National Opioid Pharmacotherapy Statistics Annual Data collection, 2022; Quality Statement

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# National Opioid Pharmacotherapy Statistics Annual Data collection, 2022; Quality Statement

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| Data quality | |
| Data 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 (that is 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](https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/national-opioid-pharmacotherapy-statistics-2019/contents/introduction) report.  Since 2019, two depot forms of buprenorphine (Buvidal® and Sublocade®) 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](http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/1248.0Main+Features12011?OpenDocument) 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.  Reporting for Indigenous status of client status by individual pharmacotherapy drug type was provided by Victoria for the first time in 2022.  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 dosing point data and client status data were not available for the NOPSAD 2022 collection. This is 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](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2019-026).  South Australia could not provide client status data and noted that prescribers may be undercounted as accredited prescribers who have only 1-2 clients may not have been included for the 2022 NOPSAD collection. Some data quality issues have arisen due to transition to a new real-time prescription monitoring system which became mandatory on 1 April 2022.  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](http://www.comlaw.gov.au/Series/C2004A03450) (AIHW Act), governed by a [management Board](http://www.aihw.gov.au/aihw-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](http://www.comlaw.gov.au/Details/C2011C00503) (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](https://www.aihw.gov.au/about-us), which includes details about the AIHW’s governance ([www.aihw.gov.au/about-us/our-governance](https://www.aihw.gov.au/about-us/our-governance)) and our role and strategic goals ([www.aihw.gov.au/about-us/our-vision-and-strategic-goals](https://www.aihw.gov.au/about-us/our-vision-and-strategic-goals)).  State and territory health authorities collate data relating to opioid pharmacotherapy prescribers and dosing points through a variety of administrative arrangements, contractual requirements or legislation. |
| 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 that is within 12 months of collection).  For the 2022 NOPSAD collection, initial data were due to be provided to the AIHW by 12 October 2022. Five jurisdictions supplied data to the AIHW around this date; see Coherence for further details.  Final cleaned data were due to be signed off by the jurisdictions by 30 November 2022. Data was signed off by all jurisdictions on 4 January 2023. |
| 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 by contacting the AIHW on (02) 6244 1000, by email to info@aihw.gov.au or through the AIHW's custom data request service at <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](mailto: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*](https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/national-opioid-pharmacotherapy-statistics-2019/contents/introduction) 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. |
| 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. 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.   * Western Australia was 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'. * South Australia was unable to provide client status due to changes to their data collection and processing systems. * Queensland was unable to provide client status breakdowns or dosing point location data, due to transitioning to the Real Time Prescription Monitoring reporting systems.   The sex classification of ‘Another term’ was included in the NOPSAD collection for the first time, however it’s not reported in text due to small numbers and concerns with data reliability. |
| Coherence: | The NOPSAD collection is reported annually. Data are collected from each jurisdiction.  Data are collated according to agreed specifications. However, jurisdictional differences in legislation, database structure and resources may result in variations in reporting to the AIHW. The Health Ministers from the Commonwealth, states and territories agreed to implement a national real time prescription monitoring system (RTPM). The RTPM provides information to doctors (prescribers) and pharmacists (dispensers) about a patient’s history and use of controlled medicines when they are considering prescribing or dispensing these medicines.  The Commonwealth, state and territory agencies are working together to implement the RTPM system.  The RTPM system consists of two components:   1. A National Data Exchange (NDE), which captures information from state and territory regulatory systems, prescribing and dispensing software, and a range of external data sources. 2. Regulatory systems within each state or territory, which manage the authorities or permits for controlled medicines in each state and territory.   The implementation of these systems may impact the quality of the NOPSAD data as States and territories are responsible for developing the regulatory components that integrate with the NDE based on their specific regulatory environments. As such, they maintain responsibility for the regulation of controlled medicines (Schedule 8) within their jurisdiction and have discretion as to which additional (Schedule 4) medicines they wish to monitor, using the RTPM system. This incorporates the development of a NOPSAD module to enable extraction of data items that are required for annual reporting within each state and territory.  The method of data collection and elements collected is consistent between years, allowing for meaningful comparisons over time.    In 2022:   * The following states/territories implemented a national real time prescription monitoring system (RTPM) since 2020; Victoria, Queensland, Western Australia, South Australia, the Australian Capital territory and Northern Territory. * 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.](https://www.safescript.vic.gov.au/)   Other key historical changes:   * In 2021, 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. * In 2020, New South Wales reported client status for the first time. * In 2020, clients receiving buprenorphine LAI was reported for the first time in selected states and territories. * The number of clients receiving buprenorphine in New South Wales cannot be compared, as New South Wales groups all clients receiving buprenorphine-naloxone¬ or buprenorphine LAI together with clients receiving buprenorphine. * New South Wales and Western Australia each report all correctional dosing point sites as operating under a single site rather than counting individual correctional dosing point sites. * 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. * 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 ASGS SA2 was reported. * In 2018, Western Australia reported Indigenous status of clients 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](https://meteor.aihw.gov.au/content/639660). |
| 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, 2021; Quality Statement](https://meteor.aihw.gov.au/content/755416)  [AIHW Data Quality Statements](https://meteor.aihw.gov.au/RegistrationAuthority/5), Superseded 20/04/2023  Has been superseded by [National Opioid Pharmacotherapy Statistics Annual Data collection, 2023; Quality Statement](https://meteor.aihw.gov.au/content/792377)  [AIHW Data Quality Statements](https://meteor.aihw.gov.au/RegistrationAuthority/5), Standard 30/05/2024 |