

NATIONAL MATOD SUMMIT REPORT

Medication Assisted Treatment for
Opioid Dependence (MATOD) in Australia

A Better System for Better Outcomes

Prepared by Harm Reduction Australia and ScriptWise



Preventing
prescription
medication
misuse.

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Disclaimer & Acknowledgements

The information in this report was prepared by Harm Reduction Australia and ScriptWise only. It summarises the discussions that took place at the National MATOD Summit and does not necessarily represent the views of all participants at the National MATOD Summit.

Harm Reduction Australia and ScriptWise also acknowledge that an untied and independent educational grant was received from Indivior to undertake the National MATOD Summit

Harm Reduction Australia and ScriptWise also acknowledge that a very significant body of work undertaken by numerous professionals and organisations already exists in the area of improving MATOD in Australia. This report seeks to build on that work by outlining a roadmap for change.

Summary of Recommendations

Recommendation 1: That a national workforce strategy be drafted and presented to the COAG Health Council to

- promote ongoing professional development and resourcing of MATOD that is evidence-based and adheres to best policy and standards;
- increase the number of active prescribers and pharmacists providing MATOD; and
- investigate shared care arrangements and incentives to increase GP prescribers, nurse practitioners and pharmacists participating in MATOD program.

Recommendation 2: That a national training program for GPs and pharmacists is developed with key medical peak bodies, to:

- improve understanding of opioid dependence and the high incidence of AOD presentations in general practice;
- ensure stigma is addressed in the professional development of GPs and pharmacists; and
- promote the value of MATOD prescribing as an evidence-based, highly-specialised and rewarding area of medical practice.

Recommendation 3: That meaningful consumer engagement and participation be promoted at a policy level and prior to and during MATOD treatment. This must involve:

- appropriate resourcing; and
- better awareness and information being provided to people with opioid dependence about the range of treatments available prior to commencing treatment.

Recommendation 4: That police services instruct all officers to follow standard operating procedures and policies regarding MATOD treatment by not conducting unwarranted patrols, surveillance, or person checks in the vicinity of MATOD premises.

Recommendation 5: That a nationally coordinated group and/or committee is established to advise on MATOD policy development and to strategically implement all recommendations from the state forums and national summit. This must include meaningful MATOD consumer engagement and involvement.

Recommendation 6: That the Federal Government fully investigate and discuss with participating stakeholders the reduction of the financial impact of MATOD on consumers and health professionals. This must include input and investigation into:

- the development of a nationally subsidised scheme, whereby the costs associated with the provision and dispensing of MATOD medications are funded by the Government; and
- the potential of viewing MATOD within a chronic disease framework/model to increase funding and the quality of treatment.

Recommendation 7: That the Ministerial Drug Forum ensure the release of the IGCD report on MATOD programs as a matter of urgency.

Recommendation 8: That a national awareness and training campaign for GPs and pharmacists is initiated by key medical peak bodies on

- the high incidence of AOD presentations in general practice, and
- to promote the value of MATOD prescribing as an evidence-based, highly-specialised and rewarding area of medical practice.

Recommendation 9: That Health Departments, in consultation with PHNs, investigate the feasibility of establishing structures, programs or positions with a specific focus on recruiting new prescribers and pharmacists, while also supporting existing prescribers and pharmacists.

Recommendation 10: That innovative models for MATOD service provision are trialled, particularly in regional and rural contexts. Such models might include:

- specialist nurse-based support services for GPs, and/or
- sessional clinics in existing AOD and harm reduction services.

Recommendation 11: That the autonomy of people on MATOD is increased by

- allowing people who are already stable on existing MATOD programs to increase flexibility in dosing arrangements
- improving access for people on MATOD travelling and moving interstate
- reducing supervision requirements; and
- improving identification of the most appropriate medication formulation for each consumer's circumstances and medium/long-term treatment goals.

Recommendation 12: That the aged-care sector address the issues adversely affecting people on MATOD programs within aged-care settings, including the continued stigma associated with treatment.

Recommendation 13: That, as a matter of urgency, a nationally consistent and modern MATOD system be developed that adheres to the following guiding principles and core values. At a minimum the MATOD system needs to:

- be affordable and accessible for all Australians
- meet the differing needs of people with opioid dependency
- be consistent with human rights principles and practices
- address any impacts of real-time prescription monitoring being implemented and embedded
- be provided on the basis of accurate and accessible information
- provide appropriate mechanisms for aftercare needs; and
- recognise the importance of family support for people on MATOD programs

Introduction

Setting the Scene: MATOD in Australia

Medication-Assisted Treatment for Opioid Dependence (MATOD) has been available in Australia since the mid-1960s. Initially, it was available in the form of methadone treatment, and later, buprenorphine preparations were added. It is now well established that MATOD is associated with a range of positive health and social outcomes for both the individual on treatment and the broader community.¹

According to the Australian Institute of Health and Welfare (AIHW), on a snapshot day in 2017, nearly 50,000 patients across Australia received pharmacotherapy for their opioid dependence. There were also just over 3,000 MATOD prescribers and dosing occurred at 2,732 dosing sites with almost 90% of people being dosed at pharmacies. Consistent with data collected in recent years, approximately two-thirds (60%) of people on MATOD were receiving methadone, with the remainder of clients receiving buprenorphine/naloxone combination therapy (25%) or buprenorphine monotherapy (15%).²

Although MATOD has traditionally been associated with illicit opioid use, predominantly heroin, recent data show that people also access MATOD for dependency issues related to pharmaceutical opioid use.³ There is also a wealth of evidence available that highlights the significant growing and unmet demand for MATOD in Australia. Research estimates that at any given time there are at least another 40,000 people eligible for MATOD treatment who, for a range of reasons, are not accessing the treatment program.⁴

In addition, numerous reports attest to some critical and long-standing factors that limit the access and availability of MATOD in Australia.⁵ These barriers to access include: the high cost of dispensing fees; the limited number of MATOD prescribers and dispensing locations; a lack of Government commitment (both state and federal) to addressing over-regulation; and high levels of entrenched stigma associated with MATOD in healthcare settings and the community more broadly.



90%

There were just over **3,000 MATOD prescribers** and dosing occurred at **2,731 dosing sites**, with almost **90% of people** being dosed at pharmacies



40,000

Research estimates there are another **40,000 people** eligible for **MATOD** treatment who **aren't** accessing the treatment program



50,000

On a snapshot day in 2017, nearly **50,000 patients** across Australia received pharmacotherapy for opioid dependence

- 1 National Institute for Health and Care Excellence (NICE). [Methadone and buprenorphine for the management of opioid dependence](#): NICE technology appraisal guidance 142007.
- 2 Australian Institute of Health & Welfare (AIHW). 2017. National Opioid Pharmacotherapy Statistics 2017. AIHW; Canberra. Accessed at data link: [NOPSAD 2017 Data](#).
- 3 Ibid
- 4 Chalmers J, Ritter A, Heffernan M, McDonnell G. 2009. [Modelling pharmacotherapy maintenance in Australia: Exploring affordability, availability, accessibility and quality using system dynamics](#). ANCD Research Paper #19. Canberra: Australian National Council on Drugs.
- 5 Kelsall, J, King, T, Kirwan, A, and Lord, S. 2014. Opioid Pharmacotherapy Fees: A Longstanding Barriers to Treatment Entry and Retention. Policy Brief 8; Sept 2014. Centre for Research Excellence into Injecting Drug Use (CREIDU). Accessed at: https://creidu.edu.au/policy_briefs_and_submissions/10-opioid-pharmacotherapy-fees-a-long-standing-barrier-to-treatment-entry-and-retention and Rowe J. [A raw deal? The hidden costs of pharmacotherapies for Victoria's most vulnerable](#). Draft progress report for the Salvation Army. 2007.

National MATOD Summit Goals & Strategy

Summit Goals

Harm Reduction Australia (HRA) and ScriptWise held a National MATOD Summit in Canberra on 23 May 2018. The Summit brought together a diverse group of over 40 stakeholders including MATOD consumers and their representative organisations, treatment providers, medical practitioners, pharmacists, nursing, alcohol and other drug (AOD) professionals, as well as state, territory and federal government representatives.

The Summit was designed to identify achievable solutions to improve the current MATOD system in Australia. The Summit's goals were to:

1. Co-ordinate a national response to the availability, affordability and delivery of MATOD;
2. Maximise the health benefits of MATOD by creating a roadmap to resolve recurring barriers to accessing treatment for people with opioid dependence; and
3. Identify a funding model to reduce treatment costs in order to improve the accessibility of MATOD and increase consumer retention

Summit Strategy

The National Summit was informed by a series of state-based MATOD forums facilitated by HRA in Queensland, Victoria and New South Wales in the second half of 2017. These forums identified a range of common themes that were used to shape the four key areas of action considered by the national summit. The themes were:

- Overcoming stigma to address barriers to MATOD access and retention;
- Reducing the cost of MATOD for consumers;
- Strategies to increase the number of prescribers and pharmacies; and
- New Developments in MATOD – evolving the system (regulations, policies and guidelines).

The National Summit program was divided into a series of facilitated discussions based on the key themes above. A summary of the recommendations that arose from the state forums based on these key themes was used as a basis for these discussions at the National MATOD Summit.

MATOD Summit May 23



Key Outcomes of the National Summit

Theme I: Overcoming stigma to address barriers to MATOD access and retention

Overcoming stigma: a priority issue

The attitude of health professionals towards people with opioid dependence and people on MATOD can have significant impacts on, and consequences for, the delivery and accessibility of MATOD for those seeking treatment.

There was broad agreement from Summit participants that the recommendations from the previous MATOD state forums relating to stigma and workforce development, and the design and delivery of training for health professionals, needed to be recognised as a priority issue to be discussed. Below are some of the key areas for improvement which were identified.

Improved training to reduce stigma amongst health professionals

Participants recommended training about stigma and discrimination be incorporated into the MATOD credentialling process, and that all MATOD providers (including public and private MATOD clinics, community pharmacies and GP prescribers) commit to training their staff in challenging stigma and discrimination.

The lack of a national curriculum on AOD/addiction studies was highlighted as a significant omission. It was recommended that an appropriate organisation(s) be resourced to design and deliver stigma and discrimination training for medical and pharmacy students on key issues for MATOD consumers to improve understanding and reduce stigma and discrimination.

Training in this area should also be accredited to ensure universal standards in relation to the quality of care for people with opioid dependence and to address negative attitudes and values.

Increased consumer engagement and information

To address the stigma and discrimination often faced by people with opioid dependence when accessing MATOD, it was agreed that a national campaign addressing stigma should be developed and undertaken in partnership with consumer organisations and resourced by government agencies with responsibilities in the AOD area.

Another key priority was the need for more meaningful consumer engagement and participation in MATOD policy development. It was agreed that there should be a strong focus on getting more people currently receiving, or who have lived experience of, MATOD engaged in the policy development process as a key aspect of addressing stigma and discrimination. While some participants recommended this be mandated, there were concerns that this might have a negative impact and some health professionals might resist such an initiative.

There was also discussion on the lack of knowledge and information around MATOD provided to people with opioid dependence by healthcare professionals (for example, the differences between methadone and buprenorphine preparations). This led to a discussion on the need for each state and territory to have accurate and current information produced by, and for, consumers on a broad range of MATOD-related issues.

Adherence to standard police operating procedures

It was also agreed that police services must follow standard operating procedures and policies regarding MATOD treatment by not conducting unwarranted patrols, surveillance, or person checks in the vicinity of MATOD premises. This can act as a deterrent to people accessing MATOD programs.

Initiate an Australia-wide review

To address the stigma around MATOD, participants suggested each state and territory government review its current approaches to ensure all policies and practices are consistent with:

- MATOD treatment goals;
- basic human rights principles and practices; and
- evidence-based standard of care, particularly for highly marginalised MATOD consumers such as women who are pregnant and people in custody/prison, facing release, on probation or on parole

Theme I Recommendations:

Recommendation 1: That a national workforce strategy be drafted and presented to the COAG Health Council to:

- promote ongoing professional development and resourcing of MATOD that is evidence-based and adheres to best policy and standards;
- increase the number of active prescribers and pharmacists providing MATOD; and
- investigate shared care arrangements and incentives to increase GP prescribers, nurse practitioners and pharmacists participating in MATOD program.

Recommendation 2: That a national training program for GPs and pharmacists is developed with key medical peak bodies, to:

- improve understanding of opioid dependence and the high incidence of AOD presentations in general practice;
- ensure stigma is addressed in the professional development of GPs and pharmacists; and
- promote the value of MATOD prescribing as an evidence-based, highly-specialised and rewarding area of medical practice.

Recommendation 3: That meaningful consumer engagement and participation be promoted at a policy level and prior to and during MATOD treatment. This must involve:

- appropriate resourcing; and
- better awareness and information being provided to people with opioid dependence about the range of treatments available prior to commencing treatment.

Recommendation 4: That police services instruct all officers to follow standard operating procedures and policies regarding MATOD treatment by not conducting unwarranted patrols, surveillance, or person checks in the vicinity of MATOD premises.

Recommendation 5: That a nationally coordinated group and/or committee is established to advise on MATOD policy development and to strategically implement all recommendations from the state forums and national summit. This must include meaningful MATOD consumer engagement and involvement.

Theme 2: Reducing the cost of MATOD

The differing funding models for MATOD treatment across Australia highlight the lack of consistency in the approach to both the funding and cost of treatment for people with opioid dependence. This is evident in the differing levels of government-subsidised payments and incentives available for pharmacists and the extreme variation in dispensing fees paid by people on MATOD treatment programs across different jurisdictions.

Research both within Australia and internationally has confirmed that affordability is a significant determinant not only to accessibility, but also retention on MATOD.

Discussions around reducing the costs associated with MATOD at the summit centred on an independent report (which has not yet been released) on reducing the cost of MATOD. The report was commissioned by the previous Intergovernmental Committee on Drugs (IGCD).

In addition to this, an overview was provided by a representative of the Pharmacy Guild on the potential for various developments and arrangements in relation to funding MATOD dispensing fees and the associated costs for pharmacists. Below are the key areas discussed by participants.

Reducing the cost of treatment: a priority area

There was universal support for the need to reduce the cost of MATOD dispensing and other treatment costs for people with an opioid dependency and also to adequately remunerate pharmacists. The current system simply doesn't work well for anyone: pharmacists, prescribers and people with an opioid dependency, and this is a key priority area to be addressed in improving the accessibility and availability of MATOD.

Reducing Costs for People on MATOD

The ACT Government's dispensing model was seen as effective and of benefit both for people on MATOD and for pharmacists, as it involves a direct subsidy by Government to pharmacists for dispensing fees supplemented by a modest co-payment made to the pharmacist by people on MATOD.

Another option discussed was the potential to reschedule MATOD medications from the current S100 scheduling to an S85, which is the scheduling used for the vast majority of prescription medications typically dispensed on a 28 day/one month dispense.

After some discussion, it was agreed that establishing MATOD medications under a new S85 arrangement within the PBS could make the system more (rather than less) complex, in part due to the way that MATOD medications are currently dispensed. Participants agreed on the need to 're-fashion' the current S100 scheduling to ensure it meets the needs of people on MATOD.

Reducing MATOD Costs for Pharmacists

It was raised by pharmacists that program fees do not cover the complete costs of MATOD programs and that national funding of dispensing fees has continued to be a significant barrier for access to treatment; further modelling needs to be discussed with the Federal Minister for Health and the Department of Health.

Theme 2 Recommendations:

Recommendation 6: That the Federal Government fully investigate and discuss with participating stakeholders the reduction of the financial impact of MATOD on consumers and health professionals. This must include input and investigation into:

- the development of a nationally subsidised scheme, whereby the costs associated with the provision and dispensing of MATOD medications are funded by the Government; and
- the potential of viewing MATOD within a chronic disease framework/model to increase funding and the quality of treatment.

Recommendation 7: That the Ministerial Drug Forum ensure the release of the IGCD report on MATOD programs as a matter of urgency.

Theme 3: Strategies to increase the number of prescribers and dispensers (pharmacists, nurses etc.)

Establishment of a nationally co-ordinated workforce strategy

There is a need to establish a nationally co-ordinated workforce strategy to increase the number of active MATOD prescribers and pharmacists. It was agreed that the increase in availability to prescribers and pharmacists would help to improve accessibility and retention for people on MATOD and to promote the health and human rights of people with opioid dependency.

It was also agreed that there needs to be more incentives and more comprehensive, earlier education for students studying medicine and pharmacy in order to increase the number of GP prescribers and pharmacists.

GPs have been successfully encouraged to undertake training in mental health by changing the Medicare Benefits Schedule (MBS) items and this is a principle that could be applied for MATOD and/or AOD issues more broadly.

There was also broad support for peer-to-peer training. The MATOD system needs specialist and mentoring services to support GPs who are new prescribers, particularly in the first 12 months of MATOD prescribing.

In general, there was support for GPs to understand that pharmacotherapy should be viewed as a fundamental part of the general health care of the people they come into contact with through local communities. It should not solely be viewed as writing prescriptions for pharmacotherapy medications.

There was also the suggestion that current funding models for other chronic diseases could be applied to similar affect in the treatment of opioid dependency. This could enhance funding and also ensure appropriate time is allocated to discuss the complexities involved in the treatment of dependency.

Discussion also centred on encouraging system-based approaches given the emergence of new funding models via the Primary Health Networks (PHN). PHNs are currently funding agencies and provide services to bring health professionals into contact with consumers and other organisations; the role of PHNs to potentially encourage GPs to be more involved with AOD services and MATOD programs needs to be explored further.

Expanding the role of nurse practitioners

The expanding role of nurse practitioners was also highlighted as a way of increasing prescriber numbers. Specifically, the issue of remuneration for nurse practitioners was raised in a number of contexts including ensuring that the remuneration levels for nurse practitioners who are prescribing MATOD is consistent with the responsibility it entails.

Theme 3 Recommendations:

Recommendation 8: That a national awareness and training campaign for GPs and pharmacists is initiated by key medical peak bodies on

- the high incidence of AOD presentations in general practice, and
- to promote the value of MATOD prescribing as an evidence-based, highly-specialised and rewarding area of medical practice.

Recommendation 9: That Health Departments, in consultation with PHNs, investigate the feasibility of establishing structures, programs or positions with a specific focus on recruiting new prescribers and pharmacists, while also supporting existing prescribers and pharmacists.

Recommendation 10: That innovative models for MATOD service provision are trialled, particularly in regional and rural contexts. Innovative models may include:

- specialist nurse-based support services for GPs, and/or
- sessional clinics in existing AOD and harm reduction services.

Theme 4: New developments in MATOD – evolving the system (regulations, policies and guidelines)

A key area of focus within this theme discussion was ensuring that a national MATOD system is consistently applied across all jurisdictions. In particular, participants stressed the importance of adopting a system that ensured people on MATOD programs had the flexibility and support to meet all the work, family and travel requirements of daily life without undue complications and barriers.

Supervised dosing

Typically, treatment of opioid dependence with MATOD is based on daily, supervised dosing at a pharmacy or clinic, with access to takeaway or unsupervised doses according to individual circumstances. It was recognised that an underlying problem is the very high level of supervised dosing that occurs in Australia and that there is little evidence that such high levels of supervised treatment are either necessary or beneficial.

There is a significant need for the appropriateness of supervised treatment to be reviewed to take into account the advances in both knowledge and medications and evidence that the beneficial outcomes associated with MATOD are not dependent on the level of supervision associated with dispensing/dosing arrangements.

Ageing Population

Another key area of discussion was the growing needs of ageing people on MATOD programs and the urgent need to improve MATOD for the increasing number of people able to access a MATOD program in aged care and palliative care settings. In particular, there was discussion of the burden of attending a pharmacy or clinic daily which can be very difficult or even impossible for people to manage depending on their age and/or health condition/s.

Accordingly, it was suggested that policies and procedures for ensuring the MATOD program is responsive to individual needs must be developed. These might include alternative models that are negotiated as part of a care plan for individuals in consultation with their various health care professionals.

Theme 4 Recommendations:

Recommendation 11: That the autonomy of people on MATOD is increased by:

- allowing people who are already stable on existing MATOD programs to increase flexibility in dosing arrangements
- improving access for people on MATOD travelling and moving interstate
- reducing supervision requirements, and
- improving identification of the most appropriate medication formulation for each consumer's circumstances and medium/long-term treatment goals.

Recommendation 12: That the aged-care sector address the issues adversely affecting people on MATOD programs within aged-care settings, including the continued stigma associated with treatment.

Recommendation 13: That, as a matter of urgency, a nationally consistent and modern MATOD system be developed that adheres to the following guiding principles and core values. At a minimum the MATOD system needs to:

- be available to all Australians
- meet the differing needs of people with opioid dependency
- be consistent with human rights principles and practices
- address any impacts of real-time prescription monitoring being implemented and embedded
- be provided on the basis of accurate and accessible information
- provide appropriate mechanisms for aftercare needs; and
- recognise the importance of family support for people on MATOD programs



Appendix One

Participants

Organisation	Participant
Alcohol, Tobacco and Other Drugs Association (ATODA, ACT)	Amanda Bode
Australian Injecting and Illicit Drug Users League (AIVL)	Jude Byrne Melanie Walker
Directions Health Services	Bronwyn Hendry
Drug and Alcohol Nurses of Australasia (DANA)	Jen Harland
Faculty of Pain Medicine (ANZCA)	Dr Anandhi Rangaswamy
Harm Reduction Australia	Annie Madden Gino Vumbaca
Harm Reduction Victoria	Sione Crawford Sarah Lord
Harm Reduction Western Australia	Angela Corry
Indivior	Tariqe Amiri Mark Anns
Metro South Addiction and Mental Health Service	Dr Geraldine Chew
Monash University (Addiction Centre)	Assoc. Professor Suzanne Nielsen
NSW Users and AIDS Association (NUAA)	Charles Henderson
Pain Australia	Carol Bennett Louise Moes
Palliative Care Australia	Kate Reed-Cox
Pharmaceutical Society of Australia	Bob Buckham
Pharmacy Guild of Australia	John Dowling Khin Win May Vincent O'Sullivan Angelo Pricolo
Primary Care Partnership (Frankston/Mornington Peninsula)	Kirsty Morgan Dr Nick Thomson
Queensland Network of Alcohol and other Drug Agencies	Sean Popovich
Return to WorkSA	Julianne Flower
Royal Australian Council of Physicians (RACP)	Dr Adrian Reynolds
ScriptWise	Kirsten Arkus (Consumer) Lara Beissbarth Dr Richard Kidd Rustie Lassam (Consumer) Bee Mohamed
The Society of Hospital Pharmacists	Jerry Yik
South East Sydney Local Health District (SESLHD) and The University of Sydney	Dr Nicholas Lintzeris
We Help Ourselves (WHO)	Carolyn Stublely

Observers

Organisation	Participant
ACT Health	Megan Arnold Sally Smith
Commonwealth Department of Health	Andrew Hennell David Laffan
NSW Ministry of Health	Michelle Cretikos Aleksandar Gavrilovic
Therapeutic Goods Administration	Adj. Professor Tim Greenway

Appendix Two

State MATOD Forums

Reports on previous state-based MATOD forums can be accessed through HRA's website at www.harmreductionaustralia.org.au/people/media.

[QLD MATOD Forum – October 2017 Report](#)

[NSW MATOD Forum – November 2017 Report](#)

[VIC MATOD Forum – December 2017 Report](#)

Appendix Three

Media Release - 7th May 2018

National Summit in Canberra to Plan Improvements for Opioid Treatment

Harm Reduction Australia and ScriptWise are joining forces to host a national summit in Canberra on May 23 to re-think outdated policies and increase access to opioid treatment.

The current system, the two organisations say, must be updated to ensure Australia avoids continuing on a trajectory towards the opioid crisis currently being seen in the US.

"People who are opioid dependent have the same right to high-quality health care as other Australians," says Harm Reduction Australia co-founder Annie Madden.

"The current system has not kept pace with the research and development in relation to standards of care and the rights of health consumers over the past 20 years and this needs to be addressed as a matter of priority."

"Addressing the out-dated and fragmented policies and regulations that currently underpin our approach to opioid treatment will mean that more Australians will be able to access the treatment they want and need, and in a way that works for them," she said.

The cost burden of dispensing fees for opioid treatment medications such as methadone and buprenorphine is one of the most significant barriers to treatment for consumers.

Consumers, the majority of whom are already financially disadvantaged, pay over \$40 every week on average to receive effective treatment to manage this chronic medical condition.

The ACT Government currently subsidises dispensing fees for medications through a fee-sharing system that includes a

modest consumer co-payment. Unfortunately, other States and Territories have not yet implemented similar measures to reduce the cost of treatment for consumers.

ScriptWise CEO Bee Mohamed says this new partnership is also an important opportunity to reduce the stigma around seeking treatment for both illicit and licit opioid dependency.

“There are effective medical treatments for opioid dependence, and we need to do more to ensure that stigma doesn’t prevent people from accessing help,” said Ms Mohamed.

“Opioid dependence can happen to anyone. Just like other medical conditions, it does not discriminate.”

“How someone became dependent on opioids shouldn’t influence the quality of the medical care they receive. No one wants, or deserves to, experience the often-devastating consequences of dependence on all areas of their life,” she said.

For more information or to interview co-founder of Harm Reduction Australia Annie Madden or ScriptWise CEO Bee Mohamed, please contact Lara Beissbarth on 0425 872 744 or at lara@scriptwise.org.au.

Background information

Medication-assisted treatment for opioid dependence (MATOD)

- The [Australian Institute of Health and Welfare's recently released national opioid pharmacotherapy statistics](#) annual data indicate that in 2017:
- Almost 50,000 people received pharmacotherapy treatment for opioid dependence
- 89% of opioid pharmacotherapy dosing points were pharmacies
- the median age of opioid pharmacotherapy clients was 42
- MATOD and the opioid health issue in Australia
- There is a large body of research and evidence that demonstrates MATOD is very effective for treating opioid dependence
- MATOD [reduces the risk of overdose](#) in communities and also gives people the opportunity to [resume study or work or rejoin their families](#)
- According to the [National Drug and Alcohol Research Centre, in 2013](#), there were 668 accidental opioid overdose deaths in Australia (639 in 2012)
- Opioid overdose deaths among 45-54 year olds were higher than at the peak of the heroin epidemic in 2001
- A 2017 [National Drug and Alcohol Research Centre study](#) by Sasha Cooper and Suzanne Nielsen found:
- Treatment related stigma may present a treatment barrier for people who use pharmaceutical opioids
- People in opioid substitution therapy feel heavily stigmatised at clinical, structural and political levels
- People who use pharmaceutical opioids experience drug-related stigma in complex and unique ways and may adopt secrecy rather than seeking support.

About Harm Reduction Australia

[Harm Reduction Australia](#) (HRA) is the first national organisation for individuals across Australia to join together in their commitment to reducing the health, social and economic harms potentially associated with drug use.

About ScriptWise

[ScriptWise](#) is a non-profit organisation dedicated to preventing the harms associated with prescription medication use and misuse. ScriptWise works with key health organisations, professionals, governments and those personally affected to address the root causes of this multifaceted issue. Our vision is to reduce overdose fatalities caused by prescription medication misuse across Australia to zero. www.scriptwise.org.au

Appendix Four

National Summit Agenda

Introductions & Housekeeping <ul style="list-style-type: none">• Acknowledgement of Country• Housekeeping• Introductions (around the room)
Purpose of the National Summit <ul style="list-style-type: none">• Why is this Summit needed?• What are we hoping to achieve from today?
Setting the Scene <ul style="list-style-type: none">• Perspectives from HRA: Key themes from State MATOD Forums• Perspectives from ScriptWise: Barriers in treating Prescription Opioid Dependency
Consumer Experiences <ul style="list-style-type: none">• Consumer story 1• Consumer story 2
Ministerial Address <ul style="list-style-type: none">• The Hon. Meegan Fitzharris MLA, ACT Minister for Health
Key theme 1: <ul style="list-style-type: none">• Overcoming stigma to address barriers to MATOD access and retention
Key theme 2: <ul style="list-style-type: none">• Reducing the cost of MATOD for patients
Key theme 3: <ul style="list-style-type: none">• Strategies to increase the number of prescribers and dispensers (pharmacists, nurses etc.)
Key theme 4: <ul style="list-style-type: none">• New Developments in MAT – Evolving the System (Regulations, Policies & Guidelines)
Recommendations & Next Steps.

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