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Data guide

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Canberra

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

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Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
AODTS-NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
DoHA	Australian Government Department of Health and Ageing
NOPSAD	National Opioid Pharmacotherapy Statistics Annual Data
PBS	Pharmaceutical Benefits Scheme

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 (that is, secondary use). Data are collated in each jurisdiction from information already collected for the purposes of administering or providing a service (that is, primary use).

In Australia, persons with opioid dependence have been treated using opioid pharmacotherapy for a number of decades (methadone since 1969 and buprenorphine since 2000). 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 that includes not only medical treatment but also social and psychological treatment. In 1985, methadone treatment guidelines were endorsed by the Australian Health Ministers' Conference and in 1993 these guidelines were developed into Australian policy (DHFS 1998). 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 on the treatment of opioid dependence with methadone and buprenorphine.

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 began on 1 July 2000. However, due to particular complexities in collecting information about pharmacotherapies, agencies whose sole activity was to prescribe and/or provide dosing 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 managing, analysing and reporting on the NOPSAD collection. Jurisdictions now 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 (for example, monitoring prescriber capacity and capping the number of clients)
- develop and refine policies relating to the 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* (AIHW 2010).

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 2011 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 that dispense the pharmacotherapy drugs, and the clients who receive 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 (Methadone Syrup[®], Biodone Forte[®]) is a synthetic opioid agonist primarily used in maintenance therapy and may help in withdrawal for those dependent on opioids, most commonly heroin. Methadone reduces the use of heroin through cross-tolerance, which reduces withdrawal symptoms, the 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[®]), a sublingual tablet containing buprenorphine hydrochloride in 0.4 mg, 2 mg and 8 mg strengths; and the combination product (Suboxone[®]).

Buprenorphine–naloxone

The combination buprenorphine–naloxone 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: 2 mg buprenorphine and 0.5 mg naloxone, and 8 mg buprenorphine and 2 mg 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 2011 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

'Specified/snapshot' day or snapshot day is a particular day, usually in June, in which the number of clients are counted for the NOPSAD collection. This permits the number of clients to be estimated at a single point in time. The snapshot day varies slightly between states and territories.

Prescribers refers to registered prescribers, who are prescribers who have undergone accreditation and/or authorisation to prescribe a pharmacotherapy drug and who have not been recorded as ceasing this registration before the 'snapshot/specified' day of 30 June.

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

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

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

- public clinics
- private clinics
- pharmacies
- correctional facilities
- hospitals (inpatients and outpatients)
- other locations such as community health centres and doctors' surgeries.

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 (tables 1 and 2). These differences are driven by variation in legislation, information technology systems and resources, which mean jurisdictions may not be directly comparable. Relevant jurisdictional differences are highlighted in report footnotes and in an administrative features table and a methodological differences table included in the report.

Table 1: Administrative features of the NOPSAD collection in each state and territory

State/territory	Administrative features
New South Wales	<p>The Pharmaceutical Drugs of Addiction System (PHDAS) is primarily used in the administration of the NSW Opioid Treatment Program. This 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 to and exits from 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 to the program and 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.</p> <p>Client data are reported in New South Wales as at 30 June.</p>
Victoria	<p>Data are collected from two sources: a quarterly census of pharmacists, who are requested to report the actual number of clients being dosed on a snapshot day; and the permit database, which records information about prescribers 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 community-based, other than inpatients in hospitals and in prisons. Although a small number of services receives government funding, the services are independent bodies and are not managed directly by government.</p> <p>Client data are reported in Victoria on a snapshot day.</p>
Queensland	<p>Data are collected monthly from pharmacists and entered into a central database managed by the Drugs of Dependence Unit. Data are also collected from administrative 'Admission' and 'Discharge' forms. National and Queensland totals may vary slightly due to differences in these data sources. For example, a client may be counted as registered and having received a dose on the snapshot day but a dosing point cannot be assigned because the dose consumed on that day was a takeaway dose.</p> <p>Client data for Queensland are reported on a snapshot day.</p>
Western Australia	<p>Data are collected from the monthly reports received from pharmacies and other dosing sites authorised to participate in the Community Program for Opioid Pharmacotherapy (C-POP). The dosing data is entered into the Pharmaceutical Services Branch's Monitoring of Drugs of Dependence System (MODDS) database. Data are also collected from the 'Application for authority', 'Authority to prescribe' and 'Termination of treatment' forms.</p> <p>Client data are reported in Western Australia for the entire month of June. Specifically, pharmacies supply information at the end of June relating to the last dose supplied to the patient. If a patient changes pharmacies mid-month it is possible that they appear on two pharmacies' monthly transaction reports and are counted twice. Before 2005, Western Australia reported clients over a year.</p>

(continued)

Table 1 (continued): Administrative features of the NOPSAD collection in each state/territory

State/territory	Administrative features
South Australia	<p>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 dispensed prescriptions is also collected electronically from pharmacists monthly by DASSA.</p> <p>From 2007, data have been collected via a quarterly census of pharmacists and reported on a snapshot day. Other data are drawn from the Drugs of Dependence Unit's Drugs of Misuse Surveillance System and are about those clients registered for treatment on the snapshot day (but who may not actually receive treatment on that day).</p>
Tasmania	<p>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.</p> <p>Client data are reported in Tasmania on a snapshot day.</p>
Australian Capital Territory	<p>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.</p> <p>Client data are reported in the Australian Capital Territory on a snapshot day.</p>
Northern Territory	<p>Prescribers complete an 'Application for authority to prescribe a restricted S8 substance for the treatment of addiction' and submit the form with a photograph of the client to the Department of Health, Poisons Control. A contract between the client, prescriber and supplying pharmacy is also required for all applications for maintenance treatments. The information provided is assessed against data held in the Drug Monitoring System database. Non-standard applications are required to be submitted to the S8 and Restricted S4 Substances Clinical Advisory Committee for advice before a decision can be made on whether to issue the authorisation and whether special conditions need to apply. The prescriber is not permitted to prescribe until they receive a signed authorisation document (usually delivered by facsimile). When the prescriber is no longer treating the client, they are required to notify Poisons Control—this may be done by marking the authorisation/copy of application document as ceased, or by other written advice.</p> <p>Client data are reported in the Northern Territory on a snapshot day.</p>

Table 2: Methodological differences of the NOPSAD collection in each state and territory

State/territory	Methodological differences
New South Wales	<p>In New South Wales, clients prescribed buprenorphine–naloxone are counted under ‘buprenorphine’. Similarly, New South Wales data collection does not differentiate between prescribers who are authorised to prescribe buprenorphine and those authorised to prescribe buprenorphine–naloxone. Data relating to prescribers refer to active prescribers only.</p> <p>Prescribers authorised to prescribe methadone can additionally be approved to prescribe buprenorphine, but not vice versa. Medical practitioners who manage up to five clients do not require an approval to prescribe drugs of addiction under Section 28A of the <i>Poisons and Therapeutic Goods Act 1966</i> (NSW) and are not required to complete pharmacotherapy training. The numbers provided in tables 3.1 and 3.2 for New South Wales represent the type of drugs prescribed by active prescribers on 30 June rather than the number of prescribers approved to prescribe each drug type.</p> <p>In New South Wales, data on dosing point sites relate to dosing point sites that were dosing at least one client as at 30 June 2010.</p>
Victoria	<p>The numbers of registered prescribers in Victoria have been revised and are different from data reported previously. The number of prescribers registered to prescribe more than one drug type changed from 341 to 314 in 2006, from 371 to 350 in 2007, from 407 to 383 in 2008, and from 373 to 420 in 2009. The number of prescribers registered to prescribe methadone only changed from 84 to 122 in 2009.</p> <p>The number of prescribers in Victoria is determined by adding the number of prescribers registered for that year to the number of existing prescribers.</p> <p>The number of dosing point sites in ‘Pharmacies’, ‘Correctional facility’ and ‘Other’ for the periods 2007–08, 2007–06 and 2006–05 have been revised, and are different from the figures previously reported.</p> <p>In Victoria data relating to the Indigenous status of clients are not available.</p>
Queensland	<p>The total number of prescribers for Queensland includes those prescribers from private practice, public clinics, correctional facilities and government medical offices.</p> <p>In 2006 and 2007, Queensland excluded clients who were not physically dosed on the snapshot day. In 2008 an ‘other’ category was included to capture these clients.</p>
Western Australia	<p>In Western Australia, the number of clients receiving pharmacotherapy treatment is reported through the month of June 2010. The 2005–10 data reported for Western Australia are substantially lower than previous years, which included data for the whole year.</p> <p>Prescriber training is provided for all pharmacotherapies currently available. The total number of prescribers includes those treating at least one client as at 30 June 2010 in private practice, public clinics and correctional facilities.</p> <p>In Western Australia, data relating to Indigenous status of clients are not available.</p>
South Australia	<p>In 2008, South Australia made a slight variation to its collection methodology, which has resulted in a revision of the total numbers for 2006 (from 2,517 to 2,823) and 2007 (from 2,559 to 2,834). This revision has also resulted in a change in the total number of clients for 2006 (from 38,659 to 38,965) and 2007 (from 38,568 to 38,843).</p> <p>In 2010, a total of 334 clients did not enter a dosing point on the snapshot day and are reported as ‘other’ when describing clients per dosing point site. Also, the drug type of nine clients receiving pharmacotherapy was not captured—these nine clients were removed from all analyses.</p> <p>In South Australia, data relating to prescribers refer to active prescribers only.</p>
Tasmania	<p>In Tasmania, pharmacotherapy training is provided separately for each pharmacotherapy drug. Data relating to Indigenous status of clients are not available.</p>
Australian Capital Territory	—
Northern Territory	<p>In the Northern Territory, data relating to the age group of clients are not reported. Data relating to the Indigenous status of clients are also not reported.</p>

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 report that outlines the findings from the collection.
- The draft report is then circulated to data providers for comment before it is publicly released.
- The NOPSAD report was published for the first time in 2008 as a bulletin and a subset, as in previous years, is published in the AODTS-NMDS annual report. The AIHW publishes the NOPSAD report in late May or early June each year.

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

For further information on data transmission, development and/or interpretation, contact:

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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, the numbers of clients receiving treatment are counted as the last dose dispensed in June. As such, if a patient changes dosing point sites mid-month they may be counted twice.

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, the numbers of clients receiving treatment are counted as the last dose dispensed in June. As such, if a patient changes dosing point sites mid-month they may be counted twice.
- 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, the numbers of clients receiving treatment are counted as the last dose dispensed in June. As such, if a patient changes dosing point sites mid-month they may be counted twice.
- 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 active prescribers and the total number of registered prescribers 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 prescribers** who are scripting **methadone** only to at least one client as at 30 June 2011.
 - (b) The number of **registered prescribers** who are scripting **buprenorphine** only to at least one client as at 30 June 2011.
 - (c) The number of **registered prescribers** who are scripting **buprenorphine-naloxone** only to at least one client as at 30 June 2011.
 - (d) The number of **registered prescribers** who are scripting **more than one pharmacotherapy drug type** to at least one client as at 30 June 2011.
 - (e) The **total** number of **registered prescribers** who are scripting to at least one client as at 30 June 2011. This total should equate to the sum of the four components above.
 - (f) The number of **registered prescribers** who have undergone accreditation and/or authorisation to prescribe **more than one pharmacotherapy drug type** (for example, prescribers may be authorised to prescribe buprenorphine or buprenorphine-naloxone but not methadone. Alternatively prescribers may be registered to prescribe all three pharmacotherapies).

Guide for use:

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

Comments:

- Currently, New South Wales and South Australia can only report on 'active' prescribers.

Transmission requirements:

- See Appendix 1, Table D.

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 (that is, 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 facility** over the reporting period.
 - (e) The number of pharmacotherapy dosing point sites located in a **hospital** (inpatient and outpatient) 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 (that is, 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, the numbers of clients receiving treatment are counted as the last dose dispensed in June. As such, if a patient changes dosing point sites mid-month they may be counted twice.
- In Victoria, demographic information about clients is reported through a prescriber database that 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 one-year age groups each year.
- Age groups will be used to determine a mean and median age group for each jurisdiction. To protect client privacy single age groups will not be reported.
- 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 years.
 - If a client's date of birth is unknown, but the age is known (for example, 43 years), then the client should be assigned to the age group of 40 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, the numbers of clients receiving treatment are counted as the last dose dispensed in June. As such, if a patient changes dosing point sites mid-month they may be counted twice.
- 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.

6.9 Number of prescribers by prescriber type

Defined as: Total number of registered prescribers who have undergone accreditation and/or authorisation to prescribe a pharmacotherapy drug by prescriber type and prescriber category

- Classification:**
- (a) The number of **registered prescribers** who are classified as a **public prescriber**.
 - (b) The number of **registered prescribers** who are classified as a **private prescriber**
 - (c) The number of **registered prescribers** who are classified as a **public/private prescriber**.
 - (d) The number of **registered prescribers** who are classified as a **correctional facilities prescriber**.

Guide for use:

- This data item refers to the number of registered prescribers who are accredited/authorised for the financial year by prescriber type.
- The count for these data should relate to the number of prescribers over the collection period (that is, the financial year).
- For a more complete definition of:
 - 'prescriber', refer to Section 7.1
 - 'prescriber type', refer to Section 7.3.

Transmission requirements:

- See Appendix 1, Table I.

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 (that is, financial year).
- **Active prescribers:** prescribers who are scripting at least one client as at 30 June 2011.

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 prescribers who have not undergone the specified training to prescribe pharmacotherapy drugs. Usually a small number, these authorised (non-trained) prescribers are included in the reported total count for registered prescribers.
- 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 *Poisons and Therapeutics Goods Act 1966* (NSW). 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 prescribers 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 (for example, 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:

- **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 numbers of active clients in New South Wales are counted in the NOPSAD collection.
- 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.
- In Western Australia, the numbers of clients receiving treatment are counted as the last dose dispensed in June. As such, if a patient changes dosing point sites mid-month they may be counted twice.
- 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 (that is, 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.
- If a prescriber is prescribing in more than one sector, the sector in which the majority of prescribing takes place is counted.
- **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').
- **Correctional facilities** refer 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 facility
- 5 Hospital
- 6 Other

Not stated.

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 facility** refers to prisons as well as juvenile justice institutions.
- Hospital refers to a health care facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day procedure unit, and authorised to provide treatment and/or care to patients. Includes inpatients and outpatients
- **Other** includes the following jurisdictional categories:
 - Community health centres
 - Doctors' surgeries
 - Public clinics and/or pharmacies
 - Dosing point 'not stated'.
- **Not stated** refers to pharmacotherapy clients who received their pharmacotherapy drug at a dosing point before the 'snapshot/specified' day.

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 and 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 from 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 on the PBS website <<http://www.pbs.gov.au/pbs/home>>.
- 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 or perceived dimensions of behaviour associated with males and females – masculinity and femininity.
- Where uncertainty exists about the sex of a person (for example, transvestites or transsexuals) the sex to be recorded is based on the sex nominated by the person themselves or by the observations and 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 2011.

Classification:

0	Less than 1 year	26	26 years	52	52 years	78	78 years
1	1 year	27	27 years	53	53 years	79	79 years
2	2 years	28	28 years	54	54 years	80	80 years
3	3 years	29	29 years	55	55 years	81	81 years
4	4 years	30	30 years	56	56 years	82	82 years
5	5 years	31	31 years	57	57 years	83	83 years
6	6 years	32	32 years	58	58 years	84	84 years
7	7 years	33	33 years	59	59 years	85	85 years
8	8 years	34	34 years	60	60 years	86	86 years
9	9 years	35	35 years	61	61 years	87	87 years
10	10 years	36	36 years	62	62 years	88	88 years
11	11 years	37	37 years	63	63 years	89	89 years
12	12 years	38	38 years	64	64 years	90	90 years
13	13 years	39	39 years	65	65 years	91	91 years
14	14 years	40	40 years	66	66 years	92	92 years
15	15 years	41	41 years	67	67 years	93	93 years
16	16 years	42	42 years	68	68 years	94	94 years
17	17 years	43	43 years	69	69 years	95	95 years
18	18 years	44	44 years	70	70 years	96	96 years
19	19 years	45	45 years	71	71 years	97	97 years
20	20 years	46	46 years	72	72 years	98	98 years
21	21 years	47	47 years	73	73 years	99	99 years
22	22 years	48	48 years	74	74 years	100	100 years and over
23	23 years	49	49 years	75	75 years	101	Not stated
24	24 years	50	50 years	76	76 years	102	Not reported
25	25 years	51	51 years	77	77 years		

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 an age group each year.
- This information will be used to calculate age ranges and the median age of clients.
- 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 2011 collection, then the client's age is calculated from 30 June 2011. This would mean the client is 30 and would be assigned the age group 30 years (code 30).
 - If a client's date of birth is unknown but the age is known (for example, 43 years), then the client should be assigned to the age group 43 years (code 43).
- **Date of birth** of the client (supporting data item):
 - the day, month and year when the person was born.
- **Not stated** refers to a client that does not provide their age.
- **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 Aboriginal but not Torres Strait Islander origin
- 2 Torres Strait Islander but not Aboriginal origin
- 3 Both Aboriginal and Torres Strait Islander origin
- 4 Neither Aboriginal nor Torres Strait Islander origin
- 9 Not stated/inadequately described

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 NOPSAD Working Group members and those who wish to access NOPSAD data.

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 *Australian Institute of Health and Welfare Act 1987* prescribes strict conditions to ensure the security of the data the AIHW 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.

Published data may be found in:

- The 2007, 2008, 2009 and 2010 NOPSAD bulletins may be found at: < www.aihw.gov.au/drugs/publications.cfm >.
- Results of published 2009 NOPSAD data can also be found in Section 5.10 National Opioid Pharmacotherapy Statistics Annual Data Collection 2009 of the *Alcohol and other drug treatment services in Australia 2008–09: report on the National Minimum Data Set* publication, <<http://www.aihw.gov.au/publications/index.cfm/title/11500>>.

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 and territory custodians.

Release of summarised state and/or territory data

Requests for tables of summarised data relating to a particular state or 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 and 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 that 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 the 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**
Anna White (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**
Cathy Calydon (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 and 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: **Anna White**
Drug Surveys and Services Unit
Australian Institute of Health and Welfare
Contact phone: 02 6244 1000
Contact fax: 02 6244 1299
Email: anna.white@aihw.gov.au

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

A form to request access to the NOPSAD data 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: 2011 -

Requester 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: anna.white@aihw.gov.au

DATA SPECIFICATIONS FOR INFORMATION REQUESTS:

Job number: 2011 -

State: NSW Vic Qld WA SA Tas ACT NT Australian Government

Data set year: 2004 2005 2006 2007 2008 2009 2010

Additional comments

Appendix 1: 2011 transmission specifications

Table A: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day, by the type of pharmacotherapy drug provided, 2011

Pharmacotherapy drug type	Number of pharmacotherapy clients
Methadone	
Buprenorphine	
Buprenorphine–naloxone	
Total	

Table B: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type and prescriber type, 2011

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, 2011

Dosing point site	Methadone	Buprenorphine	Buprenorphine–naloxone	Total
Public clinic				
Private clinic				
Pharmacy				
Correctional facility				
Hospital				
Other				
Not stated				
Total				

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

Table D: Total number of registered prescribers who have undergone accreditation and/or are authorised to prescribe a pharmacotherapy drug, by the pharmacotherapy drug type they prescribe for, 2011

Pharmacotherapy drug type	Total number of registered prescribers
Methadone	
Buprenorphine	
Buprenorphine–naloxone	
More than one pharmacotherapy drug type	
Total	

Table E: Total number of pharmacotherapy dosing point sites on a 'snapshot/specified' day, 2011

Pharmacotherapy dosing point site	Number of dosing point sites
Public clinic	
Private clinic	
Pharmacy	
Correctional facility	
Hospital	
Other	
Not stated	
Total	

Table F: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type, by sex of the client, 2011

Sex	Methadone	Buprenorphine	Buprenorphine–naloxone	Total
Male				
Female				
Not stated/ inadequately described				
Total				

Table G: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type, by age (years), 2011

Age	Methadone	Buprenorphine	Buprenorphine–naloxone	Total
Less than 1 year				
1 year				
2 years				
3 years				
4 years				
5 years				
6 years				
7 years				
8 years				
9 years				
10 years				
11 years				
12 years				
13 years				
14 years				
15 years				
16 years				
17 years				
18 years				
19 years				
20 years				
21 years				
22 years				
23 years				
24 years				
25 years				
26 years				
27 years				
28 years				
29 years				
30 years				
31 years				
32 years				
33 years				
34 years				
35 years				
36 years				

(continued)

Table G (continued): Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type, by age (years), 2011

Age	Methadone	Buprenorphine	Buprenorphine–naloxone	Total
37 years				
38 years				
39 years				
40 years				
41 years				
42 years				
43 years				
44 years				
45 years				
46 years				
47 years				
48 years				
49 years				
50 years				
51 years				
52 years				
53 years				
54 years				
55 years				
56 years				
57 years				
58 years				
59 years				
60 years				
61 years				
62 years				
63 years				
64 years				
65 years				
66 years				
67 years				
68 years				
69 years				
70 years				
71 years				

(continued)

Table G (continued): Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type, by age (years), 2011

Age	Methadone	Buprenorphine	Buprenorphine–naloxone	Total
72 years				
73 years				
74 years				
75 years				
76 years				
77 years				
78 years				
79 years				
80 years				
81 years				
82 years				
83 years				
84 years				
85 years				
86 years				
87 years				
88 years				
89 years				
90 years				
91 years				
92 years				
93 years				
94 years				
95 years				
96 years				
97 years				
98 years				
99 years				
100 years and older				
Not stated				
Not reported				
Total				

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

Table H: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type, by Indigenous status of the client, 2011

Indigenous status	Methadone	Buprenorphine	Buprenorphine–naloxone	Total
Aboriginal but not Torres Strait Islander origin				
Torres Strait Islander but not Aboriginal origin				
Both Aboriginal and Torres Strait Islander origin				
Neither Aboriginal or Torres Strait Islander origin				
Not stated /Inadequately described				
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 and active prescribers who have undergone accreditation and/or are authorised to prescribe pharmacotherapy treatment, by prescriber type, 2011

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

Note: The number of active prescribers should be a subset of the number of registered prescribers.

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