

HARM REDUCTION AUSTRALIA

OPIOID TREATMENT PROGRAM
FORUM: QUEENSLAND

OCTOBER 2017



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 community¹. However, many experts also recognise that the current system under which OTP is administered in Australia is out-of-date, disjointed and over regulated.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 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.

Treatment providers, health experts and OTP consumers all 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.

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

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.

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 Forum held in Brisbane in October 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 included:

- Consumer Representative
- Gold Coast Pharmaceutical Support
- Metro North ATODS
- Community Forensic Mental Health Services Townsville Mental Health Service Group
- Mental Health, Alcohol and other Drugs Branch, Qld Health
- Qld Injectors Health Network (QulHN)
- QLD Pharmacy Guild
- Metro North Mental Health - Alcohol and Drug Service
- Metro South Health
- Medicines Regulation and Quality, Drugs of Dependence Unit
- Royal Brisbane & Women's Hospital
- QUIVAA
- Mental Health, Alcohol and Other Drugs, Brisbane North PHN
- Qld Network of Alcohol and Other Drug Agencies Ltd (QNADA)
- Queensland Mental Health Commission (QMHC)
- Brisbane North PHN, North Lakes
- Biala - Brisbane
- Rockhampton/Gladstone AODS

The forum was divided into a series of facilitated discussions on topics critical to the reform OTP in Queensland. 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 an appropriate organisation 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.
2. That Queensland Health and local PHNs promote the benefits of OTP and the rewards of being an OTP prescriber through GP training programs.
3. That 'shared care' arrangements between Addiction Medicine Specialists and potential GP prescribers be promoted and supported by PHNs throughout QLD.
4. That AOD and addiction medicine training in undergraduate and postgraduate medical courses in Australia be expanded and enhanced.
5. That an appropriate organisation be resourced to design and deliver a stigma and discrimination training module for undergraduate and postgraduate medical students in Queensland.
6. That Queensland Health in consultation with the PHNs in Queensland investigate the feasibility of establishing organisations similar to the Pharmacotherapy Area Based Networks (PABNs) in Victoria, with recruiting new GP prescribers and supporting existing GP prescribers as part of their
7. 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 Queensland.
8. That Queensland Health investigate the appropriateness of developing, maintaining, and sharing a list of all OTP dosing points in Queensland that is available to those in sector and can be provided to people seeking a dosing point.
9. That the process for credentialing OTP dispensing pharmacies be reviewed, and appropriate organisations be resourced to provide in person training and support for any new pharmacies wanting to dispense OTP medications.
10. That the Queensland Pharmacy Guild be supported to reinstate a dedicated OTP pharmacy liaison worker.
11. That phone-based addiction medicine specialist support services for GPs and pharmacists, such as DACAS in Victoria and DASAS in NSW, be established to reduce pressure on OTP prescribers and dispensers in Queensland.

12. Develop an overall promotion and education program to encourage more GP prescribers and community pharmacies to participate in OTP in Queensland including investigating ways to share and promote stories of professional satisfaction from OTP prescribers and dispensing pharmacies.
13. That Queensland Health urgently evaluate the outcomes of reducing the capacity of MRQ.
14. That Queensland Police follow standard operation procedures and policies regarding OTP treatment, set out in the Queensland Police Operating Procedures Manual, which states that police are “not to deter injecting drug users from participating in these programs” by conducting unwarranted “patrols, surveillance, or person checks in the vicinity of [OTP/NSP] premises”.
15. 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.
16. That Queensland Health reassess their recommendations for the approval and ongoing management of take away doses and ensure the OTP Guidelines recognises the need for a program that is both flexible and responsive to the individual needs of those on the program.
17. That Queensland Health incorporate into the OTP guidelines special provisions for elderly consumers who are unable to travel to dosing points on a daily basis.
18. That Queensland 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.
19. 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.
20. That the usefulness of Urine Drug Screening (UDS) for OTP consumers be reviewed.

21. That OTP consumers who have been stable for long periods of time have their frequency of script renewal reduced to 6 months, reducing burden on prescribers and consumers.
22. 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 Queensland OTP Guidelines.
23. That Queensland Health and Queensland Corrective Services commit to implementing OTP to recognised best practice standards across the entire Queensland prison system.
24. That Queensland Health incorporate into the OTP Guidelines provisions for the creation of individual Emergency Management Plans for all Queensland OTP dispensing pharmacies.
25. That Queensland Health keep a centralised, confidential record of OTP consumers' prescribed drug, dose amount, and time of last dose, in case of loss of pharmacy records or destruction of pharmacy premises in a natural disaster.

Key Issues and Recommendations

Improving Access and Retention

There was consensus among stakeholders that access to OTP in Queensland is not currently meeting community demand, with a particular need to increase the number of prescribers and dispensing pharmacies.

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. 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 to prescribe 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. This was identified by stakeholders as a form of stigma.

Recommendation 1: That an appropriate organisation 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.

Recommendation 2: That Queensland Health and local PHNs promote the benefits of OTP and the rewards of being an OTP prescriber through GP training programs.

Another major barrier to recruiting GPs to prescribe OTP is the perception that practicing in this area requires highly specialised knowledge and, concomitantly, that prescribing OTP medications carries a great deal of risk. Caseload pressure on Addiction Medicine Specialist (AMS) prescribers was also raised as a key issue for Queensland's OTP system.

Recommendation 3: That 'shared care' arrangements between Addiction Medicine Specialists and potential GP prescribers be promoted and supported by PHNs throughout QLD.

Additionally, forum participants noted that few medical graduates had an addiction specialisation or OTP 'on their radar' in terms of a career path. Stigma against working with people who use drugs was raised as a complicating factor.

Recommendation 4: That AOD and addiction medicine training in undergraduate and postgraduate medical courses in Australia be expanded and enhanced.

Recommendation 5: That an appropriate organisation be resourced to design and deliver a stigma and discrimination training module for undergraduate and postgraduate medical students in Queensland.

Stakeholders noted that it would be helpful for Queensland to have an organisation or group of organisations around the state whose role it was to recruit and provide ongoing support for GP prescribers.

Recommendation 6: That Queensland Health in consultation with the PHNs in Queensland investigate the feasibility of establishing organisations similar to the Pharmacotherapy Area Based Networks (PABNs) in Victoria, with recruiting new GP prescribers and supporting existing GP prescribers as part of their core business.

Increasing the number of dispensing pharmacies

Frontline workers and consumers reported that long wait times for OTP dosing are common, indicating that the number of dispensing pharmacies in Queensland is insufficient to meet current demand, let alone the increased demand expected to be caused by codeine rescheduling and Real Time Prescription Monitoring.

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

Recommendation 7: 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 Queensland.

Numerous stakeholders identified an 'air of secrecy' around which pharmacies in Queensland dose OTP medications. Pharmacist representatives indicated that it can be difficult for community pharmacies to quickly and successfully join the program, as there is nowhere for them to openly publicise that they dispense OTP medications. This adds another layer of difficulty and another reason not to become an OTP dosing point/dispensing pharmacy.

Recommendation 8: That Queensland Health investigate the appropriateness of developing, maintaining, and sharing a list of all OTP dosing points in Queensland that is available to those in sector and can be provided to people seeking a dosing point.

Forum participants raised several issues around the current credentialing process for pharmacies wanting to dispense OTP medications in Queensland. It was noted that credentialing for pharmacies had moved from a process involving face-to-face contact with Pharmacy Guild and Health Department representatives to a 'click and tick' online self-checking process.

Recommendation 9: That the process for credentialing OTP dispensing pharmacies be reviewed, and appropriate organisations be resourced to provide in person training and support for any new pharmacies wanting to dispense OTP medications.

Workforce Development and Support

A lack of support for prescribers and pharmacies was identified by stakeholders as a major factor affecting the quality of OTP in Queensland.

Recommendation 10: That the Queensland Pharmacy Guild be supported to reinstate a dedicated OTP pharmacy liaison worker.

Recommendation 11: That phone-based addiction medicine specialist support services for GPs and pharmacists, such as DACAS in Victoria and DASAS in NSW, be established to reduce pressure on OTP prescribers and dispensers in Queensland.

Recommendation 12: Develop an overall promotion and education program to encourage more GP prescribers and community pharmacies to participate in OTP in Queensland including investigating ways to share and promote stories of professional satisfaction from OTP prescribers and dispensing pharmacies.

Forum participants have found that the recent restructuring and significant cuts to Medicines Regulation Quality (MRQ) are having a highly detrimental impact on OTP in Queensland. For example, stakeholders reported being unable to get reliable access to specialist clinical support which was previously available.

Recommendation 13: That Queensland Health urgently evaluate the outcomes of reducing the capacity of MRQ.

Improving Treatment Retention

The actions of Queensland Police in proximity to OTP dispensing pharmacies were identified as key reasons that consumers discontinue treatment. Stakeholders reported the inappropriate confiscation of take away doses and subsequent unnecessary and costly court cases which were almost always dismissed. OTP dispensing pharmacies are also reportedly used as places Queensland Police use to conduct stop and search operations, check people for outstanding warrants, and create registers of the car license plate numbers of OTP consumers.

Recommendation 14: That Queensland Police follow standard operation procedures and policies regarding OTP treatment, set out in the Queensland Police Operating Procedures Manual, which states that police are “not to deter injecting drug users from participating in these programs” by conducting unwarranted “patrols, surveillance, or person checks in the vicinity of [OTP/NSP] premises”².

The inability to easily travel, among the general rigidity of OTP, was given as another reason consumers find the program unappealing and unmanageable on a day-to-day basis and therefore, opt to discontinue treatment earlier than they would otherwise prefer to do.

Recommendation 15: 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.

The likelihood of take away doses being reduced each time a consumer moves between prescribers and/or pharmacies, as well as insufficient take away doses in general, places unnecessary restrictions on the day-to-day lives of OTP consumers and makes the program unappealing and unmanageable particularly as a maintenance-based treatment.

Recommendation 16: That Queensland Health reassess their recommendations for the approval and ongoing management of take away doses and ensure the OTP Guidelines recognises the need for a program that is both flexible and responsive to the individual needs of those on the program.

² Queensland Police Operating Procedures Manual, Chapter 14, pg. 77.
<https://www.police.qld.gov.au/corporatedocs/OperationalPolicies/Documents/OPM/Chapter14.pdf>

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

Recommendation 17: That Queensland Health incorporate into the OTP guidelines special provisions for elderly consumers who are unable to travel to dosing points on a daily basis.

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. 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 bare this cost. Stakeholders noted that the price of dispensing seemed to vary widely depending on the pharmacy and participants at the forum could not offer any consistent explanation for how fees are calculated from one dosing pharmacy to the next. In addition to pharmacy dispensing fees, some OTP consumers (who are unable to access bulk billing through their GP prescriber) are paying as much as \$160/month to their prescriber for ongoing consultation fees.

Frontline workers described situations in which Suboxone consumers dosing once every 28 days were still paying \$150/month in dispensing fees, despite only visiting their pharmacy once a month to pick up a single box with a single label. Participants informed HRA that some prescribers charge for petty services, e.g. a 50 cent charge for faxing a script to the consumer's pharmacy. Having a take away dose and being late with payment were given as other examples of where additional fees are routinely added.

Recommendation 18: That Queensland 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 19: 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.

Potential Cost Savings in OTP

Given the highly complex and over-regulated nature of OTP, participants suggested identifying areas where resources are wasted and therefore where cost savings could be made. Urine Drug Screening (UDS) was given as a key example of waste in OTP. UDS is expensive to implement and usually only used to determine a consumer's suitability for take away doses. Forum participants noted that clinicians have other evidence-based and less expensive means of assessment available to them. Another example of waste raised by stakeholders was monthly appointments with prescribers for assessment and script renewal for consumers who have been stable on OTP long term.

Recommendation 20: That the usefulness of Urine Drug Screening (UDS) for OTP consumers be reviewed.

Recommendation 21: That OTP consumers who have been stable for long periods of time have their frequency of script renewal reduced to 6 months, reducing burden on prescribers and consumers.

Consumer Engagement and Participation

There was consensus among participants that the OTP has struggled to implement consumer engagement and participation programs. Indeed, few stakeholders in the room had any experience of these initiatives within the OTP. This is the case even though the OTP is a healthcare environment where stigma and a divide between provider and consumer are generally profound. Of concern to stakeholders at HRA's Queensland forum was the conflation of AOD/OTP consumers with consumer participants in mental health services, where these programs are well established. Consumer engagement and participation are noticeably absent from Queensland OTP guidelines.

Recommendation 22: 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 Queensland OTP Guidelines.

Supporting Specialist Services

Prisons

OTP is noticeably absent from men's prisons in Queensland, in contrast to all other states and territories in Australia. Forum participants described a profoundly inadequate detoxification regimen for OTP consumers entering prison in Queensland, consisting of two 5mg diazepam tablets and two 500mg paracetamol tablets. A Project Officer position for prison OTP has reportedly been recently advertised in Queensland, with a mandate to explore establishing OTP in men's prisons. Participants expressed concerns however about the strength of the policy commitment to the new men's program and were concerned that political change could have an impact on ongoing support for the program.

Recommendation 23: That Queensland Health and Queensland Corrective Services commit to implementing OTP to recognised best practice standards across the entire Queensland prison system.

Aboriginal and Torres Strait Islander Services

Stakeholders noted that many Aboriginal and Torres Strait Islander OTP consumers seem to prefer to access OTP through mainstream services.

Natural Disasters and Emergency Situations

It was noted as a matter of urgency that Queensland is prone to flooding, tropical cyclones and other natural disasters and that this can lead to situations that are potentially extremely disruptive to the OTP. Participants recalled circumstances both within and outside Queensland where consumers have reportedly been left without access to their pharmacy and/or pharmacy records have been destroyed due to flooding, building damage, power and IT outages, etc., without there being any contingency plan in place.

Recommendation 24: That Queensland Health incorporate into the OTP Guidelines provisions for the creation of individual Emergency Management Plans for all Queensland OTP dispensing pharmacies.

Recommendation 25: That Queensland Health keep a centralised, confidential record of OTP consumers' prescribed drug, dose amount, and time of last dose, in case of loss of pharmacy records or destruction of pharmacy premises in a natural disaster.



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.

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