

National opioid pharmacotherapy statistics 2014: appendix A and B

Abbreviations

ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
CPOP	Community Program for Opioid Pharmacotherapy
DAPIS	Drug and Alcohol Pharmacy Information System
NOPSAD	National Opioid Pharmacotherapy Statistics Annual Data
NSW	New South Wales
NT	Northern Territory
ODSP	Opioid Dependence Substitution Program
PHDAS	Pharmaceutical Drugs of Addiction System
Qld	Queensland
SA	South Australia
SOSP	Suboxone® Opioid Substitution Program
Tas	Tasmania
Vic	Victoria
WA	Western Australia

Appendix A: Explanatory notes

States and territories administer the Australian opioid pharmacotherapy system, and this appendix provides information about the different policies and guidelines in each jurisdiction. It also includes information about changes to the National opioid pharmacotherapy statistics annual data (NOPSAD) collection since its inception.

Data collection by states and territories

State and territory governments use different methods to collect data about the clients, prescribers and dosing points associated with the opioid pharmacotherapy system. These methods are driven by differences between the states and territories in relation to legislation, information technology systems and resources. Caution should be taken when comparing one state or territory with another. Information on these differences is detailed in the following tables:

- Table A1 – Administrative features of the NOPSAD collection in each state and territory
- Table A2 – Methodological differences for the NOPSAD collection in each state and territory
- Table A3 – Policies and guidelines for opioid pharmacotherapy
- Table A4 – History of data reported for the NOPSAD collection, 2005–2014.

Table A1: Administrative features of the NOPSAD collection in each state and territory

State/territory	Administrative features
New South Wales	Prescribers authorised to prescribe methadone can additionally be approved to prescribe buprenorphine, but not vice versa. Medical practitioners who manage up to 5 clients do not require an approval to prescribe drugs of addiction under Section 28A of the <i>Poisons and Therapeutic Goods Act 1966</i> (NSW) and are not required to complete pharmacotherapy training. Those who are not accredited/approved prescribers may prescribe up to 5 'stable' patients; that is, a patient may be transferred to them, but they cannot induct a person onto treatment.
Victoria	The Victorian pharmacotherapy system is essentially community-based, other than inpatients in hospitals and in prisons. Although a small number of services receive government funding, services are independent bodies and the government does not manage them directly. As of 2013, general practitioners can prescribe buprenorphine-naloxone for up to 5 patients without the need to attend specific training (Vic Health 2013). In addition, changes have been made to allow greater flexibility for prescribers to make collaborative decisions with pharmacists regarding takeaway pharmacotherapy doses. The takeaway doses policy is currently under review.
Queensland	No additional information provided.
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 Drug & Alcohol Office (DAO) and the Chief Executive Officer of Health provides authorisation under the Poisons Regulations 1965, the legislative instrument. Prescriber training is provided for all pharmacotherapies currently available. Community pharmacies are authorised to participate in the Community Program for Opioid Pharmacotherapy (CPOP). The licence holder is responsible for ensuring that all pharmacists dosing clients have completed the pharmacist online training module on the DAO website.

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Table A1 (continued): Administrative features of the NOPSAD collection in each state and territory

State/territory	Administrative features
South Australia	Policies were introduced in 2011 permitting any medical practitioner to be authorised to prescribe buprenorphine-naloxone for up to 5 patients for the treatment of opioid drug dependence. This program is known as the Suboxone [®] Opioid Substitution Program (SOSP). Authorities granted by the Drugs of Dependence Unit are still required to be held before starting treatment with buprenorphine-naloxone, and the usual program rules for all pharmacotherapy programs remain in force. Buprenorphine-naloxone film is the only drug option authorised for this program. A prescriber can treat up to a maximum of 5 patients with buprenorphine-naloxone film before having to undertake accreditation by Drug and Alcohol Services South Australia and formal approval by the Drugs of Dependence Unit to be an accredited prescriber via the Opioid Dependence Substitution Program (ODSP). A prescriber cannot provide treatment with buprenorphine alone or methadone liquid without first being accredited.
Tasmania	In Tasmania, pharmacotherapy training is provided separately for each pharmacotherapy drug.
Australian Capital Territory	All pharmacists are required to attend training in 'Risk Management of the Process of Dosing Opioid Dependent Consumers' before they start dosing clients. The Principal Pharmacist within the Health Directorate's Alcohol and Drug Service conducts this training.
Northern Territory	Prescribers complete an 'Application for authority to prescribe a restricted S8 substance for the treatment of addiction' and submit the form with a photograph of the client to the Department of Health, Poisons Control. A contract between the client, prescriber and supplying pharmacy is also required for all applications for maintenance treatments. The information provided is assessed against data held in the Drug Monitoring System database. Non-standard applications are required to be submitted to the S8 and Restricted S4 Substances Clinical Advisory Committee for advice before a decision can be made on whether to issue the authorisation and whether special conditions need to apply. The prescriber is not permitted to prescribe until they receive a signed authorisation document (usually delivered by facsimile). When the prescriber is no longer treating the client, they are required to notify Poisons Control—this may be done by marking the authorisation/copy of application document as ceased, or by other written advice.

Table A2: Methodological differences for the NOPSAD collection in each state and territory

State/territory	Methodological notes
National	The snapshot day varies between states and territories, but 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; however, not all states/territories are able to count clients receiving a takeaway dose on the snapshot day.
New South Wales	<p>The Pharmaceutical Drugs of Addiction System (PHDAS) is used primarily in the administration of the New South Wales Opioid Treatment Program. The database is used to record the authorisation of doctors to prescribe as part of the New South Wales Opioid Treatment Program. The PHDAS also records client admissions to, and exits from, treatment, as well as details of approved prescribers and dosing points. For these reasons, the PHDAS is characterised by continual fluctuations and data extracted at different times for the same period may not be the same. However, while delays in reporting entries 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 the course of a full year.</p> <p>Clients prescribed buprenorphine-naloxone are counted under 'buprenorphine'.</p> <p>Similarly, New South Wales data collection does not differentiate between prescribers who are authorised to prescribe buprenorphine and those authorised to prescribe buprenorphine-naloxone. Data relating to prescribers refer to active prescribers only.</p> <p>In New South Wales approved and accredited prescribers can prescribe both methadone and buprenorphine (including buprenorphine-naloxone). The numbers provided in Table S15 for New South Wales represent the type of drugs prescribed by active prescribers on 30 June rather than the number of prescribers approved to prescribe each drug type.</p> <p>Data on dosing point sites relate to sites that were dosing at least 1 client as at 30 June 2014. Client data are reported in New South Wales as at 30 June.</p>

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Table A2 (continued): Methodological differences for the NOPSAD collection in each state and territory

State/territory	Methodological notes
Victoria	<p>Data are collected from 2 sources: a half-yearly census of pharmacists who are requested to report the actual number of clients being dosed on a snapshot day, and the permit database, which records information about prescribers authorised to prescribe pharmacotherapy drugs, as well as demographic information about clients accessing pharmacotherapy treatment. These 2 data sources cannot be linked.</p> <p>The number of prescribers in Victoria is determined by adding the number of prescribers registered for that year to the number of existing prescribers.</p> <p>In 2014, data were not provided for age and sex by individual pharmacotherapy drug type. Age and sex data for all pharmacotherapy drugs (combined) were provided. Prior to 2013, Victoria estimated these data.</p> <p>In Victoria, data relating to the Indigenous status of clients are not available.</p> <p>Client data are reported in Victoria on a snapshot day.</p>
Queensland	<p>Data are collected monthly from pharmacists and entered into a central database that Medicines Regulation and Quality manages. Data are also collected from administrative 'Admission' and 'Discharge' forms. Queensland totals may vary slightly due to these data source differences. For example, a client may be counted as registered and having received a dose on the snapshot day, but a dosing point cannot be assigned because the dose consumed on that day was a take-away dose.</p> <p>The total number of prescribers for Queensland includes those from private practice, public clinics, correctional facilities and government medical offices.</p> <p>Client data are reported in Queensland on a snapshot day.</p>
Western Australia	<p>Data are collected from the monthly reports received from pharmacies and other dosing sites authorised to participate in the CPOP. The dosing data are entered into the Pharmaceutical Services Branch's Monitoring of Drugs of Dependence System (MODS) 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.</p> <p>The total number of prescribers includes those treating at least 1 client as at 30 June 2014 in private practice, public clinics and correctional facilities.</p> <p>In Western Australia, data relating to the Indigenous status of clients are not available. Progress has been made towards collecting Indigenous status but it is unlikely to be available in the near future.</p> <p>Client data are 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.</p>
South Australia	<p>Data are collected from the forms 'Application for authority', 'Termination of treatment' and 'Request for additional methadone/buprenorphine takeaway', which are entered into a central database system at the Drugs of Dependence Unit, Medicines and Technology Policy and Programs, SA Health. Information from dispensed prescriptions is also collected electronically from pharmacists on a monthly basis by the Drugs of Dependence Unit.</p> <p>From 2011, data have been collected via a half-yearly survey that pharmacists completed and reported on a snapshot day. From 2014, this survey has been conducted annually. Other data are drawn from the Drugs of Dependence Unit's Drugs of Misuse Surveillance System and are about those clients registered for treatment on the snapshot day (but who may not actually receive treatment on that day).</p> <p>Clients who did not enter a dosing point on the snapshot day are reported as 'other' when describing clients by dosing point site.</p> <p>All tables include ODSP and SOSD clients and prescribers.</p> <p>In South Australia, data relating to prescribers refer to active prescribers only.</p>
Tasmania	<p>Data are collected monthly from pharmacists participating in the Tasmanian Opioid Pharmacotherapy Program, and entered into the Drug and Alcohol Pharmacy Information System (DAPIS). This central database is managed through the Pharmaceutical Services Branch and is a 'live' database, from which a snapshot for any day can be taken. Data from DAPIS are made available for management-style reporting from an intranet-based dashboard system.</p> <p>Client data are reported in Tasmania on a snapshot day.</p>

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Table A2 (continued): Methodological differences for the NOPSAD collection in each state and territory

State/territory	Methodological notes
Australian Capital Territory	Client participation data are collected manually from the Health Directorate's Alcohol and Drug Services spreadsheets and from Medication Administration Chart (MAC) Sheets which the community pharmacies provide every month. Client participation data are also collected via iDose which is an in-house database that contains client dosing information in real time. General practitioner and pharmacy participation data are also collated from the MAC Sheets. Client data are reported on active clients in the Australian Capital Territory on a snapshot day.
Northern Territory	Client data are reported in the Northern Territory on a snapshot day.

Table A3: Policies and guidelines for opioid pharmacotherapy

State/territory	Policies and guidelines for opioid pharmacotherapy
National	<ul style="list-style-type: none"> National pharmacotherapy policy for people dependent on opioids 2007
New South Wales	<ul style="list-style-type: none"> <i>Opioid Treatment Program Clinical Guidelines 2006 for Methadone and Buprenorphine Treatment of Opioid Dependence</i>
Victoria	<ul style="list-style-type: none"> Policy for Maintenance Pharmacotherapy for Opioid Dependence
Queensland	<ul style="list-style-type: none"> Queensland Opioid Treatment Program: clinical guidelines 2012
Western Australia	<ul style="list-style-type: none"> <i>Western Australia Clinical Policies and Procedures for the Use of Methadone and Buprenorphine in the Treatment of Opioid Dependence—3rd Edition</i> Operational Directive 0255/09 Management of CPOP Patients in a Hospital Setting
South Australia	<ul style="list-style-type: none"> Information for medical practitioners acting as a locum for an accredited community ODSP prescriber <i>Guidelines for action to be taken in response to serious breaches of the drug treatment programs—ODSP and SOSp</i> Policy for non-supervised dosing of methadone and buprenorphine in drug treatment programs Policy for split doses methadone in the ODSP Policy relating to the use of buprenorphine in the ODSP Protocol for drug treatment program transfer to South Australia Protocol for drug treatment program transfer interstate/territory Validity of a South Australia prescription for the ODSP in another state/territory Validity of an interstate prescription for the ODSP in South Australia <i>SOSP Guidelines—an information handout for medical practitioners in South Australia</i> <i>Information for a prescriber acting in the absence of the Authority holder (paediatrician) accredited to treat Neonatal Abstinence Syndrome</i>
Tasmania	<ul style="list-style-type: none"> <i>Tasmanian Opioid Pharmacotherapy Policy and Clinical Practice Standards, 2012</i>
Australian Capital Territory	<ul style="list-style-type: none"> <i>The ACT Opioid Maintenance Treatment Guidelines</i>
Northern Territory	<ul style="list-style-type: none"> <i>Northern Territory Schedule 8 and Restricted Schedule 4 Substances Policy and Clinical Practice Guidelines</i>

Table A4: History of data reported for the NOPSAD collection, 2005–2014

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Data form	Aggregated	Aggregated	Aggregated	Aggregated	Aggregated	Aggregated	Aggregated	Aggregated + Unit records	Aggregated + Unit records	Aggregated + Unit records
Data item	Client items									
Age		✓	✓	✓	✓	✓	✓	✓	✓	✓
Sex		Not available in NT	Not available in NT	Not available in NT	Not available in NT	Not available in NT	Not available in NT	✓	✓	✓
Indigenous status		✓	✓	✓	✓	✓	✓	✓	✓	✓
Pharmacotherapy drug type	✓ Methadone and buprenorphine data collected	Not available in Vic, WA, SA, Tas and NT	Not available in Vic, WA, Tas and NT	Not available in Vic, WA, Tas and NT	Not available in Vic, WA, Tas and NT	Not available in Vic, WA, Tas and NT	Not available in Vic, WA, Tas and NT	Not available in Vic and WA	Not available in Vic and WA	Not available in Vic and WA
Prescriber type	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dosing point type	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Opioid drug(s) of dependence				2008 onward, Qld included					✓ Up to 5 drugs for Vic and WA.	✓ Up to 5 drugs for Vic.
Client status				'Other' category to capture clients not physically dosed on snapshot day				✓ Not available in NSW, SA, ACT and NT.	✓ Not available in NSW, SA, ACT and NT.	✓
Clients per dosing point										✓

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Table A4 (continued): History of data reported for the NOPSAD collection, 2005–2014

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
General comments on client data items	SA client data not provided for individual pharmacotherapy drug types. Before 2005, WA reported client data over a 1-year period.			SA revised total number of clients for 2006–2007. This revision resulted in change to overall client numbers.					Vic client age and sex data not provided for individual drug types	Vic client age and sex data not provided for individual drug types
Data item	Prescriber items									
Type						✓	✓	✓	✓	✓
Drug(s) prescribed	✓ Methadone and buprenorphine data collected	✓ Buprenorphine-naloxone collection begins. NSW and Qld do not differentiate between prescribers of buprenorphine and buprenorphine-naloxone	✓ NSW and Qld do not differentiate between prescribers of buprenorphine and buprenorphine-naloxone	✓ 2008 onward, NSW does not differentiate between prescribers of buprenorphine and buprenorphine-naloxone	✓	✓ Vic prescribers numbers revised for 2006–2009	✓	✓ Vic prescribers numbers revised for 2011	✓	✓
Clients per prescriber										✓
Data item	Dosing point items									
Type		✓ From 2006 onward, NSW correctional facility dosing point types are recorded under 1–2 sites	✓	✓	✓	✓ Vic dosing point numbers revised for 2005–06 to 2007–08 334 SA clients did not report dosing point type and were recorded as 'Other'	✓	✓ Vic dosing point numbers revised for 2010–11	✓	✓
Locality								✓	✓	✓
Clients per dosing point										✓

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Table A4 (continued): History of data reported for the NOPSAD collection, 2005–2014

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
General comments								Unit record data were provided by SA, Tas, NT and ACT. Data were not used in the NOPSAD report due to limitations in coverage.	Unit record data were provided by NSW, WA, SA, Tas, NT and ACT.	Unit record data were provided by NSW, WA, SA, Tas, NT and ACT.

Appendix B: Data requests and related data collections

Data requests

The states and territories are the data custodians of information collected through the NOPSAD collection in their respective state or territory. The Australian Institute of Health and Welfare (AIHW) is the data custodian of collated national information obtained from each state and territory. For the AIHW, data custodianship means responsibility for protection, storage, analysis and dissemination of the data in accordance with the purpose for which the data were collected, the *Australian Institute of Health and Welfare Act 1987*, other legislation and relevant privacy principles.

Data requests to the AIHW can be made for summarised aggregate tables. Unit record data for 2012, 2013 and 2014 may be available for some jurisdictions on request.

Additional information about the collection can be found in the NOPSAD 2014 data guide, which is available by contacting the AIHW <www.aihw.gov.au/alcohol-and-other-drugs/nopsad/>.

Related data collections

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

- **Alcohol and Other Drug Treatment Services National Minimum Data Set**
Australian Institute of Health and Welfare
<www.aihw.gov.au/alcohol-and-other-drugs/aodts/>
- **National Drug Strategy Household Survey**
Australian Institute of Health and Welfare
<www.aihw.gov.au/alcohol-and-other-drugs/ndshs/>
- **The health of Australia's prisoners 2012**
Australian Institute of Health and Welfare
<www.aihw.gov.au/publication-detail/?id=60129543948>
- **Pharmaceutical Benefits Scheme**
Department of Health and Ageing
<www.pbs.gov.au/info/browse/statistics>.