

People dispensed a strong opioid who had a public hospital event in the 8 days prior to dispensing, rate per 1,000

Te Tāhū Hauora
Health Quality & Safety
Commission



Source: [/measure/people-dispensed-strong-opioid-who-had-public-hospital-event-8-days-prior-dispensing-rate](#)

Description

This indicator shows the number and rate per 1,000 of the PHO-enrolled population who had received a strong opioid and had a public hospital event in the eight days prior to dispensing of a strong opioid during the calendar year. Data is presented by year (2019 to 2023), ethnic group, age, gender and health district.

Rationale

All people starting a strong opioid will have a medical reason for doing so, and it is likely that many go to hospital. People receiving a strong opioid without a hospital event are expected to have received their prescription from either a private hospital or their GP. A trigger event was defined as any public hospital inpatient or outpatient event that occurred no more than eight days before a strong opioid was dispensed. Only events occurring in public hospitals were included.

Measure set

[Opioids domain](#)

Health areas and conditions

[Hospital](#)

[Medications](#)

Measure type

Count

Other

Numerator

PHO-enrolled population having a 'trigger event' in National Minimum Dataset (NMDS) or National Non-Admitted Patients Collection (NNPAC) in the eight days prior to first dispensing of a strong opioid.

Numerator detail

A trigger event was defined as any public hospital inpatient or outpatient event that occurred no more than eight days before a strong opioid was dispensed. Only events occurring in public hospitals were included.

Denominator

PHO-enrolled population who were dispensed a strong opioid, excluding those dispensed for opioid substitution treatment.

Data sources

National Minimum Dataset (NMDS)

National Non-Admitted Patient Collection (NNPAC)

Pharmaceutical Collection (PHARMS)

PHO Enrolment Collection

Disaggregation

District analysis: By year (2019 –2023), age group (0–24, 25–64; 65–79 and 80 and over), gender (female, male), ethnic group (Māori, Pacific peoples, Asian and European/Other) and Health New Zealand district of domicile.

PHO analysis: By year (2023), age group, gender, ethnic group, Primary Health Organisation (PHO) most recently enrolled with (for the relevant year), PHO group (small, medium, medium-large and large).

Notes

People who were excluded from the analysis were:

- individuals with missing demographics– that is, those with no recorded value for one or more of the National Health Index (NHI) fields used to derive the demographic variables of interest (age, gender, ethnicity and district of domicile). For instance, a person with no recorded ethnicity in 2023 is excluded from all indicators for that calendar year. This approach ensures a consistent denominator throughout the analyses.
- those who weren't enrolled in a PHO in the calendar year.

Data is not presented where the number of people in the numerator was less than 10. This is to preserve confidentiality.

Age group is assigned using 30 June of each calendar year as the cutoff point. For example, a person turning 65 years old on 30 June 2023 will be assigned to the 65–79 years age group for 2023, while a person turning 65 on 1 July 2023 will be assigned the 25–64 group for the

same year..

Unlike other atlases, the Opioid Atlas includes individuals who died during the calendar year in all indicators. This is because opioid use is higher among older adults and those in the final stages of life, due to chronic conditions, pain management, and palliative care needs. Including them ensures a complete and accurate picture of opioid exposure.

See technical document for details

Responsible organisation(s)

Health Quality & Safety Commission | Te Tāhū Hauora

Measure methodology last updated

November 2025

Reference period

2019-2023