

7<sup>th</sup> February 2012

Mr Tim Easton  
fyi-request-692-589cb1a5@requests.fyi.org.nz

Dear Mr Easton

## **OFFICIAL INFORMATION ACT REQUEST- OPIOID SUBSTITUTION TREATMENT**

You have requested under the Official Information Act 1982 details about opioid substitution treatment.

The majority of the information you have requested either does not exist or is publicly available on the Ministry of Health website.

I have noted your questions below, along with answers to each.

### **1. Official Information Act requests relating specifically to OST in 2012**

None.

### **2. The number of people receiving OST by year 2009-12**

This information is published annually in the *Office of the Director of Mental Health Annual Report*. The 2009, 2010 and 2011 Annual Reports can be viewed or downloaded for free from the Ministry of Health website: <http://www.health.govt.nz/>

The number of people who were receiving OST as of 30 June 2012 as reported to the Office of the Director of Mental Health was 5018.

### **3. The number of people ceasing OST during 2012, by month, and reason**

Information on the number of people ceasing OST is reported every six months and published annually. Information collected about the reasons that people cease OST is limited to whether the cessation is client or service initiated or the result of a client's death.

The *Office of the Director of Mental Health Annual Report 2011* contains this information for the period 2008-11 and can be viewed or downloaded for free from the Ministry of Health website: <http://www.health.govt.nz/>

The number of people who ceased OST in 2012 is not yet available but will be published in the *Office of the Director of Mental Health Annual Report 2012* in the last quarter of 2013.

#### **4. Ministry of Health OST guidelines or protocols or memorandums**

The delivery of OST is governed by the following clinical and operational guidelines:

- *Practice Guidelines for Opioid Substitution Treatment in New Zealand 2008*
- *New Zealand Clinical Guidelines for the Use of Buprenorphine (with or without Naloxone) in the Treatment of Opioid Dependence 2010*
- *National Guidelines: Interim Methadone Prescribing 2007*
- *Prison Opioid Substitution and Managed Withdrawal Protocol 2007*

All of the above OST guidelines can be viewed or downloaded for free from the Ministry of Health website: <http://www.health.govt.nz/>

#### **5. Internal studies or research conducted into opiate addiction in New Zealand commissioned by the Ministry of Health from 2009**

None.

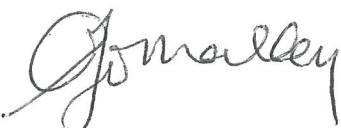
#### **6. Any briefing given to the Minister of Health regarding OST during 2012**

The Ministry of Health briefed the Associate Minister of Health on one issue regarding OST in 2012. Attached is the briefing given to the Associate Minister of Health on PHARMAC's approval of buprenorphine with naloxone for full funding from 1 July 2012 for the treatment of opioid addiction.

Deletions have also been made to the briefing in accordance with section 9(2)(a) of the Act to protect the privacy of natural persons.

You have the right under section 28(3) of the Act to request the Ombudsman to investigate and review this decision.

Yours sincerely



Cathy O'Malley  
Deputy Director-General  
Sector Capability and Implementation Business Unit

## Buprenorphine with Naloxone (Suboxone) Approved by PHARMAC

PHARMAC has announced that the controlled drug, buprenorphine with naloxone (Suboxone), will be fully funded from 1 July 2012 for detoxification and maintenance in opiate dependent patients. Since 2006, opioid substitution treatment (OST) providers and consumers have campaigned for buprenorphine to be subsidised. The approval of full funding for Suboxone provides:

- a wider selection of treatment options, potentially targeting a new set of people who do not see methadone as a treatment option for themselves
- an alternative for people who have adverse or unpleasant side effects from methadone.

Currently, there are 5018 people receiving treatment for opioid dependence with the majority of services operating at or over their funded places. The supplier and PHARMAC have estimated that 15 percent of people currently prescribed methadone are likely to transfer to Suboxone by the end of 2012. There may also be an influx of people seeking treatment for opioid dependence.

Buprenorphine (with or without naloxone) can have the following advantages over methadone:

- it can result in diminished illicit 'use on top' because it produces a 'ceiling' on the amount of opioid effect produced
- at higher doses it has a long duration of action (48 to 72 hours) so can be prescribed on a less-than-daily dosing regimen
- it may have a milder withdrawal syndrome
- it is safer in overdose.

Suboxone is taken sublingually (under the tongue) and requires more supervised consumption time at the pharmacy. Alternate day dosing may compensate for this extra time. Tablets can be more easily diverted than liquids, because of their longer absorption time.

The supplier, the National Association of Opioid Treatment Providers, and the Ministry are working together to ensure the successful introduction of buprenorphine into New Zealand. Medicines Control faces challenges in monitoring the prescribing of Suboxone to understand trends and to detect misuse. This is because buprenorphine in combination with naloxone is classified as a class C controlled drug under the Misuse of Drugs Act 1975 meaning it does not need to be prescribed on a triplicate prescription form (unlike methadone) and will not appear on the electronic prescribing monitoring programme. Medicines Control is exploring options to address this anomaly.

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