

National Opioid Pharmacotherapy Statistics Annual Data collection, 2021; Quality Statement

Identifying and definitional attributes

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Data quality

Quality statement summary:

Description

The National Opioid Pharmacotherapy Statistics Annual Data collection (NOPSAD) collection comprises data collected by state and territory health departments about opioid pharmacotherapy clients, prescribers and dosing points (i.e. a place at which a client is provided a pharmacotherapy drug). 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.

Queensland data were not available for the 2021 NOPSAD collection; see *Coherence* for further details.

Recently, two depot forms of buprenorphine (Buprenorphine LAI) were registered for use in the treatment of opioid dependence across Australia. These long acting injections (Buprenorphine LAI) were reported where possible for the first time in the NOPSAD 2020 collection. The NOPSAD collection now includes information on four opioid pharmacotherapy drugs used for treating opioid dependence. These drugs are methadone, buprenorphine, buprenorphine-naloxone and buprenorphine LAI.

Each jurisdiction collects 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, buprenorphine-naloxone or buprenorphine LAI 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.
- 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-reporting of clients in Western Australia.
- 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.
- Queensland data were not available for the NOPSAD 2021 collection. This was a result of the implementation of a new real-time prescription monitoring system (QScript) and the commencement of the new [Medicines and Poisons Act 2019](#).

Unit record data were provided to the AIHW by all jurisdictions except Victoria and Queensland.

Institutional environment:

The Australian Institute of Health and Welfare (AIHW) is an independent corporate Commonwealth entity under the [Australian Institute of Health and Welfare Act 1987](#) (AIHW Act), governed by a [management Board](#) and accountable to the Australian Parliament through the Health portfolio.

The AIHW is a nationally recognised information management agency. Its purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

Compliance with the confidentiality requirements in the AIHW Act, the Privacy Principles in the [Privacy Act 1988](#) (Cth) and AIHW's data governance arrangements ensures that the AIHW is well positioned to release information for public benefit while protecting the identity of individuals and organisations.

For further information see the AIHW website www.aihw.gov.au/about-us, which includes details about the AIHW's governance (www.aihw.gov.au/about-us/our-governance) and vision and strategic goals (www.aihw.gov.au/about-us/our-vision-and-strategic-goals).

Opioid pharmacotherapy prescribers and dosing points 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. However, jurisdictional differences in legislation, computer systems and resources may result in inconsistencies in reporting 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.

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 i.e. within 12 months of collection).

For the 2020 NOPSAD collection, initial data were due to be provided to the AIHW by 12 October 2020. 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 2020. Data was signed off by all jurisdictions by 17 December 2020.

Accessibility: Publications containing NOPSAD data, including the annual *National opioid pharmacotherapy statistics* report, are available on the [AIHW website](#). 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. 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 usually 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 reported throughout the month of June (rather than on a snapshot day), likely resulting in an over-representation of clients in Western Australia.
- 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.
- In Victoria, Indigenous status of client is reported as a total, i.e. a breakdown of Indigenous status by individual pharmacotherapy drug type is not available.

Accuracy:

Data collected on the snapshot day 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 provide a good representation of the total client base for most purposes 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:

The NOPSAD collection is reported annually. Data are collected from each jurisdiction. The method of data collection and elements collected is consistent between years, allowing for meaningful comparisons over time.

In 2021:

- Queensland data were not available for the NOPSAD collection in 2021. This was a result of the implementation of a new real-time prescription monitoring system (QScript) and the commencement of the new *Medicines and Poisons Act 2019*. In 2021, collection of medicines information transitioned from the Monitoring of Drugs of Dependence System database to the new [QScript system](#). This transition resulted in significant changes to the data being collected for the [Queensland Opioid Treatment Program](#).
- Western Australia were unable to report on client status 'Readmission' and 'Ongoing' due to changes to their data collection and processing systems. These records are reported as 'Not stated'.
- Client sex 'Other' was reported where possible for the first time. Victoria, Western Australia, Tasmania, the Australian Capital Territory and the Northern Territory were able to collect this information in 2021. New South Wales and South Australia were not able to collect this information, and data for Queensland were not available.
- In Victoria, the increased number and rate of Indigenous clients compared to previous years likely relates to improved accuracy of coding of the database under [SafeScript](#).

Other key historical changes:

- In 2020, NSW reported client status for the first time.
- In 2020, clients receiving buprenorphine LAI were reported for the first time.
- In 2020, a review of data collection practices for counting prescribers was undertaken in New South Wales. Published figures relating to the number of prescribers in New South Wales are inflated for the years 2016 to 2019.
- Total population estimates for Indigenous status were updated to include all jurisdictions. Total rates for 2017 to 2019 will not match previously published data.
- From 2019, geographic location of dosing point sites at the 2016 Australian Statistical Geographical Classification Statistical area level 2 (ASGS SA2) were reported. Prior to 2019, 2011 SA2 was reported.
- In 2018, Western Australia reported Indigenous status of client for the first time.

Information about issues affecting the coherence of NOPSAD data for prior years 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, 2020; Quality Statement](#)

- [AIHW Data Quality Statements](#), Superseded 30/03/2022