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Jason

Email: fyi-request-6540-ecd64ca0@requests.fyi.org.nz;

Dear Jason

RE Official information request CDHB 9717

I refer to your email dated 5 October 2017 and received 6 October 2017 requesting the following information under section 12 of the Official Information Act from Canterbury DHB. (This being a follow up to our response to your OIA request CDHB 9704).

- 1. Does the CDHB / CORS policy of diluting methadone takeaways apply to people who are prescribed methadone by a GP or OST Clinic outside of the CDHB region but have it dispensed from a Christchurch pharmacy? IE If someone is prescribed methadone by an Auckland, Masterton or Wellington GP / OST clinic which does not require dilution, and the Doctor specifies DO NOT DILUTE (or even without this specification), does the dangerous CORS policy of requiring dilution apply or overrule the Doctors wishes if the patient has nothing to do with CORS?**
 - a. Do pharmacists in the CDHB region have to dilute out of region methadone patients takeaways when their GP does not require dilution and perhaps even specifies there should be no dilution?**

The CORS/CDHB policy applies to patients who are under the service including those who are on shared care (GP prescribing with authorisation under the Misuse of Drugs Act by CORS). We cannot provide specific comments on how other services prescribe or what community pharmacies do in the Christchurch region for those patients who may be temporarily in the area.

- 2. How does dilution prevent diversion of takeaway doses? i.e. the takeaway dose is being taken home anyway so there is no need to divert it... Needle exchanges supply 60ml syringes, and most people have stove tops they can use to remove the added water so it seems like nothing is achieved except endangering the patient by preventing them from verifying they have received the correct dose of medication (something that should be a basic human right).**

The response to OIA request CDHB 9704 addressed this issue.

- 3. Looking at the provided table regarding the dispensing errors am I right in interpreting "unconfirmed" as meaning the CDHB doesn't know what the outcome of the error was? IE the patient may have overdosed, received Naloxone from an ambulance EMT and then refused admission to hospital so it was not linked to the dispensing error?**

The unconfirmed category relates to how the incident was categorised at the time of the reporting. The Canterbury DHB is aware of the outcome of the events.

- 4. It would also be good if you could provide me with copies of any emails, memos, directives, communications etc. held by the CDHB relating to the topic of dilution of OST clients methadone doses. Of particular interest would be any communications between anyone from the CDHB / CORS and the National Association of Opioid Treatment Providers regarding the CORS policy of dilution of methadone doses.**

There are no emails, memos, directives or communications held by the Canterbury DHB relating to the topic of dilution of OST clients methadone doses as outlined in your question.

I trust that this satisfies your interest in this matter.

Yours sincerely



Carolyn Gullery
General Manager
Planning, Funding & Decision Support