HARM REDUCTION AUSTRALIA

POLICY BRIEF

REFORMING AUSTRALIA'S OPIOID TREATMENT PROGRAM

Investing in Access, Equity and Sustainability

Executive Summary

Australia's Opioid Treatment Program (OTP) is a critical, evidence-based response to opioid dependence, providing access to life-saving pharmacotherapy including methadone, sublingual buprenorphine, and long-acting buprenorphine formulations.

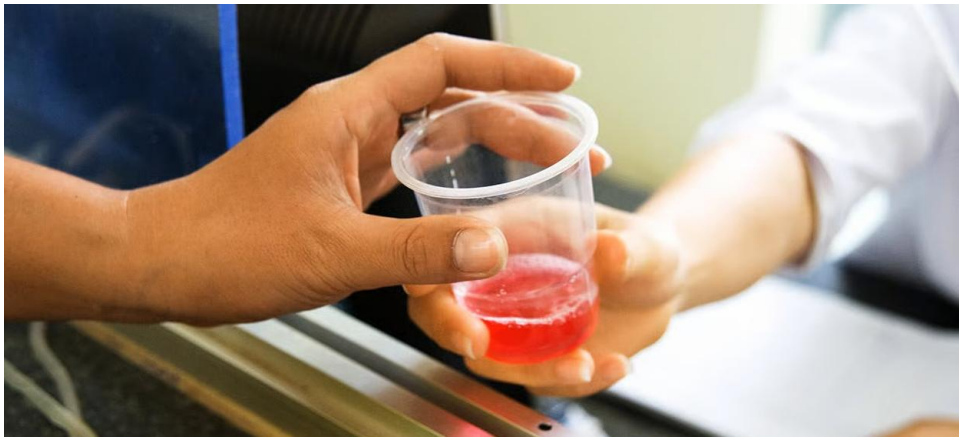
On a snapshot day in 2024, over 56,256 people were receiving pharmacotherapy for opioid dependence across Australia, the majority through community pharmacies and GPs (AIHW, 2024a). While the program is available free of charge through public clinics, approximately 75% of dosing sites are located in community pharmacies, highlighting the essential role of primary care in the OTP.

A landmark 2023 reform removed discriminatory daily consumer dosing fees by listing OTP medications on the Pharmaceutical Benefits Scheme (PBS) for the first time. Despite this important reform, serious problems and gaps remain, particularly in rural and regional access, workforce capacity, jurisdictional inconsistencies and the urgent need for more humane, person-centred approaches.

This policy brief outlines evidence-informed recommendations for strengthening the OTP in Australia. These include investment in workforce development, regulatory and policy reform, equitable access strategies, and redesigning the program to uphold the dignity and autonomy of people on opioid treatment.

RECOMMENDATIONS

- Expand the OTP Workforce
- Increase Community Pharmacy Participation
- Improve Access in Underserved Areas & Communities
- Modernise Models of Care & Service Delivery
- Embed Person-Centred and Rights-Based Principles
- Strengthen National Policy and Funding Frameworks



Methadone dosing

Statement of the Problem

In 2022, there were 1,693 drug-induced deaths among Australians according to the Australian Institute of Health and Welfare (AIHW, 2024b). The majority of these deaths involved opioid use serving to underscore the need for a responsive, accessible and sustainable Opioid Treatment Program.

Despite having a well-established OTP in Australia, recent reviews have shown that many individuals still face persistent barriers to access, including too few public clinics, long travel distances, clinic waitlists, and lack of services in regional and rural areas (DoHAC, 2023). Moreover, inconsistencies and variations in OTP policies and regulations across jurisdictions has created a fragmented system that is not only frustrating for prescribers, but also creates problems for service users needing to relocate or travel interstate.

Workforce sustainability is also an urgent issue: the prescriber cohort is ageing, few new GPs or nurse practitioners are entering the field, recruiting new pharmacies into OTP provision remains difficult, and some argue that pharmacists who are involved, remain underutilised.

These challenges are amplified by the program's outdated model of care and service delivery including punitive policies such as rigid take- away/unsupervised dosing rules, the continued use of urine drug screens, and inflexible protocols that are not aligned with contemporary person-centred care standards.

> Entrenched stigma and discrimination – both societal and systemic – continue to undermine treatment access, safety, and dignity for service users

Most concerningly, entrenched stigma and discrimination – both societal and systemic – continue to undermine treatment access, safety, and dignity for service users.

Research shows that people who use or have used drugs routinely experience discrimination across healthcare settings (Lancaster et al, 2020), and being on opioid treatment does not protect against such harms. A reformed OTP in Australia must be built on equity, rights, service user needs and practical accessibility.

Policy Context & Evidence

Australia's OTP operates under national clinical guidelines but is delivered through state and territory systems, resulting in inconsistency and fragmentation. The national clinical guidelines were last published in 2014 and are well overdue for review, which adds to the overall fragmentation within the system.

Medications are provided primarily through general practitioners (GPs) and community pharmacies – yet only 7% of Australian GPs prescribe OTP (Wilson et al, 2022). There is a growing number of nurse practitioners (NPs) prescribing opioid treatment, but regulatory and financial barriers continue to make OTP an unattractive area of practice for many. While the 2023 PBS reform eliminated direct daily dispensing fees for service users, the system's sustainability depends on broader structural change.

The 2024 NOPSAD data confirms that three-quarters of all dosing occurs in community pharmacies (NOPSAD, 2024a). Increasing access to OTP will require increased pharmacy participation in the program but, when asked, many pharmacists cite pressures associated with overall workload, regulatory burdens, and 'associated stigma' as key barriers to their increased participation.

Policy Context & Evidence (continued)

HRA's 2023 PBAC submission also documented the compounding impact of underfunding and regulatory rigidity on access to OTP (HRA, 2023). Specifically, HRA cited the lack of publicly funded OTP services in some jurisdictions (such as Victoria) which have led in recent years to a plateau in client numbers and growing levels of unmet need that require greater public funding and urgent attention.

Sublingual buprenorphine & naloxone film strip

In the context of improving future models of OTP service delivery in Australia, COVID 19 may provide important food for thought. During COVID 19, Australia (and many other countries) rapidly revised the OTP regulatory and policy environment to lift rigid restrictions on take aways/unsupervised dosing, and provided home delivery of doses for people with chronic conditions, among other flexibilities. Interestingly, the lifting of these restrictions did not result in significant adverse outcomes or disruption, indeed, the changes were implemented with relative ease and contributed to positive outcomes for individuals and the system as a whole (Adams et al, 2023).

Globally, best practice models are also useful when considering the future of OTP in Australia. Other countries such as the UK, Switzerland, Canada, Germany and Spain have demonstrated the proven efficacy and cost-effectiveness of expanding treatment to include additional medications and formulations (not currently available in Australia). These include injectable hydromorphone and diacetylmorphine/heroin-assisted treatment (HAT), as well as additional formulations such as methadone/physeptone tablets – which are only available in Australia for limited periods of travel but not, as an ongoing form of treatment (Degenhardt et al, 2019).

Although Australia has added long-acting injectable buprenorphine (LAIB) to the available OTP medications relatively recently, LAIB is not for everyone, and the need for a greater range of opioid treatments and formulations (beyond methadone and buprenorphine) in Australia has been raised by service users and advocates for many years. With modelling estimating a significant unmet demand for opioid treatment in Australia (DPMP, 2024), HRA believes injectable and other new/novel formulations that have been shown to be effective overseas, may help to relieve pressure on a system that is struggling to meet demand and retain people in care.

Research evidence from the National Drug & Alcohol Research Centre (NDARC) shows that retention in OTP significantly reduces mortality and overdose risk (Larney et al, 2020). However, person-centred delivery – tailored to individual health, autonomy, and life circumstances – is essential to achieving those outcomes. Therefore, HRA believes that outdated models of care and service delivery based on control and surveillance, that are actively undermining program goals, require urgent reform.

In our submission to the Federal Parliamentary Inquiry into the Impact of Alcohol and Other Drugs in Australia, HRA highlighted the ongoing harms of systemic stigma and discrimination on the lives of people who use/have used illicit drugs. In the submission, HRA states that people who use drugs including OTP service users often experience routine stigma and discrimination, that has been shown to be deeply embedded in healthcare systems and reinforced by punitive and outdated legal frameworks (Lancaster et al., 2020). To this end, HRA seeks an end to frameworks and practices that reinforce shame and distrust and calls on relevant professional bodies to proactively address drug-related stigma and promote OTP as an essential health service to their respective members.

Where are clients dosing?

A snapshot of pharmacotherapy in 2024

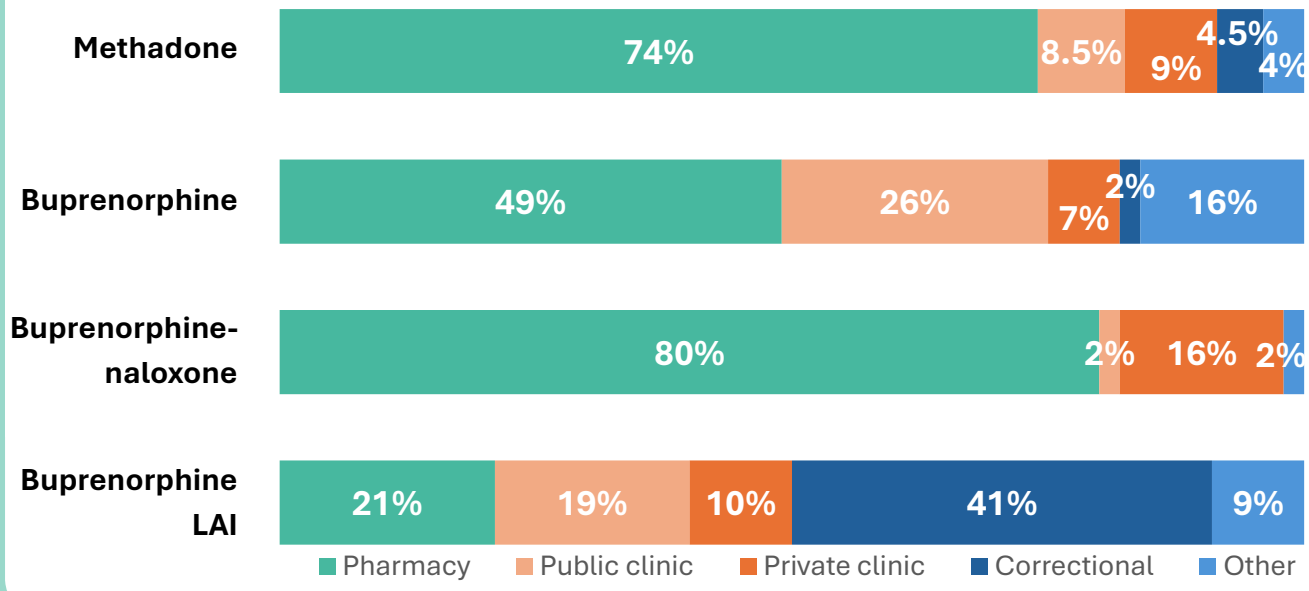
3 in 5 clients

(60%) received pharmacotherapy at a pharmacy

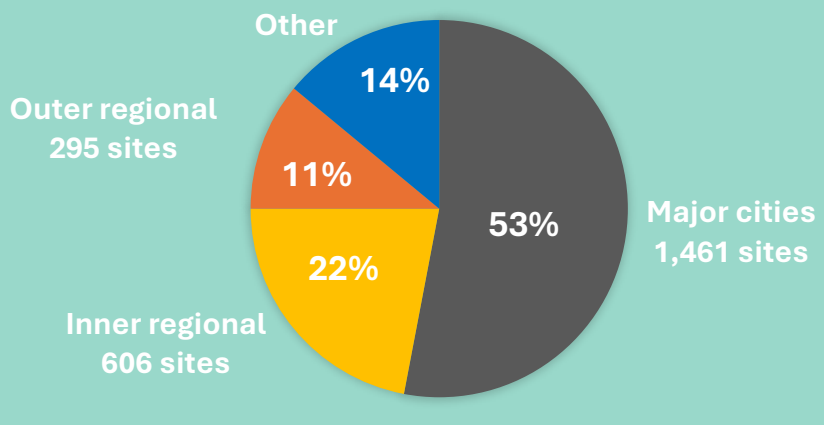
33,446 clients dosed at a pharmacy on the snapshot day 2024

Where clients dosed

By pharmacotherapy type



Where are the dosing sites located?



Source: NOPSAD 2023: https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/national-opioid-pharmacotherapy-statistics/contents/nopsad-data/opioid-pharmacotherapy-dosing-points

Policy Recommendations

Harm Reduction Australia recommends the following six priority actions:

1 Expand the OTP Workforce

- Establish and fund national GP and NP training and mentoring programs.
- Provide financial and professional incentives to attract and retain prescribers (GP & NP) including reviewing current MBS item numbers to better support the requirements of OTP.
- Support and fund workforce development strategies that prepare for the increasing needs of older OTP clients, including through aged care-specific clinical education.

2 Increase Community Pharmacy Participation

- Develop and fund consistent national remuneration models.
- Simplify approval processes and reduce administrative/regulatory burden.
- Establish and fund a national OTP training program for pharmacists in hospital and community settings (including in regional and rural areas).

3 Improve Access in Underserved Areas & Communities

- Scale up mobile dosing, telehealth consultations, and rural outreach models.
- Fund regional community health hubs to support OTP delivery.
- Provide funding and support for a trained peer workforce in OTP services.
- Provide funding, training and support for more Aboriginal Community Controlled Health Services (ACCHO) to provide OTP services.

4 Modernise Models of Care & Service Delivery

- Reform take-away dose policies and remove punitive practices and rigid program rules that do not accommodate ageing or disability.
- Harmonise OTP prescribing regulations across jurisdictions to eliminate inconsistencies and unnecessary red tape for prescribers and support uninterrupted treatment for service users.
- Expand the range of opioid treatment medications made available in Australia including new medications and injectable formulations.
- Introduce flexible, individualised care planning that reflects the diverse and evolving needs of service users including people with complex health conditions.
- Equip services to support transitions into aged care facilities including cross-sector partnerships to ensure continuity of OTP through all life stages.

5 Embed Person-Centred and Rights-Based Principles

- Prioritise co-design of OTP services with lived/living experience input from OTP service users.
- Implement anti-stigma initiatives to challenge outdated attitudes towards people who use drugs including professional bodies encouraging their members to provide OTP as an essential health service.
- Reform government legislation and policies that undermine the implementation of person-centred and rights-based care in the OTP context including drug law reform.

6 Strengthen National Policy and Funding Frameworks

- Revise the National Clinical Guidelines for Opioid Treatment (last updated in 2014) to reflect contemporary evidence, person-centred care principles, and the evolving needs of OTP service users.
- Establish a national OTP advisory body with meaningful representation from people with lived/living experience of OTP, harm reduction advocates and other key stakeholders.
- Increase long-term federal and state investment in the OTP to support delivery of best practice, flexible models of care and to expand the program to address unmet demands for opioid treatment.
- Improve access and service quality by resourcing regionally tailored models, investing in culturally safe care, and embedding continuous evaluation and quality improvement processes.

Implementation Considerations

Implementing OTP reform will require coordinated leadership across federal and state/territory governments, alongside health, pharmacy and related sectors. Removing administrative duplication and aligning state-based policies and regulations are essential early steps.

Reform must centre the voices of people who use drugs and specifically, OTP service users, in the design of person-centred models of care and service delivery. An appropriately funded and supported peer workforce should become a critical element of a high quality OTP service. Rural and remote strategies must include resourcing for local workforce development and telehealth expansion.

Overcoming stigma within healthcare settings requires sustained investment in workforce education, a clear rejection of punitive practices and wider reform of current drug policies and legislation. Cultural and structural change is possible, but only with deliberate, well-funded action and a commitment to humane approaches.

Long acting buprenorphine injection

5 Ways Our Recommendations Deliver Public and Policy Wins

- **Delivers better health outcomes and treatment engagement** through flexible, person-centred care models that reflect people's lived realities.
- **Reduces stigma and discrimination** by embedding dignity, autonomy, and inclusion into OTP policy and service delivery.
- **Improves access in rural and underserved areas and communities** via community-informed, locally tailored service models.
- **Provides a more efficient, equitable and nationally consistent treatment system** that is aligned with current evidence and population needs and removes cross-jurisdictional inconsistencies that hinder both service users and providers.
- **Builds a stronger, more sustainable OTP workforce** through national investments in GP and nurse practitioner training, pharmacy participation, and workforce planning to meet current and future care demands.

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This policy brief is part of a series that provides summaries of evidence-based best practices and/or policy options on key harm reduction issues. Find the rest of the series here: https://www.harmreductionaustralia.org.au/