annual report that is produced by the AIHW. Working group members are responsible for providing approval for their jurisdiction's data to be analysed. The AIHW provides the secretariat for the working group and the roles of chair and deputy chair are rotated among working group members. Since the establishment of the working group the role of chair has been filled by members from New South Wales, South Australia, Victoria and Western Australia. The names and contact details of the IGCD AODTS–NMDS Working Group (current at March 2010) are in Appendix 2.

Related groups

The AODTS–NMDS was developed and implemented under the terms of the National Health Information Agreement (NHIA). Under the NHIA, the Australian Government, states and territories are committed to working with the AIHW, the ABS and others to develop, collate and report national health information. The NHIA aims to ensure that the compilation and interpretation of national information is appropriate to government and community requirements, and that data are collected and reported efficiently. The NHIA operates under the auspices of the Australian Health Ministers' Advisory Council (AHMAC). The National E-health Information Principal Committee (NEHIPC) and the NHISSC, together with other national working groups such as the IGCD AODTS–NMDS Working Group, provide the mechanism for state and territory endorsement of data standards and collections.

All data elements and supporting items that form the AODTS–NMDS are included in the *National health data dictionary* available through METEOR at <meteor.aihw.gov.au/content/index.phtml/itemId/181162>. Any revisions to the data elements or changes to the AODTS–NMDS must be endorsed by the NHISCC and NEHIPC. For additional information regarding data development and governance mechanisms, see AIHW's publication on creating nationally consistent health information (AIHW 2010) <www.aihw.gov.au/publications/index.cfm/title/11438>.

Box 1: Key committees involved in the National Health Information Agreement and the development of the AODTS–NMDS

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

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

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

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

Government health authorities

The AODTS–NMDS is a set of standard data elements that the Australian Government and state and territory health authorities have agreed to collect. All health authorities have custodianship of their own data collections under the NHIA. It is the responsibility of each health authority to establish and coordinate the collection of data from their publicly funded alcohol and other drug treatment service providers. To ensure that the AODTS–NMDS is effectively implemented and collected, these authorities need to:

- allocate establishment identifiers and ensure that these are consistent with establishment identifiers used in other NMDS collections where appropriate
- assign agencies with appropriate codes (after consultation) for the data element *Geographical location of service delivery outlet*
- establish a coding system to be used for the *Person identifier*, whether it be unique to the agency or be implemented in cooperation with other agencies in the region, the district or across the state or territory
- establish a suitable process for collecting client-level information (for example use of data entry software) and a process for agencies to deliver the data to the Australian Government or state or territory authority
- establish timelines for the delivery of data to the relevant health authority
- establish a process to check and validate data at the state and territory level and, where possible, assist and advise on data quality at the agency level.

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

Alcohol and other drug treatment providers

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

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

Australian Institute of Health and Welfare

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

2 Scope of the AODTS–NMDS

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

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

Other agencies provide treatment activities that fall both inside and outside the intended scope of the national data set (see Section 2.2). In these situations, only the information recorded for clients accessing a treatment activity that falls within the intended scope should be forwarded to a health authority for inclusion in the AODTS–NMDS collection.

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

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

2.1 Which agencies?

Included

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

Excluded

- Agencies whose sole function is to prescribe and/or provide dosing for opioid pharmacotherapy treatment are excluded. These services are excluded only because of the complexity of the service delivery structure, and the range of agencies and practitioners in private and general practice settings.
- Agencies that provide primarily accommodation or overnight stays such as 'halfway houses' and 'sobering-up shelters' are excluded.

- Agencies that provide services concerned primarily with health promotion (for example needle and syringe programs) are excluded.
- Treatment services based in prison or other correctional institutions are excluded.
- Alcohol and drug treatment units in acute care or psychiatric hospitals that only provide treatment to admitted patients are excluded.
- Private treatment agencies that do not receive public funding are excluded.
- The majority of Australian Government-funded Indigenous substance use services or Aboriginal primary health care services are not included in the collection.

2.2 Which clients?

Included

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

Excluded

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

2.3 Which activities?

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

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

Included

- All closed treatment episodes for the types of treatment specified in the data element *Main treatment type for alcohol and other drugs* that have been completed within the 2010–11 financial year are included. (See the data element *Date of cessation of treatment episode for alcohol and other drugs* in Section 4.3 for more information.)

Excluded

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

3 What's new for 2010–11?

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

3.1 Changes in 2010–11

There are minimal changes to the collection in the 2010–11 year. The data elements are the same as those used in 2009–10 and their definitions have not changed. The following changes may be of interest.

The IGCD agreed to provide direction to the AODTS–NMDS Working Group for future development of the AODTS–NMDS.

- The IGCD noted that a review paper will be provided to the next IGCD meeting on September 2010, which will outline the usefulness of the current NMDS as an information source for drug services policy, data gaps and options for the future development of the NMDS.

Scope guidelines have been clarified, including:

- the need to consult the AODTS–NMDS Working Group about new service types to determine whether they are in scope and should be reporting to the collection.

The removal of the 'Attachment A' form from the specifications documentation:

- This form will be removed from the specifications documentation and drafts will be provided at each August working group meeting, with final documentation being circulated before each data submission process.

Data load guidelines have been clarified:

- Details are outlined in Section 5.4 AIHW validation checks, in regard to the loading process. This is a separate step in the cleaning and validation process. Loading errors are required to be amended by jurisdictions before validations can be applied.

'Assessment only' episode duration:

- The AIHW will continue to monitor 'assessment only' duration and will provide information to jurisdictions on episode duration of 2–29 days, 1–3 months and longer than 3 months. In agreement with the AODTS–NMDS Working Group, the AIHW has added a validation check for these episodes exceeding 90 days.

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

4 AODTS data items

4.1 Overview of data items in the NMDS

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

Table 4.1: Data items collected in the AODTS–NMDS

Treatment agency items	Episode items
Establishment identifier (including):	Person identifier
Australian state/territory identifier (establishment)	Sex
Establishment sector	Date of birth
Region code	Country of birth
Establishment number	Indigenous status
Geographical location of service delivery outlet (ASGC)	Preferred language
	Client type (alcohol and other drug treatment services)
	Source of referral to alcohol and other drug treatment service
	Date of commencement of treatment episode for alcohol and other drugs
	Date of cessation of 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
	Method of use for principal drug of concern
	Injecting drug use status
	Principal drug of concern
	Other drug of concern (1st)
	Other drug of concern (2nd)
	Other drug of concern (3rd)
	Other drug of concern (4th)
	Other drug of concern (5th)
	Main treatment type for alcohol and other drugs
	Other treatment type for alcohol and other drugs (1st)
	Other treatment type for alcohol and other drugs (2nd)
	Other treatment type for alcohol and other drugs (3rd)
	Other treatment type for alcohol and other drugs (4th)

4.2 Key definitions

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

4.2.1 Episode of treatment for alcohol and other drugs

Identifying and definitional attributes

Metadata item type:	Object Class
METeOR identifier:	268961
Registration status:	Health, Standard 01/03/2005
Definition:	The period of contact, with defined dates of commencement and cessation, between a client and a treatment provider or team of providers in which there is no change in the main treatment type or the principal drug of concern, and there has not been a non-planned absence of contact for greater than three 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.
Specialisation of:	Episode of care (Episode of treatment for alcohol and other drugs status)

Collection and usage attributes

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

Source and reference attributes

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

Relational attributes

Related metadata references:	Supersedes Treatment episode for alcohol and other drugs, version 2, DEC, NHDD, NHIMG, Superseded 01/03/2005.pdf (15.1 KB)
Data Element Concepts implementing this Object Class:	Episode of treatment for alcohol and other drugs—treatment type (other) Health, Superseded 13/10/2005

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

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

Object Class attributes

Identifying and definitional attributes

Object class:	Episode of treatment for alcohol and other drugs
METeOR identifier:	268961
Registration status:	Health, Standard 01/03/2005
Definition:	The period of contact, with defined dates of commencement and cessation, between a client and a treatment provider or team of providers in which there is no change in the main treatment type or the principal drug of concern, and there has not been a non-planned absence of contact for greater than three 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.
Specialisation of:	Episode of care (Episode of treatment for alcohol and other drugs status)

Collection and usage attributes

Guide for use:	A treatment episode must have a defined date of commencement of treatment episode for alcohol and other drugs and a date of cessation of treatment episode for alcohol and other drugs. A treatment episode can have only one main treatment type for alcohol and other drugs and only one principal drug of concern. If the main treatment or principal drug changes then the treatment episode is closed and a new treatment episode is opened. A treatment episode may also be considered closed (ceased) if there is a change in the treatment delivery setting or the service delivery outlet. Where the change reflects a substantial alteration in the nature of the treatment episode, for instance where an agency operates in more than one treatment setting

	(or outlet) they may consider that a change from one setting (or outlet), to another necessitates closure of one episode and commencement of a new one.
Collection methods:	Is taken as the period starting from the date of commencement of treatment and ending at the date of cessation of treatment episode.

Source and reference attributes

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

Property attributes

Identifying and definitional attributes

Property:	Treatment commencement date
METeOR identifier:	269255
Registration status:	Health, Standard 01/03/2005
Definition:	The date of the first service contact in which an assessment and/or treatment occurred, whichever occurred first.
Property group:	Service provision event

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare

Data element concept attributes

Relational attributes

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

4.2.3 Episode of treatment for alcohol and other drugs—cessation reason

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

Object Class attributes

Identifying and definitional attributes

Object class:	Episode of treatment for alcohol and other drugs
METeOR identifier:	268961
Registration status:	Health, Standard 01/03/2005
Definition:	The period of contact, with defined dates of commencement and cessation, between a client and a treatment provider or team of providers in which there is no change in the main treatment type or the principal drug of concern, and there has not been a non-planned absence of contact for greater than three 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.
Specialisation of:	Episode of care (Episode of treatment for alcohol and other drugs status)

Collection and usage attributes

Guide for use:	A treatment episode must have a defined date of commencement of treatment episode for alcohol and other drugs and a date of cessation of treatment episode for alcohol and other drugs. A treatment episode can have only one main treatment type for alcohol and other drugs and only one principal drug of concern. If the main treatment or principal drug changes then the treatment episode is closed and a new treatment episode is opened. A treatment episode may also be considered closed (ceased) if there is a change in the treatment delivery setting or the service delivery outlet. Where the change reflects a substantial alteration in the nature of the treatment episode, for instance where an agency operates in more than one treatment setting

	(or outlet) they may consider that a change from one setting (or outlet), to another necessitates closure of one episode and commencement of a new one.
Collection methods:	Is taken as the period starting from the date of commencement of treatment and ending at the date of cessation of treatment episode.

Source and reference attributes

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

Property attributes

Identifying and definitional attributes

Property:	Cessation reason
METeOR identifier:	269077
Registration status:	Health, Standard 01/03/2005
Definition:	The reason for ending an event or process.
Property group:	Exit/leave from service event

Source and reference attributes

Submitting organisation:	Australian Institute of Health and Welfare

Data element concept attributes

Relational attributes

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

4.3 Establishment-level items

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

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

Data elements in the NHDD may be used in multiple data collections. Therefore, these specifications contain general information for use in health data sets.

Please refer to the additional information for AODTS–NMDS data collectors for further clarification on data element use within the collection.

4.3.1 Establishment identifier

Identifying and definitional attributes

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

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

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

Source and reference attributes

Origin:	National Health Data Committee

Relational attributes

Related metadata references:	Supersedes Establishment identifier, version 4, Derived DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (17.0 KB)
	Is formed using Establishment—Australian state/territory identifier, code N Health, Standard 01/03/2005
	Is formed using Establishment—organisation identifier (state/territory), NNNNN Health, Standard 01/03/2005
	Is formed using Establishment—sector, code N Health, Standard 01/03/2005
	Is formed using Establishment—region identifier, X[X] Health, Standard 01/03/2005
Implementation in Data Set Specifications:	Acute coronary syndrome (clinical) DSS Health, Standard 01/10/2008
	Admitted patient mental health care NMDS 2010–2011 Health, Standard 05/01/2010
	Admitted patient palliative care NMDS 2010–11 Health, Standard 05/01/2010
	Community mental health care NMDS 2010–2011 Health, Standard 05/01/2010
	Elective surgery waiting times (removals data) NMDS 2009–Health, Standard 03/12/2008
	Health care client identification DSS Health, Standard 03/12/2008
	Mental health establishments NMDS 2009–2010 Health, Standard 02/12/2009
	Non-admitted patient emergency department care NMDS 2010–2011 Health, Standard 22/12/2009
	Outpatient care NMDS Health, Standard 04/07/2007
	Perinatal NMDS 2010–2011 Health, Standard 02/12/2009
	Public hospital establishments NMDS 2010–2011 Health, Standard 05/01/2010
	Residential mental health care NMDS 2010–2011 Health, Standard 05/01/2010
Implementation start date:	01/07/2010

Additional information for AODTS–NMDS data collectors

The *Establishment identifier* is a nationally unique identifier for each alcohol and other drug treatment agency included in the AODTS–NMDS collection. It is the responsibility of each jurisdiction's health authority to assign a unique establishment identifier to each agency.

Classification

NNX[X]NNNNN

Missing values

Missing values are not permitted for this data item.

Other information

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

- *Australian state/territory identifier*—which gives the first 'N'
- *Establishment sector*—which gives the second 'N'
- *Region code*—which gives 'X[X]'
- *Establishment number*—which gives the final 'NNNNN'.

- An example *Establishment identifier* is '32AB12346':

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

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

Why is this data item collected?

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

4.3.2 Australian State/Territory identifier (establishment)

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—Australian state/territory identifier, code N
METeOR identifier:	269941
Registration status:	Health, Standard 01/03/2005
Definition:	An identifier of the Australian state or territory in which an establishment is located, as represented by a code.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Establishment—Australian state/territory identifier
METeOR identifier:	269461
Registration status:	Health, Standard 01/03/2005 Community services, Standard 01/03/2005
Definition:	An identifier of the Australian state or territory in which an establishment is located.
Object class:	Establishment
Property:	Australian state/territory identifier

Value domain attributes

Identifying and definitional attributes

Value domain:	Australian state/territory code N
METeOR identifier:	304682
Registration status:	Health, Standard 03/08/2005 Community services, Standard 03/08/2005 Housing assistance, Standard 03/08/2005
Definition:	The code set representing Australian states and territories.

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:

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

Collection and usage attributes

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

Source and reference attributes

Reference documents: Australian Bureau of Statistics. Australian Standard Geographical Classification (ASGC). Cat No. 1216.0. Canberra: ABS.

Data element attributes

Collection and usage attributes

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

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Origin: National Health Data Committee

National Community Services Data Committee

Relational attributes

Related metadata references: Is used in the formation of Service delivery outlet—geographic location, code (ASGC 2009) NNNNN Health, Standard 02/10/2009

Is used in the formation of Establishment—geographical location, code (ASGC 2009) NNNNN Health, Standard

	02/10/2009
	Is used in the formation of Establishment—organisation identifier (Australian), NNX[X]NNNNN Health, Standard 01/03/2005
Implementation in Data Set Specifications:	Admitted patient care NMDS 2010–2011 Health, Standard 22/12/2009
	Community mental health care NMDS 2010–2011 Health, Standard 05/01/2010
	Mental health establishments NMDS 2010–2011 Health, Standard 02/12/2009
	Residential mental health care NMDS 2010–2011 Health, Standard 05/01/2010

Additional information for AODTS–NMDS data collectors

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

Missing values

Missing values are not permitted for this data item.

Why is this data item collected?

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

Example of how *Australian state/territory identifier (establishment)* is used

Alcohol was the most frequently reported principal drug of concern in all states and territories in 2007–08. The Northern Territory had the largest proportion of alcohol-related treatment episodes (73%) and Tasmania the smallest (32%).

Source: AIHW 2009.

4.3.3 Establishment sector

Identifying and definitional attributes

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

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Establishment—sector
METeOR identifier:	269458
Registration status:	Health, Standard 01/03/2005
Definition:	A section of the health care industry with which a health care establishment can identify.
Context:	Health services.
Object class:	Establishment
Property:	Sector

Value domain attributes

Identifying and definitional attributes

Value domain:	Sector code N
METeOR identifier:	270572
Registration status:	Health, Standard 01/03/2005
Definition:	A code set representing sectors.

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:

Value	Meaning
1	Public
2	Private

Data element attributes

Collection and usage attributes

Guide for use:

This data element is used to differentiate between establishments run by the government sector (code 1) and establishments that receive some government funding but are run by the non-government sector (code 2).

CODE 1 is to be used when the establishment:

- operates from the public accounts of a Commonwealth, state or territory government or is part of the executive, judicial or legislative arms of government,
- is part of the general government sector or is controlled by some part of the general government sector,
- provides government services free of charge or at nominal prices, and
- is financed mainly from taxation.

CODE 2 is to be used only when the establishment:

- is not controlled by government,
- is directed by a group of officers, an executive committee or a similar body
- elected by a majority of members, and
- may be an income tax exempt charity.

Relational attributes

Related metadata references:

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

Implementation in Data Set Specifications:

Admitted patient care NMDS 2010-2011 Health, Standard 22/12/2009

Community mental health care NMDS 2010-2011 Health, Standard 05/01/2010

Health care client identification DSS Health, Standard 03/12/2008

Mental health establishments NMDS 2010-2011 Health, Standard 02/12/2009

Residential mental health care NMDS 2010-2011 Health, Standard 05/01/2010

Additional information for AODTS–NMDS data collectors

Establishment sector is the second 'N' in the *Establishment identifier* NNA[A]NNNNN.

Missing values

Missing values are not permitted for this data item.

Why is this data item collected?

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

Example of how *Establishment sector* is used

Half of the agencies were identified as government providers in 2007–08 (50% or 330 out of 658).

Source: AIHW 2009.

4.3.4 Region code

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—region identifier, X[X]
METeOR identifier:	269940
Registration status:	Health, Standard 01/03/2005
Definition:	An alphanumeric identifier for the location of health services in a defined geographic or administrative area.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Establishment—region identifier
METeOR identifier:	269459
Registration status:	Health, Standard 01/03/2005
Definition:	An identifier for the location of health services in a defined geographic or administrative area.
Context:	All health services.
Object class:	Establishment
Property:	Region identifier

Value domain attributes

Identifying and definitional attributes

Value domain:	Identifier X[X]
METeOR identifier:	270574
Registration status:	Health, Standard 01/03/2005
Definition:	A combination of alphanumeric characters that identify an entity.

Representational attributes

Representation class:	Identifier
Data type:	String
Format:	X[X]
Maximum character length:	2

Data element attributes

Collection and usage attributes

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

Relational attributes

Related metadata references:	Supersedes Region code, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (14.3 KB) Is used in the formation of Establishment—organisation identifier (Australian), NNX[X]NNNNN Health, Standard 01/03/2005
Implementation in Data Set Specifications:	Admitted patient care NMDS 2010–2011 Health, Standard 22/12/2009 Community mental health care NMDS 2010–2011 Health, Standard 05/01/2010 Health care client identification DSS Health, Standard 03/12/2008 Mental health establishments NMDS 2010–2011 Health, Standard 02/12/2009 Residential mental health care NMDS 2010–2011 Health, Standard 05/01/2010

Additional information for AODTS–NMDS data collectors

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

Classification

X[X]

Missing values

Missing values are not permitted for this data item.

Other information

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

Why is this data item collected?

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

Example of how *Region code* is used

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

4.3.5 Establishment number

Identifying and definitional attributes

Metadata item type:	Data Element
Technical name:	Establishment—organisation identifier (state/territory), NNNNN
METeOR identifier:	269975
Registration status:	Health, Standard 01/03/2005
Definition:	An identifier for an establishment, unique within the state or territory.

Data element concept attributes

Identifying and definitional attributes

Data element concept:	Establishment—organisation identifier (state/territory)
METeOR identifier:	269922
Registration status:	Health, Standard 01/03/2005
Definition:	An identifier for an establishment, unique within the state or territory.
Context:	All health services.
Object class:	Establishment
Property:	Organisation identifier

Value domain attributes

Identifying and definitional attributes

Value domain:	Identifier NNNNN
METeOR identifier:	270570
Registration status:	Health, Standard 01/03/2005 Community services, Recorded 27/03/2007
Definition:	A combination of numeric characters that identify an entity.

Representational attributes

Representation class:	Identifier
Data type:	Number
Format:	NNNNN
Maximum character length:	5

Data element attributes

Collection and usage attributes

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

Relational attributes

Related metadata references:	Supersedes Establishment number, version 4, DE, NHDD, NHIMG, Superseded 01/03/2005 .pdf (14.6 KB)
	Is used in the formation of Establishment—organisation identifier (Australian), NNX[X]NNNNN Health, Standard 01/03/2005
Implementation in Data Set Specifications:	Admitted patient care NMDS 2010-2011 Health, Standard 22/12/2009
	Cancer (clinical) DSS Health, Standard 22/12/2009
	Community mental health care NMDS 2010-2011 Health, Standard 05/01/2010
	Health care client identification DSS Health, Standard 03/12/2008
	Mental health establishments NMDS 2010-2011 Health, Standard 02/12/2009
	Residential mental health care NMDS 2010-2011 Health, Standard 05/01/2010

Additional information for AODTS–NMDS data collectors

The *Establishment number* is the last 'NNNNN' of the *Establishment identifier* (NNX[X]NNNNN). The *Establishment number* uniquely identifies an alcohol and other drug treatment agency within a state or territory. It is the responsibility of each jurisdiction's health authority to assign an establishment number to each agency. Some agencies have separate administrative offices and service delivery outlets, or more than one service delivery outlet. The IGCD AODTS–NMDS Working Group has agreed that a code will be included in the *Establishment number* to identify individual service delivery outlets where there is more than one for an agency.

Definition

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

Classification

NNNNN

Missing values

Missing values are not permitted for this data item.

Other information

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

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

Why is this data item collected?

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

Example of how *Establishment number* is used

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

4.3.6 Geographical location of service delivery outlet

Identifying and definitional attributes

Technical name:	Service delivery outlet—geographic location, code (ASGC 2009) NNNNN
METeOR identifier:	386787
Registration status:	Health, Standard 02/10/2009
Definition:	Geographical location of a site from which a health/community service is delivered, as represented by a code.
Data Element Concept:	Service delivery outlet—geographic location

Value domain attributes

Representational attributes

Classification scheme:	Australian Standard Geographical Classification 2009
Representation class:	Code
Data type:	Number
Format:	NNNNN
Maximum character length:	5

Data element attributes

Collection and usage attributes

Guide for use:

The geographical location is reported using a five digit numerical code to indicate the Statistical Local Area (SLA) within the reporting state or territory, as defined in the Australian Standard Geographical Classification (ASGC). It is a composite of State identifier and SLA (first digit = State identifier, next four digits = SLA).

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

Source and reference attributes

Submitting organisation:	Intergovernmental Committee on Drugs National Minimum Data Set Working Group
Origin:	Australian Standard Geographical Classification (ABS Cat. No. 1216.0)

Relational attributes

Related metadata references:	Supersedes Service delivery outlet—geographic location, code (ASGC 2008) NNNNN Health, Superseded 02/10/2009
	Is formed using Establishment—Australian state/territory identifier, code N Health, Standard 01/03/2005

Implementation start date:	01/07/2010

Additional information for AODTS–NMDS data collectors

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

Classification

NNNNN

Missing values

Missing values are not permitted for this data item.

Other information

- Responses to this data item should come in the format given in the Australian Standard Geographical Classification (ASGC) (ABS cat. no. 1216.0). The ASGC is updated on an annual basis with a date of effect of 1 July each year. The 2008 edition will be used for the 2010–11 collection period because of the timing of updates to the ASGC and their incorporation into the METeOR data element. If it is not possible to use the 2008 version, state and territory health authorities are requested to advise the AIHW which version has been used (on the Attachment A form with their data submission).
- Some jurisdictions have used the ABS's National Localities Index to assist with assigning SLAs to their treatment agencies in previous years. This index will no longer be updated (with the last version applicable until 30 June 2008). For the 2010–11 data collection, please use the 'Locality to SLA 2008 Concordance' on the ABS website or contact the AIHW for assistance.
- The first digit for *Geographical location of service delivery outlet* must be the same as the *Australian state/territory identifier* in the *Establishment identifier*.

Why is this data item collected?

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

Example of how *Geographical location of service delivery outlet* is used

Treatment agencies were mostly located in *Major cities* (57%) and *Inner regional* areas (26%) in 2007–08. Under 1% were located in *Very remote* areas.

Agencies located in *Major cities* provided proportionally more withdrawal management (detoxification) (18%) than agencies in *Very remote* areas (3%).

Source: AIHW 2009.

4.4 Episode-level items

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

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

Data elements listed in the *National health data dictionary* are frequently used in multiple collections, therefore these specifications contain general information for use in health data sets.

Please refer to the additional information for AODTS–NMDS data collectors for further clarification on data element use in the collection.

4.4.1 Client type (alcohol and other drug treatment services)

Identifying and definitional attributes

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

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:

Value	Meaning
1	Own alcohol or other drug use
2	Other's alcohol or other drug use

Collection and usage attributes

Guide for use:

CODE 1 Own alcohol or other drug use

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

Use this code where a client is receiving treatment or assistance for both their own alcohol and/or other drug use and the alcohol and/or other drug use of another person.

CODE 2 Other's alcohol or other drug use

Use this code for a client who receives support and/or assistance in relation to the alcohol and/or other drug use of another person.

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

Data element attributes

Collection and usage attributes

Guide for use:

Where Code 2 Other's alcohol or other drug use is reported, do not collect the following data elements:

Episode of treatment for alcohol and other drugs—drug of concern (principal), code (ASCDC 2000 extended) NNNN;

Episode of treatment for alcohol and other drugs—drug of concern (other), code (ASCDC 2000 extended) NNNN;

Client—injecting drug use status, code N; and

Client—method of drug use (principal drug of concern), code N.

Comments:

Required to differentiate between clients according to whether the treatment episode concerns their own alcohol and/or other drug use or that of another person to provide a basis for description of the people accessing alcohol and other drug treatment services.

Source and reference attributes

Submitting organisation:

Intergovernmental Committee on Drugs National Minimum Data Set Working Group

Relational attributes

Related metadata references:

Supersedes Client type - alcohol and other drug treatment services, version 3, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (15.5 KB)

Implementation start date:

01/07/2010

Additional information for AODTS–NMDS data collectors

Definition

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

Missing values

Missing values are not permitted for this data item.

Other information

- Where *Client type* is coded 2 (other's alcohol or other drug use), neither the *Main treatment type* nor other (additional) treatment types should be coded '1–withdrawal management (detoxification)', '3–rehabilitation' or '4–pharmacotherapy'.
- Where *Client type* is 2 do not collect (leave blank) *Principal drug of concern*, *Other drug of concern*, *Injecting drug use status* and *Method of use*.

Why is this data item collected?

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

Example of how *Client type (alcohol and other drug treatment services)* is used

In 2007–08, 96% of all closed treatment episodes involved clients seeking treatment for their own alcohol or other drug use, a similar proportion as in previous years.

People seeking treatment in relation to someone else's drug use were older, with a median age of 42 years, than those seeking treatment for their own drug use (32 years).

Source: AIHW 2009.

4.4.2 Country of birth

Identifying and definitional attributes

Technical name:	Person—country of birth, code (SACC 2008) NNNN
METeOR identifier:	370943
Registration status:	Health, Standard 01/10/2008 Community services, Standard 02/06/2008 Housing assistance, Standard 24/11/2008
Definition:	The country in which the person was born, as represented by a code.
Data Element Concept:	Person—country of birth

Value domain attributes

Representational attributes

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

Collection and usage attributes

Guide for use:	The Standard Australian Classification of Countries 2008 (SACC) is a four-digit, three-level hierarchical structure specifying major group, minor group and country. 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.

Data element attributes

Collection and usage attributes

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

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

Australia

Other (please specify)

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

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

Australia

England

New Zealand

Italy

Viet Nam

India

Scotland

Philippines

Greece

Germany

Other (please specify)

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

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

Comments:

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

Relational attributes

Related metadata references:

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

Implementation in Data Set Specifications:

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

Admitted patient care NMDS 2010–2011 Health, Standard 22/12/2009

Admitted patient mental health care NMDS 2010–2011 Health, Standard 05/01/2010

Admitted patient palliative care NMDS 2010-11 Health,

Standard 05/01/2010

Cardiovascular disease (clinical) DSS Health, Standard 22/12/2009

Community mental health care NMDS 2010–2011 Health, Standard 05/01/2010

Computer Assisted Telephone Interview demographic module DSS Health, Standard 03/12/2008

Disability Services NMDS (July 2009) Community services, Standard 11/11/2009

Health care client identification DSS Health, Standard 03/12/2008

Non-admitted patient emergency department care NMDS 2010–2011 Health, Standard 22/12/2009

Perinatal NMDS 2010–2011 Health, Standard 02/12/2009

Registered chiropractic labour force DSS Health, Standard 10/12/2009

Registered dental and allied dental health professional labour force DSS Health, Standard 10/12/2009

Registered medical professional labour force DSS Health, Standard 10/12/2009

Registered midwifery labour force DSS Health, Standard 10/12/2009

Registered nursing professional labour force DSS Health, Standard 10/12/2009

Registered optometry labour force DSS Health, Standard 10/12/2009

Registered osteopathy labour force DSS Health, Standard 10/12/2009

Registered pharmacy labour force DSS Health, Standard 10/12/2009

Registered physiotherapy labour force DSS Health, Standard 10/12/2009

Registered podiatry labour force DSS Health, Standard 10/12/2009

Registered psychology labour force DSS Health, Standard 10/12/2009

Residential mental health care NMDS 2010–2011 Health, Standard 05/01/2010

Implementation start date: 01/07/2010

Additional information for AODTS–NMDS data collectors

Definition

The country in which the client was born.

Classification

NNNN (as coded in the ABS *Standard Australian Classification of Countries*, ABS cat.no. 1269.0, Appendix D—SACC). The SACC is updated from time to time. The latest version is the second edition and was released on 19 May 2008. This edition should be used unless otherwise advised to the AIHW on the Attachment A form that accompanies the data submission. Changes since the previous version of the SACC include changes to the coding of the Channel Islands, and Serbia and Montenegro.

0000 Inadequately Described

0001 At Sea

0003 Not Stated

Missing values

Use code 0003 for missing values.

Other information

Responses to this data item should be provided in the format given in the SACC four-digit (individual country) level (ABS 2008:Appendix D).

Why is this data item collected?

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

Example of how *Country of birth* is used

Most clients of drug treatment agencies in 2007–08 were Australian-born (86% of treatment episodes involved people born in Australia). England (2%) and New Zealand (2%) were the next most common countries of birth

Source: AIHW 2009.

4.4.3 Date of birth

Identifying and definitional attributes

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

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

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

In self-reported data collections, it is recommended that the following response format is used:

Date of birth: _ _ / _ _ / _ _ _ _

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

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

Comments:

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

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

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

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

Source and reference attributes

Origin:

National Health Data Committee

National Community Services Data Committee

Reference documents:

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

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

Relational attributes

Related metadata references:

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

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

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

Is used in the formation of Episode of admitted patient care—major diagnostic category, code (AR-DRG v 6) NN Health, Standard 22/12/2009

Is used in the formation of Episode of admitted patient care—diagnosis related group, code (AR-DRG v 6) ANNA Health, Standard 22/12/2009

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

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

Implementation in Data Set Specifications:

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

Admitted patient care NMDS 2010-2011 Health, Standard 22/12/2009

Admitted patient mental health care NMDS 2010-2011 Health, Standard 05/01/2010

Admitted patient palliative care NMDS 2010-11 Health, Standard 05/01/2010

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

Cancer (clinical) DSS Health, Standard 22/12/2009

Cardiovascular disease (clinical) DSS Health, Standard 22/12/2009

Child protection and support services (CPSS) client cluster Community services, Standard 30/04/2008

Child protection and support services (CPSS) sibling cluster Community services, Standard 30/04/2008

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

Community mental health care NMDS 2010-2011 Health, Standard 05/01/2010

	Computer Assisted Telephone Interview demographic module DSS Health, Standard 03/12/2008 Diabetes (clinical) DSS Health, Standard 21/09/2005 Disability Services NMDS (July 2009) Community services, Standard 11/11/2009 Health care client identification DSS Health, Standard 03/12/2008 Health care provider identification DSS Health, Standard 03/12/2008 Health labour force NMDS Health, Standard 01/03/2005 Juvenile Justice Client file cluster Community services, Standard 14/09/2009 Juvenile Justice NMDS 2007 Community services, Standard 27/03/2007 Non-admitted patient emergency department care NMDS 2010-2011 Health, Standard 22/12/2009 Perinatal NMDS 2010-2011 Health, Standard 02/12/2009 Residential mental health care NMDS 2010-2011 Health, Standard 05/01/2010 SAAP Client Collection National Minimum Data Set Community services, Standard 30/11/2007
Implementation start date:	01/07/2010
Information specific to this data set:	This field must not be null. National Minimum Data Sets: For the provision of State and Territory hospital data to Commonwealth agencies this field must: • be less than or equal to Admission date, Date patient presents or Service contact date • be consistent with diagnoses and procedure codes, for records to be grouped.

Additional information for AODTS–NMDS data collectors

Definition

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

Classification

ddmmyyyy

Missing values

Use code 01011900 for missing values.

Other information

- Where the date of birth is not provided directly by the client, other records such as referral documents may be used to establish or estimate the date of birth.
- Where the day and/or month of birth is unknown, estimate the year of birth and enter '0101' as the day and month. (Please do not use 0107 or 3006 of the relevant year to estimate *Date of birth*. These codes are not used for AODTS–NMDS purposes.)
- Where the date of birth is unknown, and year of birth cannot be estimated, enter '01011900'.
- For privacy reasons, 'age in years' will be the output data item rather than 'date of birth'.
- The *Date of birth* should be before *Date of commencement* and before *Date of cessation*.
- There should be no clients where the *Date of birth* for the client equates to the client being aged less than 10 years (when age is calculated using *Date of birth* and *Date of cessation*).

Why is this data item collected?

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

Example of how *Date of birth* is used

Table 4.2: Closed treatment episodes by sex and age group, 2007–08 (per cent)

Sex/client type	Age group (years)						Total[(a)]	Total (no.)	Median age
	10–19	20–29	30–39	40–49	50–59	60+			
Persons[(b)]									
Own drug use	11.2	31.9	29.1	17.9	7.1	2.5	100.0	147,721	32
Other's drug use	17.9	12.5	15.5	20.4	21.6	10.8	100.0	6,277	42
Total persons	**11.4**	**31.1**	**28.6**	**18.0**	**7.7**	**2.9**	**100.0**	**. .**	**32**
Total (number)	**17,618**	**47,936**	**44,007**	**27,722**	**11,788**	**4,440**	**. .**	**153,998**	**. .**

(a) Includes 'not stated' for age.

(b) Includes 'not stated' for sex.

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

Identifying and definitional attributes

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

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

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 the glossary item **Cessation of treatment episode for alcohol and other drugs** to determine when a treatment episode ceases. The date must be later than or the same as the treatment commencement date for the episode of treatment for alcohol and other drugs.
Comments:	Required to identify the cessation of a treatment episode by an alcohol and other drug treatment service.

Source and reference attributes

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

Relational attributes

Related metadata references:	Supersedes Date of cessation of treatment episode for alcohol and other drugs, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (14.6 KB)

Implementation start date:	01/07/2010
Information specific to this data set:	The date must be later than or the same as the treatment commencement date for the episode of treatment for alcohol and other drugs.

Additional information for AODTS–NMDS data collectors

Definition

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

Classification

ddmmyyyy

Missing values

Missing values are not permitted for this data item.

Other information

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

Why is this data item collected?

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

Example of how *Date of cessation* is used

The median number of days for a treatment episode in 2007–08 was 17, which was the same as the previous year. Information and education only had a median duration of 1 day. Counselling had a median duration of 47 days.

Source: AIHW 2009.

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

Identifying and definitional attributes

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

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

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, • their treatment delivery setting for alcohol and other drugs has changed.
Comments:	Required to identify the commencement of a treatment episode by an alcohol and other drug treatment service.

Source and reference attributes

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

Relational attributes

Related metadata references:	Supersedes Date of commencement of treatment episode for alcohol and other drugs, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (14.1 KB) Supersedes Commencement of treatment episode for alcohol and other drugs, version 2, DEC, NHDD, NHIMG, Superseded 01/03/2005.pdf (13.5 KB)

Implementation start date:	01/07/2010
Information specific to this data set:	The date must be earlier than or the same as the treatment cessation date for the episode of treatment for alcohol and other drugs.

Additional information for AODTS–NMDS data collectors

Definition

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

Classification

ddmmyyyy

Missing values

Missing values are not permitted for this data item.

Other information

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

Why is this data item collected?

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

Example of how *Date of commencement* is used

In 2007–08, heroin-related treatment episodes were the longest out of all drug types, with a median length of 29 days. Alcohol-related episodes were 16 days and ecstasy treatment around 4 days.

Source: AIHW 2009.

4.4.6 Indigenous status

Identifying and definitional attributes

Technical name:	Person—Indigenous status, code N
METeOR identifier:	291036
Registration status:	Health, Standard 04/05/2005 Community services, Standard 25/08/2005 Housing assistance, Proposed 02/11/2009
Definition:	Whether a person identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code. This is in accord with the first two of three components of the Commonwealth definition.
Data Element Concept:	Person—Indigenous status

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:

Value	Meaning
1	Aboriginal but not Torres Strait Islander origin
2	Torres Strait Islander but not Aboriginal origin
3	Both Aboriginal and Torres Strait Islander origin
4	Neither Aboriginal nor Torres Strait Islander origin

Supplementary values:

9	Not stated/inadequately described

Collection and usage attributes

Guide for use: This metadata item is based on the Australian Bureau of Statistics (ABS) standard for Indigenous status. For detailed advice on its use and application please refer to the ABS Website as indicated in the Reference documents.

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.

Not stated/ inadequately described:

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

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

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

Data element attributes

Collection and usage attributes

Collection methods:

The standard question for Indigenous Status is as follows:

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

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

No.....

Yes, Aboriginal.....

Yes, Torres Strait Islander.....

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

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

about them.

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

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

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

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

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

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

Yes, both Aboriginal and Torres Strait Islander...

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

Comments:

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

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

There are three components to the Commonwealth definition:

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

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

Source and reference attributes

Origin:

National Health Data Committee

National Community Services Data Committee

Reference documents:

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

Relational attributes

Related metadata references:

Supersedes Person—Indigenous status, code N Health, Superseded 04/05/2005, Community services, Superseded 25/08/2005

Implementation in Data Set Specifications:

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

Admitted patient care NMDS 2010-2011 Health, Standard 22/12/2009

Admitted patient mental health care NMDS 2010-2011 Health, Standard 05/01/2010

Admitted patient palliative care NMDS 2010-11 Health, Standard 05/01/2010

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

Cardiovascular disease (clinical) DSS Health, Standard 22/12/2009

Child protection and support services (CPSS) - out-of-home care NMDS pilot (2008) Community services, Standard 30/04/2008

Child protection and support services (CPSS) client cluster Community services, Standard 30/04/2008

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

Community mental health care NMDS 2010-2011 Health, Standard 05/01/2010

Computer Assisted Telephone Interview demographic module DSS Health, Standard 03/12/2008

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

Disability Services NMDS (July 2009) Community services, Standard 11/11/2009

Elective surgery waiting times (census data) NMDS 2009- Health, Standard 03/12/2008

Elective surgery waiting times (removals data) NMDS 2009- Health, Standard 03/12/2008

Health care client identification DSS Health, Standard 03/12/2008

Juvenile Justice Client file cluster Community services, Standard 14/09/2009

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

Non-admitted patient emergency department care NMDS 2010-2011 Health, Standard 22/12/2009

Perinatal NMDS 2010-2011 Health, Standard 02/12/2009

Registered chiropractic labour force DSS Health, Standard 10/12/2009

Registered dental and allied dental health professional labour force DSS Health, Standard 10/12/2009

Registered medical professional labour force DSS Health, Standard 10/12/2009

Registered midwifery labour force DSS Health, Standard 10/12/2009

Registered nursing professional labour force DSS Health, Standard 10/12/2009

Registered optometry labour force DSS Health, Standard 10/12/2009

Registered osteopathy labour force DSS Health, Standard 10/12/2009

Registered pharmacy labour force DSS Health, Standard 10/12/2009

Registered physiotherapy labour force DSS Health, Standard 10/12/2009

Registered podiatry labour force DSS Health, Standard 10/12/2009

Registered psychology labour force DSS Health, Standard 10/12/2009

Residential mental health care NMDS 2010-2011 Health, Standard 05/01/2010

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

SAAP Demand for Accommodation National Minimum Data Set Community services, Standard 30/11/2007

Implementation start date: 01/07/2010

Additional information for AODTS–NMDS data collectors

Definition

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

Classification

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

Missing values

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

Why is *Indigenous status* collected?

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

Example of how *Indigenous status* is used

Table 4.3: Closed treatment episodes[a] by principal drug of concern and Indigenous status, 2007–08

Principal drug of concern	Indigenous		Non-Indigenous		Not stated		Total	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
Alcohol	8,484	52.8	54,113	43.5	3,105	42.9	65,702	44.5
Amphetamines	1,480	9.2	14,416	11.6	692	9.6	16,588	11.2
Benzodiazepines	131	0.8	2,241	1.8	115	1.6	2,487	1.7
Cannabis	3,471	21.6	26,842	21.6	1,551	21.4	31,864	21.6
Cocaine	27	0.2	411	0.3	19	0.3	457	0.3
Ecstasy	58	0.4	1,215	1.0	48	0.7	1,321	0.9
Nicotine	237	1.5	2,214	1.8	97	1.3	2,548	1.7
Opioids								
Heroin	1,097	6.8	13,655	11.0	819	11.3	15,571	10.5
Methadone	180	1.1	2,010	1.6	106	1.5	2,296	1.6
Morphine	172	1.1	1,139	0.9	79	1.1	1,390	0.9
Total opioids[b]	*1,587*	*9.9*	*18,634*	*15.0*	*1,159*	*16.0*	*21,380*	*14.5*
All other drugs[c]	583	3.6	4,344	3.5	447	6.2	5,374	3.6
Total	**16,058**	**100.0**	**124,430**	**100.0**	**7,233**	**100.0**	**147,721**	**100.0**
Per cent of Indigenous status	**10.9**	**. .**	**84.2**	**. .**	**4.9**	**. .**	**100.0**	**. .**

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

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

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

Source: AIHW 2009.

4.4.7 Injecting drug use status

Identifying and definitional attributes

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

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

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

However, caution must be exercised when comparing clinical samples with population samples.

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

Source and reference attributes

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

Relational attributes

Related metadata references: Supersedes Injecting drug use status, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (15.8 KB)

Implementation start date: 01/07/2010

Additional information for AODTS–NMDS data collectors

Definition

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

Missing values

Use code 9 for missing values.

Other information

Where *Injecting drug use status* is coded 4 (Never injected), check that *Method of use* is not coded 3 (injects).

Why is this data item collected?

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

Example of how *Injecting drug use status* is used

In 2007–08, 50% of closed treatment episodes involved clients who reported never having injected drugs, 20% involved clients who identified themselves as current injectors; that is, injected within the previous 3 months, and a further 18% involved clients who reported they had injected drugs in the past (7% between 3 months and 12 months ago and 11%, 12 or more months ago). This item was reported as 'not stated' in 12% of episodes involving people seeking treatment for their own drug use

Source: AIHW 2009.

4.4.8 Main treatment type for alcohol and other drugs

Identifying and definitional attributes

Technical name:	Episode of treatment for alcohol and other drugs—treatment type (main), code N
METeOR identifier:	270056
Registration status:	Health, Standard 01/03/2005
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, as represented by a code.
Data Element Concept:	Episode of treatment for alcohol and other drugs—treatment type

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:

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

Collection and usage attributes

Guide for use:

CODE 1 Withdrawal management (detoxification)

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

CODE 2 Counselling

This code refers to any method of individual or group counselling directed towards identified problems with

alcohol and/or other drug use or dependency. This code excludes counselling activity that is part of a rehabilitation program as defined in Code 3.

CODE 3 Rehabilitation

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

CODE 4 Pharmacotherapy

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

CODE 5 Support and case management only

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

CODE 6 Information and education only

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

CODE 7 Assessment only

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

Data element attributes

Collection and usage attributes

Guide for use:

Only one code to be selected.

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.

Comments:

Information about treatment provided is of fundamental importance to service delivery and planning.

Source and reference attributes

Submitting organisation:

Intergovernmental Committee on Drugs National Minimum Data Set Working Group

Relational attributes

Related metadata references:

Supersedes Main treatment type for alcohol and other drugs, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (18.9 KB)

Implementation start date:

01/07/2010

Additional information for AODTS–NMDS data collectors

Definition

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

Missing values

Missing values are not permitted for this data item.

Other information

- If *Main treatment type* is coded 5, 6 or 7, then *Other treatment type* 1–4 must be blank.
- If *Main treatment type* is coded 1, 3 or 4, then *Client type (alcohol and other drug treatment services)* must not be coded 2.
- A single client record can not have the same *Main treatment type* code recorded more than once, with the exception of code 8 (Other).
- Code 7 (Assessment only): AIHW will continue monitoring 'assessment only' duration and will provide information to jurisdictions on episode duration of 2–29 days, 1–3 months, and longer than 3 months. Validation checks will be applied at 30- and 90-day durations.
- Code 8 (Other): refers to other main treatment types such as nicotine replacement therapy or outdoor therapy.
- If pharmacotherapy is the *Main treatment type* (coded as 'other '), then an 'other (additional) treatment type' must be recorded.

Why is this data item collected?

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

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

Table 4.4: Trends in main treatment type, 2001–02 to 2007–08

Main treatment type	2001–02[(a)]	2002–03	2003–04	2004–05	2005–06	2006–07	2007–08
				(per cent)			
Withdrawal management (detoxification)	19.1	18.9	18.4	17.9	17.1	16.6	16.2
Counselling	38.9	41.5	37.6	40.2	37.8	38.7	37.3
Rehabilitation	6.3	7.5	8.6	7.7	7.5	7.4	7.2
Support and case management only	6.1	6.9	8.4	7.9	8.2	8.3	8.0
Information and education only	9.8	8.0	7.6	8.9	9.7	9.3	9.8
Assessment only	14.6	12.7	14.9	12.4	15.3	15.1	14.3
Other[(b)]	5.1	4.4	4.5	5.0	4.4	4.5	7.2
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Excludes South Australia.

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

Source: AIHW 2009.

4.4.9 Method of use for principal drug of concern

Identifying and definitional attributes

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

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:

Value	Meaning
1	Ingests
2	Smokes
3	Injects
4	Sniffs (powder)
5	Inhales (vapour)
6	Other

Supplementary values:

9	Not stated/inadequately described

Data element attributes

Collection and usage attributes

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

Source and reference attributes

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

Relational attributes

Related metadata references: Supersedes Method of use for principal drug of concern, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (14.7 KB)

Implementation start date: 01/07/2010

Additional information for AODTS–NMDS data collectors

Definition

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

Missing values

Use code 9 for missing values.

Other information

Where *Method of use for principal drug of concern* is coded 3 (Injects), check that *Injecting drug use status* is not coded 4 (Never injected).

Why is this data item collected?

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

Example of use of *Method of use for principal drug of concern*.

In 2007–08, where amphetamines were the principal drug of concern, injecting was the most common method of use (66%), followed by smoking (17%) and ingesting (11%)

Source: AIHW 2009.

4.4.10 Other drug of concern

Identifying and definitional attributes

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

Value domain attributes

Representational attributes

Classification scheme:	Australian Standard Classification of Drugs of Concern 2000
Representation class:	Code
Data type:	String
Format:	NNNN
Maximum character length:	4

Supplementary values:

Value	Meaning
0005	Opioid analgesics not further defined
0006	Psychostimulants not further defined

Collection and usage attributes

Guide for use:

The Australian Standard Classification of Drugs of Concern (ASCDC) provides a number of supplementary codes that have specific uses and these are detailed within the ASCDC e.g. 0000 = inadequately described.

Other supplementary codes that are not already specified in the ASCDC may be used in National Minimum Data Sets (NMDS) when required. In the Alcohol and other drug treatment service NMDS, two additional supplementary codes have been created which enable a finer level of detail to be captured:

CODE 0005 Opioid analgesics not further defined

This code is to be used when it is known that the client's principal drug of concern is an opioid but the specific opioid used is not known. The existing code 1000 combines opioid analgesics and non-opioid analgesics together into Analgesics nfd and the finer level of detail, although

known, is lost.

CODE 0006 Psychostimulants not further defined

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

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

Data element attributes

Collection and usage attributes

Guide for use:

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

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

Collection methods:

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

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

Comments:

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

Source and reference attributes

Submitting organisation:

Intergovernmental Committee on Drugs National Minimum Data Set Working Group

Relational attributes

Related metadata references:

Supersedes Other drug of concern, version 3, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (16.4 KB)

Implementation start date:

01/07/2010

Additional information for AODTS–NMDS data collectors

Definition

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

Classification

NNNN

Missing values

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

Other information

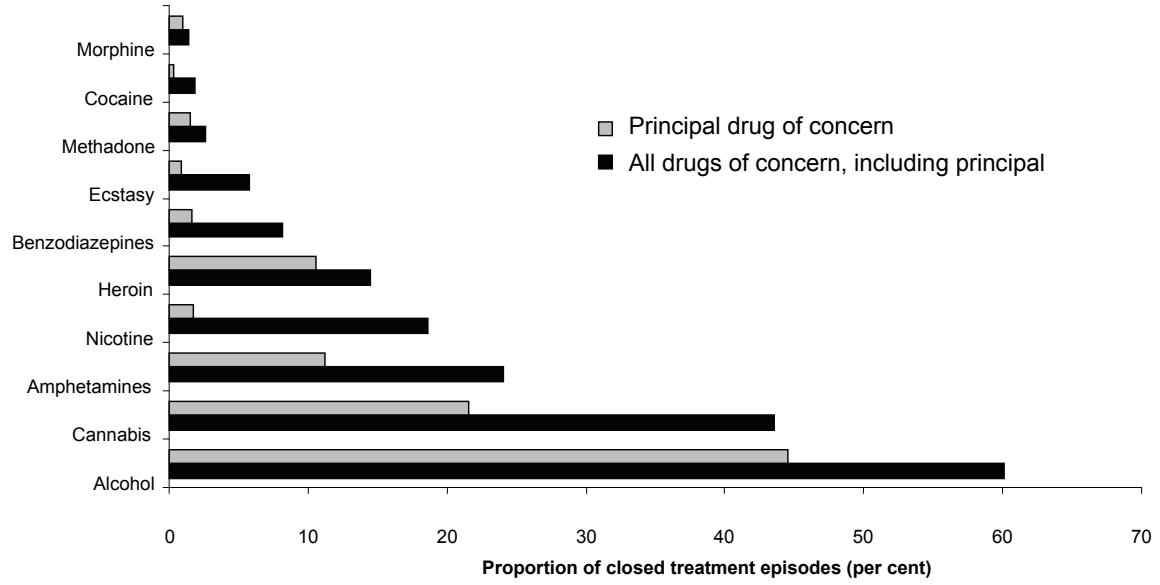
- Responses to this data item should come in the format given in the *Australian Standard Classification of Drugs of Concern* (ASCDC), ABS cat. no. 1248.0 (ABS 2000) (attached as Appendix F). This includes two supplementary codes
  - Code 0005 (Opioid analgesics not further defined): to be used when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

Why is this data item collected?

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

Example of how *Other drug of concern* is used

By combining the principal drug of concern and all 'other' drugs of concern reported, it is possible to analyse how many treatment episodes included alcohol as a drug of concern. The figure below shows the proportion of treatment episodes where alcohol was the principal drug of concern (44%) together with the proportion of episodes where alcohol was reported as being a concern (either as the principal or other drug) (60%).



Source: Table A3.7, AIHW 2009.

Figure 1: Principal drug of concern and all drugs of concern, 2007–08

4.4.11 Other treatment type for alcohol and other drugs

Identifying and definitional attributes

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

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	[N]
Maximum character length:	1

Permissible values:

Value	Meaning
1	Withdrawal management (detoxification)
2	Counselling
3	Rehabilitation
4	Pharmacotherapy
5	Other

Collection and usage attributes

Guide for use:

CODE 1 Withdrawal management (detoxification)

Refers to any form of withdrawal management, including medicated and non-medicated.

CODE 2 Counselling

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

CODE 3 Rehabilitation

Refers to an intensive treatment program that integrates a range of services and therapeutic activities that may include counselling, behavioural treatment approaches,

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

CODE 4 Pharmacotherapy

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

Data element attributes

Collection and usage attributes

Guide for use:

To be completed at cessation of treatment episode.

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

More than one code may be selected.

Collection methods:

This field should be left blank if there are no other treatment types for the episode.

Comments:

Information about treatment provided is of fundamental importance to service delivery and planning.

Source and reference attributes

Submitting organisation:

Intergovernmental Committee on Drugs National Minimum Data Set Working Group

Relational attributes

Related metadata references:

Supersedes Other treatment type for alcohol and other drugs, version 1, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (16.7 KB)

Implementation start date:

01/07/2010

Additional information for AODTS–NMDS data collectors

Definition

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

Missing values

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

Other information

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

Why is this data item collected?

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

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

Of the 153,998 closed treatment episodes where clients were seeking treatment in 2007–08, 17,893 episodes reported at least two treatment types—that is, a main treatment type and at least one other treatment type. Over half of the additional treatments reported were counselling.

Source: AIHW 2009.

4.4.12 Person identifier

Identifying and definitional attributes

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

Value domain attributes

Representational attributes

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

Data element attributes

Collection and usage attributes

Guide for use:	Individual agencies, establishments or collection authorities may use their own alphabetic, numeric or alphanumeric coding systems. Field cannot be blank.

Source and reference attributes

Reference documents:	AS5017 Health Care Client Identification, 2002, Sydney: Standards Australia AS4846 Health Care Provider Identification, 2004, Sydney: Standards Australia

Relational attributes

Related metadata references:	Supersedes Person—person identifier (within establishment/agency), XXXXXX[X(14)] Health, Superseded 04/05/2005, Community services, Superseded 25/08/2005
Implementation in Data Set Specifications:	Acute coronary syndrome (clinical) DSS Health, Standard 01/10/2008 Admitted patient care NMDS 2010-2011 Health, Standard 22/12/2009 Admitted patient mental health care NMDS 2010-2011

	Health, Standard 05/01/2010
	Admitted patient palliative care NMDS 2010-11 Health, Standard 05/01/2010
	AROC inpatient data set specification Health, Candidate 14/02/2007
	Cancer (clinical) DSS Health, Standard 22/12/2009
	Cardiovascular disease (clinical) DSS Health, Standard 22/12/2009
	Community mental health care NMDS 2010-2011 Health, Standard 05/01/2010
	Health care provider identification DSS Health, Standard 03/12/2008
	Juvenile Justice Client file cluster Community services, Standard 14/09/2009
	Juvenile Justice Detention file cluster Community services, Standard 14/09/2009
	Juvenile Justice NMDS 2007 Community services, Standard 27/03/2007
	Juvenile Justice Order file cluster Community services, Standard 14/09/2009
	Non-admitted patient emergency department care NMDS 2010-2011 Health, Standard 22/12/2009
	Perinatal NMDS 2010-2011 Health, Standard 02/12/2009
	Residential mental health care NMDS 2010-2011 Health, Standard 05/01/2010

Implementation start date:	01/07/2010

Additional information for AODTS–NMDS data collectors

Definition

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

Classification

Alphanumeric

Missing values

Missing values are not permitted for this data item.

Other information

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

Why is this data item collected?

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

Example of how *Person identifier* is used

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

4.4.13 Preferred language

Identifying and definitional attributes

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

Value domain attributes

Representational attributes

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

Collection and usage attributes

Guide for use:

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

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

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

Groups within a Broad Group.

Data element attributes

Collection and usage attributes

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

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

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

Relational attributes

Related metadata references: See also Person—main language other than English spoken at home, code (ASCL 2005) NN{NN} Health, Standard 08/02/2006, Community services, Standard 29/04/2006, Housing assistance, Standard 10/02/2006

Supersedes Person—preferred language, code NN Health, Superseded 08/02/2006

Implementation in Data Set Specifications: Cardiovascular disease (clinical) DSS Health, Standard 22/12/2009

Implementation start date: 01/07/2010

Additional information for AODTS–NMDS data collectors

Definition

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

Classification

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

Missing values

Use code 0002 for 'not stated' responses.

Guide for use and validation checks

- Responses to this data item should be provided in the four-digit format given in the *Australian Standard Classification of Languages* (ASCL), ABS cat. no. 1267.0 (ABS 2005a).
- From July 2007, the four-digit code for the data item *Preferred language* has been the appropriate level for collection at the agency level.

Why is this data item collected?

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

Example of how *Preferred language* is used

As in previous reporting periods, English was the most frequently reported preferred language in 2007–08. English was reported in 96% of treatment episodes as the preferred language of the client. Other preferred languages were relatively uncommon, with the second most preferred language being Australian Indigenous languages (1%).

Source: AIHW 2009.

4.4.14 Principal drug of concern

Identifying and definitional attributes

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

Value domain attributes

Representational attributes

Classification scheme:	Australian Standard Classification of Drugs of Concern 2000
Representation class:	Code
Data type:	String
Format:	NNNN
Maximum character length:	4

Supplementary values:

Value	Meaning
0005	Opioid analgesics not further defined
0006	Psychostimulants not further defined

Collection and usage attributes

Guide for use:

The Australian Standard Classification of Drugs of Concern (ASCDC) provides a number of supplementary codes that have specific uses and these are detailed within the ASCDC e.g. 0000 = inadequately described.

Other supplementary codes that are not already specified in the ASCDC may be used in National Minimum Data Sets (NMDS) when required. In the Alcohol and other drug treatment service NMDS, two additional supplementary codes have been created which enable a finer level of detail to be captured:

CODE 0005 Opioid analgesics not further defined

This code is to be used when it is known that the client's principal drug of concern is an opioid but the specific opioid used is not known. The existing code 1000 combines

opioid analgesics and non-opioid analgesics together into Analgesics nfd and the finer level of detail, although known, is lost.

CODE 0006 Psychostimulants not further defined

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

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

Data element attributes

Collection and usage attributes

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

Collection methods: To be collected on commencement of the treatment episode.

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

Source and reference attributes

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

Relational attributes

Related metadata references: Supersedes Principal drug of concern, version 3, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (16.5 KB)

Implementation start date: 01/07/2010

Additional information for AODTS–NMDS data collectors

Definition

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

Classification

NNNN

Missing values

Missing values are not permitted for this data item, unless *Client type (alcohol and other drug treatment services)* is coded 2, which must be left blank.

Other information

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

Why is this data item collected?

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

Example of how *Principal drug of concern* is used

Nationally in 2007–08, alcohol (44%) and cannabis (22%) were the most common principal drugs of concern in treatment episodes, followed by opioids (13% of all closed treatment episodes, with heroin accounting for 11%) and amphetamines (11%). Overall, fewer than 2% of closed treatment episodes were for the principal drugs ecstasy and cocaine (0.9% and 0.3% respectively).

Source: AIHW 2009.

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

Identifying and definitional attributes

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

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N[N]
Maximum character length:	2

Permissible values:

Value	Meaning
1	Treatment completed
2	Change in main treatment type
3	Change in the delivery setting
4	Change in the principal drug of concern
5	Transferred to another service provider
6	Ceased to participate against advice
7	Ceased to participate without notice
8	Ceased to participate involuntary (non-compliance)
9	Ceased to participate at expiation
10	Ceased to participate by mutual agreement
11	Drug court and /or sanctioned by court diversion service
12	Imprisoned, other than drug court sanctioned
13	Died
98	Other

Supplementary values: 99 Not stated/inadequately described

Collection and usage attributes

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

Treatment completed as planned:

CODE 1 Treatment completed

Client ceased to participate:

CODE 6 Ceased to participate against advice

CODE 7 Ceased to participate without notice

CODE 8 Ceased to participate involuntary (non-compliance)

CODE 9 Ceased to participate at expiation

Ceased to participate at expiation:

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

CODE 12 Imprisoned, other than drug court sanctioned

Treatment not completed (other):

CODE 2 Change in main treatment type

CODE 3 Change in the delivery setting

CODE 4 Change in the principal drug of concern

CODE 5 Transferred to another service provider

Treatment ceased by mutual agreement:

CODE 10 Ceased to participate by mutual agreement

CODE 1 Treatment completed

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

CODE 2 Change in main treatment type

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

CODE 3 Change in the delivery setting

A treatment episode may end if, prior to the completion of

the existing treatment, there is a change in the treatment delivery setting for alcohol and other drugs. See also Code 10 and the Guide for use section in metadata item Episode of treatment for alcohol and other drugs.

CODE 4 Change in the principal drug of concern

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

CODE 5 Transferred to another service provider

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

CODE 6 Ceased to participate against advice

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

CODE 7 Ceased to participate without notice

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

CODE 8 Ceased to participate involuntary (non-compliance)

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

CODE 9 Ceased to participate at expiation

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

CODE 10 Ceased to participate by mutual agreement

This code refers to situations where the client ceases participation by mutual agreement with the service provider even though the treatment plan has not been completed. This may include situations where the client has

moved out of the area. Only to be used when Code 2, 3 or 4 is not applicable.

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

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

CODE 12 Imprisoned, other than drug court sanctioned

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

Data element attributes

Collection and usage attributes

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

Source and reference attributes

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

Relational attributes

Related metadata references: Supersedes Reason for cessation of treatment episode for alcohol and other drugs, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (22.4 KB)

Implementation start date: 01/07/2010

Additional information for AODTS–NMDS data collectors

Definition

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

Missing values

Use Code 99 for missing values.

Other information

Refer to other data element information as appropriate, for example, *Main treatment type*.

Why is this data item collected?

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

Example of how *Reason for cessation of treatment episode for alcohol and other drugs* is used

Treatment completion was the cessation reason for 55% of treatment episodes in 2007–08. 'Ceased to participate without notice' was the second reason for cessation at 16% of treatment episodes for alcohol.

Source: AIHW 2009.

4.4.16 Sex

Identifying and definitional attributes

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

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:

Value	Meaning
1	Male
2	Female
3	Intersex or indeterminate

Supplementary values:

9	Not stated/inadequately described

Collection and usage attributes

Guide for use:

Diagnosis and procedure codes should be checked against the national ICD-10-AM sex edits, unless the person is undergoing, or has undergone a sex change or has a genetic condition resulting in a conflict between sex and ICD-10-AM code.

CODE 3 Intersex or indeterminate

Intersex or indeterminate, refers to a person, who because of a genetic condition, was born with reproductive organs or sex chromosomes that are not exclusively male or female or whose sex has not yet been determined for whatever reason.

Intersex or indeterminate, should be confirmed if reported for people aged 90 days or greater.

Comments:

The definition for Intersex in Guide for use is sourced from the ACT Legislation (Gay, Lesbian and Transgender)

Amendment Act 2003.

Source and reference attributes

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

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

Data element attributes

Collection and usage attributes

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

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

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

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

CODE 3 Intersex or indeterminate

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

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

Should only be used if the person or respondent volunteers that the person is intersex or where it otherwise becomes clear during the collection process that the individual is

neither male nor female.

CODE 9 Not stated/inadequately described

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

Source and reference attributes

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

Reference documents: Australian Bureau of Statistics

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

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

In AS4846 and AS5017 alternative codes are presented. Refer to the current standard for more details.

Relational attributes

Related metadata references: Supersedes Person—sex (housing assistance), code N Housing assistance, Superseded 10/02/2006

Supersedes Person—sex, code N Health, Superseded 04/05/2005, Community services, Superseded 31/08/2005

Is used in the formation of Episode of admitted patient care—major diagnostic category, code (AR-DRG v 6) NN Health, Standard 22/12/2009

Is used in the formation of Episode of admitted patient care—diagnosis related group, code (AR-DRG v 6) ANNA Health, Standard 22/12/2009

Is used in the formation of Episode of admitted patient care—diagnosis related group, code (AR-DRG v5.1) ANNA Health, Superseded 22/12/2009

Is used in the formation of Episode of admitted patient care—major diagnostic category, code (AR-DRG v5.1) NN Health, Superseded 22/12/2009

Implementation in Data Set Specifications: Acute coronary syndrome (clinical) DSS Health, Standard 01/10/2008

Admitted patient care NMDS 2010-2011 Health, Standard 22/12/2009

Admitted patient mental health care NMDS 2010-2011 Health, Standard 05/01/2010

Admitted patient palliative care NMDS 2010-11 Health, Standard 05/01/2010

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

Cancer (clinical) DSS Health, Standard 22/12/2009

Cardiovascular disease (clinical) DSS Health, Standard 22/12/2009

Child protection and support services (CPSS) client cluster Community services, Standard 30/04/2008

Child protection and support services (CPSS) sibling cluster Community services, Standard 30/04/2008

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

Community mental health care NMDS 2010-2011 Health, Standard 05/01/2010

Computer Assisted Telephone Interview demographic module DSS Health, Standard 03/12/2008

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

Disability Services NMDS (July 2009) Community services, Standard 11/11/2009

Health care client identification DSS Health, Standard 03/12/2008

Health care provider identification DSS Health, Standard 03/12/2008

Juvenile Justice Client file cluster Community services, Standard 14/09/2009

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

Non-admitted patient emergency department care NMDS 2010-2011 Health, Standard 22/12/2009

Perinatal NMDS 2010-2011 Health, Standard 02/12/2009

Registered chiropractic labour force DSS Health, Standard 10/12/2009

Registered dental and allied dental health professional labour force DSS Health, Standard 10/12/2009

Registered medical professional labour force DSS Health, Standard 10/12/2009

Registered midwifery labour force DSS Health, Standard 10/12/2009

Registered nursing professional labour force DSS Health, Standard 10/12/2009

Registered optometry labour force DSS Health, Standard 10/12/2009

Registered osteopathy labour force DSS Health, Standard 10/12/2009

Registered pharmacy labour force DSS Health, Standard 10/12/2009

Registered physiotherapy labour force DSS Health, Standard 10/12/2009

Registered podiatry labour force DSS Health, Standard 10/12/2009

Registered psychology labour force DSS Health, Standard 10/12/2009

Residential mental health care NMDS 2010-2011 Health, Standard 05/01/2010

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

SAAP Demand for Accommodation National Minimum Data Set Community services, Standard 30/11/2007

Implementation start date: 01/07/2010

Additional information for AODTS–NMDS data collectors

Definition

The biological sex of the person.

Missing values

Use Code 9 for missing values.

Other information

- Code 3 is not used in the AODTS–NMDS.
- The term 'sex' refers to the biological differences between males and females, while the term 'gender' refers to the socially expected/perceived dimensions of behaviour associated with males and females—masculinity and femininity. The ABS advises that the correct terminology for this data element is 'sex'.

Why is this data item collected?

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

Example of how *Sex* is used

- The sex distribution of clients receiving treatment in 2007–08 was almost identical to that of previous collection periods.
- Male clients accounted for two-thirds of all closed treatment episodes, which has been the case since 2001–02.
- Female clients accounted for the majority (67%) of treatment episodes for someone else's drug use.

Source: AIHW 2009.

4.4.17 Source of referral to alcohol and other drug treatment service

Identifying and definitional attributes

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

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	String
Format:	NN
Maximum character length:	2

Permissible values:

Value	Meaning
01	Self
02	Family member/friend
03	Medical practitioner
04	Hospital
05	Mental health care service
06	Alcohol and other drug treatment service
07	Other community/health care service
08	Correctional service
09	Police diversion
10	Court diversion
98	Other

Supplementary values:

Value	Meaning
99	Not stated/inadequately described

Collection and usage attributes

Guide for use: CODE 03 Medical practitioner

Includes medical specialists, vocationally registered general practitioners, vocationally registered general practitioner trainees and other primary-care medical practitioners in

private practice.

CODE 04 Hospital

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

CODE 05 Mental health care service

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

CODE 06 Alcohol and other drug treatment service

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

CODE 07 Other community/health care service

Includes outpatient clinics and aged care facilities.

CODE 09 Police diversion

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

CODE 10 Court diversion

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

CODE 98 Other

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

Data element attributes

Collection and usage attributes

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

Source and reference attributes

Submitting organisation: Intergovernmental Committee on Drugs National

Minimum Data Set Working Group

Relational attributes

Related metadata references: Supersedes Source of referral to alcohol and other drug treatment service, version 3, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (17.2 KB)

Implementation start date: 01/07/2010

Additional information for AODTS–NMDS data collectors

Definition

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

Missing values

Use Code 99 for missing values.

Other information

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

Why is this data item collected?

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

Example of how *Source of referral to alcohol and other drug treatment service* is used

In 2007–08, self-referral was the most common source of referral for clients seeking treatment for their own drug use (35%), followed by referrals from alcohol and other drug treatment services (10%) and correctional services (10%).

Source: AIHW 2009.

4.4.18 Treatment delivery setting for alcohol and other drugs

Identifying and definitional attributes

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

Value domain attributes

Representational attributes

Representation class:	Code
Data type:	Number
Format:	N
Maximum character length:	1

Permissible values:

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

Collection and usage attributes

Guide for use: Only one code to be selected at the end of the alcohol and other drug treatment episode. Agencies should report the setting in which most of the main type of treatment was received by the client during the treatment episode.

CODE 1 Non-residential treatment facility

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

CODE 2 Residential treatment facility

This code refers to community-based settings in which clients reside either temporarily or long-term in a facility that is not their home or usual place of residence to receive alcohol and other drug treatment. This does not include ambulatory situations, but does include therapeutic community settings.

CODE 3 Home

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

CODE 4 Outreach setting

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

Data element attributes

Source and reference attributes

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

Relational attributes

Related metadata references: Supersedes Treatment delivery setting for alcohol and other drugs, version 2, DE, NHDD, NHIMG, Superseded 01/03/2005.pdf (15.8 KB)

Implementation start date: 01/07/2010

Additional information for AODTS–NMDS data collectors

Definition

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

Missing values

Missing values are not permitted for this data item.

Guide for use and validation checks

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

Why is this data item collected?

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

Example of how *Treatment delivery setting for alcohol and other drugs* is used

Treatment delivery setting refers to the setting in which the main treatment is provided—settings include non-residential or residential facilities, homes, outreach settings or other settings. In 2007–08, 67% of treatment episodes were provided in non-residential treatment facilities and 18% were provided in residential facilities. Treatment in the client's home was least common at 2% of treatment episodes.

Source: AIHW 2009.

4.5 A summary of data element changes

Table 4.5 presents a historical record of changes made to the data elements and the introduction of new elements, from 2001–02 to 2010–11. The ticks in the table represent changes to the data element in that year. For further information about these changes please refer to Appendix 1.

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

		New/changed									
Data element	**METeOR ID**	**01–02**	**02–03**	**03–04**	**04–05**	**05–06**	**06–07**	**07–08[a]**	**08–09**	**09–10**	**10–11**
Establishment-level data elements											
Establishment identifier (comprising):	269973	✓									
Australian state/territory identifier (establishment)	269941			✓							
Establishment sector	269977	✓			✓						
Region code	269940										
Establishment number	269975	✓									
Geographical location of service delivery outlet	329151	—	—	New					✓	✓	✓
Episode (client-level) data elements											
Client type (alcohol and other drug treatment services)	270083		✓	✓							
Country of birth	270277	✓									
Date of birth	287007										
Date of cessation of treatment episode for alcohol and other drugs	270067	New									
Date of commencement of treatment episode for alcohol and other drugs	270069	✓									
Establishment identifier	269973	✓									
Indigenous status	291036			✓							
Injecting drug use status	270113			✓							
Main treatment type for alcohol and other drugs	270056	New			✓						
Method of use for principal drug of concern	270111										
Number of service contacts within a treatment episode for alcohol & other drugs	270117	New	✓	✓	removed						
Other drug of concern	270110			✓	✓						
Other treatment type for alcohol and other drugs	270076	New			✓						
Person identifier	290046										

(continued)

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

Data element	METeOR ID	New/changed									
		01–02	02–03	03–04	04–05	05–06	06–07	07–08[a]	08–09	09–10	10–11
Episode (client-level) data elements (continued)											
Preferred language	304128						✓				
Principal drug of concern	270109			✓	✓						
Reason for cessation of treatment episode for alcohol and other drugs	270011	New			✓						
Sex	287316			✓							
Source of referral to alcohol and other drug treatment service	269946			✓	✓						
Treatment delivery setting for alcohol and other drugs	270068	New			✓						
Supporting items											
Cessation of treatment episode for alcohol and other drugs	327302	✓						✓			
Commencement of treatment episode for alcohol and other drugs	327216	✓						✓			
Episode of treatment for alcohol and other drugs	268961	New			✓			✓			
Service contact	268983	New			removed						
Service delivery outlet	268970	—	—	New				✓			

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

5 Collection procedures, data quality and validation checks

This section provides information on the data collection and transfer process for the 2010–11 collection and includes data quality and validation checks. The information contained in this section is to be used by jurisdictional health authorities to prepare appropriate edit checks for the 2010–11 collection and for the cleaning of the 2010–11 data before transmission. It should also be used by jurisdictions to inform their agencies of the type, and use, of appropriate codes when collecting and collating the 2010–11 AODTS–NMDS data.

5.1 Collation of the national data set

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

The first stage is the collection of the agreed data elements by service providers for each client who is eligible for inclusion in the collection. (See next paragraph for important information about privacy and confidentiality.) Service providers then forward their collected information to the designated health authority for collation. This process will differ across jurisdictions, as service providers in some states and territories are required to forward their data to an area or region coordinator, whereas in other states and territories the data are forwarded directly to the central authority.

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

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

At stage three, the AIHW receives the collated Australian Government and state and territory data for validation. The first step is to load the data into the validator. Sometimes errors such as blank fields and incorrect years prevent the data from loading, and need to be corrected by the jurisdiction before further validations can be undertaken. Further corrections might be necessary depending on the results of the validation checks.

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

At stage four, Australian Government and state and territory health authorities assess which of the changes specified in the summary validation report need to be made to the data, and then make those changes. Details of the changes made are to be added to the appropriate section of the summary validation report and the report returned electronically to AIHW together with a revised data file and revised frequency tables for final checking.

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

Note that:

- no data are to be directly submitted by service providers to the AIHW
- the information transferred from service providers to health authorities and then to the AIHW does not include client names, only a *Person identifier* code that is generated by the service provider.

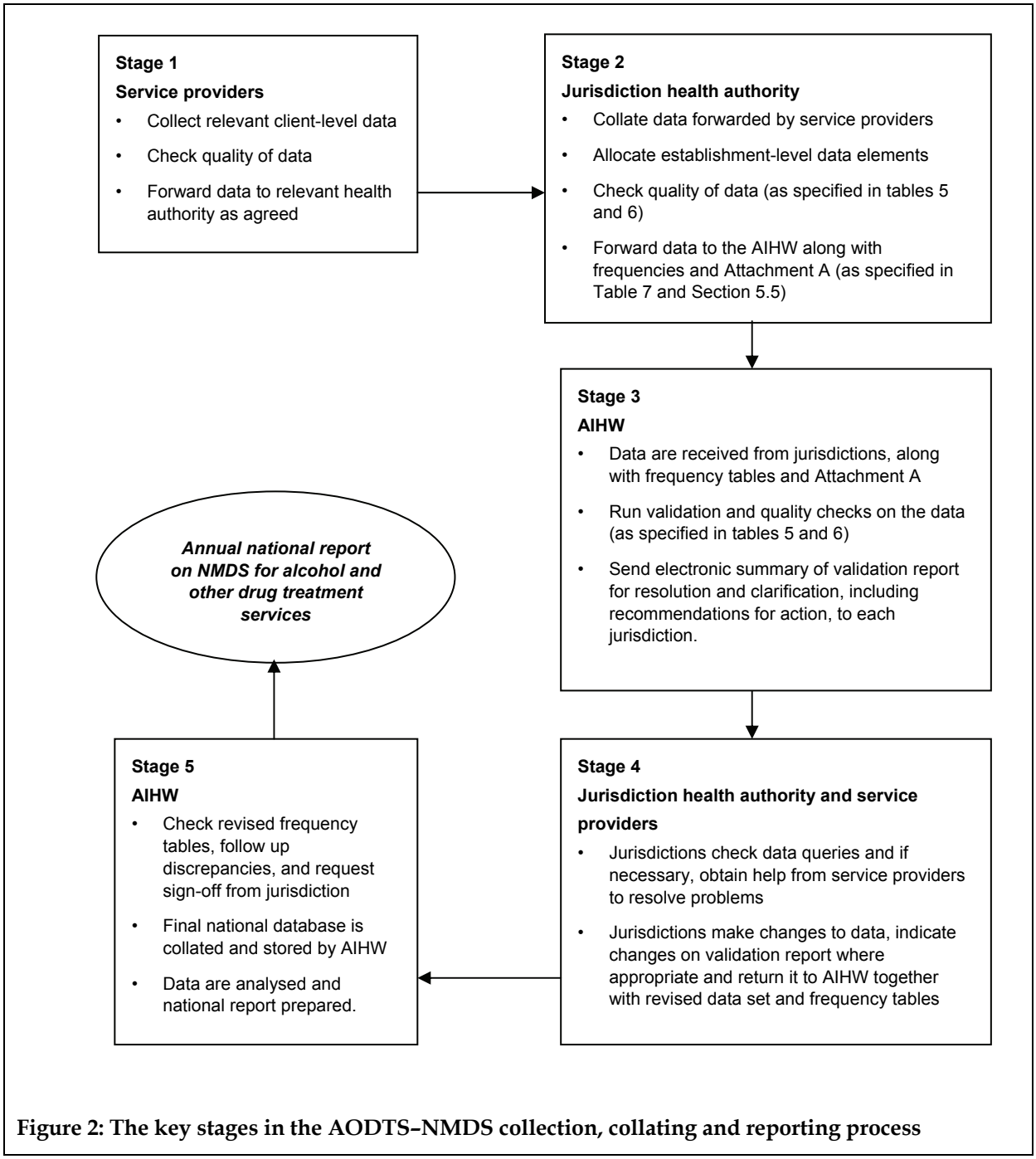


Figure 2: The key stages in the AODTS–NMDS collection, collating and reporting process

5.2 Data transfer

Service providers to health authorities

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

Health authorities to AIHW

The NMDS data are forwarded to the AIHW annually by each jurisdiction. Data are requested for a financial year reference period (1 July to 30 June). Data for the period 1 July 2010 to 30 June 2011 will be requested by the AIHW in October 2011. This timing allows 3 months for agencies to identify and close those treatment episodes where there has been no contact with the client since the previous financial year. This ensures that all treatment episodes provided in the relevant financial year are included in the data set.

It is expected that the Australian Government and state and territory health authorities will aim to supply these data to the AIHW by the end of November 2011. The results of the analysis of these data, at both the national and state and territory levels, will be reported during 2012.

File format

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

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

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

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

- Microsoft Excel file
- Microsoft Access file.

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

File transfer method

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

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

- via registered mail to:

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

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

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

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

File content

There should be two files for each jurisdiction:

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

Please ensure column descriptors are included for both files.

Accompanying information

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

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

   As agreed in the March 2010 Working Group meeting, this form will be removed from the specifications documentation and drafts will be provided at each August working group meeting with the final documentation circulated before each data submission process. In the past, small changes to the form have been made at the time of the jurisdiction submission process. This has included providing extra information or checks to Attachment A, making the form in the specifications out of date.

Mandatory data items

- *Establishment identifier*
- *Person identifier*
- *Client type (alcohol and other drug treatment services)*
- *Principal drug of concern*

- *Main treatment type for alcohol and other drugs*
- *Treatment delivery setting for alcohol and other drugs*
- *Date of commencement of treatment episode for alcohol and other drugs*
- *Date of cessation of treatment episode for alcohol and other drugs*.

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

File specification

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

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

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

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

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

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

(continued)

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

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

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

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

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

AIHW contacts for further information on file transfer

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5.3 Data quality

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

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

General checks that should be conducted

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

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

- **Reporting period:** The cessation dates of treatment episodes should be checked to ensure that only treatment episodes that closed within the valid reporting period (1 July 2010 to 30 June 2011) are included in the 2010–11 collection.
- **Data inclusion:** Jurisdictions should ensure that data not within scope of the AODTS–NMDS are excluded from the collated data set sent to the AIHW (for example methadone or other opioid pharmacotherapy treatment where there are no main or other treatment types).
- **Establishment identifiers:** Jurisdictions should ensure that establishment identifiers used on the establishment data file are the same as those used on the client data file and that there are the same number of establishments on each file.
- **Geographical location of service delivery outlet:** Jurisdictions should ensure that all *Geographical location of service delivery outlet* codes begin with a valid state or territory identification number, and are a valid SLA for the period in question, that is, 2010–11.
- **Client type (alcohol and other drug treatment services):** Jurisdictions should ensure that for clients who attend treatment because of another person's alcohol or other drug use (**client type = 2**), the following data elements are left blank
  - *Method of use for principal drug of concern*
  - *Injecting drug use status*
  - *Principal drug of concern*
  - *Other drug of concern*.

5.4 AIHW validation checks

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

1. **Data load checks** are used to ensure the jurisdiction data loads successfully onto the AIHW data validation tool. For example
   - the specified order for the data items in the establishment and episode files are outlined in tables 5.1 and 5.2. The data will fail to load if the order is incorrect.

   Coding errors such as
   - alpha characters in numeric fields
   - incorrect *Date of Birth*
   - incorrect *Source of referral*
   - incorrect *Date of commencement*
   - incorrect *Date of cessation* formats

   will prevent the data from loading.

   If these issues arise, the jurisdiction will be required to amend the data before it can be loaded by AIHW for further checking; and possible further editing will be required if a number of the formats are incorrect.
2. **Duplicate record checks** are made.
3. **Range checks** are used to ensure that values entered for each data element are within a valid numeric range (see tables 5.3 and 5.4). For example, responses to the data element *Injecting drug use status* should only be coded within the range of 1–4 or as 9. A response that does not fall within this range is an error. Therefore, range edits should identify incorrect and missing codes.
4. **Logic checks** are used to ensure internal consistency between responses within individual unit records (see tables 5.3 and 5.4). For example, when the response for *Injecting drug use status* = 4 (never injected), the response for *Method of use for principal drug of concern* cannot = 3 (injects).
5. **Frequency table checks** are carried out by the AIHW against the frequency tables that have been sent in by jurisdictions. This is to check that the totals held in the jurisdiction's data set match the totals generated by AIHW from the jurisdiction's data set.

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

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

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

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

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

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation *comments in italics*
1	Establishment identifier	Jurisdiction specified range, made up from the following four data items Australian state/territory identifier Establishment sector Region code Establishment number	Not permitted	All establishment IDs in the 'establishment file' should match one establishment ID in the 'client file'. There should be the same number of establishments IDs in both the 'establishment file' and 'client file' (allowing for repetition of establishment IDs in the 'client file').
	Australian state/territory identifier (establishment)	1 New South Wales 2 Victoria 3 Queensland 4 South Australia 5 Western Australia 6 Tasmania 7 Northern Territory 8 Australian Capital Territory 9 Other territories (Cocos (Keeling) Islands, Christmas Island and Jervis Bay Territory)	Not permitted	
	Establishment sector	1 Public 2 Private	Not permitted	
	Region code	Valid region code	Not permitted	
	Establishment number	Valid establishment number	Not permitted	
2	Geographical location of service delivery outlet	Five-digit valid code as defined in the Australian Standard Geographical Classification, which indicates the statistical local area of the service delivery outlet within a reporting state or territory.	Not permitted	The first digit for *Geographical location of service delivery outlet* must be the same as the *Australian state/territory identifier* in the *Establishment identifier* (this may differ in the DoHA data set). The current form of the National Localities Index (NLI) will no longer be available through the ABS website. The AIHW agreed to provide access to the NLI for the 2010–11 collection.

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

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation *comments in italics*
1	Establishment identifier	Jurisdiction specified range (as in previous table)	Not permitted	
2	Person identifier	Agency specified range	Not permitted	This identifier is not unique **across** agencies but must be unique **within** an agency. The *Person identifier* should not include apostrophes, hyphens, inflections, dashes or spaces. The name of the client should not be used as their *Person identifier*.
3	Sex	1 Male 2 Female 9 Not stated	9	
4	Date of birth	ddmmyyyy	01011900	Months with less than 31 days should not have dates of birth recorded as the 31st. No date of birth should be recorded as 30 or 31 February. There should be no dates of birth recorded as 29 February in a non-leap year. *Date of birth* should be before the *Date of commencement* and before the *Date of cessation*. Check if *Date of birth* is before 01011908 (excluding 01011900). There should be no records where the date of birth of a client equates to the client being aged less than 10 years (when age is calculated using the *Date of cessation*).
5	Country of birth	Numeric four-digit ABS code	0000 inadequately described 0003 missing	The ABS *Standard Australian Classifications of Countries* (ABS cat. no. 1269.0) 2008 2nd edition must be used when coding this item.
6	Indigenous status	1 Aboriginal but not Torres Strait Islander origin 2 Torres Strait Islander but not Aboriginal origin 3 Both Aboriginal and Torres Strait Islander origin 4 Neither Aboriginal nor Torres Strait Islander origin 9 Not stated	9	

(continued)

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

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

(continued)

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

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation comments in italics
11	Date of cessation of treatment episode for alcohol and other drugs	ddmmyyyy	Not permitted	Months with less than 31 days should not have dates of birth recorded as the 31st. No date of cessation should be recorded as 30 or 31 February. There should be no dates of cessation recorded as 29 February in a non-leap year. *Date of cessation* must fall between 1 July 2010 and 30 June 2011. *Date of cessation* must be equal to or after *Date of commencement*. *Date of cessation* must be after *Date of birth*.
12	Reason for cessation of treatment episode for alcohol and other drugs	1 Treatment completed 2 Change in main treatment type 3 Change in the delivery setting 4 Change in the principal drug of concern 5 Transferred to another service provider 6 Ceased to participate against advice 7 Ceased to participate without notice 8 Ceased to participate involuntary (non-compliance) 9 Ceased to participate at expiation 10 Ceased to participate by mutual agreement 11 Drug court and/or sanctioned by court diversion service 12 Imprisoned, other than drug court sanctioned 13 Died 98 Other 99 Not stated	99	The following checks are performed at the AIHW for information only and are not followed up. When *Reason for cessation* is coded 2, check that the next treatment episode for the client reflects this reason. When *Reason for cessation* is coded 3, check that the next treatment episode for the client reflect this reason. When *Reason for cessation* is coded 4, check that the next treatment episode for the client reflects this reason. Where *Reason for cessation* is coded 9, identify all records where *Source of referral* is not coded 15, 16 or 17.

(continued)

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

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation *comments in italics*
13	Treatment delivery setting for alcohol and other drugs	1 Non-residential treatment facility 2 Residential treatment facility 3 Home 4 Outreach setting 8 Other	Not permitted	Where Treatment delivery setting is coded 2, check that Main treatment type is not coded 5 (support and case management only), 6 (information and education only) or 7 (assessment only).
14	Method of use for principal drug of concern	1 Ingests 2 Smokes 3 Injects 4 Sniffs (powder) 5 Inhales (vapour) 6 Other 9 Not stated	9	Where *Method of use* is coded 3, check that *Injecting drug use status* is not coded 4.
15	Injecting drug use status	1 Last injected 3 months ago or less 2 Last injected more than 3 months ago but less than or equal to 12 months ago. 3 Last injected more than 12 months ago. 4 Never injected 9 Not stated	9	Where *Injecting drug use status* is coded 4, check that *Method of use* is not coded 3.
16	Principal drug of concern	A numeric four-digit ABS code	Not permitted Blank field permitted for *Client type* = 2	The ABS *Australian Standard Classification of Drugs of Concern* (ABS cat. no. 1248.0) must be used to code this item. Note that code 0001 (not stated) is not permitted as this item is compulsory. Check that the code chosen for *Principal drug of concern* is not the same as a code chosen for *Other drug of concern* 1–5 (with exception of '9000' – miscellaneous drugs). If *Client type* is coded 2, *Principal drug of concern* should be left blank.

(continued)

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

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

(continued)

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

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation *comments in italics*
22	Main treatment type for alcohol and other drugs	1 Withdrawal management (detoxification) 2 Counselling 3 Rehabilitation 4 Pharmacotherapy 5 Support and case management only 6 Information and education only 7 Assessment only 8 Other	Not permitted	If *Main treatment type* is coded 5, 6 or 7, then *Other treatment type* 1–4 must be blank. If *Main treatment type* is coded 1, 3 or 4, then *Client type* must not be coded 2. If *Main treatment type* is coded 5, 6 or 7, check that *Treatment delivery setting* is not coded 2. A single client record can not have the same *Main treatment type* code recorded more than once, with the exception of code 5.
23	Other treatment type for alcohol and other drugs (1st)	1 Withdrawal management (detoxification) 2 Counselling 3 Rehabilitation 4 Pharmacotherapy 5 Other	Blank	A single client record can not have the same *Main treatment type* code recorded more than once, with the exception of code 5. *Other treatment type* 1 should be blank if *Main treatment type* is coded 5, 6 or 7. If *Other treatment type* 1 is blank, then *Other treatment type* 2–4 must also be blank. If *Other treatment type* 1 is coded 1, 3 or 4, *Client type* must not be coded 2.
24	Other treatment type for alcohol and other drugs (2nd)	1 Withdrawal management (detoxification) 2 Counselling 3 Rehabilitation 4 Pharmacotherapy 5 Other	Blank	A single client record can not have the same *Main treatment type* code recorded more than once, with the exception of code 5. If *Other treatment type* 1 is blank, then *Other treatment type* 2–4 must also be blank. If *Other treatment type* 2 is coded 1, 3 or 4, *Client type* must not be coded 2.
25	Other treatment type for alcohol and other drugs (3rd)	1 Withdrawal management (detoxification) 2 Counselling 3 Rehabilitation 4 Pharmacotherapy 5 Other	Blank	A single client record can not have the same *Main treatment type* code recorded more than once, with the exception of code 5. If *Other treatment type* 2 is blank, then *Other treatment type* 3–4 must also be blank. If *Other treatment type* 3 is coded 1, 3 or 4, *Client type* must not be coded 2.

(continued)

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

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

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

Table 5.5: Frequency tables for jurisdiction data sets

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

(continued)

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

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

Database sign-off

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

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

Timeline for the validation process

The key features of the annual collection cycle are set out in Table 5.6, reflecting a complete 12-month cycle that can re-commence without overlap with the previous year. A complete, clean data set for 2010–11 should be achieved by January 2013.

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

Table 5.6: National timetable for transfer, validation and reporting of 2010–11 data

Year 2011	Who	What
September	Jurisdictions	Jurisdictions to commence process of receiving and cleaning 2010–11 data from agencies
October	AIHW	Formal request for the 2010–11 data to jurisdictions
November	Jurisdictions	Transfer of clean data (2010–11) to the AIHW with file specifications and frequency tables
December	AIHW and jurisdictions	AIHW undertake data validation process. Validation report and data queries sent to each jurisdiction. Jurisdictions send revised data sets and accompanying documentation back to the AIHW
Year 2012		
January	AIHW and jurisdictions	Sign-off provided by jurisdictions for final loading of data. 2010–11 national AODTS–NMDS database compiled and ready for analysis
January	AIHW	Begin analysis of the 2010–11 AODTS–NMDS annual report
March	AIHW and jurisdictions	First draft of 2010–11 national report and national bulletin circulated to jurisdictions for comment
	AIHW	2011–12 *Specifications* draft discussed at March working group meeting
April	AIHW	Final draft of 2010–11 national report and national bulletin circulated for comments and final editing
May	AIHW	*Specifications* for 2011–12 collection released online.
July	AIHW	Release of 2010–11 national report and bulletin
August	AIHW	Release of 2010–11 state/territory bulletins and data cubes

Collection output

The AIHW is responsible for producing:

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

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

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

Future data development

Development of the AODTS–NMDS will be directed by the requirements of the National Drug Strategic Framework 2004–05 to 2010–11, the IGCD AODTS–NMDS Strategic Plan, the IGCD and the IGCD AODTS–NMDS Working Group.

For the 2004–05 to 2010–11 collections the emphasis has been on consolidating the existing AODTS–NMDS. Enhancements to existing data elements may include refining data definitions and value domains, and modifying written guidance as stakeholders identify problems. Future development will include amending existing data elements and formulating new data elements when the need arises.

6 AODTS–NMDS privacy and data principles

6.1 Introduction

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

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

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

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

6.2 Relevant background material

Privacy Act and Information Privacy Principles

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

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

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

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

Relevant AIHW data policies

The AIHW operates under the *AIHW Act 1987*, which has strong confidentiality provisions (refer to s29a). Confidentiality principles are documented in the AIHW policy as are procedures in relation to information security and privacy, approved by the AIHW Board, and related data custodianship procedures. These policies and procedures seek to operationalise the Information Privacy Principles, as well as AIHW policy and other legislation. The AIHW's Ethics Committee approves access to databases under certain conditions.

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

Relevant state and territory policies and practices

New South Wales

NSW Health is committed to safeguarding the privacy of client information, and has implemented a number of measures to comply with its obligations set out in the *Health Records and Information Privacy Act 2002* (HRIP Act) and the *Privacy and Personal Information Protection Act 1998* (PPIP Act). Generally, individuals should be informed as to what information is being collected, what agency is collecting the information, how it will be used, and their rights in relation to it. Further information on NSW Health's privacy principles and procedures can be found at <www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_593.pdf>.

Victoria

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

Queensland

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

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

Western Australia

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

South Australia

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

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

Tasmania

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

Australian Capital Territory

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

Northern Territory

The Northern Territory Government is committed to ensuring that the confidentiality of client information and the respect and privacy rights of the individual are protected. The Northern Territory is governed by the *Northern Territory of Australia Information Act* as in force 31 July 2009. The Department of Health and Community Services has an Information and Privacy Unit through which any unusual requests for data can be cleared as compliant with the legislation.

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

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

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

Services provided under the Non-Government Organisation Treatment Grants Program

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

6.3 Responsibilities and principles

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

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

Responsibilities of the treatment agencies

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

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

Responsibilities of the jurisdictions

Jurisdictions are responsible for ensuring that:

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

Responsibilities of the AIHW

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

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

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

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

Principles

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

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

Ethos

E1. Respect: privacy, dignity and confidentiality

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

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

E2. Fairness and transparency

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

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

E3. Custodianship as a principle

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

Purpose and content

P1. AODTS National Minimum Data Set principles

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

P2. Cost effectiveness

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

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

Quality, methods and procedures

Q1. Quality of data items

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

Q2. Quality of data capture and collection methods

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

Q3. Custodianship standards: security of storage and access procedures

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

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

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

Q4. Dissemination and use

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

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

7 Data release guidelines for the AODTS–NMDS

7.1 Purpose

This chapter outlines the process to be followed by the AIHW upon receipt of data requests for the AODTS–NMDS collections. Data from the collections 2000–01 to 2007–08 were available at the time of writing and data for 2008–09 will be available from September 2010. This chapter is for the information of AIHW staff, IGCD AODTS–NMDS Working Group members and persons who wish to access AODTS–NMDS data.

7.2 Background

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

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

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

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

7.3 Options for access to unpublished data

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

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

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

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

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

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

7.4 Requests to AIHW for summarised national data

Summarised data requests may be for published or unpublished data.

Published data

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

- *Alcohol and other drug treatment services in Australia 2007–08: Report on the National Minimum Data Set*
- *Alcohol and other drug treatment services in Australia 2007–08: Findings from the National Minimum Data Set* (a summary of the national report in bulletin form)
- reports for each state and territory (excluding Queensland) about treatment in their jurisdiction based on the National Minimum Data Set 2007–08.

Unpublished data

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

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

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

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

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

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

Release of summarised state and/or territory data

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

Agency level data access requests

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

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

Cell size policy

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

Release of unit record data

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

7.7 Requests from states and territories for the full data extract including NGOTGP agency data

Jurisdictions requesting access to the full AODTS–NMDS data for their state or territory, including NGOTGP agency data, must receive the AIHW Ethic's Committee approval. An Ethics Committee application must be completed and approval must be sought from the Department of Health and Ageing.

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

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

- Written approval allowing meeting participants access to data will be required from all jurisdictions (whether attending or not) before the data are released at the working group (WG) meeting.
- WG members will sign a confidentiality undertaking prior to the meeting.
- WG members will only take agreed outputs off-site (any agreement would need to be unanimous).
- The AIHW will provide guidance on the appropriateness of specific analyses, particularly in relation to small cell sizes (this is consistent with the AIHW's commitment to the Guidelines for the Use and Disclosure of Health Data for Statistical Purposes produced by the Statistical Information Management Subcommittee in May 2007).
- The AIHW will keep a written log of analyses conducted during the meeting.
- Analyses will only be conducted on data from years that are already published (currently 2007–08 and earlier) .

- The state or territory level will be the lowest level of disaggregation of data.

7.9 AIHW charging policy for ad hoc information services

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

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

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

7.10 Data access forms

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

TO:

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

REQUEST FOR RELEASE OF DATA

Name*	State/territory	Email	Phone No.
Kieron McGlone	NSW	KMcGlone@nsccahs.health.nsw.gov.au	(02) 8877 5129
Rob Knight	Vic	rob.knight@dhs.vic.gov.au	(03) 9096 5467
Karen Furlong	Qld	karen.furlong@health.qld.gov.au	(07) 3328 9847
Anthony Gunnell	WA	anthony.gunnell@health.wa.gov.au	(08) 9370 0357
Richard Cooke	SA	Cooke.Richard@health.sa,gov.au	(08) 8274 3385
Brian Stokes	Tas	Brian.stokes@dhhs.tas.gov.au	(03) 6214 5718
Jennifer Taleski	ACT	jennifer.taleski@act.gov.au	(02) 6205 0932
Chris Moon	NT	christopher.Moon@nt.gov.au	(08) 8999 2692
Tracey Andrews	Australian Government	tracey.Andrews@health.gov.au	(02) 6289 7451

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

Date:

Reference Number: 2010 –

Sender: Dr Rob Hayward
Drug Surveys and Services Unit
Australian Institute of Health and Welfare

Contact phone: 02 6244 1000
Contact fax: 02 6244 1299
Email: rob.hayward@aihw.gov.au

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

Regards

Rob Hayward

REQUEST FOR ACCESS TO ALCOHOL AND OTHER DRUG TREATMENT SERVICES NMDS

Reference number: 2010 –

Requester:

Reason data required:

Proposed use/dissemination of data:

Data requested (table specifications):

Date data required:

Custodian response:

Please indicate your action to the above request:

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

Conditions:

Comments:

Name:

State/territory:

Signature: **Date:**

Please email completed form to: rob.hayward@aihw.gov.au

DATA SPECIFICATIONS FOR INFORMATION REQUESTS:

Job Number: 2010 **–**

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

Data set Year: 2000–01, 2001–02, 2002–03, 2003–04, 2004–05, 2005–06, 2006–07, 2007–08, 2008–09

Additional comments:

Request for ethical clearance for access to AODTS–NMDS database

Information sheet

AIHW Ethics Committee submissions

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

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

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

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

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

EC No:
Office use only

AIHW Ethics Committee
Request for opinion on ethical acceptability of project

Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Telephone: (02) 6244 1000 Fax: (02) 6244 1299

1 Project title and contact details

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

2 Summary of project activities

What data are requested from the AIHW?
Please state the primary objectives of your investigation.
Summarise the project protocol or activities. Please specify how you will be using the data requested from the AIHW.
Summarise the information already available or being collected on the study population. List the source(s) of this information.

3 Maintaining privacy and confidentiality

The *Privacy Act* sets out eleven Information Privacy Principles (IPPs) that govern agencies of the Australian Government in their collection, management and use of data containing personal information. Copies of the IPPs and the Privacy Guidelines are available from the AIHW or the Human Rights and Equal Opportunity Commission (HREOC) upon request. You can access this information via the Internet from the HREOC homepage <www.hreoc.gov.au>. In order that your application is assessed in accordance with the Privacy Guidelines, please address the following points.

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

4 For external researchers and AIHW Collaborating Units only

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

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

5 Assurance of scientific quality

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

6 Completion date and dissemination of results

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

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

7 Other individuals, groups or organisations participating in this project

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

8 Undertaking

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

WHEREAS:

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

(b) The Ethics Committee has agreed to release information to you;

NOW I, _____
Full name and position of Responsible Officer

in the _____
Name of Department or Organisation

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

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

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

Signature: _____

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

Date:_____

Witness

Name: _____

Position: _____

Organisation/Unit: _____

Signature: _____

Date:_____

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

Principal Investigator

Name: _____

Position: _____

Organisation/Unit: _____

Signature: _____

Date:_____

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

Date:

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

Witness

Date: _____

7.11 Other alcohol and other drug data

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

- National Opioid Pharmacotherapy Statistics Annual Data Collection
  (AIHW) Amber Jefferson (02) 6244 1000
  Australian Institute of Health and Welfare
- National Drug Strategy Household Survey
  (AIHW) Dr Julia Tresidder (02) 6244 1000
  Australian Institute of Health and Welfare

Appendix 1: A history of data element changes

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

2010–11 changes

No changes were made to data elements.

2009–10 changes

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

2008–09 changes

No changes were made.

2007–08 changes

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

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

Supporting items

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

2006–07 changes

- *Preferred language*
  - change from using the ABS two-digit ASCL codes to the four-digit version 2 ASCL codes.

2005–06 changes

No changes were made.

2004–05 changes

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

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

2003–04 changes

The following changes were incorporated into version 12 of the *National health data dictionary* (HWI 43).

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

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

2002–03 changes

The following changes were incorporated into version 11 of the *National health data dictionary* (HWI 36).

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

2001–02 changes

The following changes were incorporated into version 10 of the *National health data dictionary* (HWI 30)

- *Establishment identifier*
- *Establishment number*
- *Establishment sector*
- *Country of birth* (now uses latest ABS classification)
- *Date of commencement of treatment episode for alcohol and other drugs*.

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

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Current April 2010

Appendix 3: Australian Standard Geographical Classification

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

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

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

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

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

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

Note that for the data element *Geographical location of service delivery outlet* the location is reported using a five-digit code, which comprise the unique one-digit state/territory code and the four-digit SLA. In the past jurisdictions have incorrectly provided Statistical Subdivision (SSD) which is a five digit code aggregated at a higher level, which is unsuitable for AODTS requirements.

The correct version of the ASGC to use for the 2010–11 AODTS–NMDS data is 2009 (please advise the AIHW if you use a different year).

The National Localities Index (NLI) was previously used to identify a locality or address in Australia to an SLA. This index is no longer available on the ABS website, but the AIHW will provide the correct version for jurisdictions needing assistance.

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

Appendix 4: Standard Australian Classification of Countries

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

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

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

The 2010–11 AODTS–NMDS collection period will continue to use the Second Edition of the SACC. Based on previous years' data, the AIHW has identified the following codes that were valid for the first edition of the SACC but are no longer valid in the second edition (for the 2010–11 collection).

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

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

Correspondences between the first and second editions of the SACC are available on the ABS website.

Appendix 5: Australian Standard Classification of Languages

The ABS developed the Australian Standard Classification of Languages (ASCL) in response to a wide community interest in the language use of the Australian population and to meet a growing statistical and administrative need. The Australian Standard Classification of Languages is intended for use whenever demographic, labour and social statistics are classified by language. The ABS uses the classification in its own statistical work, for example, in the Census of Population and Housing. The ABS urges its use by other government agencies, community groups, and academic and private sector organisations collecting, analysing, or using information relating to language use. This will improve the comparability of data from these sources.

In the ASCL, languages are grouped into progressively broader categories on the basis of their evolution from a common ancestral language, and on the basis of the geographic proximity of areas where particular languages originated. This results in a classification that is useful for the purposes of Australian social analysis by allowing populations of language speakers that are similar in terms of the ethnic and cultural origin to be grouped in a manner that is intuitively meaningful in the Australian context.

The ASCL has a three-level hierarchical structure. One-, two- and four-digit codes are assigned to the first-, second- and third-level units of the classification respectively. The first digit identifies the Broad Group in which each Language or Narrow Group is contained. The first two digits taken together identify the Narrow Group in which each Language is contained. The four-digit codes represent each of the Language or third-level units. The Australian Standard Classification of Languages Second Edition (2005–06) was the latest release at the time of writing. This version should be used for the 2010–11 collection period.

Appendix 6: Australian Standard Classification of Drugs of Concern

The Australian Standard Classification of Drugs of Concern (ASCDC) is the Australian statistical standard for classifying data relating to drugs that are considered to be of concern in Australian society. The ASCDC is essentially a classification of types of drugs of concern based on their chemical structure, mechanism of action and effect on physiological activity. The classification of type of drug is described as the 'main classification structure' throughout the ASCDC document. Because many collectors and users of drug-related data also require information on the form in which drugs are encountered and the method of drug use, the ASCDC also includes classifications for these elements of drug-related information. The ASCDC is intended for use in the collection, classification, storage and dissemination of all statistical, administrative and service delivery data relating to drugs of concern.

The ASCDC will assist government planners, policy analysts and social researchers by providing a consistent framework for the classification of drug-related data. The use of the standard definitions, classifications and coding procedures detailed in the ASCDC will help to ensure the comparability and compatibility of data derived from a range of different statistical, administrative and service provision systems at both the state and national level.

The main classification of the ASCDC has a three-level hierarchical structure.

The third and most detailed level of the classification consists of the base units which are separately identified drugs of concern, aggregate groups of drugs of concern and residual categories of drugs of concern. The classification comprises 153 third-level units including 10 aggregate groups of drugs and 32 residual 'not elsewhere classified' (nec) categories.

The 10 third-level aggregate units comprise drugs that do not support individual identification but which are aggregated to form single base-level units as they are chemically similar and, when grouped, represent useful categories.

The 32 nec categories contain drugs which are not sufficiently significant, in the current Australian context, to support separate identification or representation as an aggregate base- level unit. All drugs which have been identified as drugs of concern, but which are not listed separately or contained within one of the aggregate base-level units, are included in the nec category of the narrow group to which they relate.

The second level of the classification consists of 33 narrow groups that contain base-level units that are similar in terms of the classification criteria. Included in the 33 narrow groups are 6 residual 'Other' categories. These residual categories contain base-level units that do not belong in any of the alternative narrow groups contained within the broad group on the basis of the classification criteria.

The first and most general level of the classification comprises 7 broad groups. The broad groups are formed, in the main, by aggregating narrow groups that are broadly similar in terms of the classification criteria. The classification has one 'Miscellaneous' broad group which comprises narrow groups of drugs which were considered to be of sufficient importance to be included in the classification structure but which do not fit into any of the other 6 broad groups on the basis of the classification criteria.

TYPE OF DRUG CLASSIFICATION: BROAD GROUPS, NARROW GROUPS AND DRUGS OF CONCERN

The main classification structure is presented below. For detailed information, supplementary codes and the full version of the coding index, see Australian Standard Classification of Drugs of Concern (ABS 2000). Please note that codes 0000 (inadequately described) and 0001 (not stated) should not be used for *Client type* 1.

1 ANALGESICS

- 11 Organic Opiate Analgesics
  - 1101 Codeine
  - 1102 Morphine
  - 1199 Organic Opiate Analgesics, not elsewhere classified.
- 12 Semisynthetic Opioid Analgesics
  - 1201 Buprenorphine
  - 1202 Heroin
  - 1203 Oxycodone
  - 1299 Semisynthetic Opioid Analgesics, n.e.c.
- 13 Synthetic Opioid Analgesics
  - 1301 Fentanyl
  - 1302 Fentanyl analogues
  - 1303 Levomethadyl acetate hydrochloride
  - 1304 Meperidine analogues
  - 1305 Methadone
  - 1306 Pethidine
  - 1399 Synthetic Opioid Analgesics, n.e.c.
- 14 Non Opioid Analgesics
  - 1401 Acetylsalicylic acid
  - 1402 Paracetamol
  - 1499 Non Opioid Analgesics, n.e.c.

2 SEDATIVES AND HYPNOTICS

- 21 Alcohols
  - 2101 Ethanol
  - 2102 Methanol
  - 2199 Alcohols, n.e.c.
- 22 Anaesthetics

2201 Gamma-hydroxybutyrate
2202 Ketamine
2203 Nitrous oxide
2204 Phencyclidine
2299 Anaesthetics, n.e.c.

23 Barbiturates
2301 Amylobarbitone
2302 Methylphenobarbitone
2303 Phenobarbitone
2399 Barbiturates, n.e.c.

24 Benzodiazepines
2401 Alprazolam
2402 Clonazepam
2403 Diazepam
2404 Flunitrazepam
2405 Lorazepam
2406 Nitrazepam
2407 Oxazepam
2408 Temazepam
2499 Benzodiazepines, n.e.c.

29 Other Sedatives and Hypnotics
2901 Chlormethiazole
2902 Kava lactones
2903 Zopiclone
2999 Other Sedatives and Hypnotics, n.e.c.

3 STIMULANTS AND HALLUCINOGENS

31 Amphetamines
3101 Amphetamine
3102 Dexamphetamine
3103 Methamphetamine
3199 Amphetamines, n.e.c.

32 Cannabinoids
3201 Cannabinoids

33 Ephedra Alkaloids
3301 Ephedrine

3302 Norephedrine
3303 Pseudoephedrine
3399 Ephedra Alkaloids, n.e.c.

34 Phenethylamines
3401 DOB
3402 DOM
3403 MDA
3404 MDEA
3405 MDMA
3406 Mescaline
3407 PMA
3408 TMA
3499 Phenethylamines, n.e.c.

35 Tryptamines
3501 Atropinic alkaloids
3502 Diethyltryptamine
3503 Dimethyltryptamine
3504 Lysergic acid diethylamide
3505 Psilocybin
3599 Tryptamines, n.e.c.

36 Volatile Nitrates
3601 Amyl nitrate
3602 Butyl nitrate
3699 Volatile Nitrates, n.e.c.

39 Other Stimulants and Hallucinogens
3901 Caffeine
3902 Cathinone
3903 Cocaine
3904 Methcathinone
3905 Methylphenidate
3906 Nicotine
3999 Other Stimulants and Hallucinogens, n.e.c.

4 ANABOLIC AGENTS AND SELECTED HORMONES

41 Anabolic Androgenic Steroids
4101 Boldenone

	4102	Dehydroepiandrosterone
	4103	Fluoxymesterone
	4104	Mesterolone
	4105	Methandriol
	4106	Methenolone
	4107	Nandrolone
	4108	Oxandrolone
	4111	Stanozolol
	4112	Testosterone
	4199	Anabolic Androgenic Steroids, n.e.c.
42		Beta2 Agonists
	4201	Eformoterol
	4202	Fenoterol
	4203	Salbutamol
	4299	Beta2 Agonists, n.e.c.
43		Peptide Hormones, Mimetics and Analogues
	4301	Chorionic gonadotrophin
	4302	Corticotrophin
	4303	Erythropoietin
	4304	Growth hormone
	4305	Insulin
	4399	Peptide Hormones, Mimetics and Analogues, n.e.c.
49		Other Anabolic Agents and Selected Hormones
	4901	Sulfonylurea hypoglycaemic agents
	4902	Tamoxifen
	4903	Thyroxine
	4999	Other Anabolic Agents and Selected Hormones, n.e.c.

5 ANTIDEPRESSANTS AND ANTIPSYCHOTICS

51 Monoamine Oxidase Inhibitors

5101 Moclobemide

5102 Phenelzine

5103 Tranylcypromine

5199 Monoamine Oxidase Inhibitors, n.e.c.

52 Phenothiazines

5201 Chlorpromazine

5202 Fluphenazine

5203 Pericyazine

5204 Thioridazine

5205 Trifluoperazin

5299 Phenothiazines, n.e.c.

53 Serotonin Reuptake Inhibitors

5301 Citalopram

5302 Fluoxetine

5303 Paroxetine

5304 Sertraline

5399 Serotonin Reuptake Inhibitors, n.e.c.

54 Thioxanthenes

5401 Flupenthixol

5402 Thiothixene

5499 Thioxanthenes, n.e.c.

55 Tricyclic Antidepressants

5501 Amitriptyline

5502 Clomipramine

5503 Dothiepin

5504 Doxepin

5505 Nortriptyline

5599 Tricyclic Antidepressants, n.e.c.

59 Other Antidepressants and Antipsychotics

5901 Butyrophenones

5902 Lithium

5903 Mianserin

5999 Other Antidepressants and Antipsychotics, n.e.c.

6 VOLATILE SOLVENTS

61 Aliphatic Hydrocarbons

6101 Butane

6102 Petroleum

6103 Propane

6199 Aliphatic Hydrocarbons, n.e.c.

62 Aromatic Hydrocarbons

6201 Toluene

6202 Xylene

6299 Aromatic Hydrocarbons, n.e.c.

63 Halogenated Hydrocarbons

6301 Bromochlorodifluoromethane

6302 Chloroform

6303 Tetrachloroethylene

6304 Trichloroethane

6305 Trichloroethylene

6399 Halogenated Hydrocarbons, n.e.c.

69 Other Volatile Solvents

6901 Acetone

6902 Ethyl acetate

6999 Other Volatile Solvents, n.e.c.

9 MISCELLANEOUS DRUGS OF CONCERN

91 Diuretics

9101 Antikaliuretics

9102 Loop diuretics

9103 Thiazides

9199 Diuretics, n.e.c.

92 Opioid Antagonists

9201 Naloxone

9202 Naltrexone

9299 Opioid Antagonists, n.e.c.

99 Other Drugs of Concern

Appendix 7: Steps for protecting privacy

The following extract from the Office of the Privacy Commissioner's website summarises the privacy obligations of organisations such as drug treatment agencies. For more detailed information please refer directly to the website.

1. Only collect information that is necessary.

Make sure individuals know what personal information your organisation or agency collects and why. Consider if each piece of information is necessary for any of the functions or activities of the organisation or agency and if the information is required in the circumstances. It may be the case that in some circumstances you can carry out your activities without collecting personal information, allowing individuals to interact with your organisation anonymously.

2. Do not collect personal information about an individual just because you think that information may come in handy later.

You should only collect information that is necessary at the time of collection, not information that may become necessary or useful at a later date. If the need arises later, collect the information then.

3. Tell people what you are going to do with the personal information you collect about them.

You should let individuals know why you need to collect the information, how you plan to use it and if you intend disclosing it. You should provide details about how they can contact you and, if they want to, how they can gain access to their personal information.

4. Consider whether you should be using personal information for a particular purpose.

Organisations often begin using personal information for a secondary purpose unrelated to the main purpose they collected the information. Unless you have consent from the individual concerned or authorisation under law, you should normally only use personal information if it is related to the purpose you collected it for and within the reasonable expectations of the individual.

5. Consider whether you need to disclose personal information.

In some cases, organisations and agencies disclose personal information that they do not need to disclose or disclose information without thinking about whether the disclosure is authorised. Consider whether you can achieve your purpose without disclosing personal information. It is often best practice to seek consent from the individual concerned if you wish to disclose their personal information for a reason beyond the reason for which you collected it. The *Privacy Act* allows disclosures in some circumstances.

6. If people ask, give them access to the personal information you hold about them.

Organisations and Australian and ACT Government agencies have a general duty to provide individuals with access to their personal information. You should be as open as possible by providing individuals with access to their own personal information in the form they request. If you wish to deny an individual access to personal information you should provide reasons, consistent with the *Privacy Act*, as soon as you can. Agencies should also be

mindful of their obligations under the *Freedom of Information Act 1988* (Cth) which also provides some grounds for denying access.

7. Keep personal information secure.

It is important that you keep personal information safe and secure from unauthorised access, modification or disclosure and also against misuse and loss. The steps you should take should be proportionate to the sensitivity of the information you hold. Methods might include checking that all personal information has been removed from computers before you sell them, installing firewalls, cookie removers and anti-virus scanners on work IT systems, keeping hard copy files in properly secured cabinets, training staff in privacy procedures and allowing file access to staff on a 'need to know' basis only. You could also regularly monitor your information handling practices to ensure they are secure and consider the adequacy of existing security measures. Depending on the size of the organisation and the information it collects, you may wish to consider having an external privacy audit conducted.

8. Don't keep information you no longer need or are no longer required to retain.

If you no longer need personal information and there is no law that compels you to retain the information, then destroy it. You should shred, pulp or destroy the paper on which the personal information is recorded, place the files in a security garbage bin and securely delete any electronic record or file from computer systems to ensure it cannot be retrieved.

9. Keep personal information accurate and up to date.

Personal information can change. This is why you need to take reasonable steps to keep the personal information your organisation or agency holds current. If the personal information of someone changes amend your records to reflect those changes and make sure both hard copy and electronic files are updated. If you know that some personal information is likely to change regularly, then periodically go through the files to ensure the records are accurate and up to date.

10. Consider making someone in your organisation or agency responsible for privacy.

This could be a designated person (often called a Privacy Contact Officer or Chief Privacy Officer) who is aware of your organisation or agency's responsibilities under the *Privacy Act* and who is willing and able to handle complaints and enquiries about the personal information handling practices of your organisation or agency. The person may also be responsible for implementing a complaints handling process, staff training program and promoting *Privacy Act* compliance.

Source: <www.privacy.gov.au/publications/ten_steps/ten_steps_org.pdf>. Accessed 19/02/09.

Appendix 8: Privacy and the AIHW

The AIHW's functions are to:

- identify and meet the information needs of government and the community to enable them to make informed decisions to improve the health and welfare of Australians
- provide authoritative and timely information to the Australian Government, state and territory governments and non-government clients through the collection, analysis and dissemination of national health, welfare, housing assistance and community services data, and
- develop, maintain and promote, in conjunction with stakeholders, information standards for health, welfare, housing assistance and community services data.

As a Australian Government agency, the AIHW must comply with the IPPs set out in the *Privacy Act 1988*. The AIHW is also bound by its own legislation, the *Australian Institute of Health and Welfare Act 1987*, which contains a section on confidentiality (s29).

In summary s29 states:

- A person who holds any information concerning another person, due to their employment at the AIHW, or due to the fact they are performing a duty or function for the AIHW, or doing any act as a result of any arrangement entered into by the AIHW, shall not directly or indirectly:
  - divulge that information to any person
  - give a document containing that information to any person
  - be required to divulge that information to a court.
- Nothing prohibits a person holding information concerning another person (as stated above) from:
  - divulging information to the Minister if it does not identify the information subject
  - divulging information to the information provider
  - divulging information to a person specified in writing by the Ethics Committee if to do so is not contrary to the written terms upon which the information was divulged initially by the information provider (only applies to health related statistical information)
  - publishing conclusions based on statistics derived from the work of the AIHW if to do so is not contrary to written terms upon which the information provider divulged the information directly to the AIHW.

AIHW policy and procedures on information security and privacy

(Excerpt from *AIHW Information Security and Privacy Policy and Procedures* document).

The provisions of the *Privacy Act 1988* and the Information Privacy Principles establish the framework for the collection, storage, use and release of all personal information in the public sector. The AIHW policy complies with the requirements of the *Privacy Act 1988* and in addition, covers issues of specific relevance to the AIHW, including s29 on confidentiality contained in the *AIHW Act 1987*.

Privacy ethos

1. All AIHW and collaborating unit staff must have a knowledge of section 29 and a good understanding, in relation to the work they do, of the implications of:
   - The *Australian Institute of Health and Welfare Act 1987*, section 29
   - The Information Privacy Principles.
2. All AIHW and collaborating unit staff must sign the Institute's *Undertaking of confidentiality – Employees*.
3. The Institute will ensure that its various collaborating units maintain a consistent privacy and security ethos.
4. All work performed by consultants, contractors, seconded staff, visiting fellows and students working under supervision of the Institute which involves access to information collected under the AIHW Act and other identifiable information, must be authorised by contracts which impose information and privacy security requirements at least as stringent as those applying to Institute employees.

Information gathering and receipt

5. Information may only be collected and held for the purpose of AIHW activities.
6. Identifiable information may only be collected and held with the approval of the Institute's Ethics Committee.
7. Any information collected must be limited to that directly relevant to the aims and objectives of an approved project.
8. All data holdings containing identifiable information must be recorded and managed in accordance with the Institute's *Guidelines for custody of AIHW data*.
9. Except as outlined in paragraphs 10 and 11 below, the consent of information subjects for the use of their information should be obtained when the identifying information is in the form of identified records held indefinitely on registers used to contact the information source for research purpose (all such research must be approved by the Ethics Committee).
10. Otherwise, consent should not be required provided that appropriate guarantees are given that the information will be handled in a secure environment, the public good benefits of the research are clear and its use will have no impact on those individuals whose information is being used. As far as is possible, an opt out option should be provided.
11. Regardless of whether consent needs to be obtained, information subjects should be advised, by whatever mechanism is appropriate, why their information is being

collected, how it is to be used, who will be using it, the type of access that will occur and how it will be protected.

Information storage, retention and destruction

12. Data must be stored to meet the storage and archival requirements of the National Archives of Australia, and in accordance with the Institute's *Guidelines for custody of AIHW data.*
13. Data custodians are responsible for ensuring their data holdings are protected from unauthorised access, alteration or loss.
14. Paper-based identifiable information must be kept securely locked away when not in use. The minimum requirement is that, outside normal working hours, the information must be stored in locked drawers or cabinets.
15. Particular care must be taken regarding the print out and photocopying of paper-based information. Users must stand by printers and photocopiers while this material is being printed or copied.
16. Information users must follow normal practice for the use of IT systems (see the IT Security Manual) to ensure the security and privacy of in-confidence information stored on computer systems.
17. Identifiable information must not be copied to or held on workstation hard disks.
18. Wherever possible, identifiable information and associated attribute information should each be stored separately in databases to minimise any risk from unauthorised access.
19. Identifiable information must not be copied or removed from Institute premises without specific approval from the relevant Data Custodian.
20. Normally, data holdings used in support of the Institute's Work Program must be retained for a specified period in order to allow later verification of the research, and in accordance with undertakings given to data providers.
21. Decisions regarding retention of databases lies with Data Custodians, and must be taken in accordance with the Institute's *Guidelines for custody of AIHW data*.
22. The Institute will maintain a physical security system, which provides reasonable and properly enforced measures to protect both staff and its repositories of personal information.

Information transmission

23. If identifiable information is sent by post, registered or certified mail or safe hand delivery must be used.
24. The electronic transmission of identifiable information must apply procedures for the certification of transmission and the encryption of information which are at least commensurate with that used for transmission by post.

Information retrieval and use within the Institute

25. Rather than treating ownership (of data) as an indivisible entitlement, it should be treated as a 'basket of rights' in relation to the information concerned, and there

should be acceptance that different parties may have different entitlements. The 'basket of rights' would include the right to do the following, for statistical purposes:

- gain access to information
- amend the information
- use the information
- disclose the information
- control who can do these things and under what conditions.

26. Data Custodians may approve use, within the Institute, of identifiable information for purposes consistent with those for which it was collected, in accordance with the Institute's *Guidelines for the custody of AIHW data*.

27. In published tables, the amount of information in small cells should be reduced to minimise the potential for identification. Aggregations of data with small cell sizes, which may enable inferences about or identification of individual entities, should not be published.

Conditions applying to data linkage projects

28. Ethics Committee approval is required for record linkage projects. Before granting such approval, the Committee must be satisfied that:

- the 'public good' benefits to be reasonably expected from them will be significant
- 'best practice' procedures will be adopted throughout the conduct of the studies.

29. It is not necessary for the Institute to obtain the consent of information subjects for the use of their information in record linkage studies if:

- their identity is irrelevant (except to facilitate the linkage process)
- the objective is data analysis
- no administrative action will be taken in relation to the individuals concerned.

30. The Institute will not permit its data to be linked for client management or regulatory purposes.

Information release and disclosure outside the Institute

31. The AIHW Act allows the Institute to release or disclose identifiable health information to third parties, subject to s29 of the AIHW Act.

32. Requests for access to or release of identifiable information from a database must be in writing. Any person or organisation wishing to access an Institute database for research purposes should prepare an adequate written proposal for the study following the Institute's *Guidelines for the preparation of submissions for ethical clearance.*

33. Any requests for release or disclosure of identifiable information must be scrutinised by the appropriate Data Custodian in accordance with the Institute's *Guidelines for custody of AIHW data.*

34. If the information requested can be provided under the information provider's constraints, and its release would not contravene s29 of the Act, but the information

cannot be provided under an existing Ethics Committee approval, then an opinion must be obtained from the Committee. In this case the appropriate Data Custodian should provide the information requested with documentation necessary for submissions to the Committee.

35. The Institute should endeavour to identify potential disclosure requirements at the commencement of a project and, where appropriate, to build these into the agreements with information providers and into submissions to the Institute's Ethics Committee. Such action can be used to obtain information provider and ethical approval in advance, thereby streamlining the release process.

36. Staff should take particular care to ensure that no release, publication or public presentation or discussion of individual records or results of research could breach the requirements of this Policy. Results shown in tables with small cell values often need special attention (see paragraph 25).

The Institute in an agency role

37. Data providers, such as Registrars of Births, Deaths and Marriages in states and territories, supply data to the Institute for the Institute's purposes. The Institute reformats these data and produces national data sets. These data sets may be returned to the Registrars.

38. Should Registrars wish to furnish the national lists of births and deaths to other agencies for their own purposes, Institute staff may assist the Registrars with these tasks, acting as the Registrar's agent.

39. At all times, it must be clear that the work is being undertaken as an agent of the Registrars.

Monitoring and audits

40. The Institute's Board requires that security audits be carried out as part of the Institute's audit program.

41. Compliance and quality control will be assessed by routine data audits. Results will be reported to the Board's Audit and Finance Committee.

Breaches and sanctions

42. The Institute relies on the diligence of all staff in preventing breaches of information security.

43. If a breach is thought to have occurred it should be reported immediately to the Director through normal divisional/collaborating unit reporting channels.

44. The Director may appoint a person to investigate the circumstances of a suspected breach. If a breach is proven the Director may initiate disciplinary or legal action under the relevant legislation.

45. Details of suspected breaches will be treated as STAFF-IN-CONFIDENCE information at all times.

46. The Institute's Fraud Control Guidelines and Plan (available to staff on the Intranet) are also relevant.

AIHW Ethics Committee

(Excerpt from Guidelines for the preparation of submissions for ethical clearance document)

The AIHW Ethics Committee (appointed under s16(1) of the *Australian Institute of Health and Welfare Act*) may, under strict conditions, allow the release of information to researchers proposing studies judged to have scientific merit and that meet the required data confidentiality standards. The following criteria upon which the submissions will be evaluated include:

Purpose of the proposal

- The Committee will only approve use of information for research purposes. A key criterion is that the research output is to be put in the public domain. Regulatory, legal and administrative purposes are not acceptable, unless there is an overriding public good and no detriment to the information subject.

Research focus of the proposal

- The Committee will only approve research that has recognition of relevant ethical considerations, including social and cultural factors, by all involved in the conduct of the activity, and their commitment to upholding ethical standards.
- The Committee will also take into consideration a project's overall value to society and the predicted outcome of activities in relation to possible risks such as the comfort and privacy of information subjects.

Scientific validity of the proposal

- The Institute has the responsibility only to submit to the Committee proposals that it considers as scientifically valid.
- The Committee has the right to raise queries about scientific validity if it sees fit, and to refer them to the Institute.
- The submission should be signed off by the responsible Data Custodian.

Approval by the applicant's own institutional ethics committee

- All applications other than applications by the Institute before the Committee need to be approved by the applicant's own institutional ethics committee.

Organisational framework of the researcher

- Consideration will be given to whether there is an established accountability mechanism, (e.g. an institutional ethics committee), that can impose sanctions if necessary.
- The Committee may approve an agreement between the Institute and other organisations for the use of the Institute's data in classes of research projects so that the organisation can release identifiable AIHW data subject to the approval of its own Ethics Committee.

Credentials and technical competence of the researcher

- The qualifications, competence and expertise of personnel engaged in the activities will be considered.

Extent to which privacy and consent issues have been addressed

- The Committee will take into account the privacy provisions contained in *Minding our own* business which is the privacy protocol for Australian Government agencies in the Northern Territory handling personal information of Aboriginal and Torres Strait Islander peoples.
- The Committee will only approve research projects where the protection of the wellbeing and privacy of the subjects, and also of persons who collect, communicate, work with or have access to the information about them is assured.
- The Committee will be mindful of legal requirements, in particular the pertinent sections of the AIHW Act, and the *Privacy Act 1988* and the current *Guidelines for the protection of privacy in the conduct of medical research* as approved by the Privacy Commissioner.
- If further information is needed from information subjects, the Committee will seek their consent to an approach by the principal investigator.
- The Committee will not require informed consent where this is not necessary.

Adequacy of researcher's data security protection mechanisms

- The Committee must be assured that the maintenance of adequate degrees of confidentiality of information about identifiable persons (and, in certain cases, of groups of persons) is enforced.
- The Committee must also be assured of the physical security of data, covering the security access system to the building, storage rules for hard copy of data, computer security procedures and the disposal of data when no longer required.

Commitment to, and method of publishing results of research

- The Committee considers it important that the results of research are disseminated to the appropriate groups, communities and individuals. Therefore, the dissemination plan will be carefully considered in each submission. The Committee requests that a copy of the published work be made available to it and may also request that a summary of the research be made available on the AIHW website.
- The Committee does not give approval to projects where there is no intention to publish results. The 'Undertaking' signed by researchers, allowing for legal disclosure of information by the AIHW, specifies that the AIHW must be acknowledged as the source of data in any publication, and that a copy of any published material must be supplied to the AIHW.

Transfer of data out of Australia

- This will not normally be approved, but can be on a case-by-case basis where the overseas data holder and their organisations are of undoubted quality.

For more information on the AIHW Ethics Committee, refer to: <www.aihw.gov.au/committees/ethics/index.cfm>.

Data custodians at the AIHW

(Taken from *Guidelines for custody of AIHW data*)

All staff at the AIHW share responsibility for maintaining the security of AIHW data, but data custodians have overall responsibility for the security of specified data collections. Once

the data custodian delegation instrument is signed, the custodians assume the responsibility of the director in regard to the data in their custody. The relevant unit head is given the responsibility of data custodian. The custodianship is vested in a position rather than a named person.

Data custodians ensure that data holdings within their unit are properly documented, maintained and controlled, and ensure an appropriate level of consultation with other units regarding the data resources within the Institute. This includes responsibility for:

- recognising and abiding by all limitations placed on data
- maintaining up-to-date documentation, including data catalogue entries, of the content and format of the data holding and of the constraints applying to its use and/or release
- authorising and recording users of the data within the AIHW, and providing advice and assistance to new users on any constraints which apply
- assisting potential users wishing to access identifiable data in the preparation of their proposals for submission to the Health and Welfare Ethics Committees (*see Guidelines for the preparation of submissions for ethical clearance*)
- following Ethics Committee approval, arranging for the secure transfer of data to recipients in accordance with constraints imposed regarding the use of data. Working with the Ethics Committee Secretariat with their monitoring processes
- ensuring, when required, the appropriate destruction (or return to the original information provider) of the data holding.

Appendix 9: National Aboriginal and Torres Strait Islander Health Data Principles

All organisations with significant responsibilities in Aboriginal and Torres Strait Islander health data should encourage the application of these principles and establish meaningful partnerships with Aboriginal and Torres Strait Islander Australians.

Mindful of Aboriginal and Torres Strait Islander peoples' understanding of ownership, including ownership of personal and community information, and any relevant agreements with various parties, including governments, these principles set out a culturally respectful foundation for the collection, storage and use of their health and health-related information.

Principle 1: The management of health-related information about Aboriginal and Torres Strait Islander persons must be ethical, meaningful, and support improved health and better planning and delivery of services.

Principle 2: The analysis, interpretation and reporting of Aboriginal and Torres Strait Islander health and health-related information should, where feasible, occur collaboratively with Aboriginal and Torres Strait Islander peoples.

Principle 3: The privacy and confidentiality of Aboriginal and Torres Strait Islander people will be protected in accordance with any relevant legislation and privacy codes.

Principle 4: Aboriginal and Torres Strait Islander peoples should be informed at the point of service that attendance/participation may contribute to administrative or mandatory data collections and that such data will be used to improve the quality, coverage and scope of health services and protect the public health. Data collection agencies and data custodians should have a policy that provides this information to people at the point of data collection and appropriate governance arrangements to review its implementation.

Principle 5: In general, free and informed consent should be obtained from Aboriginal and Torres Strait Islander peoples prior to any information management activities, except where mandatory reporting or legislative provisions apply. Otherwise, where there is a proposal to initiate an information management activity without the consent of Aboriginal and Torres Strait Islander peoples, it must be clearly demonstrated both that the activity will advance the interests of Aboriginal and Torres Strait Islander peoples and that it is impractical and infeasible to obtain further specific consent.

Principle 6: The value of the resources required to collect and use information should be assessed in the light of the potential benefit to Aboriginal and Torres Strait Islander peoples' health.

Principle 7: The collection, collation and utilisation of information should be conducted in the most efficient and effective manner possible and minimise the burden on Aboriginal and Torres Strait Islander people.

Principle 8: Systematic and ethical processes for sharing information should be encouraged to assist in policy, planning, management and delivery of health services to Aboriginal and Torres Strait Islander people.

Principle 9: Aboriginal and Torres Strait Islander communities should be provided with feedback about the results and possible implications arising from data analysis.

Principle 10: Information collections require regular review and refinement in order to ensure ongoing relevance to service delivery and the potential for improved health outcomes.

Principle 11: Cultural respect and security of data practices must be promoted across all collections. Aboriginal and Torres Strait Islander individuals and communities should be afforded the same ethical and legal standards of protection as are enjoyed by other Australians. This may require the development and application of methods that are different to or in addition to those in mainstream data collections.

Endorsed by AHMAC October 2006.

Source: <www.aihw.gov.au/committees/nagatsihid/nagatsihid_data_principles.doc>

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List of tables