

20 May 2019

Response to a request for official information

Thank you for your request for official information received 21 March 2019 by Nelson Marlborough Health (NMH)¹, followed by the necessary extension of time 18 April 2019, where you seek the following information:

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?***

The definitions below have guided our decision making in determining what constitutes an 'opioid-related hospital admission'.

Definition of opioid use/misuse/overdose: Admissions relating to opioid use/misuse/overdose are herein interpreted as those clinically coded with a diagnosis of F11.0 to F11.9, or T40.0 to T40.3 inclusive in ICD-10-AM. Such diagnoses include acute intoxication, poisoning, withdrawal, opioid dependence syndrome, and other mental and behavioural disorders due to opioid use. Collectively, we refer to these as 'opioid-related diagnoses'.

Definition of admission: Admissions to hospital are herein defined as patients admitted to an inpatient ward of the hospital. This definition is noted because it differs from the Ministry of Health (MOH) definition of an admission, which includes Emergency Department (ED) presentations that exceed three hours even if the patient is discharged home. The MOH definition varies through time based on ED workload as discharge from ED may be delayed by factors other than patient acuity, whereas the stricter definition only reflects cases where clinical judgement has determined a need for admission, of which we interpret to be the basis of your request.

Definition of an opioid-related admission: Cases are included using diagnosis and admission definitions above, where the opiate-related diagnosis is coded as the *principal diagnosis*. It is worth noting that other admissions have opiate-related diagnoses attached to them, but the principal diagnosis is not opioid-related (although it may relate to poisoning by other drugs).

Definition of ethnicities: Single ethnicities are given for each person using MOH priority rankings. Thus, a patient identifying as both Māori and New Zealand European is identified as Māori. This avoids double-counting individuals.

¹ Nelson Marlborough District Health Board

Table 1. Opioid-related hospital admissions

Year	Opiate-related admissions
2015	13
2016	10
2017	12
2018	16
2019 (to end Feb)	<5*

* Due to low numbers the exact number is withheld to maintain the privacy of natural persons.

Table 2. Patient demographics for opioid-related hospital admissions using MOH prioritised ethnicities, 2015 to end-February 2019

Age	Ethnicity / gender					
	European		Maori		Other/not stated	
	Male	Female	Male	Female	Male	Female
0-24	6	7	<5*	<5*	0	0
25-44	5	10	<5*	<5*	0	0
45-64	5	5	<5*	<5*	0	<5*
65-84	0	<5*	0	0	0	0
85 and over	0	0	0	0	0	0

* Due to low numbers the exact number is withheld to maintain the privacy of natural persons.

NMH declines to release all figures in Tables 1 and 2 under Section 9(2)(a) 'to protect the privacy of natural persons, including that of deceased natural persons'. In the circumstances, the withholding of that information is not outweighed by other considerations which render it desirable, in the public interest, to make that information available.

2. ***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?***

Our Mental Health and Addiction Service provides an Opioid Substance Programme of which 320 people are currently engaged.

3. ***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?***

NMH does not have retrievable data available to provide a realistic picture of opiate prescription rates, although you may be interested in referring to the Health Quality and Safety Commission Atlas of Healthcare Variation – Opioid <https://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/opioids/> which gives a consistent overview on the use of opioids, by DHB.

This response has been provided under the Official Information Act 1982. You have the right to seek an investigation by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or free phone 0800 802 602.

If you have any questions about this decision please feel free to email our OIA Coordinator OIArequest@nmdhb.govt.nz

Please note that this letter (with your personal information removed), or an edited version of this letter, may be published on the Nelson Marlborough Health website.

Yours sincerely

A handwritten signature in dark ink, consisting of a series of loops and a long horizontal stroke.

Dr Peter Bramley
Chief Executive

cc: Ministry of Health via email: SectorOIA@moh.govt.nz