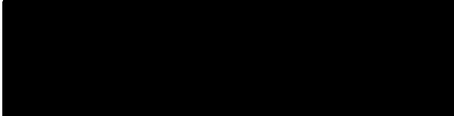
Waitemata
District Health Board

Best Care for Everyone

Specialist Mental Health and Addiction Service
Level 3, 44 Taharoto Road
Private Bag 93-503, Takapuna
Auckland 0622
Telephone: (09) 487-1500
Freephone: 0800 80 9342
Facsimile: (09) 487-1333
Visit: www.waitematadhb.govt.nz

10 April 2019



Dear

Re: Official Information Act request – Information regarding admissions for opioid use and recovery programmes

Thank you for your Official Information Act request received by Waitemata District Health Board (DHB) on 21 March 2019, requesting information regarding admissions for opioid use and recovery programmes. You contacted us with a further clarification on 27 March 2019 when we clarified that you intended for this request to cover opiates as well as opioids. We can confirm that, as all opiates are opioids, opiates are included in this response.

Before responding to your specific questions, it may be useful to provide some context about our services to assist your understanding. Waitemata DHB serves a population of more than 630,000 people. Our Specialist Mental Health and Addiction Service is the largest service of this kind in the country, by volume of service-users seen. It comprises Adult Mental Health Services, Child Youth and Family Mental Health Services, Takanga a Fohe (Pacific mental health and addictions), Whitiki Maurea (Kāupapa Māori mental health and addictions), the Regional Forensic Psychiatry Service (covering Northland and greater Auckland regions) and Community Alcohol and Drug Services (CADS). All of our addictions services cover the Auckland region. Please note that the response to question three covers Auckland DHB and Counties Manukau DHB as Waitemata DHB is the metro Auckland provider of addictions services.

We have endeavoured to answer all of your questions below. We have explained where information cannot be provided because it is not collected by Waitemata DHB.

1. ***What is the number of hospital admissions for opioid use, abuse or overdose, annually, since 2015 in your region? Could you please provide me, if possible, with the age, ethnicity and sex for each of these patients?***

Over the three years from 2015 to 2017, there were a total of 1,762 unique hospitalisations (~590/year) to Waitemata DHB hospitals that were classified with at least one opioid-related harm code which was originating from the community. This includes ALL types of opioid-related harm whether they are unintentional or intentional, preventable (e.g. medication error) and non-preventable (e.g. side-effects).

While the number of opioid-related hospitalisations appears high, relative to the total number of patients seen at Waitemata DHB hospitals each year (125,000/year), the rate is relatively low at 0.47% of hospitalisations as shown in the table below. Please note that 2018 data is not available yet.

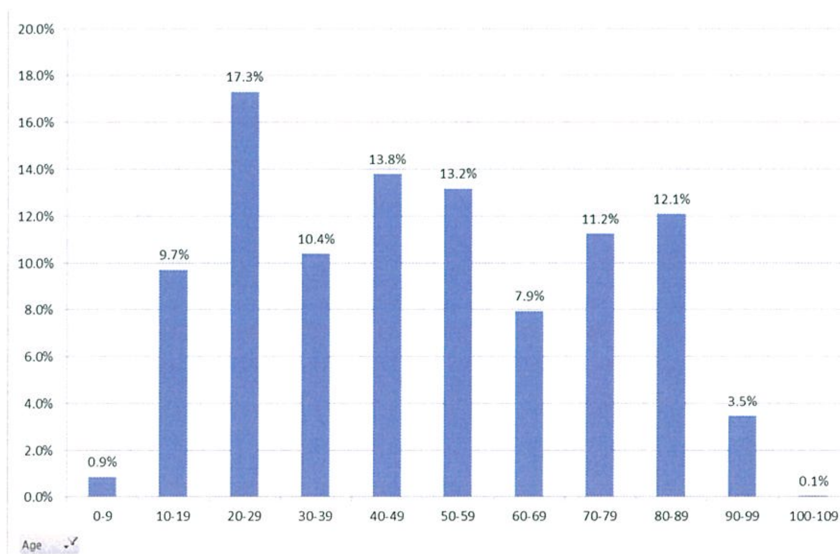
Table: The number of Waitemata DHB hospital admissions for opioid use, abuse or overdose from January 2015 to December 2017

Year	Total hospitalisations for opioid harm originating in the community	Total hospitalisations	Rate of opioid harm originating in the community
2015	574	119442	0.48
2016	562	125548	0.45
2017	626	129100	0.48
Total	**1762**	**374090**	**0.47**

2. Could you please provide me, if possible, with the age, ethnicity and sex for each of these patients?

Of the total 1,762 hospitalisations classified with at least one opioid-related harm code originating from the community, the average age was 50 years old. The distribution of ages is shown in the figure below.

Figure: Percentage age distribution of Waitemata DHB hospitalisations classified with at least one opioid-related harm code occurring in the community, 2015-2017 (n=1,762 hospitalisations)*



**Age data has been provided in 10-year brackets to prevent the potential identification of individual patients.*

The ethnicity of the hospital admissions is broken down in the table below.

Table: Ethnicity of hospitalisations classified with at least one opioid-related harm code occurring in the community 2015-2017

Ethnicity	No. of hospitalisations	Percentage (%)
European	1351	76.67%
Maori	232	13.17%
Asian	78	4.43%
Pacific	63	3.58%
Other	38	2.16%
Total	**1762**	**100.00%**

The gender of these hospital admissions is broken down in the table below.

Table: Gender of hospitalisations classified with at least one opioid-related harm code occurring in the community 2015-2017

Gender	No. of hospitalisations	Percentage (%)
Female	1064	60.39%
Male	698	39.61%
Total	**1762**	**100.00%**

3. Does the DHB provide any help for those addicted to opioids, such as recovery programmes? If so, could you please provide details of these programmes, as well as the current number of people enrolled in your region?

The Auckland Opioid Treatment Service, which is operated by Waitemata DHB as part of CADS, provides a community-based treatment service, often in shared-care arrangements with a GP. The CADS Auckland Opioid Treatment Service is the regional gazetted service to provide Opioid Substitution Treatment (OST) as per the 2014 Ministry of Health NZ Opioid Substitution Treatment Practice Guidelines and Section 24 of the 1975 Misuse of Drugs Act[1]. OST is the only programme that is solely related to opioid-related reasons. All other CADS programmes also provide treatment for a range of other substance-related conditions. Supervision for reduction or withdrawal opioid regimes is provided by both the CADS medical inpatient detoxification unit or CADS Community Home Detoxification Service (CHDS).

[1] As per New Zealand Practice Guidelines for Opioid Substitution Treatment the treatments provided by AOTS include (but are not limited to):

- comprehensive assessment for substance-use and related issues
- individualised treatment planning within an integrated and recovery- and wellbeing-focused model
- stabilisation on an adequate individualised dose of opioid substitution medication
- provision of specialist interventions to minimise the harms associated with continued opioid and other substance use
- recovery planning and provision of appropriate psychosocial support to assist clients and their families and whānau to build and maintain recovery capital
- facilitating the transfer of stabilised clients to the care of their primary care provider
- screening, advice and treatment, or referral for treatment, for clients with co-existing medical problems
- assessment and treatment or referral for treatment of clients with co-existing mental health problems
- consultation with and referral to health care and social service-providers, including peer support and advocacy services
- assisting clients to withdraw from OST medication as appropriate.

In the tables below, we have provided information on the volume of people currently engaged in DHB-provided treatment programmes in the Auckland region, the volume of people already receiving or referred for DHB-provided Opioid Substitution Treatment (OST) in the years since 2015 and the monthly average volume of people engaged with non-governmental organisations (NGO) recovery programmes for the three months from October to December 2018.

Table: Volume of people involved in Waitemata DHB-provided opioid treatment and recovery programmes (Auckland metro region) as at 28 February 2019

Type of Programme	Description of the programme	Volume of people currently engaged in the programme for opioid-related reasons
Opioid Substitution Treatment (OST)	Opioid Substitution Treatment provided by AOTS, CADS	1138 (including 474 in shared-care with GP and six accessing a CADS Managing Mood Group)
Medical Detoxification Inpatient Unit	10-bed inpatient unit for medically assisted withdrawal at Pitman House – stays are usually 5-7 days.	No current patient with any diagnosis relating to opioid abuse or dependence
Community Home Detoxification Service (CHDS)	Community and Home Detoxification Service	Seven with primary diagnosis of opioid-dependence (out of 171 with any diagnosis relating to opioid use)

Table: Volume of existing clients and new GP and specialist referrals to AOTS 2015-2018 (Auckland metro region)

Year	Number of existing clients and new referrals
2015	1407
2016	1435
2017	1464
2018	1475
Total	**5781**

Table: Average monthly volume of people attending NGO recovery programmes for the three months September to December 2018 (Auckland metro region) who identified opioids as their primary drug of choice and the reason for their admission

Type of Programme	Description of the programme	Average monthly volume of people engaged in the programme for opioid-related reasons
Auckland City Mission	Social-detoxification for assisted withdrawal: 10 beds	1
Odyssey	Therapeutic community: Adult (30 beds), young adult (14 beds), child and adolescent and youth services (nine beds), co-existing disorders (10 beds) and whānau service (10 beds)	1
Higher Ground	Therapeutic community: 30 beds	2
Salvation Army	Community reinforcement approach: 50 beds	1
Wings	Pre and post-treatment and accommodation: 35 Beds	2

4. Does the DHB keep records of opiate prescription rates, i.e. how many times opiates are being prescribed on an annual basis in your region? If so, can you please provide me with the number of times opiates are prescribed on an annual basis since 2015? Could you please include which opiates are being prescribed?

Waitemata DHB is unable to provide data on the number of times opiates are prescribed in the Waitemata DHB region annually because the data does not exist in this form. In community settings, it is generally dispensing that is measured, as dispensing is considered have better reliability than community prescribing data. This is because some prescriptions are still hand-written and not easily reported on and patients might be 'prescribed' a medicine but do not get the prescription filled at a pharmacy. The Health Quality Safety Commission reports on opioid dispensing rates (i.e. what patients obtain) nationally. This data is publicly available via and can be accessed through these links: https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/opioids; https://public.tableau.com/profile/alexis.wevers#!/vizhome/Opioidssinglemapv1/HQSCAtlasofVariationOpioids.

Waitemata DHB does collect some reportable data for opiate prescription rates for hospital-based care. In the hospital setting, opioid prescriptions are recorded in electronic prescribing systems which have been gradually implemented across Waitemata DHB hospitals over the last four years. Electronic prescribing is still to be implemented in some areas of the hospital. The table below contains the available data for all Waitemata DHB hospital prescribing where electronic prescribing is fully implemented, by hospitalisation episode. Data is not available for 2015 and 2016 when the electronic system implementation was being initiated across Waitemata DHB.

Table: Electronic prescriptions for opioids in Waitemata DHB hospital settings by hospitalisation episode, where data is available

Year	Total hospitalisations where opioid prescribed	% of hospitalisations where opioid prescribed
2017	37,236	29%
2018	37,980	29%

There are over 200 different opioid combinations prescribed. The 10 most-commonly prescribed opioid medicines in Waitemata DHB hospitals are shown in the table below.

Table: Opioid medicines prescribed in Waitemata DHB hospital settings, where data is available[2]

Opioid medicine type and formulation	Total number of times prescribed	% of all opioids prescribed
Morphine 10mg/10mL Injection	30802	15.41%
Codeine Tablet	28997	14.50%
Sevredol Tablet 10 mg	27077	13.54%

[2] As can be seen from the table, the most-commonly prescribed opioid in Waitemata DHB hospitals is morphine 10m/10mL– this intravenous formulation is commonly used for acute management of pain on an "as-required" basis (e.g. post-surgery) in accordance with our acute pain management opioid protocol. Intravenous formulations of morphine are commonly used for acute pain management because the onset of action is rapid and doses can be titrated more-precisely in accordance to a patient's level of pain, so the amount of opioid used is minimised. The effects are relatively shorter-lasting. The next two most-commonly prescribed opioids are codeine and sevredol® (morphine sulphate) which are taken orally. In contrast to the morphine 10mg/10mL, where the onset of action is rapid but effects shorter-lasting, the two oral formulations have a relatively longer onset of action but last longer. A common scenario, for example post-surgery acute pain, is that a patient may be initially prescribed and administered intravenous opioids in conjunction with non-opioid analgesia (e.g. paracetamol and ibuprofen). If there is ongoing pain or a requirement for larger doses of intravenous opioids, an oral formulation of opioids is provided to help patients better-control their pain. Tramadol is also commonly used – with the intention for lesser requirements for stronger opioids (e.g. morphine, oxycodone). Oxycodone and fentanyl-use is also common but tend to be reserved for those with renal impairment, such as those with renal disease or the elderly. The population that Waitemata DHB serves means that a large number of our patients are elderly or have renal impairment and it is commonly appropriate for oxycodone/fentanyl to be used in these contexts. Pethidine is most-commonly used by midwives to help manage pain in maternity patients undergoing labour.

Tramadol	22763	11.39%
Oxycodone Modified Release Tablet	13608	6.81%
OxyNorm Capsule 5 mg	8463	4.23%
Fentanyl 100mcg/10mL Injection	8269	4.14%
Pethidine Injection	8235	4.12%
Morphine Modified Release Capsule	8124	4.06%
Oxycodone Oral Liquid	8090	4.05%

I trust this information will satisfy your request. Waitemata DHB, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare.

This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider this.

Yours sincerely

Dr Susanna Galea-Singer
Director
Specialist Mental Health & Addictions Services

Cath Cronin
Director Hospital Services
Waitemata District Health Board