



St. Vincent's Hospital, Melbourne
Australia



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Opiate pharmacotherapy at the crossroads. enduring barriers and new opportunities

A Review of the Penington Institute Report – Aug
2023

07/02/2024

Background



- The Penington Institute – public health research and drug policy organization
- Produces annual report on Australian overdose deaths
- Convenor of International Overdose Awareness Day
- Primary aim is harm minimisation, reduction of stigma, improving access to treatment
- Opioid pharmacotherapy has significant evidence in preventing death, improving health and wellbeing. Additionally, the institution of OAT is a cost effective preventative health measure amongst this patient demographic.
- Access of OAT remains difficult, however developments in pharmacotherapy options have provided significant benefits to our patient population
- The emergence of fentanyl and other powerful synthetic opioids in the Australian illicit market highlights the need to insulate opioid consumers from dependence on street drugs



Background – Recent changes

- From 2023-2024 Federal Budget – \$377.2 million over 4 years dedicated to reforming opiate dependence treatment access
- Aim to provide a nationally consistent approach for patients requiring OAT services from community pharmacies
- Inclusion of opiate dependence treatment medications to Section 100 Highly Specialised Drugs Program as of 1 July 2023
- Patient will pay a PBS co-payment for their PBS-listed OAT and the amount paid will contribute towards their PBS safety-net
- Private dispensing or dosing fees cannot be charged by pharmacies

Ongoing Barriers

1. Deficit of active prescribers in general practice

- Currently and historically, treatment provision has relied on a small number of high-caseload GPs -> subject to attrition by age/retirement and regulatory scrutiny
- New practitioners are disincentivised by MBS benefits that don't reflect the time necessary to ensure quality care and fulfil regulatory burdens

2. Lack of capacity due to insufficient workforce

- Shortage of pharmacies, nurse practitioners, addiction medicine specialists and mental health professionals
- Impedes effective care across primary, secondary and tertiary levels

3. Costs to patients to access OAT

- Prior to July 2023, patients were subject to fees significantly higher than standard PBS co-pays.
- Recent OAT reforms have changed this – still requires careful oversight to ensure these changes are universally implemented without disruption to care.

Ongoing Barriers

4. Stigma hindering access to treatment

- Negative persecutions by both doctors and pharmacies result in differential treatment from other patients
- Negative treatment experiences result in an avoidance of healthcare and increases risks associated with substance use
- Perpetuates generalised stereotypes and entrenched internalised stigma

5. Underdeveloped information pathways for patients and clinicians

- For patients – ongoing misinformation regarding treatment options available, associated costs and health risks
- For healthcare workers – lack of information regarding referral pathways to assist patients interested in treatment

New Opportunities



1. Long-acting injectable buprenorphine (LAIB) is a transformative development for many patients

- Frees patients from the strictures of daily dosing regimens
- Offers an expanded range of daily activities, and increases ease in return to work
- Uptake is gradually increasing and patient satisfaction is high

2. LAIB has produced significant changes in custodial settings

- Provision of OAT in custodial setting has been largely inconsistent or absent – significant health risks whilst in custody and on re-entry into the community
- LAIB significantly reduces diversion risk, and its efficacy has allowed for an expanded availability of OAT in prison
- However, deficient systems for continuation of care for patients leaving prison
- Small proportion of patient in whom LAIBs don't work still suffer from the same access issues as before

New Opportunities



3. Policy/Program changes implemented during Covid19 demonstrate reform is possible

- Loosening of unsupervised 'takeaway' doses of methadone/buprenorphine demonstrated an increase in patient satisfaction without significant increases in serious health harms
- Increased implementation of telehealth services (including expansion of telehealth provision by GP clinics), third-party delivery, and pop-up dispensing sites has re-invigorated pharmacotherapy policy reform

4. Momentum towards expanding the range of available medications

- Increasing overseas evidence for slow-release oral morphine and short-acting injectable hydromorphone and diamorphine
- New OAT options enhances ability to meet needs of patients who cannot be managed on currently available options

Proposed Patient-centred System



1. Creating collaborative and more shared treatment model

- Researchers, healthcare workers and advocacy groups recognise the necessity for denser connections between service providers
- Enables patients to be matched with appropriate care teams and social services
- Clearer referral pathways for patients with complex needs bolster confidence amongst GPs to offer OAT to patients

2. Implementing pharmacists and nurse practitioner providence of OAT and alleviate pressure on GPs and addiction medicine specialists

- Model aims to expand the pharmacist role in dose adjustments, patient monitoring, and offering temporary treatment extensions – decreasing the risk of treatment continuity failure
- Nurse practitioner management assists in reducing workload for the current overburdened GP cohort

3. Increased Commonwealth funding to reinforce implemented system changes

- \$377 million funding to assist in reforming pharmacy dispensing fees
- Ongoing need for funding to provide adequate reimbursement to doctors, nurse practitioners and pharmacists to incentivise prescribing and pharmacy participation in provision of OAT

Proposed Patient-centred System



4. Increase state and territory funding of the public sector to meet community demand of opioid pharmacotherapy

- State funding for the provision of OAT in public clinics has not met the growing demand
- Increased demand of public clinics due to attrition of high-volume GP prescribers and increased access of OAT in prisons
- Results in lengthy public clinic waitlists
- Victorian state model is the most reliant on private sector service provision
- Announcement of \$10 million to assist in the implementation of a public system to meet the demands of patients unable to access necessary care amongst the private system

5. Increased coordination amongst jurisdictions can help harmonise policies and improve health equity

- Coordination of data gathering and sharing processes to facilitate research into care models
- Assists in the development of evidence-based policies that can assist in the provision of standardised care and access to treatment across states and territories

Recommendations

1. Tackle the opioid pharmacotherapy prescriber deficit
2. Develop cooperative relationships between governments and across jurisdictions to improve efficacy and care quality in the opioid pharmacotherapy system
3. Governments should diversify entry points into the pharmacotherapy system and prioritise inclusion of socially and geographically disadvantaged groups
4. Plan and implement a sustainable opioid pharmacotherapy system that is capable of responding to diverse patient needs
5. Ensure that all people experiencing opioid dependence have equitable and continuous access to the medications best suited to their individual needs

Link

Please find a copy of the Pennington Institute report at:

<https://www.pennington.org.au/overdose/overdose-projects-campaigns/opioid-pharmacotherapy-report/>

Please consider reviewing the executive summary within the document