



**Australian Government**

**Australian Institute of  
Health and Welfare**

*Better information and statistics  
for better health and wellbeing*

# **Data items and definitions**

## **2008 National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection**

### **Data guide**

**January 2009**

Australian Institute of Health and Welfare  
Canberra  
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### **Australian Institute of Health and Welfare**

Board Chair

Hon. Peter Collins, AM, QC

Director

Penny Allbon

Any enquiries about or comments on this publication should be directed to:

Amber Summerill

Drug Surveys and Services

Australian Institute of Health and Welfare

GPO Box 570

Canberra ACT 2601

Phone: (02) 6244 1000

Email: [amber.summerill@aihw.gov.au](mailto:amber.summerill@aihw.gov.au)

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The AIHW gratefully acknowledges the funding provided by the Australian Government Department of Health and Ageing for this project.

# 1 Introduction to the NOPSAD collection

## 1.1 What is the NOPSAD collection and why was it developed?

The National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) collection is an administrative by-product collection. Data are collated in each jurisdiction from information already collected for the purposes of administering or providing a service.

In Australia, people with opioid dependence have been treated using opioid pharmacotherapy for a number of decades (Methadone since 1969 and Buprenorphine since the 1980s). The Australian Government funds the provision of pharmacotherapy drugs via pharmaceutical benefits arrangements, through clinics and pharmacies approved by state and territory governments. Treatment of opiate dependence is administered according to the law of the relevant state or territory, and within a framework which includes not only medical treatment, but also social and psychological treatment.

In January 2007, the Australian Government Department of Health and Ageing released the *National pharmacotherapy policy for people dependent on opioids* (DoHA 2007). This policy was prepared to provide a broad policy context and a framework for state and territory policies and guidelines that are concerned with the treatment of opioid dependence with methadone, buprenorphine and naltrexone.

In 1985, methadone maintenance treatment was endorsed as Australian policy, and national information on the numbers of pharmacotherapy clients was first collated in 1986. In December 1999, the Commonwealth Government and state and territory governments, through the National Health Information Management Group, endorsed the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS) and collection commenced on 1 July 2000. However, due to particular complexities in collecting information about pharmacotherapies, agencies whose sole activity was to prescribe and/or dose for opioid pharmacotherapy treatment were excluded from the scope of the AODTS-NMDS collection. Instead, data on clients participating in opioid pharmacotherapy treatment have been routinely collected by state and territory health departments and provided each year to the Australian Government Department of Health and Ageing. In 2005, the Australian Institute of Health and Welfare (AIHW) took on the responsibility for collection management, analysis and reporting of the NOPSAD collection.

## 1.2 What is the NOPSAD collection used for?

The main purpose of the current NOPSAD collection is to aggregate standardised jurisdictional data on the number of clients accessing pharmacotherapy for the treatment of opioid dependence, the number of prescribers participating in the delivery of pharmacotherapy treatment, and quantitative information about the prescribing sector. As such, national information on pharmacotherapy can be 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. Data from the NOPSAD collection can also be considered along with information from other sources (for instance, the AODTS-NMDS and

the National Drug Strategy Household Survey) 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 points
- monitor and plan services (e.g. monitoring prescriber burnout and capping number of clients)
- develop and refine policies relating to treatment of clients with opioid dependency
- track the number of clients moving between the public and private sectors
- assist in monitoring deaths of clients of pharmacotherapy treatment programs
- monitor client access to treatment
- fill gaps in national treatment services data.

### **1.3 Purpose of the NOPSAD data guide**

The NOPSAD data guide has been developed by the AIHW to promote nationally consistent opioid pharmacotherapy treatment data. Its development has been largely guided by jurisdictional collection materials and practices. It is hoped that the NOPSAD data guide will not only enhance the interpretation of the data currently being collected, but also facilitate the exploration of data items in the collection that are beneficial in the future.

The NOPSAD data guide is intended to be used as a reference for those involved in collating and supplying pharmacotherapy data within jurisdictions, including pharmacotherapy managers and/or data providers.

It is intended that this data guide will be reviewed and enhanced annually under the guidance of the NOPSAD Working Group, which comprises national and jurisdictional pharmacotherapy data developers and data analysts.

The structure of the NOPSAD data guide is as follows:

- Section 2 outlines the scope of the NOPSAD collection
- Section 3 explains the NOPSAD collection counting rules
- Section 4 outlines administrative features in each jurisdiction
- Section 5 describes the data transmission, collation and reporting processes
- Section 6 provides detailed information on what data are required for the NOPSAD collection
- Section 7 provides detailed definitions on each of the data items within the collection
- Section 8 provides details on the data release guidelines.

## 2 Scope of the NOPSAD collection

The collection covers the provision of opioid pharmacotherapy treatment, the practitioners who prescribe the treatment, the dosing sites who dispense the pharmacotherapy drugs, and the clients receiving the opioid pharmacotherapy treatment.

The following pharmacotherapies are currently recommended for the treatment of opioid dependency:

- Methadone hydrochloride – Methadone Syrup®, Biodone Forte ®
- Buprenorphine – Subutex®
- Buprenorphine/Naloxone – Suboxone®.

### **Methadone**

Methadone is a synthetic opioid agonist primarily used in maintenance therapy and may also be used as a withdrawal agent for those dependent on opioids. Methadone reduces the use of heroin through cross tolerance which results in a reduction of heroin withdrawal symptoms, less desire to use heroin, and reduced euphoric effect when heroin is used. Methadone is taken orally on a daily basis (Australian Government Department of Health and Ageing 2007).

### **Buprenorphine**

Buprenorphine is a partial opioid agonist with high receptor affinity. It has actions similar to the full agonist drugs but with less efficacy such that increases in dose have progressively less increase in effect. Two buprenorphine products are currently registered in Australia for the treatment of opioid dependence within a framework of medical, social and psychological treatment: the mono product (Subutex®) is a sublingual tablet containing buprenorphine hydrochloride in 0.4, 2 and 8 mg strengths; the combination product (Suboxone®) is a sublingual tablet containing buprenorphine hydrochloride and naloxone hydrochloride in a ratio of 4: Suboxone® is available in two dosage strengths: 2mg buprenorphine and 0.5mg naloxone, and 8mg buprenorphine and 2mg naloxone. The properties of buprenorphine and naloxone are such that, when taken sublingually, Suboxone® will act as if it was buprenorphine alone. However, if the combined preparation is injected, the naloxone may have a clinically significant effect such that it is likely to attenuate the effects of the buprenorphine in the short-term, and is also likely to precipitate withdrawal symptoms in opioid-dependent individuals using heroin or methadone (as above).

### **Naltrexone**

Naltrexone is an adjunctive therapy (which means it is used in combination with other treatment for example counselling) in the maintenance of formally opioid-dependant patients who have ceased the use of opioids and is not included in this collection. It is not included in this collection due to scheduling compliance conditions (there is no legislative requirement to report to government authorities).

In the context of this collection opioid pharmacotherapy services generally consist of:

- those registered practitioners who have undergone accreditation and/or authorisation to prescribe a pharmacotherapy drug
- those dosing sites at which clients are provided an opioid pharmacotherapy drug.

### 3 NOPSAD counting rules

The main counts of the NOPSAD collection in 2008 are prescribers, dosing sites and clients (see Box 1 for definitions).

It is important to remember that counts in the NOPSAD collection relate to a particular day. The use of a 'specified/snapshot' day permits the number of clients to be estimated at a single point in time.

#### **Box 1: Key definitions for the NOPSAD collection**

***Prescribers** refer to registered prescribers who have undergone accreditation and/or authorisation to prescribe a pharmacotherapy drug and who have not been recorded as ceasing this registration prior to the 'snapshot/specified' day.*

*More specifically, a prescriber should be included in the count, if they are either:*

- *registered or authorised prescribers*
- *active prescribers, or prescribers that are scripting at least one client over the reporting period (i.e. financial year).*

***Pharmacotherapy dosing point site** refers to the dosing point at which at least one client is provided a pharmacotherapy drug on the 'snapshot/specified' day. Dosing point sites include:*

- *public clinic*
- *private clinic*
- *pharmacy*
- *correctional setting*
- *other, that is, In-patients in hospital, Out-patients in hospital, Community health centres, doctors surgeries and dosing points 'not stated'.*

***Clients** refer to people registered as receiving opioid pharmacotherapy treatment on the 'snapshot/specified' day.*

The NOPSAD collection reports on data collected on a 'snapshot/specified' day of the year (usually in June). More specifically client, prescribers and dosing point counts can be broken down as follows:

- Client counts in the NOPSAD collection relate to the number of clients accessing pharmacotherapy treatment on a 'snapshot/specified' day.
- Prescriber counts relate to the number of registered prescribers who are authorised to script at least one client over the reporting period (i.e. over the financial year).
- Dosing point site counts relate to the number of dosing point sites at which clients are provided pharmacotherapy drugs over the reporting period (i.e. over the financial year).

## 4 Administrative features in each jurisdiction

The NOPSAD collection is an administrative by-product collection whereby data are collated from information already collected for the purposes of administering or providing a service, for example registration or authorisation forms. Table 1 provides a brief overview on how the data for the NOPSAD collection are collected in each jurisdiction.

**Table 1: Administrative features of the NOPSAD collection in each jurisdiction**

Jurisdiction	Methodology
New South Wales	<p>The Pharmacotherapy Drugs of Addiction System (PHDAS) is primarily used to assist the administration of the NSW Pharmacotherapy Program. Information reported into the database is used to inform the issuing of authority to doctors to prescribe as part of the NSW Pharmacotherapy Program. The database also records patient admissions and exits into and out of treatment, as well as details of approved prescribers and dosing points. For these reasons, PHDAS is characterised by continual fluctuations, and data extracted at different times for the same period may not be the same. However, while delays in reporting entries into the program, exists from the program, and changes in the status of dosing points cause short-term fluctuations in the database, these fluctuations flatten out over the course of a full year.</p> <p>Client data are reported in New South Wales as at 30 June.</p>
Victoria	<p>Data are collected from:</p> <ul style="list-style-type: none"> <li>a quarterly census of pharmacists, whereby pharmacists are requested to report the actual number of clients being dosed on a specified day</li> <li>the permit database, which records information about practitioners authorised to prescribe pharmacotherapy drugs, as well as demographic information about clients dosing for pharmacotherapy treatment.</li> </ul> <p>These two data sources cannot be linked.</p> <p>The Victorian pharmacotherapy system is essentially entirely community-based, other than inpatients in hospitals and in prisons. Although a small number of services receive government funding they are independent bodies and services and are not managed directly by government.</p> <p>Client data are reported in Victoria on a specified day.</p>
Queensland	<p>Data are collected monthly from the pharmacists and entered into a central database managed by the Drugs of Dependence Unit. Data are also collected from the administrative 'Admission' and 'Discharge' forms. National and Queensland totals may vary slightly due to these data source differences. For example, a client may be counted as registered and having received a dose on the snapshot day but a dosing point cannot be assigned because the dose consumed on the snapshot day was a take-away dose.</p> <p>Client data are reported in Queensland are reported on a specified day.</p>
Western Australia	<p>Data are collected monthly from pharmacists and entered into a central database managed by the Pharmaceutical Services Unit. Data are also collected from the 'Application for authority', 'Authority to prescribe' and 'Termination of treatment' forms.</p> <p>Client data are reported in Western Australia for the entire month of June not just on a specified day. Prior to 2005, Western Australia reported clients over a year.</p>

*(continued)*

**Table 1 (continued): Administrative features of the NOPSAD collection in each jurisdiction**

South Australia	<p>Data are collected from the forms 'Application for authority', 'Termination of treatment', 'Authority to prescribe' and 'Request for take-away doses', which are entered into a central database system at Drug and Alcohol Services South Australia (DASSA). Information from scripts are also collected electronically from pharmacists monthly and sent to DASSA.</p> <p>From 2007, data on dosing points are collected via a quarterly census of pharmacists and reported on a specified day. Other data are drawn from the DDU Drugs of Misuse Surveillance System and are about those clients registered for treatment on the specified day (but who may not actually receive treatment on that day).</p>
Tasmania	<p>Data are collected from pharmacists participating in the Tasmanian Pharmacotherapy program, and stored in the Drug and Alcohol Pharmacy Information System (DAPIS). This central database is managed through the Pharmaceutical Services Unit, and is a 'live' database, from where a snapshot for any day can be taken.</p> <p>Client data are reported in Tasmania on a specified day.</p>
Australian Capital Territory	<p>Client participation data are collected from the Alcohol and Drug Program databases and from prescription dosing records provided by community pharmacies. General Practitioner and pharmacy participation data are collected from the Chief Health Officer's records and quarterly phone contact.</p> <p>Client data are reported in the Australian Capital Territory as at a specified day.</p>
Northern Territory	<p>Prescribers complete the forms 'Authority', 'Variation' and 'Cessation', and submit them to the Department of Health and Community Services Poisons Control for entry into a central database. Pharmacies also submit copies of scripts to the same database. The Northern Territory aggregates data through the year.</p> <p>Client data are reported in the Northern Territory on a specified day.</p>

## 5 Data transmission, collation and reporting

The main processes that are undertaken annually for the transmission, collation and reporting of NOPSAD data are as follows:

- By September of each year, the AIHW sends out a formal request for NOPSAD data (with table shells outlining the data required) to NOPSAD Working Group members in each jurisdiction (Appendix 1).
- Jurisdictions use aggregate data to complete the relevant sections of the table shells. By mid October, most tables are transmitted back to AIHW with any caveats or notes that should accompany the data.
- AIHW reviews the data submitted by each state and territory and follows up with individual jurisdictions if any discrepancies are found.
- Once the validation process is complete, the AIHW combines data from each jurisdiction into national data tables. These tables are then analysed and included in a draft bulletin that outlines the findings from the collection.
- The draft bulletin is then circulated to data providers for comment before it is publicly released.
- The NOPSAD bulletin was published for the first time in 2008 and a subset, as in previous years, will be published within the AODTS–NMDS annual report. The AIHW submits a final draft of the bulletin in June to the Australian Department of Health and Ageing and prior to the publication in the AODTS–NMDS annual report.

The AIHW provides guidance to jurisdictions regarding data quality and completeness issues throughout all phases of transmission, collation and reporting.

For further information in relation to data transmission, development and/or interpretation issues, please contact:

Ms Amber Summerill  
Drug Surveys and Services Unit  
Australian Institute of Health and Welfare  
GPO Box 570, Canberra ACT 2601  
Phone: (02) 6244 1000  
E-mail: [amber.summerill@aihw.gov.au](mailto:amber.summerill@aihw.gov.au)

# 6 Data required for the NOPSAD collection

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## 6.1 Number of clients receiving pharmacotherapy drugs

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**Defined as:** Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day, by the type of pharmacotherapy drug provided.

- Classification:**
- (a) The number of pharmacotherapy clients receiving methadone as their pharmacotherapy drug type on the 'snapshot/specified' day.
  - (b) The number of pharmacotherapy clients receiving buprenorphine as their pharmacotherapy drug type on the 'snapshot/specified' day.
  - (c) The number of pharmacotherapy clients receiving buprenorphine/naloxone as their pharmacotherapy drug type on the 'snapshot/specified' day.
  - (d) The total number of pharmacotherapy clients receiving any form of pharmacotherapy drug on the 'snapshot/specified' day.

**Guide for use:**

- This data item refers to the number of pharmacotherapy clients receiving pharmacotherapy treatment on a particular day.
- This data item is not a count of those on the books regardless of whether the client has received a service or not.
- For a more complete definition of:
  - 'pharmacotherapy client', refer to Section 7.2
  - 'pharmacotherapy drug', refer to Section 7.5

**Comments:**

- Client data are reported in Western Australia for the entire month of June.

**Transmission requirements:**

- See Appendix 1, Table 1.

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## 6.2 Number of clients by pharmacotherapy drug type and prescriber type

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**Defined as:** Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type and prescriber type.

- Classification:**
- (a) The number of pharmacotherapy clients receiving **methadone** as their pharmacotherapy drug type on the 'snapshot/specified' day and the **prescriber type of the practitioner**.
  - (b) The number of pharmacotherapy clients receiving **buprenorphine** as their pharmacotherapy drug type on the 'snapshot/specified' day and the **prescriber type of the practitioner**.
  - (c) The number of pharmacotherapy clients receiving **buprenorphine/naloxone** as their pharmacotherapy drug type on the 'snapshot/specified' day and the **prescriber type of the practitioner**.
  - (d) The **total** number of pharmacotherapy clients receiving any form of pharmacotherapy drug on the 'snapshot/specified' day and the **prescriber type of the practitioner**.

**Guide for use:**

- This data item refers to the number of pharmacotherapy clients receiving pharmacotherapy treatment on a particular day.
- This data item is not a count of those on the books regardless of whether the client has received a service or not.
- For a more complete definition of:
  - 'pharmacotherapy client', refer to Section 7.2
  - 'pharmacotherapy prescriber type', refer to Section 7.3
  - 'pharmacotherapy drug', refer to Section 7.5

**Comments:**

- In Western Australia, client data are reported for the entire month of June.

**Transmission requirements:**

- See Appendix 1, Table 2.

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## 6.3 Number of clients by pharmacotherapy drug type and dosing point site

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**Defined as:** Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type and the dosing point where the client is provided the pharmacotherapy drug.

- Classification:**
- (a) The number of pharmacotherapy clients receiving **methadone** as their pharmacotherapy drug type on the 'snapshot/specified' day and the **dosing point** at which the client is provided the pharmacotherapy drug.
  - (b) The number of pharmacotherapy clients receiving **buprenorphine** as their pharmacotherapy drug type on the 'snapshot/specified' day and the **dosing point** at which the client is provided the pharmacotherapy drug.
  - (c) The number of pharmacotherapy clients receiving **buprenorphine/naloxone** as their pharmacotherapy drug type on the 'snapshot/specified' day and the **dosing point** at which the client is provided the pharmacotherapy drug.
  - (d) The **total** number of pharmacotherapy clients receiving any form of pharmacotherapy drug on the 'snapshot/specified' day and the **dosing point** at which the client is provided the pharmacotherapy drug.

**Guide for use:**

- This data item refers to the number of pharmacotherapy clients receiving pharmacotherapy treatment on a particular day.
- This data item is not a count of those on the books regardless of whether the client has received a service or not.
- The dosing point site for a client may vary over the course of a year. This data item is asking for the current dosing point site for pharmacotherapy drugs (that is, the dosing point on the 'snapshot/specified' day).
- For a more complete definition of:
  - 'pharmacotherapy client', refer to Section 7.2
  - 'pharmacotherapy dosing point site', refer to Section 7.4
  - 'pharmacotherapy drug', refer to Section 7.5

**Comments:**

- In Western Australia, client data are reported for the entire month of June.

**Transmission requirements:**

- See Appendix 1, Table 3.

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## 6.4 Number of pharmacotherapy prescribers

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**Defined as:** Total number of registered practitioners who have undergone accreditation and/or authorisation to prescribe a pharmacotherapy drug by the pharmacotherapy drug type they prescribe for.

- Classification:**
- (a) The number of **registered practitioners** who have undergone accreditation and/or authorisation to prescribe **methadone only**.
  - (b) The number of **registered practitioners** who have undergone accreditation and/or authorisation to prescribe **buprenorphine only**.
  - (c) The number of **registered practitioners** who have undergone accreditation and/or authorisation to prescribe **buprenorphine/naloxone only**.
  - (d) The number of **registered practitioners** who have undergone accreditation and/or authorisation to prescribe **more than one pharmacotherapy drug type** (e.g. practitioners may be authorised to prescribe buprenorphine or buprenorphine/naloxone but not methadone. Alternatively practitioners may be registered to prescribe all three pharmacotherapies).
  - (e) The **total** number of **registered practitioners** who have undergone accreditation and/or authorisation to prescribe pharmacotherapy drug (i.e. methadone, buprenorphine and buprenorphine/naloxone). This total should equate to the sum of the four components above.

**Guide for use:**

- This data item refers to the number of registered practitioners who have undergone accreditation and/or authorisation to prescribe a pharmacotherapy drug and who have not been recorded as ceasing this registration prior to 30 June of the collection period.
- The count for these data should relate to the number of prescribers over the collection period (i.e. the financial year).
- For a more complete definition of:
  - 'prescriber', refer to Section 7.1
  - 'pharmacotherapy drug', refer to Section 7.5

**Transmission requirements:**

- See Appendix 1, Table 4.

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## 6.5 Number of pharmacotherapy dosing point sites

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**Defined as:** Total number of pharmacotherapy dosing point sites where clients are provided pharmacotherapy drugs over the reporting period (i.e. over the financial year).

- Classification:**
- (a) The number of pharmacotherapy dosing point sites located in a **public clinic** over the reporting period.
  - (b) The number of pharmacotherapy dosing point sites located in a **private clinic** over the reporting period.
  - (c) The number of pharmacotherapy dosing point sites located in a **pharmacy** over the reporting period.
  - (d) The number of pharmacotherapy dosing point sites located in a **correctional setting** over the reporting period.
  - (e) The number of pharmacotherapy dosing point sites located in **other settings** over the reporting period.
  - (f) The **total** number of pharmacotherapy dosing point sites over the reporting period.

**Guide for use:**

- This data item refers to the type of physical setting in which the drug is provided to a client, regardless of whether the drug intake is supervised or taken away.
- The count for these data should relate to the number of pharmacotherapy dosing points over the collection period (i.e. over the financial year).
- For a more complete definition (including examples of the 'other' category) of:
  - 'pharmacotherapy dosing point site', refer to Section 7.4

**Transmission requirements:**

- See Appendix 1, Table 5.

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## 6.6 Sex of clients

---

**Defined as:** Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type and the sex of the client.

- Classification:**
- (a) The number of pharmacotherapy clients receiving **methadone** as their pharmacotherapy drug type on the 'snapshot/specified' day and **sex** of the client.
  - (b) The number of pharmacotherapy clients receiving **buprenorphine** as their pharmacotherapy drug type on the 'snapshot/specified' day and **sex** of the client.
  - (c) The number of pharmacotherapy clients receiving **buprenorphine/naloxone** as their pharmacotherapy drug type on the 'snapshot/specified' day and **sex** of the client.
  - (d) The **total** number of pharmacotherapy clients receiving any form of pharmacotherapy drug on the 'snapshot/specified' day and **sex** of the client.

**Guide for use:**

- The term 'sex' refers to the biological differences between males and females.
- Where uncertainty exists about the sex of the person (e.g. transvestites or transsexuals) the sex to be recorded is to be based on the sex nominated by the person themselves or on the observations/judgements of the interviewer. Although this may lead to error, it is considered preferable to any offence that may be caused by a question that suggests that there is some doubt about the person's sex or sexuality.
- For a more complete definition of:
  - 'pharmacotherapy drug', refer to Section 7.5
  - 'sex', refer to Section 7.6

**Comments:**

- In Western Australia, client data are reported for the entire month of June.
- In Victoria, demographic information about clients are reported through a prescriber database which does not link to the client dosing data.

**Transmission requirements:**

- See Appendix 1, Table 6.

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## 6.7 Age group of clients

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**Defined as:** Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type and the age group of the client.

- Classification:**
- (a) The number of pharmacotherapy clients receiving **methadone** as their pharmacotherapy drug type on the 'snapshot/specified' day and **age group** of the client.
  - (b) The number of pharmacotherapy clients receiving **buprenorphine** as their pharmacotherapy drug type on the 'snapshot/specified' day and **age group** of the client.
  - (c) The number of pharmacotherapy clients receiving **buprenorphine/naloxone** as their pharmacotherapy drug type on the 'snapshot/specified' day and **age group** of the client.
  - (d) The **total** number of pharmacotherapy clients receiving any form of pharmacotherapy drug on the 'snapshot/specified' day and **age group** of the client.

**Guide for use:**

- This data item is not asking for the age or date of birth of the client, rather the age group that the client fits into as at 30 June of the reporting period. This is a derived data item based on the client's date of birth. The age of the client should be updated and translated into ten year age groups each year.
- To determine the correct age range, the client's age is required. For example:
  - If a client was born on 27/02/1978 and reporting for the 2008 collection, then the client's age is calculated as at 30/06/2008. This would mean the client is 30 years of age and would be assigned the age group 30–39 years (Code 3).
  - If a client's date of birth is unknown, but the age is known (e.g. 43 years), then the client should be assigned to the age group of 40–49 years (Code 4).
- Date of birth of the client (supporting data item)
  - the day, month and year when the person was born
- For a more complete definition of:
  - 'pharmacotherapy drug', refer to Section 7.5
  - 'age group,' refer to Section 7.7

**Comments:**

- In Western Australia, client data are reported for the entire month of June.
- In Victoria, demographic information about clients are reported through a prescriber database which does not link to the client dosing data.

**Transmission requirements:**

- See Appendix 1, Table 7.

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## 6.8 Indigenous status of clients

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**Defined as:** Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type and the Indigenous status of the client.

**Classification:**

- (a) The number of pharmacotherapy clients receiving **methadone** as their pharmacotherapy drug type on the 'snapshot/specified' day and **Indigenous status** of the client.
- (b) The number of pharmacotherapy clients receiving **buprenorphine** as their pharmacotherapy drug type on the 'snapshot/specified' day and **Indigenous status** of the client.
- (c) The number of pharmacotherapy clients receiving **buprenorphine/naloxone** as their pharmacotherapy drug type on the 'snapshot/specified' day and **Indigenous status** of the client.
- (d) The **total** number of pharmacotherapy clients receiving any form of pharmacotherapy drug on the 'snapshot/specified' day and **Indigenous status** of the client.

**Guide for use:**

- This data item refers to whether the client identifies as being of Aboriginal and/or Torres Strait Islander origin.
- For a more complete definition of:
  - 'Pharmacotherapy drug', refer to Section 7.5
  - 'Indigenous status', refer to Section 7.8

**Comments:**

- Victoria, Western Australia, Northern Territory and Tasmania are currently unable to provide data on the Indigenous status of clients receiving pharmacotherapy services.
- In South Australia, where many patients have had dual classifications, (that is, they have been previously identified as both Indigenous and non-Indigenous at different times) the most recent classification identified by the prescriber has been used.

**Transmission requirements:**

- See Appendix 1, Table 8.

# 7 Data item definitions

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## 7.1 Prescriber

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**Defined as:** A prescriber (either a general practitioner or a medical officer/specialist) who has prescribed a pharmacotherapy drug to at least one client in the previous twelve months.

**Guide for use:**

- **Registered prescribers:** all prescribers who are authorised or accredited to script for pharmacotherapy treatment during the reporting period (i.e. financial year).
- **Active prescribers:** prescribers that are scripting at least one client as at 30 June 2008.

**Comments:**

- ‘Registered’ prescribers in some jurisdictions can be further broken down to indicate ‘active’ prescribers:
- Currently, some jurisdictions (New South Wales and South Australia) can only report on ‘active’ prescribers.
- Each jurisdiction has a registration process through which a general practitioner or medical officer/specialist becomes authorised to prescribe a pharmacotherapy drug. This registration process usually involves attending a training course on prescribing pharmacotherapies and/or passing an exam.
- Some jurisdictions – namely New South Wales and Victoria – authorise practitioners who have not undergone the specified training to prescribe pharmacotherapy drugs. These authorised (non-trained) practitioners, usually a small number of practitioners, are included in the reported total count for registered practitioners.
  - In New South Wales, a small number of medical practitioners have not completed any pharmacotherapy training and are, therefore, not approved under Section 28A of the *1966 NSW Poisons and Therapeutics Goods Act*. Under this Act, these prescribers may continue management of up to five stable patients.
  - In Victoria, the training for prescribing a pharmacotherapy drug is not embedded in legislation. Thus, a small number of practitioners are authorised to prescribe pharmacotherapy drugs, although they have not undergone the specified training course.
- As methadone was the first drug used for opioid pharmacotherapy treatment, jurisdictions first authorised their prescribers to script for this drug only. With the introduction of buprenorphine as an opioid pharmacotherapy drug, the registration process in most jurisdictions changed to allow for the prescription of both drug types. Some prescribers – for various reasons – are only authorised to prescribe buprenorphine. It is anticipated that each jurisdiction will continue to accommodate its registration process to include new pharmacotherapies that are approved for prescription (e.g. buprenorphine/naloxone).
- In Victoria, as part of their training, all GP registrars are required to undergo a pharmacotherapy training component – in turn becoming authorised/registered. Most of these registrars will not become active prescribers.

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## 7.2 Pharmacotherapy client

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**Defined as:** A person receiving pharmacotherapy treatment for either opioid maintenance or withdrawal management (detoxification) from a prescriber.

**Guide for use:**

- **'A pharmacotherapy client'** refers to a person who is:
  - authorised to receive pharmacotherapy treatment (in the case of Western Australia, New South Wales and the Northern Territory); or
  - receiving treatment from a prescriber who is authorised to prescribe pharmacotherapy drugs (in the case of Victoria, Queensland South Australia, Tasmania and the Australian Capital Territory).

**Comments:**

- 'Registered' clients in New South Wales, Queensland and South Australia can be further broken down to indicate 'active' clients. These are defined as:
  - clients who are collecting doses on 30 June of the collection year.
- The term 'client' is used interchangeably throughout Australia with the term 'patient'. 'Client' is used for the purpose of this data guide, and keeping in line with the terminology used in the National Pharmacotherapy Policy.
- Western Australia reports on the number of clients treated through the month of June.
- New South Wales further categorises clients as either 'new' or 're-registered'. A 'new' client is one who has never received methadone or buprenorphine treatment before, whereas a 're-registered' client is one who is re-presenting after a break in pharmacotherapy treatment.

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## 7.3 Pharmacotherapy prescriber type

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**Defined as:** The sector in which the prescriber is practising when prescribing pharmacotherapy drugs.

- Classification:**
- 1 Public prescriber
  - 2 Private prescriber
  - 3 Public/private prescriber
  - 4 Correctional facilities

**Guide for use:**

- This data concept refers to the *current* prescriber sector for pharmacotherapy drugs (that is, the prescriber sector as at 30 June). Prescriber sector refers to the categorisation of the organisation where the prescriber works while prescribing the pharmacotherapy drug, and is based on the organisation's funding, management and ownership arrangements. In general, establishments run by the government sector are considered public, while establishments that receive some government funding but are run by the non-government sector are considered private.
- **Public** refers to a prescriber who works within an organisation that:
  - operates from the public accounts of a Commonwealth, state or territory government or is part of the executive, judicial or legislative arms of government;
  - is part of the general government sector or is controlled by some part of the general government sector; and
  - provides government services free of charge or at nominal prices and is financed mainly from taxation revenue.
- **Private** refers to a prescriber who works within an organisation that:
  - is not controlled by government;
  - is directed by a group of officers, an executive committee or a similar body;
  - is elected by a majority of members; and
  - may be an income tax exempt charity.
- **Public/private prescriber** refers to a prescriber working in dual clinics, which are private clinics receiving some public funding, and where client data can not be segregated into either public or private. This category (also referred to as 'dual prescribers') is currently only reported in New South Wales.
- **Correctional facilities** refer to prescribers who work within prison-based services, and other correctional establishments such as juvenile justice institutions.

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## 7.4 Pharmacotherapy dosing point site

---

**Defined as:** The dosing point at which the client is provided the pharmacotherapy drug.

**Classification:**

- 1 Public clinic
- 2 Private clinic
- 3 Pharmacy
- 4 Correctional setting
- 5 Other

**Guide for use:**

- This data item refers to the type of physical setting in which the drug is provided to a client, regardless of whether the consumption of is supervised or taken away.
- **Public clinic** refers to a government-funded facility, often associated with a hospital or medical school, which is devoted to the diagnosis and care of out-patients, in this case providing pharmacotherapy treatment.
- **Private clinic** refers to a clinic for health service delivery that is non-government operated.
- **Pharmacy** (excluding hospital pharmacies) refers to those pharmacies in the community which are responsible for dispensing the pharmacotherapy treatment to the client.
- **Correctional setting** refers to prisons as well as Juvenile Justice institutions.
- **Other** includes the following jurisdictional categories:
  - In-patient in hospital (South Australia and Victoria)
  - Out-patient in hospital (South Australia and Victoria)
  - Community health centres (Victoria)
  - Doctor's surgery (New South Wales)
  - Public clinics and/or pharmacies (Northern Territory)
  - Dosing point 'not stated' (New South Wales).

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## 7.5 Pharmacotherapy drug

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**Defined as:** Schedule 8 pharmacotherapy drug (in their various forms) currently being prescribed to the client.

**Classification:**

- 1 Methadone
- 2 Buprenorphine
- 3 Buprenorphine/naloxone
- 4 Other

**Guide for use:**

- Pharmacotherapy drug refers exclusively to drugs endorsed by Australian Government and state/territory policy for the treatment of opioid drug dependence. In the light of current and future clinical research, it is foreseen that additional Schedule 8 drugs may be approved for prescription in the treatment of opioid dependence in Australia. Therefore, it is envisaged that this data item will undergo further changes to reflect the additions.  
Schedule 8 controlled drugs are substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence.  
There is a Pharmaceutical Benefits Scheme (PBS) reference code for each form and strength of pharmacotherapy drug.
- **Methadone (hydrochloride)**  
Methadone can be prescribed and administered in a number of formulations as described below. The type of formulation of methadone is not required for this data item. The PBS reference codes for methadone are as follows:
  - 6171T Oral liquid 25 mg per 5 mL, 200 mL (Biodone Forte®, GlaxoSmithKline Methadone Syrup®)
  - 6172W Oral liquid 25 mg per 5 mL, 1 L (Biodone Forte®, GlaxoSmithKline Methadone Syrup®)
  - 6174Y Powder 1 g (for preparation of other dosage forms).
- **Buprenorphine (hydrochloride)**  
Buprenorphine is prescribed and administered in sublingual tablet form. The type of formulation of buprenorphine is not required for this data item. Buprenorphine can also be used for detoxification purposes. The PBS reference codes for buprenorphine are as follows:
  - 6307Y Sublingual tablet 400 micrograms (base) Subutex®
  - 6308B Sublingual tablet 2 mg (base) Subutex®
  - 6309C Sublingual tablet 8 mg (base) Subutex®.
- **Buprenorphine/naloxone**  
Buprenorphine/naloxone is an example of a recently approved pharmacotherapy drug for prescription in Australia (April 2006) to guard against misuse. Buprenorphine/naloxone is prescribed and administered in sublingual tablet form. The PBS reference codes for buprenorphine/naloxone are as follows:
  - 6470M Sublingual tablet 2 mg (base)-0.5 mg (base) Suboxone®
  - 6471N Sublingual tablet 8 mg (base)-2 mg (base) Suboxone®

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## 7.6 Client sex

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**Defined as:** The sex of the person.

**Classification:**

1	Male
2	Female
9	Not stated/inadequately described

**Guide for use:**

- The term 'sex' refers to the biological differences between males and females, while the term 'gender' refers to the socially expected/perceived dimensions of behaviour associated with males and females – masculinity and femininity.
- Where uncertainty exists about the sex of the person (e.g. transvestites or transsexuals) the sex to be recorded is to be based on the sex nominated by the person themselves or on the observations/judgements of the interviewer. Although this may lead to error, it is considered preferable to any offence that may be caused by a question that suggests that there is some doubt about the person's sex or sexuality.
- An additional code 'Indeterminate' exists in the Australian Bureau of Statistics definition and is used only for situations such as the classification of perinatal statistics when it is not possible for sex to be determined. It is not included in this data item as it is not an appropriate coding option for the collection.

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## 7.7 Client age group

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**Defined as:** The age group of the client as at 30 June 2008.

<b>Classification:</b>	1	19 years or less
	2	20–29 years
	3	30–39 years
	4	40–49 years
	5	50–59 years
	6	60 years and over

**Guide for use:**

- This data item is not asking for the age or date of birth of the client, rather the age range that the client fits into as at 30 June of the reporting period. This is a derived data item based on the client's date of birth. The age of the client should be updated and translated into an age group each year.
- To determine the correct age range, the client's age is required. For example:
  - If a client was born on 27/02/1978 and reporting for the 2008 collection, then the client's age is calculated from 30/06/2008. This would mean the client is 30 and would be assigned the age group 30–39 years (Code 3).
  - If client's date of birth is unknown, but the age is known (e.g. 43 years), then the client should be assigned to the age group of 40–49 years (Code 4).
- **Date of birth of the client** (supporting data item)
  - the day, month and year when the person was born.

**Comments:**

- The Northern Territory is currently unable to provide data on age groups of clients receiving pharmacotherapy services.

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## 7.8 Client Indigenous status

---

**Defined as:** The measure of whether a person identifies as being of Aboriginal or Torres Strait Islander origin.

**Classification:**

- 1 Indigenous
- 2 Non-Indigenous
- 9 Not stated/inadequately described

**Guide for use:**

- The 'not stated/inadequately described' category is not available as a valid answer to the question, but is intended for use:
  - primarily when importing data from other data collections that do not contain mappable data
  - where an answer was refused
  - where the question was not able to be asked prior to completion of pharmacotherapy service because the client was unable to communicate or a person who knows the client was not available.
- This data item is based on the Australian Bureau of Statistics (ABS) standard for Indigenous status.
- The classification for 'Indigenous status' has a hierarchical structure comprising two levels. There are four categories at the detailed level of the classification which are grouped into two categories at the broad level. There is one supplementary category for 'not stated' responses. The classification is as follows:
  - **Indigenous**
    - Aboriginal but not Torres Strait Islander origin
    - Torres Strait Islander but not Aboriginal origin
    - both Aboriginal and Torres Strait Islander origin
  - **Non-Indigenous**
    - neither Aboriginal nor Torres Strait Islander origin
  - **Not stated/inadequately described**

**Comments:**

- Victoria, Western Australia, Northern Territory and Tasmania are currently unable to provide data on the Indigenous status of clients receiving pharmacotherapy services.

## 8 Data release guidelines

### 8.1 Purpose

This chapter outlines the process to be followed by the AIHW upon receipt of data requests for the NOPSAD collection. Data for 2004, 2005 and 2006 are currently available and data for 2007 will be publicly available from mid 2008. These data are routinely collected as at 30 June of each year by state and territory health departments. This chapter is for the information of AIHW staff, NOPSAD Working Group members and persons who wish to access NOPSAD data.

Results of published 2006 NOPSAD data can be found in the Alcohol and other drug treatment services in Australia 2005–06, report on the National Minimum Data Set publication chapter 6, 6.1 other treatment data.

<<http://www.aihw.gov.au/publications/index.cfm/title/10431>>

### 8.2 Background

Jurisdictions are custodians of information collected through the National Pharmacotherapy Opioid Statistics Annual Data (NOPSAD) collection within their state or territory. The AIHW is the custodian of collated national information forwarded from each jurisdiction.

Custodianship for the AIHW means responsibility for protection, storage, analysis and dissemination of the data in accord with the purpose for which the data were collected, the *AIHW Act (1987)* and other relevant privacy principles.

*The Australian Institute of Health and Welfare Act 1987* prescribes strict conditions to ensure the security of the data it holds and manages. It provides for strict penalties (including imprisonment) for breaches of confidentiality. In particular, the *Act* prohibits release of personal information to the police and courts.

Data requests can be only be for summarised aggregate tables as unit record file data do not exist for this collection.

### 8.3 Summary of unpublished data access options

#### **To access unpublished national NOPSAD data**

Lodge a request for a specific table or tables of summarised data required and AIHW will produce the tables. This is the fastest and most efficient way of obtaining one-off requests, even if a request is complex. For national data only, no approvals are required from state/territory custodians.

#### **Release of summarised state and/or territory data**

Requests for tables of summarised data relating to a particular state/territory should be provided to the AIHW contact officer. The AIHW will then refer the request to the appropriate jurisdiction.

The forms that need to be filled out for table requests at the state and/or territory level are available at the end of this chapter (at section 8.6).

Data custodians within each jurisdiction will endeavour to process the data request within two weeks. The AIHW will then require 3–5 days to extract the data as specified in the request. A delivery timeframe will be established on a case by case basis. At a minimum, the AIHW will contact the researcher to acknowledge receipt of the data request.

### **Cell size policy**

Data dissemination must be carried out without compromising confidentiality. The practice used by the ABS and the AIHW of not releasing data which may compromise the confidentiality of individuals will be employed. The AIHW will ensure that the confidentiality of individuals is maintained in accordance with the *Guidelines for the use and disclosure of health data for statistical purposes* (SIMC 2007).

## **8.4 AIHW charging policy for ad hoc information services**

The standard AIHW charging policy will apply for ad hoc information services, except for those agencies with which AIHW has developed a specific information exchange agreement or for NOPSAD Working Group members who are using the information for their own purposes. There is potentially a minimum charge for additional information requested. Contact Amber Summerill at the AIHW for more information regarding additional charges on 02 6244 1000.

## **8.5 Other alcohol and other drug data**

If the data requested are not available from the NOPSAD collection, they may be available from the following other sources:

- **Alcohol and Other Drug Treatment Services National Minimum Data Set**  
(AIHW) Amber Summerill (02) 6244 1000  
Australian Institute of Health and Welfare  
<<http://www.aihw.gov.au/drugs/treatment/index.cfm>>
- **Alcohol and Other Drug Treatment Services National Minimum Data Set Data Cubes**  
<<http://www.aihw.gov.au/drugs/datacubes/index.cfm>>
- **National Drug Strategy Household Survey**  
(AIHW) Paul Meyer (02) 6289 1000  
Australian Institute of Health and Welfare  
<<http://www.aihw.gov.au/drugs/ndshs07.cfm>>

## 8.6 Requests for release of NOPSAD unpublished state/territory data

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TO:

STATE AND TERRITORY NATIONAL OPIOID PHARMACOTHERAPY  
STATISTICS ANNUAL DATA CUSTODIANS

### REQUEST FOR RELEASE OF DATA

Name*	State/territory	Email	Phone No
Catherine Montigny	NSW	CMONT@doh.health.nsw.gov.au	(02) 9424 5787
Roland Jauernig	VIC	Roland.Jauernig@dhs.vic.gov.au	(03) 9096 5560
Lynne Biggs	QLD	lynne_biggs@health.qld.gov.au	(07 ) 389 63913
Joy Knight	WA	Joy.knight@health.wa.gov.au	(08) 9388 4980
Colin Brown	SA	colin.brown@saugov.sa.gov.au	(08) 8274 3421
Andrew Foskett	TAS	andrew.foskett@dhhs.tas.gov.au	(03) 6214 5718
Jennifer Taleski	ACT	Jennifer.taleski@act.gov.au	(02) 6205 0932
Marty Owen		marty.owen@act.gov.au	(02) 6205 0872
Tania Davidson	NT	tania.davidson@nt.gov.au	(08) 8999 2692
Chris Moon		chris.moon@nt.gov.au	(03) 9484 6648
Patrick Smith	Australian Government	Patrick.Smith@health.gov.au	(02) 6289 4941

\*These names refer to the initial contact person in each jurisdiction, not necessarily the data custodians.

**Date:**

**Reference Number: 2008-**

**Sender:** Amber Summerill  
Drug Survey and Services Unit  
Australian Institute of Health and Welfare

Contact phone: 02 6244 1000

Contact fax: 02 6244 1299

Email: [amber.summerill@aihw.gov.au](mailto:amber.summerill@aihw.gov.au)

Please email or fax back the attached data access request response as soon as possible. If you have any queries about these data request, please contact me.

Regards,

Amber Summerill

**REQUEST FOR ACCESS TO NATIONAL OPIOID PHARMACOTHERAPY  
STATISTICS ANNUAL DATA**

**Reference number: 2008 -**

**Requestor:**

**Reason data required:**

**Proposed use/dissemination of data:**

**Data requested (table specifications):**

**Date data required:**

**Custodian response:**

Please indicate your action to the above request:

- Approve release of data
- Do not approve release of data
- Approve release of data subject to the following conditions

**Conditions:**

**Comments:**

**Name:**

**State/territory:**

**Signature:**

**Date:**

**Please email completed form to:** [amber.summerill@aihw.gov.au](mailto:amber.summerill@aihw.gov.au)

**DATA SPECIFICATIONS FOR INFORMATION REQUESTS:**

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Job Number: 2008 -

State: NSW VIC QLD WA SA TAS ACT NT Australian Government

Data set Year: 2004, 2005, 2006, 2007 and 2008

Additional comments

# Appendix 1: 2008 transmission specifications

Aggregated data are to be provided to the Australian Institute of Health and Welfare using the following table shells:

**Table 1: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day, by the type of pharmacotherapy drug provided, 2008**

Pharmacotherapy drug type	Number of pharmacotherapy clients
Methadone	
Buprenorphine	
Buprenorphine/naloxone	
<b>Total number of clients</b>	

**Table 2: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type and prescriber type, 2008**

Prescriber type	Methadone	Buprenorphine	Buprenorphine/naloxone	Total
Public Prescriber				
Private Prescriber				
Public/Private Prescriber				
Correctional Facilities				
<b>Total</b>				

**Table 3: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type and the dosing point at which the client is provided the pharmacotherapy drug, 2008**

	Methadone	Buprenorphine	Buprenorphine/naloxone	Total
Public clinic				
Private clinic				
Pharmacy				
Correctional setting				
Other				
Not reported				
<b>Total</b>				

**Table 4: Total number of registered practitioners who have undergone accreditation and/or authorised to prescribe a pharmacotherapy drug by the pharmacotherapy drug type they prescribe for, 2008**

<b>Pharmacotherapy drug type</b>	<b>Number of registered practitioners</b>
Methadone only	
Buprenorphine only	
Buprenorphine/naloxone only	
More than one pharmacotherapy drug	
<b>Total</b>	

**Table 5: Total number of pharmacotherapy dosing point sites, 2008**

<b>Pharmacotherapy dosing point site</b>	<b>Number of dosing point sites</b>
Public clinic	
Private clinic	
Pharmacy	
Correctional setting	
Other	
<b>Total</b>	

**Table 6: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type and sex of the client, 2008**

<b>Sex</b>	<b>Methadone</b>	<b>Buprenorphine</b>	<b>Buprenorphine/ naloxone</b>	<b>Total</b>
Male				
Female				
Not stated				
<b>Total</b>				

**Table 7: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type and age group of the client, 2008**

<b>Age group</b>	<b>Methadone</b>	<b>Buprenorphine</b>	<b>Buprenorphine/ naloxone</b>	<b>Total</b>
19 years or less				
20–29 years				
30–39 years				
40–49 years				
50–59 years				
60 years and over				
Not reported				
<b>Total</b>				

**Table 8: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a 'snapshot/specified' day for each pharmacotherapy drug type and Indigenous status of the client, 2008**

<b>Indigenous status</b>	<b>Methadone</b>	<b>Buprenorphine</b>	<b>Buprenorphine/ naloxone</b>	<b>Total</b>
Indigenous				
Non-Indigenous				
Not stated				
Not reported				
<b>Total</b>				

# References

Australian Government Department of Health and Ageing 2007. National pharmacotherapy policy for people dependent on opioids. Canberra: Australian Government.

Statistical Information Management Committee (SIMC) 2007. Guidelines for the use and disclosure of health data for statistical purposes.