HARM REDUCTION AUSTRALIA

OPIOID TREATMENT PROGRAM FORUM: VICTORIA

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However, many experts also recognise that the current system under which OTP is administered in Australia is out-of-date, disjointed and over regulated.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

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[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 Forum held in Melbourne in December 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:

- Pharmaceutical Society of Australia
- Addiction Medicine Specialists
- OTP dispensing pharmacists
- Barwon Health
- Monash Health
- Co-Health
- Consumer Representatives
- Yarra Drug & Health Forum
- Harm Reduction Victoria (HRVic)
- Indivior
- Pharmacotherapy Area Based Networks (PABNs)
- Western Victoria Primary Health Network (PHN)
- General Practitioner Prescribers
- Nurse Practitioner prescribers

The forum was divided into a series of facilitated discussions on topics critical to the reform of OTP in Victoria. Key issues and recommendations arising from the day are outlined under the relevant headings below, in so specific order of priority.

Summary of Recommendations

1. That an appropriate organisation such as Harm Reduction Victoria are resourced to develop a RACGP/CPD accredited training module for GP prescribers and their support/practice staff aimed at reducing stigma and discrimination towards OTP consumers and people who use drugs.
2. That Victoria's Primary Health Networks (PHNs) and Pharmacotherapy Area Based Networks (PABNs) jointly develop and implement and information and training campaign for GPs on the high incidence of AOD presentations in general practice, and promote the value of OTP prescribing as an evidence-based response and as a highly specialised and rewarding area of medical practice.
3. That Victorian PHNs and PABNs develop a mentoring framework and system of 'shared-care' arrangements between GPs new to OTP prescribing and established Addiction Medicine Specialists, to support less experienced GP Prescribers in their clinical decision making in the first 12 months of OTP prescribing.
4. That AOD and addiction medicine training in undergraduate and postgraduate medical courses in Australia be enhanced, with a particular view to promoting and 'normalising' OTP as a safe, effective and evidence-based response to treating opioid dependence in community-based settings.
5. That Harm Reduction Victoria/PAMS be resourced to design and deliver a targeted training program for university-based medical courses in Victoria on key issues for Victorian OTP consumers with the view to improving understanding and attitudes and reducing stigma and discrimination towards OTP consumers.
6. That Harm Reduction Victoria/PAMS be resourced to deliver targeted training to pharmacists and pharmacy students aimed at reducing stigma and discrimination towards OTP consumers.
7. That Victorian PHNs and PABNs develop a promotional campaign to highlight the evidence for and value of dispensing OTP to pharmacists with the aim of increasing the number of dispensing pharmacies within Victoria.
8. That the Victorian government subsidise the cost of dispensing fees for OTP consumers in line with the system currently in operation in the ACT, in order to increase affordability and improve accessibility for consumers and reduce financial risk and the problems associated with managing bad debts for pharmacists.
9. That the PABN designed 'Chronic Pain Master Class' be enhanced and delivered across Victoria.

10. That the Victorian Department of Health and PHNs across Victoria resource the PABNs and Faculty of Pain Medicine to encourage and support the better exchange of information and professional expertise between Pain Management and Addiction Medicine Specialists.
11. That Harm Reduction Australia (HRA), OTP stakeholders in Victoria and other relevant services and organisations advocate the importance and value of consumer participation in all training programs developed and delivered by the RACGP.
12. That the Victorian Department of Health and local PHNs provide resources for the recruitment and training of additional OTP prescribing nurse practitioners.
13. That the Victorian Department of Health expand Specialist MATOD Services to cover rural and regional Victoria and service consumers with complex needs, including providing sufficient funding for staff to dose consumers on site for extended periods at no cost to the consumer.
14. That the Victorian Department of Health investigate the potential benefits and disadvantages of establishing a new compulsory training and accreditation process for all dispensing pharmacists in the Victorian OTP.
15. That OTP dispensing fees be means-tested, providing a discount for Health Care Card and Pension Card holders.
16. That the Victorian Department of Health explore the feasibility of subsidising OTP consumer dispensing fees through a direct payment to dispensing pharmacies in a similar way to the ACT Government.
17. That the Federal Government explore the feasibility of rescheduling OTP medications to remove the unfair and inequitable cost burden on OTP consumers and encourage greater participation in the OTP by community pharmacies by removing the financial risks and improving the financial incentives.
18. That the usefulness of routine Urine Drug Screening (UDS) for OTP consumers be reviewed with the aim of identifying funding waste that could be better utilised to support a new Victorian dosing subsidy scheme for OTP consumers.
19. That Suboxone be made available on PBS as a regular prescription for long-term stable buprenorphine OTP consumers. Additionally, that long-term stable methadone OTP consumers be assessed to be prescribed physeptone tablets on PBS as a regular prescription.
20. That PAMS be resourced to train and coordinate consumer representatives to be involved in training and credentialing programs for OTP prescribers and dispensing pharmacies.

21. That local PHNs fund HRVic to develop a Consumers Academy similar to that being developed by NUAA in NSW.
22. That the OTP sector in Victoria develop consistent guidelines around planning for consumers’ exiting the program, including psychosocial support, medicated detoxification, dedicated residential and family support services and outpatient detoxification services.
23. That the Department of Health and Victoria Police develop a policy to ensure that OTP prescribing and dosing can be carried out in police custody as a matter of urgency.
24. That care coordination between maternity ward staff and OTP providers be enhanced to prevent stigma and discrimination against pregnant OTP consumers.
25. That HRVic/PAMS be funded to develop a resource for OTP consumers on pregnancy, debunking myths and highlighting practical risk reduction strategies.

Key Issues and Recommendations

Improving Access and Retention in OTP

Increasing the Number of GP Prescribers

There was consensus among stakeholders present on the day that the OTP in Victoria does not have the capacity to properly meet current levels of demand, with GP prescribers being in particularly short supply. The Victorian OTP is largely reliant on a small number of prescribers with high caseloads who are nearing retirement age. The upcoming rescheduling of codeine and implementation of real time prescription monitoring (RTPM) are likely to further increase demand for OTP in Victoria, meaning that the recruitment of new GP prescribers is crucial to the continuing success of OTP in Victoria.

Prevailing negative attitudes and values toward OTP consumers and people who use drugs was identified by forum participants as a key barrier to recruiting GP prescribers into the Victorian OTP. A common manifestation of this issue is GPs not wanting “those people” in their waiting room, or fearing that their practice partners or other practice staff will have this reaction thereby leading to problems within the practice. Given that general practice operates as a small business, GPs can also be concerned about their practice gaining a reputation as an undesirable place to access as a patient and/or work as a GP. Participants also pointed out that stigmatising and discriminatory attitudes toward OTP consumers are pervasive within society generally, and that the attitudes of GPs are, more often than not, simply reflecting widely held views within the general community. In this context, it was highlighted that the attitudes and work practices of support staff, such as receptionists and practice managers, were very important to address as they can often be the first point of contact with OTP consumers.

> Recommendation 1: That an appropriate organisation such as Harm Reduction Victoria are resourced to develop a RACGP/CPD accredited training module for GP prescribers and their support/practice staff aimed at reducing stigma and discrimination towards OTP consumers and people who use drugs.

Forum participants raised the issue that GPs are generally overwhelmed with a high caseload and a wide range of health issues, making them hesitant to take on the additional responsibility of OTP prescribing. It was also noted that, although AOD is consistently in the top 4 issues addressed by GPs, they often struggle to see drug use as part of their 'core business', or may not want to believe that their clientele experience these issues. Despite the above concerns, participants also acknowledged that many GP prescribers find working in OTP a highly rewarding experience and that more needs to be done to promote these positive experiences effectively among current GPs, GP registrars and new medical graduates.

> Recommendation 2: That Victoria's Primary Health Networks (PHNs) and Pharmacotherapy Area Based Networks (PABNs) jointly develop and implement and information and training campaign for GPs on the high incidence of AOD presentations in general practice, and promote the value of OTP prescribing as an evidence-based response and as a highly specialised and rewarding area of medical practice.

The strict regulations and guidelines around OTP prescribing and the professional risks, whether perceived or real, of stepping outside the guidelines were raised as another reason that GPs are hesitant to participate in the OTP in Victoria.

> Recommendation 3: That Victorian PHNs and PABNs develop a mentoring framework and system of 'shared-care' arrangements between GPs new to OTP prescribing and established Addiction Medicine Specialists, to support less experienced GP Prescribers in their clinical decision making in the first 12 months of OTP prescribing.

The lack of addiction/AOD specialist training within medical curricula in Australia was identified by forum participants as a contributor to low levels of interest and confidence in OTP prescribing among GPs and new medical graduates. Out of the 4-5 years of training currently required to practice medicine in Victoria, it was estimated by forum participants that approximately 12 days is currently specifically allocated to teaching on AOD issues. Medical training was seen by forum participants as an ideal place to promote the evidence and positive outcomes associated with OTP before graduates are exposed to the widely acknowledged negative views towards OTP in the GP and broader medical workforce.

> Recommendation 4: That AOD and addiction medicine training in undergraduate and postgraduate medical courses in Australia be enhanced, with a particular view to promoting and 'normalising' OTP as a safe, effective and evidence-based response to treating opioid dependence in community-based settings.

Recommendation 5: That Harm Reduction Victoria/PAMS be resourced to design and deliver a targeted training program for university-based medical courses in Victoria on key issues for Victorian OTP consumers with the view to improving understanding and attitudes and reducing stigma and discrimination towards OTP consumers.

Increasing the Number of Dispensing Pharmacies

Forum participants estimated that around 50 percent of Victoria's 1200 pharmacies currently dispense OTP medications, making the issue of pharmacy recruitment less urgent than recruiting GP prescribers. However, consumers in rural and regional Victoria regularly experience difficulty in sourcing a dispensing pharmacy, and the projected increase in demand for OTP associated with the upcoming rescheduling of codeine and implementation of RTPM, will mean that pharmacy recruitment is critically important to maintaining a good quality OTP in Victoria into the future.

As was the case with GP prescribers, stakeholders also identified stigma and discrimination toward OTP consumers and people who use drugs as a barrier to recruiting pharmacies to the program. Forum participants added that stigma in the wider community compounds this issue, for example when local businesses and community members put pressure on pharmacies to stop dispensing OTP medications.

Recommendation 6: That Harm Reduction Victoria/PAMS be resourced to deliver targeted training to pharmacists and pharmacy students aimed at reducing stigma and discrimination towards OTP consumers.

Recommendation 7: That Victorian PHNs and PABNs develop a promotional campaign to highlight the evidence for and value of dispensing OTP to pharmacists with the aim of increasing the number of dispensing pharmacies within Victoria.

It was suggested that the risk of accruing bad debt from OTP consumers is a key disincentive for pharmacists in Victoria. Participants also noted that many pharmacists are aware that OTP dispensing fees are not affordable for the vast majority of OTP consumers who are living on government benefits.

Recommendation 8: That the Victorian government subsidise the cost of dispensing fees for OTP consumers in line with the system currently in operation in the ACT, in order to increase affordability and improve accessibility for consumers and reduce financial risk and the problems associated with managing bad debts for pharmacists.

Workforce Development

The relationships between OTP prescribers, GPs, and Pain Management specialists was identified by forum participants as a crucial area in need of development. Stakeholders noted that GPs, when faced with chronic pain patients who are potentially opiate dependent, often refer to Pain Management Specialists, assuming they will have an expert understanding of addiction medicine/dependent drug use. Forum participants indicated that this was rarely the case, with patients often returning to their GP with a recommendation for higher doses of opiates, and thereby representing a major missed opportunity to ensure the appropriate management of these patients.

> Recommendation 9: That the PABN designed 'Chronic Pain Master Class' be enhanced and delivered across Victoria.
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> Recommendation 10: That the Victorian Department of Health and PHNs across Victoria resource the PABNs and Faculty of Pain Medicine to encourage and support the better exchange of information and professional expertise between Pain Management and Addiction Medicine Specialists.

Forum participants identified a set of valuable training modules offered by RACGP which cover issues relating to opiate dependence and OTP prescribing. It was noted however that none of these modules include the perspectives of OTP consumers.

> Recommendation 11: That Harm Reduction Australia (HRA), OTP stakeholders in Victoria and other relevant services and organisations advocate the importance and value of consumer participation in all training programs developed and delivered by the RACGP.

Improving Models and the Standard of Care in OTP

Consumer representatives indicated that some OTP prescribers in Victoria seem to have a very high number of patients/permits at any one time (upwards of hundreds of consumers at times). Such high patient loads, inevitably places enormous time pressure on the clinic or practice concerned, which in turn can lead to a situation where the practitioners' capacity to provide proper assessment for take away doses may be compromised. There is also limited time in these situations to address other relevant priority health issues, such as hepatitis C and mental health which can result in these conditions being left untreated, under-treated and/or inappropriately managed.

Consumer representatives in attendance who had experienced these circumstances advised that being on OTP was more restrictive and less appealing in these situations. Developing new models for OTP delivery that take a holistic approach to addressing the health care needs of OTP consumers and ensure that prescriber capacity and patient caseload is appropriately matched and resourced is therefore crucial.

Stakeholders stated that nurse practitioner OTP prescribers have had a very positive impact on OTP in Victoria, particularly with regard to alleviating caseload strain on GP prescribers in rural and regional areas. Forum participants found that nurse practitioners can often be more embedded in local communities than medical graduates who tend to spend only a few years in rural and regional areas. Nurse practitioners were also praised for providing holistic care and receiving good feedback from OTP consumers.

> Recommendation 12: That the Victorian Department of Health and local PHNs provide resources for the recruitment and training of additional OTP prescribing nurse practitioners.

Specialist MATOD Services were highlighted by forum participants as a valuable but under-resourced component of OTP in Victoria. There was consensus among stakeholders that enhancing these services and expanding their reach would be more effective in improving OTP in Victoria than introducing NSW-style public clinics. Specifically, forum participants stated that these services should cover all regional and rural areas, and their pharmacist-specific funding should be increased. The 5 funded Specialist MATOD Services currently receive funding to employ one pharmacist each at 0.6 EFT, however none of them currently do so as it is not feasible to run an OTP dosing program with this workload allocation. Participants also identified that these services could take on more complex OTP consumers, who the PAMS service identify as the most at-risk of losing program continuity and are currently largely un-serviced by the existing OTP service delivery models in Victoria. Indeed, it was noted that, unlike NSW, Victoria currently has no dedicated OTP services that will take consumers with complex needs such as people exiting prison, people with multiple comorbidities and people in extreme hardship and dose them free of charge for extended periods. This situation was identified by participants as requiring urgent action particularly given the potential resultant cost to the community in not providing such services.

> Recommendation 13: That the Victorian Department of Health expand Specialist MATOD Services to cover rural and regional Victoria and service consumers with complex needs, including providing sufficient funding for staff to dose consumers on site for extended periods at no cost to the consumer.

A variety of views were expressed by forum participants in relation to the role of dispensing pharmacists in OTP provision and whether there could be a capacity for dispensing pharmacists to take a greater supportive role, alongside OTP Prescribers as a way to relieve some of the current pressures in the system as outlined throughout this report. While the forum did not allow for a full and frank discussion of how such arrangements might work in practice, some of the pharmacy representatives in attendance suggested that many dispensing pharmacists would be interested in taking a more active role in the program and patient management perhaps through a 'shared-care' type arrangement. It should be noted however that other forum participants were less certain about both the value of and support for such an arrangement through medical professional bodies.

Forum participants also discussed current arrangements for OTP training for dispensing pharmacists including whether this training should change from the current non-compulsory requirement to become compulsory for all dispensing pharmacists in the future. There were mixed views on this issue among participants as although most stakeholders acknowledged the positive impact that compulsory training and accreditation could have on the overall standard of care in the program, there were legitimate concerns expressed about the potential for such compulsory requirements to create even further barriers to recruiting new dispensing pharmacists.

> Recommendation 14: That the Victorian Department of Health investigate the potential benefits and disadvantages of establishing a new compulsory training and accreditation process for all dispensing pharmacists in the Victorian OTP.

Reducing the Cost of OTP

Dosing fees represent a significant cost for OTP consumers, who are among some of the most financially disadvantaged members of the Australian community. While stakeholders acknowledge that community pharmacies must be adequately compensated for their time and work, it is also recognised that many OTP consumers in Victoria cannot afford the $20-$50 per week that is typically required. For rural and regional OTP consumers, travelling to and from pharmacies can add significantly to this cost. Finding ways to reduce the cost of OTP and alternatives to consumer fees would greatly improve the accessibility of OTP in Victoria and the likelihood that people would be retained in treatment.

Recommendation 15: That OTP dispensing fees be means-tested, providing a discount for Health Care Card and Pension Card holders.

Stakeholders raised previous Australian research projects with OTP consumers which indicated that consumers were willing to pay dispensing fees, but that fees of around $10-$15 per week would be more affordable. In the ACT, a fee-sharing system is in place, whereby consumers pay a maximum of $15 per week directly to their dispensing pharmacy and the ACT Government subsidises that amount with an additional $25 per person per week paid directly to the community pharmacies. Evidence has shown that this approach has significantly reduced the likelihood of bad debts and debt repayment problems within the ACT Opioid Pharmacotherapy Program.

Forum participants also described Victoria's OTP as over-regulated, a situation which greatly increases the administrative burden on dosing pharmacies and therefore the overall cost of the program. Participants stated that changing the current scheduling arrangement of OTP medications would go some way to addressing this.

Recommendation 16: That the Victorian Department of Health explore the feasibility of subsidising OTP consumer dispensing fees through a direct payment to dispensing pharmacies in a similar way to the ACT Government.

Recommendation 17: That the Federal Government explore the feasibility of rescheduling OTP medications to remove the unfair and inequitable cost burden on OTP consumers and encourage greater participation in the OTP by community pharmacies by removing the financial risks and improving the financial incentives.

Identifying further areas of OTP where resources are wasted on unnecessary regulation was suggested by participants as another strategy to reduce cost. Reducing the use of Urine Drug Screens and reducing existing restrictions on long-term, stable OTP consumers were both suggested.

Recommendation 18: That the usefulness of routine Urine Drug Screening (UDS) for OTP consumers be reviewed with the aim of identifying funding waste that could be better utilised to support a new Victorian dosing subsidy scheme for OTP consumers.

Recommendation 19: That Suboxone be made available on PBS as a regular prescription for long-term stable buprenorphine OTP consumers. Additionally, that long-term stable methadone OTP consumers be assessed to be prescribed physeptone tablets on PBS as a regular prescription.

Consumer Engagement and Participation

Consumer engagement and participation improves health outcomes and the quality and acceptability of services. It has become the norm in mental health, disability and the youth sectors, with consumers having input into service design, policy development and staff recruitment. AOD service providers are typically very supportive of consumer participation, however the sector has not taken up meaningful consumer participation in the same way as the other sectors outlined above. Unsurprisingly, forum participants were not aware of any consumer engagement and participation programs in Victoria's OTP, apart from PAMS at HRVic. Participants noted that PHNs in NSW have recently funded the NSW Users and AIDS Association (NUAA) to develop a 'Consumers Academy', which will train OTP consumers and PWUD to participate in consumer engagement programs at AOD and OTP services.

> Recommendation 20: That PAMS be resourced to train and coordinate consumer representatives to be involved in training and credentialing programs for OTP prescribers and dispensing pharmacies.
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> Recommendation 21: That local PHNs fund HRVic to develop a Consumers Academy similar to that being developed by NUAA in NSW.

Specialist OTP Services

Forum participants discussed a range of issues surrounding exit plans/discontinuation of OTP, prison OTP, and services for pregnant women.

It was noted that at least one service in Victoria was estimated to have many hundreds of clients on OTP of which none had an exit plan should there be any discontinuation of service. It was also noted that the majority of detoxification services in Victoria are designed for heroin users and typically last 7-10 days, which is insufficient for methadone. The long length of methadone withdrawal means that current residential detoxification services are not suitable, particularly if there are work and family commitments including caring responsibilities for young children.

Participants also raised that OTP has been seen at various points in time as a way to control and/or punish PWUD, an attitude whose history is still reflected in the structure of OTP today, where there is a tendency for consumers to be 'parked' on the program. This has led to a situation where the most common way consumers leave the program is to 'jump off' – that is, to suddenly discontinue dosing without formal support or gradual reduction of dose. This is often due to cost, breakdown of relationship with service providers, or exhaustion with restrictions. Not surprisingly, this approach to exiting the program is highly dissatisfactory and unsuccessful for the majority of consumers and can result in extremely adverse outcomes including accidental overdose.

> Recommendation 22: That the OTP sector in Victoria develop consistent guidelines around planning for consumers' exiting the program, including psychosocial support, medicated detoxification, dedicated residential and family support services and outpatient detoxification services.

Forum participants raised the inconsistency of OTP dosing in custodial settings in Victoria. A current OTP consumer can remain on their community pharmacy prescription while in police custody, then transfer to the prison health system if incarcerated. However, if an opiate dependant person is taken into police custody without a current OTP prescription, they cannot be initiated onto the program until they reach a prison. This leaves people in withdrawal, possibly for days, which stakeholders noted raises a range of serious human rights issues particularly given that methadone and buprenorphine are listed as essential medicines by the World Health Organisation.

> Recommendation 23: That the Department of Health and Victoria Police develop a policy to ensure that OTP prescribing and dosing can be carried out in police custody as a matter of urgency.

Pregnancy

While the Women's Alcohol and Drug Service (WADS) is well respected in the sector, forum participants highlighted that it only covers consumers in metropolitan areas. Stakeholders noted that similar services in regional and rural areas are insufficiently resourced (or non-existent) and may be operating with outdated attitudes and practices toward pregnancy and drug use. For example, the service in one region consists of one full time social worker and a 0.3 EFT maternity nurse, and still uses the name 'Chemical Dependency Unit'. OTP consumers who are parents are very wary of the relationships between hospital staff and Child Protection, due to fears of child removal and concerns about their potential lack of expertise and knowledge on OTP and pregnancy.

Recommendation 24: That care coordination between maternity ward staff and OTP providers be enhanced to prevent stigma and discrimination against pregnant OTP consumers.

Recommendation 25: That HRVic/PAMS be funded to develop a resource for OTP consumers on pregnancy, debunking myths and highlighting practical risk reduction strategies.

Closing Comments

Forum participants stressed that the current policy disconnect between AOD and mental health, as it is divided across two Ministries in the Victorian State Government, is making advocacy extremely challenging. It was also noted that while Victoria has strong and active voices on drug treatment and policy development issues, they are not all engaged consistently on the needs and priorities in the OTP area. It was recommended that an overarching Opioid Treatment Program Standing Committee be established in Victoria, and that such a committee needs to include (as a minimum) frontline workers, consumer participation, rural/regional representation along with GP Prescribers, Dispensing Pharmacists and Addiction Medicine Specialists.

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.