

Primary Health Alcohol and Other Drug (PHAOD) Data Specifications

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1. INTRODUCTION	4
2. KEY CONCEPTS	5
3. COMMA SEPARATED FILES REQUIREMENTS.....	6
Table 1: Episode file.....	6
Table 2: Clinical Tool File	16
Table 3: Service Contact	17
4. FIELD DEFINITIONS	24
Aboriginal Status.....	24
Aboriginal Status (Practitioner)	24
Additional Treatment (1-5).....	24
Accommodation Type.....	25
Attendance	26
Client Consent	26
Client Type	26
Completion Status	26
Contract Number.....	27
Country of Birth	27
Cultural Training	28
Date accuracy indicator	28
Date of birth	29
Date of collection.....	29
Date of service contact	29
Employment Participation	30
End date.....	30
English Proficiency	30
Episode Identifier.....	31
Establishment ID.....	31
Establishment SA2	31
Gender	32



Injecting Drug Use Status.....	32
Main Treatment Type	33
Method of use – Principal Drug	33
Modality.....	33
Other Drug of Concern (1-5)	34
Gender	34
Person Identifier	35
Postcode	35
Practitioner 1	35
Practitioner 2	36
Practitioner 3	36
Practitioner 4	37
Practitioner 5	37
Practitioner Category.....	38
Preferred Language	38
Principal Drug of Concern	38
Reason for collection	39
Referral Made Date	39
Referral Received Date	39
Service Contact Duration	40
Service Contact Identifier	40
Service Contact Participants	41
Service Contact Postcode	41
Service Contact Venue.....	41
Service Type.....	42
Sex	42
SLK-581	43
Source of Referral	43
Start Date.....	44
Statistical Area Level 2	44
Suburb	44



Treatment Delivery Setting.....	45
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1. Introduction

The Primary Health Alcohol and Other Drug (PHAOD) data set collects episode and service-contact level data from WAPHA-funded Alcohol and Other Drug Commissioned Service Providers. The requirements of these data, including data types, required fields and allowable values are detailed in this Data Specification. Data may be entered directly into the Commissioned Services Reporting Portal (CSRP) web forms or may be uploaded as three comma-separated files as described below.

There are two ways to submit data to CSRP:

1. Manual data entry for each episode using web forms
2. Bulk upload of data via a set of three comma separated value (csv) files, combined in a .zip file
 - a) Episode file
 - b) Clinical Tool file
 - c) Service Contact file

Whether you choose to enter data directly to the CSRP via web forms, or upload a .zip file, the data specifications described below apply.

For more information about how to submit your data to the CSRP, including csv templates for each of the data items, see <https://portal.wapha.org.au/csp-home/>. The portal website will be available when CSRP2 goes live on 1st July 2023. Training sessions will also be held with providers and contract officers prior to this date.

The tables in Section 2 of this document can be used as a guide for data item requirements if your organisation chooses to supply data using csv files, combined into a .zip file. They are broken down into the Episode file, Clinical Tool file and Service Contact file. Where the data type of a field is “integer”, include in the csv only the integer (number) corresponding to the intended value.

If your organisation would prefer to enter data into the portal web forms for each episode, further information about the required fields is included in Section 4: Field Definitions.

2. Key concepts

The following key concepts are pivotal to the information supplied to WAPHA. If you have any questions around these, or the data definitions to follow, please contact your contract officer.

Contract Number

Parent contract number that identifies the contractual agreement between WAPHA and a commissioned service provider.

Episode

An Episode of Care is defined as a continuous period of contact between a client and a provider organisation/clinician that is commissioned by a Public Health Network (PHN) entity. The episode commences from the initial point of contact and concludes at the point of discharge. The episode is composed of a series of one or more Service Contacts. This structural framework facilitates a systematic data collection protocol that delineates the specific data elements to be collected, the timing of data collection, and the responsible personnel for data collection. Some items are only collected once at the episode level, while others are collected at each Service Contact.

Client

The individual who is the recipient of the Alcohol and Other Drug (AOD) treatment service.

Service Contact

Service Contacts (occasions of service) are defined as the provision of a service by a PHN commissioned AOD service provider for a client where the nature of the service would normally warrant a dated entry in the clinical record of the client. *Business Rules: (1) A Service Contact must involve at least two persons, one of whom must be a service provider. (2) Service Contacts can be either with the client or with a third party, such as a carer or family member, and/or other professional or worker, or other service provider. (3) Service Contacts are not restricted to face-to-face communication but can include telephone, internet, video link or other forms of direct communication. (4) Service provision is only regarded as a Service Contact if it is relevant to the clinical condition of the client. This means that it does not include services of an administrative nature (e.g. telephone contact to schedule an appointment).

3. Comma separated files requirements

The following tables outline the data requirements of fields when submitting data via a .zip file, comprised of four comma separated files. Please ensure that the column headers in these files remain intact and are consistent with the templates provided. If a field is listed as “Required”, a valid value, as described in the “Format/Values” section must be entered. If a field is listed as “not required”, the corresponding cell in the csv may be filled in with a valid value or left blank. You may name the files as you wish, for example adding the date in the title, but it is recommended that you name them in a way that you remember which file corresponds to which template.

Table 1: Episode file

Data Item	Data Item Definition	Data type	Required	Format/ Values
ContractNumber	Parent contract number that identifies the contractual agreement between WAPHA and a commissioned service provider	string	Yes	If your contract starts with "CON", include the full contract number (e.g., CON12345). If your contract does not start with "CON", only enter the digits (e.g., 12345).
EpisodeIdentifier	Episode Identifier unique at the organisation level.	string	Yes	Unique ID generated by Provider. Episode Identifier may be a combination of letters and numbers, and must be unique at the organisation level. Reuse of episode identifiers will result in episode information being overwritten and unrecoverable, so ensure that you do not create two independent episodes that share the same identifier.
PersonIdentifier	A unique identifier for a person receiving the alcohol and other drug service.	string	Yes	Unique ID generated by Provider Reuse of person identifiers will result in person information being overwritten and unrecoverable, so ensure that you do not create two independent people/clients that share the same identifier. The Unique ID must be de-identified, meaning it does not contain any personally identifiable information (such as name, address, date of birth, and other identifying information) and the individual cannot be reasonably identified (Section 6, Privacy Act).
ClientSLK-581	A key that enables two or more records belonging to the same individual to be brought together. It is represented by a code consisting of the second, third and fifth characters of a	string	No	The structure of the complete SLK-581 element is: XXXXXDDMMYYN. The SLK-581 is made up of four elements: 1. The second, third and fifth letters of the consumer's family name (total 3 letters)

Data Item	Data Item Definition	Data type	Required	Format/ Values
	person's family name, the second and third letters of the person's given name, the day, month, and year when the person was born and the sex of the person, concatenated in that order.			<ol style="list-style-type: none"> The second and third letters of the consumers given name (total 2 letters) Date of birth (in format [DDMMYYYY]) Sex (1= Male; 2 = Female; 9 = Unknown) <p>For more detailed information about generating a client's SLK-581, see SLK-581 Guide For Use</p>
ClientSex	The biological distinction between male and female, as represented by a code.	integer	No	<ol style="list-style-type: none"> Male Female Another term Not stated
ClientGender	How a client describes their gender, which relates to social and cultural differences in identity, expression, and experience as a man, boy, woman, girl, or non-binary person. Non-binary is an umbrella term describing gender identities that are not exclusively male or female.	integer	No	<ol style="list-style-type: none"> Man, or boy, or male Woman, or girl, or female non-binary Different term Prefer not to answer Not stated/inadequately described
ClientIndigenousStatus	Whether a person identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code.	integer	No	<ol style="list-style-type: none"> Aboriginal but not Torres Strait Islander origin Torres Strait Islander but not Aboriginal origin Both Aboriginal and Torres Strait Islander origin Neither Aboriginal nor Torres Strait Islander origin Not stated
ClientSuburb	The suburb, town or locality of the client's last known home address at the start of the treatment episode.	string	No	<p>Suburb name.</p> <p>A list of Towns, Suburbs and localities in Australia (and associated postcodes) can be found on the Australia Post website: https://auspost.com.au/business/marketing-and-communications/access-data-and-insights/address-data/postcode-data</p> <p>If ClientPostcode is 9997 or 9998, leave this field blank.</p>
ClientPostcode	The postcode of the client's last known home address at the start of the treatment episode.	integer	Yes	<p>Valid Postcode selected from: https://auspost.com.au/business/marketing-and-communications/access-data-and-insights/address-data/postcode-data</p> <p>Acceptable values when client has no fixed address or postcode is not stated: 9997: No fixed address 9998: Not stated or inadequately described</p>
ClientSa2Code	The SA2 of the client's last known home address at the start of the treatment episode.	integer	No	<p>An SA2 is identifiable by a 9-digit fully hierarchical code comprising the 1-digit State or Territory identifier, and Statistical Areas Level 2-4 identifiers. The aim is to represent a community that interacts together socially and</p>

Data Item	Data Item Definition	Data type	Required	Format/ Values
				<p>economically. This item relates to the location of the client's last known address.</p> <p>Refer to the ABS Australian Statistical Geography Standard (ASGS) (ABS 2021). To determine your establishment's SA2, download the 'Statistical Areas Level 2 – 2021' excel file from the ABS Website and search for the suburb where the client last resided and select the corresponding 9-digit code.</p> <p><u>Supplementary codes:</u> 599999499 : No usual address (WA) 999999499 : No usual address (Other)</p> <p><u>Note:</u> this list was most recently updated in 2021 by the ABS. If the client's SA2 is not found, leave blank.</p>
ClientBirthCountryCode	The country in which the person was born, as represented by a code.	string	Yes	<p>A numeric 4-digit ABS code from the ABS Standard Australian Classification of Countries (SACC) (ABS cat. no. 1269.0, 2016 version). If unknown or missing, use 0003.</p>
ClientBirthDate	Client Date of Birth	date	Yes	<p>DD/MM/YYYY Copilot If the client's birthday is unknown or missing, estimate it. If it remains unknown, record it as 01/01/1900.</p>
ClientDateAccuracyIndicator	Date accuracy indicator indicates the accuracy of a client's date of birth, as supplied in their AODTS data record. Date accuracy indicator is a 3-character code that indicates the extent to which the recorded Date of birth is accurate, estimated, or unknown. Any combination of the values A, E, U representing the corresponding level of accuracy of each date component of the reported date of birth.	string	No	<p>AAA: Day, month and year are accurate UUE: Day and month are unknown, year is estimated UUU: Day, month and year are unknown AAE: Day and month are accurate, year is estimated AAU: Day and month are accurate, year is unknown AEE: Day is accurate, month and year are estimated AEU: Day is accurate, month is estimated, year is unknown AUU: Day is accurate, month and year are unknown AUA: Day is accurate, month is unknown, year is accurate AUE: Day is accurate, month is unknown, year is estimated AEA: Day is accurate, month is estimated, year is accurate EAA: Day is estimated, month and year are accurate</p>



Data Item	Data Item Definition	Data type	Required	Format/ Values
				EAE: Day is estimated, month is accurate, year is estimated EAU: Day is estimated, month is accurate, year is unknown EEA: Day and month are estimated, year is accurate EEE: Day, month and year are estimated EEU: Day and month are estimated, year is unknown EUA: Day is estimated, month is unknown, year is accurate EUE: Day is estimated, month is unknown, year is estimated EUU: Day is estimated, month and year are unknown UAA: Day is unknown, month and year are accurate UAE: Day is unknown, month is accurate, year is estimated UAU: Day is unknown, month is accurate, year is unknown UEA: Day is unknown, month is estimated, year is accurate UEE: Day is unknown, month and year are estimated UEU: Day is unknown, month is estimated, year is unknown UUA: Day and month are unknown, year is accurate"
ClientMainLanguageCode	The language (including sign language) most preferred by the person for communication, as represented by a code.	integer	No	A numeric 4-digit ABS code from the ABS Australian Standard Classification of Languages (ASCL) (ABS cat. no. 1267.0, 2016 version). Not stated is allowed using code '002'. If uploading with Excel, please ensure that the column is formatted as text to avoid any data conversion issues.
ClientEnglishProficiency	The self-assessed level of ability to speak English, asked of people whose first language is a language other than English or who speak a language other than English at home.	integer	No	1: Not applicable (persons under 5 years of age or who speak only English) 2: Very well 3: Well 4: Not well 5: Not at all inadequately described 9: Not stated When the client is <= 5 years old or when the client's main language is English, choose 1: Not applicable, do not leave blank.

Data Item	Data Item Definition	Data type	Required	Format/ Values
ClientEmploymentParticipati on	Whether a person in paid employment is employed full-time or part-time, as represented by a code.	integer	No	1: Full-time 2: Part-time 3: Not applicable - not in the labour force 9: Not stated/inadequately described
ReferralMadeOn	The date the referrer made the referral.	date	Yes	DD/MM/YYYY ReferralMadeOn must be on or before StartedOn . If your organisation doesn't differentiate between the referral being made and receiving the referral, enter the same date for both ReferralMadeOn and ReferralReceivedOn .
ReferralReceivedOn	The date the provider receives the referral.	date	Yes	DD/MM/YYYY ReferralReceivedOn must be on or after ReferralMadeOn . If your organisation doesn't differentiate between the referral being made and receiving the referral, enter the same date for both ReferralMadeOn and ReferralReceivedOn .
StartedOn	The date on which a treatment episode for alcohol and other drugs starts.	date	Conditional	DD/MM/YYYY If populated, StartedOn must be on or after ReferralReceivedOn . If StartedOn is left blank, the date of first service contact will be considered as episode start date.
EndedOn	The date on which a treatment episode for alcohol and other drugs ends.	date	Conditional	DD/MM/YYYY Required when CompletionStatus is 1: Treatment completed. EndedOn must be on or after StartedOn
AccommodationType	The usual type of physical accommodation the person lived in prior to the start of the service episode, as represented by a code.	decimal	No	11: Private residence 12: Boarding house/private hotel 13: Informal housing 14: None/homeless/public place 21: Domestic scale supported living facility 22: Supported accommodation facility 23: Short term crisis, emergency or transitional accommodation facility 31.1: Acute hospital 31.2: Psychiatric hospital 31.3: Rehabilitation hospital 31.8: Other hospital 32.1: Residential aged care facility 33.1: Mental health 33.2: Alcohol and other drugs 33.8: Other specialised community residential 34: Prison/remand centre/youth training centre 88: Other 98: Unknown 99: Not stated/inadequately described

Data Item	Data Item Definition	Data type	Required	Format/ Values
ReferralSource	The source from which the person was transferred or referred to the alcohol and other drug treatment service, as represented by a code.	string	No	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 Note: Medical practitioner includes GPs.
EstablishmentIdentifier	Establishment identifier is a nationally unique identifier for each alcohol and other drug treatment agency included in the AODTS NMDS collection. It is the responsibility of each jurisdiction's health authority to assign a unique establishment identifier to each agency and to ensure the same unique establishment identifier is used for that agency over time. The stability of the establishment identifier over time is particularly important for deriving client identifiers using the SLK-581	string	Yes	The Establishment identifier is a combination of four other data elements: •Australian state/territory identifier—which gives the first 'N' •Sector—which gives the second 'N' •Region identifier—which gives 'X[X]' •Organisation identifier—which gives the final 'NNNNN'.
EstablishmentSA2Code	A designated region describing location and contact details that represents a medium-sized area built from a number of Statistical Area 1 localities, as represented by a code. The aim is to represent a community that interacts together socially and economically. This item relates to the location of the service delivery outlet.	integer	Yes	An SA2 is identifiable by a 9-digit fully hierarchical code comprising the 1-digit State or Territory identifier, and Statistical Areas Level 2-4 identifiers. The aim is to represent a community that interacts together socially and economically. This item relates to the location of the service delivery outlet. Refer to the ABS Australian Statistical Geography Standard (ASGS) (ABS 2021) . To determine your establishment's SA2, download the 'Statistical Areas Level 2 – 2021' excel file from the ABS Website and search for the suburb that your organisation is located, and use the corresponding 9-digit value in column 1.
TreatmentDeliverySetting	The main physical setting in which the type of treatment that is the principal focus of a client's alcohol and other drug	integer	No	1: Non-residential treatment facility 2: Residential treatment facility 3: Home 4: Outreach setting

Data Item	Data Item Definition	Data type	Required	Format/ Values
	treatment episode is delivered irrespective of whether or not this is the same as the usual location of the service provider, as represented by a code.			8: Other
MainTreatmentType	The main activity determined at assessment by the treatment provider to treat the client's alcohol and/or drug problem for the principal drug of concern, as represented by a code.	integer	No	1: Withdrawal management (detoxification) 2: Counselling 3: Rehabilitation 4: Pharmacotherapy 5: Support and case management 6: Information and education 7: Assessment only 88: Other Where ClientType is coded 2, this cannot be 1: Withdrawal management (detoxification), 3: Rehabilitation or 4: Pharmacotherapy
MainDrugCode	The main drug, as stated by the client that has led a person to seek treatment from the service, as represented by a code.	integer	No	A numeric 4-digit ABS code from the ABS Australian Standard Classification of Drugs of Concern (ASDCD) (ABS cat. no. 1248.0, 2011 version). Where ClientType is coded 2, do not collect (i.e., leave blank) 0000 can be used ONLY where ReferralSource is 09: Police Diversion, 10: Court Diversion, 98: Other or 99: not stated/inadequately described.
ClientType	The status of a person in terms of whether the treatment episode concerns their own alcohol and/or other drug use or that of another person, as represented by a code.	integer	No	1: Own alcohol or other drug use 2: Other's alcohol or other drug use
UsualMethodMainDrug	The client's self-reported usual method of administering the principal drug of concern, as represented by a code.	integer	No	1: Ingests 2: Smokes 3: Injects 4: Sniffs (powder) 5: Inhales (vapour) 6: Other 9: Not stated Where ClientType is coded 2, do not collect (i.e., leave blank)
InjectingDrugUseStatus	The client's use of injection as a method of administering drugs, as represented by a code.	integer	No	1: Last injected three months ago or less. 2: Last injected more than 3 months ago but less than or equal to 12 months ago. 3: Last injected more than 12 months ago. 4: Never injected. 9: Not stated.

Data Item	Data Item Definition	Data type	Required	Format/ Values
				Where ClientType is coded 2, do not collect (i.e., leave blank) If UsualMethodMainDrug = 3: Injects, this CANNOT be 4: Never Injected
OtherDrug1Code	The drug other than main drug, as stated by the client that has led a person to seek treatment from the service, as represented by a code.	integer	No	A numeric 4-digit code from the ABS Australian Standard Classification of Drugs of Concern (ASDCD) (ABS cat. no. 1248.0, 2011 version). Where ClientType is coded 2, do not collect (i.e., leave blank) 0000 can be used ONLY where ReferralSource is 09: Police Diversion, 10: Court Diversion, 98: Other or 99: not stated/inadequately described.
OtherDrug2Code	The drug other than main drug, as stated by the client that has led a person to seek treatment from the service, as represented by a code.	integer	No	A numeric 4-digit code from the ABS Australian Standard Classification of Drugs of Concern (ASDCD) (ABS cat. no. 1248.0, 2011 version). Where ClientType is coded 2, do not collect (i.e., leave blank) 0000 can be used ONLY where ReferralSource is 09: Police Diversion, 10: Court Diversion, 98: Other or 99: not stated/inadequately described.
OtherDrug3Code	The drug other than main drug, as stated by the client that has led a person to seek treatment from the service, as represented by a code.	integer	No	A numeric 4-digit code from the ABS Australian Standard Classification of Drugs of Concern (ASDCD) (ABS cat. no. 1248.0, 2011 version). Where ClientType is coded 2, do not collect (i.e., leave blank) 0000 can be used ONLY where ReferralSource is 09: Police Diversion, 10: Court Diversion, 98: Other or 99: not stated/inadequately described.
OtherDrug4Code	The drug other than main drug, as stated by the client that has led a person to seek treatment from the service, as represented by a code.	integer	No	A numeric 4-digit code from the ABS Australian Standard Classification of Drugs of Concern (ASDCD) (ABS cat. no. 1248.0, 2011 version). Where ClientType is coded 2, do not collect (i.e., leave blank) 0000 can be used ONLY where ReferralSource is 09: Police Diversion, 10: Court Diversion, 98: Other or 99: not stated/inadequately described.
OtherDrug5Code	The drug other than main drug, as stated by the client that has led a person to seek treatment from the service, as represented by a code.	integer	No	A numeric 4-digit code from the ABS Australian Standard Classification of Drugs of Concern (ASDCD) (ABS cat. no. 1248.0, 2011 version).



Data Item

Data Item Definition

Data type

Required

Format/ Values

				Where ClientType is coded 2, do not collect (i.e., leave blank) 0000 can be used ONLY where ReferralSource is 09: Police Diversion, 10: Court Diversion, 98: Other or 99: not stated/inadequately described.
OtherTreatment1	Additional activity determined at assessment by the treatment provider to treat the client's alcohol and/or drug problem for the principal drug of concern, as represented by a code.	integer	No	1: Withdrawal management (detoxification) 2: Counselling 3: Rehabilitation 4: Pharmacotherapy 5: Support and case management 6: Information and education 88: Other Where ClientType is coded 2, this cannot be 1: Withdrawal management (detoxification), 3: Rehabilitation or 4: Pharmacotherapy
OtherTreatment2	Additional activity determined at assessment by the treatment provider to treat the client's alcohol and/or drug problem for the principal drug of concern, as represented by a code.	integer	No	1: Withdrawal management (detoxification) 2: Counselling 3: Rehabilitation 4: Pharmacotherapy 5: Support and case management 6: Information and education 88: Other Where ClientType is coded 2, this cannot be 1: Withdrawal management (detoxification), 3: Rehabilitation or 4: Pharmacotherapy
OtherTreatment3	Additional activity determined at assessment by the treatment provider to treat the client's alcohol and/or drug problem for the principal drug of concern, as represented by a code.	integer	No	1: Withdrawal management (detoxification) 2: Counselling 3: Rehabilitation 4: Pharmacotherapy 5: Support and case management 6: Information and education 88: Other Where ClientType is coded 2, this cannot be 1: Withdrawal management (detoxification), 3: Rehabilitation or 4: Pharmacotherapy
OtherTreatment4	Additional activity determined at assessment by the treatment provider to treat the client's alcohol and/or drug problem for the principal drug of concern, as represented by a code.	integer	No	1: Withdrawal management (detoxification) 2: Counselling 3: Rehabilitation 4: Pharmacotherapy 5: Support and case management 6: Information and education 88: Other Where ClientType is coded 2, this cannot be 1: Withdrawal management (detoxification), 3: Rehabilitation or 4: Pharmacotherapy
OtherTreatment5	Additional activity determined	integer	No	1: Withdrawal management (detoxification)

Data Item	Data Item Definition	Data type	Required	Format/ Values
	at assessment by the treatment provider to treat the client's alcohol and/or drug problem for the principal drug of concern, as represented by a code.			2: Counselling 3: Rehabilitation 4: Pharmacotherapy 5: Support and case management 6: Information and education 88: Other Where ClientType is coded 2, this cannot be 1: Withdrawal management (detoxification), 3: Rehabilitation or 4: Pharmacotherapy
ClientConsent	An indication that the client has consented to their anonymized data being provided to the Department of Health for statistical purposes in planning and improving Alcohol and Other Drug services.	integer	No	0: No 1: Yes
CompletionStatus	Completion status of episode.	integer	No	0: Episode Open 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 (noncompliance) 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 100: Episode Not started

Table 2: Clinical Tool File

Data item	Data item Definition	Data type	Required	Format / Values
ContractNumber	Parent contract number that identifies the contractual agreement between WAPHA and a commissioned service provider.	string	Yes	If your contract starts with "CON", include the full contract number (e.g., CON12345). If your contract does not start with "CON", only enter the digits (e.g., 12345).
EpisodeIdentifier	Episode Identifier unique at the organisation level	string	Yes	Unique ID generated by Provider. Episode Identifier may be a combination of letters and numbers, and must be unique at the organisation level. Reuse of episode identifiers will result in episode information being overwritten and unrecoverable, so ensure that you do not create two independent episodes that share the same identifier.
CollectedOn	Date tool was administered	date	Yes	DD/MM/YYYY
CollectionReason	Why tool was administered	integer	Yes	1: Assessment 2: Review
PrimaryUsagePastWeek	Clinical tool Question 1: Over the last week, have you used your primary drug of concern?	integer	Yes	1: Several times a day 2: Daily 3: Most days of the week 4: One to two times a week 5: Not at all 99: Invalid/Missing
OtherUsagePastWeek	Clinical tool Question 2: Over the last week, have you used other drug/s of concern?	integer	Yes	1: Several times a day 2: Daily 3: Most days of the week 4: One to two times a week 5: Not at all 99: Invalid/Missing
PhysicalHealthPastWeek	Clinical tool Question 3: Over the last week, how has your physical health been?	integer	Yes	1: Very poor 2: Fair 3: Satisfactory 4: Good 5: Very good 99: Invalid/Missing
MentalHealthPastWeek	Clinical tool Question 4: Over the last week, how has your mental health been (e.g., your emotional wellbeing/stress level)?	integer	Yes	1: Very poor 2: Fair 3: Satisfactory 4: Good 5: Very good 99: Invalid/Missing
RelationshipsWithOtherPeoplePastWeek	Clinical tool Question 5: Over the last week, how have your relationships with other people been?	integer	Yes	1: Very poor 2: Fair 3: Satisfactory 4: Good 5: Very good 99: Invalid/Missing

Data item	Data item Definition	Data type	Required	Format / Values
ConfidenceReduceStopToday	Clinical tool Question 6: Today, has your confidence in being able to reduce or stop your alcohol/drug use increased?	integer	Yes	1: Not at all 2: A little 3: Moderately 4: A lot 5: Extremely 99: Invalid/Missing
ConfidenceRespondIssuesToday	Clinical tool Question 7: Today, has your confidence in being able to respond to AOD issues increased?	integer	Yes	1: Not at all 2: A little 3: Moderately 4: A lot 5: Extremely 99: Invalid/Missing
SatisfiedServiceProvidedToday	Clinical tool Question 8: Today, how satisfied are you with the service provided?	integer	Yes	1: Not at all 2: A little 3: Moderately 4: A lot 5: Extremely 99: Invalid/Missing

Table 3: Service Contact

Data Item	Data Item Definitions	Data Type	Required	Format / Values
ContractNumber	Parent contract number that identifies the contractual agreement between WAPHA and a commissioned service provider.	string	Yes	If your contract starts with "CON", include the full contract number (e.g., CON12345). If your contract does not start with "CON", only enter the digits (e.g., 12345).
EpisodeIdentifier	Episode Identifier unique at the organisation level.	string	Yes	Unique ID generated by Provider. Episode Identifier may be a combination of letters and numbers and must be unique at the organisation level. Reuse of episode identifiers will result in episode information being overwritten and unrecoverable, so ensure that you do not create two independent episodes that share the same identifier.
ServiceContactIdentifier	A unique identifier for each service contact within an episode. Potentially service contact number.	string	Yes	Unique ID generated by Provider Reuse of service contact identifiers will result in service contact information being overwritten and unrecoverable, so ensure that you do not create two independent service contacts that share the same identifier.
ContactOn	The date of each Alcohol and Other Drug service contact	date	Yes	DD/MM/YYYY

Data Item	Data Item Definitions	Data Type	Required	Format / Values
	between a health service provider and patient/client.			ContactOn must be on or after episode StartedOn . If StartedOn is not provided, ReferralReceived is used.
Type	The main type of service provided in the service contact, as represented by the service type that accounted for most provider time.	integer	Conditional	0: No contact took place (DNA) 1: Assessment 2: Screening and brief intervention 3: Information and education 4: Family, friends, and carers support 5: Psychological intervention (including counselling) 6: Psychosocial support 7: Care coordination and case management (including consultation) 8: Pharmacotherapy/pharmalogical intervention 9: Relapse prevention 10: Peer support 11: Other If Attendance = 2: Did Not Attend, Type must be 0: No Contact Took place (DNA).
Modality	How service contact was delivered.	integer	Conditional	0: No contact took place 1: face to face 2: telephone 3: video 4: internet-based (i.e., web chat and other online communication not covered by telephone/video) If Attendance = 2: Did Not Attend, Modality must be 0: No Contact Took place.
Postcode	The Australian postcode where the service contact took place.	integer	Conditional	valid postcode selected from https://auspost.com.au/business/marketing-and-communications/access-data-and-insights/address-data/postcode-data If Attendance is 2: Did not Attend, Postcode must be left blank. If Modality is 2: telephone, 3: video or 4: internet-based (i.e., web chat and other online communication not covered by telephone/video), leave blank.
Participants	An indication of who participated in the Service Contact.	integer	No	1: Individual client 2: Client group session 3: Family / Client Support Network 4: Other health professional or service provider 5: Other 9: Not stated
Venue	Where the service contact was delivered.	integer	Conditional	0: No contact took place 1: Outreach 2: In reach

Data Item	Data Item Definitions	Data Type	Required	Format / Values
				98: Not applicable (Service Contact Modality is not face to face) If Attendance = 2: Did Not Attend, Venue must be 0: No contact took place.
Duration	The time from the start to finish of a service contact.	integer	Conditional	0: No contact took place 1: 1-15 mins 2: 16-30 mins 3: 31-45 mins 4: 46-60 mins 5: 61-75 mins 6: 76-90 mins 7: 91-105 mins 8: 106-120 mins 9: over 120 mins If Attendance = 2: Did Not Attend, Duration must be 0: No contact took place.
Attendance	Where an appointment was made for an intended participant(s), but the intended participant(s) failed to attend the appointment.	integer	Yes	1: Attended appointment 2: Did Not Attend
PractitionerIdentifier1	Unique identifier for the primary practitioner providing the Alcohol and Other Drug treatment service.	string	Yes	Unique ID generated by Provider. The Unique ID must de-identified, meaning it does not contain any personally identifiable information (such as name, address, date or birth, and other identifying information) and the individual cannot be reasonably identified (Section 6, Privacy Act).
PractitionerIndigenousStatus1	Whether Practitioner1 identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code.	integer	Yes	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 9: Not stated
PractitionerCategory1	The Labour classification of the Practitioner1. In most cases, Practitioner Category will be determined by the training and qualifications of the practitioner. However, in some instances, a practitioner may be employed in a capacity that	integer	Yes	1: AOD workers (counsellors, youth workers, educators) 2: Recovery and Support workers 3: Prevention workers 4: Dual-trained (dual diagnosis, mental health and AOD) 5: Aboriginal Health Workers/Practitioners 6: Allied Health professionals (clinical psychologist, social workers, pharmacist, OT, etc) 7: Addiction Medicine Specialist

Data Item	Data Item Definitions	Data Type	Required	Format / Values
	does not necessarily reflect their formal qualifications.			8: Medical Staff (GP, Drs, psychiatrist, Nurses) 9: Peer workers and mentors 99: Not stated
PractitionerCulturalTraining1	Indicates whether Practitioner1 has completed a recognised training programme in the delivery of culturally safe services to Aboriginal and Torres Strait Islander peoples.	integer	Yes	1: Yes 2: No 3: Not Required 4: Missing/Not recorded
PractitionerIdentifier2	Unique identifier for a 2 nd practitioner providing the Alcohol and Other Drug treatment service.	string	No	Unique ID generated by Provider The Unique ID must de-identified, meaning it does not contain any personally identifiable information (such as name, address, date or birth, and other identifying information) and the individual cannot be reasonably identified (Section 6, Privacy Act).
PractitionerCategory2	The Labour classification of Practitioner2.	integer	No	1: AOD workers (counsellors, youth workers, educators) 2: Recovery and Support workers 3: Prevention workers 4: Dual-trained (dual diagnosis, mental health and AOD) 5: Aboriginal Health Workers/Practitioners 6: Allied Health professionals (clinical psychologist, social workers, pharmacist, OT, etc) 7: Addiction Medicine Specialist 8: Medical Staff (GP, Drs, psychiatrist, Nurses) 9: Peer workers and mentors 99: Not stated
PractitionerIndigenousStatus2	Whether Practitioner2 identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code.	integer	No	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 9: Not stated
PractitionerCulturalTraining2	Indicates whether Practitioner2 has completed a recognised training programme in the delivery of culturally safe services to Aboriginal and Torres Strait Islander peoples.	integer	No	1: Yes 2: No 3: Not Required 4: Missing/Not recorded
PractitionerIdentifier3	Unique identifier for a 3 rd practitioner providing the	string	No	Unique ID generated by Provider

Data Item	Data Item Definitions	Data Type	Required	Format / Values
	Alcohol and Other Drug treatment service.			The Unique ID must de-identified, meaning it does not contain any personally identifiable information (such as name, address, date or birth, and other identifying information) and the individual cannot be reasonably identified (Section 6, Privacy Act).
PractitionerCategory3	The Labour classification of Practitioner3.	integer	No	1: AOD workers (counsellors, youth workers, educators) 2: Recovery and Support workers 3: Prevention workers 4: Dual-trained (dual diagnosis, mental health and AOD) 5: Aboriginal Health Workers/Practitioners 6: Allied Health professionals (clinical psychologist, social workers, pharmacist, OT, etc) 7: Addiction Medicine Specialist 8: Medical Staff (GP, Drs, psychiatrist, Nurses) 9: Peer workers and mentors 99: Not stated
PractitionerIndigenousStatus3	Whether Practitioner3 identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code.	integer	No	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 9: Not stated
PractitionerCulturalTraining3	Indicates whether Practitioner3 has completed a recognised training programme in the delivery of culturally safe services to Aboriginal and Torres Strait Islander peoples.	integer	No	1: Yes 2: No 3: Not Required 4: Missing/Not recorded
PractitionerIdentifier4	Unique identifier for a 4 th practitioner providing the Alcohol and Other Drug treatment service.	string	No	Unique ID generated by Provider The Unique ID must de-identified, meaning it does not contain any personally identifiable information (such as name, address, date or birth, and other identifying information) and the individual cannot be reasonably identified (Section 6, Privacy Act).
PractitionerCategory4	The Labour classification of Practitioner4.	integer	No	1: AOD workers (counsellors, youth workers, educators) 2: Recovery and Support workers 3: Prevention workers 4: Dual-trained (dual diagnosis, mental health and AOD) 5: Aboriginal Health Workers/Practitioners

Data Item	Data Item Definitions	Data Type	Required	Format / Values
				6: Allied Health professionals (clinical psychologist, social workers, pharmacist, OT, etc) 7: Addiction Medicine Specialist 8: Medical Staff (GP, Drs, psychiatrist, Nurses) 9: Peer workers and mentors 99: Not stated
PractitionerIndigenousStatus4	Whether Practitioner4 identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code.	integer	No	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 9: Not stated
PractitionerCulturalTraining4	Indicates whether Practitioner4 has completed a recognised training programme in the delivery of culturally safe services to Aboriginal and Torres Strait Islander peoples.	integer	No	1: Yes 2: No 3: Not Required 4: Missing/Not recorded
PractitionerIdentifier5	Unique identifier for a 5th practitioner providing the Alcohol and Other Drug treatment service.	string	No	Unique ID generated by Provider The Unique ID must be de-identified, meaning it does not contain any personally identifiable information (such as name, address, date of birth, and other identifying information) and the individual cannot be reasonably identified (Section 6, Privacy Act).
PractitionerCategory5	The Labour classification of Practitioner5.	integer	No	1: AOD workers (counsellors, youth workers, educators) 2: Recovery and Support workers 3: Prevention workers 4: Dual-trained (dual diagnosis, mental health and AOD) 5: Aboriginal Health Workers/Practitioners 6: Allied Health professionals (clinical psychologist, social workers, pharmacist, OT, etc) 7: Addiction Medicine Specialist 8: Medical Staff (GP, Drs, psychiatrist, Nurses) 9: Peer workers and mentors 99: Not stated
PractitionerIndigenousStatus5	Whether Practitioner5 identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code.	integer	No	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 9: Not stated



Data Item	Data Item Definitions	Data Type	Required	Format / Values
PractitionerCulturalTraining5	Indicates whether Practitioner5 has completed a recognised training programme in the delivery of culturally safe services to Aboriginal and Torres Strait Islander peoples.	integer	No	1: Yes 2: No 3: Not Required 4: Missing/Not recorded

4. Field Definitions

All fields that comprise the web forms in the CSRP are defined in this section, listed in alphabetical order. Their corresponding field in the csv file (where applicable) is listed as “Field name”.

Aboriginal Status

Whether a person identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code.

Field name: ClientIndigenousStatus

Required: No

Value:

- 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

Aboriginal Status (Practitioner)

Whether an Alcohol and Other Drug practitioner identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code.

Field name: PractitionerIndigenousStatus1, PractitionerIndigenousStatus2, PractitionerIndigenousStatus3, PractitionerIndigenousStatus4, PractitionerIndigenousStatus5

Required: Yes

Value:

- 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
- 9: Not stated

Additional Treatment (1-5)

Additional activity determined at assessment by the treatment provider to treat the client’s alcohol and/or drug problem for the principal drug of concern, as represented by a code.

Field name: OtherTreatment1, OtherTreatment2, OtherTreatment3, OtherTreatment4, OtherTreatment5

Required: No

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

Where Client Type is coded 2, this cannot be 1: Withdrawal management (detoxification), 3: Rehabilitation or 4: Pharmacotherapy

Accommodation Type

Represented by a code, the typical type of physical dwelling where an individual resided prior to the initiation of the service episode is referred to.

Field name: AccommodationType

Required: No

Value: 11: Private residence
12: Boarding house/private hotel
13: Informal housing
14: None/homeless/public place
21: Domestic scale supported living facility
22: Supported accommodation facility
23: Short term crisis, emergency, or transitional accommodation facility
31.1: Acute hospital
31.2: Psychiatric hospital
31.3: Rehabilitation hospital
31.8: Other hospital
32.1: Residential aged care facility
33.1: Mental health
33.2: Alcohol and other drugs
33.8: Other specialized community residential
34: Prison/remand center/youth training center
88: Other
98: Unknown
99: Not stated/inadequately described

Attendance

Indication of whether the client attended the appointment or not.

Field name: Attendance

Required: Yes

Value: 1: Attended appointment
2: Did Not Attend

Client Consent

An indication that the client has consented to their anonymized data being provided to the Department of Health for statistical purposes in planning and improving Alcohol and Other Drug services.

Field name: ClientConsent

Required: No

Value: 0: No
1: Yes

Client Type

The status of a person in terms of whether the treatment episode concerns their own alcohol and/or other drug use or that of another person, as represented by a code.

Field name: ClientType

Required: No

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

Completion Status

An indicator that denotes the state of completion of an episode of care is referred to.

Field name: CompletionStatus

Required: No

Value: 0: Episode Open
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 (noncompliance)
- 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
- 100: Episode Not started

Contract Number

Parent contract number that identifies the contractual agreement between WAPHA and a commissioned service provider.

Field name: ContractNumber
Required: Yes

Value: Beginning with CON or a five-digit code from WAPHA
CONXXXXX
12345

Country of Birth

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

Field name: ClientBirthCountyCode
Required: Yes

Value: A numeric 4-digit ABS code from the ABS
[1269.0 - Standard Australian Classification of Countries \(SACC\), Second Edition](#)
If unknown or missing, use 0003.

Cultural Training

Indicates whether a service provider/practitioner has fulfilled an approved training program in providing culturally secure services to Aboriginal and Torres Strait Islander populations. If the provider/practitioner identifies as Aboriginal or Torres Strait Islander themselves, choose 3: Not Required.

Field name: PractitionerCulturalTraining1, PractitionerCulturalTraining2, PractitionerCulturalTraining3, PractitionerCulturalTraining4, PractitionerCulturalTraining5

Required: Yes

Value: 1: Yes
2: No
3: Not Required
4: Missing/Not recorded

Date accuracy indicator

Indicates the accuracy of a client's date of birth, as supplied in their AODTS-NMDS data record. Date accuracy indicator is a 3-character code that indicates the extent to which the recorded Date of birth is accurate, estimated, or unknown. Any combination of the values A, E, U representing the corresponding level of accuracy of each date component of the reported date of birth.

Field name: ClientDateAccuracyIndicator

Required: No

Value: AAA: Day, month and year are accurate
UUE: Day and month are unknown, year is estimated
UUU: Day, month and year are unknown
AAE: Day and month are accurate, year is estimated
AAU: Day and month are accurate, year is unknown
AEE: Day is accurate, month and year are estimated
AEU: Day is accurate, month is estimated, year is unknown
AUU: Day is accurate, month and year are unknown
AUA: Day is accurate, month is unknown, year is accurate
AUE: Day is accurate, month is unknown, year is estimated
AEA: Day is accurate, month is estimated, year is accurate
EAA: Day is estimated, month and year are accurate
EAE: Day is estimated, month is accurate, year is estimated



EAU: Day is estimated, month is accurate, year is unknown
EEA: Day and month are estimated, year is accurate
EEE: Day, month and year are estimated
EEU: Day and month are estimated, year is unknown
EUA: Day is estimated, month is unknown, year is accurate
EUE: Day is estimated, month is unknown, year is estimated
EUU: Day is estimated, month and year are unknown
UAA: Day is unknown, month and year are accurate
UAE: Day is unknown, month is accurate, year is estimated
UAU: Day is unknown, month is accurate, year is unknown
UEA: Day is unknown, month is estimated, year is accurate
UEE: Day is unknown, month and year are estimated
UEU: Day is unknown, month is estimated, year is unknown
UUA: Day and month are unknown, year is accurate

Date of birth

The date of birth of the client receiving treatment.

Field name: ClientBirthDate

Required: Yes

Value: DD/MM/YYYY

Date of collection

The date when a clinical tool was administered. Required to complete the Clinical Tool component of an episode

Field name: CollectedOn

Required: Yes

Domain: DD/MM/YYYY

Date of service contact

The date of each Alcohol and Other Drug service contact between a health service provider and patient/client.

Field name: ContactOn

Required: Yes



Value: DD/MM/YYYY
Must be on or after episode **Start Date**

Employment Participation

Indication of a client's employment status, as represented by a code.

Field name: ClientEmploymentParticipation
Required: No

Value: 1: Full-time
2: Part-time
3: Not applicable - not in the labor force
9: Not stated/inadequately described

End date

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

Field name: EndedOn
Required: Required when Completion Status is 1 – 13, 98 or 99.

Value: DD/MM/YYYY
Must be on or after **Start Date**

English Proficiency

The self-assessed level of ability to speak English, asked of people whose first language is a language other than English or who speak a language other than English at home.

Field name: ClientEnglishProficiency
Required: No

Value: 1: Not applicable (persons under 5 years of age or who speak only English)
2: Very well
3: Well
4: Not well
5: Not at all inadequately described
9: Not stated

When the client is <= 5 years old or when the client's main language is

English, choose 1: Not applicable, do not leave blank.

Episode Identifier

This is a number or code assigned to each episode. The Episode Identifier must be unique and stable for each episode at the level of the organisation.

Field name: EpisodeIdentifier
Required: Yes

Value: Episode ID must be generated by the organisation to be unique at the provider organisation level and must persist across time. It must be valid Unicode characters.

Reuse of episode identifiers will result in episode information being overwritten and unrecoverable, so ensure that you do not create two independent episodes that share the same identifier

Establishment ID

Establishment identifier is a nationally unique identifier for each alcohol and other drug treatment agency included in the AODTS NMDS collection. It is the responsibility of each jurisdiction's health authority to assign a unique establishment identifier to each agency and to ensure the same unique establishment identifier is used for that agency over time. The stability of the establishment identifier over time is particularly important for deriving client identifiers using the SLK-581.

Field name: EstablishmentIdentifier
Required: Yes

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

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

Establishment SA2

An SA2 is identifiable by a 9-digit fully hierarchical code comprising the 1-digit State or Territory identifier, and Statistical Areas Level 2-4 identifiers. The aim is to represent a community that interacts together socially and economically. This item relates to the location of the service delivery outlet.

Field name: EstablishmentSa2Code
Required: Yes

Value: Refer to the [ABS Australian Statistical Geography Standard \(ASGS\) \(ABS 2021\)](#). To determine your establishment's SA2, download the 'Statistical Areas Level 2 – 2021' excel file from the [ABS Website](#) and search for the suburb that your organisation is located, and use the corresponding 9-digit value in column 1.

Gender

How a client describes their gender, which relates to social and cultural differences in identity, expression, and experience as a man, boy, woman, girl, or non-binary person. Non-binary is an umbrella term describing gender identities that are not exclusively male or female.

Field name: ClientGender
Required: No

Values: 1: Man, or boy, or male
2: Woman, or girl, or female
3: Non-binary
4: Different term
5: Prefer not to answer
9: Not stated/inadequately described

Injecting Drug Use Status

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

Field name: InjectingDrugUseStatus
Required: No

Value: 1: Last injected three months ago or less.
2: Last injected more than 3 months ago but less than or equal to 12 months ago.
3: Last injected more than 12 months ago.
4: Never injected.
9: Not stated.

Where Client Type is coded 2, do not collect (i.e., leave blank)
If Method of use – Principal Drug = 3: Injects, this CANNOT be 4: Never Injected

Main Treatment Type

The main activity determined at assessment by the treatment provider to treat the client's alcohol and/or drug problem for the principal drug of concern, as represented by a code.

Field name: MainTreatmentType

Required: No

Value:

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

Where Client Type is coded 2, this cannot be 1: Withdrawal management (detoxification), 3: Rehabilitation or 4: Pharmacotherapy

Method of use – Principal Drug

The client's self-reported usual method of administering the principal drug of concern, as represented by a code. Where Client type is coded 2 do not collect (i.e., leave blank).

Field name: UsualMethodMainDrug

Required: No

Value:

- 1: Ingests
- 2: Smokes
- 3: Injects
- 4: Sniffs (powder)
- 5: Inhales (vapor)
- 6: Other
- 9: Not stated

Modality

How the service contact was delivered.

Field name: Modality

Required:

Conditional

Value:

0: No contact took place
1: face to face
2: telephone
3: video
4: internet-based (i.e., web chat and other online communication not covered by telephone/video)

If Attendance = 2: Did Not Attend, Modality must be 0: No Contact Took place.

Other Drug of Concern (1-5)

A drug of concern, other than the Primary Drug of Concern, which the client states as being a concern, as represented by a code. Where Client type is coded 2, do not collect (i.e., leave blank).

Field name:

OtherDrug1Code

Required:

No

Value:

[A numeric 4-digit ABS code from the ABS Australian Standard Classification of Drugs of Concern \(ASDC\) \(ABS cat. no. 1248.0, 2011 version\).](#)

Where Client type is coded 2, do not collect (i.e. leave blank).
0000 can be used ONLY where Source of referral is 09: Police Diversion, 10: Court Diversion, 98: Other or 99: not stated/inadequately described.

Gender

How a client describes their gender, which relates to social and cultural differences in identity, expression, and experience as a man, boy, woman, girl, or non-binary person. Non-binary is an umbrella term describing gender identities that are not exclusively male or female.

Field name:

ClientGender

Required:

No

Value:

1: Man, or boy, or male
2: Woman, or girl, or female
3: non-binary
4: Different term
5: Prefer not to answer

9: Not stated/inadequately described

Person Identifier

A unique identifier for a person receiving the alcohol and other drug service. Individual agencies, establishments or collection authorities may use their own alphabetic, numeric, or alphanumeric coding systems.

Field name: PersonIdentifier

Required: Yes

Value: Personal Identifier must be unique at provider organisation level.

Reuse of person identifiers will result in person information being overwritten and unrecoverable, so ensure that you do not create two independent people/clients that share the same identifier.

The Unique ID must de-identified, meaning it does not contain any personally identifiable information (such as name, address, date or birth, and other identifying information) and the individual cannot be reasonably identified (Section 6, Privacy Act).

Postcode

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

Field name: ClientPostcode

Required: Yes

Value: A valid postcode selected from <https://auspost.com.au/business/marketing-and-communications/access-data-and-insights/address-data/postcode-data>

Acceptable values when client has no fixed address or postcode is not stated:

9997: No fixed address

9998: Not stated or inadequately described

Practitioner 1

Unique identifier for the primary practitioner providing the Alcohol and Other Drug treatment service.



Field name: PractitionerIdentifier1
Required: Yes

Value: Practitioner Identifier must be unique at provider level.
Reuse of practitioner identifiers will result in Practitioner information being overwritten and unrecoverable, so ensure that you do not create two independent Practitioners that share the same identifier.
The Unique ID must de-identified, meaning it does not contain any personally identifiable information (such as name, address, date or birth, and other identifying information) and the individual cannot be reasonably identified (Section 6, Privacy Act).

Practitioner 2

Unique identifier for a 2nd practitioner providing the Alcohol and Other Drug treatment service.

Field name: PractitionerIdentifier2
Required: No

Value: Practitioner Identifier must be unique at provider level.
Reuse of practitioner identifiers will result in Practitioner information being overwritten and unrecoverable, so ensure that you do not create two independent Practitioners that share the same identifier.
The Unique ID must de-identified, meaning it does not contain any personally identifiable information (such as name, address, date or birth, and other identifying information) and the individual cannot be reasonably identified (Section 6, Privacy Act).

Practitioner 3

Unique identifier for a 3rd practitioner providing the Alcohol and Other Drug treatment service.

Field name: PractitionerIdentifier3
Required: No

Value: Practitioner Identifier must be unique at provider level.
Reuse of practitioner identifiers will result in Practitioner information being overwritten and unrecoverable, so ensure that you do not create two



independent Practitioners that share the same identifier.

The Unique ID must de-identified, meaning it does not contain any personally identifiable information (such as name, address, date or birth, and other identifying information) and the individual cannot be reasonably identified (Section 6, Privacy Act).

Practitioner 4

Unique identifier for a 4th practitioner providing the Alcohol and Other Drug treatment service.

Field name: PractitionerIdentifier4

Required: No

Value: Practitioner Identifier must be unique at provider level.

Reuse of practitioner identifiers will result in Practitioner information being overwritten and unrecoverable, so ensure that you do not create two independent Practitioners that share the same identifier.

The Unique ID must de-identified, meaning it does not contain any personally identifiable information (such as name, address, date or birth, and other identifying information) and the individual cannot be reasonably identified (Section 6, Privacy Act).

Practitioner 5

Unique identifier for a 5th practitioner providing the Alcohol and Other Drug treatment service.

Field name: PractitionerIdentifier5

Required: No

Value: Practitioner Identifier must be unique at provider level.

Reuse of practitioner identifiers will result in Practitioner information being overwritten and unrecoverable, so ensure that you do not create two independent Practitioners that share the same identifier.

The Unique ID must de-identified, meaning it does not contain any personally identifiable information (such as name, address, date or birth, and other identifying information) and the individual cannot be reasonably

identified (Section 6, Privacy Act).

Practitioner Category

The Labor classification of the practitioner providing the Alcohol and Other Drug treatment. In most cases, Practitioner Category will be determined by the training and qualifications of the practitioner. However, in some instances, a practitioner may be employed in a capacity that does not necessarily reflect their formal qualifications.

Field name: PractitionerCategory1, PractitionerCategory2, PractitionerCategory3, PractitionerCategory4, PractitionerCategory5

Required: Yes

Value:

- 1: AoD workers (counsellors, youth workers, educators)
- 2: Recovery and Support workers
- 3: Prevention workers
- 4: Dual-trained (dual diagnosis, mental health and AoD)
- 5: Aboriginal Health Workers/Practitioners
- 6: Allied Health professionals (clinical psychologist, social workers, pharmacist, OT, etc.)
- 7: Addiction Medicine Specialist
- 8: Medical Staff (GP, Drs, psychiatrist, Nurses)
- 9: Peer workers and mentors
- 99: Not stated

Preferred Language

The language (including sign language) most preferred by the person for communication, as represented by a code.

Field name: ClientMainLanguageCode

Required: No

Value: [A numeric 4-digit ABS code from the ABS Australian Standard Classification of Languages \(ASCL\) \(ABS cat. no. 1267.0, 2016 version\).](#)

Principal Drug of Concern

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



Field name: MainDrugCode
Required: No

Value: [A numeric 4-digit ABS code from the ABS Australian Standard Classification of Drugs of Concern \(ASCDC\) \(ABS cat. no. 1248.0, 2011 version\).](#)

Where Client type is coded 2, do not collect (i.e. leave blank).
0000 can be used ONLY where Source of referral is 09: Police Diversion, 10: Court Diversion, 98: Other or 99: not stated/inadequately described.

Reason for collection

The reason why the clinical tool was administered as part of the Alcohol and Other Drug treatment service

Field name: CollectionReason
Required: No

Value: 1: Assessment
2: Review

Referral Made Date

The date the referrer made the referral for treatment. If this is the same as Referral Received Date, enter the same date for both.

Field name: ReferralMadeOn
Required: Yes

Value: DD/MM/YYYY
Referral Made Date must be on or before **Start Date**. If your organisation doesn't differentiate between the referral being made and receiving the referral, enter the same date for both **Referral Made Date** and **Referral Received Date**.

Referral Received Date

The date service provider received the referral for treatment. If this is the same as Referral Made Date, enter the same date for both.

Field name: ReferralReceivedOn
Required: Yes

Value: DD/MM/YYYY
Referral Received Date must be on or after **Referral Made Date**. If your organisation doesn't differentiate between the referral being made and receiving the referral, enter the same date for both **Referral Made Date** and **Referral Received Date**.

Service Contact Duration

The time from the start to finish of a service contact, in minutes.

Field name: Duration
Required: Conditional

Value: 0: No contact took place
1: 1-15 mins
2: 16-30 mins
3: 31-45 mins
4: 46-60 mins
5: 61-75 mins
6: 76-90 mins
7: 91-105 mins
8: 106-120 mins
9: over 120 mins

If Attendance = 2: Did Not Attend, Service Contact Duration must be 0: No Contact Took place.

Service Contact Identifier

A unique identifier for each service contact within an episode.

Field name: ServiceContactIdentifier
Required: Yes

Value: Service Contact ID must be unique at provider level.
Reuse of service contact identifiers will result in service contact information being overwritten and unrecoverable, so ensure that you do not create two independent service contacts that share the same identifier.

Service Contact Participants

An indication of who participated in the Service Contact.

Field name: Participants

Required: No

Value:

- 1: Individual client
- 2: Client group session
- 3: Family / Client Support Network
- 4: Other health professional or service provider
- 5: Other
- 9: Not stated

Service Contact Postcode

The Australian postcode where the service contact took place.

Field name: Postcode

Required: Conditional

Value: A valid postcode selected from <https://auspost.com.au/business/marketing-and-communications/access-data-and-insights/address-data/postcode-data>

If Attendance is 2: Did not Attend, Service Contact Postcode must be left blank.

If Modality is 2: telephone, 3: video or 4: internet-based (i.e., web chat and other online communication not covered by telephone/video), leave blank.

Service Contact Venue

Where the service contact delivered.

Field name: Venue

Required: Conditional

Value:

- 0: No contact took place
- 1: Outreach
- 2: In reach
- 98: Not applicable (Service Contact Modality is not face to face)

If Attendance = 2: Did Not Attend, Service Contact Venue must be 0: No Contact Took place.

Service Type

The main type of service provided in the service contact, as represented by the service type that accounted for most provider time.

Field name: Type
Required: Conditional

Value:

- 0: No contact took place (DNA)
- 1: Assessment
- 2: Screening and brief intervention
- 3: Information and education
- 4: Family, friends, and carers support
- 5: Psychological intervention (including counselling)
- 6: Psychosocial support
- 7: Care coordination and case management (including consultation)
- 8: Pharmacotherapy/pharmacological intervention
- 9: Relapse prevention
- 10: Peer support
- 11: Other

If Attendance = 2: Did Not Attend, Service Type must be 0: No Contact Took place (DNA).

Sex

The biological distinction between male and female, as represented by a code.

Field name: ClientSex
Required: No

Value:

- 1: Male
- 2: Female
- 3: Another term
- 9: Not stated

SLK-581

A key that enables two or more records belonging to the same individual to be brought together. It is represented by a code consisting of the second, third and fifth characters of a person's family name, the second and third letters of the person's given name, the day, month, and year when the person was born and the sex of the person, concatenated in that order.

Field name: ClientSlk581

Required: No

Value: The structure of the complete SLK-581 element is: XXXXXDDMMYYYYN.

The SLK-581 is made up of four elements:

(1) The second, third and fifth letters of the consumer's family name (total 3 letters)

(2) The second and third letters of the consumers given name (total 2 letters)

(3) Date of birth (in format [DDMMYYYY])

(4) Sex (1= Male; 2 = Female; 9 = Unknown)

For more detailed information about generating a client's SLK-581, see [SLK-581 Guide For Use](#)

Source of Referral

The source from which the person was transferred or referred to the alcohol and other drug treatment service, as represented by a code.

Field name: ReferralSource

Required: No

Value:

- 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

Note: Medical practitioner includes GPs.

Start Date

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

Field name: StartedOn

Required: No

Value: DD/MM/YYYY

If populated, **Start Date** must be on or after **Referral Received Date**. If **Start Date** is left blank, the date of first service contact will be considered as episode start date.

Statistical Area Level 2

The SA2 of the client's last known home address at the start of the treatment episode.

Field name: ClientSa2Code

Required: No

Value: Refer to the [ABS Australian Statistical Geography Standard \(ASGS\) \(ABS 2021\)](#).

The complete list of 9-digit SA2 codes can be found by downloading the 'Statistical Areas Level 2 – 2021' excel file from the [ABS Website](#).

To enter the client's SA2, click on the magnifying glass to launch the SA2 lookup, enter the client's locality into the search bar and choose the corresponding SA2 Code.

Supplementary codes:

599999499 : No usual address (WA)

Note: this list was most recently updated in 2021 by the ABS. If the client's SA2 is not found, leave blank.

Suburb

The suburb, town, or locality of the client's last known home address at the start of the treatment episode.

Field name: ClientSuburb

Required: No

Value: Suburb name.

A list of Towns, Suburbs and localities in Australia (and associated postcodes) can be found on the Australia Post website:



<https://auspost.com.au/business/marketing-and-communications/access-data-and-insights/address-data/postcode-data>

If ClientPostcode is 9997 or 9998, leave this field blank.

Treatment Delivery Setting

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

Field name: TreatmentDeliverySetting

Required: No

Value:

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