Alcohol and other drug treatment services NMDS specifications 2006–07

Data dictionary, collection guidelines and validation processes

June 2006

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Data dictionary, collection guidelines and validation processes

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Any enquiries about or comments on this publication should be directed to:

Ms Chrysanthe Psychogios
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601

Phone: (02) 6244 1068

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Abbreviations

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers' Advisory Council
AIHW	Australian Institute of Health and Welfare
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*
HDSC	Health Data Standards Committee
IGCD	Intergovernmental Committee on Drugs
IPP	Information Privacy Principles
NDARC	National Drug and Alcohol Research Council
NHDC	National Health Data Committee
NHDD	*National health data dictionary*
NHIA	National Health Information Agreement
NHIMG	National Health Information Management Group
NLI	National Localities Index
NMDS	National Minimum Data Set
NPP	National Privacy Principles
MECC	Monitoring and Evaluation Coordination Committee
SACC	*Standard Australian Classification of Countries*
SIMC	Statistical Information Management Committee
SLA	Statistical Local Area

1 Introduction

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

This publication is intended to provide:

- some history on the collection's purpose and development and to outline the overall collection process
- information about changes and variations made to the data set from the previous year's collection
- working definitions of all data elements included in the data set
- an up-to-date reference to ensure that the collection can run in a coordinated and timely fashion
- information about the data validation procedures that are undertaken by the Australian Institute of Health and Welfare (AIHW).

1.1 Why do we need a national collection?

The aim of the AODTS–NMDS is to aggregate standardised Australian Government, state and territory data so that national information about clients accessing alcohol and other drug treatment, service utilisation and treatment programs can be reported. It is also expected that the collection will provide agencies with access to basic data relating to particular types of communities, drug problems and treatment responses that are relevant to their own circumstances. The data derived from the national collection are used, with information from other sources (e.g. admitted-patient data and national surveys), to inform debate, policy decisions and strategies that occur within the alcohol and other drug treatment sector.

A National Minimum Data Set (NMDS) is a minimum set of data elements agreed to by the National Health Information Management Group (NHIMG) (renamed Statistical Information Management Committee (SIMC) since late 2003) 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. A NMDS is contingent upon a national agreement to collect a complete set of uniform data and supply them as part of the national collection, but does not preclude health jurisdictions and individual agencies and service providers from collecting additional data to meet their own specific needs. In fact, for most states and territories the AODTS–NMDS is a subsection of a larger data set that is collected by the health jurisdiction for management purposes. The intention, however, is that the AODTS–NMDS data items have standardised definitions and collection methods across all states and territories so that this information may be compared and used to inform planning and policy developments for the reduction of drug-related harm.

1.2 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 has increased with the inclusion of representatives from all states and territories and the Australian Bureau of Statistics (ABS). 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 commenced on 1 July 2000.

Output from the NMDS each year includes an annual report, national bulletin and state and territory data briefings. The full range of reports, plus data from the interactive electronic datacubes, are available from the AIHW web site:
http://www.aihw.gov.au/drugs/index.html

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, 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.

1.3 Roles and responsibilities

IGCD AODTS–NMDS Working Group

The IGCD AODTS–NMDS Working Group is responsible for the development and implementation of the AODTS–NMDS. Members include representatives from each state and territory, the AIHW, the ABS, NDARC, and the Australian Government's Research, Data and Policy Development Section and Illicit Drugs Section. The Working Group works closely with expert national health information bodies such as the Health Data Standards Committee (HDSC) and the Statistical Information Management Committee (SIMC). The majority of Working Group members also play a role in coordinating the collation of data from service providers within their jurisdiction and 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 role of Chair is rotated among Working Group members. For 2004, the role of Chair was filled by the Working Group member from New South Wales, and for 2005 and 2006 by the Working Group member from South Australia. The names and contact details of the IGCD AODTS–NMDS Working Group (current at March 2005) are provided at Appendix A.

Other committees

The AODTS–NMDS was developed and implemented under the terms of the National Health Information Agreement (NHIA). Under the NHIA, the Australian Government, states and territories are committed to working with the AIHW, the ABS and others to develop, collate and report national health information. The NHIA aims to ensure that the compilation and interpretation of national information is appropriate to government and community requirements and that data are collected and reported efficiently. The NHIA operates under the auspices of the Australian Health Ministers' Advisory Council (AHMAC). The NHIMG and the National Health Data Committee (NHDC) (now HDSC), in consultation 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 (AIHW 1994).

All data elements and supporting data element concepts that form the AODTS–NMDS are included in the *National Health Data Dictionary*. Any revisions to the data elements or changes to the AODTS–NMDS must be endorsed by the HDSC and the SIMC.

Brief details about the key committees involved in the NHIA and the development of the AODTS–NMDS are provided below:

- 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—is an Australian and state/territory government forum that acts as one of the advisory bodies supporting the Ministerial Council on Drug Strategy. It consists of senior officers who represent health and law enforcement agencies in each Australian jurisdiction and other people with expertise in identified priority areas.
- SIMC—directs the implementation of the NHIA and comprises a representative from each of the signatory organisations and a Chair appointed by the AHMAC. The New Zealand Ministry of Health has observer status. The AIHW supports the Management Group not only through membership but also by providing the Secretariat.
- HDSC—is a standing committee of the SIMC. The primary role of the HDSC is to assess data definitions proposed for inclusion in the *National health data dictionary* (NHDD) and recommend to the SIMC revisions and additions to each successive version of the Dictionary. The NHDD is the authoritative source of national health data definitions. It contains the definitions of data elements (or discrete items of information) that have been described according to a standard set of rules, and endorsed by the SIMC as the national standard to apply whenever this information is collected in the health field.

Government health authorities

The AODTS–NMDS is a set of standard data elements which the Australian Government, state and territory health authorities have agreed to collect. The Australian Government, state and territory departments have custodianship of their own data collections under the NHIA. It is the responsibility of the Australian Government and state and territory health authorities to establish and coordinate the collection of data from their 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 (e.g. use of data entry software) and a process for agencies to deliver the data to the Commonwealth, state or territory authority;
- establish time lines for the delivery of data to the relevant health authority; and
- establish a process to check and validate data at the state/territory level and, where possible, assist and advise on data quality at the agency level.

Governmental health authorities also need to ensure that appropriate information security and privacy procedures are in place. Health authorities are responsible for ensuring that the collection, use, disclosure, storage and handling of the information contained in the AODTS–NMDS comply with the standards outlined in the Information Privacy Principles for Commonwealth agencies, and the National Privacy Principles for private sector organisations (see Chapter 7). In particular, data custodians are responsible for ensuring that their data holdings are protected from unauthorised access, alteration or loss. Health authorities are also responsible for ensuring that their procedures comply with any existing legislation within their state or territory.

AODT service providers

Service providers 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. Service providers 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 whether any personal information is 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). In particular, they are responsible for maintaining the confidentiality of their clients and need to ensure that their procedures comply with any existing legislation within their state or territory.

The AIHW

The AIHW is responsible for collating 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 and the AIHW is responsible for coordinating and managing this process. 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 Chapter 6 for further details about AIHW policy and procedures on information and security.

2 Scope of the AODTS–NMDS

It is critical that service providers know which of their service components are included in the AODTS–NMDS collection. Agencies may provide treatment activities that fall both inside and outside the intended scope of the national data set. 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. Furthermore, some agencies providing treatment services or other forms of assistance to people with alcohol and/or other drug problems are not included in the scope of the national collection (e.g. treatment services based in prisons).

The following information describes which agencies, clients and activities are to be included/excluded from the AODTS–NMDS collection.

2.1 Which agencies?

Included

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

Excluded

- Agencies that provide primarily accommodation or overnight stays such as 'halfway houses' and 'sobering-up shelters'.
- Agencies that provide services concerned primarily with health promotion (e.g. needle and syringe exchange programs).
- Treatment services based in prison or other correctional institutions.
- Agencies whose sole function is to prescribe and/or provide dosing for opioid maintenance pharmacotherapy treatment.
- Alcohol and drug treatment units in acute care or psychiatric hospitals that only provide treatment to admitted patients.

Services that provide opioid maintenance pharmacotherapy treatment are currently excluded only because of the complexity of the service delivery structure and the range of agencies and practitioners in private and general practice settings.

2.2 Which clients?

Included

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

Excluded

- Clients who are on an opioid maintenance pharmacotherapy program and who are not receiving any other form of treatment.
- People who seek advice or information but have not been formally assessed and accepted for treatment.
- Admitted patients in acute care or psychiatric hospitals.
- Clients treated in agencies that are excluded from the collection.

2.3 Which activities?

Treatment activities can range from an early, brief intervention to long-term residential treatment. The NMDS covers a wide variety of treatment interventions and, among others, includes detoxification and rehabilitation programs, and pharmacological and psychological treatments.

Included

- All closed treatment episodes for the types of treatment specified in the data element *Main treatment type for alcohol and other drugs*, which have been completed within the 2006–07 financial year (see the data element *Date of cessation of treatment episode for alcohol and other drugs*).

Excluded

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

3 What's new for 2006–07?

As in previous years, the AODTS NMDS data elements have been refined and improved in accordance with the advice of the AODTS–NMDS working group. This year, the Working Group has agreed to make minimal changes to the dataset to allow the consolidation of the collection. Hence, over 2004–05 to 2006–07, there will be minimal changes to data elements, collection methods or scope of the collection.

The following information is presented to provide historical and complete background to each data item currently in the data set.

3.1 Treatment episodes reported by all jurisdictions

A treatment episode refers to a period of contact, with defined dates of commencement and cessation, between a client and a treatment provider. From the 2001–02 collection period onwards, closed treatment episodes were introduced as the unit of measurement. The inclusion of a treatment episode concept at the national level required the introduction of the following data elements and concepts:

- *Date of cessation of treatment episode for alcohol and other drugs*
- *Main treatment type for alcohol and other drugs*
- *Number of service contacts within a treatment episode for alcohol & other drugs*
- *Other treatment type for alcohol and other drugs*
- *Reason for cessation of treatment episode for alcohol and other drugs*
- *Treatment delivery setting for alcohol and other drugs*
- *Service contact* (data element concept)
- *Treatment episode for alcohol and other drugs* (data element concept)

All jurisdictions supported the inclusion of the above data elements and concepts in the AODTS–NMDS, on the condition that a phased uptake of the revised data set be adopted. The uptake process began on 1 July 2001 and all jurisdictions agreed to comply by 1 July 2002. Closed treatment episodes are the unit of measurement used by all jurisdictions for the 2006–07 collection period.

3.2 Changes to existing data elements—summary

Table 1 presents a historical record of changes made to data elements and the introduction of new elements, from 2001–02 through to 2006–07. For further information on what these changes entailed, please refer to Appendix C.

Table 3.1: Data elements that are agreed for collection by states and territories from 1 July 2006 for the alcohol and other drug treatment services NMDS

		New / changed					
Data element	**NHDD code**	**01–02**	**02–03**	**03–04**	**04–05**	**05–06**	**06–07**
Establishment-level data elements							
Establishment identifier (comprising)	000050	✓					
— State/territory identifier	000380			✓			
— Establishment sector	000379	✓			✓		
— Region code	000378						
— Establishment number	000377	✓					
Geographical location of service delivery outlet	000260	—	—	New			
Episode (client-level) data elements							
Client type—alcohol & other drug treatment services	000426		✓	✓			
Country of birth	000035	✓					
Date of birth	000036						
Date of cessation of treatment episode for alcohol & other drugs	000424	New					
Date of commencement of treatment episode for alcohol & other drugs	000430	✓					
Establishment identifier	000050	✓					
Indigenous status	000001			✓			
Injecting drug use	000432			✓			
Main treatment type for alcohol and other drugs	000639	New			✓		
Method of use for principal drug of concern	000433						
Number of service contacts within a treatment episode for alcohol & other drugs	000641	New	✓	✓	Removed		
Other drugs of concern	000442			✓	✓		
Other treatment type for alcohol and other drugs	000642	New			✓		
Person identifier	000127						
Preferred language	000132						✓
Principal drug of concern	000443			✓	✓		
Reason for cessation of treatment episode for alcohol and other drugs	000423	New			✓		
Sex	000149			✓			
Source of referral to alcohol and other drug treatment services	000444			✓	✓		
Treatment delivery setting for alcohol and other drugs	000646	New			✓		
Supporting data element concepts							
Cessation of treatment episode for alcohol and other drugs	000422	✓					
Commencement of treatment episode for alcohol and other drugs	000427	✓					
Service contact	000401	New			Removed		
Service delivery outlet	000845	—	—	New			
Treatment episode for alcohol and other drugs	000647	New			✓		

4 The data elements—in brief

Summary information for all data elements and data concepts is provided below. More detailed information about each of the data elements can be found in Appendix B.

4.1 Establishment-level data elements

Establishment identifier

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

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

Establishment number

The Establishment number uniquely identifies an alcohol and other drug treatment agency within a state or territory. It is the responsibility of each jurisdiction's health authorities to assign an Establishment number to each agency and to include a code for each service delivery outlet where appropriate (see *Geographical location of service delivery outlet* p. 85 and *Service delivery outlet* p. 116).

Establishment sector

This data element differentiates between alcohol and other drug treatment agencies operating in the public and private sectors of the health care industry. Coding options are:

1 Public

2 Private.

In the Alcohol and other drug treatment services national minimum data set, this data element is used to differentiate between establishments run by the government sector (uses code 1) and establishments that receive some government funding but are run by the non-government sector (uses code 2).

Region code

This code identifies the area health services region which each alcohol and other drug treatment agency is located within the state or territory.

The health authority in each state or territory allocates the relevant region code.

Note: The field size for this data element will need to be 2 alpha characters (AA) if there are more than 26 regions in the state/territory. 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.

State/territory identifier

This number uniquely identifies each state and territory as follows:

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

Geographical location of service delivery outlet

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

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

The IGCD AODTS–NMDS Working Group agreed that an additional code would be attached to the establishment number to identify the service delivery outlet where that differs from the establishment (see *Service delivery outlet* p. 116. Note that *Geographical location of service delivery outlet* is to be collected at the Treatment episode level.

4.2 Episode (client-level) data elements

Client type—alcohol and other drug treatment services

This data element records whether a client's contact with an alcohol and other drug treatment agency concerns their own drug use or that of another person. Coding options are:

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

Code 1 can include clients who receive treatment for both their own alcohol or drug use and the alcohol or drug use of another person.

This data element qualifies collection of the following items: *Principal drug of concern*, *Other drugs of concern*, *Injecting drug use* and *Method of use for principal drug of concern*. For a client covered under code 2, information for these four data elements is not required.

Country of birth

This data element records the country in which a client was born using a four-digit code from the *Standard Australian Classification of Countries* (ABS Cat. No. 1269.0, 1998). See Appendix B for further detail about this classification.

Date of birth

This data element refers to the date of birth of a client and is collected in the format DDMMYYYY and must be zero-filled (e.g. 21 February 1911 = 21021911).

If the date of birth is not known, it should be derived from the client's age. It is recommended that the 1st of January of a valid year be used (e.g. if 1991 was the valid year code as 01011991). Service providers should inform their relevant health authority of the procedures they have used to estimate dates of birth. It is recommended that jurisdictions encourage service providers to adopt a standard procedure for estimating birth dates that are unknown.

Date of cessation of treatment episode for alcohol and other drugs

This is the date on which a client's treatment episode for alcohol and other drugs ceased.

For a treatment episode to be completed (closed), it requires defined dates of commencement and cessation. This data element clearly identifies when a treatment episode ceased, enabling a clear distinction to be made between treatment episodes that are still ongoing (open) and those that have been closed. It refers to the date of the last service contact in a treatment episode between the client and staff of the treatment provider. In situations where a client has had no contact with the treatment provider for three months, and there is no plan in place for further contact, the date of the last service contact should be used. To determine when a treatment episode ceases, refer to the data element concept Cessation of treatment episode for alcohol and other drugs.

Note that only completed treatment episodes are reported in the AODTS–NMDS collection.

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

Date of commencement of treatment episode for alcohol and other drugs

This data element records the date on which a client's treatment episode for alcohol and other drugs began. Note that the date is collected for the commencement of a treatment episode, rather than the commencement of treatment. For example, if a client recommences treatment or begins a new treatment episode, the date of commencement for the new episode is reported, not the date that the client first registered with the agency.

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

Indigenous status

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

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

1 Aboriginal but not Torres Strait Islander origin

2 Torres Strait Islander but not Aboriginal origin

3 Both Aboriginal and Torres Strait Islander origin

4 Neither Aboriginal nor Torres Strait Islander origin

9 Not stated/Inadequately described.

Note: Code 9 is not to be used as a valid answer to the question. It is intended for coding use only, when an answer is refused, the question could not be asked before the person ceased to be a client, the client was unable to communicate (e.g. client was unconscious) or a person who knows the client was not available.

The standard question for Indigenous status is as follows:

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

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

No.....□

Yes, Aboriginal.....□

Yes, Torres Strait Islander.....□

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

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

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

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

Injecting drug use status

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

Coding options are:

1 Last injected three months ago or less

2 Last injected more than three months ago but less than or equal to twelve months ago.

3 Last injected more than twelve months ago.

4 Never injected

9 Not stated/inadequately described.

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

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

Main treatment type for alcohol and other drugs

The main treatment type is the principal activity, determined at assessment by the treatment provider, for treating a client's alcohol and/or drug problem for the principal drug of concern.

This data element was developed to provide a measure of treatment activity in the collection. The main treatment type is the principal focus of a single treatment episode, which means that each treatment episode will only have one main treatment type. If there is a change in the main treatment type, then the current episode should be closed and a new episode commenced. For brief interventions, the main treatment type may apply to as few as one contact between a client and agency staff.

Broad treatment types have been included in the data domain so that a selection will be applicable across all jurisdictions. Coding options are:

1 Withdrawal management (detoxification)

2 Counselling

3 Rehabilitation

4 Pharmacotherapy

5 Support and case management only

6 Information and education only

7 Assessment only

8 Other.

Note: If codes 5–7 (support and case management only, information and education only, assessment only) are chosen, then there should be no *Other treatment type for alcohol and other drugs* selected. More information on the coding options is provided at Appendix B.

Method of use for principal drug of concern

This data element describes a client's usual method of administering the *Principal drug of concern*, as stated by the client.

This information should be collected at the commencement of the treatment episode and only in relation to the principal drug of concern. Coding options are:

1 Ingests

2 Smokes

3 Injects

4 Sniffs (powder)

5 Inhales (vapour)

6 Other

9 Not stated/inadequately described.

For clients whose treatment episode is related to the alcohol or other drug use of another person, this data element should not be collected and should be coded to Not stated (9). Where the treatment episode relates to both the client's own drug use and the drug use of another person, method of use for principal drug of concern is recorded for the client's own behaviour.

Other drug of concern

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

This data element complements *Principal drug of concern*. It is a multiple response item to allow for the coding of multiple drug use. It is recommended that up to five Other drugs of concern are reported. There should be no duplication with *Principal drug of concern*. The classification coding used for this data element is also the four-digit level of coding used by the *Australian Standard Classification of Drugs of Concern*, ABS cat. no. 1248.0 (see Appendix C). Note, however, that the nationally endorsed short list for drugs of concern can also be used for recording other drugs of concern.

If possible, the information is best collected at the commencement of the treatment episode; however, additional information can be recorded throughout the treatment episode, for those jurisdictions with the capacity to do this.

For clients whose treatment episode is related to the alcohol or other drug use of another person, this data element should not be collected and should be coded to Not stated (0001). Where the treatment episode relates to both the client's own drug use and the drug use of another person, other drug of concern is recorded for the client's own drug use.

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

0000 Inadequately described
0001 Not stated
0003 None/no other drugs of concern
0005 Opioid analgesics nfd
0006 Psychostimulants nfd

Note: Code 3 should only be used for the **first** Other drug of concern.

Other treatment type for alcohol and other drugs

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

Coding options are:

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

Only treatment recorded in a client's file that is in addition to, and not a component of, the main treatment type should be reported. Treatment activity reported is not necessarily for the principal drug of concern, as it may be treatment for another drug of concern. More than one data domain code may be selected (it is possible to report up to 4 other treatment types in addition to the main treatment type).

This information should be recorded at the cessation of a treatment episode.

Person identifier

Each client of an alcohol and other drug treatment agency should be allocated an identifier that is unique within the agency. This will ensure that client unit records can be distinguished from one another. Individual agencies may use their own alphabetic, numeric or alphanumeric coding systems. Agencies will need to inform their relevant health authority of the method they used to derive the identifiers. Agencies are responsible for ensuring that their clients cannot be personally identified outside the agency by the assigned codes (e.g. surnames or mailing addresses should not be used in the codes).

Preferred language

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

The ABS has developed a detailed four-digit language classification of 193 language units, the *Australian Standard Classification of Languages* (ASCL), ABS Cat. No. 1267.0 (see Appendix D). Although it is preferable to use the classification at a four-digit level, the requirements of administrative collections have been recognised and the ABS has developed a classification of 86 languages at a two-digit level from those most frequently spoken in Australia. To date, the classification used for the preferred language data element has been a modified version of the two-digit level ABS classification. (See Appendix B for the full definition and two-digit code list).

In late 2005, the Health Data Standards Committee requested that the AODTS–NMDS collection moves towards collecting *Preferred Language* using the revised ABS *Standard Classification of Languages* 4 digit code list instead of the 1997 ASCL 2-digit code list. In regards to implementing the new languages code set the IGCD AODTS–NMDS Working Group agreed that:

- 2-digit code data for the data item *preferred language* will be collected at the agency level for the collection periods 2005–06 and 2006–07. Each jurisdiction will then recode the 2-digit codes to 4-digit codes (mapping between code lists can be found in Appendix D) before transmitting data to the AIHW.
- 4-digit code data for the data item *preferred language* will be collected at the agency level from 1 July 2007, to feed into the 2007–08 collection period.

Principal drug of concern

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

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

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

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

This information should be collected at assessment or commencement of treatment episode.

For clients whose treatment episode is related to the alcohol or other drug use of another person (i.e. client type code 2), this data element should not be collected and should be coded to Not stated (code 0001).

The following supplementary codes can be used where appropriate:

0000 Inadequately described
0001 Not stated (only to be used where Client type = code 2)
0005 Opioid analgesics nfd
0006 Psychostimulants nfd

Reason for cessation of treatment episode for alcohol and other drugs

This data element describes the reason why a client's treatment episode was ceased.

Given the levels of attrition within alcohol and other drug treatment programs, it is important to identify the range of different reasons for ceasing treatment with a service. This data element was developed to report the main reasons why treatment episodes are closed. Reasons for closing a treatment episode include a change in the principal drug of concern, the treatment delivery setting or the main treatment type.

The full range of coding options is:

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

This information is to be recorded at the cessation of the treatment episode.

Sex

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

1 Male
2 Female.

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

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

Source of referral to alcohol and other drug treatment service

This data element describes the source from which the client was transferred or referred to an alcohol and other drug treatment agency. See the full definition at Appendix B for coding options.

Source of referral is coded as follows:

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

Treatment delivery setting for alcohol and other drugs

This describes the main physical setting in which the type of treatment that is the principal focus of their 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. Only one code should be selected at the end of the alcohol and other drug treatment episode from the following coding options:

1 Non-residential treatment facility

2 Residential treatment facility

3 Home

4 Outreach setting

8 Other.

Agencies should report the setting in which most of the main type of treatment (as reported in Main treatment type for alcohol and other drugs) was received by the client during the treatment episode.

Code 4 Outreach settings, includes treatment provided to a client who is located within a hospital or other inpatient facility, when the hospital is not the treatment establishment.

Treatment provided in correctional facilities should be recorded as code 8.

4.3 Supporting data element concepts

Cessation of treatment episode for alcohol and other drugs

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

Commencement of treatment episode for alcohol and other drugs

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

Service delivery outlet

A service delivery outlet is a site from which an organisation, or sub-unit of an organisation, delivers a health or community service. An organisation may have one or more service delivery outlets.

In the case of the AODTS–NMDS, the service delivery outlet uniquely identifies each outlet of an alcohol and other drug treatment agency within a state or territory. It is required to identify agency sites that conduct treatment episodes, as distinct from administrative centres.

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

Treatment episode for alcohol and other drugs

The decision to adopt a completed treatment episode as the unit of measurement for the national collection requires a supporting data element concept that clearly defines a treatment episode in the context of alcohol and other drug treatment. A treatment episode is defined as the period of contact between a client and a treatment provider or team of treatment providers (with the following caveats):

- it must have a defined date of commencement and cessation;
- during the period of contact there has been no change in:
  - the principal drug of concern
  - the treatment delivery setting
  - the main treatment type; and
- a treatment episode is deemed to have terminated in the event that there has been no (service) contact between the client and the treatment provider/s for a period of three months or more, unless the period of non-contact was planned between the client and the treatment provider.

Given that some clients may receive more than one form of treatment for different drugs of concern and in different settings, it is possible that more than one treatment episode may be in progress for a client at any one time. It is possible for each of these episodes to have different dates of commencement and cessation.

Listed below are some of the circumstances under which a treatment episode is commenced and terminated.

A new treatment episode commences when:

- a new client presents and is assessed/registered for treatment
- a current client's principal drug of concern changes
- a current client's main treatment type changes
- a current client's treatment delivery setting changes (i.e. the client receives their main treatment in a different setting from that applicable to the existing treatment episode)
- a previous client re-presents after not having had contact with the treatment provider for three months or more, unless that period of non-contact was planned between the client and the treatment provider and/or
- a previous client re-presents for treatment after completing a previous treatment plan.

A treatment episode is terminated when:

- a client's treatment plan has been completed
- there has been no contact (i.e. service contact that comprises treatment) between the client and the treatment provider for a period of three months, unless that period of non-contact was planned
- the client's principal drug of concern has changed
- the client's main treatment type has changed
- the treatment delivery setting for the client's main treatment type has changed and/or
- the client's treatment has ceased for other reasons (e.g. imprisoned, ceased treatment against advice or died).

5 Collection procedures and data quality

Chapter 5 provides information on the data collection and transfer process for the 2006–07 collection and include data quality and validation checks. The information contained in these chapters is to be used by jurisdictions to prepare appropriate edit checks for the 2006–07 collection and for the cleaning of the 2006–07 data prior to transmission. It should also be used by jurisdictions to inform their agencies of the type and use of appropriate codes when collecting and collating the 2006–07 AODTS NMDS data.

5.1 Collation of the national data set

The collation of a national data set involves five distinct stages (see Figure 5.1).

1. 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*. Service providers then forward their collected information to the designated health authority for collation. This process will differ across jurisdictions, as service providers in some states/territories are required to forward their data to an area or region coordinator, whereas in other states 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)
2. 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 is then forwarded to the AIHW.
3. At stage three, the AIHW receives the collated Australian Government and state/territory data for validation. When finished validating the data, the AIHW sends an electronic summary validation report to each Australian Government and state/territory health authority (which includes all queries and identified problems with their data relating to checks specified in Tables 5.3 and 5.4) for resolution and clarification.
4. 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 and cross-tabulation tables for final checking.

5. AIHW checks that the changes have been made and the revised frequency and cross-tabulation tables are correct. Australian Government and state and territory health authorities can then sign off their data set (i.e. send an email to AIHW authorising the loading of their data to the national database). The jurisdictional 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.

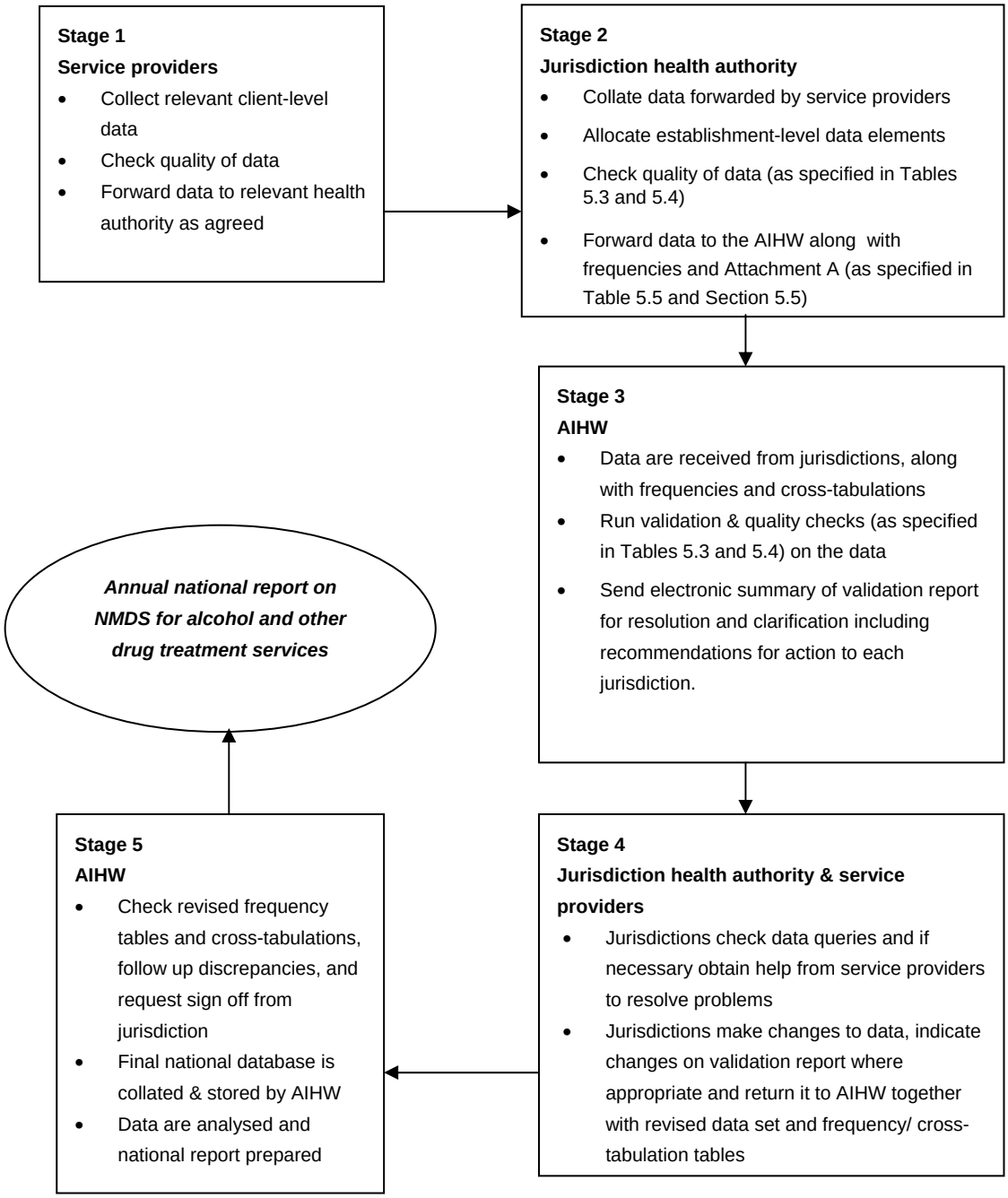

Figure 5.1: The key stages in AODTS–NMDS collection, collating and reporting process

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 scope for 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 2006 to 30 June 2007 will be requested by the AIHW early in the 2007–08 financial year (October 2007). It is expected that Australian Government, state and territory health authorities will aim to supply these data to the AIHW by 31 December 2007. The results of the analysis of these data, at both the national and state/territory levels, will be reported during 2008.

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, 19, 1, 01, 02092001, 03122001, 07, 02, 1, 3201, 0003, , , 2, 4, 2, 8, , , ,

The following file types can be accepted by 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 dataset 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. Chrysanthe Psychogios
  GPO Box 570
  Canberra, ACT, 2601

At the same time, a separate email/letter should be sent to the AIHW AODTS NMDS contact (Chrysanthe Psychogios—see contact details below), advising them of 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 would not be safe without strong encryption.

Please contact Chrysanthe Psychogios at the AIHW for more detailed information in relation to data transfer if necessary (chrysanthe.psychogios@ahw.gov.au, phone: 02 6244 1068).

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

Mandatory data items

The following data items are mandatory data items. Where information is not available to code these data items the record should be excluded. For Principal drug of concern there are two exceptions to this rule: where the Client type is 'Other's drug use' (code 2), the 'not stated' code (0001) should be used); and where the information provided is not sufficient to code to a Principal drug category, the 'inadequately described' code (0000) should be used.

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

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 is 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	NN	1	2
8	Client type—alcohol and other drug treatment services	Numeric code	N	1	1
9	Source of referral to alcohol and other drug treatment services	Numeric code	NN	1	2
10	Date of commencement of treatment episode for alcohol and other drugs	Date	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	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
17b	Other drug of concern (2)	Numeric code	NNNN	1	4
17c	Other drug of concern (3)	Numeric code	NNNN	1	4

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

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

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

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

'XXXXXXXXX',12983476541,1,27011977,1012,3,19,1,5,15082003,03022004,2,1,2,1,2300,4015,,,,2,,,,,

AIHW contacts for further information on file transfer

Ms Chrysanthe Psychogios Functioning and Disability Unit
Phone: (02) 6244 1050
Email: chrysanthe.psychogios@aihw.gov.au

Ms Kate Williams Functioning and Disability Unit
Phone: (02) 6244 1119
Email: kate.williams@aihw.gov.au

5.3 Data quality

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

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

General checks that should be conducted

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

- **Missing agencies**: Jurisdictions should ensure that all agencies within scope of the collection have sent data for the entire collection period.

- **Missing data**: Jurisdictions should investigate missing data to ensure that agencies are reporting all AODTS–NMDS data items. A reasonable attempt should be made to resolve missing data issues, at both an agency level and at the unit record level.
- **Incorrect codes**: Jurisdictions should ensure that agencies use the correct codes for all data items. This may involve mapping codes at the state/territory office before sending data to AIHW. Coding errors that cannot be corrected should be coded to the appropriate default value (e.g. 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, i.e. both upper case or both lower case.
- **Duplicate records**: Jurisdictions should check for duplicate unit records. When records are identified as possible duplicates, the agency should be consulted to ensure that unit records have not been mistakenly submitted on more than one occasion. **The following data items are used by AIHW to check for duplicates**:
  - establishment identifier
  - person identifier
  - state
  - date of birth
  - date of commencement of treatment
  - date of cessation of treatment
  - principal drug of concern
  - main treatment type
  - treatment delivery setting.
- **Reporting period:** The cessation dates of treatment episodes should be checked to ensure that only treatment episodes that closed within the valid reporting period (1 July 2006 to 30 June 2007) are included in the 2006–07 collection.
- **Data inclusion:** Jurisdictions should ensure that data not within scope of the AODTS–NMDS are excluded from the collated data set sent to the AIHW (e.g. methadone or other opioid maintenance pharmacotherapy treatment where there are no main or other treatment types).
- **Establishment identifiers:** Jurisdictions should ensure that establishment identifiers used on the establishment data file are the same as those used on the client data file and that there are the same number of establishments on each file.
- **Geographical location of service delivery outlet:** Jurisdictions should ensure that all geographic location codes begin with a valid state or territory identification number, and are a valid SLA for the period in question. i.e. 2006–07.
- **Client type:** Jurisdictions should ensure that for clients who attend treatment because of another person's drug use (**client type = 2**), the following data elements are coded to Not stated:
  - *Method of use for principal drug of concern* (code 9)
  - *Injecting drug use* (code 9)
  - *Principal drug of concern* (code 0001)
  - *Other drug of concern* (code 0001).

5.4 AIHW validation checks

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

1. **Range checks** are used to ensure that values entered for each data element are within a valid numeric range (see Table 5.4). For example, responses to the data element *Injecting drug use* should only be coded within the range of 1–4 or as 9. A response that does not fall within this range has to be an error. Therefore, range edits should identify incorrect and missing codes.
2. **Logic checks** are used to ensure internal consistency between responses within individual unit records (see Table 5.4). For example, when the response for *Injecting drug use* = 4 (never injected), the response for *Method of use for principal drug of concern* cannot = 3 (injects).

Range checks are performed first then logic checks. AIHW also performs an initial check for duplicate records. A summary report on the findings from the range and logic checks will be sent to each jurisdiction to allow them to resolve invalid/illogical data.

3. AIHW will then check 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.

Once validation issues have been resolved each jurisdiction will send AIHW:

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

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

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

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

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

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

Item no.	Item	Range checks	'Not stated' response	Logic checks for data validation *comments in italics*
1	Establishment identifier	Jurisdiction specified range (as in previous table)	Not permitted	
2	Person identifier	Agency specified range	Not permitted	*This identifier is not unique across agencies but must be unique within an agency.* *The person identifier should not include apostrophes, hyphens, inflections, dashes or spaces.* *The name of the client should not be used as their person identifier*
3	Sex	1 Male 2 Female 9 Not stated	9	
4	Date of birth	ddmmyyyy	01011900	Months with less than 31 days should not have dates of birth recorded as the 31st. No date of birth should be recorded as 30 or 31 February. There should be no dates of birth recorded as 29/02 in a non-leap year. The date of birth should be before the 'date of commencement' and before the 'date of cessation'. Check if 'date of birth' is before 01011905 (excluding 01011900). *There should be no records where the date of birth of a client equates to the client being aged less than 10 years (when age is calculated using the 'date of cessation').*
5	Country of birth	Numeric 4-digit ABS code	0000 invalid 0003 missing	*The ABS Standard Australian Classifications of Countries (ABS cat. no. 1269.0) 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	

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 2-digit ABS code 98 Not stated	98	*The ABS Australian Standard Classification of Languages (ABS cat. no. 1267.0) must be used when coding this item.* *Revised 4-digit language codes will be collected by agencies from 1 July 2007 (i.e. for the 2007–08 collection period)*
8	Client type—alcohol and other drug treatment services	1 Own alcohol or other drug use 2 Other's alcohol or other drug use	Not permitted	Where 'client type' is coded 2, check that main treatment type is not coded 1 (withdrawal management), 3 (rehabilitation) or 4 (pharmacotherapy). If 'client type' is coded 2, check that 'other treatment types 1–4' are not coded 1, 3 or 4. If 'client type' is coded 2, 'principal drug of concern' should be coded 0001.
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 29/02 in a non-leap year. 'Date of commencement' must be a date after 'date of birth'. 'Date of commencement' must be a date before or the same as 'date of cessation'.

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 29/02 in a non-leap year. 'Date of cessation' must fall between 1 July 2006 and 30 June 2007. '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.*

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	
14	Method of use for principal drug of concern	1 Ingests 2 Smokes 3 Injects 4 Sniffs (powder) 5 Inhales (vapour) 6 Other 9 Not stated	9	Where 'method of use' is coded 3, check that 'injecting drug use' is not coded 4.
15	Injecting drug use	1 Last injected three months ago or less 2 Last injected more than three months ago but less than or equal to twelve months ago. 3 Last injected more than twelve months ago. 4 Never injected 9 Not stated	9	Where 'injecting drug use' is coded 4, check that 'method of use' is not coded 3.
16	Principal drug of concern	A numeric 4-digit ABS code	Not permitted	*The ABS Australian Standard Classification of Drugs of Concern (ABS cat. no. 1248.0) must be used to code this item.* Check that the code chosen for 'principal drug of concern' is not the same as a code chosen for 'other drugs of concern 1–5' (with exception of '0001' coded as principal drug of concern and 1st other drug of concern and '9000' – miscellaneous drugs) Where 'principal drug of concern' is coded 0001, then 'client type' should be coded 2.
17	Other drugs of concern (1st)	A numeric 4-digit ABS code	Blank	Check that the code chosen for 'principal drug of concern' is not repeated for other drug of concern 1. *A single client record can not have the same drug code recorded more than once, with the exception of 0001 and 9000.* If 'other drug 1' is coded '0000' or '0001' then other drugs 2–5 must be blank. Where 'client type' is coded 2, 'other drug 1' must be blank.

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*
18	Other drugs of concern (2nd)	A numeric 4-digit ABS code	Blank	*A single client record can not have the same drug code recorded more than once, with the exception of 9000.* Where drug code '0000' or '0001' has been recorded for 'other drug 1' then 'other drug 2' must be blank. If 'other drug 1' is blank, then other drug 2–5 must also be blank.
19	Other drugs of concern (3rd)	A numeric 4-digit ABS code	Blank	*A single client record can not have the same drug code recorded more than once, with the exception of 9000.* Where drug code '0000' or '0001' has been recorded for 'other drug 1' then 'other drug 3' must be blank. If 'other drug 2' is blank, then other drug 3–5 must also be blank.
20	Other drugs of concern (4th)	A numeric 4-digit ABS code	Blank	*A single client record can not have the same drug code recorded more than once, with the exception of 9000.* Where drug code '0000' or '0001' has been recorded for 'other drug 1' then 'other drug 4' must be blank. If 'other drug 3' is blank, then other drug 4–5 must also be blank.
21	Other drugs of concern (5th)	A numeric 4-digit ABS code	Blank	*A single client record can not have the same drug code recorded more than once, with the exception of 9000.* Where drug code '0000' or '0001' 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.
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. *A single client record can not have the same main treatment type code recorded more than once, with the exception of code 5.*

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

Table 5.5: Frequency tables for jurisdiction data sets

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

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

Data element	Output labels
Principal drug of concern *Please use agreed short list*	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) to be used only when Client type = 2 Other drugs (balance of ASCDC codes)
Other drug of concern *Please use agreed short list*	Frequency counts (as above) for each of the five other drugs of concern as separate counts, and in addition, No Other drugs of concern (0003) to be used only for the First Other drug 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 resend their final revised data file to the AIHW. The AIHW will check the revised frequency and cross-tabulation 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 into the national database and analyse it for the national report. The data set held by each jurisdiction will match the data set held by 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.

Time-line for the validation process

Table 5.6 sets out the key features of the annual collection cycle, reflecting a complete 12-month cycle that can re-commence without overlap with the previous year. This is now achievable—with a slight improvement in the dates of first transmission of data to AIHW, a complete, clean data set should be achieved by 18 January 2008.

The time-line for the validation process hinges on the timely supply of the data from jurisdictions. The AIHW has improved their data validation processes and is now able to provide validation reports to jurisdictions within 1 week of receipt of data. On receipt and verification of the revised data set, frequency and cross-tabulation tables from all jurisdictions, 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 2006–07 data

Year 2007		
	Who	**What**
September	Jurisdictions	Jurisdictions to commence process of receiving and cleaning 2006–07 data from agencies
October	AIHW	Formal request for the 2006–07 data to jurisdictions
Nov to Dec	Jurisdictions	Transfer of clean data (2006–07) to the AIHW with file specifications and frequency tables
22 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 2008		
by 18 January	AIHW and jurisdictions	Sign-off provided by jurisdictions for final loading of data. 2006–07 national AODTS NMDS database compiled and ready for analysis
January	AIHW	Begin analysis of the 2006–07 AODTS–NMDS annual report
February	AIHW	Draft of 2007–08 Guidelines circulated to jurisdictions for feedback
	Jurisdictions	Send comments to AIHW on 2007–08 Guidelines
March	AIHW and jurisdictions	First draft of 2006–07 national report and national bulletin circulated to jurisdictions for comment
	AIHW	2007–08 Guidelines placed on AIHW web site
April	AIHW	Final draft of 2006–07 national report and national bulletin circulated for comments and final editing
June	AIHW	Release of 2006–07 national report and bulletin
July	AIHW	Release of 2006–07 state/territory briefings and datacubes

Collection output

The AIHW is responsible for producing:

- a comprehensive annual report on the AODTS–NMDS
- a national bulletin (generally 12 pages) which highlights the main findings of the full annual report
- a State/Territory briefing, highlighting relevant findings at a more local level, for each interested jurisdiction
- interactive on-line 'data cubes', available on the AIHW web site (www.aihw.gov.au).

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

All printed reports are available in both hard copy and electronic form (PDF format) via the Institute's web site (www.aihw.gov.au).

Future data development

Development of the AODTS–NMDS will be directed by the requirements of the National Drug Strategic Framework 2004–05 to 2009–10, the IGCD AODTS–NMDS Strategic Plan 2003-04 to 2006-07, the IGCD and the IGCD AODTS–NMDS WG. For the 2004–05 to 2006–07 collections the emphasis is on consolidating the existing AODTS NMDS. Enhancements to existing data elements may include refining data definitions and data domains, and modifying the directions in the 'guide for use' sections etc, as stakeholders identify problems. Future development will include amending existing data elements and formulating new data elements when the need arises. During 2006, the AIHW, in conjunction with the Working Group for the National Opioid Pharmacotherapy Statistics Annual Data (NOPSDA) collection will be working towards improving the collection and reporting of opioid maintenance pharmacotherapy treatment data. The NOPSAD data together with those from the AODTS–NMDS will provide a fuller picture of alcohol and other drug treatment services in Australia.

5.5 'Attachment A'

Documentation of 2006–07 alcohol and other drug treatment services data

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE AIHW WITH YOUR 2006–07 DATA.

Instructions

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

Also, please indicate if you have not provided data for any of the data elements requested.

Please insert the state/territory name in the box below:

Specific details about the data supplied

Format of data

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

[ ] Flat file – comma separated variable length records (CSV)*

[ ] Flat file – fixed length records with data items identified by position

[ ] SAS file – SAS transport file

[ ] SAS file – PC SAS file

[ ] MS Access file

[ ] MS Excel file

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

* This is the AIHW preferred format

Any other comments?

Establishment data file

List of agencies/establishments included in 2006–07 collection

It is important for the AIHW to know whether the list of agencies contributing data for the 2006–07 collection has changed from the 2005–06 collection.

The AIHW would like each jurisdiction to insert or attach a list of establishments/agencies (including establishment number and the name of the agency) that have contributed data for the 2006–07 collection.

Please indicate any agencies that are new to the collection (i.e. were not included in the 2005–06 collection) or have changed their establishment number or agency name from the previous year.

It is very important that the AIHW is informed of any agencies within scope for the collection that have not provided any data for the 2006–07 period, or that were not able to provide data for the entire collection period.

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

Any other comments?

File positions of variables

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

1. Are these positions correct?

   Yes [ ]

   No [ ]

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

National standards

2. Has the correct national standard been used for all establishment-level data elements?

   Yes [ ]

   No [ ]

If not, please provide details.

Specific questions

3a. Are *Establishment identifiers* stable, unique identifiers for your state/territory?

If not, how are records uniquely identified by your state/territory?

3b. Do you have unique *Establishment identifiers* for each *Service delivery outlet*? *Service delivery outlet* refers to the **site** from which an organisation, or sub-unit of an organisation, delivers a health/community service. That is, agency sites that conduct treatment as distinct from administrative centres. Accordingly, each site should have a unique *Establishment identifier*. The Establishment number comprises the last 5 digits of the *Establishment identifier* and provides space for the *Service delivery outlet* number.

3c. Do you have any comments on *Service delivery outlet*?

4. Please ensure that the code used for your State/territory identifier, corresponds to the correct code as shown below.

NMDS Code	NMDS Description
1	New South Wales
2	Victoria
3	Queensland
4	South Australia
5	Western Australia
6	Tasmania
7	Northern Territory
8	Australian Capital Territory
9	Other territories

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

State/territory region code	Name of region

6. For the item *Geographical location of service delivery outlet*, has the Australian Standard Geographical Classification (ASGC) ABS. cat. no. 1216.0 (2004) been used?

Yes [ ]

No [ ]

If not, what standard has been used?

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

Any other comments?

Episode data file

File positions of variables

File position	Variable name
1	Establishment identifier
2	Person identifier
3	Sex
4	Date of Birth
5	Country of birth
6	Indigenous status
7	Preferred language
8	Client type
9	Source of referral to alcohol & other drug treatment service
10	Date of commencement of treatment episode
11	Date of cessation of treatment episode
12	Reason for cessation of treatment episode
13	Treatment delivery setting for alcohol and other drugs
14	Method of use for principal drug of concern
15	Injecting drug use
16	Principal drug of concern
17	Other drug of concern (1)
18	Other drug of concern (2)
19	Other drug of concern (3)
20	Other drug of concern (4)
21	Other drug of concern (5)
22	Main treatment type for alcohol and other drugs
23	Other treatment type (1)
24	Other treatment type (2)
25	Other treatment type (3)
26	Other treatment type (4)

7. Are these positions correct?

Yes [ ]

No [ ]

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

National standards

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

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

Yes [ ]

No [ ]

If not, please provide details, including details of any Not applicable codes used, what code has been used and for which data items.

Specific questions

9. Is the *Person identifier* maintained for individuals when they re-register for treatment? If so, does this apply only within individual agencies or throughout the state/territory? Will the identifiers continue to be used in following years? (That is, will it be possible to identify new episodes recorded for the same clients as registered in 2006–07?).

10. When *Date of birth* was not available, has an estimate date been provided? If so, please provide detail about how estimates are derived.

11. Has *Country of birth* been coded according to the Standard Australian Classification of Countries (SACC) ABS. cat. no. 1269.0 (1998)? If not, please document what standard has been used? If a select short list of most common countries has been used, please provide this list and the respective coding used.

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

13. If, for any reason, any of the following variables have not been coded in accordance with the 2006–07 Guidelines standard please indicate which variable (s) and what alternative coding method has been used.

- *Preferred language*
- *Client type*
- *Source of referral to alcohol and other drug treatment service*
- *Reason for cessation*
- *Method of use*
- *Injecting drug use*
- *Principal drug of concern*
- *Main treatment type*

14. As *Other drug of concern* is a multiple response variable, it is important that you indicate the maximum number of responses possible for each client. That is, how many other drugs can be recorded for each client (e.g. 1–5 or more than 5?)? If a CSV file has been sent, you must indicate the number of commas (positions) that have been allocated for this variable on each unit record. Note: code 0003 (no *Other drug of concern*) should only be used for the first *Other drug of concern*.

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

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

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

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

19. When *Client type* = Other's drug use (code 2) have the following data items been coded to Not Stated: *Method of use for principal drug of concern* (code 9), *Injecting drug use* (code 9), *Principal drug of concern* (code 0001), and *Other drug of concern* (code 0001)?

Additional comments?

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

6 Privacy and confidentiality of data

6.1 Privacy—an introduction

Privacy and confidentiality must be considered whenever data about individuals, service provider organisations or funding departments are collected or disseminated. Privacy legislation is concerned with the handling of personal information. Personal information includes an opinion, whether true or not, no matter how it is recorded, about an individual whose identity is apparent, or can reasonably be ascertained from the information or opinion.

The *Privacy Act 1988* (the Act) requires Australian Government public agencies to comply with specific standards when handling personal information. Australian Government agencies include Ministers, Departments, the Australian Federal Police, the Federal Court etc. The Act also applies to Australian Capital Territory government agencies. The standards for the handling of personal information by Australian Government agencies are contained in the 11 Information Privacy Principles (IPPs) in the Act.

The *Privacy Amendment Act*, *2000* came into operation on 21 December 2000. It introduced similar provisions for private sector organisations which, from 21 December 2001, also have to comply with personal information standards. For private sector agencies, 10 National Privacy Principles (NPPs) generally apply. Or, a private sector organisation may be subject to an Industry Approved Privacy Code, which must deliver a level of protection no less than that provided by the NPPs.

There are also special requirements in respect of 'sensitive information' and 'health information' (which is both sensitive and personal). See Appendix F for the full listing of the IPPs and NPPs.

Some states and territories also have legislation governing the handling of different types of personal, health or sensitive information.

Summary of requirements for Australian Government agencies (IPPs) and private organisations (NPPs)

The IPPs and NPPs set out rules relating to the collection, use and disclosure, storage and handling, quality and security of personal information by Australian Government agencies and private sector organisations.

The IPPs and NPPs give individuals the right to ascertain what information an agency holds about them and the right to ensure the information is accurate.

The IPPs and NPPs can be summarised by three basic principles:

1. Agencies/organisations must tell people what information they are collecting and what they will do with it (i.e. the purpose and uses of that collection).
2. Whenever possible, agencies/organisations should get an individual's consent or give them an opportunity to 'opt out' before collecting, using or disclosing information about them.
3. Agencies/organisations should give people confidence that they respect their personal information and will treat it accordingly.

6.2 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 Act. 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 people.
- 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 web site.
- 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:
http://www.aihw.gov.au/committees/ethics/index.html.

Data Custodians at the AIHW

(Taken from *Guidelines for custody of AIHW data* document)

Whilst all staff at the AIHW share responsibility for maintaining the security of AIHW data, data custodians have overall responsibility for the security of specified data collections. Once the *data custodian delegation* instrument is signed, the custodians assume the responsibility of the director in regard to the data in their custody. The relevant unit head is given the responsibility of data custodian. The custodianship is vested in a position rather than a named person.

Data Custodians ensure that data holdings within their unit are properly documented, maintained and controlled, and ensure an appropriate level of consultation with other units regarding the data resources within the Institute. This includes responsibility for:

- Recognising and abiding by all limitations placed on data.
- Maintaining up-to-date documentation, including Data catalogue entries, of the content and format of the data holding and of the constraints applying to its use and/or release.
- Authorising and recording users of the data within the AIHW, and providing advice and assistance to new users on any constraints which apply.
- Assisting potential users wishing to access identifiable data in the preparation of their proposals for submission to the Health and Welfare Ethics Committees (see *Guidelines for the preparation of submissions for ethical clearance*).
- Following Ethics Committee approval, arranging for the secure transfer of data to recipients in accordance with constraints imposed regarding the use of data. Working with the Ethics Committee Secretariat with their monitoring processes.
- Ensuring, when required, the appropriate destruction (or return to the original information provider) of the data holding.

7 Data release guidelines for the Alcohol and Other Drug Treatment Services NMDS

7.1 Purpose

This document outlines the process to be followed by the AIHW upon receipt of data requests for the AODTS–NMDS collections. Data for 2000–01, 2001–02, 2002–03, 2003–04 are currently available and data for 2004–05 will be available from mid 2006. This document is for the information of AIHW staff, IGCD AODTS–NMDS WG 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 (AODTS NMDS). 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. The section on *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. The section on *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 Summary of unpublished data access options

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 can be 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. For data containing information on 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 AIHW Ethics Committee (**Attachment 2 to be completed by researcher**). This is a more useful option for those planning to spend a long time in doing multiple analyses.

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 document. They are also in the *Alcohol and other drug treatment services NMDS specifications 2006–07: Data dictionary, collection guidelines and validation processes*.

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 web site or in the electronic datacubes also on the AIHW web site (http://www.aihw.gov.au/drugs/index.html). The most recent publications for the NMDS available are:

- Alcohol and other drug treatment services in Australia 2003–04: Report on the National Minimum Data Set
- Alcohol and other drug treatment services in Australia: Findings from the National Minimum Data Set 2003–04
- State and Territory data briefings from the National Minimum Data Set 2003–04.

Requests for published data will be directed to the relevant publication.

Unpublished data

Release of summarised national data

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

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

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

- A potential researcher must make a formal request for access to the Alcohol and Other Drug National Minimum Data Set **(Attachment 1 to be completed by researcher).**
- If the request is for access to unit records from more than one jurisdiction, the request for access form is then forwarded to all relevant jurisdictions for approval. If approved by all relevant jurisdictions the researcher will then be required to sign the AIHW confidentiality undertaking signed by all AIHW staff.
- Every request for access to unit record data in the national database must receive 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 two weeks before a meeting. Deadlines for submissions are available from the following link: http://www.aihw.gov.au/committees/ethics/index.html

7.6 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. Currently, 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%.
- 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.

7.7 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 on p. 60).

Release of summarised state and/or territory data

- Requests for tables of summarised state and/or territory data should be referred to the respective jurisdiction (see contact list on p.60). The jurisdiction will either provide the client with the data or forward the request to AIHW where AIHW processes will apply eg. **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 not releasing data of cell size 2 or less (or 3 or less if one entity comprises the bulk) 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 on p.60). The request may be fulfilled by the jurisdiction/s, or it may be referred to the AIHW where AIHW processes will apply eg. **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 Ethic's committee approval. **Attachment 2 to be completed by researcher.**

7.8 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:

- **Clients of Alcohol and Other Treatment Services Census 2001** and **Illicit Drug Reporting System**
  (NDARC) (02) 9385 0333
  National Drug and Alcohol Research Centre
- **National Opioid pharmacotherapy Statistics Annual Data Collection**
  (AIHW) Chrysanthe Psychogios (02) 6244 1068
  Australian Institute of Health and Welfare
- **National Drug Strategy Household Survey**
  (AIHW) Mark Cooper-Stanbury (02) 6289 7027
  Australian Institute of Health and Welfare

ATTACHMENT 1: Requests for release of AODTS NMDS unpublished state/territory data or access to national database

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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
Judith Burgess	NSW	JBURG@doh.health.nsw.gov.au	(02) 9391 9220
Karen Faunt	VIC	karen.faunt@dhs.vic.gov.au	(03) 9637 5971
Karen Wolanski	QLD	Karen.Wolanski@health.qld.gov.au	(07) 3234 1698
Anne Bartu	WA	anne.bartu@health.wa.gov.au	(08) 9370 0333
Richard Cooke	SA	Cooke.Richard@saugov.sa.gov.au	(08) 8274 3385
Andrew Foskett	TAS	andrew.foskett@dhhs.tas.gov.au	(03) 6216 4266
Tracey Andrews	ACT	tracey.andrews@act.gov.au	(02) 6207 9100
Tania Karjaluoto	NT	tania.karjaluoto@nt.gov.au	(08) 8999 2692
Rita Jensen	Australian Government	rita.jensen@health.gov.au	(02) 6289 4657

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

Date:

Reference Number: 2006-

Sender: Ros Madden
Functioning and Disability Unit
Australian Institute of Health and Welfare

Contact phone: 02 6244 1189
Contact fax: 02 6244 1069
Email: ros.madden@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,

Ros Madden

REQUEST FOR ACCESS TO ALCOHOL AND OTHER DRUG TREATMENT SERVICES NMDS

Reference number: 2006 -

Requestor:

Reason data required:

Proposed use/dissemination of data:

Data requested (table specifications):

Date data required:

Custodian response:

Please indicate your action to the above request:

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

Conditions:

Comments:

Name:

State/territory:

Signature: **Date:**

Please email completed form to: ros.madden@aihw.gov.au

DATA SPECIFICATIONS FOR INFORMATION REQUESTS:

Job Number: 2006 –

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

Data set Year**:** 2000–01, 2001–02, 2002–03, 2003–04

Additional comments:

ATTACHMENT 2: 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 (telephone 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 home page (http//www.hreoc.gov.au/hreoc/). 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. The Undertaking

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

WHEREAS:

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

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

NOW I, _____

Full name and position of Responsible Officer

in the _____

Name of Department or Organisation

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

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

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Appendix A: IGCD AODTS–NMDS Working Group contact list

(As at March 2006. Please note that these contacts are subject to changes).

Australian Institute of Health and Welfare

Ms Ros Madden Head Functioning and Disability Unit	Phone: (02) 6244 1189 Email: ros.madden@aihw.gov.au
Ms Chrysanthe Psychogios (Secretariat) Team Leader Functioning and Disability Unit	Phone: (02) 6244 1068 Email: chrysanthe.psychogios@aihw.gov.au
Ms Kate Williams (Secretariat) Functioning and Disability Unit	Phone: (02) 6244 1119 Email: kate.williams@aihw.gov.au

Australian Government Department of Health and Ageing

Ms Karen Price Director Research, Data and Policy Development Section	Phone: (02) 6289 8725 Email: karen.price@health.gov.au
Ms Rita Jensen Illicit Drugs Section	Phone: (02) 6289 4657 Email: rita.jensen@health.gov.au
Ms Michael Power Illicit Drugs Section	Phone: (02) 6289 7451 Email: michael.power@health.gov.au

New South Wales—Department of Health

Ms Judith Burgess Manager Performance Management & Planning Centre for Drug and Alcohol	Phone: (02) 9391 9220 Email: JBURG@doh.health.nsw.gov.au

Victoria—Department of Human Services

Ms Karen Faunt Information Analyst Drug Policy & Services Branch	Phone: (03) 9637 5971 Email: karen.faunt@dhs.vic.gov.au

Queensland—Department of Health

Ms Karen Wolanski Senior Advisor–Quality and Standards Alcohol, Tobacco and Other Drug Services	Phone: (07) 3234 1698 Email: Karen.Wolanski@health.qld.gov.au

Western Australia—Health Department

Dr Anne Bartu Principal research officer Drug and Alcohol Office	Phone: (08) 9370 0333 Email: anne.bartu@health.wa.gov.au

South Australia—Drug and Alcohol Services Council

Mr Richard Cooke (Chair)
Senior Evaluation Officer
Drug and Alcohol Services Council
Phone: (08) 8274 3385
Email: Cooke.Richard@saugov.sa.gov.au

Tasmania—Department of Health and Human Services

Mr Andrew Foskett
Business Manager
Alcohol and Drug Service
Phone: (03) 6216 4266
Email: andrew.foskett@dchs.tas.gov.au

Northern Territory— Department of Health and Community Services

Ms Tania Karjaluoto
NT Dept of Health
Phone: (08) 8999 2692
Email: Tania.Karjaluoto@nt.gov.au

Australian Capital Territory—ACT Health

Ms Tracey Andrews
Drug and Policy Unit
Phone: (02) 6207 9100
Email: tracey.andrews@act.gov.au

National Drug and Alcohol Research Centre, University of New South Wales

Dr Jan Copeland
Senior Lecturer
Phone: (02) 9385 0231
Email: j.copeland@unsw.edu.au

Australian Bureau of Statistics

Mr John Sant
Assistant Director
Population Statistics Standards
Phone: (02) 6252 5717
Email: john.sant@abs.gov.au

Appendix B: Data definition—NHDD extracts

The detailed data definitions for the data elements of the NMDS for alcohol and other drug treatment services are published in the *National health data dictionary* and are accessible electronically via the AIHW online metadata repository (METeOR) at: <http://meteor.aihw.gov.au>

Client type – alcohol and other drug treatment services

Admin. status: CURRENT 1/07/2003

Identifying and definitional attributes

Knowledgebase ID: 000426 *Version number:* 3

Data element type: DATA ELEMENT

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.

Context: Alcohol and other drug treatment services. 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.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout*: N

Data domain:

1 Own alcohol or other drug use

2 Other's alcohol or other drug use

Guide for use:

Code 1 A client who receives treatment or assistance concerning their own alcohol and/or other drug use.

Code 2 A client who receives support and/or assistance in relation to the alcohol and/or other drug use of another person.

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 to 1.

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

For clients covered under code 2, exclude the collection of the following data elements: Principal drug of concern, Other drugs of concern, Injecting drug use and Method of use for principal drug of concern.

Related data:

Qualifies the data elements:

Principal drug of concern, version 2

Other drugs of concern, version 2

Injecting drug use, version 2

Method of use for principal drug of concern, version 1

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2003

Country of birth

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

NHIK identifier: 000035 *Version number*: 3

Data element type: DATA ELEMENT

Definition: The country in which the person was born.

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

Relational and representational attributes

Data type: Numeric *Field size*: Min. 4 Max. 4 *Layout:* NNNN

Data domain: *Standard Australian Classification of Countries* (SACC) Four-digit (individual country) level. ABS Cat. No. 1269.0 (1998).

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

Related data: Supersedes previous data element Country of birth, version 2.

Administrative attributes

Source document: ABS Cat. No. 1269.0 (1998)

Source organisation: Australian Bureau of Statistics

National minimum data sets:

Admitted patient care	from 1/07/2001
Admitted patient mental health care	from 1/07/2001
Admitted patient palliative care	from 1/07/2000
Alcohol and other drug treatment services	from 1/07/2001
Community mental health care	from 1/07/2001
Perinatal	from 1/07/1997

Date of birth

Admin. status: CURRENT 1/07/1994

Identifying and definitional attributes

NHIK identifier: 000036 *Version number:* 3

Data element type: DATA ELEMENT

Definition: The date of birth of the person.

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

Perinatal data collections require the collection of the date of birth for the mother and the baby(s).

Relational and representational attributes

Data type: Numeric *Field size*: Min. 8 Max. 8 *Layout*: DDMMYYYY

Data domain: Valid dates

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

Verification rules: For the provision of state and territory hospital data to Australian Government agencies this field must:

– be less than or equal to Admission date, otherwise resulting in a fatal error

– not be null

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

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

Data collection systems must be able to differentiate between the date of birth of the mother and the baby(s). This is important in the Perinatal data collection as the date of birth of the baby is used to determine the antenatal length of stay and the postnatal length of stay.

Related data: Supersedes previous data element Date of birth, version 2

Is used in the derivation of Diagnosis Related Group, version 1

Is used in the calculation of Length of stay (postnatal), version 1

Is used in the calculation of Length of stay (antenatal), version 1

Administrative attributes

Source organisation: National Health Data Committee

National minimum data sets:

Admitted patient care	from 1/07/2000
Health labourforce	from 1/07/1989
Admitted patient mental health care	from 1/07/2000
Perinatal	from 1/07/1997
Community mental health care	from 1/07/2000
Admitted patient palliative care	from 1/07/2000
Alcohol and other drug treatment services	from 1/07/2000

Date of cessation of treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000424 *Version number:* 2

Data element type: DATA ELEMENT

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

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

Relational and representational attributes

Data type: Numeric *Field size:* Min. 8 Max. 8 *Layout:* DDMMYYYY

Data domain: Valid dates

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

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

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

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

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

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

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

Date of commencement of treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000430 *Version number:* 2

Data element type: DATA ELEMENT

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

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

Relational and representational attributes

Data type: Numeric *Field size:* Min. 8 Max. 8 *Layout:* DDMMYYYY

Data domain: Valid dates

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

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

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

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

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

Establishment identifier

Admin. status: CURRENT 1/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000050 *Version number*: 3

Data element type: COMPOSITE ELEMENT

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

Context: Admitted patient care

Admitted patient palliative care

Admitted patient mental health care

Alcohol and other drug treatment services

Community mental health care

Community mental health establishments

Perinatal

Public hospital establishments.

Relational and representational attributes

Data type: Alphanumeric *Field size*: Min. 8 Max. 9 *Layout*: NNAANNNNN

Data domain: Concatenation of:

N – State/territory identifier

N – Establishment sector

AA – Region code

NNNNN – Establishment number

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

Related data: Is composed of State/territory identifier, version 3

Is composed of Establishment sector, version 3

Is composed of Region code, version 2

Is composed of Establishment number, version 3

Supersedes previous data element Establishment identifier, version 2.

Administrative attributes

Source organisation: National Health Data Committee

National minimum data sets:

Public hospital establishments	from 1/07/1997
Admitted patient care	from 1/07/1997
Admitted patient mental health care	from 1/07/1997
Perinatal	from 1/07/1997
Community mental health care	from 1/07/1998
Community mental health establishments	from 1/07/1998
Admitted patient palliative care	from 1/07/2000
Alcohol and other drug treatment services	from 1/07/2000

Comments:

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

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

Establishment number

Admin. status: CURRENT 1/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000377 *Version number:* 3

Data element type: DATA ELEMENT

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

Context: Admitted patient care:
Admitted patient palliative care
Admitted patient mental health care
Alcohol and other drug treatment services
Emergency department waiting times
Perinatal
Public hospital establishments.

Relational and representational attributes

Data type: Numeric *Field size*: Min. 5 Max. 5 *Layout:* NNNNN

Data domain: Valid establishment number

Related data: Is a composite part of Establishment identifier, version 3
Supersedes Establishment number, version 2.

Administrative attributes

National minimum data sets:

Public hospital establishments	from 1/07/1989
Admitted patient care	from 1/07/1989
Admitted patient mental health care	from 1/07/1997
Perinatal	from 1/07/1997
Emergency Department waiting times	from 1/07/1999
Alcohol and other drug treatment services	from 1/07/2000
Elective surgery waiting times	from 1/07/2001

Comments:

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

Establishment sector

Admin. status: CURRENT 14/11/2003

Identifying and definitional attributes

Knowledgebase ID: 000379 *Version number:* 4

Data element type: DATA ELEMENT

Definition: A section of the health care industry.

Context: Public hospital establishments and admitted patient care.

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:
1 Public
2 Private

Guide for use: Alcohol and other drug treatment services NMDS:

In the Alcohol and other drug treatment services national minimum data set, this data element is used to differentiate between establishments run by the government sector (uses code 1) and establishments that receive some government funding but are run by the non-government sector (uses code 2).

Code 1 is to be used when the establishment:

operates from the public accounts of a Australian Government, 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 in the AODTS NMDS 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.

Related data: Relates to Hospital, version 1

Is a composite part of Establishment identifier, version 3

Supersedes Establishment sector, version 2.

Administrative attributes

National minimum data sets:

Admitted patient care	from 1/07/2000
Admitted patient mental health care	from 1/07/2000
Alcohol and other drug treatment services	from 1/07/2001
Elective surgery waiting times	from 1/07/2001
Perinatal	from 1/07/1997
Public hospital establishments	from 1/07/2000

Geographical location of service delivery outlet

Admin. status: NEW 1/07/2003

Identifying and definitional attributes

Knowledgebase ID: 000823 *Version number*: 1

Data element type: COMPOSITE DATA ELEMENT

Definition: Geographical location of a site from which a health/community service is delivered.

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

Relational and representational attributes

Data type: Numeric *Field size*: Min. 5 Max. 5 *Layout:* NNNNN

Data domain: The geographical location of the service delivery outlet 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 (ABS Cat. No. 1216.0). Composite of State identifier and SLA (first digit = State identifier, next four digits = SLA) for service delivery outlet.

Guide for use: The *Australian Standard Geographical Classification* (ASGC) is updated on an annual basis with a date of effect of 1 July each year. Therefore, the edition effective for the data collection reference year should be used.

The Australian Bureau of Statistics' National Localities Index (NLI) can be used to assign each locality or address in Australia to an SLA. The NLI is a comprehensive list of localities in Australia with their full code (including SLA) from the main structure of the ASGC.

For the majority of localities, the locality name (suburb or town, for example) is sufficient to assign an SLA. However, some localities have the same name. For most of these, limited additional information such as the postcode or state can be used with the locality name to assign the SLA.

In addition, other localities cross one or more SLA boundaries and are referred to as split localities. For these, the more detailed information of the number and street of the establishment is used with the Streets Sub-index of the NLI to assign the SLA.

Related data: Is composed of the SLA and State identifier, version 2

Relates to Service delivery outlet, version 1.

Indigenous status

Admin. status: CURRENT 1/07/2003

Identifying and definitional attributes

Knowledgebase ID: 000001 *Version number*: 4

Data element type: DATA ELEMENT

Definition: Indigenous status is a measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin. This is in accord with the first two of three components of the Australian Government definition. See (Comments) for the Australian Government definition.

Context: Australia's Aboriginal and Torres Strait Islander peoples occupy a unique place in Australian society and culture. In the current climate of reconciliation, accurate and consistent statistics about Aboriginal and Torres Strait Islander peoples are needed in order to plan, promote and deliver essential services, to monitor changes in wellbeing and to account for government expenditure in this area.

The purpose of this data element is to provide information about people who identify as being of Aboriginal or Torres Strait Islander origin. Agencies wishing to determine the eligibility of individuals for particular benefits, services or rights will need to make their own judgements about the suitability of the standard measure for these purposes, having regard to the specific eligibility criteria for the program concerned.

Relational and representational attributes

Data type: Numeric *Field size*: Min. 1 Max. 1 *Layout:* N

Data domain:

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

Guide for use: This data element 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 web site as indicated below in the Source document section.

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

Guide for use (continued):

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.

Collection methods:

The standard question for Indigenous status is as follows:

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

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

No.....□

Yes, Aboriginal.....□

Yes, Torres Strait Islander.....□

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

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

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

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 concerned.

Administrative attributes

Source document: Available on the ABS web site. From the ABS Home page (www.abs.gov.au) select: About Statistics/About Statistical Collections (Concepts & Classifications) /Other ABS Statistical Standards/Standards for Social Labour and Demographic Variables/Cultural Diversity Variables/Indigenous Status.

Source organisation: Australian Bureau of Statistics

National minimum data sets:

Admitted patient care	from	1/07/2003
Admitted patient mental health care	from	1/07/2003
Perinatal	from	1/07/2003
Community mental health care	from	1/07/2003
Admitted patient palliative care	from	1/07/2003
Alcohol and other drug treatment services	from	1/07/2003
Non-admitted patient emergency department care	from	1/07/2003

Comments: The following definition, commonly known as 'The Australian Government 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 Australian Government Definition:

- descent
- self-identification
- 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.

Injecting drug use status

Admin. status: CURRENT 1/07/2003

Identifying and definitional attributes

Knowledgebase ID: 000432 *Version number*: 2

Data element type: DATA ELEMENT

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

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

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

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

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 data element should not be collected.

Related data: Relates to Principal drug of concern, version 2

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

Relates to Other drugs of concern, version 2

Is qualified by Client type—alcohol and other drug treatment services, version 3.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2003 to

Comments:

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

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

Main treatment type for alcohol and other drugs

Admin. status: CURRENT 14/11/2003

Identifying and definitional attributes

Knowledgebase ID: 000639 *Version number*: 1

Data element type: DATA ELEMENT

Definition: The main activity determined at assessment by the treatment provider to treat the client's alcohol and/or drug problem for the principal drug of concern.

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

Relational and representational attributes

Data type: Numeric *Field size*: Min 1 Max. 1 *Layout:* N

Data domain:

1 Withdrawal management (detoxification)

2 Counselling

3 Rehabilitation

4 Pharmacotherapy

5 Support and case management only

6 Information and education only

7 Assessment only

8 Other

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

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

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

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

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

Code 3 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.

Guide for use (continued):

Code 4 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 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 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 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.

Collection methods: Only one code to be selected.

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

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

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

Method of use for principal drug of concern

Admin. status: CURRENT 1/07/2000

Identifying and definitional attributes

Knowledgebase ID: 000433 *Version number*: 1

Data element type: DATA ELEMENT

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

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

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

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

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

Collection methods: Collect only for Principal drug of concern.

To be collected on commencement of treatment with a service.

Related data: Relates to Principal drug of concern, version 2

Relates to Injecting drug use, version 2.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

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

Other drug of concern

Admin. status: CURRENT 14/11/2003

Identifying and definitional attributes

Knowledgebase ID: 000442 *Version number*: 3

Data element type: DATA ELEMENT

Definition: A drug apart from the Principal drug of concern which the client states as being a concern.

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

Relational and representational attributes

Data type: Numeric *Field size*: Min.4 Max. 4 *Layout:* NNNN

Data domain: The Australian Standard Classification of Drugs of Concern (ASCDC). ABS Cat No. 1248.0 (2000). (Plus 2 supplementary codes: code 0005 'opioid analgesics nfd' and code 0006 'psychostimulants nfd'.)

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.

The ASCDC provides a number of supplementary codes that have specific uses and these are detailed within the ASCDC eg. 0000 = inadequately described.

Other supplementary codes that are not already specified in the ASCDC may be used in NMDS's when required. In the AODTS 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' (nfd) 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 nfd' 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.

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

Collection methods: More than one drug may be selected.

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 data element should not be collected.

Related data: Relates to Principal drug of concern, version 3.

Is qualified by Client type—alcohol and other drug treatment services, version 3.

Relates to Other treatment type for alcohol and other drugs, version 1.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2004

Other treatment type for alcohol and other drugs

Admin. status: CURRENT 14/11/2003

Identifying and definitional attributes

Knowledgebase ID: 000642 *Version number*: 1

Data element type: DATA ELEMENT

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

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

Relational and representational attributes

Data type: Numeric *Field size:* Min 1 Max. 1 *Layout:* N

Data domain:

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

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.

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

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

Code 3 refers to an intensive treatment program that integrates a range of services and therapeutic activities that may include 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 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.

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

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

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

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

Person identifier

Admin. status: CURRENT 1/07/1989

Identifying and definitional attributes

Knowledgebase ID: 000127 *Version number*: 1

Data element type: DATA ELEMENT

Definition: Person identifier unique within establishment or agency.

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

Relational and representational attributes

Data type: Alphanumeric *Field size:* Min. Max. *Layout:* Optional

Data domain: Valid patient identification number

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

Administrative attributes

Source organisation: National minimum data set working parties

National minimum data sets:

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

Comments:

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

Preferred language

Admin. status: CURRENT 1/07/1998

Identifying and definitional attributes

Knowledgebase ID: 000132 *Version number*: 2

Data element type: DATA ELEMENT

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

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

Relational and representational attributes

Data type: Numeric *Field size:* Min. 2 Max. 2 *Layout:* NN

Data domain:

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

Data domain (continued):

35	Irish
36	Italian
37	Japanese
38	Kannada
39	Khmer
40	Korean
41	Kriol
42	Kuurinji (Gurindji)
43	Lao
44	Latvian
45	Lithuanian
46	Macedonian
47	Malay
48	Maltese
49	Mandarin
50	Mauritian Creole
51	Netherlandic
52	Norwegian
53	Persian
54	Pintupi
55	Pitjantjatjara
56	Polish
57	Portuguese
58	Punjabi
59	Romanian
60	Russian
61	Samoan
62	Serbian
63	Sinhalese
64	Slovak
65	Slovene
66	Somali
67	Spanish
68	Swahili
69	Swedish
70	Tagalog (Filipino)
71	Tamil
72	Telugu
73	Teochew
74	Thai
75	Timorese
76	Tiwi
77	Tongan
78	Turkish
79	Ukrainian
80	Urdu
81	Vietnamese
82	Walmajarri (Walmadjari)
83	Warlpiri
84	Welsh
85	Wik-Mungkan
86	Yiddish
95	Other languages, nfd
96	Inadequately described
97	Non verbal, so described (including sign languages
98	Not stated

Guide for use: The classification used in this data element is a modified version of the two-digit level *Australian Standard Classification of Languages* (ABS) classification.

All non-verbal means of communication, including sign languages, are to be coded to 97.

Code 96 should be used where some information, but insufficient, is provided.

Code 98 is to be used when no information is provided.

All Australian Indigenous languages not shown separately on the code list are to be coded to 07.

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

Related data: Supersedes previous Preferred language, version 1.

Administrative attributes

Source document: *Australian Standard Classification of Languages*, (ASCL), ABS Cat. No. 1267.0

Source organisation: NHDC, Australian Bureau of Statistics

National minimum data sets:

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

Comments:

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

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

In late 2005, the Health Data Standards Committee requested that the AODTS–NMDS collection moves towards collecting *Preferred Language* using the revised ABS *Standard Classification of Languages* 4 digit code list instead of the 1997 ASCL 2-digit code list. In regards to implementing the new languages code set the IGCD AODTS–NMDS Working Group agreed that:

- 2-digit code data for the data item *preferred language* will be collected at the agency level for the collection periods 2005–06 and 2006–07. Each jurisdiction will then recode the 2-digit codes to 4-digit codes (mapping between code lists can be found in Appendix D) before transmitting data to the AIHW.
- 4-digit code data for the data item *preferred language* will be collected at the agency level from 1 July 2007, to feed into the 2007–08 collection period.

Principal drug of concern

Admin. status: CURRENT 14/11/2003

Identifying and definitional attributes

Knowledgebase ID: 000443 *Version number*: 3

Data element type: DATA ELEMENT

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

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

Relational and representational attributes

Data type: Numeric *Field size:* Min. 4 Max. 4 *Layout:* NNNN

Data domain: The Australian Standard Classification of Drugs of Concern (ASCDC). ABS Cat. No. 1248.0 (2000). (Plus 2 supplementary codes: code 0005 'opioid analgesics nfd' and code 0006 'psychostimulants nfd'.)

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.

The ASCDC provides a number of supplementary codes that have specific uses and these are detailed within the ASCDC eg. 0000 = inadequately described.

Other supplementary codes that are not already specified in the ASCDC may be used in NMDS's when required. In the AODTS 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' (nfd) 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 nfd' 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.

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 data element should not be collected.

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

Relates to Other drugs of concern, version 3.

Is qualified by Client type—alcohol and other drug treatment services, version 3.

Relates to Main treatment type for alcohol and other drugs, version 1.

Relates to Other treatment type for alcohol and other drugs, version 2.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2004

Reason for cessation of treatment episode for alcohol and other drugs

Admin. status: CURRENT 14/11/2003

Identifying and definitional attributes

Knowledgebase ID: 000423 *Version number*: 2

Data element type: DATA ELEMENT

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

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 2 *Layout:* NN

Data domain:

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

Guide for use: 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

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

Code 12 Imprisoned, other than drug court sanctioned

Guide for use: (continued)

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 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 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 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.

Code 4 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 and Guide for use section in Data element 'Treatment episode for alcohol and other drugs'.

Code 5 includes situations where the service provider is no longer the most appropriate and the client is transferred/referred to another service. For example, transfers could occur for clients between non-residential and residential services or between residential services and a hospital. Excludes situations where the original treatment was completed before the client transferred to a different provider for other treatment (use code 1).

Code 6 refers to situations where the service provider is aware of the client's intention to stop participating in treatment, and the client ceases despite advice from staff that such action is against the client's best interest.

Code 7 refers to situations where the client ceased to receive treatment without notifying the service provider of their intention to no longer participate.

Code 8 refers to situations where the client's participation has been ceased by the service provider due to non-compliance with the rules or conditions of the program.

Code 9 refers to situations where the client has fulfilled their obligation to satisfy expiation requirements (e.g. participate in a treatment program to avoid having a criminal conviction being recorded against them) as part of a police or court diversion scheme and chooses not to continue with further treatment.

Guide for use:

Code 10 refers to situations where the client ceases participation by

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

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

Collection methods: To be collected on cessation of a treatment episode.

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

Relates to Date of cessation of treatment episode for alcohol and other drugs, version 2.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

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

Region code

Admin. status: CURRENT 1/07/1997

Identifying and definitional attributes

Knowledgebase ID: 000378 *Version number*: 2

Data element type: DATA ELEMENT

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

Context: Health services

Relational and representational attributes

Data type: Alphanumeric *Field size:* Min. 1 Max. 2 *Layout:* AA

Data domain: Valid region code

Guide for use: Domain values are specified by individual states/territories

Related data: Is a composite part of Establishment identifier, version 3.

Administrative attributes

National minimum data sets:

Admitted patient care	from 1/07/2000
Admitted patient mental health care	from 1/07/2000
Elective surgery waiting times	from 1/07/2001
Perinatal	from 1/07/1997
Public hospital establishments	from 1/07/2000
Community mental health establishments	from 1/07/2001
Health care client identification	from 1/07/2003

Sex

Admin. status: CURRENT 1/07/2003

Identifying and definitional attributes

NHIK identifier: 000149 *Version number*: 3

Data element type: DATA ELEMENT

Definition: The sex of the person.

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

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

1 Male

2 Female

9 Not stated/inadequately described

Guide for use:

Verification rules:

Collection methods: It is suggested that the following format be used for data collection:

What is your (the person's) sex?

___ Male

___ Female

The term 'sex' refers to the biological differences between males and females, while the term 'gender' refers to the socially expected/perceived dimensions of behaviour associated with males and females—masculinity and femininity. The ABS advises that the correct terminology for this data element is sex.

Related data: Supersedes previous data element Sex, version 2

Is used in the derivation of Diagnosis Related Group, version 1.

Administrative attributes

Source organisation: National Health Data Committee

National minimum data sets:

Admitted patient care	from 1/07/2003
Admitted patient mental health care	from 1/07/2003
Perinatal	from 1/07/2003
Community mental health care	from 1/07/2003
Admitted patient palliative care	from 1/07/2003
Alcohol and other drug treatment services	from 1/07/2003
Non-admitted patient emergency department care	from 1/07/2003

Comments:

This item enables Standardisation of the collection of information relating to sex (to include indeterminate), gender, people with transgender issues and transsexuals.

In collection systems (i.e. on forms and computer screens) Male and Female may be mapped to M and F respectively for collection purposes; however, they should be stored within information systems as the codes 1 and 2 respectively.

Source of referral to alcohol and other drug treatment service

Admin. status: CURRENT 14/11/2003

Identifying and definitional attributes

Knowledgebase ID: 000444 *Version number*: 3

Data element type: DATA ELEMENT

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

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

Relational and representational attributes

Data type: Numeric *Field size:* Min. 2 Max. 2 *Layout:* NN

Data domain:

01	Self
02	Family member/friend
03	Medical practitioner
04	Hospital
05	Mental health care service
06	Alcohol and other drug treatment service
07	Other community/health care service
08	Correctional service
09	Police diversion
10	Court diversion
98	Other
99	Not stated/inadequately described

Guide for use:

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 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 5–7).

Code 05 Includes both residential and non-residential services. Includes psychiatric hospitals and psychiatric units within and outside of hospitals.

Guide for use:

Code 06 Includes both residential and non-residential services.

(continued)

Includes drug and alcohol units within and outside of hospitals.

Code 07 Includes outpatient clinics and aged care facilities.

Code 09 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 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) eg. Mental Health Act.

Related data:

Administrative attributes

National minimum data sets:

Alcohol and other drug treatment services	from 1/07/2004

State/territory identifier

Admin. status: CURRENT 1/07/2003

Identifying and definitional attributes

Knowledgebase ID: 000380 *Version number*: 3

Data element type: DATA ELEMENT

Definition: An identifier for state or territory.

Context: Health services

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

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

Related data: Is a composite part of Establishment identifier, version 3.

Administrative attributes

Source document: Domain values are derived from the *Australian Standard Geographic Classification* (ABS Cat. No. 1216.0)

Source organisation: National Health Data Committee

National minimum data sets:

Public hospital establishments	from 1/07/2003
Admitted patient care	from 1/07/2003
Admitted patient mental health care	from 1/07/2003
Perinatal	from 1/07/2003

Treatment delivery setting for alcohol and other drugs

Admin. status: CURRENT 14/11/2003

Identifying and definitional attributes

Knowledgebase ID: 000646 *Version number*: 2

Data element type: DATA ELEMENT

Definition: The main physical setting in which the type of treatment that is the principal focus of their 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.

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

Relational and representational attributes

Data type: Numeric *Field size:* Min. 1 Max. 1 *Layout:* N

Data domain:

1 Non-residential treatment facility

2 Residential treatment facility

3 Home

4 Outreach setting

8 Other

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 (as reported in Main treatment type for alcohol and other drugs) was received by the client during the treatment episode.

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

Code 2 refers to community-based settings in which clients reside either temporarily or long-term in a facility that is not their home or usual place of residence to receive alcohol and other drug treatment. This does not include ambulatory situations, but does include therapeutic community settings.

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

Code 4 refers to an outreach environment, excluding a client's home or usual place of residence, where treatment is provided. An outreach environment may be any public or private location that is not covered by codes 1–3. Mobile/outreach alcohol and other drug treatment service providers would usually provide treatment within this setting.

Verification rules:

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

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 1/07/2004

Cessation of treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000422 *Version number*: 2

Data element type: DATA ELEMENT CONCEPT

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

Context: Alcohol and other drug treatment services.

Relational and representational attributes

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

- their treatment plan is completed;
- they have had no contact with the treatment provider for a period of three months, nor is there a plan in place for further contact;
- their Principal drug of concern has changed;
- their Main treatment type for alcohol and other drugs has changed;
- their Treatment delivery setting for alcohol and other drugs has changed;
- their treatment has ceased for other reasons (e.g. imprisoned, ceased treatment against advice, transferred to another service provider, died).

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

Relates to Date of cessation of treatment episode for alcohol and other drugs, version 2.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

Commencement of treatment episode for alcohol and other drugs

Admin. status: CURRENT 01/07/2001

Identifying and definitional attributes

Knowledgebase ID: 000427 *Version number*: 2

Data element type: DATA ELEMENT CONCEPT

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

Context: Alcohol and other drug treatment services.

Relational and representational attributes

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 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 has changed;
- their Main treatment type for alcohol and other drugs has changed; or
- their Treatment delivery setting for alcohol and other drugs has changed.

Related data: Relates to the data element Date of commencement of treatment episode for alcohol and other drugs, version 2.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

Service delivery outlet

Admin. status: NEW 1/07/2003

Identifying and definitional attributes

Knowledgebase ID: 000845 *Version number*: 1

Data element type: DATA ELEMENT CONCEPT

Definition: A site from which an organisation, or sub-unit of an organisation, delivers a health/community service.

Context: Alcohol and other drug treatment services. Required to identify the agency sites that conduct treatment episodes, as distinguished from administration centres. Identification of sites from which health care or community services are delivered facilitates assessment of the accessibility of services to the population.

Relational and representational attributes

Guide for use:

Related data: Relates to Establishment identifier, version 3

Relates to Geographic location of service delivery outlet, version 1

Relates to Treatment delivery setting for alcohol and other drugs, version 1.

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

National minimum data sets:

Alcohol and other drug treatment services from 01/07/2003

Comments:

An organisation may have one or more service delivery outlets. An organisation with a devolved structure for service delivery may or may not devolve all functions to the service delivery outlet level. It is common for administrative functions, including personnel management, to be retained at a higher or central level of an organisation. The service delivery outlet is the lowest level of an organisation at which, or from which, services are delivered.

The site from which a service is delivered relates to the physical location of the service and is to be clearly differentiated from the service delivery setting which refers to the **type** of physical setting in which a service is actually provided to a client (e.g. client's home, non-residential treatment facility etc.). For example, where a service provider regularly delivers a service at a variety of client's homes (e.g. home visits every Mon/Wed/Fri) or a mobile service delivers a service to a variety of different locations, then the service delivery outlet should be recorded as the location of the clinic in which the service provider is based. However, where a mobile unit regularly (e.g. every Monday) delivers a service from the same geographical location then this location will be recorded as the service delivery outlet.

Treatment episode for alcohol and other drugs

Admin. status: CURRENT 1/07/2004

Identifying and definitional attributes

Knowledgebase ID: 000647 *Version number*: 2

Data element type: DATA ELEMENT CONCEPT

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

Relational and representational 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 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.

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

Relates to Treatment delivery setting for alcohol and other drugs, version 2.

Relates to Date of commencement of treatment episode for alcohol and other drugs, version 1.

Relates to Date of cessation of treatment episode for a alcohol and other drugs, version 2.

Relates to the concept Commencement of treatment episode for alcohol and other drugs, version 2.

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

Administrative attributes

Source organisation: Intergovernmental Committee on Drugs NMDS-WG

Appendix C: Data element changes

Presented below is specific information on the changes made to the data elements (noted in Table 3.1) year by year.

2006–07 changes

No changes have been made

2005–06 changes

No changes have been made.

2004–05 changes

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

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

2003–04 changes

The following changes were incorporated into version 12 of the *National health data dictionary* (HWI 43).

- *State/territory identifier*
  - change of name from State identifier to State/territory identifier
- *Sex*
  - change to Data domain
- *Indigenous status*
  - change to Definition and Context to more accurately reflect what is being collected
  - change to Data domain and Guide for use to bring more clarity to the codes used
  - change to Collection methods, Source document and Comments for clarification purposes
- *Client type—alcohol and other drug treatment services:*
  - change to Definition and Context to reflect treatment episode
  - removal of code three in Data domain
  - modification to Guide for use and Collection methods to ensure consistency
- *Injecting drug use:*
  - revision of Data domain
  - additional information included in Collection methods and Related data
- *Principal drug of concern:*
  - revised Data definition, Data domain, and Guide for use
  - additional information added to Collection methods and Related data
- *Other drugs of concern*
  - slight change to title and revised Data definition, Data domain, and Guide for use additional information added to Collection methods and Related data.
- *Source of referral to alcohol and other drug treatment service*
  - the Data domain and the Guide for use revised to more accurately capture the most common sources of referral and to make the categories more mutually exclusive
  - the separation of codes into Agency and Non-agency categories reflects the approach taken in the NCSDD data element 'Referral source'
  - see further important information under The data elements—in brief p. 10.
- *Service delivery outlet*
  - a new data element concept has been developed and it is designed to be generic so that it can apply to other community health areas, while still adequately covering AODTS outlets.

- *Geographic location of service delivery outlet*
  - a new derived data element has been developed to provide the geographic location of each AODTS outlet
  - this data element has also been designed to be generic so that it can apply to other community health areas
  - it is intended to function as a replacement for *Geographical location of establishment* in the AODTS NMDS

2002–03 changes

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

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

2001–02 changes

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

- *Establishment identifier*
- *Establishment number*
- *Establishment sector*
- *Country of birth (now uses latest ABS classification)*
- *Date of commencement of treatment episode for alcohol and other drugs.*

Appendix D: Mapping of Australian Standard Classification of Languages (ASCL)

Below details the mapping of the ABS 2-digit ASCL codes to the 4-digit version 2 ASCL codes.

2-digit code		4-digit code	
00	Afrikaans	1403	Afrikaans
01	Albanian	3901	Albanian
02	Alyawarr	8603	Alyawarr (Alyawarra)
03	Arabic	4202	Arabic
04	Armenian	4901	Armenian
05	Arrernte	8605	Arrernte
06	Assyrian	4203	Assyrian
07	Australian Indigenous languages, nec	8000	All Australian Indigenous Languages excluding those itemised on this list
08	Bengali	5201	Bengali
09	Bisaya	6501	Bisaya
10	Bosnian	3501	Bosnian
11	Bulgarian	3502	Bulgarian
12	Burarra	8102	Burarra
13	Burmese	6101	Burmese
14	Cantonese	7101	Cantonese
15	Cebuano	6502	Cebuano
16	Croatian	3503	Croatian
17	Czech	3601	Czech
18	Danish	1501	Danish
19	English	1201	English
20	Estonian	1601	Estonian
21	Fijian	9301	Fijian
22	Finnish	1602	Finnish
23	French	2101	French
24	German	1301	German
25	Gilbertese	9302	Gilbertese
26	Greek	2201	Greek
27	Gujarati	5202	Gujarati
28	Hakka	7102	Hakka
29	Hebrew	4204	Hebrew
30	Hindi	5203	Hindi
31	Hmong	6201	Hmong
32	Hokkien	7103	Hokkien
33	Hungarian	3301	Hungarian
34	Indonesian	6504	Indonesian
35	Irish	1102	Irish
36	Italian	2401	Italian
37	Japanese	7201	Japanese

2-digit code		4-digit code	
38	Kannada	5101	Kannada
39	Khmer	6301	Khmer
40	Korean	7301	Korean
41	Kriol	8924	Kriol
42	Kuurinji (Guringji)	8505	Gurindji
43	Lao	6401	Lao
44	Latvian	3101	Latvian
45	Lithuanian	3102	Lithuanian
46	Macedonian	3504	Macedonian
47	Malay	6505	Malay
48	Maltese	2501	Maltese
49	Mandarin	7104	Mandarin
50	Mauritian Creole	9205	Mauritian Creole
51	Netherlandic	1401	Netherlandic
52	Norwegian	1503	Norwegian
53	Persian	4105	Persian Dari
	Persian	4106	Persian (excluding Dari)
54	Pintupi	8713	Pintupi
55	Pitjantjatjara	8714	Pitjantjatjara
56	Polish	3602	Polish
57	Portuguese	2302	Portuguese
58	Punjabi	5207	Punjabi
59	Romanian	3904	Romanian
60	Russian	3402	Russian
61	Samoan	9308	Samoan
62	Serbian	3505	Serbian
63	Sinhalese	5211	Sinhalese
64	Slovak	3603	Slovak
65	Slovene	3506	Slovene
66	Somali	9208	Somali
67	Spanish	2303	Spanish
68	Swahili	9211	Swahili
69	Swedish	1504	Swedish
70	Tagalog (Filipino)	6511	Tagalog (Filipino)
71	Tamil	5103	Tamil
72	Telugu	5104	Telugu
73	Teochew	7105	Teochew
74	Thai	6402	Thai
75	Timorese	6508	Timorese
76	Tiwi	8117	Tiwi
77	Tongan	9311	Tongan
78	Turkish	4301	Turkish
79	Ukrainian	3403	Ukrainian
80	Urdu	5212	Urdu

2-digit code		4-digit code	
81	Vietnamese	6302	Vietnamese
82	Walmajarri (Walmadjari)	8516	Walmajarri (Walmadjari)
83	Warlpiri	8521	Warlpiri
84	Welsh	1103	Welsh
85	Wik-Mungkan	8304	Wik-Mungkan
86	Yiddish	1303	Yiddish
95	Other languages, nec	0999	Includes all languages not itemised on this list
96	Inadequately described	0000	Inadequately described
97	Non verbal, so described	0001	Non verbal, so described
99	Not stated	0002	Not stated

Appendix E: Notes on Australian Bureau of Statistics classifications

Standard Australian Classification of Countries (SACC), ABS Cat. No. 1269.0

The SACC has been developed by the Australian Bureau of Statistics (ABS) for use in the collection, storage and dissemination of all Australian statistical data classified by country. It provides a single classificatory framework for both population and economic statistics.

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, 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.

Australian Standard Classification of Languages (ASCL), ABS Cat. No. 1267.0

The ABS has developed the 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 should be used whenever demographic, labour and social statistics are classified by language. The ABS will use the classification in its own statistical work, for example, in the 1996 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 193 Language or third-level units.

Note that for the data element 'Preferred language' the correct data domain is the two-digit code classification as listed in the *National Health Data Dictionary* Version 10 (AIHW 2001).

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

The main purpose of the ASGC is for collecting and disseminating geographically classified statistics. These are statistics with a 'where' dimension. 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; and
- 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.

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.

Australian Standard Classification of Drugs of Concern (ASCDC), ABS Cat. No. 1248.0

The 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.

Appendix F: Extracts and information about the *Privacy Act 1998*

The following provides detailed information about the Information Privacy Principles and the National Privacy Principles.

Extract of Information Privacy Principles from the Privacy Act 1988

Information Privacy Principles (for Australian Government agencies)

Principle 1 Manner and purpose of collection of personal information

1. Personal information shall not be collected by a collector for inclusion in a record or in a generally available publication unless:
   (a) the information is collected for a purpose that is a lawful purpose directly related to a function or activity of the collector; and
   (b) the collection of the information is necessary for or directly related to that purpose.

2. Personal information shall not be collected by a collector by unlawful or unfair means.

Principle 2 Solicitation of personal information from individual concerned

Where:

(a) a collector collects personal information for inclusion in a record or in a generally available publication; and
(b) the information is solicited by the collector from the individual concerned;

the collector shall take such steps (if any) as are, in the circumstances, reasonable to ensure that, before the information is collected or, if that is not practicable, as soon as practicable after the information is collected, the individual concerned is generally aware of:

(c) the purpose for which the information is being collected;
(d) if the collection of the information is authorised or required by or under law—the fact that the collection of the information is so authorised or required; and
(e) any person to whom, or any body or agency to which, it is the collector's usual practice to disclose personal information of the kind so collected, and (if known by the collector) any person to whom, or any body or agency to which, it is the usual practice of that first-mentioned person, body or agency to pass on that information.

Principle 3 Solicitation of personal information generally

Where:

(a) a collector collects personal information for inclusion in a record or in a generally available publication; and
(b) the information is solicited by the collector;

the collector shall take such steps (if any) as are, in the circumstances, reasonable to ensure that, having regard to the purpose for which the information is collected:

(c) the information collected is relevant to that purpose and is up to date and complete; and

(d) the collection of the information does not intrude to an unreasonable extent upon the personal affairs of the individual concerned.

Principle 4 Storage and security of personal information

A record-keeper who has possession or control of a record that contains personal information shall ensure:

(a) that the record is protected, by such security safeguards as it is reasonable in the circumstances to take, against loss, against unauthorised access, use, modification or disclosure, and against other misuse; and

(b) that if it is necessary for the record to be given to a person in connection with the provision of a service to the record-keeper, everything reasonably within the power of the record-keeper is done to prevent unauthorised use or disclosure of information contained in the record.

Principle 5 Information relating to records kept by record-keeper

1. A record-keeper who has possession or control of records that contain personal information shall, subject to clause 2 of this Principle, take such steps as are, in the circumstances, reasonable to enable any person to ascertain:

(a) whether the record-keeper has possession or control of any records that contain personal information; and

(b) if the record-keeper has possession or control of a record that contains such information:

(i) the nature of that information;

(ii) the main purposes for which that information is used; and

(iii) the steps that the person should take if the person wishes to obtain access to the record.

2. A record-keeper is not required under clause 1 of this Principle to give a person information if the record-keeper is required or authorised to refuse to give that information to the person under the applicable provisions of any law of the Australian Government that provides for access by persons to documents.

3. A record-keeper shall maintain a record setting out:

(a) the nature of the records of personal information kept by or on behalf of the record-keeper;

(b) the purpose for which each type of record is kept;

(c) the classes of individuals about whom records are kept;

(d) the period for which each type of record is kept;

(e) the persons who are entitled to have access to personal information contained in the records and the conditions under which they are entitled to have that access; and

(f) the steps that should be taken by persons wishing to obtain access to that information.

4. A record-keeper shall:

(a) make the record maintained under clause 3 of this Principle available for inspection by members of the public; and

(b) give the Commissioner, in the month of June in each year, a copy of the record so maintained.

Principle 6 Access to records containing personal information

Where a record-keeper has possession or control of a record that contains personal information, the individual concerned shall be entitled to have access to that record, except to the extent that the record-keeper is required or authorised to refuse to provide the individual with access to that record under the applicable provisions of any law of the Australian Government that provides for access by persons to documents.

Principle 7 Alteration of records containing personal information

1. A record-keeper who has possession or control of a record that contains personal information shall take such steps (if any), by way of making appropriate corrections, deletions and additions as are, in the circumstances, reasonable to ensure that the record:

   (a) is accurate; and

   (b) is, having regard to the purpose for which the information was collected or is to be used and to any purpose that is directly related to that purpose, relevant, up to date, complete and not misleading.

2. The obligation imposed on a record-keeper by clause 1 is subject to any applicable limitation in a law of the Australian Government that provides a right to require the correction or amendment of documents.

3. Where:

   (a) the record-keeper of a record containing personal information is not willing to amend that record, by making a correction, deletion or addition, in accordance with a request by the individual concerned; and

   (b) no decision or recommendation to the effect that the record should be amended wholly or partly in accordance with that request has been made under the applicable provisions of a law of the Australian Government;

   the record-keeper shall, if so requested by the individual concerned, take such steps (if any) as are reasonable in the circumstances to attach to the record any statement provided by that individual of the correction, deletion or addition sought.

Principle 8 Record-keeper to check accuracy etc. of personal information before use

A record-keeper who has possession or control of a record that contains personal information shall not use that information without taking such steps (if any) as are, in the circumstances, reasonable to ensure that, having regard to the purpose for which the information is proposed to be used, the information is accurate, up to date and complete.

Principle 9 Personal information to be used only for relevant purposes

A record-keeper who has possession or control of a record that contains personal information shall not use the information except for a purpose to which the information is relevant.

Principle 10 Limits on use of personal information

1. A record-keeper who has possession or control of a record that contains personal information that was obtained for a particular purpose shall not use the information for any other purpose unless:
    (a) the individual concerned has consented to use of the information for that other purpose;
    (b) the record-keeper believes on reasonable grounds that use of the information for that other purpose is necessary to prevent or lessen a serious and imminent threat to the life or health of the individual concerned or another person;
    (c) use of the information for that other purpose is required or authorised by or under law;
    (d) use of the information for that other purpose is reasonably necessary for enforcement of the criminal law or of a law imposing a pecuniary penalty, or for the protection of the public revenue; or
    (e) the purpose for which the information is used is directly related to the purpose for which the information was obtained.

2. Where personal information is used for enforcement of the criminal law or of a law imposing a pecuniary penalty, or for the protection of the public revenue, the record-keeper shall include in the record containing that information a note of that use.

Principle 11 Limits on disclosure of personal information

1. A record-keeper who has possession or control of a record that contains personal information shall not disclose the information to a person, body or agency (other than the individual concerned) unless:
    (a) the individual concerned is reasonably likely to have been aware, or made aware under Principle 2, that information of that kind is usually passed to that person, body or agency;
    (b) the individual concerned has consented to the disclosure;
    (c) the record-keeper believes on reasonable grounds that the disclosure is necessary to prevent or lessen a serious and imminent threat to the life or health of the individual concerned or of another person;
    (d) the disclosure is required or authorised by or under law; or
    (e) the disclosure is reasonably necessary for the enforcement of the criminal law or of a law imposing a pecuniary penalty, or for the protection of the public revenue.

2. Where personal information is disclosed for the purposes of enforcement of the criminal law or of a law imposing a pecuniary penalty, or for the purpose of the protection of the public revenue, the record-keeper shall include in the record containing that information a note of the disclosure.

3. A person, body or agency to whom personal information is disclosed under clause 1 of this Principle shall not use or disclose the information for a purpose other than the purpose for which the information was given to the person, body or agency.

Some detail on the National Privacy Principles (for private sector organisations)

(Extract from Office of the Federal Privacy Commissioner — Information Sheet 2)

NPP 1 Collection

Collection of personal information must be fair, lawful and not intrusive. A person must be told of an organisation's name, the purpose of the collection, that the person can get access to their personal information and what happens if the person does not get access to the information.

NPP 2 Use and Disclosure

An organisation should only use or disclose information for the purpose it was collected unless the person has consented, or the secondary purpose for use or disclosure is related to the primary purpose and a person would reasonably expect such use or disclosure, or for direct marketing in specified circumstances, or in circumstances related to public interest such as law enforcement and public or individual health and safety (see NPP 10 for further discussion).

NPP 3 Data Quality

An organisation must take reasonable steps to ensure that the personal information it collects, uses or discloses is accurate, complete and up to date.

NPP 4 Data Security

An organisation must take reasonable steps to protect the personal information it holds from misuse and loss and from unauthorised modification and disclosure.

NPP 5 Openness

An organisation must have a policy document outlining its information handling practices and make this available to anyone who asks.

NPP 6 Access and Correction

Generally, an organisation must give an individual access to personal information it holds about that individual on request.

NPP 7 Identifiers

Generally speaking an organisation must not adopt, use or disclose an identifier that has been assigned by an Australian Government agency, e.g. Medicare or DVA identifiers.

NPP 8 Anonymity

Organisations must give people the option to interact anonymously whenever it is lawful and practicable to do so.

NPP 9 Transborder Data flows

An organisation can only transfer personal information to a recipient in a foreign country in circumstances where the information will have appropriate protection.

NPP 10 Sensitive information

An organisation must not collect sensitive information (including racial or ethnic information) unless the individual has consented, it is required by law, or in other special specified circumstances (e.g. relating to health services provision and individual or public health or safety).