

10 February 2015

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Shane Le Brun

Via email to fyi-request-2394-5b45fc14@requests.fyi.org.nz

Ref: H201500068

Dear Mr Le Brun,

Response to your request for official information

Thank you for your request of 13 January 2015 to the Ministry of Health (the Ministry) under the Official Information Act 1982 (the Act) for information on deaths attributable to overdose on opiates, opiate deaths related to chronic pain disorder, naloxone administration for opiate overdose in New Zealand and low oxygen saturation events.

Information about deaths attributable to opiate overdose of people suffering from chronic pain disorder, naloxone administration for opiate overdose in New Zealand, and low oxygen saturation events is not held by the Ministry. Therefore, this part of your request is refused under section 18(g) of the Act, as the Ministry does not hold this information and does not have grounds to believe this is held by another department, or Minister of the Crown or organisation, or by a local authority.

However, the Ministry is able to provide some information to answer your first question based on specific analysis completed for the National Drug Intelligence Bureau's 2013 Illicit Drug Assessment. This publication is for internal use within the New Zealand Customs Service, Ministry of Health and New Zealand Police.

Since 2004 how many deaths have been attributable to overdose on opiates, or opiates in combination with another class of drug?

Opioids-related mortality¹

Opioids are more often the cause of death through overdose (both intentional and unintentional). If taken as directed by the prescriber, opioids can manage pain safely and effectively. However, when abused, even a single large dose can cause severe respiratory depression and death.ⁱ

The number of deaths where opioids were present rose significantly between 2004 and 2010, all together totalling 429, with an additional three suspected cases. Of these, 50% were overdoses (4% intentional, 4% unintentional and 42% unknown). Where a drug is specifically mentioned in the clinical notes, the most common present at time of death were (in order): morphine, codeine, methadone, Zopiclone®, and diazepam. In 47% of cases there were either no clinical notes or it's not clear from the notes why they died (however they had opioids in their system). There were more deaths for

people in older age groups for opioids than for other drugs, with 85% aged 30 or above. Males accounted for 59% of opioid deaths.

Accompanying footnote:

¹ This data and analysis has been provided by the Ministry of Health. Due to limitations around how mortality data is recorded, the conclusions here should be considered an indication only, of the number of deaths where drugs were present and may have been a factor in the death. Data is only available up to and including 2010.

Source: National Drug Intelligence Bureau.(2013). *Illicit Drug Assessment*. IN CONFIDENCE.

This analysis looked at information in the coding notes recorded on the death record from the Ministry's mortality collection. Where notes are reported, they provided details of the drug, the method of poisoning e.g. overdose, and if any intent was noted.

Of these deaths, how many were patients identified as suffering from a chronic pain disorder, and overdosed on legitimately prescribed opiates, instead of recreational/abuse deaths, i.e. heroin, diverted medications etc.

The Ministry does not collect this information.

Since 2004 how many emergency administrations of naloxone have been conducted for opiate overdose in NZ.

The Ministry does not collect this information.

Of these administrations of naloxone, how many were patients identified as suffering from a chronic pain disorder, and having legitimate instead of recreational/abuse overdoses, i.e. heroin etc.

The Ministry does not collect this information.

Are low oxygen saturation events recorded? If so, what is the threshold for an event to be recorded?

Could I please have an annual count of low oxygen saturation events (close calls with overdose) attributable to opiates, or Opiates in combination with another class of drug, which occurred in patients who were not undergoing surgery at the time of the vent eg, emergency departments, orthopedic and neuro wards trying to manage patient analgesia.

The Ministry does not collect this information.

I trust you find this information is useful. You have the right, under section 28 of the Act, to ask the Ombudsman to review the decision to refuse part of your request. Information about making a complaint is on the website of the Office of the Ombudsman (www.ombudsman.parliament.nz). The Office can also be contacted on freephone 0800 802 602.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Hundleby', with a stylized flourish underneath.

MP Michael Hundleby,
Acting National Director, National Health Board