

# National Opioid Pharmacotherapy Statistics Annual Data collection 2015; Quality Statement

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# National Opioid Pharmacotherapy Statistics Annual Data collection 2015; Quality Statement

## Identifying and definitional attributes

Metadata item type:	Data Quality Statement
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## Data quality

### Data quality statement summary:

- Each state and territory uses different methods to collect data about the pharmacotherapy used to treat those with opioid dependence. These methods are driven by differences between the states and territories in relation to legislation, information technology systems and resources. Caution should be taken when comparing one state or territory with another.
- New South Wales is unable to differentiate between clients prescribed buprenorphine and buprenorphine-naloxone.
- Indigenous status of client is not reported by Victoria and Western Australia.
- 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 an over-representation of clients in Western Australia.
- From 2013, Victoria was unable to provide reliable age and sex data for individual pharmacotherapy drug types. Prior to 2013, an imputation strategy was used to produce this information.
- In 2013, up to 5 opioid drugs of dependence were able to be reported. From 2014, only 1 opioid drug of dependence may be reported (with the exception of Victoria, which still reported up to 5 drugs of dependence. From 2015, all jurisdictions reported only 1 opioid drug of dependence.
- Unit record data were provided by all jurisdictions except Victoria and Queensland.
- Client status was reported for the first time by the Northern Territory.

### Description

The NOPSAD collection includes information on 3 opioid pharmacotherapy drugs used for treating opioid dependence. These drugs are methadone, buprenorphine and buprenorphine-naloxone. 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.

Since 2012, selected jurisdictions have provided the AIHW with unit record data in addition to aggregate data. Unit record data are provided by all jurisdictions except Victoria and Queensland.

While states and territories strive to report data consistent with agreed standards, the NOPSAD collection is not a national minimum data set and some inconsistencies exist in the ways in which data are 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.

**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 corporate Commonwealth entity 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](http://www.aihw.gov.au)>.

Opioid pharmacotherapy prescribers and dosing points may be required to provide data to states and territories through a variety of administrative arrangements, contractual requirements or legislation. State and territory health authorities collate these data according to agreed specifications and report to the AIHW.

**Timeliness:** Data are collected by states and territories on a snapshot day (in or around June each year) in accordance with NOPSAD specifications.

Jurisdictions receive, collate and clean these data, providing it to the AIHW between September and November each year. The AIHW analyses and reports on the data provided, with annual data available within 6 months of the finalisation of the national data set (allowing publication within the first half of each calendar year following collection).

**Accessibility:** Publications containing NOPSAD data, including the annual *National opioid pharmacotherapy statistics* reports, are available on the AIHW website <[www.aihw.gov.au/alcohol-and-other-drugs-publications/](http://www.aihw.gov.au/alcohol-and-other-drugs-publications/)>. These reports are available for download free of charge. To enhance data availability, a series of supplementary tables accompanying the annual report is also available online.

Requests for unpublished data can be made through the AIHW website <[www.aihw.gov.au/custom-data-request-service/](http://www.aihw.gov.au/custom-data-request-service/)>. There is a charge for custom data requests. Depending on the nature of the request, requests for access to unpublished data may require approval from the AIHW Ethics Committee.

**Interpretability:** A data guide outlining the data items in detail is produced annually and is available by contacting the AIHW by email to [aod@aihw.gov.au](mailto:aod@aihw.gov.au).

Information on opioid use is available in the annual *National opioid pharmacotherapy statistics* reports. Definitions of terms used are in the report to assist with interpretability.

Data published in the annual *National opioid pharmacotherapy statistics* reports include additional important caveat information to ensure appropriate interpretation of the analyses presented by the AIHW. Readers are advised to take note of footnotes and caveats specific to individual data tables that influence interpretability of specific data.

**Relevance:**

The NOPSAD collection comprises data about opioid pharmacotherapy clients, prescribers and dosing points collected by state and territory health departments. Each state and territory uses different methods to collect data about the pharmacotherapy used to treat those with opioid dependence. The data are a mix of survey and administrative data. Further information on these differences can be found in the annual *National opioid pharmacotherapy statistics* reports.

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—including 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—nominally in June of each year. Snapshot data provide an indication of pharmacotherapy treatment activity on a specified day, but do not capture the total estimated activity for any given year. For example, a client receiving takeaway methadone who does not enter a dosing point on the snapshot day may not be counted in the collection. Alternatively, a client may enter and leave treatment prior to the snapshot day and may not be counted. However, snapshot data are considered to be a good representation of the total client base and this method should be kept in mind when comparing the NOPSAD collection with other collections that use different data collection periods. 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 an over-representation of clients in Western Australia.

States and territories are primarily responsible for the quality of the data they provide. However, the AIHW undertakes extensive validations on receipt of data. Data are checked for valid values, logical consistency and historical consistency. Potential errors are queried with jurisdictions, and corrections and resubmissions may be made by them in response to these edit queries. The AIHW does not adjust these data to account for possible data errors or missing or incorrect values.

State and territory governments use different methods to collect data about the clients, prescribers and dosing points associated with the opioid pharmacotherapy system. These methods 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.

Indigenous status of client is not reported by Victoria and Western Australia.

From 2013, Victoria was unable to provide reliable age and sex data for individual pharmacotherapy drug types. Prior to this, Victoria used an imputation strategy to produce this information.

**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.

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 an over-representation of clients in Western Australia.

In 2012, unit record data (rather than aggregate data) were provided by South Australia, Tasmania, the Australian Capital Territory and the Northern Territory. Data were not used in the *National opioid pharmacotherapy statistics annual data collection 2012* report due to limitations in coverage. Since 2013, unit record data were provided by all jurisdictions except Victoria and Queensland. A mix of aggregate and unit record data are reported in the annual *National opioid pharmacotherapy statistics* reports.

In 2012, geographic location of dosing point sites at the Australian Statistical Geographical Classification Statistical area level 2 (ASGS SA2) were reported for the first time.

In 2013, opioid drug(s) of dependence were reported for the first time. Up to 5 opioid drugs of dependence were able to be reported. Only Victoria and Western Australia reported more than 1 opioid drug of dependence. From 2014, only 1 opioid drug of dependence may be reported. However, Victoria still reported up to 5 drugs of dependence. From 2015, all jurisdictions reported only 1 opioid drug of dependence.

In 2013, client status was reported for the first time. This information is not reported by New South Wales, South Australia and the Australian Capital Territory. The Northern Territory commenced reporting client status in 2015.

From 2013, Victoria was unable to provide reliable age and sex data for individual pharmacotherapy drug types. Prior to this, Victoria used an imputation strategy to produce this information.

In 2014, the number of clients per prescriber and number of clients per dosing point were reported for the first time.

## Source and reference attributes

**Submitting organisation:** Australian Institute of Health and Welfare

**Reference documents:** Australian Institute of Health and Welfare 2016. National opioid pharmacotherapy statistics 2015. Canberra: AIHW. Viewed 6 April 2016, <<http://www.aihw.gov.au/alcohol-and-other-drugs/nopsad/2015/>>.

## Relational attributes

**Related metadata references:** Supersedes [National Opioid Pharmacotherapy Statistics Annual Data collection 2014: Quality Statement](#)

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

Has been superseded by [National Opioid Pharmacotherapy Statistics Annual Data collection, 2016: Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 09/04/2018