HARM REDUCTION AUSTRALIA

# OPIOID TREATMENT PROGRAM FORUM: NSW

NOVEMBER 2017

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# Introduction

The Opioid Treatment Program (OTP) is one of the most rigorously evaluated and proven treatments available in the range of evidence-based approaches to treating opioid dependency.

OTP is supported by all Australian Governments, the United Nations and the World Health Organisation. It also enjoys over 60% support within the Australian community.[1] However, many experts also recognise that the current system under which OTP is administered in Australia is out-of-date, disjointed and over regulated. This negatively affects many clients' access to the treatment and limits the program's efficiency and effectiveness.

Jurisdictional differences and the fragmentation of the sector across public, private, pharmacy, prison and non-government organisation (NGO) settings have also resulted in significant and increasing unmet need amongst people dependent on opioids.

The current levels of restriction and, in some jurisdictions, the unavailability of OTP, represent a serious gap in the system's effectiveness.

A co-ordinated national response to the availability and delivery of OTP has become a key priority for Harm Reduction Australia (HRA) and many other people working in the sector, with the need to review current levels of regulation at the forefront of the much-needed reform of the system.

Most treatment providers, health experts and OTP consumers agree that the system has failed to sufficiently evolve over the past 20 years and that it no longer reflects best practice.

Regulations restrict models of prescribing, dispensing and long-term care, preventing clients from fully participating in treatment and progressing to independent lives. In addition, it has been estimated that 4000-5000 new service places are needed each year to meet national demand for OTP services, yet the current system is manifestly unprepared for this growth in demand.

[1] Australian Institute of Health and Welfare 2017. National Drug Strategy Household Survey 2016: detailed findings. Drug Statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW.

To encourage a thorough rethink of existing policies and support the much-needed reform of the OTP system, Harm Reduction Australia will deliver a series of information and discussion forums with OTP stakeholders throughout late 2017 and early 2018. The forums are being held in capital cities around the country and address issues pertinent to the deregulation of OTP, its delivery and subsequent improvement.

This report concerns HRA's OTP Treatment Forum held in Sydney in November 2017. The forum used the Chatham House Rule, meaning participants are free to share anything from the forum, so long as statements are not attributed to individuals.

Stakeholders present at this forum included:

- Consumer Representatives
- NSW Department of Health
- Indivior
- Addiction Medicine Specialist OTP prescribers
- NSW Justice Health
- NSW Forensic Mental Health Network
- Federal Government Drug Strategy Branch
- Central Sydney Primary Health Network (PHN)
- Eastern Sydney Primary Health Network (PHN)
- Uniting Medically Supervised Injecting Centre (MSIC)
- Western Sydney Primary Health Network (PHN)
- NSW Ministry of Health
- NSW Users & AIDS Association (NUAA)
- Pharmacy Guild ACT
- Pharmacy Guild NSW
- OTP dispensing pharmacists
- NSW Pharmacotherapy Credentialing Committee
- UnHarm
- St Vincents Health Australia

The forum was divided into a series of facilitated discussions on topics critical to the reform of the OTP in NSW. Key issues and recommendations arising from the day are outlined under the relevant headings below, in no specific order of priority.

# Summary of Recommendations

1. That meaningful consumer engagement and participation programs be mandated in the OTP at a policy level, with their purpose and goals clearly set out in the NSW OTP Guidelines.
2. That appropriate resourcing be made available to increase the level and scope of consumer engagement across the NSW OTP system.
3. That NSW Health resource an appropriate peer-driven organisation, such as NUAA, to operate a phone-based service like Victoria's Pharmacotherapy Advocacy, Mediation and Support Service (PAMS), to assist OTP consumers, prescribers, and dosing points with day-to-day program issues and 'free-up' consumer representatives to work on issues more relevant to their role.
4. That NSW Health resource an appropriate organisation to deliver consistent, state-wide training on the effectiveness and potential of meaningful consumer engagement and participation to healthcare professionals working in the OTP.
5. If OTP clinics are engaging consumer representatives who are currently accessing their service, the potential for conflict of interest and communication difficulties should be covered in regular internal training with service providers and the clinic should work pro-actively with the consumer representative(s) to explore strategies for improving effective communication and reducing any 'risks' for the consumer representative(s) including Memorandums of Understanding (MOUs).
6. That NUAA be resourced and supported to develop a RACGP/CPD accredited Stigma and Discrimination training module for GPs, to challenge assumptions and stereotypes about OTP consumers and people who use drugs and highlight how common AOD issues are among a typical GP's caseload.
7. That NSW Health and local PHNs develop a 'positively-framed' education program to promote the benefits of OTP and the rewards of being an OTP prescriber through GP training programs and initiatives.
8. That a special Medicare Benefits Schedule item for GPs be created to make prescribing OTP medications more straightforward and viable for GPs. Medicare items could also be created for GP assessment and treatment of common complex needs of OTP consumers, e.g. blood borne viruses and dual diagnosis.

9. That an appropriate organisation be resourced to design and deliver training to GPs to promote use of existing Medicare Benefit Schedule items to create healthcare plans and receive adequate remuneration for working with people who use drugs and OTP consumers.
10. That 'shared care' arrangements between Addiction Medicine Specialists and potential GP prescribers be promoted and supported by PHNs throughout NSW to both increase the number of GP prescribers and improve access to OTP across NSW.
11. That existing addiction specialist support services for GPs, such as the Drug & Alcohol Specialist Advisory Service (DASAS), the Opioid Treatment Line, and the Stimulant Treatment Line, are enhanced and promoted more widely among GPs in NSW.
12. That dedicated AOD and addiction medicine training in undergraduate and postgraduate medical courses in Australia be expanded and enhanced.
13. That the NSW Pharmacy Guild promote OTP participation to its members and provide ongoing training and guidance for dispensing pharmacies.
14. That HRA and the NSW Pharmacy Guild investigate the legality of using a commercial lease to proscribe the provision of a medical treatment at a commercial premises and support pharmacies to appropriately challenge such cases as they arise.
15. That modelling is conducted to measure the impact of government-subsidised dispensing fees on the willingness of community pharmacies to participate in the OTP, and whether this would increase the number of OTP dispensing pharmacies in NSW.
16. That NSW Health investigate the appropriateness of developing, maintaining, and sharing a list of all OTP dosing points in NSW that is available to those in sector and can be provided to people seeking a dosing point.
17. That a pharmacy 'inreach' program be re-established in NSW.
18. That NUAA be resourced to develop a stigma and discrimination training module to be incorporated into the OTP credentialing process, and that all public OTP clinics, community pharmacies, and prescribers in NSW commit to working with NUAA to train their staff in challenging stigma and discrimination.
19. That NSW Health and the PHNs seek to increase the number of OTP nurse practitioners by developing strategies to promote the value of becoming an OTP prescriber to nurse practitioners.
20. That governments investigate the feasibility of a nationally centralised OTP system, in which approved dosing points could access confidential individual consumer information including dose amount and time of last dose for any OTP consumer presenting at their service. This would allow OTP consumers to travel more freely and at short notice within Australia. Such a system would also allow for consumers to be dosed at an alternate dosing site in emergency circumstances.

21. That the usefulness of routine Urine Drug Screening (UDS) for NSW OTP consumers be reviewed with the aim of identifying funding waste that could be better utilised to support a new NSW dosing subsidy scheme for OTP consumers.
22. That NSW Health reassess the need for long-term, stable OTP consumers to be dosed with liquid methadone. These consumers could be dispensed a monthly supply of physeptone tablets, eliminating the need for dose supervision and the dilution, packaging and labelling of daily liquid doses – thereby reducing the costs associated with the delivery of the program.
23. That NSW Health investigate the feasibility of implementing a dispensing fee co-payment system similar to that in place in the ACT, where consumers pay an affordable, capped weekly fee directly to their dosing pharmacist and the government subsidises the cost of OTP dispensing with an agreed, set, top-up payment per OTP consumer paid directly to the pharmacy.
24. That the Federal Government commission research to model the effect of wholly subsidised OTP dispensing fees on: increased consumer uptake of OTP; increased participation of community pharmacies in OTP; and reduced 'downstream' costs to government in terms of healthcare, emergency services, and criminal justice caused by increased uptake of OTP by people who use drugs.
25. That the NSW Government appoint NSW Health to manage the OTP in all private prisons in NSW.
26. That NSW Health urgently look into the feasibility of opening more public OTP clinics to meet demand, which has already far outpaced the capacity of the program.
27. That the 'no questions asked' provision of naloxone alongside every OTP script be mandated in the NSW OTP Guidelines.
28. That an appropriate organisation be resourced to develop and deliver ongoing training to both OTP and aged care providers on working with ageing OTP consumers and PWID.
29. That NSW Health incorporate into OTP guidelines special provisions for elderly consumers who are unable to travel to dosing points on a daily basis.
30. That the NSW OTP guidelines be updated to reflect the prevalence of polydrug use, in particular stipulating that ATS use is not necessarily a reason to discontinue opioid pharmacotherapy treatment.
31. That NSW Health expand the Stimulant Treatment Service and expand access to pharmacotherapy-based treatments for people who use ATS.

# Key Issues and Recommendations

## Improving Consumer Engagement and Participation

There was consensus among participants that the OTP in NSW has struggled to effectively and consistently implement consumer engagement and participation programs. Indeed, few stakeholders in the room had any experience of these initiatives within the NSW OTP. Those who did described tokenistic consumer positions with little power or influence, operating in a sometimes hostile environment.

OTP consumers highlighted that the scope of consumer representative positions, if present, is different at every clinic in NSW. There was little consistency in their duties and few were tasked with giving meaningful input into service design and delivery.

> Recommendation 1: That meaningful consumer engagement and participation programs be mandated in the OTP at a policy level, with their purpose and goals clearly set out in the NSW OTP Guidelines.
>
> Recommendation 2: That appropriate resourcing be made available to increase the level and scope of consumer engagement across the NSW OTP system.

Various stakeholders indicated that there was a tendency for staff at public OTP clinics to think of consumer representatives as the 'complaints department', tying up much of the consumer representative's time and reducing their capacity to give meaningful input into the running of the service. At the same time, many conceded that there were few avenues for OTP consumers to raise and resolve 'day-to-day' issues, such as difficulty with payment and conflicts with prescribers.

> Recommendation 3: That NSW Health resource an appropriate peer-driven organisation, such as NUAA, to operate a phone-based service like Victoria's Pharmacotherapy Advocacy, Mediation and Support Service (PAMS), to assist OTP consumers, prescribers, and dosing points with day-to-day program issues and 'free-up' consumer representatives to work on issues more relevant to their role.

Forum participants reported that staff working in the NSW OTP had limited knowledge of the value and potential of consumer engagement and participation, both in terms of consumer outcomes and the operational benefits to a service.

> Recommendation 4: That NSW Health resource an appropriate organisation to deliver consistent, state-wide training on the effectiveness and potential of meaningful consumer engagement and participation to healthcare professionals working in the OTP.

Consumer representatives indicated that they often find themselves in a difficult position in communicating the complaints and issues of their peers to a service which they themselves are accessing. A conflict of interest can arise for consumer representatives who are trying to maintain a harmonious relationship with their OTP provider, as well as communicate on behalf of their peers to that provider.

> Recommendation 5: If OTP clinics are engaging consumer representatives who are currently accessing their service, the potential for conflict of interest and communication difficulties should be covered in regular internal training with service providers and the clinic should work pro-actively with the consumer representative(s) to explore strategies for improving effective communication and reducing any 'risks' for the consumer representative(s) including Memorandums of Understanding (MOUs).

Relevant to all these recommendations, it was considered important by all participants that any initiatives regarding consumer engagement and participation in the NSW OTP be consistently applied across all OTP settings including public, private and community-based settings.

## Improving the Standard of Care in OTP

The discussion in this session covered many issues within the OTP in NSW, including: increasing the number of prescribing GPs; increasing the number of pharmacies participating in the OTP; workforce development; improving models of care; and improving treatment retention. The issue of stigma and discrimination was identified by all participants as significant and pervasive in the lives of OTP consumers. The stigma associated with opioid dependence and the OTP also emerged as a common barrier to progress and reform in many areas of the OTP, affecting a diverse range of issues from treatment retention to the willingness of healthcare professionals to work in the sector.

## *Increasing the Number of GP Prescribers*

The GP workforce in Australia is ageing, with increasing numbers of GPs retiring, including those who prescribe OTP medications – some with very large patient loads. Encouraging new medical graduates to participate in the OTP has proved challenging. At the same time, demand for places in the OTP is increasing, and the upcoming rescheduling of codeine and national implementation of Real Time Prescription Monitoring are likely to increase demand for the OTP further. Increasing the number of GP prescribers is therefore a critical issue for the OTP.

Participants indicated that recruiting GPs for the OTP is fraught with difficulty. A common reason given by GPs for not participating is concern about having OTP consumers in their waiting room and the effect this would have on their practice. It reportedly takes an average of 5-6 consultations with a prospective GP prescriber before they agree to join the program.

> Recommendation 6: That NUAA be resourced and supported to develop a RACGP/CPD accredited Stigma and Discrimination training module for GPs, to challenge assumptions and stereotypes about OTP consumers and people who use drugs and highlight how common AOD issues are among a typical GP's caseload.
>
> Recommendation 7: That NSW Health and local PHNs develop a 'positively-framed' education program to promote the benefits of OTP and the rewards of being an OTP prescriber through GP training programs and initiatives.

Another commonly reported reason GPs give for not prescribing OTP medications is that it is not financially viable for their practice to see this patient group. This was challenged as factually inaccurate by some participants. Nevertheless, it was agreed there is a need to promote the more effective use of existing MBS items among GP prescribers and to explore the potential for additional/new MBS items associated with GP assessment and treatment of drug dependence through the relevant authorities.

> Recommendation 8: That a special Medicare Benefits Schedule item for GPs be created to make prescribing OTP medications more straightforward and viable for GPs. Medicare items could also be created for GP assessment and treatment of common complex needs of OTP consumers, e.g. blood borne viruses and dual diagnosis.
>
> Recommendation 9: That an appropriate organisation be resourced to design and deliver training to GPs to promote use of existing Medicare Benefit Schedule items to create healthcare plans and receive adequate remuneration for working with people who use drugs and OTP consumers.

Further complicating factors that make GPs hesitant to become OTP prescribers are the perception that practicing in this area requires highly specialised knowledge and, concomitantly, that prescribing OTP medications carries a great deal of risk – including the regulations and potential sanctions associated with Acts such as the Poisons Act.

> Recommendation 10: That 'shared care' arrangements between Addiction Medicine Specialists and potential GP prescribers be promoted and supported by PHNs throughout NSW to both increase the number of GP prescribers and improve access to OTP across NSW.
>
> Recommendation 11: That existing addiction specialist support services for GPs, such as the Drug & Alcohol Specialist Advisory Service (DASAS), the Opioid Treatment Line, and the Stimulant Treatment Line, are enhanced and promoted more widely among GPs in NSW.

Forum participants reported that it is common that GPs consider their level of knowledge about drug use and addiction medicine insufficient to become OTP prescribers, and that there is a kind of 'professional stigma' attached to such admissions. In concert with the extreme time pressures of general practice, this leads to a situation where GPs may be unwilling and/or unable to seek out further training. Additionally, participants pointed out that AOD issues are consistently among the top 4 issues among a typical GPs caseload, but many GPs still struggle to see AOD as part of their 'core business'.

> Recommendation 12: That dedicated AOD and addiction medicine training in undergraduate and postgraduate medical courses in Australia be expanded and enhanced.

## *Increasing the Number of Dispensing Pharmacies*

Stakeholders present raised many issues that are preventing pharmacies from becoming OTP dispensers, some of which were described as quite difficult. Given the pressure of high caseloads at public clinics and the need for the program to cater for rising consumer numbers, encouraging more pharmacies to become dosing points will be crucial to improving the OTP in NSW. Again, stakeholders identified stigma as a major complicating factor in achieving progress in this area.

Participants notified HRA that some pharmacies are unable to provide OTP dispensing due to conditions on their lease. This is particularly common for pharmacies located within large shopping centres. Landlords, other traders, and shopping centre management have been known to make complaints and harass pharmacy owners on social media and in local newspapers about the perceived disruption caused by their OTP clients.

Recommendation 13: That the NSW Pharmacy Guild promote OTP participation to its members and provide ongoing training and guidance for dispensing pharmacies.

Recommendation 14: That HRA and the NSW Pharmacy Guild investigate the legality of using a commercial lease to proscribe the provision of a medical treatment at a commercial premises and support pharmacies to appropriately challenge such cases as they arise.

Discussion between stakeholders clearly identified the risk of 'bad debt' – this occurs when OTP consumers fail to meet their dispensing fee obligations – as a reason pharmacies don't participate in the OTP.

Recommendation 15: That modelling is conducted to measure the impact of government-subsidised dispensing fees on the willingness of community pharmacies to participate in the OTP, and whether this would increase the number of OTP dispensing pharmacies in NSW.

Participants indicated that it can be difficult for community pharmacies to quickly and successfully join the OTP, as there is no clear process or avenue available for them to publicise that they dispense OTP medications. This adds to the difficulty of joining the program and creates another layer of hesitation for pharmacists. Conversely, consumers often struggle to find a pharmacy where they can receive their OTP doses. Forum participants expressed frustration at not being able to readily access a comprehensive list of all the OTP dosing points in NSW.

Recommendation 16: That NSW Health investigate the appropriateness of developing, maintaining, and sharing a list of all OTP dosing points in NSW that is available to those in sector and can be provided to people seeking a dosing point.

Participants described an 'inreach' program that was previously in place in NSW, in which Addiction Medicine Specialists (AMS) prescribers would phone the dispensing pharmacy before renewing each client's script, to identify any emerging issues and address them before they escalate. This program was described as highly successful.

Recommendation 17: That a pharmacy 'inreach' program be re-established in NSW.

## *Workforce Development*

The most concerning and overarching OTP workforce issue identified by forum participants was deeply embedded stigma against opiate dependent people and people who inject drugs.

> Recommendation 18: That NUAA be resourced to develop a stigma and discrimination training module to be incorporated into the OTP credentialing process, and that all public OTP clinics, community pharmacies, and prescribers in NSW commit to working with NUAA to train their staff in challenging stigma and discrimination.

## *Improving Models of Care*

There was consensus among forum participants that models of OTP delivery in NSW are inflexible and overregulated, placing a great deal of constraint on the lives of OTP consumers. The program was described as analogous to being on parole due to the very high levels of monitoring and surveillance and that the inherent inflexibilities within the system frequently worked to undermine rather than actively support consumers make positive changes in their lives such as gaining employment. For example, participants reflected on how the restrictiveness of the OTP, particularly in relation to take away doses and dosing times, often prevented consumers from taking up employment opportunities and/or contradicted the goals of other government programs, such as getting people into work and encouraging them to live independent lives.

In relation to strategies to improve models of care, nurse practitioners were described by a number of participants as a useful but underutilised component of the OTP in NSW.

> Recommendation 19: That NSW Health and the PHNs seek to increase the number of OTP nurse practitioners by developing strategies to promote the value of becoming an OTP prescriber to nurse practitioners.

As identified above, OTP medications are subject to particularly strict prescribing regulations, which hinder the ability of consumers to travel, even within Australia. Participants discussed the importance of investigating new approaches to reduce the restrictiveness of the program and improve the quality of life for OPT consumers.

> Recommendation 20: That governments investigate the feasibility of a nationally centralised OTP system, in which approved dosing points could access confidential individual consumer information including dose amount and time of last dose for any OTP consumer presenting at their service. This would allow OTP consumers to travel more freely and at short notice within Australia. Such a system would also allow for consumers to be dosed at an alternate dosing site in emergency circumstances.

## Reducing the Cost of OTP

Reducing the cost of OTP to consumers was regarded by forum participants as crucial but perhaps the most complicated issue in NSW. While participants agreed that community pharmacies need to be compensated for their time and the administrative burden of dispensing OTP medications, many also noted that it was not fair or sustainable to expect OTP consumers, some of the most financially disadvantaged members of the Australian community, to be burdened with this cost – reportedly between $3 and $12 per day.

The forum explored possible strategies that could be used to subside the cost of being on the program for OTP consumers. Given the highly complex and over-regulated nature of OTP in NSW (and elsewhere), participants suggested identifying areas of OTP where resources are currently being wasted and therefore where cost savings could be made. One of the areas discussed for possible cost savings is Urine Drug Screening (UDS). UDS is expensive to implement and clinicians have other, more effective means of assessment available to them including establishing and maintaining a strong therapeutic alliance with the patient. This is especially pertinent at public OTP clinics in NSW where take-away doses are rare under any circumstances and therefore any potential argument for routine UDS has even less relevance than other OTP settings.

> Recommendation 21: That the usefulness of routine Urine Drug Screening (UDS) for NSW OTP consumers be reviewed with the aim of identifying funding waste that could be better utilised to support a new NSW dosing subsidy scheme for OTP consumers.

> Recommendation 22: That NSW Health reassess the need for long-term, stable OTP consumers to be dosed with liquid methadone. These consumers could be dispensed a monthly supply of physeptone tablets, eliminating the need for dose supervision and the dilution, packaging and labelling of daily liquid doses – thereby reducing the costs associated with the delivery of the program.

While acknowledging that it would be challenging to implement, forum participants nevertheless agreed that government funding to subsidise OTP dispensing fees would be beneficial for OTP consumers dosing at community pharmacies.

> Recommendation 23: That NSW Health investigate the feasibility of implementing a dispensing fee co-payment system similar to that in place in the ACT, where consumers pay an affordable, capped weekly fee directly to their dosing pharmacist and the government subsidises the cost of OTP dispensing with an agreed, set, top-up payment per OTP consumer paid directly to the pharmacy.

Recommendation 24: That the Federal Government commission research to model the effect of wholly subsidised OTP dispensing fees on: increased consumer uptake of OTP; increased participation of community pharmacies in OTP; and reduced 'downstream' costs to government in terms of healthcare, emergency services, and criminal justice caused by increased uptake of OTP by people who use drugs.

## Supporting Specialist OTP Services

### *Prisons*

While it was recognised that NSW has one of the most accessible prison based OTP in the country, it was also recognised that NSW's prison OTP is not keeping up with demand caused by a rapidly growing prison population, which has increased 25% over the past few years. Furthermore, one third of this population is being held on remand, leaving prison health services unsure of whether this cohort will be in their care in the long-term. Forum participants also recognised that the NSW Government intends to continue privatising the prison system, including health services, and that this has the potential to further complicate OTP in prisons as profit, rather than quality healthcare provision, becomes the main objective.

Participants expressed concern that OTP in private prisons will not be managed by NSW Health who manage OTP in the community and in the publicly funded prison system. This mismatch of OTP oversight has the potential to further complicate an already complex, fragmented and over-regulated health program.

Recommendation 25: That the NSW Government appoint NSW Health to manage the OTP in all private prisons in NSW.

Participants welcomed advice that OTP consumers in prison are guaranteed a place in a public clinic post-release, with 98% reportedly presenting for dosing after release. It is nonetheless extremely challenging to find public OTP clinics with capacity to take on new clients, however as it is NSW policy that prisoners being release on OTP be placed at a public clinic, they are taken on and the resources of public clinics are often further stretched as a result.

Recommendation 26: That NSW Health urgently look into the feasibility of opening more public OTP clinics to meet demand, which has already far outpaced the capacity of the program.

## *Naloxone Provision*

People who use illicit opiates are a population that is generally difficult to reach with medical interventions, meaning contact with OTP consumers represents a rare opportunity for healthcare practitioners. Provision of the overdose reversal drug naloxone is a simple way that OTP prescribers can more holistically address the health needs of consumers.

Provision of naloxone alongside prescriptions for OTP medications was reported by participants as inconsistent, with some prescribers offering naloxone as a matter of course while others struggled with the appropriateness of doing so.

> Recommendation 27: That the 'no questions asked' provision of naloxone alongside every OTP script be mandated in the NSW OTP Guidelines.

## *The Ageing Population of OTP Clients*

Australia is currently seeing the emergence of the first generation of elderly people who inject drugs (PWID) and OTP consumers, one of the benefits of investment in harm reduction. As this cohort ages and experiences the health issues associated with ageing and/or moves away from independent living, the rigidity of OTP needs to be reassessed to meet their needs.

> Recommendation 28: That an appropriate organisation be resourced to develop and deliver ongoing training to both OTP and aged care providers on working with ageing OTP consumers and PWID.

> Recommendation 29: That NSW Health incorporate into OTP guidelines special provisions for elderly consumers who are unable to travel to dosing points on a daily basis.

## *Polydrug Use: Methamphetamine*

Stakeholders are seeing increasing numbers of OTP consumers using both opiates and amphetamine type stimulants (ATS), particularly ice/methamphetamine. The OTP is not currently designed to meet the needs of this group and can, at times, approach ATS use as a form of noncompliance or 'rule breaking', with consumers being barred from OTP services due to ATS intoxication.

> Recommendation 30: That the NSW OTP guidelines be updated to reflect the prevalence of polydrug use, in particular stipulating that ATS use is not necessarily a reason to discontinue opioid pharmacotherapy treatment.

> Recommendation 31: That NSW Health expand the Stimulant Treatment Service and expand access to pharmacotherapy-based treatments for people who use ATS.

# Closing Comments

Participants commented on how professionals across the sector interact much better and with a shared vision of better care for OTP consumers dealing with opioid dependence. It was noted that few participants at the forum could have imagined such open and frank discussion about problems in OTP happening in the past. Consumers present were glad to hear that such a wide array of stakeholders were committed to improving the programs that they rely on. However, there was consensus among participants that a great deal of work is needed before OTP in NSW truly meets community need, with stigma and discrimination being the most elusive and challenging barrier to overcome.


**Disclaimer:**

The information in this report was prepared by Harm Reduction Australia (HRA) and only represents the discussions that took place at the forum and does not necessarily represent the views of HRTA or of all participants at the forum.

HRA also acknowledges that it received funding support from Indivior to undertake this forum.