National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD) 2023 collection

Data guide

August 2023

Acknowledgments

Abbreviations

ABS	Australian Bureau of Statistics
AODTS NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
ASGS SA	Australian Statistical Geography Standard Statistical Area
CPOP	Community Program for Opioid Pharmacotherapy
DAPIS	Drug and Alcohol Pharmacy Information System
DASSA	Drug and Alcohol Services South Australia
DHAC	(Australian Government) Department of Health and Aged Care
MATOD	Medication Assisted Treatment for Opioid Dependence
MODDS	The WA Monitoring of Drugs of Dependence System (phased out February 2021)
NOPSAD	National Opioid Pharmacotherapy Statistics Annual Data collection
PBS	Pharmaceutical Benefits Scheme
ERRCD	The NSW/WA Electronic Recording and Reporting of Controlled Drugs system
TOPP	Tasmanian Opioid Pharmacotherapy Program

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 (that is, secondary use). Data are collated in each jurisdiction from information already collected for the purposes of administering or providing a service (that is, primary use).

In Australia, people with opioid dependence have been treated using opioid pharmacotherapy for a number of decades (methadone since 1969 and buprenorphine since 2000). 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 opioid dependence is administered according to the laws of the relevant state or territory, and within a framework that includes not only medical treatment but also social and psychological treatment. In 1985, methadone treatment guidelines were endorsed by the Australian Health Ministers' Conference and in 1993 these guidelines were developed into Australian policy (DHFS 1998). In January 2007, the Australian Government Department of Health and Ageing (DoHA) released the *National pharmacotherapy policy for people dependent on opioids* (DoHA 2007). This policy provided a framework for state and territory policies and guidelines on the treatment of opioid dependence with methadone and buprenorphine. This policy has since been replaced with the *National guidelines for medication-assisted treatment of opioid dependence* (DoH 2014).

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 data collection began on 1 July 2000. However, due to particular complexities in collecting information about pharmacotherapies, agencies whose sole activity is to prescribe and/or provide dosing 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 DoH. In 2005, the Australian Institute of Health and Welfare (AIHW) took on the responsibility for managing, analysing and reporting on this data in the NOPSAD collection. Jurisdictions now provide data directly to the AIHW.

1.2 What is the NOPSAD collection used for?

The main purpose of the current NOPSAD collection is to report 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 the number of dosing points dispensing pharmacotherapy drugs. From the collection, 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 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 within the broader alcohol and other drug treatment sector. More specifically, pharmacotherapy data may be 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 (for example, monitoring prescriber capacity and capping the number of clients)
- develop and refine policies relating to the treatment of clients with opioid dependency
- track the number of clients moving between the public and private sectors
- monitor client access to treatment
- fill gaps in national treatment services data.

1.3   Purpose and structure 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 future data items in the collection that may be beneficial.

The 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 it 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. This gradual enhancement will result in these data descriptions evolving into national data definitions for registration within the *National health data dictionary*.

The structure of the data guide is:

- Section 2 outlines the scope of the NOPSAD collection
- Section 3 explains the collection's counting rules
- Section 4 outlines administrative features in each jurisdiction
- Section 5 describes the data transmission, collation and reporting processes
- Section 6 provides detailed data item definitions
- Section 7 provides detailed information on what data are required for the NOPSAD collection if providing data at the unit record level
- Section 8 provides detailed information on what data are required for the NOPSAD collection if providing data at the aggregate level
- Section 9 outlines NOPSAD privacy and data principles
- Section 10 outlines the process for NOPSAD data requests
- Appendix A contains details of the data transmission specifications for the 2022 collection.

2 Scope of the NOPSAD collection

The collection covers the provision of opioid pharmacotherapy treatment: the medical prescribers who prescribe the treatment; the dosing sites that dispense the pharmacotherapy drugs; and the clients who receive the opioid pharmacotherapy treatment.

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

- methadone hydrochloride (methadone)
- buprenorphine
- buprenorphine and naloxone in combination (herein referred to as buprenorphine-naloxone)
- buprenorphine long acting injectable (LAI)
- Further information about Commonwealth Government approvals and subsidisation of opioid pharmacotherapy can be found through the PBS website: http://www.health.gov.au/pbs.

Methadone

Methadone is a synthetic opioid used to treat heroin and other opioid dependence. It reduces opioid withdrawal symptoms, the desire to take opioids and the euphoric effect when opioids are used. It is taken orally daily (DoHA 2007).

Buprenorphine

Buprenorphine acts in a similar way to methadone, but is longer lasting and may be taken daily or every second or third day. Two buprenorphine preparations are registered in Australia for the treatment of opioid dependence: a product containing only buprenorphine, and a combined product containing buprenorphine and naloxone. The buprenorphine-only product is a tablet containing buprenorphine hydrochloride that is administered orally (DoHA 2007).

Buprenorphine-naloxone

The combination buprenorphine-naloxone product is a sublingual tablet or film (as of 1 September 2011) containing buprenorphine hydrochloride and naloxone hydrochloride (DoH 2014). Buprenorphine-naloxone is often the preferred pharmacotherapy takeaway product (Chapleo & Walter 1997; DoHA 2007; Dunlop 2007). This is because, when taken as intended by dissolving the tablet or film under the tongue, the combined product acts as if it were buprenorphine alone. However, if the combined product is injected, naloxone blocks the effects of buprenorphine and increases opioid withdrawal symptoms. This reduces the risk that those receiving buprenorphine-naloxone as a takeaway dose inject it or sell it to others to inject (Chapleo & Walter 1997; DoHA 2007; Dunlop 2007).

Buprenorphine LAI

Buprenorphine LAI is injected into the tissue under the skin either weekly or monthly. Two depot forms of buprenorphine (Buvidal® and Sublocade®) are now registered for use in Australia. Buprenorphine LAI is unlikely to be dispensed at pharmacies as the approved prescriber has to administer, or supervise administration of, the injection.

3   NOPSAD counting rules

The main counting units of the NOPSAD collection in 2023 are clients, prescribers and dosing sites (see Box 1 for definitions).

It is important to remember that data in the NOPSAD collection relate to a particular day. This actual day varies across the jurisdictions.

Box 1: Key definitions for the NOPSAD collection

'Specified/snapshot' day or **snapshot** day is a particular day, usually in June, in which the number of clients is counted for the NOPSAD collection. This permits the number of clients to be estimated at a single point in time. The snapshot day varies slightly between states and territories, however is usually 30 June.

Collection year refers to the financial year the data is collected in, that is, 2022–23.

Clients refer to people who were authorised to receive opioid pharmacotherapy treatment on the snapshot day.

Prescribers refer to prescribers who held an authority to prescribe a pharmacotherapy drug and who had not been recorded as ceasing this registration before the snapshot day.

More specifically, prescribers should be counted if they:

- held an authority to prescribe and had a client who was receiving treatment **on the snapshot day**
- held an authority to prescribe and had a client who was receiving treatment **during the month of June**
- held an authority to prescribe and had a client who was receiving treatment **during the collection year**
- held an authority to prescribe **whether or not they prescribed during the collection year**.

Pharmacotherapy dosing point sites refer to the dosing points that were authorised to dose and at which at least one client was receiving treatment on the snapshot day. Sites include:

- public clinics
- private clinics
- pharmacies
- correctional facilities
- hospitals (inpatients and outpatients)
- other locations, such as community health centres and doctors' surgeries.

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4   Administrative features in each jurisdiction

Each state and territory uses a slightly different method to collect data on pharmacotherapy prescribing and dosing (Tables 4.1 and 4.2). These methods are driven by differences between the states and territories in relation to legislation, information technology systems and resources. Caution should be taken when comparing one state or territory with another. Information on these differences is detailed in the following tables:

- Table 4.1—Administrative features of the NOPSAD collection in each state and territory
- Table 4.2—Methodological issues of note for the NOPSAD collection in each state and territory

Table 4.1: Administrative features of the NOPSAD collection in each state and territory

State/territory	Administrative features
New South Wales	To enrol a patient on the NSW Opioid Treatment Program (OTP), authorisation from the NSW Ministry of Health is required. A NSW medical practitioner who has not received accreditation as a NSW OTP prescriber may be authorised by the Ministry of Health to prescribe methadone for up to ten (10) patients who are being transferred from an accredited prescriber. Unaccredited medical practitioners cannot initiate patients on methadone. With buprenorphine or buprenorphine-naloxone, unaccredited medical practitioners may be authorised to initiate or prescribe for up to twenty (20) buprenorphine or buprenorphine-naloxone patients. The total number of patients that an unaccredited prescriber may obtain authority to prescribe for, at any one time, is thirty (30) with a maximum of 10 of these patients being for methadone. Accredited nurse practitioners can prescribe methadone, buprenorphine and buprenorphine-naloxone under the OTP. To participate in the NSW OTP, community pharmacies must register with the Ministry of Health and comply with the protocol for community pharmacy dosing points issued by the Ministry.
Victoria	The Victorian Pharmacotherapy Program is a community-based system of Medical Practitioners, Nurse Practitioners (with relevant notation) and Pharmacists. Permits are issued by the Department of Health under the *Drugs, Poisons and Controlled Substances Regulations 2017*.

Medically Assisted Treatment for Opioid Dependence (MATOD) training is recommended for all pharmacotherapy practitioners. A practitioner is authorised to prescribe Buprenorphine/Naloxone and Long-Acting Injectable Buprenorphine (LAIB) for up to 10 patients without undergoing MATOD training. Approval from the Department of Health is required for more than 10 patients.

SafeScript, introduced in April 2020, is a mandatory recording system for all General Practitioners and Pharmacists that monitors most drugs of dependence, including all Schedule 8 medicines such as Buprenorphine. |
| Queensland | The Queensland Opioid Treatment Program is essentially community based, other than for inpatients in hospitals and correctional facilities. Prescribers undertake training provided by Queensland Health, and the Department provides approval to commence prescribing on successful completion of the training program. Prescriber training is provided for all pharmacotherapies currently available.

No approval is required for community pharmacies to supply opioid treatment drugs, as this is within the endorsement of registered pharmacists. |
| Western Australia | The Western Australian pharmacotherapy program is community based, other than inpatients in hospitals, prisons and the public clinic. Prescribers attend training provided by the Mental Health Commission (MHC) and the Chief Executive Officer of Health provides authorisation under the Medicines and Poisons Regulations 2016, the legislative instrument. Prescriber training is provided for all pharmacotherapies currently available and includes online training modules for practitioners wishing to prescribe Suboxone® to up to 5 patients or practitioners requiring addition of depot buprenorphine formulations to a current accreditation.

Community pharmacies are authorised to participate in the Community Program for Opioid Pharmacotherapy (CPOP). The Pharmacist with overall responsibility is required to ensure that all pharmacists dosing clients have completed the relevant pharmacist online training module on the MHC website (general pharmacist and depot buprenorphine online training modules are available). |
| South Australia | All medical practitioners and nurse practitioners (within their scope of practice) can prescribe buprenorphine-naloxone film to treat opioid drug dependence for up to 10 patients, without completing specialised MATOD training. A medical practitioner must become accredited to treat more than 10 patients or to prescribe methadone liquid or buprenorphine as a single agent. Authorisation under the Controlled Substances Act 1984 must be obtained prior to prescribing any pharmacotherapy to treat opioid drug dependence. |
| Tasmania | In Tasmania, pharmacotherapy training is provided separately for each pharmacotherapy drug. |

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Table 4.1 (continued): Administrative features of the NOPSAD collection in each state and territory

Australian Capital Territory	All pharmacists are required to attend training in 'Treatment of Opioid Dependence for General Practitioners, Pharmacists and Health Professionals' before they start dosing clients. Canberra Health Services Pharmacy in collaboration with Alcohol & Drug Services conducts this training.
Northern Territory	All opioid substitution treatment prescribers are required to undergo pharmacotherapy training. Accredited prescribers must complete an 'Application for authority to prescribe a restricted Schedule 8 substance for the treatment of addiction' for each and submit the form to Northern Territory Health, Medicines and Poisons Control. The application information is recorded in NTScript. The prescriber is not permitted to prescribe until they receive a signed authorisation document. The prescriber must notify Medicines and Poisons within 14 days of cessation of treatment.

Table 4.2: Methodological issues of note for the NOPSAD collection in each state and territory

State/territory	Methodological notes
National	While the standard snapshot day is set in June of any given year, it varies between states and territories. Despite this variance, it allows the number of clients to be estimated at a single point in time. Data collected for a snapshot day are likely to result in an underestimate of total clients receiving pharmacotherapy within a year. In general, all clients receiving their pharmacotherapy dose in person on the snapshot day are counted.
New South Wales	The NSW Electronic Recording and Reporting of Controlled Drugs (ERRCD) system is used in the administration of the New South Wales Opioid Treatment Program. It replaced the legacy Pharmaceutical Drugs of Addiction System (PHDAS) in September 2016. The ERRCD system is used to record authorisations to prescribe as part of the New South Wales Opioid Treatment Program. It also records client admissions to, and exits from, treatment, as well as details of prescribers and dosing points. For these reasons, the ERRCD system 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 to the program, exits from the program and changes in the status of dosing points cause short-term fluctuations in the database, these flatten out over time.
	Clients prescribed buprenorphine-naloxone and buprenorphine LAI are counted under 'buprenorphine'.
	Similarly, New South Wales data collection does not differentiate between prescribers who are authorised to prescribe buprenorphine and those authorised to prescribe buprenorphine-naloxone or buprenorphine LAI.
	Data on prescribers refer to prescribers who were treating at least 1 client on the snapshot day.
	Data on dosing point sites relate to sites that had at least 1 client receiving treatment on the snapshot day.Client data are reported in New South Wales as at 30 June.
Victoria	Victorian NOPSAD data is collected from 2 sources on the snapshot day of 30 June: a yearly census of Pharmacists and Correctional Facilities, who are requested to report the number and demographics of clients being dosed; and the permit database, Drugs and Poisons Information System (DAPIS), which records information about Medical Practitioners authorised to prescribe pharmacotherapy drugs, as well as demographic information about clients accessing pharmacotherapy treatment.
	In 2013, Victoria enhanced data reporting requirements to include detailed age and sex (gender) data by individual pharmacotherapy drug type. Enhancements have also been made to collect Indigenous identity of clients by individual pharmacotherapy drug type. From 2016 to 2018 totals for Indigenous status were reported.
Queensland	In Queensland, NOPSAD data is derived from information collected in real-time prescription monitoring system QScript, relevant to the Queensland Opioid Treatment Program. QScript collects information of dispensed monitored medicines, such as opioid treatment medicines dispensed at community pharmacies, admissions and discharges to the program provided by approved opioid prescribers; and details of prescribers, pharmacists and patients involved in the program. The information collected in QScript is collected under the legislative provisions of the Medicines and Poisons Act 2019 (Qld) and the Medicines and Poisons (Medicines) Regulation 2021 (Qld).

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Table 4.2 (continued): Methodological differences of the NOPSAD collection in each state and territory

State/territory	Methodological notes
Western Australia	Data are collected from the monthly reports received from pharmacies and other dosing sites authorised to participate in the Community Program for Opioid Pharmacotherapy (CPOP). The dosing data are entered into the Medicines and Poisons Regulation Branch's Electronic Recording and Reporting of Controlled Drugs (ERRCD) database. Data are also collected from the 'Application for authority', 'Authority to prescribe' and 'Termination of treatment' forms. The number of clients receiving pharmacotherapy treatment is reported through the month of June.
	The total number of prescribers usually includes those treating at least 1 client as at 30 June 2018 in private practice, public clinics and correctional facilities.
	In Western Australia, data relating to the Indigenous status of clients is now being collected from new 'Application to prescribe opioid substitution treatment' forms but not at the time of renewal for patients continuing in treatment.
	Client data are usually reported in Western Australia for the entire month of June. Specifically, pharmacies supply information at the end of June relating to the last dose supplied to the patient for the month of June. If a patient changes pharmacies mid-month, it is possible that they appear on more than 1 pharmacy's monthly transaction reports and are counted more than once.
	Before 2005, Western Australia reported clients over a year.
South Australia	Data are collected from the 'Authority Application MATOD Program (Medication Assisted Treatment for Opioid Dependence) form, which are manually entered into a central database system at the Drugs of Dependence Unit (DDU), SA Health. As of 1 July 2021 prescribers may also submit this information directly into the central database via the ScriptCheckSA Health Practitioner portal. Since 1 November 2020, both the prescribing data and the information from dispensed prescriptions is collected electronically in real time.
	From 2011, data have been collected via a half-yearly survey that pharmacists completed and reported on a snapshot day in June. From 2014, this survey has been conducted annually. Other data are drawn from the DDU database and are about those clients registered for treatment on the snapshot day (but who may not actually receive treatment on that day).
	Clients who did not enter a dosing point on the snapshot day are reported as 'other' when describing clients by dosing point site.
	In South Australia, data relating to prescribers refer to prescribers who were treating at least 1 client on the snapshot day.
Tasmania	Data are collected monthly from all pharmacies participating in the Tasmanian Opioid Pharmacotherapy Program (TOPP), and entered into the Drugs and Poisons Information System (DAPIS). This system is administered by the Pharmaceutical Services Branch (PSB) and manages client registration, dosing activity, dosing sites, authority to prescribe and dispensing information relating to drugs of high potential for harm. The system also makes available limited information to relevant medical practitioners and pharmacists, both within and external to the Department to assist safe treatment of patients requiring drugs that are highly addictive.
	Data from DAPIS are made available for management style reporting from a Qlikview-based intranet dashboard.
	Client data in Tasmania are reported from a snapshot for the month of June. However, clients are counted only once—if they change dosing point site during the month, the dosing point site that administered the greater number of doses is attributed the activity.
	Data on prescribers refer to prescribers who were treating at least 1 client during the month of June.
	Data on dosing points refer to dosing points that had a client receiving treatment during the month of June.
Australian Capital Territory	Client participation data are collected manually via Canberra Health Services, Alcohol and Drug Services' program spreadsheets, and from Medication Administration Chart (MAC) Sheets which the community pharmacies submit each month. Client participation data are also collected via iDose which is a Canberra Health Service and Justice Health database that contains client dosing information in real time. General practitioner and pharmacy participation data are also collated from the MAC Sheets.
	Client data is reported on clients receiving treatment in the Australian Capital Territory on a snapshot day in June.
Northern Territory	Data are generated from the current active authorisations in NTScript on the snapshot day in June. The data are audited against current Schedule 8 prescription data also within NTScript.

5 Process for transmission, collation and reporting

Jurisdictions are able to submit data in unit record form using a spreadsheet that is provided to jurisdictional data providers, in Appendix A. Information about providing data in unit record form is in Chapter 7 and information about submitting data in aggregate form is in Chapter 8.

NOPSAD Validata tool

Data transmitted electronically must be sent via a secure system, such as the AIHW's Validata system.

The AIHW has implemented a secure data validation tool for the 2023 collection year.

Validata system:

Validata is a secure web-based portal which enables users to upload data files and have them validated against the business rules set for that particular data collection. For the 2023 collection, the AIHW is implementing a NOPSAD Validata system to help enforce secure data storage and submission options, enforce data standards and improve quality for all NOPSAD data. The tool allows data submitters to upload, clean and validate their NOPSAD data and get direct feedback on any remaining issues, and output various reports. The 2023 collection year will be a pilot test for jurisdictions to use the tool and the AIHW will be available to provide further assistance and training where required.

Providing data in unit record form will allow the AIHW to conduct additional, more powerful analyses on data provided, improving the quality and policy relevance of the collection. Providing data in unit record form is the preferred method of data submission via the NOPSAD Validata tool. The Validata system has been modified to accept aggregate NOPSAD data submissions; these can be uploaded via the Validata system but will require a formal request (to the AIHW) to gain access to the aggregate NOPSAD collection and template.

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

- In early September of each year, the AIHW will send out a formal request for NOPSAD data (with table shells—in a spreadsheet template—the preferred method) to jurisdictional data providers through Working Group members (Appendix A).

- In September each year, the AIHW will roll-out the secure NOPSAD Validata tool for all data submitters; prior to roll-out the AIHW will provide training and assistance for all data submitters.

- Jurisdictions to upload their first data submission using the NOPSAD Validata tool by mid-October; jurisdictions to also provide any caveats or data quality notes that should accompany the data to the AIHW.

- Jurisdictions are encouraged to submit data via the Vallidata for 2023 using the templates (unit record or aggregate tables) provided by the AIHW. If jurisdictions are unable to submit unit record data, a separate request for access to the aggregate Excel template will need to be made directly to AIHW.

- The AIHW reviews the final 'clean' data submitted by each state and territory and follows up with individual jurisdictions if any discrepancies are found, before providing approval for sign off.

- Once the validation process is complete, the data should be signed off by individual jurisdictions by 30 November each year.

- Once the data sign off process is complete, the AIHW combines data from each jurisdiction into a national data set. These data are then analysed and included in a draft report that outlines the findings from the collection.
- The draft report is then circulated to NOPSAD WG membersfor comment before it is publicly released.
- The NOPSAD report was published for the first time in 2008 as a bulletin, moving to a report format in 2010 and an online format in 2015. The AIHW publishes the NOPSAD report 4 months from the finalisation of the national data, usually in March or April each year.

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

6 Data item definitions

6.1 Client age in years

Defined as: The age group of the client at 30 June 2023.

Classification: The classification for the client's age corresponds to their age in years. For example, 0 should be used for a client aged less than 1. The age group 1 would be assigned for a client aged one year, the age group 2 for a client aged 2 years and so on for clients up to 99 years. For a client aged 100 years and over the classification age group would be 100. Where the age is not stated the default 101 value should be used. See table below for clarification.

Age of client (years)	Classification
Less than 1	0
1	1
2	2
3	3
Et cetera through to:	
100 or greater	100
Not stated (default value)	101

Guide for use:

- This data item is asking for the age group that the client fits into as at 30 June of the collection year, not the age or date of birth of the client. 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.
- This information will be used to calculate age ranges and the median age of clients.
- To determine the correct age range, the client's age is required. For example:
  - If a client was born on 27 February 1981 and reporting for the 2022 collection, then the client's age is calculated from 30 June 2022. This would mean the client is 41 and would be assigned the age of 41 years (code 41)
  - If a client's date of birth is unknown but their age is known (for example, 43 years), then the client should be assigned to the age group 43 years (code 43).
- Not stated refers to a client who does not provide their age, or where age is not recorded.

6.2   Client Indigenous status

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

Classification:

1	Aboriginal but not Torres Strait Islander origin
2	Torres Strait Islander but not Aboriginal origin
3	Both Aboriginal and Torres Strait Islander origin
4	Neither Aboriginal nor Torres Strait Islander origin
8	Not stated/inadequately described
9	Not reported

Guide for use:

- The 'Not stated/inadequately described' category is not available as a valid answer for clients when asked 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 before 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 ABS standard for Indigenous status.
- The 'Not reported' class refers to jurisdictions that are unable to report on the Indigenous status of clients.
- The classification for Indigenous status has a hierarchical structure comprising two levels. There are four categories at the detailed level of the classification that are grouped into two categories at the broad level. There is one supplementary category for 'Not stated' responses. The classifications are as follows:
    - **Indigenous includes:**
        - o Aboriginal but not Torres Strait Islander origin
        - o Torres Strait Islander but not Aboriginal origin
        - o Both Aboriginal and Torres Strait Islander origin
    - **Non-Indigenous includes:**
        - o Neither Aboriginal nor Torres Strait Islander origin
    - **Not stated/inadequately described**
    - **Not reported**

Comments:

- In South Australia, where some clients identified as both Indigenous and non-Indigenous at different times, the most recent classification identified by the prescriber is to be used.

6.3   Client sex

Defined as: The sex of the person.

Classification: 1   Male

                                2   Female

                                3   Another term

                                9   Not stated/inadequately described

Guide for use:

- Male refers to persons who have male or predominantly masculine biological characteristics, or male sex assigned at birth.

- Female refers to persons who have female or predominantly feminine biological characteristics, or female sex assigned at birth.

- Another term refers to persons who have mixed or non-binary biological characteristics (if known), or a non-binary sex assigned at birth. The value meaning of 'Another term' has replaced 'Intersex or indeterminate'. Terms such as 'indeterminate', 'intersex', 'non-binary', and 'unspecified' are variously used to describe the 'Another term' category of sex. The label 'Another term' is used because a more descriptive term has not been widely agreed within the general community.

- Sex refers to the chromosomal, gonadal and anatomical characteristics associated with biological sex. Where there is an inconsistency between anatomical and chromosomal characteristics, sex is based on anatomical characteristics.

- The term 'sex' refers to the biological differences between males and females, while the term 'gender' refers to the socially expected or perceived dimensions of behaviour associated with males and females—masculinity and femininity.

- Where uncertainty exists about the sex of a person, the sex to be recorded is based on the sex nominated by the person or by the observations and judgments 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.

6.4 Pharmacotherapy dosing point site locality

Defined as: The location of the dosing point at the Australian Statistical Geography Standard Statistical Area level 2 (ASGS SA2).

Classification: A nine digit string is used as a unique identifier for each ASGS SA2 area.

Guide for use:

- In 2023, the Australian Statistical Geography Standard (ASGS) Edition 3, ASGS 2021, replaced ASGS 2016.

- The location of the dosing point at which the client was provided the pharmacotherapy drug, regardless of whether the dose was administered on site or taken away.

- Location should be reported at the ASGS SA level 2. It is the responsibility of each jurisdiction's health authorities to identify and assign the relevant ASGS area.

- For agencies with more than one location, the ASGS SA level 2 relates to the service delivery outlet.

- The ASGS 2021 counts 2,473 unique SA level 2 areas in Australia, including separate codes for Jervis Bay Territory, Cocos (Keeling) Islands and Christmas Island. The areas cover the whole of Australia and do not overlap.

- The size of each area is determined by population rather than area, with each area containing a population in the range of 3,000 to 25,000 people.

- The ASGS is the newest continuing ABS geographical coding system and is updated on a 5-year basis aligning with the Australian Census years.

- For further information, including maps, descriptors and coding methodologies, see the Australian Bureau of Statistics ASGS information page: Australian Statistical Geography Standard (ASGS) (abs.gov.au)

6.5   Pharmacotherapy dosing point site

Defined as: The dosing point at which the client was provided the pharmacotherapy drug on the snapshot day.

Classification:
1   Public clinic

2   Private clinic

3   Pharmacy

4   Correctional facility

5   Hospital

6   Other

9   Not stated

Guide for use:

- This data item refers to the type of physical setting in which the pharmacotherapy drug was provided to a client, regardless of whether the dose was administered on site or taken away.

- This data item refers to dosing points who were authorised to dose:

    – and had a client who was receiving treatment **on the snapshot day** (for New South Wales, Victoria, Queensland, South Australia, the Australian Capital Territory and the Northern Territory)

    – and had a client who was receiving treatment **during the month of June** (for Western Australia and Tasmania)

    – **on the snapshot day whether or not they dosed a patient during the collection year** (for Queensland).

- **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 outpatients, in this case providing pharmacotherapy treatment.

- **Private clinic** refers to a clinic for health service delivery that is not government operated.

- **Pharmacy** (excluding hospital pharmacies) refers to those pharmacies in the community that are responsible for dispensing the pharmacotherapy treatment to the client.

- **Correctional facility** refers to prisons as well as juvenile justice institutions.

- **Hospital** refers to a health-care facility established under Commonwealth, state or territory legislation as a hospital or a free-standing day procedure unit, and authorised to provide treatment and/or care to patients. Includes inpatients and outpatients.

- **Other** includes the following jurisdictional categories:

    – community health centres

    – doctor's surgeries

    – non-government organisations

- **Not stated** refers to:

    – dosing points 'not stated'.

    – dosing points whose clients received their pharmacotherapy drug before the snapshot day (in Queensland)

    – dosing points whose clients were registered to receive treatment but who failed to dose (in South Australia).

6.6   Pharmacotherapy dosing point site identifier

Defined as: A pharmacotherapy dosing point site identifier is a unique identifier used for data editing and analysis. Each separate pharmacotherapy dosing point site is to have a unique identifier at the national level.

Guide for use:

It is the responsibility of each jurisdiction's health authority to assign a unique pharmacotherapy dosing point site identifier to each pharmacotherapy dosing point site.

The identifier should be created in the following manner:

- The two or three character jurisdictional name abbreviation followed by D for dosing point site followed by a unique number.
- For states with a two character abbreviation, the third character should be 1.
- For example, a unique pharmacotherapy dosing point site identifier for NSW could be NSWD1, or for WA the identifier could be WA1D1.
- The pharmacotherapy dosing point site identifier must be unique to each dosing point for that collection year.

Comments:

- A unique pharmacotherapy dosing point site identifier is required for each dosing point whether submitting data using the Excel template in unit record form or aggregate form.

6.7 Pharmacotherapy drug

Defined as: Drugs available through the Pharmaceutical Benefits Scheme (PBS) under the Opiate Dependence Treatment Program.

Classification:

1	Methadone
2	Buprenorphine
3	Buprenorphine-naloxone
4	Buprenorphine LAI

Guide for use:

- **Pharmacotherapy drug** refers exclusively to drugs endorsed by Australian Government and state and territory policy for the treatment of opioid drug dependence.

- **Methadone** is a synthetic opioid agonist and is used in maintenance therapy and to assist in withdrawal.

- **Buprenorphine** is a semi-synthetic opioid receptor agonist and is used in maintenance therapy and to assist in withdrawal.

- **Buprenorphine-naloxone** is a combination product available either as a tablet or film that dissolves beneath the tongue. When taken under the tongue it will act as if it were buprenorphine alone. However, if the preparation is injected, the naloxone may have a clinically significant effect such that it is likely to weaken the effects of the buprenorphine, and is also likely to precipitate withdrawal symptoms in opioid-dependent individuals (Harris et al. 2000).

- **Buprenorphine LAI** is injected into the tissue under the skin either weekly or monthly. Two new depot forms of buprenorphine as long acting injections (Buvidal® and Sublocade®) are now registered for use in Australia.

- These drugs are available through the Opiate Dependence Treatment Program under Section 100 of the PBS and have different distribution arrangements from other PBS items. These alternative arrangements are provided for under Section 100 of the *National Health Act 1953*. Detailed information about these drugs is on the PBS website: <www.pbs.gov.au/pbs/home>.

- Opioid pharmacotherapy drugs are classed as Schedule 8 controlled drugs under the Standard for the Uniform Scheduling of Medicines and Poisons. As such, these drugs are regarded as:

  > 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.

A copy of the standard is at the Therapeutic Goods Administration website: <https://www.tga.gov.au/publication/poisons-standard-susmp >.

Comments:

- In New South Wales, no distinction is made between buprenorphine, buprenorphine-naloxone and buprenorphine LAI. All products are reported as 'buprenorphine'.

6.8   Pharmacotherapy prescriber

Defined as: A prescriber (either a general practitioner or a medical officer/specialist) who has prescribed a pharmacotherapy drug to at least one client during the collection year.

Guide for use:

- This data item refers to prescribers who:
    - held an authority to prescribe and had a client who was receiving treatment **on the snapshot day** (for New South Wales, South Australia, the Australian Capital Territory and the Northern Territory)
    - held an authority to prescribe and had a client who was receiving treatment **during the month of June** (for Western Australia and Tasmania)
    - held an authority to prescribe and had a client who was receiving treatment **during the collection year** (for the Australian Capital Territory)
    - held an authority to prescribe **whether or not they prescribed during the collection year** (for Victoria and Queensland).

Comments:

- Each jurisdiction has a registration process through which a general practitioner or medical officer/specialist becomes authorised to prescribe a pharmacotherapy drug. This usually involves attending a training course on prescribing pharmacotherapies and/or passing an exam.

- Some jurisdictions, namely South Australia, New South Wales, Victoria and the Australian Capital Territory, authorise prescribers who have not had the specified training to prescribe pharmacotherapy drugs. These authorised (non-trained) prescribers are included in the reported total count for registered prescribers.

- In New South Wales, a prescriber may be a nurse practitioner.

- In New South Wales, all psychiatric registrars undergo a pharmacotherapy training component and may become authorised to prescribe a pharmacotherapy drug to a client during this training.

- In Victoria, all general practitioners can access pharmacotherapy training. Victoria has a number of prescribers who are nurse practitioners.

- In South Australia, all general practitioners can access pharmacotherapy training. South Australia has nurse practitioner prescribers.

- In the Australian Capital Territory, a prescriber may be a nurse practitioner.

6.9   Pharmacotherapy prescriber identifier

Defined as: A prescriber identifier is a unique identifier used for data editing and analysis.

Guide for use:

It is the responsibility of each jurisdiction's health authority to assign a unique prescriber identifier to each prescriber.

The identifier should be created in the following manner:

- The two or three character jurisdictional name abbreviation followed by P for prescriber followed by a unique number.
- For states with a two character abbreviation, the third character should be 1.
- For example, a unique prescriber identifier for NSW could be NSWP1, or for WA the identifier could be WA1P1.
- The pharmacotherapy prescriber identifier must be unique to each prescriber for that collection year.

Comments:

- Jurisdictions submitting data using the Excel template must provide a unique prescriber identifier for each prescriber.
- A prescriber identifier is not required if submitting data using aggregated tables.

6.10 Pharmacotherapy prescriber type

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 2023). 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 which:
  - 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
  - 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 which:
  - is not controlled by government
  - is directed by a group of officers, an executive committee or a similar body, which is elected by a majority of members
  - may be an income tax exempt charity.

- **Public/private** prescriber refers to a prescriber working in a setting where client data cannot be segregated into either public or private.

- **Correctional facilities** refer to prescribers who work within prison-based services, and/or other correctional establishments such as juvenile justice institutions.

- If a prescriber is prescribing in multiple sectors, when reporting:
  - **aggregate data**: the sector in which the majority of prescribing takes place is counted.
  - **unit record data**: a separate record should be submitted for each sector (prescriber type) in which the prescribing takes place.

  If different drug types are recorded in each sector, the drug type should be recorded as 4 (more than one type of drug) as shown in Table 2.

  Table 1 lists different scenarios of prescribing multiple drug types in multiple sectors.

Table 1: Prescriber activity

Prescriber	Drug type	Prescriber type	Number of clients
NSWP1	1	1	J
NSWP1	1	2	K
NSWP1	1	4	L
NSWP1	2	1	M
NSWP1	2	2	N
NSWP2	1	1	O
NSWP2	2	4	P
NSWP3	1	1	Q
NSWP3	2	3	R
NSWP3	1	4	S
NSWP3	2	4	T
NSWP4	1	1	U
NSWP4	1	2	V
NSWP4	2	2	W

Table 2 demonstrates how these scenarios should be coded for the NOPSAD collection.

Table 2: Recording prescriber activity in the NOPSAD

Prescriber	Drug type	Prescriber type	Number of clients
NSWP1	4	1	J+M
NSWP1	4	2	K+N
NSWP1	1	4	L
NSWP2	1	1	O
NSWP2	2	4	P
NSWP3	1	1	Q
NSWP3	2	3	R
NSWP3	4	4	S+T
NSWP4	1	1	U
NSWP4	4	2	V+W

The unique number of prescribers should be noted in the submission to the AIHW. In this example, there are 10 records for 4 unique prescribers.

6.11 Pharmacotherapy client

Defined as: A person who was authorised to receive pharmacotherapy treatment for either opioid maintenance or withdrawal management (detoxification) on the snapshot day.

Guide for use:

- **Pharmacotherapy client** refers to a person who:
  - was 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:

- 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 in the National Pharmacotherapy Policy.
- In Western Australia, the numbers of clients receiving treatment are counted as the last dose dispensed in June. As such, if a patient changes dosing point sites mid-month they may be counted twice.
- 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.

6.12 Pharmacotherapy client identifier

Defined as: A pharmacotherapy client identifier is a unique identifier used for data editing and analysis.

Guide for use:

It is the responsibility of each jurisdiction's health authority to assign a unique pharmacotherapy client identifier to each client.

The identifier should be created in the following manner:

- The two or three character jurisdictional name abbreviation followed by C for client followed by a unique number.
- For states with a two character abbreviation, the third character should be 1.
- For example, a unique pharmacotherapy client identifier for NSW could be NSWC1, or for WA the identifier could be WA1C1.
- The pharmacotherapy client identifier must be unique to each client for that collection year.

Comments:

- Jurisdictions submitting data using the Excel template must provide a unique pharmacotherapy client identifier for each client.
- A pharmacotherapy client identifier is not required if submitting data using aggregated tables.

6.13 Opioid drug of dependence

Defined as: The opioid drug of dependence, as represented by a code.

Classification: Australian Standard Classification of Drugs of Concern 2011

Guide for use:

- **Opioid drug of dependence** refers to the opioid drug that led to a client receiving pharmacotherapy treatment for their opioid dependence.

- Only opioid drugs should be reported. Therefore, only codes in the range 1100–1399 should be used, unless the opioid drug of dependence is 'Inadequately described' (Code 0000), 'Not stated' (Code 0001) or 'Opioid analgesics not further defined' (Code 0005). For a complete list of allowable codes see Section 7.9 (unit records) or Section 8.11 (aggregate records).

- 1 opioid drug of dependence may be reported for a single client.

- The most recent drug of dependence recorded for the client should be reported, even if they were recorded as a drug of dependence for the client prior to the current collection year.

- **A pharmacotherapy drug** (see Section 6.7) should not be reported unless the client was dependent on it prior to entering treatment (that is, unless the client had become dependent on a pharmacotherapy drug that was not prescribed for them).

- The Australian Standard Classification of Drugs of Concern 2011 is available for download at <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/1248.02011?OpenDocument>.

6.14   Client status

Defined as: An indicator of whether a client has entered or left pharmacotherapy treatment in the jurisdiction since the previous snapshot day.

Classification: 1   New

                        2   Readmission

                        3   Interstate transfer

                        4   Ongoing

                        9   Not stated

Guide for use:

- This data item refers to whether or not a client has entered or left pharmacotherapy treatment in a particular jurisdiction since the previous snapshot day (that is, in the previous 12 months).

- **New** refers to a client who has started pharmacotherapy treatment for the first time in the period since the last snapshot day (that is, in the previous 12 months). Note: this code is used to indicate that a client did not receive treatment in the previous period. Clients who have received treatment in their lifetime may be coded as 'New', provided that their treatment was not in the previous period.

- **Readmission** refers to a client who has re-entered pharmacotherapy treatment in the period since the last snapshot day.

- **Interstate transfer** refers to a client who was previously receiving pharmacotherapy treatment in another jurisdiction, and has transferred their treatment to their current jurisdiction since the last snapshot day.

- **Ongoing** refers to a client who was receiving pharmacotherapy treatment in their current jurisdiction on the previous snapshot day, is still receiving treatment, and has not had any periods of absence from that treatment since the previous snapshot day.

- If a client has more than one status since the previous snapshot day, only the most recent status should be reported. For example, a client who, since the previous snapshot day, transferred from interstate, left treatment and then returned to treatment, should be allocated the status 'readmission'.

7 Data required for the NOPSAD collection— unit record level

Unit record data can be submitted using the Excel template and submitted via the secure NOPSAD Validata tool using the file structure recommendations in Appendix A (Section A1). Refer to Chapter 8 for data definitions for submission at the aggregate level.

Data should only be transmitted with the express permission of the relevant data custodian.

Data should be submitted via the secure NOPSAD Validata tool for the 2023 collection year. Previously data was sent electronically, with robust encryption and enabling a method to verify receipt, for example through the AIHW's Secure Messaging service. The new NOPSAD Validata process will no longer require data files to be sent via email.

Jurisdictions should receive an Excel template from the AIHW in time for the reporting requirements. Jurisdictions can also request a copy of the template by emailing the AIHW at <aod@aihw.gov.au>.

Transmission options for 2023

Each data file must contain the specified number of data items (listed in Appendix A) in the correct order to load successfully to Validata. A NOPSAD Validata data entry sheet has been constructed to assist users with compiling data in a format that can be read by Validata.

The following tables present the file structures (see Appendix A, A1 Unit record level data submission requirements).

File content

Each data supplier should submit the following unit record files in CSV format via the Validata tool.

File name	Unit record file must contain	Number of variables	Additional info
Client file	Pharmacotherapy client based unit record information for all specified data items – for a snapshot day in 2023.	9 variables (columns)	• see Appendix A - Table 2 • Please ensure column descriptors are included
Prescriber file	Pharmacotherapy prescriber based unit record information for all specified data items – for a snapshot day in 2023.	**4 variables** (columns)	• see Appendix A -Table 3 • Please ensure column descriptors are included
Dosing point site file	Pharmacotherapy dosing point based unit record information for all specified data items – for a snapshot day in 2023.	**4 variables** (columns)	• see Appendix A - Table 4 • Please include column descriptors

File format

Data submissions for the 2023 collection period will require jurisdictions to load their unit record data into the AIHW Validata tool as a .CSV file. Data submitters using the NOPSAD Validata data entry sheet, can select variable values using a drop down menu which inputs a value that is converted into numeric code. This code can be extracted into a .csv format and then uploaded into a Validata collection. Users who are able to provide fully coded .csv files in the correct format without the data entry sheet are strongly encouraged to do so.

<u>Preferred format for unit record data submission loading to Validata</u>:

- The NOPSAD unit record (Excel) template has been set up with an option to use drop down menus providing text options inplace of codes for data entry, such as Male/Female/Other instead of codes 1, 2, 3. in addition to the text option, a separate tab in the excel sheet has been created to automatically convert the text to the relevant code required for the data to load in .CSV format onto the Validata system.

- The Validata tool is designed for coded data to be uploaded directly rather than text; if your jurisdiction has the capability to extract coded values in place of text this will streamline the loading onto the Validata system.

- If your jurisdiction has a large amount of data to upload to the Validata tool and it requires conversion from text to code, please contact the AIHW for further advice.

Creating a Comma Separated Value (.csv) format	It is highly recommended the following features in excel be removed before saving a file as .csv:
To turn an excel file into a .csv file: - click the 'save as' option - name your file as normal - select '.csv' from the 'save as type' drop down menu. CSV is the only compatible format for the Validata load system.	- Coloured cells or text - Freeze panes/filters - Drop down option list - Column headings that span more than one line - Any other 'fancy' styles or features - Remove all data columns not specified in the collection manual.

See <u>Appendix A, A1 Unit record level data submission requirements</u> for further information regarding file structure and order for how the unit record data can be submitted using the Excel template and submitted via the secure NOPSAD Validata tool.

Guide for use for NOPSAD unit record variables:

These data items should be used by jurisdictions submitting data at the unit record level.

7.1   Pharmacotherapy client identifier

Defined as: A unique identifier for the pharmacotherapy client used for data editing and analysis.

The client identifier should be created in the following manner:

- The two or three character jurisdictional name abbreviation followed by C for client followed by a unique number.
- For states with a two character abbreviation, the third character should be 1.
- For example, a unique client identifier for NSW could be NSWC1, or for WA the identifier could be WA1C1.

Guide for use:

- This data item is used for data editing and analysis when submitting data using the Excel template.
- The client identifier must be unique to each client for that collection year.
- A client record should be included where the client was authorised to receive treatment on the snapshot day regardless as to whether or not the client received a service on the snapshot day. That is, it includes those who were supplied with a takeaway dose for the snapshot day or were registered to receive treatment on the snapshot day but may not have received a dose on that day.

- For further detail about a pharmacotherapy client, see Section 6.11.
- For further detail about a pharmacotherapy client identifier, see Section 6.12.

Transmission requirements:

See *Appendix A: Table 1—Client unit record file* or the Excel template provided:

- Pharmacotherapy client data tab, column A–Pharmacotherapy client ID.

7.2   State

Defined as: The state where the data collection is compiled.

Classification: 1   NSW

                           2   VIC

                           3   QLD

                           4   WA

                           5   SA

                           6   TAS

                           7   ACT

                           8   NT

Guide for use:

- This data item is automatcially included when submitting data via the Validata tool (pharmacotherapy client data, pharmacotherapy prescriber data, and dosing point data). This data item is populated for all data when the state/territory is selected in the data load function of the Validata tool.

7.3   Pharmacotherapy drug

Defined as: The type of pharmacotherapy drug(s) that either:

- the client has been prescribed
- the prescriber is authorised to prescribe.

Classification: For client level data:

1   Methadone

2   Buprenorphine

3   Buprenorphine-naloxone

4   Buprenorphine LAI

For prescriber level data:

1   Methadone only

2   Buprenorphine only

3   Buprenorphine-naloxone only

4   More than one type of drug

Guide for use:

- For client level data, this data item refers to the pharmacotherapy drug that a client was authorised to receive or received on the snapshot day.

- For prescriber level data, this item refers to the pharmacotherapy drugs that a prescriber is authorised to prescribe on the snapshot day. If the prescriber is authorised to prescribe more than one drug type this should be coded as 'more than one type of drug'.

- Jurisdictions should use the drop-down list in the Excel template to populate this field.

Transmission requirements:

See *Appendix A: Table 1—Client unit record file and Table 2 —Prescriber unit record file* or the Excel template provided:

- Pharmacotherapy client data tab, column B–Pharmacotherapy drug type.

- Pharmacotherapy prescriber data tab, column B–Pharmacotherapy drug type.

Comments:

- In New South Wales, no distinction is made between buprenorphine, buprenorphine–naloxone and buprenorphine LAI. All products are reported as buprenorphine.

7.4   Pharmacotherapy prescriber type

Defined as: The type of pharmacotherapy prescriber who is either:

- prescribing pharmacotherapy to the client
- authorised or accredited to prescribe pharmacotherapy.

Classification: For both client level and prescriber level data:

1   Public prescriber

2   Private prescriber

3   Public/private prescriber

4   Correctional facilities

Guide for use:

- This data item refers to prescribers who:
    - held an authority to prescribe and a had a client who was receiving treatment **on the snapshot day** (for New South Wales, South Australia, the Australian Capital Territory and the Northern Territory)
    - held an authority to prescribe and had a client who was receiving treatment **during the month of June** (for Western Australia and Tasmania)
    - held an authority to prescribe and had a client who was receiving treatment **during the collection year** (for the Australian Capital Territory)
    - held an authority to prescribe **whether or not they prescribed during the collection year** (for Victoria and Queensland).
- For further detail about pharmacotherapy prescriber, see Section 6.8.
- For further detail about pharmacotherapy prescriber type, see Section 6.10.
- Jurisdictions should use the drop-down list in the Excel template to populate this field.

Transmission requirements:

See *Appendix A: Table 1—Client unit record file and Table 2 —Prescriber unit record file* or the Excel template provided:

- Pharmacotherapy client data tab, column C–Pharmacotherapy prescriber type.
- Pharmacotherapy prescriber data, column C–Pharmacotherapy prescriber type.

7.5   Pharmacotherapy dosing point site type

Defined as: The dosing point at which the client was provided with pharmacotherapy medication in the context of client level data, or the type of dosing point in the context of dosing point level data.

Classification: 1   Public clinic

2   Private clinic

3   Pharmacy

4   Correctional facility

5   Hospital

6   Other

9   Not stated

Guide for use:

- This data item refers to the type of physical setting in which the pharmacotherapy drug was provided to a client, regardless of whether the dose was administered on site or taken away.

- For further detail about dosing point site, see Section 6.5.

- Jurisdictions should use the drop-down list in the Excel template to populate this field.

Transmission requirements:

See *Appendix A: Table 1—Client unit record file and Table 3 —Dosing point unit record file* or the Excel template provided:

- Pharmacotherapy client data tab, column D–Pharmacotherapy dosing point site type.

- Pharmacotherapy dosing point site data, column B–Pharmacotherapy dosing point site type.

7.6   Sex of client

Defined as: The sex of the client.

Classification: 1   Male

                        2   Female

                        3   Another term

                        9   Not stated/inadequately described

Guide for use:

- The term 'sex' refers to the biological differences between males and females.
- The recording of sex is to be based on the sex nominated by the person or by the observations/judgments of the interviewer. Though 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.
- For further detail about sex of client, see Section 6.3.
- Jurisdictions should use the drop-down list in the Excel template to populate this field.

Transmission requirements:

See *Appendix A: Table 1—Client unit record file* or the Excel template provided:

- Pharmacotherapy client data tab, column E–Sex.

7.7   Client age in years

Defined as: Age of the client in years, at 30 June of the collection year.

Classification: An integer within the range of zero to 100 representing the client's age in
                           years. A value of 100 represents a client age of 100 years or more. A value of
                           101 represents 'not stated'.

Guide for use:

- This data item is asking for the age of the client at 30 June of the collection year, not the age or
  date of birth of the client. 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 one year age groups each year.

- Age groups will be used to determine a mean and median age group for each jurisdiction. To
  protect client privacy, single age groups will not be reported.

- To determine the correct age range, the client's age is required. For example:

  – If a client was born on 27 February 1981 and reporting for the 2022 collection, then the
    client's age is calculated at 30 June 2022. This would mean the client is 41 and would be
    assigned the age group 41 years.

  – If a client's date of birth is unknown, but the age is known (for example, 43 years), then the
    client should be assigned to the age group of 43 years.

- For further detail about age of client, see Section 6.1.

- Jurisdictions should enter the age in years in the Excel template in the appropriate column.

Transmission requirements:

See *Appendix A: Table 1—Client unit record file or* the Excel template provided:

- Pharmacotherapy client data tab, column F–Age.

7.8   Client Indigenous status

Defined as: The Indigenous status of the client.

Classification: 1   Aboriginal but not Torres Strait Islander origin

2   Torres Strait Islander but not Aboriginal origin

3   Both Aboriginal and Torres Strait Islander origin

4   Neither Aboriginal nor Torres Strait Islander origin

8   Not stated/inadequately described

9   Not reported

Guide for use:

- This data item refers to whether the client identifies as of Aboriginal and/or Torres Strait Islander origin.
- For further detail about client Indigenous status, see Section 6.2.
- Jurisdictions should use the drop-down list in the Excel template to populate this field.

Transmission requirements:

See *Appendix A: Table 1—Client unit record file or* the Excel template provided:

- Pharmacotherapy client data tab, column G–Indigenous status.

Comments:

- Victoria is exploring avenues to collect Indigenous status data.
- In South Australia, where some clients identified as both Indigenous and non-Indigenous at different times, the most recent classification identified by the prescriber is to be used.

7.9   Opioid drug of dependence

Defined as: The client's opioid drug of dependence, as represented by a code.

Classification: The following codes from the ASCDC:

1100	Organic opiate analgesics, n.f.d.
1101	Codeine
1102	Morphine
1199	Organic opiate analgesics, n.e.c.
1200	Semisynthetic opioid analgesics, n.f.d.
1201	Buprenorphine
1202	Heroin
1203	Oxycodone
1299	Semisynthetic opioid analgesics, n.e.c.
1300	Synthetic opioid analgesics, n.f.d.
1301	Fentanyl
1302	Fentanyl analogues
1303	Levomethadyl acetate hydrochloride
1304	Meperidine analogues
1305	Methadone
1306	Pethidine
1307	Tramadol
1399	Synthetic opioid analgesics, n.e.c.
0000	Inadequately described
0001	Not stated
0005	Opioid analgesics, n.f.d. (not further defined)

Guide for use:

- This data item refers to the opioid drug that led to a client receiving pharmacotherapy treatment for their opioid dependence.
- 1 opioid drug may be listed for each client.
- For further detail about Opioid drug of dependence, see Section 6.13.

Transmission requirements:

See *Appendix A: Table 1—Client unit record file or* the Excel template provided:

- Pharmacotherapy client data tab, column H–Opioid drug of dependence.

7.10   Client status

Defined as: An indicator of whether a client has entered or left pharmacotherapy treatment in the jurisdiction since the previous snapshot day.

Classification: 1   New

2   Readmission

3   Interstate transfer

4   Ongoing

9   Not stated

99   Not reported

Guide for use:

• This data item refers to whether or not a client has entered or left pharmacotherapy treatment in a particular jurisdiction since the previous snapshot day (that is, in the previous 12 months).

• For further detail about client status, see Section 6.14.

Transmission requirements:

See *Appendix A: Table 1—Client unit record file or* the Excel template provided:

• Pharmacotherapy client data tab, column I–Status.

7.11 Pharmacotherapy prescriber identifier

Defined as: A unique identifier for the prescriber used for data editing and analysis.

The prescriber identifier should be created in the following manner:

- The two or three character jurisdictional name abbreviation followed by P for prescriber followed by a unique number.
- For states with a two character abbreviation, the third character should be 1.
- For example, a unique prescriber identifier for NSW could be NSWP1, or for WA the identifier could be WA1P1.

Guide for use:

- This data item is used for data editing and analysis when submitting data using the Excel template.
- The prescriber identifier must be unique to each prescriber for that collection year.
- For further detail about a pharmacotherapy prescriber, see Section 6.8.
- For further detail about pharmacotherapy prescriber identifier, see Section 6.9.

Transmission requirements:

See *Appendix A: Table 2—Prescriber unit record file or* the Excel template provided:

- Pharmacotherapy prescriber data tab, column A–Prescriber identifier.

7.12 Number of clients per prescriber

Defined as: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a snapshot day per pharmacotherapy prescriber identifier.

Classification:

11	0 pharmacotherapy clients
1	1–5 pharmacotherapy clients
2	6–10 pharmacotherapy clients
3	11–15 pharmacotherapy clients
4	16–20 pharmacotherapy clients
5	21–25 pharmacotherapy clients
6	26–50 pharmacotherapy clients
7	51–100 pharmacotherapy clients
8	101 or more pharmacotherapy clients

Guide for use:

- This data item is used to calculate the range and variation in the number of clients treated by pharmacotherapy prescribers.

- Prescribers classified as treating '0 pharmacotherapy clients' on the snapshot day must have held an authority to prescribe and had a client who was receiving treatment during the collection year.

- In Victoria and Queensland, '0 pharmacotherapy clients' includes prescribers who held an authority to prescribe but **did not** have a client during the collection year.

- For further detail about pharmacotherapy client, see Section 6.11.

- For further detail about pharmacotherapy prescriber identifier, see Section 6.9.

Transmission requirements:

See *Appendix A: Table 2—Presciber unit record file or* the Excel template provided:

- Pharmacotherapy prescriber data tab, column D–Number of clients.

Comments:

- Victoria and Queensland also report registered prescribers who **did not** prescribe a pharmacotherapy drug to a client during the collection year.

7.13   Pharmacotherapy dosing point site identifier

Defined as: A unique identifier for the dosing point site used for data editing and analysis.

The dosing point site identifier should be created in the following manner:

- The two or three character jurisdictional name abbreviation followed by D for dosing point followed by a unique number.
- For states with a two character abbreviation, the third character should be 1.
- For example, a unique dosing point site identifier for NSW could be NSWD1, or for WA the identifier could be WA1D1.

Guide for use:

- This data item is used for data editing and analysis when submitting data using the Excel template.
- The dosing point site identifier must be unique to each dosing point site for that collection year.
- For further detail about a pharmacotherapy dosing point site, see Section 6.5.
- For further detail about pharmacotherapy dosing point site identifier, see Section 6.6.

Transmission requirements:

See *Appendix A: Table 3 —Dosing point unit record file* or the Excel template provided:

- Pharmacotherapy dosing point site data tab, column A–Pharmacotherapy dosing point site identifier.

7.14   Pharmacotherapy dosing point site locality

Defined as: The location of the dosing point at the ASGS SA level 2.

Classification: A nine-digit string is used as a unique identifier for each ASGS SA level 2 area.

Guide for use:

- The location of each pharmacotherapy dosing site where clients receive their pharmacotherapy drug during the collection year.
- For further detail about pharmacotherapy dosing point site locality, see Section 6.4.

Transmission requirements:

See *Appendix A: Table 3 —Dosing point unit record file or* the Excel template provided:

- Pharmacotherapy dosing point site data tab, column C–Pharmacotherapy dosing point site locality.

7.15 Number of clients per dosing point site

Defined as: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a snapshot day per pharmacotherapy dosing point site identifier.

Classification:

11	0 pharmacotherapy clients
1	1–5 pharmacotherapy clients
2	6–10 pharmacotherapy clients
3	11–20 pharmacotherapy clients
4	21–50 pharmacotherapy clients
5	51–85 pharmacotherapy clients
6	86–100 pharmacotherapy clients
7	101 or more pharmacotherapy clients

Guide for use:

- This data item is used to calculate the range and variation in the number of clients dosed by pharmacotherapy dosing point sites.
- This data item refers to the type of physical setting where the pharmacotherapy drug was provided to a client, regardless of whether the dose was administered on site or taken away.
- Dosing point sites classified as dosing '0 pharmacotherapy clients' on the snapshot day must have dosed at least 1 client during the collection year.
- In Queensland, '0 pharmacotherapy clients' includes authorised dosing points that **did not** have a client during the collection year.
- Clients who received a takeaway dose for the snapshot day must be included in the number of clients per dosing point site.
- For further detail about pharmacotherapy client, see Section 6.11.
- For further detail about pharmacotherapy dosing point site, see Section 6.5.

Transmission requirements:

See *Appendix A: Table 3 —Dosing point unit record file or* the Excel template provided:

- Pharmacotherapy dosing point data tab, column D–Number of clients.

Comments:

- Queensland also reports dosing points who **did not** dose a client during the collection year.

8   Data required for the NOPSAD collection— aggregate level

A formal request will need to be made to the AIHW to access the aggregate Excel workbook if only aggregate level data are an option at this time. The AIHW will provide access to the NOPSAD aggregate Validata collection for selected jurisdictions. The new NOPSAD Validata system has been modified to process aggregate data if unit record data are not available.

Jurisdictions reporting at the unit record level should refer to Chapter 7.

Transmission requirements for 2023

File format

Data submissions for the 2023 collection period will require jurisdictions to load their aggregate data into the AIHW Validata tool as a .CSV file. Data submitters <u>must</u> use the NOPSAD Validata **aggregate** data entry sheet to be able to load data into the Validata system successfully.

<u>Format for aggregate data submission loading to Validata</u>:

- The NOPSAD aggregate (Excel) template has been set up to enable data submitters to continue to enter the data into the corresponding tables within the excel data entry sheet, e.g. Table A, B, C, etc. Each of the table values will automatically convert into numeric code (in the specific format for the Validata system) in a separate tab.

- The converted values from each table are contained in 4 tabs; labelled *Clients (Export as .csv), Dosing (Export as .csv), Prescriber (Export as .csv), Dosing point SA2 (Export as .csv).* Each tab will need to be extracted and saved as a .csv format (see tips in table below) and then individually uploaded into the corresponding Aggregate NOPSAD Validata collection.

- If there are issues with uploading these files to the Validata system please contact the AIHW for further advice.

The table below provides a guide on how to save each '*Export as .csv' tab, as a single .csv file.*

Creating a Comma Separated Value (.csv) format To turn an excel file into a .csv file: •   click the 'save as' option (for a single sheet e.g. *Clients Export as .csv*) •   name your file – example = **State_client_agg_date** e.g. Vic_client_agg_12102023 •   select '.csv' from the 'save as type' drop down menu. CSV is the only compatible format for the Validata load system. **NOTE**: The NOPSAD aggregate data entry spreadsheet must be used to extract the correct formatted values for loading to the Validata.

See **Appendix A, A2** Aggregate level data submission requirements for further information regarding file structure and how the aggregate data can be submitted using the Excel template and submitted via the secure NOPSAD Validata tool.

Guide for use for NOPSAD Aggregated data submissions:

These data items are described for jurisdictions submitting data at the aggregate level.

8.1 Number of clients receiving pharmacotherapy drugs

Defined as: Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a snapshot day, by pharmacotherapy drug type.

Classification:

(a) The number of clients receiving **methadone** as their drug type on the snapshot day.

(b) The number of clients receiving **buprenorphine** as their drug type on the snapshot day.

(c) The number of pharmacotherapy clients receiving **buprenorphine-naloxone** as their drug type on the snapshot day.

(d) The number of clients receiving **buprenorphine LAI** as their drug type on the snapshot day.

(e) The **total** number of clients receiving any form of drug on the snapshot day.

Guide for use (jurisdictions submitting data at the aggregate level):

- This data item refers to the number of clients receiving treatment on the snapshot day.

- This data item is a count of those clients who were authorised to receive treatment on the snapshot day regardless as to whether or not the client received a service on the snapshot day. That is, it includes those who were supplied with a takeaway dose for the snapshot day or were registered to receive treatment on the snapshot day but may not have received a dose on that day.

- For further detail about pharmacotherapy client, see Section 6.11.

- For further detail about pharmacotherapy drug, see Section 6.7.

Comments:

- In New South Wales, no distinction is made between buprenorphine, buprenorphine–naloxone and buprenorphine LAI. All products are reported as buprenorphine.

- In Western Australia, the numbers of clients receiving treatment are counted as the last dose dispensed in June. As such, if a patient changes dosing point sites mid-month they may be counted twice.

- 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.

Transmission requirements:

See Appendix A, A2, Table A.

8.2 Number of clients by pharmacotherapy drug type and prescriber type

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

Classification:

(a) The number of clients receiving **methadone** on the snapshot day and the **prescriber type**.

(b) The number of clients receiving **buprenorphine** on the snapshot day and the **prescriber type**.

(c) The number of clients receiving **buprenorphine-naloxone** on the snapshot day and the **prescriber type**.

(d) The number of clients receiving **buprenorphine LAI** on the snapshot day and **prescriber type**.

(e) The **total** number of clients receiving any form of pharmacotherapy drug on the snapshot day and the **prescriber type**.

Guide for use:

- This data item refers to the number of clients receiving treatment on the snapshot day.

- This data item is a count of those clients who were authorised to receive treatment on the snapshot day regardless as to whether or not the client received a service on the snapshot day. That is, it includes those who were supplied with a takeaway dose for the snapshot day or were registered to receive treatment on the snapshot day but may not have received a dose on that day.

- For further detail about pharmacotherapy client, see Section 6.11.

- For further detail about pharmacotherapy prescriber type, see Section 6.10.

- For further detail about pharmacotherapy drug, see Section 6.7.

Comments:

- In New South Wales, no distinction is made between buprenorphine, buprenorphine–naloxone and buprenorphine LAI. All products are reported as buprenorphine.

- In Western Australia, the numbers of clients receiving treatment are counted as the last dose dispensed in June. As such, if a patient changes dosing point sites mid-month they may be counted twice.

- 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.

Transmission requirements:

See Appendix A, A2, Table B.

8.3 Number of clients by pharmacotherapy drug type and dosing point site

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

Classification:

(a) The number of pharmacotherapy clients receiving **methadone** on the snapshot day and the **dosing point** at which the client is provided the pharmacotherapy drug.

(b) The number of pharmacotherapy clients receiving **buprenorphine** on the snapshot day and the **dosing point** at which the client is provided the pharmacotherapy drug.

(c) The number of pharmacotherapy clients receiving **buprenorphine-naloxone** on the snapshot day and the **dosing point** at which the client is provided the pharmacotherapy drug.

(d) The number of pharmacotherapy clients receiving **buprenorphine LAI** on the snapshot day and the **dosing point** at which the client is provided the pharmacotherapy drug.

(e) The **total** number of pharmacotherapy clients receiving any form of **pharmacotherapy drug** on the snapshot day and the **dosing point** at which the client is provided the drug.

Guide for use:

- This data item refers to the number of pharmacotherapy clients receiving pharmacotherapy treatment on the snapshot day.

- This data item is a count of those clients who were authorised to receive treatment on the snapshot day regardless of whether or not the client received a service on the snapshot day. That is, it includes those who were supplied with a takeaway dose for the snapshot day or were registered to receive treatment on the snapshot day but may not have received a dose on that day.

- The dosing point site for a client may vary over the course of a year. This data item is asking for the dosing point on the snapshot day or that supplied a takeaway dose for the snapshot day.

- For further detail about pharmacotherapy client, see Section 6.11.

- For further detail about pharmacotherapy dosing point site, see Section 6.5.

- For further detail about pharmacotherapy drug see Section 6.7.

Comments:

- In New South Wales, no distinction is made between buprenorphine, buprenorphine–naloxone and buprenorphine LAI. Both products are reported as buprenorphine.

- In Western Australia, the numbers of clients receiving treatment are counted as the last dose dispensed in June. As such, if a patient changes dosing point sites mid-month they may be counted twice.

- 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 dosing point that administered the greater number of doses is attributed the activity.

Transmission requirements:

See Appendix A, A2, Table C.

8.4   Number of pharmacotherapy prescribers

Defined as: Total number of prescribers who held an authority to prescribe a pharmacotherapy drug by the drug type they prescribe.

Classification:

(a) The number of registered prescribers who are scripting methadone only to at least one client at 30 June 2022.

(b) The number of **registered prescribers** who are scripting **buprenorphine** only to at least one client at 30 June 2022.

(c) The number **of registered prescribers** who are scripting **buprenorphine-naloxone** only to at least one client at 30 June 2022.

(d) The number of **registered prescribers** who are scripting **more than one type of drug** to at least one client at 30 June 2022.

(e) The **total** number of **registered prescribers** who are scripting to at least one client at 30 June 2022. This total should equate to the sum of the four components above.

Guide for use:
- This data item refers to prescribers who:
    - held an authority to prescribe and a had a client who was receiving treatment **on the snapshot day** (for New South Wales, South Australia, the Australian Capital Territory and the Northern Territory)
    - held an authority to prescribe and had a client who was receiving treatment **during the month of June** (for Western Australia and Tasmania)
    - held an authority to prescribe and had a client who was receiving treatment **during the collection year** (for the Australian Capital Territory)
    - held an authority to prescribe **whether or not they prescribed during the collection year** (for Victoria and Queensland).
- For further detail about prescribers, see Section 6.8.
- For further detail about pharmacotherapy drug, see Section 6.7.

Comments:
- In New South Wales, no distinction is made between buprenorphine, buprenorphine–naloxone and buprenorphine LAI. Both products are reported as buprenorphine.

Transmission requirements:

See Appendix A, A2, Table D.

8.5   Number of pharmacotherapy dosing sites

Defined as: Total number of pharmacotherapy dosing point sites where clients were provided drugs on a snapshot day.

Classification:

(a) The number of dosing point sites in a **public clinic** on the snapshot day.

(b) The number of dosing point sites in a **private clinic** on the snapshot day.

(c) The number of dosing point sites in a **pharmacy** on the snapshot day.

(d) The number of dosing point sites in a **correctional facility** on the snapshot day.

(e) The number of dosing point sites in a **hospital** (inpatient and outpatient) on the snapshot day.

(f) The number of dosing points sited in **other** settings on the snapshot day.

(g) The **total** number of pharmacotherapy dosing point sites on the snapshot day.

Guide for use:

- This data item refers to the type of physical setting in which the pharmacotherapy drug was provided to a client, regardless of whether the dose was administered on site or taken away.

- This data item refers to dosing points who were authorised to dose:

  - and had a client who was receiving treatment **on the snapshot day** (for New South Wales, Victoria, Queensland, South Australia, the Australian Capital Territory and the Northern Territory)

  - and had a client who was receiving treatment **during the month of June** (for Western Australia and Tasmania)

  - **on the snapshot day whether or not they dosed a patient during the collection year** (for Queensland).

- For a more complete definition (including examples of the 'other' category) of:

  - 'Pharmacotherapy dosing point site', refer to Section 6.5.

Transmission requirements:

See Appendix A, A2, Table E.

8.6 Sex of clients

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

Classification:

(a) The number of pharmacotherapy clients receiving **methadone** as their drug type on the snapshot day and **sex** of the client.

(b) The number of pharmacotherapy clients receiving **buprenorphine** as their drug type on the snapshot day and **sex** of the client.

(c) The number of pharmacotherapy clients receiving **buprenorphine-naloxone** as their drug type on the snapshot day and **sex** of the client.

(d) The number of pharmacotherapy clients receiving **buprenorphine LAI** as their drug type on the snapshot day and **sex** of the client.

(e) The **total** number of clients receiving any form of drug on the snapshot day and **sex** of the client.

Guide for use:

- The term 'sex' refers to the biological differences between males and females.

- The recording of sex is to be based on the sex nominated by the person or by the observations/judgments of the interviewer. Though 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.

- For further detail about pharmacotherapy drug, see Section 6.7.

- For further detail about client sex, see Section 6.3.

Comments:

- In New South Wales, no distinction is made between buprenorphine, buprenorphine-naloxone and buprenorphine LAI. All products are reported as 'buprenorphine'.

- Victoria is not able to provide sex for clients by individual drug type. Data is reported for all pharmacotherapy types.

- In Western Australia, the numbers of clients receiving treatment are counted as the last dose dispensed in June. As such, if a patient changes dosing point sites mid-month they may be counted twice.

Transmission requirements:

See Appendix A, A2, Table F.

8.7 Client age in years

Defined as: Total number of pharmacotherapy clients receiving treatment on a snapshot day for each drug type and the age in years of the client.

Classification:

(a) The number of pharmacotherapy clients receiving **methadone** as their drug type on the snapshot day and **age** of the client.

(b) The number of pharmacotherapy clients receiving **buprenorphine** as their drug type on the snapshot day and **age** of the client.

(c) The number of pharmacotherapy clients receiving **buprenorphine-naloxone** as their drug type on the snapshot day and **age** of the client.

(d) The number of pharmacotherapy clients receiving **buprenorphine LAI** as their drug type on the snapshot day and **age** of the client.

(e) The **total** number of pharmacotherapy clients receiving any form of pharmacotherapy drug on the snapshot day and **age** of the client.

Guide for use:
- This data item is asking for the age in years of the client as at 30 June of the collection year. 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 one-year age groups each year.
- Age groups will be used to determine a mean and median age group for each jurisdiction. To protect client privacy, single age groups will not be reported.
- To determine the correct age range, the client's age is required. For example:
  - If a client was born on 27 February 1981 and reporting for the 2022 collection, then the client's age is calculated as at 30 June 2022. This would mean the client is 41 years of age and would be assigned the age group 41 years.
  - If a client's date of birth is unknown, but the age is known (for example, 43 years), then the client should be assigned to the age of 43 years.
- Date of birth of the client (supporting data item):
  - the day, month and year when the person was born.
- For further detail about pharmacotherapy drug, see Section 6.7.
- For further detail about client age in years, see Section 6.1.

Comments:
- In New South Wales, no distinction is made between buprenorphine, buprenorphine–naloxone and buprenorphine LAI. Both products are reported as buprenorphine.
- Victoria is not able to provide age for clients by individual drug type. Data is reported for all pharmacotherapy types.
- In Western Australia, the numbers of clients receiving treatment are counted as the last dose dispensed in June. As such, if a patient changes dosing point sites mid-month they may be counted twice.

Transmission requirements:

See Appendix A, A2, Table G.

8.8 Indigenous status of clients

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

Classification:

(a) The number of pharmacotherapy clients receiving **methadone** as their drug type on the snapshot day and **Indigenous status** of the client.

(b) The number of pharmacotherapy clients receiving **buprenorphine** as their drug type on the snapshot day and **Indigenous status** of the client.

(c) The number of pharmacotherapy clients receiving **buprenorphine-naloxone** as their drug type on the snapshot day and **Indigenous status** of the client.

(d) The number of pharmacotherapy clients receiving **buprenorphine LAI** as their drug type on the snapshot day and **Indigenous status** of the client.

(e) The **total** number of clients receiving any form of drug on the snapshot 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 further detail about pharmacotherapy drug, see Section 6.7.

- For further detail about client Indigenous status, see Section 6.2.

Comments:

- In New South Wales, no distinction is made between buprenorphine and buprenorphine–naloxone. Both products are reported as buprenorphine.

- Victoria is exploring avenues to collect Indigenous status data.

- In South Australia, where some clients identified as both Indigenous and non-Indigenous at different times, the most recent classification identified by the prescriber is to be used.

Transmission requirements:

See Appendix A, A2, Table H.

8.9   Number of prescribers by prescriber type

Defined as: Total number of prescribers who are accredited and/or authorised to prescribe a pharmacotherapy drug by prescriber type and prescriber category.

Classification:

(a)   The number of prescribers who are classified as a public prescriber.

(b)   The number of prescribers who are classified as a private prescriber.

(c)   The number of prescribers who are classified as a public/private prescriber.

(d)   The number of prescribers who are classified as a correctional facilities prescriber.

Guide for use:
- This data item refers to prescribers who:
    - held an authority to prescribe and a had a client who was receiving treatment **on the snapshot day** (for New South Wales, South Australia, the Australian Capital Territory and the Northern Territory)
    - held an authority to prescribe and had a client who was receiving treatment **during the month of June** (for Western Australia and Tasmania)
    - held an authority to prescribe and had a client who was receiving treatment **during the collection year** (for the Australian Capital Territory)
    - held an authority to prescribe **whether or not they prescribed during the collection year** (for Victoria and Queensland).
- For further detail about pharmacotherapy prescriber, see Section 6.8.
- For further detail about pharmacotherapy prescriber type, see Section 6.10.

Transmission requirements:

See Appendix A, A2, Table I.

8.10 Dosing point site locality

Defined as: The location of the dosing point at the ASGS SA level 2.

Classification: A nine-digit string is used as a unique identifier for each ASGS SA level 2 area.

Guide for use:

- The location of the dosing point at which the client is provided the pharmacotherapy drug, regardless of whether the dose was administered on site or taken away.

- For agencies with more than one location, the ASGS SA level 2 relates to the service delivery outlet.

- Further information, including maps, descriptors and coding methodologies, see the Australian Bureau of Statistics ASGS information page: Australian Statistical Geography Standard (ASGS) Edition 3, July 2021 - June 2026 | Australian Bureau of Statistics (abs.gov.au)

For further detail about dosing point site locality, see Section 6.4.

Transmission requirements:

See Appendix A, A2, Table J.

8.11   Opioid drug of dependence

Defined as: Number of pharmacotherapy clients receiving treatment on a snapshot day by opioid drug of dependence

Classification: Total number of pharmacotherapy clients being treated for dependence for each of the following codes from the ASCDC:

1100	Organic opiate analgesics, n.f.d.
1101	Codeine
1102	Morphine
1199	Organic opiate analgesics, n.e.c.
1200	Semisynthetic opioid analgesics, n.f.d.
1201	Buprenorphine
1202	Heroin
1203	Oxycodone
1299	Semisynthetic opioid analgesics, n.e.c.
1300	Synthetic opioid analgesics, n.f.d.
1301	Fentanyl
1302	Fentanyl analogues
1303	Levomethadyl acetate hydrochloride
1304	Meperidine analogues
1305	Methadone
1306	Pethidine
1307	Tramadol
1399	Synthetic opioid analgesics, n.e.c.
0000	Inadequately described
0001	Not stated
0005	Opioid analgesics, n.f.d. (not further defined)

Guide for use:
- For each opioid drug, this data item refers to the total number of clients receiving treatment for dependence on that drug.
- 1 opioid drug may be listed for each client.
- For further detail about Opioid drug of dependence, see Section 6.13.

Transmission requirements:

See Appendix A, A2, Table K.

8.12   Client status

Defined as: Total number of pharmacotherapy clients receiving treatment on a snapshot day, by client status.

Classification:

(a) The number of clients who are **new** to pharmacotherapy treatment since the previous snapshot day.

(b) The number of clients who are a **readmission** to pharmacotherapy treatment since the previous snapshot day.

(c) The number of clients who are an **interstate transfer** from pharmacotherapy treatment since the previous snapshot day.

(d) The number of clients who are **ongoing** in pharmacotherapy treatment since the previous snapshot day.

(e) The number of clients for whom client status is **not stated**.

(g) The number of clients for whom client status is **not reported** (only for use by jurisdictions who do not report this item at all).

(f) The **total** number of clients receiving pharmacotherapy on the snapshot day.

Guide for use:
- This data item refers to the number of clients who have entered or left pharmacotherapy treatment in a particular jurisdiction since the previous snapshot day (that is, in the previous 12 months).
- For further detail about pharmacotherapy client, see Section 6.11.
- For further detail about client status, see Section 6.14.

Transmission requirements:

See Appendix A, A2, Table L.

8.13 Number of clients per pharmacotherapy prescriber

Defined as: Total number of pharmacotherapy prescribers by the number of pharmacotherapy clients receiving pharmacotherapy treatment on a snapshot day.

Classification:

(a) The number of pharmacotherapy prescribers treating **0** pharmacotherapy clients on the snapshot day.

(b) The number of pharmacotherapy prescribers treating **1–5** pharmacotherapy clients on the snapshot day.

(c) The number of pharmacotherapy prescribers treating **6–10** pharmacotherapy clients on the snapshot day.

(d) The number of pharmacotherapy prescribers treating **11–15** pharmacotherapy clients on the snapshot day.

(e) The number of pharmacotherapy prescribers treating **16–20** pharmacotherapy clients on the snapshot day.

(f) The number of pharmacotherapy prescribers treating **21–25** pharmacotherapy clients on the snapshot day.

(g) The number of pharmacotherapy prescribers treating **26–50** pharmacotherapy clients on the snapshot day.

(h) The number of pharmacotherapy prescribers treating **51–100** pharmacotherapy clients on the snapshot day.

(i) The number of pharmacotherapy prescribers treating **101 or more** pharmacotherapy clients on the snapshot day.

Guide for use:

- This data item is used to calculate the range and variation in the number of clients treated by pharmacotherapy prescribers.

- Prescribers classified as treating '0 pharmacotherapy clients' on the snapshot day must have held an authority to prescribe and had a client who was receiving treatment during the collection year.

- In Victoria and Queensland, '0 pharmacotherapy clients' includes prescribers who had held an authority to prescribe but **did not** have a client during the collection year.

- For further detail about pharmacotherapy client, see Section 6.11.

- For further detail about pharmacotherapy prescriber, see Section 6.8.

Transmission requirements:

See Appendix A, A2, Table M.

Comments:

- Victoria and Queensland also report registered prescribers who **did not** prescribe a pharmacotherapy drug to a client during the collection year.

8.14 Number of clients per dosing point site

Defined as: Total number of pharmacotherapy dosing point sites by the number of pharmacotherapy clients dosed on a snapshot day.

Classification:

(a) The number of pharmacotherapy dosing point sites dosing **0** pharmacotherapy clients on the snapshot day.

(b) The number of pharmacotherapy dosing point sites dosing **1–5** pharmacotherapy clients on the snapshot day.

(c) The number of pharmacotherapy dosing point sites dosing **6–10** pharmacotherapy clients on the snapshot day.

(d) The number of pharmacotherapy dosing point sites dosing **11–20** pharmacotherapy clients on the snapshot day.

(e) The number of pharmacotherapy dosing point sites dosing **21–50** pharmacotherapy clients on the snapshot day.

(f) The number of pharmacotherapy dosing point sites dosing **51–85** pharmacotherapy clients on the snapshot day.

(g) The number of pharmacotherapy dosing point sites dosing **86–100** pharmacotherapy clients on the snapshot day.

(h) The number of pharmacotherapy dosing point sites dosing **101 or more** pharmacotherapy clients on the snapshot day.

Guide for use:

- This data item is used to calculate the range and variation in the number of clients treated by pharmacotherapy dosing point sites.

- This data item refers to the type of physical setting where the pharmacotherapy drug was provided to a client, regardless of whether the dose was administered on site or taken away.

- Dosing point sites classified as dosing '0 pharmacotherapy clients' on the snapshot day must have dosed at least 1 client during the collection year.

- In Queensland, '0 pharmacotherapy clients' includes authorised dosing points that **did not** dose a client during the collection year.

- Clients who received a takeaway dose for the snapshot day must be included in the number of clients per dosing point.

- For further detail about pharmacotherapy client, see Section 6.11.

- For further detail about pharmacotherapy dosing point site, see Section 6.5.

Transmission requirements:

See Appendix A, A2, Table N.

9 NOPSAD privacy and data principles

9.1 Introduction

Those providing NOPSAD data to the AIHW are expected to familiarise themselves with the AIHW privacy of data information page and undertake their role in the collection in accordance with the principles at <https://www.aihw.gov.au/privacy-policy>.

The privacy and data principles are designed to apply to health and welfare data, including that collected for the NOPSAD collection; that is, the principles apply to data collected by alcohol and other drug treatment agencies, transmitted to health authorities in each jurisdiction and to the AIHW for national collation and analysis.

9.2 Privacy Act and Information Privacy Principles

The *Privacy Act 1988* (Cwlth) contains 13 Australian Privacy Principles that govern the conduct of Commonwealth agencies in the collection, management, use and disclosure of records containing personal information. More information on the Privacy Act and how it applies to the AIHW is on the privacy of data information page <https://www.aihw.gov.au/privacy-policy>.

State and territory public authorities are bound by the requirements of specific state and territory privacy legislation.

9.3 The AIHW Act and the AIHW Ethics Committee

The AIHW and the AIHW Ethics Committee are established by the *Australian Institute of Health and Welfare Act 1987* (the AIHW Act). Data custodians are responsible for ensuring data holdings are protected from unauthorised access, alteration or loss.

For more information on the Act and role of the Ethics Committee, see the AIHW Ethics Committee information page <https://www.aihw.gov.au/our-services/committees/aihw-ethics-committee>.

9.4 The National Aboriginal and Torres Strait Islander Health Data Principles

All organisations with significant responsibilities in Aboriginal and Torres Strait Islander health data should encourage the application of these principles and establish meaningful partnerships with Aboriginal and Torres Strait Islander Australians. The principles are at <https://www.aihw.gov.au/our-services/international-collaboration/international-group-indigenous-health-measurement>.

9.5 Relevant state and territory policies and practices

Additional information about state and territory policies and practices are available at:

New South Wales

NSW Clinical Guidelines: Treatment of Opioid Dependence

Victoria

<www.dhs.vic.gov.au/privacy-statement/>

Queensland

QScript security and privacy:

https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/medicines/real-time-reporting/preparing-for-qscript

Western Australia

<https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management>

South Australia

 Medication assisted treatment for opioid dependence (MATOD)

Tasmania

<http://www.dhhs.tas.gov.au/mentalhealth/mhs_tas/service_files/dhhs_services/clare_house/your_privacy>

Australian Capital Territory

<http://health.act.gov.au/c/health?a=dlpubpoldoc&document=1114>

Northern Territory

http://internal.health.nt.gov.au/governance/legal/freedomofinformation/Pages/default.aspx

10 Data release guidelines for the NOPSAD collection

10.1 Purpose

This chapter outlines the process to be followed by the AIHW on receipt of data requests for the NOPSAD collection. Data from the 2005 to 2022 collections were available at the time of writing. This chapter is for the information of AIHW staff, NOPSAD Working Group members and persons who wish to access NOPSAD data.

10.2 Background

Jurisdictions are custodians of information collected for the NOPSAD collection in their state or territory. The AIHW is the custodian of collated national information obtained from each state or territory (the NOPSAD collection). Custodianship for the AIHW means responsibility for protection, storage, analysis and dissemination of the data in accordance with the purpose for which the data were collected, the *AIHW Act 1987* and other relevant privacy principles. More information is on the AIHW's privacy of data information page < https://www.aihw.gov.au/privacy-policy>.

Requests to the AIHW can be made for summarised aggregated NOPSAD data. Unit record data for 2012 to 2022 may be available for some jurisdictions on request.

10.3 Options to access published data

Published data are available for the NOPSAD collection from the AIHW website.

The most recent publication available is the *National Opioid Pharmacotherapy Statistics Annual Data collection* report for 2022.

10.4 Options for access to unpublished data

There are a number of options available for accessing the NOPSAD data.

1. Request the specific table or tables of summarised data required (and the AIHW will produce the tables) using the 'request a customised analysis' link available at: < https://www.aihw.gov.au/our-services/data-on-request>.

   This option is usually the fastest and most efficient way of obtaining one-off requests, even if a request is complex. For national data only, no jurisdictional approvals are required, assuming the request does not breach any privacy or confidentiality requirements. For data containing information specifically relating to one or more of the states or territories, approval from the relevant jurisdiction(s) is required. All requests will be subject to AIHW approval as stated on the AIHW's privacy of data information page < https://www.aihw.gov.au/privacy-policy>.

2. Request access to unit record data using the 'request a customised analysis' link available at: < https://www.aihw.gov.au/our-services/data-on-request>.
   This requires approval from all jurisdictions and from the AIHW Ethics Committee. This may be a more appropriate option for those planning to spend a long time doing multiple analyses.

If the request requires ethical clearance, the researcher will also be required to complete the relevant ethics application form, available at:

< https://www.aihw.gov.au/our-services/committees/lodging-an-application-to-the-aihw-ethics-committe>. Please note, external ethics applications incur a cost.

Data custodians within each jurisdiction will endeavour to process the data request within 2 weeks. The AIHW will usually require 1–2 weeks to extract the data specified in the request. Some data requests—for example, those requiring AIHW Ethics Committee approval—will require longer. A delivery time will be established on a case-by-case basis. The AIHW will contact the researcher to acknowledge receipt of the data request within 2 days and provided an estimate of the cost to provide the data. Data is provided on a cost recovery basis. Please contact the AIHW for more information.

Appendix A: 2023 transmission specifications

A1 – Unit record level data submission requirements:

Jurisdictions must submit CSV. unit record data files. Each data file must contain the specified number of data items (listed in tables below) in the correct order to load successfully. The following tables present the correct file structures:

Table 1—Client unit record file
Table 2—Prescriber unit record file
Table 3—Dosing point site unit record file.

Table 1: Client unit record file – Order of data items

Item no.	Data item	Metadata definition	Cell content	'Not stated' response
1	**Pharmacotherapy Client identifier**	Pharmacotherapy client identifier is a unique identifier for the pharmacotherapy client used for data editing and analysis. Jurisdictions may use their own alphabetic, numeric or alphanumeric coding systems.	Format 'Unspecified' Jurisdiction specified range. The client identifier can be created by the following: • A two or three character jurisdictional name abbreviation followed by C for client followed by a unique number. • For states with two character abbreviation, the third character should be 1. • For example, a unique client identifier for NSW = NSWC1, or WA = WA1C1**.** • The pharmacotherapy client identifier must be unique to each client for that collection year.	Not permitted
2	**Pharmacotherapy drug type- Client**	The type of pharmacotherapy drug that the client has been prescribed. This data item refers to the pharmacotherapy drug that a client was authorised to receive or received on the snapshot day.	Format 'N' 1 Methadone 2 Buprenorphine tablet 3 Buprenorphine-naloxone 4 Buprenorphine LAI	Not permitted
3	**Pharmacotherapy prescriber type - Client**	The sector (public or private) in which the prescriber is practising when prescribing pharmacotherapy drugs.	Format 'N' 1 Public prescriber 2 Private prescriber 3 Public/private prescriber 4 Correctional facilities	Not permitted
4	**Pharmacotherapy dosing point site type - Client**	The dosing point at which the client was provided with pharmacotherapy medication in the context of client level data. This data item refers to the type of physical setting in which the pharmacotherapy drug was provided to a client, regardless of whether the dose was administered on site or taken away.	Format 'N' 1 Public clinic 2 Private clinic 3 Pharmacy 4 Correctional facilities 5 Hospital 6 Other 9 Not stated	9

Item no.	Data item	Metadata definition	Cell content	'Not stated' response
5	Person Sex*	The term 'sex' refers to the biological differences between males and females, as represented by a code. *New code '**Another term' 3**: refers to persons who have mixed or non-binary biological characteristics (if known), or a non-binary sex assigned at birth. The value meaning of 'Another term' has replaced 'Intersex or indeterminate'. Terms such as 'indeterminate', 'intersex', 'non-binary', and 'unspecified' are variously used to describe the 'Another term' category of sex. The label 'Another term' is used because a more descriptive term has not been widely agreed within the general community.	Format 'N' **1** Male **2** Female **3** Another term* **9** Not stated The value meaning of "Another term" has been assigned to Code 3 replacing "Other" and "Intersex or indeterminate" in previous versions of this data item. The third option recognises that across Australian jurisdictions and elsewhere there are a range of terms used.	9
6	Age in years	The age of the client in years as at 30 June 2023. This data item is asking for the age group that the client fits into as at 30 June of the collection year, not the age or date of birth of the client. 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.	Format 'NNN' Where the age is <u>not stated</u> the <u>default 101 should be used</u>. The classification for the client's age corresponds to their age in years. For example, 0 should be used for a client aged less than 1. The age group 1 would be assigned for a client aged one year, the age group 2 for a client aged 2 years and so on for clients up to 99 years. For a client aged 100 years and over the classification age group would be 100.	Not permitted
7	Indigenous status	Whether a person identifies as being of Aboriginal or Torres Strait Islander origin, as represented by a code.	Format 'N' **1** Aboriginal but not Torres Strait Islander origin **2** Torres Strait Islander but not Aboriginal origin **3** Both Aboriginal and Torres Strait Islander origin **4** Neither Aboriginal nor Torres Strait Islander origin **9** Not stated	9
8	Opioid drug of dependence	The opioid drug that led to a client receiving pharmacotherapy treatment for their opioid dependence. Only the most recent opioid drug of dependence should be reported. Therefore, only codes in the range 1100–1399 should be used.	Format 'NNNN' Valid range of opioid drug codes from 1100 to 1399 ASCDC (see classification below). Including codes; • 0000 - Inadequately described • 0001 – Not stated • 0005 – Opioid analgesics, n.f.d. A numeric 4-digit ABS code from the **ABS Australian Standard Classification of Drugs of Concern (ABS cat. no. 1248.0, version 2011).**	Not permitted

Item no.	Data item	Metadata definition	Cell content	'Not stated' response
9	**Client Status**	An indicator of whether a client has entered or left pharmacotherapy treatment in the jurisdiction since the previous snapshot day. This data item refers to whether or not a client has entered or left pharmacotherapy treatment in a particular jurisdiction since the previous snapshot day (that is, in the previous 12 months).	Format 'N' **1** New **2** Readmission **3** Interstate transfer **4** Ongoing **9** Not stated	9

Table 2: Prescriber unit record File - Order of data items

Item no.	Data item	Metadata definition	Cell content	'Not stated' response
1	**Pharmacotherapy prescriber identifier**	A prescriber identifier is a unique identifier for the pharmacotherapy prescriber used for data editing and analysis. It is the responsibility of each jurisdiction's health authority to assign a unique prescriber identifier to each prescriber.	Format 'NNX[X]NNNNN'Jurisdiction specified range. The client identifier can be created by the following: • A two or three character jurisdictional name abbreviation followed by P for prescriber followed by a unique number. • For states with a two character abbreviation, the third character should be 1. • For example, a unique prescriber identifier for NSW could be NSWP1, or for WA the identifier could be WA1P1. • The pharmacotherapy prescriber identifier must be unique to each prescriber for that collection year.	Not permitted
2	**Pharmacotherapy drug type - Prescriber**	The type of pharmacotherapy drug(s) that the prescriber is authorised to prescribe on the snapshot day. If the prescriber is authorised to prescribe more than one drug type this should be coded as 'more than one type of drug'.	Format 'N' **1** Methadone only **2** Buprenorphine only **3** Buprenorphine-naloxone only **4** More than one type of drug	Not permitted
3	**Pharmacotherapy Prescriber type**	The sector in which the prescriber is practising when prescribing pharmacotherapy drugs. This refers to prescribers who: • held an authority to prescribe and a had a client who was receiving treatment on the snapshot day (for NSW, SA, ACT and NT	Format 'N' **1** Public prescriber **2** Private prescriber **3** Public/private prescriber **4** Correctional facilities	9

Item no.	Data item	Metadata definition	Cell content	'Not stated' response
		• held an authority to prescribe and had a client who was receiving treatment during the month of June (WA and Tas) • held an authority to prescribe and had a client who was receiving treatment during the collection year (for ACT) • held an authority to prescribe whether or not they prescribed during the collection year (for Vic and Qld).		
4	**Number of clients per prescriber**	Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a snapshot day per pharmacotherapy prescriber identifier.	Format 'N' **11** – 0 Clients **1** – 1-5 Clients **2** – 6-10 Clients **3** – 11-15 Clients **4** – 16-20 Clients **5** – 21-25 Clients **6** – 26-50 Clients **7** – 51-100 Clients **8** – 100+ Clients	Not permitted

Table 3: Dosing Point site unit record file - order of data items

Item no.	Data item	Metadata definition	Cell content	'Not stated' response
1	**Pharmacotherapy dosing point site identifier**	A unique identifier for the dosing point site used for data editing and analysis.	Format 'NNX[X]NNNNN' Jurisdiction specified range. The dosing point site identifier should be created in the following manner: • The two or three character jurisdictional name abbreviation followed by D for dosing point followed by a unique number. • For states with a two character abbreviation, the third character should be 1. • For example, a unique dosing point site identifier for NSW could be NSWD1, or for WA the identifier could be WA1D1. • The dosing point site identifier must be unique to each dosing point site for that collection year.	Not permitted
2	**Dosing point site type**	The dosing point at which the client was provided with pharmacotherapy medication in the context of the type of dosing point in the context of dosing point level data.	Format 'N' **1** Public clinic **2** Private clinic **3** Pharmacy **4** Correctional facilities **5** Hospital **6** Other **9** Not stated	9

Item no.	Data item	Metadata definition	Cell content	'Not stated' response
		This data item refers to the type of physical setting in which the pharmacotherapy drug was provided to a client, regardless of whether the dose was administered on site or taken away.		
3	**Pharmacotherapy dosing point site locality - Statistical area level 2 (SA2)**	The location of the dosing point at the ASGS SA level 2. Geographical location of a site from which a health/community service is delivered, as represented by a code. The location of each pharmacotherapy dosing site where clients receive their pharmacotherapy drug during the collection year.	Format 'NNNNNNNNN' 9-digit valid code as defined in the Australian Statistical Geography Standard (ASGS) Edition 3 (ABS 2021). Indicates the statistical local area of the service delivery outlet within a reporting state or territory	Not permitted
4	**Number of clients per dosing point site**	Total number of pharmacotherapy clients receiving pharmacotherapy treatment on a snapshot day per pharmacotherapy dosing point site identifier.	Format 'N' **11** – 0 Clients **1** – 1-5 Clients **2** – 6-10 Clients **3** – 11-20 Clients **4** – 21-50 Clients **5** – 51-85 Clients **6** – 86-100 Clients **7** – 100+ Clients	Not permitted

A2 - Aggregate level data submission requirements:

Data submissions for the 2023 collection period will require jurisdictions to load their aggregate data into the AIHW Validata tool as .CSV files. Data submitters must use the NOPSAD Validata aggregate data entry sheet to be able to load data into the Validata system successfully. The example tables listed below are presented as separate tabs in the excel template and each will need to be completed. All values in the table will automatically convert into numeric code (in the specific format for the Validata system) and appear in a separate tab; the original data will not be affected.

The newly created tabs containing the converted numeric values will be saved in 4 tabs; labelled *Clients (Export as .csv), Dosing (Export as .csv), Prescriber (Export as .csv), Dosing point SA2 (Export as .csv).*

Once files are saved as .csv format, they can be individually uploaded into the corresponding Aggregate NOPSAD Validata collection.

Table A: Clients receiving pharmacotherapy treatment on a snapshot day, by pharmacotherapy type, 2023

Pharmacotherapy type	Number of clients
Methadone	
Buprenorphine	
Buprenorphine-naloxone	
Buprenorphine LAI	
Total	

Table B: Clients receiving pharmacotherapy treatment on a snapshot day, by pharmacotherapy type and prescriber type, 2023

Prescriber type	Methadone	Buprenorphine	Buprenorphine-naloxone	Buprenorphine LAI	Total
Public prescriber					
Private prescriber					
Public/private prescriber					
Correctional facilities					
Total					

Table C: Clients receiving pharmacotherapy treatment on a snapshot day, by dosing point site and pharmacotherapy type, 2023

Dosing point site type	Methadone	Buprenorphine	Buprenorphine-naloxone	Buprenorphine LAI	Total
Public clinic					
Private clinic					
Pharmacy					
Correctional facility					
Hospital					
Other					
Not stated					
Total					

Note: 'Not reported' refers to clients who received their pharmacotherapy drug at a dosing point before the snapshot day.

Table D: Prescribers, by pharmacotherapy type, 2023

Pharmacotherapy drug type	Number of prescribers
Methadone	
Buprenorphine	
Buprenorphine-naloxone	
More than one type of drug	
Total	

Table E: Dosing point sites, 2023

Dosing point site type	Number of dosing point sites
Public clinic	
Private clinic	
Pharmacy	
Correctional facility	
Hospital	
Other	
Total	

Table F: Clients receiving pharmacotherapy treatment on a snapshot day, by sex and pharmacotherapy type, 2023

Sex	Methadone	Buprenorphine	Buprenorphine-naloxone	Buprenorphine LAI	Total
Male					
Female					
Another term					
Not stated/inadequately described					
Total					

Table G: Clients receiving pharmacotherapy treatment on a snapshot day, by age (years) and pharmacotherapy type, 2023

Age	Methadone	Buprenorphine	Buprenorphine-naloxone	Buprenorphine LAI	Total
Less than 1 year					
1 year					
2 years					
3 years					
4 years					
5 years					
6 years					
7 years					
8 years					
9 years					
10 years					
11 years					
12 years					
13 years					
14 years					
15 years					
16 years					
17 years					
18 years					
19 years					
20 years					
21 years					
22 years					
23 years					
24 years					
25 years					
26 years					
27 years					
28 years					
29 years					
30 years					
31 years					
32 years					
33 years					
34 years					
35 years					
36 years					
37 years					
38 years					
39 years					
40 years					
41 years					
42 years					
43 years					
44 years					
45 years					
46 years					
47 years					

(continued)

(continued) Table G: Clients receiving pharmacotherapy treatment on a snapshot day, by age (years) and pharmacotherapy type, 2023

Age	Methadone	Buprenorphine	Buprenorphine-naloxone	Buprenorphine LAI	Total
48 years					
49 years					
50 years					
51 years					
52 years					
53 years					
54 years					
55 years					
56 years					
57 years					
58 years					
59 years					
60 years					
61 years					
62 years					
63 years					
64 years					
65 years					
66 years					
67 years					
68 years					
69 years					
70 years					
71 years					
72 years					
73 years					
74 years					
75 years					
76 years					
77 years					
78 years					
79 years					
80 years					
81 years					
82 years					
83 years					
84 years					
85 years					
86 years					
87 years					
88 years					
89 years					
90 years					
91 years					
92 years					
93 years					
94 years					
95 years					
96 years					
97 years					
98 years					
99 years					
100 years and older					
101 (Default not stated)					
Total					

Note: 'Not reported' refers to jurisdictions that are unable to report on the age group of clients.

Table H: Clients receiving pharmacotherapy treatment on a snapshot day, by Indigenous status and pharmacotherapy type, 2023

Indigenous status	Methadone	Buprenorphine	Buprenorphine-naloxone	Buprenorphine LAI	Total
Aboriginal but not Torres Strait Islander origin					
Torres Strait Islander but not Aboriginal origin					
Both Aboriginal and Torres Strait Islander origin					
Neither Aboriginal or Torres Strait Islander origin					
Not stated /inadequately described					
Not reported					
Total					

Note: 'Not reported' refers to jurisdictions that are unable to report on the Indigenous status of clients.

Table I: Prescribers, by prescriber type, 2023

Prescriber type	Number of prescribers
Public prescriber	
Private prescriber	
Public/private prescriber	
Correctional facilities	
Total	

Table J: Locality of dosing point site, ASGS SA level 2, 2023

Dosing point site identifier	ASGS SA2 code

Note: Table should be expanded to account for one row per dosing point site.

Table K: Clients receiving pharmacotherapy treatment on a snapshot day, by opioid drug of dependence, 2023

ASCDC code	Opioid drug of dependence	Number of clients
1100	Organic opiate analgesics, n.f.d.	
1101	Codeine	
1102	Morphine	
1199	Organic opiate analgesics, n.e.c.	
1200	Semisynthetic opioid analgesics, n.f.d.	
1201	Buprenorphine	
1202	Heroin	
1203	Oxycodone	
1299	Semisynthetic opioid analgesics, n.e.c.	
1300	Synthetic opioid analgesics, n.f.d.	
1301	Fentanyl	
1302	Fentanyl analogues	
1303	Levomethadyl acetate hydrochloride	
1304	Meperidine analogues	
1305	Methadone	
1306	Pethidine	
1307	Tramadol	
1399	Synthetic opioid analgesics, n.e.c.	
0000	Inadequately described	
0001	Not stated	
0005	Opioid analgesics, n.f.d.	

Note: Only 1 opioid drug of dependence per pharmacotherapy client can be reported.

Table L: Clients receiving pharmacotherapy treatment on a snapshot day, by client status, 2023

Client status	Number of clients
New	
Readmission	
Interstate transfer	
Ongoing	
Not stated	
Not reported	
Total	

Note: 'Not reported' is only to be used in cases where a jurisdiction does not report this data item at all.

Table M: Number of clients receiving pharmacotherapy treatment on a snapshot day per prescriber, 2023

Number of clients	Number of prescribers
0	
1–5	
6–10	
11–15	
16–20	
21–25	
26–50	
51–100	
101+	
Total	

Table N: Number of clients receiving pharmacotherapy treatment on a snapshot day per dosing point site, 2023

Number of clients	Number of dosing points
0	
1–5	
6–10	
11–20	
21–50	
51–85	
86–100	
101+	
Total	

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