

Summary of state and territory opioid dependence treatment programs - April 2021

The summary below has been compiled based on input responses provided by jurisdictions regarding opioid dependence treatment programs.

Note: The information in the table for NT has been gathered from publically available sources where possible.

Legend: ✓ = yes; x = no; CP = community pharmacy; - = not provided

	ACT	NSW	QLD	WA	SA	TAS	NT	VIC
Government subsidy for community pharmacies (incl. incentive payments)	✓	✓	x	x ¹	x	✓ (Tiered)	x	x ²
Cap patient fee (CP)	✓	x	x	x	x	x	x	x
Capped amount for patient	\$15/w	x	x	x	x	x	x	x
Subsidy amount to CP for services relating to supply of ODTP medicines	not disclosed	\$1000 once/ pharmacy \$100/ patient, twice a year (capped 20 patients)	x	x	x	Depends on drug and number of days/wk attending CP	x	x
Services largely delivered via	CP (75%)	CP (55%)	CP (86%)	CP (-)	CP (90%)	CP ³	CP ³	CP ³
Public funded clinics	✓	✓	✓	✓	✓	✓	✓	x ³
ODT medication provided for free from public clinic (largely)	✓	✓	x ⁴	-	✓ (6 weeks)	✓	-	x
No patient fee at correctional facilities	✓	✓	x ⁴	- ¹	✓	✓	-	✓ ⁵
ODT Budget provided	-	\$306M AOD, not ODTP alone (2020-21)	-	-	-	-	-	\$314.8 AOD, not ODTP alone (2020-21)
Prescriber approval required for full suite of ODTP medicines (legislated)	✓ (5+ patients)	✓	✓	✓	✓	✓	-	✓ ⁶
Cap on number of prescribers	x	x	x	-	x	x	x	x
Patient cap per prescriber	✓ (endorsed: no limit, non-end: 5)	✓ (accredited: 200+ non-accr: 30)	✓ ⁷	✓ (metro 50 rural 25)	x	x	x	✓ (non-accr: 10)
Prescriber training	✓ (refresh 5 yrs)	✓	✓	✓	✓	✓	-	✓
Specific S&T approval required by CP to supply ODT medicines	✓ (Regs)	✓ (policy)	x (Broader Sch8)	✓ (Regs)	x (Broader Sch8)	✓ (Act)	x	✓ ⁸ (policy)
Patient cap per dosing site	x	✓	✓	✓	x	x	x	✓
Pharmacist training	✓ (refresh 5 yrs)	-	- ⁹	✓	✓	✓	-	✓
Local engagement with stakeholders	✓	✓	✓	x	✓	✓	-	✓

Note: Introduction of ODTP via community pharmacies varies from 1970s to 1990s across jurisdictions.

Current/future actions by jurisdictions in regard to ODTP programs

- ACT** - In negotiations with Pharmacy Guild (ACT Branch) regarding remuneration for dispensing of long acting injectable buprenorphine (LAIB)
- NSW** - Initiating patients on LAIB in custodial settings (Note PBS restrictions state "patient must be stabilised on sublingual buprenorphine or buprenorphine/naloxone prior to commencing treatment with this drug for this condition")
- Also implementing Opioid Treatment Program Strategic Action Plan which includes enhanced access as strategic priority (e.g. affordability)
 - Formed an Opioid Treatment Program Primary Care Working Group
 - The NSW Health Translational Research Grants Scheme (TRGS) has funded new research into the provision of depot buprenorphine (BPN) to people in post release from custody
- QLD** - Nil
- WA** - Nil noted
- SA** - Considering findings of 2020 review commissioned by Drug and Alcohol Services South Australia and SA Pharmacy (SA Health). There has been stakeholder advocacy of fees made to the Minister for Health and Wellbeing.
- TAS** - TAS maintains a waitlist of patients for the program. Barriers (other than cost) include lack of accredited practitioners.
- VIC** - updated policy for LAIB to increase access including pharmacist administration (associated training developed by PSA)
- Trial under development for collaborative care model (pharmacist + prescriber) in high demand areas
 - Review of pharmacy related pharmacotherapy barriers in collaboration with key stakeholders
 - SafeScript implementation to support clinical decision making for prescribing/dispensing monitored poisons

¹ Patients can be referred to financial assistance services such as Centrelink. However, in practice if a client cannot afford to pay for pharmacy dosing then they cannot engage in OST. (Source: WA response HO template, 2021).

² The VIC Department of Health pays pharmacy service fees for patients under 19 years of age and patients on Youth Justice community orders. The Department of Justice and Community Safety pays pharmacy service fees for patients for up to 30 days post-release from prison. For all other patients, the patient is responsible for ensuring payment of all pharmacy fees. In cases of severe financial hardship, patients may contact the Pharmacotherapy Advocacy Mediation service for information and advice. 2016. *Policy for maintenance pharmacotherapy for opioid dependence*, Victoria State Government, page 22.

³ AIHW 2021, *National Opioid Pharmacotherapy Statistics Annual Data collection 2020*.

⁴ Hospital and Health Services that provide OST through public pharmacies and correctional centres can charge between \$25-\$35 per week at the discretion of the Hospital and Health Services. (Source: QLD response HO template, 2021).

⁵ The VIC Department of Health pays pharmacy service fees for patients on Youth Justice community orders. The Department of Justice and Community Safety pays pharmacy service fees for patients for up to 30 days post-release from prison. 2016. *Policy for maintenance pharmacotherapy for opioid dependence*, Victoria State Government, page 22.

⁶ For methadone and for >10 buprenorphine patients (policy)

⁷ A patient cap exists for the buprenorphine-naloxone only prescriber type. There are no caps for other prescriber types (full, interim, shared care).

⁸ *Policy for maintenance pharmacotherapy for opioid dependence*, Victoria State Government.

⁹ Queensland Health's state-wide alcohol and other drug training and workforce development service, Insight, provides free self-paced publicly accessible online training about opioids and the Queensland Opioid Treatment (non-prescribers) which pharmacists may access if they choose.