

1 December 2021

Dear [REDACTED]

**Re: OIA request – Alcohol and drug residential services in Auckland**

Thank you for your Official Information Act request received as a partial transfer from the Ministry of Health on 5 November 2021 seeking information from Waitematā and Auckland District Health Boards (DHBs) about alcohol and drug (AOD) residential services.

The Ministry of Health has transferred questions 1-7 and 10-11, as follows:

1. **How many Government-funded live-in treatment services (residential services and support houses) were there between 2015 and 2021, broken down by year?**
2. **What were the names and locations of these facilities?**
3. **How many Government-funded live-in treatment services (residential services and support houses) closed between 2015 and 2021.**
4. **What were the names of the facilities that closed and locations of these facilities?**
5. **How many people have been on the waiting list for these facilities between 2015 and 2021, broken down by year?**
6. **What is the average amount of time between 2015 and 2021 a person has been expected to wait for a place in these facilities?**
7. **How many of these centres, both live-in treatment services and detox beds, closed during lockdown periods? At what level are these services allowed to operate?**
10. **What was the average wait time for a drug and alcohol detox bed between 2015 and 2021**
11. **On average, how many people have been on the waiting list for a drug and alcohol detox bed between 2015 and 2021? Broken down by year?**

Please note that the majority of these services, while delivered by or contracted by one of the metro Auckland DHBs, are accessible to any resident in the metro Auckland region (i.e. Waitematā, Auckland and Counties Manukau DHB districts).

In response to your request, we are able to provide the following information:

1. **How many Government-funded live-in treatment services (residential services and support houses) were there between 2015 and 2021, broken down by year? What was the number of beds abatable in these services, broken down by year?**
2. **What were the names and locations of these facilities?**

We are providing a combined response for questions 1 and 2. The following table demonstrates that for Auckland DHB, there are 10 residential services/support homes and for Waitematā DHB, there are three. This has not been broken down by year as there have been no changes to services available or bed numbers between 2015 and 2021.

**Table 1: Alcohol and Other Drugs (AOD) residential services – Auckland (ADHB) and Waitematā DHBs (WDHB)**

DHB	Provider/NGO*	Service	Address	Number of beds
ADHB Metro	Auckland City Mission	Social Detox	6 Elm St, Avondale	10
ADHB Metro	Odyssey House	Youth	403 Mt Albert Rd, Mt Roskill	9
ADHB Metro	Odyssey House	Young Adults	56 Bollard Ave, Avondale	14
ADHB Metro	Odyssey House	Adult	56 Bollard Ave, Avondale	30
ADHB Metro	Odyssey House	Co-existing	61 Campbell Rd, Onehunga	10
ADHB Metro	Odyssey House	Mother and Child	45 Lloyd Ave, Mt Albert	19
ADHB Metro	The Salvation Army/Bridge Programme	Adult	15 Ewington Ave, Mt Eden	22
ADHB Metro	The Salvation Army/Bridge Programme	Adult	17 James Laurie St, Henderson	14
ADHB Metro	The Salvation Army/Bridge Programme	Adult	6 Bakerfield Place, Manukau	14
ADHB Metro	Wings Trust	Adult	43 Walters Road, Mt Eden	35
<b>Total ADHB</b>		<b>10</b>		<b>177</b>
WDHB WDHB only	Ember/Poutama	Co-existing	60 Patrick Rice Dr, Swanson	8
WDHB Metro	Higher Ground	Adult	118 Beach Rd, Te Atatu	30
WDHB Metro	WDHB/Medically Managed Withdrawal Unit (CADS**)	Medical Detox	1025/50 Carrington Rd, Pt Chevalier	10
<b>Total WDHB</b>		<b>3</b>		<b>38</b>

\*Non-government organisation. \*\*Community Alcohol and Drug Service.

3. How many Government-funded live-in treatment services (residential services and support houses) closed between 2015 and 2021?
4. What were the names of the facilities that closed, and locations of these facilities?

We are providing a combined response to questions 3 and 4. No services were closed in the Auckland or Waitematā DHB districts between 2015 and 2021.

5. How many people have been on the waiting list for these facilities between 2015 and 2021, broken down by year?
6. What is the average amount of time between 2015 and 2021 a person has been expected to wait for a place in these facilities?

We are providing a combined response to questions 5 and 6. Waitlist data is not collected from the NGOs by the metro Auckland DHBs. We are, therefore, refusing this aspect of your request under section 18(g) as the information requested is not held by us. We are not aware of another agency that would hold the information or whose functions are more closely connected to the information.

You have the right to seek an investigation and review by the Ombudsman of this decision. Information about how to seek a review is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or freephone 0800 802 602.

**7. How many of these centres, both live-in treatment services and detox beds, closed during lockdown periods? At what level are these services allowed to operate?**

These residential services are expected to operate at all COVID-19 alert levels, albeit at reduced capacity, if needed, to meet requirements around pre-entry screening and maintaining social distance in the facilities.

All, bar-one, of the NGO services listed above have operated during all lockdown levels, with one provider repurposing their facility during the Alert Level 4 lockdown period in March 2020. Some NGO providers paused admissions at the first national COVID-19 Alert Level 4 lockdown due to the vulnerability of their existing clients.

The Medically Managed Withdrawal unit (MMW) is operated by Waitemata DHB's Community Alcohol and Drug Services (CADS) on behalf of the metro Auckland DHBs. It provides the regional service from Wellsford in the North, to Bombay in the South and Helensville in the West.

The MMW unit was closed during the first COVID-19 national Alert Level 4 lockdown in March 2020, in accordance with the Government's advice to defer any elective admissions. During that period, nursing and medical staff were redeployed to support home detoxing and medically managing withdrawals in the general hospitals.

Through subsequent changes in alert levels and lockdowns, this unit has remained open and operating as usual.

**10. What was the average wait time for a drug and alcohol detox bed between 2015 and 2021?**

CADS provides a number of community services across metropolitan Auckland, including the MMW unit, based in Pt Chevalier. For inpatient beds, this is managed on an acuity (severity of illness) and risk (to self or others) basis.

The MMW unit is funded to provide 10 inpatient beds and provides medically supervised withdrawal for people who have a physical dependence on alcohol and/or other drugs. The service also has the ability to "flex-up" its bed capacity and, on occasion, will bring in extra staff to place a person into an additional eleventh bed for a short period of time.

As at 18 November 2021, the current average wait time for admission to the MMW unit is 17 days. The number of people in this category needs to be seen within the overall context of the total number of people treated by CADS each year, which is nearly 15,000 on average.

While waiting for inpatient detox, clients are contacted by the triage coordinator to confirm admission dates and to begin the planning of a treatment pathway towards discharge. These clients remain under the management of the referrer until admission.

The wait list is actively reviewed, to ensure people with the highest clinical need are prioritised for admission.

**Table 2: Medically Managed Withdrawal unit (CADS) average wait times**

Calendar Year	Average wait time (days)
2015	15
2016	16
2017	15
2018	18
2019	25
2020	17
2021	19

**11. On average, how many people have been on the waiting list for a drug and alcohol detox bed between 2015 and 2021, broken down by year?**

You will note from the table below that not all clients on the waiting list are admitted to the detox inpatient unit. Some clients may be suitable for a home detox, which is supported by the CADS' Community Home Detox team, while others are admitted to a general hospital or may move out of the Auckland area or decline admission.

Clients may decline an admission date for several reasons, such as family reasons or work commitments and, as a result, may appear on the wait list more than once in a year. However, for the purposes of this response, we have counted individuals, rather than the total number of times someone has been the wait list.

For some admissions, we coordinate with NGO partners regarding the client's discharge plan, therefore, allowing the client to move into the care of a residential provider following their medically managed withdrawal in the detox inpatient unit.

Admission to the medical detox inpatient unit takes the form of a planned admission via a waiting list after an assessment at the counselling units, during a walk-in clinic appointment or by the home detox team - either virtually or in-person.

The waiting list for both home detox and inpatient detox is regularly reviewed. People with high-acuity needs (e.g. pregnancy) are prioritised for community detox or admission.

As at 18 November 2021, there were 47 people on the waitlist for admission to the MMW unit. The table below gives the total number of clients who have been placed on the waitlist at some point in each calendar year, noting that not all of these clients were subsequently admitted to the unit for the reasons given above.

**Table 3: Number of distinct (individual) clients over a 12-month period on the waiting list for a drug and alcohol bed in the Medically Managed Withdrawal unit (CADS) per calendar year**

Total (cumulative) number of clients on MMW unit waitlist for calendar years 2015-2021		
Calendar year	Distinct clients on waitlist	Distinct clients admitted
2015	149*	118*
2016	461	395
2017	467	403
2018	442	363
2019	483	372
2020	450	320
2021 (until Oct 21)	409	342

\*The 2015 numbers are significantly lower as the service transitioned to an electronic system, which was fully in-use by 2016.

I trust that the information we have been able to provide is helpful.

Both Auckland and Waitematā DHBs support the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely



**Chief Executive Officer, OBE  
Auckland District Health Board**



**Director Funding  
Auckland and Waitematā DHBs**