



Australian Government

**Australian Institute of
Health and Welfare**

*Better information and statistics
for better health and wellbeing*

AIHW Working paper

National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) 2010 collection

Data guide

May 2010

Australian Institute of Health and Welfare
Canberra

Cat. no. WP 64

The Australian Institute of Health and Welfare is Australia's national health and welfare statistics and information agency. The Institute's mission is *better information and statistics for better health and wellbeing.*

© Australian Institute of Health and Welfare 2010

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced without prior written permission from the Australian Institute of Health and Welfare. Requests and enquiries concerning reproduction and rights should be directed to the Head, Media and Communications Unit, Australian Institute of Health and Welfare, GPO Box 570, Canberra ACT 2601.

A complete list of the Institute's publications is available from the Institute's website <www.aihw.gov.au>.

ISBN 978 1 74249 037 3

Suggested citation

Australian Institute of Health and Welfare 2010. National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) 2009 collection data guide. Cat. no. WP.64 Canberra: AIHW.

Australian Institute of Health and Welfare

Board Chair

Hon. Peter Collins, AM, QC

Director

Penny Allbon

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

Amber Jefferson

Australian Institute of Health and Welfare

GPO Box 570

Canberra ACT 2601

Phone: (02) 6244 1000

Email: julia.tresidder@aihw.gov.au

Published by the Australian Institute of Health and Welfare

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

Contents

Acknowledgments.....	4
1 Introduction to the NOPSAD collection.....	5
1.1 What is the NOPSAD collection and why was it developed?	5
1.2 What is the NOPSAD collection used for?.....	5
1.3 Purpose and structure of the NOPSAD data guide.....	6
2 Scope of the NOPSAD collection.....	7
3 NOPSAD counting rules	8
4 Administrative features in each jurisdiction	9
5 Process for transmission, collation and reporting.....	11
6 Data required for the NOPSAD collection.....	12
7 Data item definitions.....	20
8 Data release guidelines	29
8.1 Purpose	29
8.2 Background	29
8.3 Summary of unpublished data access options.....	29
8.4 AIHW charging policy for ad hoc information services	30
8.5 Other alcohol and other drug data	30
8.6 Requests for release of NOPSAD unpublished state/territory data.....	31
Request for Release of Data.....	31
Request for Access to National Opioid Pharmacotherapy Statistics Annual Data	32
Appendix 1: 2010 transmission specifications	33
References	36

Acknowledgments

The Australian Institute of Health and Welfare (AIHW) would like to acknowledge the members of the National Opioid Pharmacotherapy Statistical Annual Data Working Group who provided comment on the draft *National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) 2010 collection Data guide*.

The AIHW gratefully acknowledges the funding provided by the Australian Government Department of Health and Ageing for this project.

1 Introduction to the NOPSAD collection

1.1 What is the NOPSAD collection and why was it developed?

The National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection is an administrative by-product collection. Data are collated in each jurisdiction from information already collected for the purposes of administering or providing a service.

In Australia, people with opioid dependence have been treated using opioid pharmacotherapy for a number of decades (methadone since 1969 and buprenorphine since the 1980s). The Australian Government funds the provision of pharmacotherapy drugs via pharmaceutical benefits arrangements, through clinics and pharmacies approved by state and territory governments. Treatment of opioid dependence is administered according to the law of the relevant state or territory, and within a framework which includes not only medical treatment, but also social and psychological treatment.

In January 2007, the Australian Government Department of Health and Ageing (DoHA) released the *National pharmacotherapy policy for people dependent on opioids* (DoHA 2007). This policy provides a framework for state and territory policies and guidelines that are concerned with the treatment of opioid dependence with methadone and buprenorphine.

In 1985, methadone maintenance treatment was endorsed as Australian policy, and national information on the numbers of pharmacotherapy clients was first collated in 1986. In December 1999, the Commonwealth Government and state and territory governments, through the National Health Information Management Group, endorsed the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS) and data collection commenced on 1 July 2000. However, due to particular complexities in collecting information about pharmacotherapies, agencies whose sole activity was to prescribe and/or dose for opioid pharmacotherapy treatment, were excluded from the scope of the AODTS-NMDS collection. Instead, data on clients participating in opioid pharmacotherapy treatment have been routinely collected by state and territory health departments and provided each year to DoHA. In 2005, the Australian Institute of Health and Welfare (AIHW) took on the responsibility for management, analysis and reporting of the NOPSAD collection and jurisdictions provide data directly to the AIHW.

1.2 What is the NOPSAD collection used for?

The main purpose of the current NOPSAD collection is to report aggregate jurisdictional data on the number of clients accessing pharmacotherapy for the treatment of opioid dependence, the number of prescribers participating in the delivery of pharmacotherapy treatment, and quantitative information about the prescribing sector. From the collection, national information on pharmacotherapy can be reported.

The NOPSAD collection is one of a number of data sources that provide a picture of alcohol and other drug treatment services in Australia. Data from the NOPSAD collection can also be

considered along with information from other sources (for instance, the AODTS–NMDS and the National Drug Strategy Household Survey) to inform debate, policy decisions and planning processes that occur within the broader alcohol and other drug treatment sector. More specifically, pharmacotherapy data may be used in states and territories to:

- monitor resources required for pharmacotherapy treatment, such as the number of prescribers and dosing points
- monitor and plan services (e.g. monitoring prescriber capacity and capping number of clients)
- develop and refine policies relating to treatment of clients with opioid dependency
- track the number of clients moving between the public and private sectors
- monitor client access to treatment
- fill gaps in national treatment services data.

1.3 Purpose and structure of the NOPSAD data guide

The NOPSAD data guide has been developed by the AIHW to promote nationally consistent opioid pharmacotherapy treatment data. Its development has been largely guided by jurisdictional collection materials and practices. It is hoped that the NOPSAD data guide will not only enhance the interpretation of the data currently being collected, but also facilitate the exploration of future data items in the collection that may be beneficial.

The NOPSAD data guide is intended to be used as a reference for those involved in collating and supplying pharmacotherapy data within jurisdictions, including pharmacotherapy managers and/or data providers.

It is intended that this data guide will be reviewed and enhanced annually under the guidance of the NOPSAD Working Group, which comprises national and jurisdictional pharmacotherapy data developers and data analysts. This gradual enhancement will result in these data descriptions evolving into national data definitions for registration within the National Health Data Dictionary.

The structure of the NOPSAD data guide is as follows:

- Section 2 outlines the scope of the NOPSAD collection
- Section 3 explains the collection's counting rules
- Section 4 outlines administrative features in each jurisdiction
- Section 5 describes the data transmission, collation and reporting processes
- Section 6 provides detailed information on what data are required for the NOPSAD collection
- Section 7 provides detailed data item definitions
- Section 8 provides data release guidelines
- Appendix 1 contains details of the data transmission specifications for the 2009 collection.

2 Scope of the NOPSAD collection

The collection covers the provision of opioid pharmacotherapy treatment, the medical practitioners who prescribe the treatment, the dosing sites which dispense the pharmacotherapy drugs, and the clients receiving the opioid pharmacotherapy treatment.

The following pharmacotherapies are currently recommended for the treatment of opioid dependency:

- Methadone hydrochloride – GlaxoSmithKline Methadone Syrup®, Biodone Forte®
- Buprenorphine – Subutex®
- Buprenorphine/naloxone – Suboxone®.

Methadone

Methadone is a synthetic opioid agonist primarily used in maintenance therapy and may assist in withdrawal for those dependent on opioids, most commonly heroin. Methadone reduces the use of heroin through cross tolerance which reduces withdrawal symptoms, desire to use heroin, and the euphoric effect when heroin is used. Methadone is taken orally, usually on a daily basis (DoHA 2007).

Buprenorphine

Buprenorphine is a partial opioid agonist with high receptor affinity. It has actions similar to full agonist drugs but with less efficacy such that increases in dose have progressively less increase in effect. Two buprenorphine products are currently registered in Australia for the treatment of opioid dependence within a framework of medical, social and psychological treatment – the mono product (Subutex®) is a sublingual tablet containing buprenorphine hydrochloride in 0.4, 2 and 8 mg strengths; the combination product (Suboxone®) is a sublingual tablet containing buprenorphine hydrochloride and naloxone hydrochloride in a ratio of 4:1. Suboxone® is available in two dosage strengths – 2mg buprenorphine and 0.5mg naloxone, and 8mg buprenorphine and 2mg naloxone. The properties of buprenorphine and naloxone are such that, when taken sublingually, Suboxone® will act as if it was buprenorphine alone. However, if the combined preparation is injected, the naloxone may have a clinically significant effect such that it is likely to attenuate the effects of the buprenorphine in the short term, and is also likely to precipitate withdrawal symptoms in opioid-dependent individuals using heroin or methadone (as above).

3 NOPSAD counting rules

The main counts of the NOPSAD collection in 2010 are prescribers, dosing sites and clients (see Box 1 for definitions).

It is important to remember that counts in the NOPSAD collection relate to a particular day. The use of a 'specified/snapshot' day permits the number of clients to be estimated at a single point in time. This actual day varies across the jurisdictions.

Box 1: Key definitions for the NOPSAD collection

Prescribers refers to registered prescribers who have undergone accreditation and/or authorisation to prescribe a pharmacotherapy drug and who have not been recorded as ceasing this registration prior to the 'snapshot/specified' day.

More specifically, prescribers should be included in the count, if they are either:

- registered or authorised prescribers; or
- active prescribers, or prescribers that are scripting at least one client over the reporting period (i.e. each financial year).

Pharmacotherapy dosing point sites refers to the dosing points at which at least one client is provided a pharmacotherapy drug on the 'snapshot/specified' day. Dosing point sites include:

- public clinics
- private clinics
- pharmacies
- correctional settings
- other, that is, hospitals (inpatients and outpatients), community health centres, doctors' surgeries and 'not stated' dosing point sites.

Clients refers to people registered as receiving opioid pharmacotherapy treatment on the 'snapshot/specified' day.

4 Administrative features in each jurisdiction

Each state and territory uses a slightly different method to collect data on pharmacotherapy prescribing and dosing (Table 1). These differences are driven by variation in legislation, information technology systems and resources, which mean jurisdictions, may not be directly comparable.

Table 1: Administrative features of the NOPSAD collection in each jurisdiction

Jurisdiction	Methodology
New South Wales	The Pharmacotherapy Drugs of Addiction System (PHDAS) is primarily used to assist the administration of the NSW Opioid Treatment Program. Information reported into the database is used to inform the issuing of authority to doctors to prescribe as part of the NSW Opioid Treatment Program. The database also records client admissions and exits into and out of treatment, as well as details of approved prescribers and dosing points. For these reasons, PHDAS is characterised by continual fluctuations and data extracted at different times for the same period may not be the same. However, while delays in reporting entries into the program, exits from the program, and changes in the status of dosing points cause short-term fluctuations in the database, these fluctuations flatten out over the course of a full year. Client data are reported in New South Wales as at 30 June.
Victoria	Data are collected from: - a quarterly census of pharmacists, whereby they are requested to report the actual number of clients being dosed on a specified day - the permit database, which records information about practitioners authorised to prescribe pharmacotherapy drugs, as well as demographic information about clients accessing pharmacotherapy treatment. These two data sources cannot be linked. The Victorian pharmacotherapy system is essentially entirely community-based, other than inpatients in hospitals and in prisons. Although a small number of services receives government funding they are independent bodies and services and are not managed directly by government. Client data are reported in Victoria on a specified day.
Queensland	Data are collected monthly from pharmacists and entered into a central database managed by the Drugs of Dependence Unit. Data are also collected from the administrative 'Admission' and 'Discharge' forms. National and Queensland totals may vary slightly due to these data source differences. For example, a client may be counted as registered and having received a dose on the 'snapshot/specified' day but a dosing point cannot be assigned because the dose consumed on that day was a takeaway dose. Client data for Queensland are reported on a specified day.
Western Australia	Data are collected monthly from pharmacists and entered into a central database managed by the Pharmaceutical Services Unit. Data are also collected from the 'Application for authority', 'Authority to prescribe' and 'Termination of treatment' forms. Client data are reported in Western Australia for the entire month of June. Prior to 2005, Western Australia reported clients over a year.

(continued)

Table 1 (continued): Administrative features of the NOPSAD collection in each jurisdiction

Jurisdiction	Methodology
South Australia	Data are collected from the forms 'Application for authority', 'Termination of treatment', 'Authority to prescribe' and 'Request for takeaway doses', which are entered into a central database system at Drug and Alcohol Services South Australia (DASSA). Information from scripts is also collected electronically from pharmacists monthly and sent to DASSA From 2007, data have been collected via a quarterly census of pharmacists and reported on a specified day. Other data are drawn from the Drugs of Dependence Unit Drugs of Misuse Surveillance System and are about those clients registered for treatment on the specified day (but who may not actually receive treatment on that day).
Tasmania	Data are collected from pharmacists participating in the Tasmanian Pharmacotherapy Program, and stored in the Drug and Alcohol Pharmacy Information System (DAPIS). This central database is managed through the Pharmaceutical Services Unit, and is a 'live' database, from which a snapshot for any day can be taken. Client data are reported in Tasmania on a specified day.
Australian Capital Territory	Client participation data are collected from the Alcohol and Drug Program databases and from prescription dosing records provided by community pharmacies. General practitioner and pharmacy participation data are collected from the Chief Health Officer's records and quarterly phone contact. Client data are reported in the Australian Capital Territory on a specified day.
Northern Territory	Prescribers complete the forms 'Authority', 'Variation' and 'Cessation', and submit them to the Department of Health and Community Services Poisons Control for entry into a central database. Pharmacies also submit copies of scripts to the same database. The Northern Territory aggregates data throughout the year. Client data are reported in the Northern Territory on a specified day.

5 Process for transmission, collation and reporting

The main processes that are undertaken annually for the transmission, collation and reporting of NOPSAD data are as follows:

- By October of each year, the AIHW sends out a formal request for NOPSAD data (with table shells outlining the data required) to NOPSAD Working Group members in each jurisdiction (Appendix 1).
- Jurisdictions use aggregate data to complete the relevant sections of the table shells. By mid-October, most tables are transmitted back to the AIHW with any caveats or notes that should accompany the data.
- The AIHW reviews the data submitted by each state and territory and follows up with individual jurisdictions if any discrepancies are found.
- Once the validation process is complete, the AIHW combines data from each jurisdiction into national data tables. These tables are then analysed and included in a draft bulletin that outlines the findings from the collection.
- The draft bulletin is then circulated to data providers for comment before it is publicly released.
- The NOPSAD bulletin was published for the first time in 2008 and a subset, as in previous years, is published within the AODTS–NMDS annual report. The AIHW submits a final draft of the bulletin in April to the Australian Department of Health and Ageing prior to the publication in the AODTS–NMDS annual report.

The AIHW provides guidance to jurisdictions regarding data quality and completeness issues throughout all phases of transmission, collation and reporting.

For further information in relation to data transmission, development and/or interpretation issues, please contact:

Dr Julia Tresidder

Drug Surveys and Services Unit

Australian Institute of Health and Welfare

GPO Box 570, Canberra ACT 2601

Phone: (02) 6244 1000

E-mail: julia.tresidder@aihw.gov.au

6 Data required for the NOPSAD collection

6.1 Number of clients receiving pharmacotherapy drugs

Defined as: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day, by pharmacotherapy drug provided type.

Classification:

- (a) The number of pharmacotherapy clients receiving **methadone** as their pharmacotherapy drug type on the 'snapshot/specified' day.
- (b) The number of pharmacotherapy clients receiving **buprenorphine** as their pharmacotherapy drug type on the 'snapshot/specified' day.
- (c) The number of pharmacotherapy clients receiving **buprenorphine/naloxone** as their pharmacotherapy drug type on the 'snapshot/specified' day.
- (d) The **total** number of pharmacotherapy clients receiving any form of pharmacotherapy drug on the 'snapshot/specified' day.

Guide for use:

- This data item refers to the number of pharmacotherapy clients receiving pharmacotherapy treatment on a particular day.
- This data item is a count of those active clients regardless of whether the client has received a service or not on the 'snapshot/specified' day.
- For a more complete definition of:
 - 'pharmacotherapy client', refer to Section 7.2
 - 'pharmacotherapy drug', refer to Section 7.5.

Comments:

- In Western Australia, client data are reported for the entire month of June.

Transmission requirements:

- See Appendix 1, Table A.

6.2 Number of clients by pharmacotherapy drug type and prescriber type

Defined as: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type and prescriber type.

Classification:

- (a) The number of pharmacotherapy clients receiving **methadone** as their pharmacotherapy drug type on the 'snapshot/specified' day and the **prescriber type**.
- (b) The number of pharmacotherapy clients receiving **buprenorphine** as their pharmacotherapy drug type on the 'snapshot/specified' day and the **prescriber type**.
- (c) The number of pharmacotherapy clients receiving **buprenorphine/naloxone** as their pharmacotherapy drug type on the 'snapshot/specified' day and the **prescriber type**.
- (d) The **total** number of pharmacotherapy clients receiving any form of pharmacotherapy drug on the 'snapshot/specified' day and the **prescriber type**.

Guide for use:

- This data item refers to the number of pharmacotherapy clients receiving pharmacotherapy treatment on a particular day.
- This data item is a count of those active clients regardless of whether the client has received a service or not on the 'snapshot/specified' day.
- For a more complete definition of:
 - 'pharmacotherapy client', refer to Section 7.2
 - 'pharmacotherapy prescriber type', refer to Section 7.3
 - 'pharmacotherapy drug', refer to Section 7.5.

Comments:

- In Western Australia, client data are reported for the entire month of June.
- In New South Wales clients prescribed buprenorphine/naloxone are counted under buprenorphine.

Transmission requirements:

- See Appendix 1, Table B.

6.3 Number of clients by pharmacotherapy drug type and dosing point site

Defined as: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type and the dosing point where the client is provided the pharmacotherapy drug.

Classification:

- (a) The number of pharmacotherapy clients receiving **methadone** as their pharmacotherapy drug type on the 'snapshot/specified' day and the **dosing point** at which the client is provided the pharmacotherapy drug.
- (b) The number of pharmacotherapy clients receiving **buprenorphine** as their pharmacotherapy drug type on the 'snapshot/specified' day and the **dosing point** at which the client is provided the pharmacotherapy drug.
- (c) The number of pharmacotherapy clients receiving **buprenorphine/naloxone** as their pharmacotherapy drug type on the 'snapshot/specified' day and the **dosing point** at which the client is provided the pharmacotherapy drug.
- (d) The **total** number of pharmacotherapy clients receiving any form of **pharmacotherapy drug** on the 'snapshot/specified' day and the **dosing point** at which the client is provided the pharmacotherapy drug.

Guide for use:

- This data item refers to the number of pharmacotherapy clients receiving pharmacotherapy treatment on a particular day.
- This data item is a count of those active clients regardless of whether the client has received a service or not on the 'snapshot/specified' day.
- The dosing point site for a client may vary over the course of a year. This data item is asking for the dosing point on the 'snapshot/specified' day.
- For a more complete definition of:
 - 'pharmacotherapy client', refer to Section 7.2
 - 'pharmacotherapy dosing point site', refer to Section 7.4
 - 'pharmacotherapy drug', refer to Section 7.5.

Comments:

- In Western Australia, client data are reported for the entire month of June.
- In New South Wales clients prescribed buprenorphine/naloxone are counted under buprenorphine.

Transmission requirements:

- See Appendix 1, Table C.

6.4 Number of pharmacotherapy prescribers

Defined as: Total number of registered medical practitioners who have undergone accreditation and/or authorisation to prescribe a pharmacotherapy drug by the pharmacotherapy drug type they prescribe for.

Classification:

- (a) The number of **registered practitioners** who have undergone accreditation and/or authorisation to prescribe **methadone only**.
- (b) The number of **registered practitioners** who have undergone accreditation and/or authorisation to prescribe **buprenorphine only**.
- (c) The number of **registered practitioners** who have undergone accreditation and/or authorisation to prescribe **buprenorphine/naloxone only**.
- (d) The number of **registered practitioners** who have undergone accreditation and/or authorisation to prescribe **more than one pharmacotherapy drug type** (e.g. practitioners may be authorised to prescribe buprenorphine or buprenorphine/naloxone but not methadone. Alternatively practitioners may be registered to prescribe all three pharmacotherapies).
- (e) The **total** number of **registered practitioners** who have undergone accreditation and/or authorisation to prescribe a pharmacotherapy drug (i.e. methadone, buprenorphine and buprenorphine/naloxone). This total should equate to the sum of the four components above.

Guide for use:

- This data item refers to the number of registered practitioners who are accredited/authorised for the financial year.
- The count for these data should relate to the number of prescribers over the collection period (i.e. the financial year).
- For a more complete definition of:
 - ‘prescriber’, refer to Section 7.1
 - ‘pharmacotherapy drug’, refer to Section 7.5.

Transmission requirements:

- See Appendix 1, tables D and I.

6.5 Number of pharmacotherapy dosing point sites

Defined as: Total number of pharmacotherapy dosing point sites where clients are provided pharmacotherapy drugs over the reporting period (i.e. the financial year).

- Classification:**
- (a) The number of pharmacotherapy dosing point sites located in a **public clinic** over the reporting period.
 - (b) The number of pharmacotherapy dosing point sites located in a **private clinic** over the reporting period.
 - (c) The number of pharmacotherapy dosing point sites located in a **pharmacy** over the reporting period.
 - (d) The number of pharmacotherapy dosing point sites located in a **correctional setting** over the reporting period.
 - (e) The number of pharmacotherapy dosing point sites located in **other settings** over the reporting period.
 - (f) The **total** number of pharmacotherapy dosing point sites over the reporting period.

Guide for use:

- This data item refers to the type of physical setting where the drug is provided to a client, regardless of whether the drug intake is supervised or takeaway.
- The count for these data should relate to the number of pharmacotherapy dosing points over the collection period (i.e. the financial year).
- For a more complete definition (including examples of the 'Other' category) of:
 - 'pharmacotherapy dosing point site', refer to Section 7.4.

Transmission requirements:

- See Appendix 1, Table E.

6.6 Sex of clients

Defined as: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type and the sex of the client.

Classification:

- (a) The number of pharmacotherapy clients receiving **methadone** as their pharmacotherapy drug type on the 'snapshot/specified' day and **sex** of the client.
- (b) The number of pharmacotherapy clients receiving **buprenorphine** as their pharmacotherapy drug type on the 'snapshot/specified' day and **sex** of the client.
- (c) The number of pharmacotherapy clients receiving **buprenorphine/naloxone** as their pharmacotherapy drug type on the 'snapshot/specified' day and **sex** of the client.
- (d) The **total** number of pharmacotherapy clients receiving any form of pharmacotherapy drug on the 'snapshot/specified' day and **sex** of the client.

Guide for use:

- The term 'sex' refers to the biological differences between males and females.
- The recording of sex is to be based on the sex nominated by the person themselves or by the observations/judgments of the interviewer. Though this may lead to error, it is considered preferable to any offence that may be caused by a question that suggests that there is some doubt about the person's sex.
- For a more complete definition of:
 - 'pharmacotherapy drug', refer to Section 7.5
 - 'sex', refer to Section 7.6.

Comments:

- In Western Australia, client data are reported for the entire month of June.
- In Victoria, demographic information about clients is reported through a prescriber database which does not link to the client dosing data.

Transmission requirements:

- See Appendix 1, Table F.

6.7 Age group of clients

Defined as: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type and the age group of the client.

Classification:

- (a) The number of pharmacotherapy clients receiving **methadone** as their pharmacotherapy drug type on the 'snapshot/specified' day and **age group** of the client.
- (b) The number of pharmacotherapy clients receiving **buprenorphine** as their pharmacotherapy drug type on the 'snapshot/specified' day and **age group** of the client.
- (c) The number of pharmacotherapy clients receiving **buprenorphine/naloxone** as their pharmacotherapy drug type on the 'snapshot/specified' day and **age group** of the client.
- (d) The **total** number of pharmacotherapy clients receiving any form of pharmacotherapy drug on the 'snapshot/specified' day and **age group** of the client.

Guide for use:

- This data item is asking for the age group that the client fits into as at 30 June of the reporting period, not the age or date of birth of the client. This is a derived data item based on the client's date of birth. The age of the client should be updated and translated into five year age groups each year.
- To determine the correct age range, the client's age is required. For example:
 - If a client was born on 27 February 1978 and reporting for the 2009 collection, then the client's age is calculated as at 30 June 2009. This would mean the client is 30 years of age and would be assigned the age group 30–34 years.
 - If a client's date of birth is unknown, but the age is known (e.g. 43 years), then the client should be assigned to the age group of 40–44 years.
- Date of birth of the client (supporting data item):
 - the day, month and year when the person was born.
- For a more complete definition of:
 - 'pharmacotherapy drug', refer to Section 7.5
 - 'age group,' refer to Section 7.7.

Comments:

- In Western Australia, client data are reported for the entire month of June.
- In Victoria, demographic information about clients is reported through a prescriber database which does not link to the client dosing data.
- Data relating to the age group of clients is not available in the Northern Territory.

Transmission requirements:

- See Appendix 1, Table G.

6.8 Indigenous status of clients

Defined as: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type and the Indigenous status of the client.

Classification:

- (a) The number of pharmacotherapy clients receiving **methadone** as their pharmacotherapy drug type on the 'snapshot/specified' day and **Indigenous status** of the client.
- (b) The number of pharmacotherapy clients receiving **buprenorphine** as their pharmacotherapy drug type on the 'snapshot/specified' day and **Indigenous status** of the client.
- (c) The number of pharmacotherapy clients receiving **buprenorphine/naloxone** as their pharmacotherapy drug type on the 'snapshot/specified' day and **Indigenous status** of the client.
- (d) The **total** number of pharmacotherapy clients receiving any form of pharmacotherapy drug on the 'snapshot/specified' day and **Indigenous status** of the client.

Guide for use:

- This data item refers to whether the client identifies as being of Aboriginal and/or Torres Strait Islander origin.
- For a more complete definition of:
 - 'pharmacotherapy drug', refer to Section 7.5
 - 'Indigenous status', refer to Section 7.8.

Comments:

- Victoria, Western Australia, Northern Territory and Tasmania are currently unable to provide data on the Indigenous status of clients receiving pharmacotherapy services.
- In South Australia, where some clients identified as both Indigenous and non-Indigenous at different times, the most recent classification identified by the prescriber is to be used.

Transmission requirements:

- See Appendix 1, Table H.

7 Data item definitions

7.1 Prescriber

Defined as: A prescriber (either a general practitioner or a medical officer/specialist) who has prescribed a pharmacotherapy drug to at least one client in the previous 12 months.

Guide for use:

- **Registered prescribers:** all prescribers who are authorised or accredited to script for pharmacotherapy treatment during the reporting period (i.e. financial year).
- **Active prescribers:** prescribers who are scripting at least one client as at 30 June 2010.

Comments:

- 'Registered' prescribers in some jurisdictions can be further broken down to indicate 'active' prescribers:
- Currently, some jurisdictions (New South Wales and South Australia) can only report on 'active' prescribers.
- Each jurisdiction has a registration process through which a general practitioner or medical officer/specialist becomes authorised to prescribe a pharmacotherapy drug. This registration process usually involves attending a training course on prescribing pharmacotherapies and/or passing an exam.
- Some jurisdictions, namely New South Wales, Victoria and the Australian Capital Territory, authorise practitioners who have not undergone the specified training to prescribe pharmacotherapy drugs. Usually a small number, these authorised (non-trained) practitioners are included in the reported total count for registered practitioners.
 - In New South Wales, a small number of medical practitioners have not completed any pharmacotherapy training and are, therefore, not approved under Section 28A of the 1966 *NSW Poisons and Therapeutics Goods Act*. Under this Act, these prescribers may continue management of up to five stable clients.
 - In Victoria, the training for prescribing a pharmacotherapy drug is not embedded in legislation. Thus, a small number of practitioners are authorised to prescribe pharmacotherapy drugs, although they have not undergone the specified training course.
 - In the Australian Capital Territory practitioners can be authorised to prescribe up to five stable clients without having attended a training course.
- As methadone was the first drug used for opioid pharmacotherapy treatment, jurisdictions first authorised their prescribers to script for this drug only. With the introduction of buprenorphine as an opioid pharmacotherapy drug, the registration process in most jurisdictions changed to allow for the prescription of both drug types. For various reasons some prescribers are only authorised to prescribe buprenorphine. It is anticipated that each jurisdiction will continue to accommodate its registration process to include new pharmacotherapies that are approved for prescription (e.g. buprenorphine/naloxone).

- In Victoria, all general practitioner registrars are offered pharmacotherapy training as part of their course. In New South Wales, all psychiatric registrars undergo a pharmacotherapy training component and in turn become authorised/registered. Most of these registrars will not become active prescribers.

7.2 Pharmacotherapy client

Defined as: A person receiving pharmacotherapy treatment for either opioid maintenance or withdrawal management (detoxification) from a prescriber.

Guide for use:

- ‘A **pharmacotherapy client**’ refers to a person who is:
 - authorised to receive pharmacotherapy treatment (in the case of Western Australia, New South Wales and the Northern Territory); or
 - receiving treatment from a prescriber who is authorised to prescribe pharmacotherapy drugs (in the case of Victoria, Queensland South Australia, Tasmania and the Australian Capital Territory).

Comments:

- ‘Registered’ clients in New South Wales, Queensland and South Australia can be further broken down to indicate ‘active’ clients. These are defined as:
 - clients who are collecting doses on 30 June of the collection year.
- The term ‘client’ is used interchangeably throughout Australia with the term ‘patient’. ‘Client’ is used for the purpose of this data guide, and keeping in line with the terminology used in the National Pharmacotherapy Policy.
- Western Australia reports on the number of clients treated through the month of June.
- New South Wales further categorises clients as either ‘new’ or ‘re-registered’. A ‘new’ client is one who has never received methadone or buprenorphine treatment before, whereas a ‘re-registered’ client is one who is re-presenting after a break in pharmacotherapy treatment.

7.3 Pharmacotherapy prescriber type

Defined as: The sector in which the prescriber is practising when prescribing pharmacotherapy drugs.

Classification:

- 1 Public prescriber
- 2 Private prescriber
- 3 Public/private prescriber
- 4 Correctional facilities.

Guide for use:

- This data concept refers to the *current* prescriber sector for pharmacotherapy drugs (i.e. the prescriber sector as at 30 June). Prescriber sector refers to the categorisation of the organisation where the prescriber works while prescribing the pharmacotherapy drug, and is based on the organisation's funding, management and ownership arrangements. In general, establishments run by the government sector are considered public, while establishments that receive some government funding, but are run by the non-government sector, are considered private.
- **Public** refers to a prescriber who works within an organisation which:
 - operates from the public accounts of a Commonwealth, state or territory government or is part of the executive, judicial or legislative arms of government
 - is part of the general government sector or is controlled by some part of the general government sector
 - provides government services free of charge or at nominal prices and is financed mainly from taxation revenue.
- **Private** refers to a prescriber who works within an organisation which:
 - is not controlled by government
 - is directed by a group of officers, an executive committee or a similar body
 - is elected by a majority of members
 - may be an income tax exempt charity.
- **Public/private prescriber** refers to a prescriber working in dual clinics, which are private clinics receiving some public funding, and where client data cannot be segregated into either public or private. This category (also referred to as 'dual prescribers') is currently only reported in New South Wales.
- **Correctional facilities** refers to prescribers who work within prison-based services, and/or other correctional establishments such as juvenile justice institutions.

7.4 Pharmacotherapy dosing point site

Defined as: The dosing point at which the client is provided the pharmacotherapy drug.

Classification:

1	Public clinic
2	Private clinic
3	Pharmacy
4	Correctional setting
5	Other

Not reported.

Guide for use:

- This data item refers to the type of physical setting in which the drug is provided to a client, regardless of whether the consumption is supervised or takeaway.
- **Public clinic** refers to a government-funded facility, often associated with a hospital or medical school, which is devoted to the diagnosis and care of outpatients, in this case providing pharmacotherapy treatment.
- **Private clinic** refers to a clinic for health service delivery that is non-government operated.
- **Pharmacy** (excluding hospital pharmacies) refers to those pharmacies in the community which are responsible for dispensing the pharmacotherapy treatment to the client.
- **Correctional setting** refers to prisons as well as juvenile justice institutions.
- **Other** includes the following jurisdictional categories:
 - Inpatients in hospital (New South Wales, South Australia and Victoria)
 - Outpatients in hospital (New South Wales, South Australia and Victoria)
 - Community health centres (Victoria)
 - Doctors' surgeries (New South Wales)
 - Public clinics and/or pharmacies (Northern Territory)
 - Dosing point 'not stated' (New South Wales).
- **Not reported** refers to pharmacotherapy clients who received their pharmacotherapy drug at a dosing point prior to the 'snapshot/specified' day.

Comments:

- In Queensland and South Australia pharmacotherapy clients who received a takeaway dose prior to the 'snapshot/specified' day are counted under the 'Not reported' row.

7.5 Pharmacotherapy drug

Defined as: Drugs available through the Pharmaceutical Benefits Scheme (PBS) under the Opiate Dependence Treatment Program.

Classification:

- 1 Methadone
- 2 Buprenorphine
- 3 Buprenorphine/naloxone.

Guide for use:

- Pharmacotherapy drug refers exclusively to drugs endorsed by Australian Government and state/territory policy for the treatment of opioid drug dependence.
- **Methadone** (BioDone Forte®, GlaxoSmithKline Methadone Syrup®) is a synthetic opioid agonist and is used in maintenance therapy and to assist in withdrawal.
- **Buprenorphine** (Subutex®) and **buprenorphine/naloxone** (Suboxone®) is a partial opioid agonist and is used in maintenance therapy and to assist in withdrawal.
- These drugs are available through the Opiate Dependence Treatment Program under Section 100 of the PBS and as such have different distribution arrangements to other PBS items. These alternative arrangements are provided for under Section 100 of the *National Health Act 1953*. Detailed information about these drugs may be found at the PBS website <<http://www.pbs.gov.au/html/healthpro/browseby/section100>>.
- Opioid pharmacotherapy drugs are classed as Schedule 8 controlled drugs under the Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP). As such, these drugs are regarded as:

Substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence.
- A copy of the standard may be found at the Attorney-General's Department website at <[www.comlaw.gov.au/ComLaw/Legislation/LegislativeInstrument1.nsf/0/3BBB39C4645284BCCA2574A6001C711F/\\$file/PoisonsStandard2008.pdf](http://www.comlaw.gov.au/ComLaw/Legislation/LegislativeInstrument1.nsf/0/3BBB39C4645284BCCA2574A6001C711F/$file/PoisonsStandard2008.pdf)>.

Comments:

- No distinction is made between buprenorphine and buprenorphine/naloxone in New South Wales. Both products are reported as buprenorphine.

7.6 Client sex

Defined as: The sex of the person.

Classification:

1	Male
2	Female
9	Not stated/inadequately described.

Guide for use:

- 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.
- Where uncertainty exists about the sex of a person (e.g. transvestites or transsexuals) the sex to be recorded is based on the sex nominated by the person themselves or by the observations/judgments of the interviewer. Although this may lead to error, it is considered preferable to any offence that may be caused by a question that suggests that there is some doubt about the person's sex.
- An additional code 'Indeterminate' exists in the Australian Bureau of Statistics (ABS) definitions and is used only for situations such as the classification of perinatal statistics when it is not possible for sex to be determined. It is not included in this data item as it is not an appropriate coding option for the collection.

7.7 Client age group

Defined as: The age group of the client as at 30 June 2010.

Classification:

1	19 years or less
2	20–24 years
3	25–29 years
4	30–34 years
5	35–39 years
6	40–44 years
7	45–49 years
8	50–54 years
9	55–59 years
10	60–64 years
11	65–69 years
12	70 years and over
	Not reported.

Guide for use:

- This data item is asking for the age range that the client fits into as at 30 June of the reporting period, not the age or date of birth of the client. This is a derived data item based on the client's date of birth. The age of the client should be updated and translated into an age group each year.
- To determine the correct age range, the client's age is required. For example:
 - If a client was born on 27 February 1978 and reporting for the 2010 collection, then the client's age is calculated from 30 June 2010. This would mean the client is 30 and would be assigned the age group 30–34 years (Code 4).
 - If a client's date of birth is unknown, but the age is known (e.g. 43 years), then the client should be assigned to the age group of 40–44 years (Code 6).
- **Date of birth** of the client (supporting data item):
 - the day, month and year when the person was born.
- **Not reported** refers to jurisdictions that are unable to report on the age group of clients.

Comments:

- The Northern Territory is currently unable to provide data on the age group of clients receiving pharmacotherapy services.

7.8 Client Indigenous status

Defined as: The measure of whether a person identifies as being of Aboriginal and/or Torres Strait Islander origin.

Classification:

- 1 Indigenous
- 2 Non-Indigenous
- 9 Not stated/inadequately described

Not reported.

Guide for use:

- The 'Not stated/inadequately described' category is not available as a valid answer for clients when asked the question, 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 pharmacotherapy service because the client was unable to communicate or a person who knows the client was not available.
- This data item is based on the ABS standard for Indigenous status.
- 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**
 - **Not reported**
 - The 'Not reported' row refers to jurisdictions that are unable to report on the Indigenous status of clients.

Comments:

- Victoria, Western Australia, Northern Territory and Tasmania are currently unable to provide data on the Indigenous status of clients receiving pharmacotherapy services.

8 Data release guidelines

8.1 Purpose

This chapter outlines the process to be followed by the AIHW upon receipt of data requests for the NOPSAD collection. Data for 2004, 2005, 2006 2007 2008, 2009 and 2010 are currently available. These data are routinely collected as at 30 June of each year by state and territory health departments. This section is for the information of the AIHW staff, NOPSAD Working Group members and those who wish to access NOPSAD data.

The 2007, 2008, 2009 and 2010 NOPSAD bulletins may be found at:
< www.aihw.gov.au/drugs/publications.cfm >.

Results of published 2008 NOPSAD data can also be found in the *Alcohol and other drug treatment services in Australia 2007-08, report on the National Minimum Data Set* publication Chapter 5, 5.10: National Opioid Pharmacotherapy Statistics Annual Data Collection 2008
<<http://www.aihw.gov.au/publications/index.cfm/title/10744>>.

8.2 Background

Jurisdictions are custodians of information collected through the NOPSAD collection within their state or territory. The AIHW is the custodian of collated national information forwarded from each jurisdiction. 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 *Australian Institute of Health and Welfare Act 1987* and other relevant privacy principles.

The AIHW Act 1987 prescribes strict conditions to ensure the security of the data the Institute 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.

Data requests can only be for summarised aggregate tables as unit record file data do not exist for this collection.

8.3 Summary of unpublished data access options

To access unpublished national NOPSAD data

Lodge a request for a specific table or tables of summarised data required and the AIHW will produce the tables. This is the fastest and most efficient way of obtaining one-off requests even if they are complex. For national data only, no approvals are required from state/territory custodians.

Release of summarised state and/or territory data

Requests for tables of summarised data relating to a particular state/territory should be provided to the AIHW contact officer. The AIHW will then refer the request to the appropriate jurisdiction.

The forms that need to be sent out for table requests at the state/territory level are available at the end of this chapter (at Section 8.6).

Data custodians within each jurisdiction will endeavour to process the data request within 2 weeks. The AIHW will then require 3–5 days to extract the data as specified in the request. 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.

Confidentiality policy

Data dissemination must be carried out without compromising confidentiality. The practice used by the ABS and the AIHW of not releasing data which may compromise the confidentiality of individuals will be employed. The AIHW will ensure that the confidentiality of individuals is maintained in accordance with the *Guidelines for use and disclosure of health data for statistical purposes* (SIMC 2007).

8.4 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 the AIHW has developed a specific information exchange agreement, or for NOPSAD Working Group members who are using the information for their own purposes. There is potentially a minimum charge for additional information requested. Contact the AIHW officer on 02 6244 1000 for more information regarding additional charges.

8.5 Other alcohol and other drug data

If the data requested are not available from the NOPSAD collection, they may be available from the following other sources:

- **Alcohol and Other Drug Treatment Services National Minimum Data Set**
(AIHW) Amber Jefferson (02) 6244 1000
Australian Institute of Health and Welfare
< <http://www.aihw.gov.au/drugs/index.cfm> >
- **Alcohol and Other Drug Treatment Services National Minimum Data Set Data Cubes**
< <http://www.aihw.gov.au/drugs/datacubes/index.cfm> >
- **National Drug Strategy Household Survey**
(AIHW) Julia Tresidder (02) 6244 1000
Australian Institute of Health and Welfare
<<http://www.aihw.gov.au/drugs/ndshs/ndshs2010.cfm>>.

8.6 Requests for release of NOPSAD unpublished state/territory data

REQUEST FOR RELEASE OF DATA

All requests for the release of unpublished state and territory data need to be initially made through the AIHW. The AIHW will contact the appropriate data custodian in the relevant state or territory and seek approval for the release of the requested data.

Contact: Julia Tresidder
Drug Surveys and Services Unit
Australian Institute of Health and Welfare
Contact phone: 02 6244 1000
Contact fax: 02 6244 1299
Email: julia.tresidder@aihw.gov.au

Note: Please allow sufficient time for approval to be received from the relevant state and territory data custodians.

A request for access to the NOPSAD data form is available overleaf. Completion of this form will enable the AIHW to meet your data requirements efficiently.

REQUEST FOR ACCESS TO NATIONAL OPIOID PHARMACOTHERAPY STATISTICS ANNUAL DATA

Reference number: 2010 –

Requestor name:

Contact details:

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: julia.tresidder@aihw.gov.au

DATA SPECIFICATIONS FOR INFORMATION REQUESTS:

Job Number: 2010 –

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

Data set Year: 2004, 2005, 2006, 2007, 2008, 2009 and 2010

Additional comments

Appendix 1: 2010 transmission specifications

2010 NOPSAD data specifications

Table A: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day, by the type of pharmacotherapy drug provided, 2010

Pharmacotherapy drug type	Number of pharmacotherapy clients
Methadone	
Buprenorphine	
Buprenorphine/naloxone	
Total number of clients	

Table B: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type and prescriber type, 2010

Prescriber type	Methadone	Buprenorphine	Buprenorphine/naloxone	Total
Public prescriber				
Private prescriber				
Public/private prescriber				
Correctional facilities				
Total				

Table C: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type and the dosing point at which the client is provided the pharmacotherapy drug, 2010

	Methadone	Buprenorphine	Buprenorphine/naloxone	Total
Public clinic				
Private clinic				
Pharmacy				
Correctional setting				
Other				
Not reported				
Total				

Not reported refers to pharmacotherapy clients who received their pharmacotherapy drug at a dosing point prior to the 'snapshot/specified' day.

Table D: Total number of registered practitioners who have undergone accreditation and/or are authorised to prescribe a pharmacotherapy drug by the pharmacotherapy drug type they prescribe for, 2010

Pharmacotherapy drug type	Number of registered practitioners
Methadone	
Buprenorphine	
Buprenorphine/naloxone	
More than one pharmacotherapy drug type	
Total	

Table E: Total number of pharmacotherapy dosing point sites, 2010

Pharmacotherapy dosing point site	Number of dosing point sites
Public clinic	
Private clinic	
Pharmacy	
Correctional setting	
Other	
Total	

Table F: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type and sex of the client, 2010

Sex	Methadone	Buprenorphine	Buprenorphine/naloxone	Total
Male				
Female				
Not stated				
Total				

Table G: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type and 5-year age groups from age 20 to age 70 of the client, 2010

Age group	Methadone	Buprenorphine	Buprenorphine/ naloxone	Total
19 years or less				
20–24				
25–29				
30–34				
35–39				
40–44				
45–49				
50–54				
55–59				
60–64				
65–69				
70 years and over				
Not reported				
Total				

Not reported refers to jurisdictions that are unable to report on the age group of clients.

Additional table (where data are available)

Table H: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type and Indigenous status of the client, 2010

Indigenous status	Methadone	Buprenorphine	Buprenorphine/ naloxone	Total
Indigenous				
Non-Indigenous				
Not stated				
Not reported				
Total				

Not reported refers to jurisdictions that are unable to report on the Indigenous status of clients.

Table I: Total number of registered practitioners who have undergone accreditation and/or are authorised to prescribe pharmacotherapy treatment by prescriber type for, 2010

Prescriber type	Total number of registered practitioners
Public prescriber	
Private prescriber	
Public/private prescriber	
Correctional facilities	

References

Australian Government Department of Health and Ageing 2007. National pharmacotherapy policy for people dependent on opioids. Canberra: Australian Government.

Statistical Information Management Committee (SIMC) 2007. Guidelines for the use and disclosure of health data for statistical purposes.