National Opioid Pharmacotherapy Statistics Annual Data collection 2012 Data Quality Statement

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
METEOR identifier:	527498
Registration status:	AIHW Data Quality Statements, Superseded 20/08/2014

Data quality

Data quality statement summary:

- Each state and territory uses a slightly different method to collect data about the pharmacotherapy used to treat those with opioid dependence. These are driven by differences between the states and territories in relation to legislation, information technology systems and resources. The differences may result in discrepancies when comparing one state or territory with another. Differing administrative features adopted by each state and territory are in Table 5.1 and methodological features are in Table 5.2. Relevant state and territory differences are also highlighted in the footnotes under the relevant tables.
- New South Wales is unable to differentiate between clients prescribed buprenorphine and buprenorphine–naloxone. Clients prescribed buprenorphine–naloxone are counted under 'Buprenorphine'.
- Victoria and Western Australia do not provide data in relation to the Indigenous status of clients.
- In Western Australia, the number of clients receiving pharmacotherapy treatment is reported through the month of June. Before 2005, Western Australia reported clients over the whole year.

Description

This report is based on the NOPSAD collection, which collects information on 3 opioid pharmacotherapy drugs used for treating opioid dependence. These drugs are methadone, buprenorphine and buprenorphine–naloxone (Box 1.2). Each state and territory collects agreed data about clients receiving opioid pharmacotherapy on a snapshot day, usually in June each year. The snapshot day varies between states and territories. See Table 5.1 for information about the use of the snapshot day for each state and territory.

While states and territories strive to report data consistent with agreed standards, the NOPSAD collection is not a national minimum data set and some discrepancies exist between the ways in which data are reported. These discrepancies are discussed in more detail in the administrative features for each state and territory (Table 5.1 and Table 5.2).

The NOPSAD collection is one of a number of data sources that provide a picture of alcohol and other drug treatment services in Australia.

Institutional environment: Australian Institute of Health and Welfare Act 1987 to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent statutory authority established in 1987, governed by a Management Board, and accountable to the Australian Parliament through the Health and Ageing portfolio.

The AIHW aims to improve the health and wellbeing of Australians through better health and welfare information and statistics. It collects and reports information on a wide range of topics and issues, ranging from health and welfare expenditure, hospitals, disease and injury, and mental health, to ageing, homelessness, disability and child protection.

The Institute also plays a role in developing and maintaining national metadata standards. This work contributes to improving the quality and consistency of national health and welfare statistics. The Institute works closely with governments and non-government organisations to achieve greater adherence to these standards in administrative data collections to promote national consistency and comparability of data and reporting.

One of the main functions of the AIHW is to work with the states and territories to improve the quality of administrative data and, where possible, to compile national data sets based on data from each jurisdiction, to analyse these data sets and disseminate information and statistics.

The Australian Institute of Health and Welfare Act 1987, in conjunction with compliance to the Privacy Act 1988 (Cwlth), ensures that the data collections managed by the AIHW are kept securely and under the strictest conditions with respect to privacy and confidentiality.

For further information see the AIHW website www.aihw.gov.au/

Timeliness: Data are collected by states and territories on a snapshot day, usually in June. Jurisdictions receive, collate and clean this data providing it in aggregate form to the AIHW between October and December each year. The AIHW then analyse and report on these data, with annual data available six months after the finalisation of the national data set, usually in June.

Accessibility: Results from the collection are published in an annual report that can be accessed via the AIHW Website. An accompanying data guide is also produced annually. This data guide is a working paper outlining the data elements to be collected in more detail. Additional data requests can also be made on an ad hoc basis.

Interpretability: Information on opioid use is available in the annual report. Definitions of terms used are in the report to assist with interpretability.

Relevance: The NOPSAD collection is essential in monitoring treatment for opioid dependence nationally. It is one of a number of data sources that provide a picture of alcohol and other drug treatment services in Australia. Data from the collection can also be considered with information from other sources; for instance, the Alcohol and Other Drug Treatment Services National Minimum Data Set (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 are used in states and territories to:

- monitor resources required for pharmacotherapy treatment, such as the number of prescribers and dosing point sites
- monitor and plan services (for example, monitoring prescriber patterns 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.

Data are also used more broadly to fill gaps in national treatment services data.

Accuracy:	NOPSAD data is collected on a snapshot day, usually in June each year. This method is appropriate for the collection and should be kept in mind when comparing the NOPSAD collection with other collections that use different data collection periods.
	Due to variations between states and territories in data collection methods and some NOPSAD elements, discrepancies noted in Table 5.1 and Table 5.2 should be kept in mind when interpreting these data.
Coherence:	The NOPSAD collection is reported annually. The method of data collection and elements collected is consistent between years allowing for meaningful comparisons over time.

Source and reference attributes

Submitting organisation:	Australian Insitute of Health and Welfare
Reference documents:	Australian Institute of Health and Welfare 2013. National Opioid Pharmacotherapy Statistics Annual Data Collection 2012. Drug treatment series no. 20. Cat. no. HSE 136. Canberra: AIHW.

Relational attributes

Related metadata references:	Supersedes National Opioid Pharmacotherapy Statistics Annual Data collection 2011 Data Quality Statement AIHW Data Quality Statements, Superseded 21/06/2013
	Has been superseded by National Opioid Pharmacotherapy Statistics Annual Data collection 2013; Quality Statement AIHW Data Quality Statements, Superseded 12/05/2015