

National Opioid Pharmacotherapy Statistics Annual Data collection 2013; Quality Statement

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Identifying and definitional attributes

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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 differences 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.
- New South Wales is unable to differentiate between clients prescribed buprenorphine and buprenorphine-naloxone.
- 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 (rather than on a snapshot day), likely resulting in higher numbers reported by WA than by other jurisdictions.
- In 2013, Victoria was unable to provide reliable age and sex data for individual pharmacotherapy drug types. This is different to previous years, where an imputation strategy was used. Footnotes have been made to affected figures and tables to highlight this change.
- Analyses of 2 new data items (opioid drugs of dependence and client status) have been included. Both items contain gaps in data coverage. These gaps have been noted in footnotes and body text relating to each new data item.
- This 2013 NOPSAD report includes unit record analyses for the first time. Unit record data were provided by 6 out of 8 jurisdictions (comprising 58% of total clients). Selected data elements were not provided by all 6 jurisdictions (for example, Indigenous status). For figures and tables based on unit record data, footnotes and explanations in body text have been included to highlight gaps in data coverage.

Description

The NOPSAD collection includes 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.

Since 2012, selected jurisdictions have provided the AIHW with unit record data in addition to aggregate data. Although unit record data are not yet provided by all jurisdictions, this 2013 NOPSAD report is the first to include analyses based on unit record data (provided by New South Wales, Western Australia, South Australia, Tasmania, the Northern Territory and the Australian Capital 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 Chapter 5.

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: The AIHW is a major national agency set up by the Australian Government under the *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 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 government 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* (Cth), 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 analyses and reports on the data provided, with annual data available 6 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 outlines 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 AIHW 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 (NDSHS)—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 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 are 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 Chapter 5 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 Institute of Health and Welfare

Reference documents: Australian Institute of Health and Welfare 2014. National opioid pharmacotherapy statistics 2013. Drug treatment series no. 23. Canberra: AIHW.

Relational attributes

Related metadata references: Supersedes [National Opioid Pharmacotherapy Statistics Annual Data collection 2012 Data Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 20/08/2014

Has been superseded by [National Opioid Pharmacotherapy Statistics Annual Data collection 2014; Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 06/04/2016