

National Opioid Pharmacotherapy Statistics Annual Data collection, 2017; Quality Statement

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Identifying and definitional attributes

Metadata item type:	Data Quality Statement
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Data quality

Data quality statement summary:

Description

The NOPSAD collection comprises data collected by state and territory health departments about opioid pharmacotherapy clients, prescribers and dosing points. Each jurisdiction 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* report.

The NOPSAD collection includes information on three opioid pharmacotherapy drugs used for treating opioid dependence. These drugs are methadone, buprenorphine and buprenorphine-naloxone. Each jurisdiction collects agreed data about clients receiving opioid pharmacotherapy on a snapshot day, usually a day in June each year. The snapshot day varies across jurisdictions.

Since 2012, most 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.

However, while jurisdictions strive to report data consistent with agreed standards, the NOPSAD collection is not based on a nationally agreed data standard such as a national minimum data set and there are some inconsistencies in the ways in which data are reported.

In the context of the pharmacotherapy treatments reported, the term 'opioid drug of dependence' refers to the opioid drug that led to a client receiving treatment for their opioid dependence. The [Australian Standard Classification of Drugs of Concern 2011](#) is used to code this item.

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

Summary of key data quality issues

- Each state/territory uses different methods to collect data about the pharmacotherapy used to treat those with opioid dependence. These methods are driven by the jurisdiction's particular legislation, information technology systems and resources.
- New South Wales is unable to differentiate between clients prescribed buprenorphine and clients prescribed buprenorphine-naloxone in its reporting.
- Indigenous status of client is reported as a total by Victoria, i.e. a breakdown of Indigenous status by individual pharmacotherapy drug type is not available. Indigenous status of client is not reported by Western Australia.
- In Western Australia, the number of clients receiving pharmacotherapy treatment is usually reported through the month of June (rather than on a snapshot day), likely resulting in an over-representation of clients in Western Australia. However, data for 2017 were reported through the month of May due to delays in the receipt of June data.
- In Tasmania, the number of clients receiving treatment in June is counted. If a client changes dosing point sites during the month, they are only counted once and the activity is attributed to the dosing point that administered the greater number of doses to the client.
- Unit record data were provided to the AIHW by all jurisdictions except Victoria and Queensland.

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](#) (Cwlth) to provide reliable, regular and relevant information and statistics on Australia's health and welfare. It is an independent 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 [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.

Opioid pharmacotherapy prescribers and dosing points may be required to provide data to state and territory health authorities 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 each jurisdiction on a snapshot day (in or around June each year) in accordance with the NOPSAD specifications.

For the 2017 NOPSAD collection, the number of clients receiving pharmacotherapy treatment in Western Australia was reported through the month of May as data was not yet available for the month of June. In Tasmania, the number of clients receiving treatment in June was counted.

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, annual data is available within four months of the finalisation of the national data set (allowing publication within the first half of each calendar year following collection).

For the 2017 NOPSAD collection, initial data were due to be provided to the AIHW by 16 October 2017. Most jurisdictions supplied data to the AIHW by this date.

Final cleaned data were due to be signed off by the jurisdictions by 30 November 2017. Data for three jurisdictions were signed off by this date, and data was signed off by all jurisdictions by 14 December 2017.

Accessibility: Publications containing NOPSAD data, including the annual *National opioid pharmacotherapy statistics* report, are available on the AIHW website <https://www.aihw.gov.au/reports-statistics/health-welfare-services/alcohol-other-drug-treatment-services/overview>. 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 <https://www.aihw.gov.au/our-services/data-on-request>. 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 NOPSAD data items in detail is produced annually and is available by contacting the AIHW by email to aod@aihw.gov.au.

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

Data published in the annual *National opioid pharmacotherapy statistics* report includes 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.

Included in the report are Technical notes, administrative features, methodological issues of note, policies and guidelines and the history of data reported for the NOPSAD collection in each state and territory.

Relevance:

The NOPSAD collection covers information about the provision of opioid pharmacotherapy treatment for:

- the clients who receive the opioid pharmacotherapy treatment,
- the prescribers who prescribe the treatment, and
- the dosing sites that dispense the pharmacotherapy drugs.

NOPSAD data are collected on a snapshot day 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 and methods.

In Western Australia, the number of clients receiving pharmacotherapy treatment is usually reported through the month of June (rather than on a snapshot day), likely resulting in an over-representation of clients in Western Australia. However, data for 2017 were reported through the month of May due to delays in the receipt of data.

In Tasmania, the number of clients receiving treatment in June is counted. If a client changes dosing point sites during the month they are only counted once and that activity is attributed to the dosing point that administered the greater number of doses to the client.

Indigenous status of client is reported as a total by Victoria, i.e. a breakdown of Indigenous status by individual pharmacotherapy drug type is not available. Indigenous status of clients is not reported by Western Australia.

Accuracy:

NOPSAD data are collected on a 'snapshot' day 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.

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 make any other adjustments to these data for unsubstantiated errors or missing 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. These differences may result in discrepancies when comparing one state or territory with another.

Coherence:

Information about issues affecting the coherence of NOPSAD data for years earlier than 2017 can be found in the Coherence section of the [National Opioid Pharmacotherapy Statistics Annual Data collection, 2016; Quality Statement](#).

Source and reference attributes

Submitting organisation: Australian Institute of Health and Welfare

Relational attributes

Related metadata references:

Supersedes [National Opioid Pharmacotherapy Statistics Annual Data collection, 2016; Quality Statement](#)

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

Has been superseded by [National Opioid Pharmacotherapy Statistics Annual Data collection, 2018; Quality Statement](#)

[AIHW Data Quality Statements](#), Superseded 31/03/2020