



The Hon Greg Hunt MP
Minister for Health
PARLIAMENT HOUSE ACT 2600
Via email: greg.hunt.MP@aph.gov.au
cc: A.wilson@sydney.edu.au sam.develin@health.gov.au

7 April 2021

Dear Minister Hunt

RE: Post Market Review of Opiate Dependence Treatment (ODT) Program Medicines

I am writing to you on behalf of Harm Reduction Australia (HRA) in relation to the announcement on 24 March 2021 of a Post Market Review (PMR) of Opiate Dependence Treatment (ODT) Program Medicines. As you are aware, HRA has been conducting ongoing advocacy in relation to the current discriminatory arrangements¹ whereby people on the ODT Program are routinely forced to pay considerable out-of-pocket expenses for the dispensing of their medications through community pharmacy.

Given HRA's recent discussions with both Department of Health officials and staff from your office, where we have stressed the urgency of resolving this issue due to the harms and even loss of life that can be associated with barriers to ODT, we were somewhat disappointed by the unexpected announcement of the PMR. In particular, we are very concerned about the length of time typically associated with such reviews and the material impacts this will have on the lives of the over 40,000 people currently on the ODT Program at community pharmacy and those wishing to access treatment.

Specifically, given the long-standing nature of the current discriminatory arrangements and the considerable financial burden this creates for some of the most disadvantaged people in our community, HRA is concerned about any delays to reaching a timely and equitable long-term solution to this unacceptable situation. Although HRA notes the focus on patient affordability and accessibility issues within the PMR, there is already ample research evidence, multiple formal reports and other commentaries on the problems associated with ODT Program affordability and accessibility primarily due to dispensing fee arrangements in community pharmacy including comments made by the Pharmaceutical Benefits Advisory Committee (PBAC)².

¹ HRA notes that under Australian law the Federal Court has confirmed that dependence on opiates is a disability under the *Disability Discrimination Act 1992* (Cth) (DDA) (*Marsden v HREOC* [2000] FCA 1619). Further, under the *Anti-Discrimination Act 1977* (NSW) (*Hubbard v Roads and Traffic Authority of NSW* [2010] NSWADT 99; *Carr v Botany Bay Council* [2003] NSWADT 209) it is unlawful to discriminate against people on the ODT Program incl in the provision of goods and services.

² PBAC at its November 2018 meeting noted that the Economic Sub-Committee (ESC) "...agreed that, assuming most patients transitioned to monthly dosing, there would likely be a reduction in private fees charged, and that this is a benefit for patients who currently choose not to be treated due to prohibitive private fees for existing treatments." Pharmaceutical Benefits Advisory Committee (PBAC), [Buvidal® Public Summary Document \(PSD\) November 2018](#), para 2.7

On 9 March 2021, HRA wrote to PBAC to seeking a dual listing (s85 & s100) for all ODT Program medications (see letter attached) so that all people on the ODT Program at community pharmacy can access the standard PBS co-payment and safety-net arrangements available to other Australians. In this context, we are writing to you to seek your support to proceed immediately to a decision on the HRA request for dual listing and to have this request considered at the July 2021 PBAC Meeting rather than proceeding with a lengthy, and in our view unnecessary, PMR process.

If the PMR is to proceed however, we alternatively request that as Minister, you approve an immediate halt to the uncapped and unregulated fees currently being charged to people on the ODT Program at community pharmacies until an equitable long-term solution is agreed. The current fees should be replaced with a temporary capped fee equivalent to the current standard PBS co-payment and safety-net arrangements (including concessional/general rates). Further, any co-payments by people on the ODT Program to community pharmacy under these temporary arrangements, should also count towards their safety-net.

Finally, as demonstrated through our recent communications and actions on this issue, HRA has considerable expertise on issues related to ODT Program medications. In this regard, should the PRM progress, we request the opportunity to be consulted in the process of developing the Terms of Reference for the review and to be included on the membership of any reference groups or advisory structures that may be established as part of the review process.

Thank you for your consideration of the above matters and we look forward to receiving your response as soon as possible.

Yours Sincerely,



Annie Madden AO
Co-Founder
Harm Reduction Australia (HRA)
Sydney, NSW Australia
E: anniegm78@outlook.com or annie.madden@unsw.edu.au
M: +61414628136

ATTACHMENT A: HRA Letter to PBAC on Dual Listing of ODT Program Medications 21/03/21