

# Aide-Mémoire

## Overdose Preparedness Plan development approach

<b>Date due to MO:</b>	17 April 2024	<b>Action required by:</b>	N/A
<b>Security level:</b>	IN CONFIDENCE	<b>Health Report number:</b>	H2024038098
<b>To:</b>	Hon Matt Doocey, Minister for Mental Health		
<b>Consulted:</b>	Health New Zealand: <input type="checkbox"/> Māori Health Authority: <input type="checkbox"/>		

## Contact for telephone discussion

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**Purpose:** This aide-mémoire provides an overview of the scope, process and timeframes for the development of an overdose preparedness plan.

**Comment:**

**Background**

- On 3 March 2024, you agreed for the Ministry to carry forward work to develop a national overdose preparedness plan. Following this agreement officials committed to providing you with an overview of the expected scope, process, and timeframes for the development of the plan [H2024035468]. An A3 providing a visual representation of this information is also provided in the attached **Appendix A**.
- You have also recently received a series of weekly report items regarding data and insights for substance use and overdose deaths in New Zealand.

**Scope of an overdose preparedness plan**

- Officials expect an overdose preparedness plan will provide a clear view of the system of services, roles, and activities that can work together to:
  - prevent overdose from occurring
  - prepare for potential overdoses
  - respond to an overdose when it occurs
  - support individuals, whānau and communities after an overdose experience.
- The system referred to in this work is not limited to the health sector, instead, it is intended to encompass a range of services, roles, and activities across the health, social, and justice sectors that can, and often do, work together to address overdose risks and experiences.
- This work will aim to identify best practices that can be shared with wider communities, as well as gaps or disconnects in the current system, and opportunities to address and improve these.

- Officials are intentionally not developing this plan with any specification of the type of substance involved. This is in recognition of the fact that, while many may assume involvement of opioids when the phrase overdose is used, there are other substances that can result in an overdose. Similarly, most overdoses involve multiple substances and/or alcohol. This approach also enables the plan to be flexible to allow for changes in the drug supply market which can happen quickly.
- Some activities identified in the plan may be specific to opioid overdoses, such as naloxone distribution, but there will be other activities that are effective at preventing or reducing harm from overdose regardless of the substance, such as drug checking services.
- The development of the plan will not include the design or implementation of new services; however, officials anticipate the process will identify ideas for potential new services or care models in the future.
- This work may identify some regulatory barriers to services and activities that could prevent or reduce harm from overdoses, and there may be opportunities to resolve these regulatory barriers as this plan is developed. You will receive advice on any of these opportunities as/if any are identified.

#### **Process and timeframes**

- Officials will undertake initial targeted engagement with stakeholders representing workers in acute drug harm and harm reduction services, and people with lived experience and their whānau. Officials will also seek opportunities to engage with representatives of sectors outside of the health system.
- This initial engagement will take place from April to late June/mid-July. The first stakeholder engagement session is currently scheduled for 17 April 2024 with the Acute Drug Harm Community of Practice group which is convened and hosted by the New Zealand Drug Foundation on a six-weekly basis.
- In addition to targeted stakeholder engagement, officials will collaborate with other government agencies with responsibilities in this area such as Health New Zealand | Te Whatu Ora, the Department of Corrections, New Zealand Police, the National Drug Intelligence Bureau, Pharmac, and others as capacity and resourcing across agencies allows.
- The information and feedback gathered through the initial engagement phase will enable officials to prepare a draft overdose plan. This initial draft is expected to be completed in late September. Once completed this draft will be shared with

stakeholders for feedback and comments. Officials expect this targeted consultation phase will last six-weeks.

- On the assumption that targeted consultation yields feedback that can reasonably be incorporated and reflected through a revised version of the draft plan, officials expect a finalised plan will be completed and delivered for your approval in early 2025. This will include advice on potential announcement opportunities.
- If the targeted consultation feedback indicates substantial concern or issue with the draft plan, it may be necessary to revise and reissue a new draft for further targeted consultation. In this situation officials anticipate delivering a finalised plan for your approval at a later date.
- With respect to collaboration across other government agencies, officials note that this will be dependent on the available capacity and resourcing, as well as prioritisation of this work, within other agencies.

#### **Next steps**

- We will keep you updated on progress via the weekly report and will test the direction of the plan's development with you as the work progresses.
- We will reflect this work as part of the Mental Health portfolio work programme you intend to take to Cabinet, aligned to your priority of prevention and early intervention.
- This aide-mémoire discloses all relevant information.



Robyn Shearer

Deputy Director-General

**Clinical, Community and Mental Health |  
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Date: 17 April 2024