Pharmaceutical Drugs of Addiction System (PHDAS) Collection – Methadone Subsystem Variable checklist

The variables listed below are available subject to data custodian and ethical approval. Please indicate the variables requested and provide justification for their inclusion in your study.

|  | Variable | Justification |
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|  | Patient’s residential address – postcode |  |
|  | Patient’s date of birth / age (age only unless justification for date of birth provided) |  |
|  | Patient’s sex |  |
|  | Patient’s indigenous status |  |
|  | Patient’s country of birth |  |
|  | Patient’s program number |  |
|  | Program start date |  |
|  | Program end date |  |
|  | Type of program |  |
|  | Transfer indicator |  |
|  | Transfer jurisdiction (previous state/territory) |  |
|  | Reason patient ended program |  |
|  | Last dosage on ending program |  |
|  | Patient’s principal source of income |  |
|  | Patient’s primary opioid drug of dependence |  |
|  | Patient’s other drug problem 1 |  |
|  | Patient’s other drug problem 2 |  |
|  | Patient’s other drug problem 3 |  |
|  | Pregnancy indicator |  |
|  | Patient or opioid-using partner HIV-positive |  |
|  | Patient’s starting dose |  |
|  | Date from which doctor’s authority to prescribe is valid |  |
|  | Date on which doctor’s authority to prescribe expires |  |
|  | Maximum dose authorized |  |
|  | Code assigned to doctor’s practice location |  |
|  | Sector of doctor e.g. public, private |  |
|  | Speciality or designation of doctor |  |
|  | Doctor’s type of authorisation to prescribe |  |
|  | Postcode of doctor’s practice |  |
|  | State of doctor’s practice |  |
|  | Date on which patient commenced being dosed at a particular administration point |  |
|  | Date on which patient finished being dosed at a particular dosing point |  |
|  | PHDAS code for an administration point |  |
|  | Type of administration point |  |
|  | Health sector of the administration point |  |
|  | Postcode of administration point |  |

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| Other/comments |
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