

10 August 2020

[REDACTED]

Dear [REDACTED]

Re: OIA request – CADS policy and guidelines regarding bodysearches

Thank you for your Official Information Act request received 23 July 2020 seeking information about Community Alcohol and Drug Services (CADS) policy and guidelines regarding body searches at Waitematā District Health Board (DHB).

Please note that Waitematā DHB operates CADS on behalf of the three metro Auckland DHBs. Our responses to your questions are provided below.

What are the policies and guidelines for CADS to search clients bodies for needle marks and who can, when they can, and who should/can't be present and the process to gain informed consent from client first and what can be done if client refuses?

There are no policies or guidelines in place at CADS specifically about searching people's bodies for needle marks. However, a physical examination by a doctor is a routine part of the admission process to the detoxification or opioid substitution programmes and injection sites may be discovered as part of this examination.

Consent is routinely sought for physical examinations. For the Auckland Opioid Treatment Services (AOTS), information about the treatment and the conditions for being on opioid substitution treatment (OST) are fully explained to the person with a consent to treatment document signed before treatment starts (See Appendix A).

OST and other treatments for addictions involving the prescribing of controlled drugs (such as opioids) is highly regulated by legislation (e.g. Misuse of Drugs Act 1975 & amendments) and the Ministry of Health New Zealand Practice Guidelines for Opioid Substitution Treatment (2014).

OST can only be delivered within the parameters of legal and clinical safety requirements. All AOTS procedures and treatments are underpinned and guided by these requirements along with others, such as the NZ Health and Disability Standards and the Consumer Code of Rights. OST involves the ongoing assessment of risky behaviours such as intravenous drug use.

Ongoing physical examination is often unnecessary due to open reporting of any intravenous drug-use by the person. If there are ongoing physical examinations these are usually conducted in the presence of the person's key worker or a nurse and may require examination of common injection site areas.

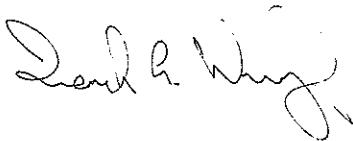
If a person declines to have a physical examination, then one will not be conducted. However, the person will be made aware that this may result in their OST treatment being stopped because of the potential risk of overdose.

I trust that this information is helpful.

Waitematā DHB supports the open disclosure of information to assist community 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 consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Derek Wright', written in a cursive style.

Derek Wright
Director Specialist Mental Health & Addictions Services
Waitematā District Health Board



Community Alcohol & Drug Services
(CADS) - Auckland



Client name: _____
DOB: NHI: _____

Auckland Opioid Treatment Service

Client Consent to and Terms of Opioid Substitution Treatment

I have received information on my rights and responsibilities as a client and about how my health information is collected and used and have had an opportunity to discuss this. _____ (Initial)

I have read the information explaining the risks and benefits of as an opioid substitution treatment provided by Auckland Opioid Treatment Service (AOTS). I am aware that the risks of taking opioid substitution treatment may include:

- effects on the foetus during pregnancy
- interaction with alcohol and other drugs
- driving and operating of heavy machinery when my dose is being increased
- risks of overdose
- effects on the heart

I have had an opportunity to discuss this information with (keyworker). _____ (Initial)

I understand that I will become physically dependent on the above opioid substitution treatment. If abruptly discontinued, withdrawal symptoms will result. _____ (Initial)

I understand and agree that my photograph will be taken and stored electronically for printing on documents where identification is necessary, such as pharmacy letters. _____ (Initial)

I need to:

Provide AOTS with my current residential address and telephone number and notify AOTS of any changes to this _____ (Initial)

Attend appointments and treatment reviews, the frequency of which will be determined by clinical need, with:

- My key worker, and,
- The AOTS doctor (or General Practitioner, if in Shared Care)

Not attending these may lead to the service reviewing my treatment. _____ (Initial)

Be reassessed by the doctor before a dose can be administered if I have missed consuming three or more consecutive doses. _____ (Initial)

Complete diagnostic tests as required (e.g. urinalysis / blood tests).

Advise AOTS (or ask someone to do so) if possible, if I am hospitalised _____

Client name:
DOB: NHI:

I understand that:

- My GP, pharmacist and the service will need to liaise and exchange information relevant to my opioid substitution treatment (Initial)
- If I appear to be intoxicated, my dose may be withheld for reasons of safety. (Initial)
- AOTS may initiate my withdrawal from treatment if indicated, for instance:
 - If it is considered to be medically unsafe for me (e.g. significant overdose or intoxication) or if OST appears ineffective for me
 - If I do not maintain safety requirements at AOTS (e.g. diversion, not attending medical appointments regularly)
 - If my use/misuse of OST is a risk to others (e.g. supplying others with my OST)
 - If I pose a threat to other's safety (e.g. if I threaten or attempt to intimidate staff) (Initial)
- I understand that I will move to Shared Care when indicated by the Service, at which time my GP will begin to prescribe my treatment whilst AOTS remains available to support me. (Initial)
- These terms may from time to time be reviewed in line with Ministry of Health guidelines and protocols and as service policy changes. I understand that AOTS has a client pathway which I am entitled to read for comprehensive understanding of AOTS treatment. (Initial)

Client consent

Having understood the above, I agree to accept the terms of opioid substitution treatment from AOTS.

Signature: Date:.....

Print full name: Date of birth:

Clinician

Keyworker / doctor's signature: Date:

Print full name: