Pharmaceutical Drugs of Addiction System (PHDAS) Collection – Non 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 |
| --- | --- | --- |
|  | Patient’s residential address – postcode |  |
|  | Patient’s date of birth / age (age only unless justification for date of birth provided) |  |
|  | Patient’s sex |  |
|  | Code of first listed drug on authority |  |
|  | Code of second listed drug on authority |  |
|  | Code of third listed drug on authority |  |
|  | Directions for first listed drug |  |
|  | Directions for second listed drug |  |
|  | Directions for third listed drug |  |
|  | Specialty or designation of doctor |  |
|  | Postcode of doctor’s practice |  |
|  | Application date for authority to prescribe |  |
|  | Date on which authority was issued |  |
|  | Expiry date of authority issued |  |
|  | Date on which authority was revoked if applicable |  |
|  | Patient’s diagnosed health problem |  |

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| Other/comments |
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