

# Bound to Lose AKA: How to balls up a most effective response to opioid dependence

## A RAW DEAL?

IMPACT ON THE HEALTH OF CONSUMERS  
RELATIVE TO THE COST OF PHARMACOTHERAPY

Research and writing  
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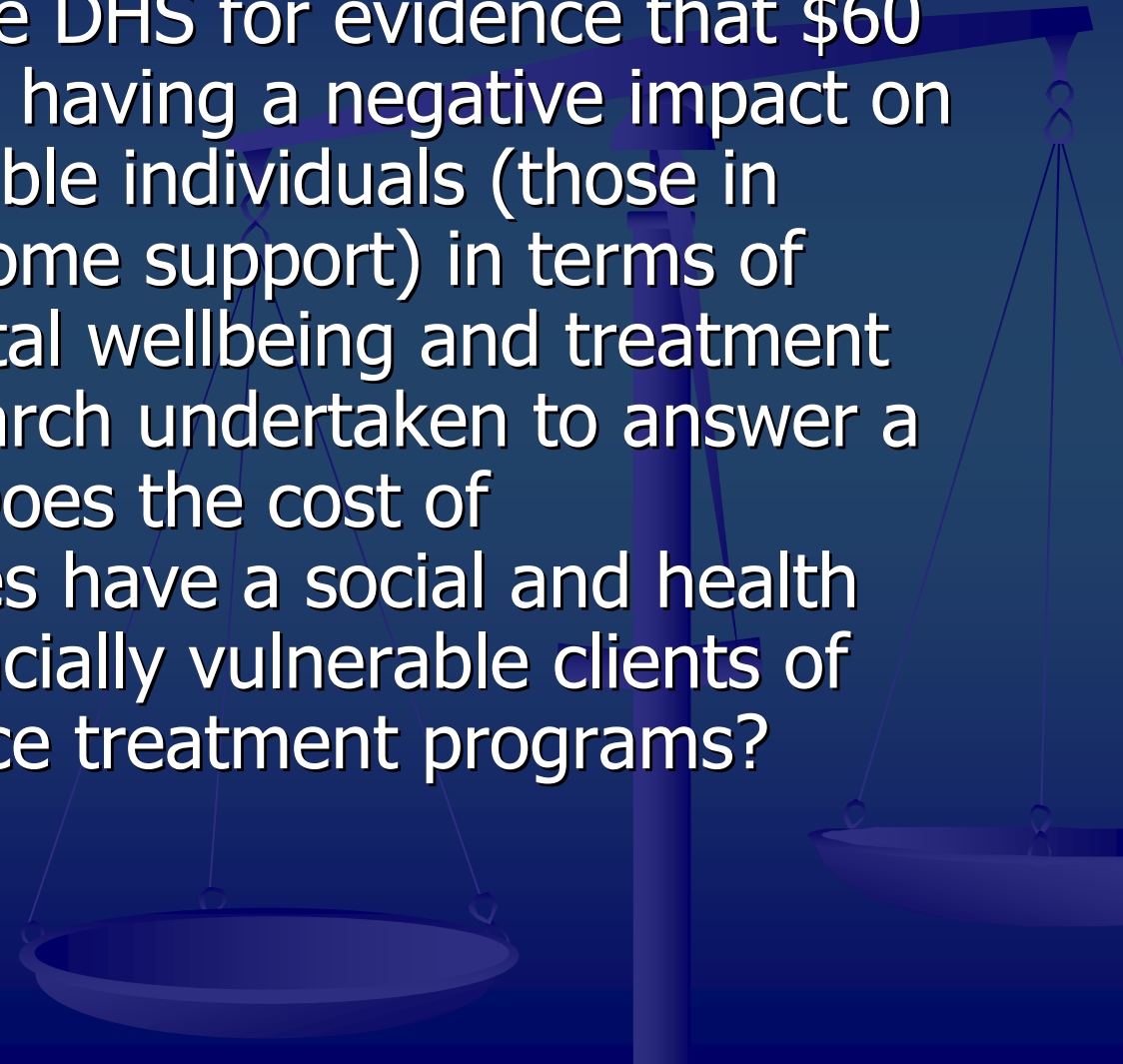
Centre for Applied Social Research  
(RMIT) for the Salvation Army Research  
and Advocacy Unit



<http://www.salvationarmy.org.au/reports>

# Why?

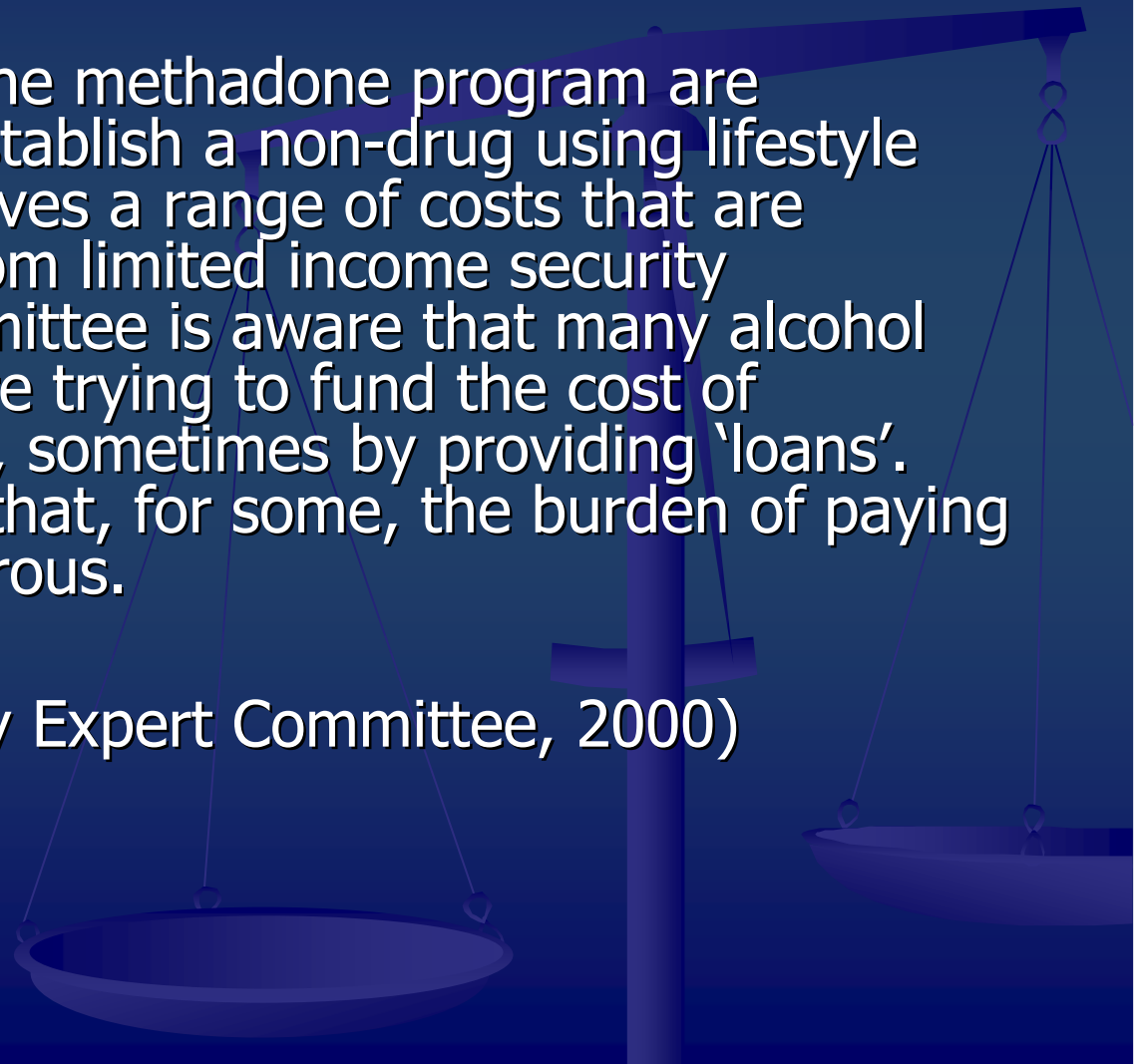
A request from the DHS for evidence that \$60 per fortnight was having a negative impact on financially vulnerable individuals (those in receipt of gov income support) in terms of physical and mental wellbeing and treatment retention ... Research undertaken to answer a single question: Does the cost of pharmacotherapies have a social and health impact upon financially vulnerable clients of opioid maintenance treatment programs?



# Leaving the chaos behind

People moving into the methadone program are generally trying to establish a non-drug using lifestyle and this usually involves a range of costs that are commonly funded from limited income security payments. The Committee is aware that many alcohol and drug agencies are trying to fund the cost of methadone for users, sometimes by providing 'loans'. This is an indication that, for some, the burden of paying for dispensing is onerous.

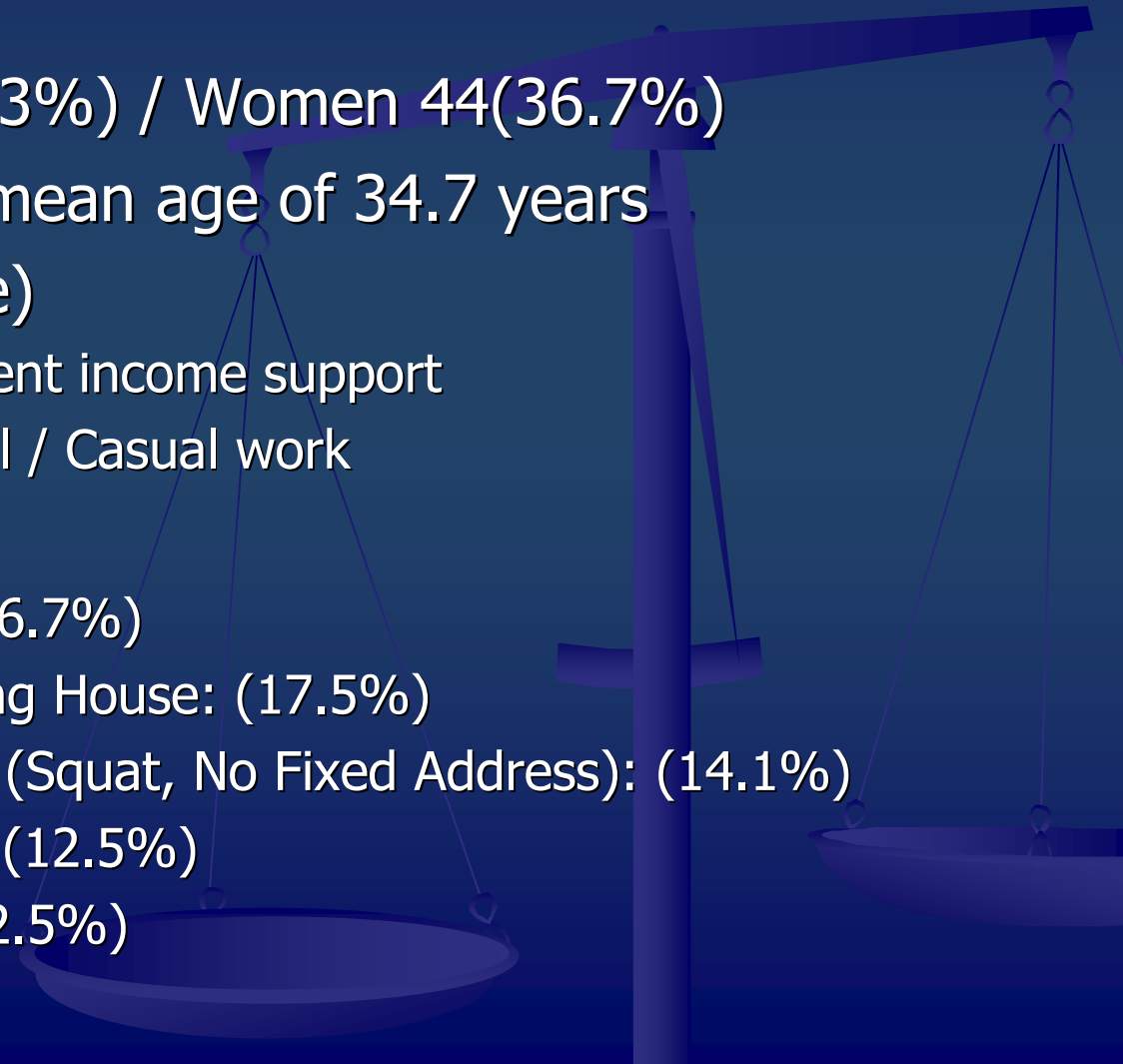
(Victorian Drug Policy Expert Committee, 2000)



# Methodology

- Sixty in depth interviews conducted (along with surveys)
  - 30 in St Kilda (*Access Health*, a primary health care centre for street-based IDU, located next door to the primary NSP in the area)
  - 30 in Collingwood (*Next Door Clinic*, a primary health care centre for street-based IDU, located next door to the primary NSP in the area)
- Sixty in-depth surveys conducted to supplement interview data with a broader demographic picture;
  - 30 at the Southern HIV/HEP Resource and Prevention Service NSP in Frankston
  - 30 at the Foster Street Clinic, a primary health care centre for street-based IDU, located in Dandenong.

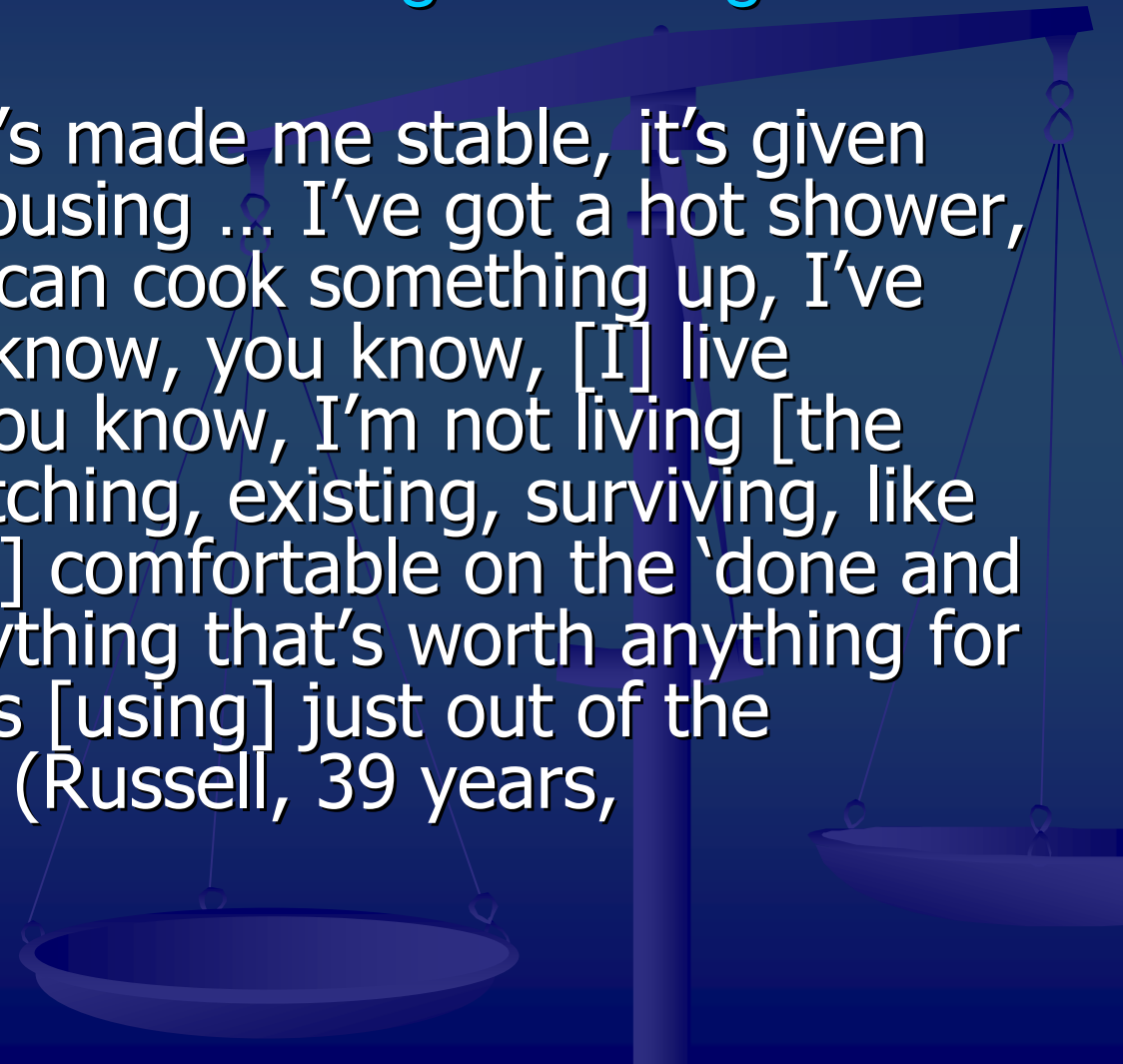
# Overview of Respondents

- Gender: Men 76 (63.3%) / Women 44(36.7%)
  - Age: From 18-62, a mean age of 34.7 years
  - Income (Main Source)
    - 91 (75.8%) government income support
    - 10 (8.3%) 'Occasional / Casual work
  - Accommodation
    - Public Housing: 32 (26.7%)
    - 21 Rooming / Boarding House: (17.5%)
    - 17 Primary Homeless (Squat, No Fixed Address): (14.1%)
    - 15 Parents / Friends: (12.5%)
    - 15 Shared Rental: (12.5%)
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## Key Findings (Treatment)

1. That the treatment provides the stability to address issues such as housing and health – as well as those that may contribute self-medicating with drugs

The methadone ... it's made me stable, it's given me time to do me housing ... I've got a hot shower, I've got a kitchen, I can cook something up, I've got a TV. Basic you know, you know, [I] live comfortable [but], you know, I'm not living [the high life], [I'm] scratching, existing, surviving, like just existing, so [I'm] comfortable on the 'done and I haven't hocked anything that's worth anything for like [a long time], it's [using] just out of the equation, not to use (Russell, 39 years, Collingwood)



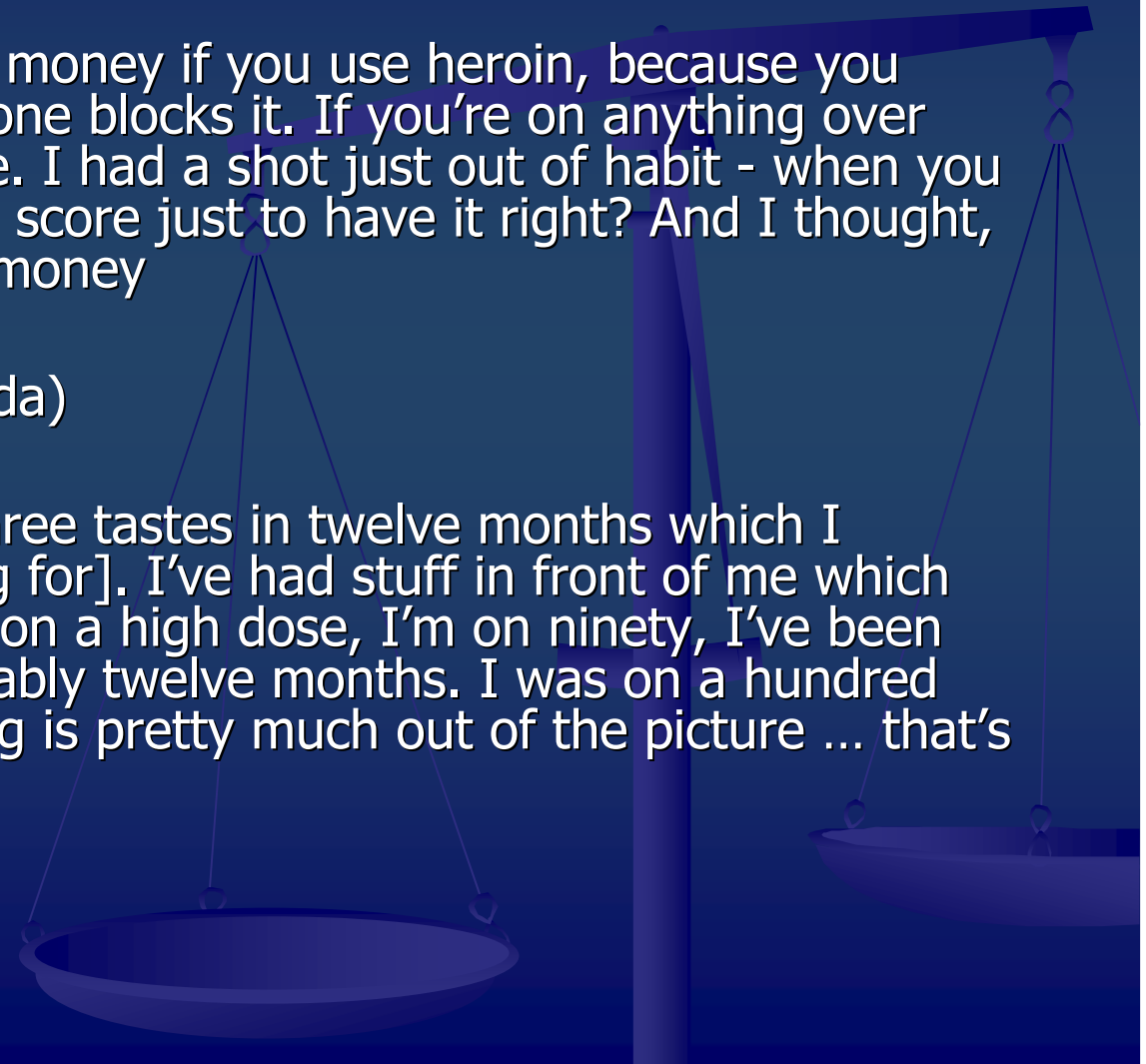
## 2. That opioid maintenance treatment leads to, at best, an end to illicit opioid use

You're only wasting your money if you use heroin, because you can't feel it. The methadone blocks it. If you're on anything over eighty it's called blockade. I had a shot just out of habit - when you get paid, you just go and score just to have it right? And I thought, what a waste of fucking money

(Kristie, 50 years – St Kilda)

I've probably had two, three tastes in twelve months which I haven't gone out [looking for]. I've had stuff in front of me which I've knocked back ... I'm on a high dose, I'm on ninety, I've been stable on ninety for probably twelve months. I was on a hundred and twenty five. But using is pretty much out of the picture ... that's not an issue.

(Russell, 39 years)



### 3. That opioid maintenance treatment leads at worst, to a reduction in illicit opioid use

When I get paid, I just get a fix. Whereas before I would blow me whole fucking dole cheque on dope. I have come down from a gram habit to 50, I have done really good. I would probably just use another couple of times and never again. That's me goal.

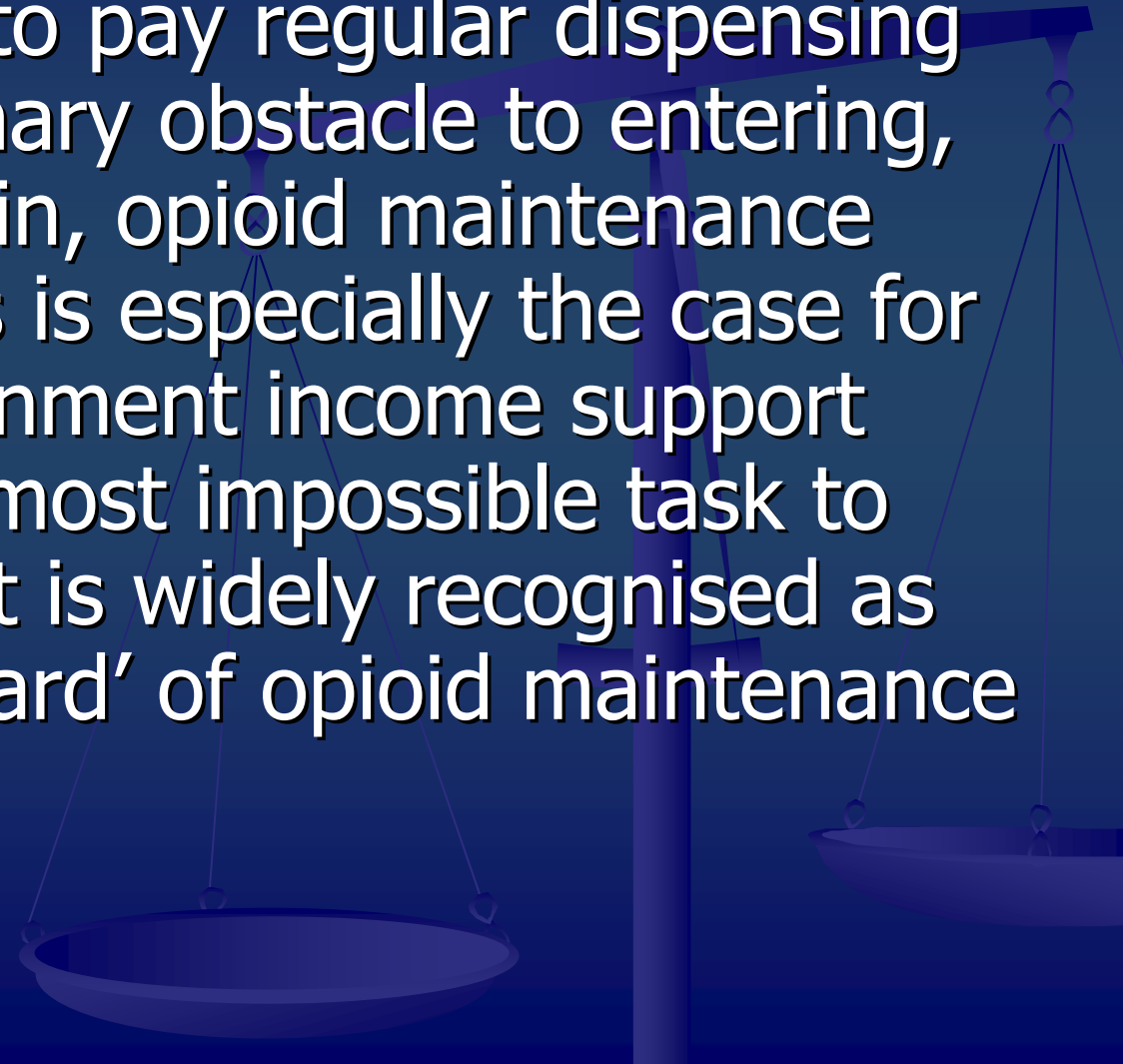
*Interviewer:* So methadone has helped cut down the heroin?

Definitely, it has helped. But you know, in the same breath, it is going to be harder getting off the methadone than it is the heroin. For someone in my position, getting on the methadone was a good thing, cause I would just have kept using and I would probably have been up to two or three grams a day and imagine trying to support a habit like that? You just couldn't.

(Mick, 42 years).

## The 'Balls Up' ... and key finding

That the need to pay regular dispensing fees is the primary obstacle to entering, and remaining in, opioid maintenance treatment. This is especially the case for those on government income support who face an almost impossible task to remain on what is widely recognised as the 'gold standard' of opioid maintenance treatment.



# Balls Up 1.

## Income Support = Poverty

I am on Newstart ... I get approximately \$480 a fortnight ... My rent is \$150 a week, so when you add the \$50 [per fortnight for dispensing fees] on top of that, you've got \$300 for rent and \$50 for methadone. On top of that methadone, I am on Valium and Serapax, so I need to fill, in total, four scripts a week, eight a fortnight, which is approximately \$35 to \$40. So I am looking at spending about \$100 per fortnight at the chemist. So when you have \$300 worth of rent, \$100 at the chemist ... you can do the maths.

*You have \$40 a week to live on.*

You buy a packet of cigarettes and you are broke. Let alone shopped or [paid for] transport. I have to catch two trams to the chemist, even though it is a short distance. I could walk, but it would take half an hour. So I am already in the red, as you say - every week, every fortnight. It does make it very difficult (Cain 20 years).

## 2. Clients often prioritise the payment of dispensing fees over necessities, including food and accommodation

You're stuck paying \$6 a day and if you haven't got that [on one particular day], its like 'nup', [no dose]'. That's happened lots of times ... you just realise you have to pay him - stuff everything else.

I've gotten seven evictions in the last few years because its: do you pay the chemist or do you pay your rent? Being on methadone keeps me stable ... at least I know I've got that. So to me, I will pay for that before I'll pay for anything else. Try and explain that to someone – people don't get it. They say I'd rather have a roof over my head – I can fight the [eviction] thing in court later but its how I am going to be *today* ...

(Rebecca, 38 years)

### 3. A significant minority of participants engaged in illicit sex work and crime to pay for their medical treatment

#### Case A

I have been a working girl, so, at times, it has been a matter of going and doing a quick job. That way I can make sure that my medication is paid for ... My financial situation being so fucked up, if I am going for a walk [and] I have noticed something, an easy crime to commit ... I have ended up in trouble that way. The emphasis hasn't been on doing the crime to get a drug. I am doing a crime to survive, because Centrelink just isn't enough when you have got \$50 going out in methadone payments. It is just not enough ...

It is me not surviving financially and methadone being a part of that. Because an extra \$50 a fortnight is a lot. I am also trying to pay health insurance at the same time. I am just lucky I get a little bit of support from my family. But even with that, it's not trying to live a life of luxury, I am just trying to survive ... and keep a roof over my head

(Maria, 38 years).

## Case B

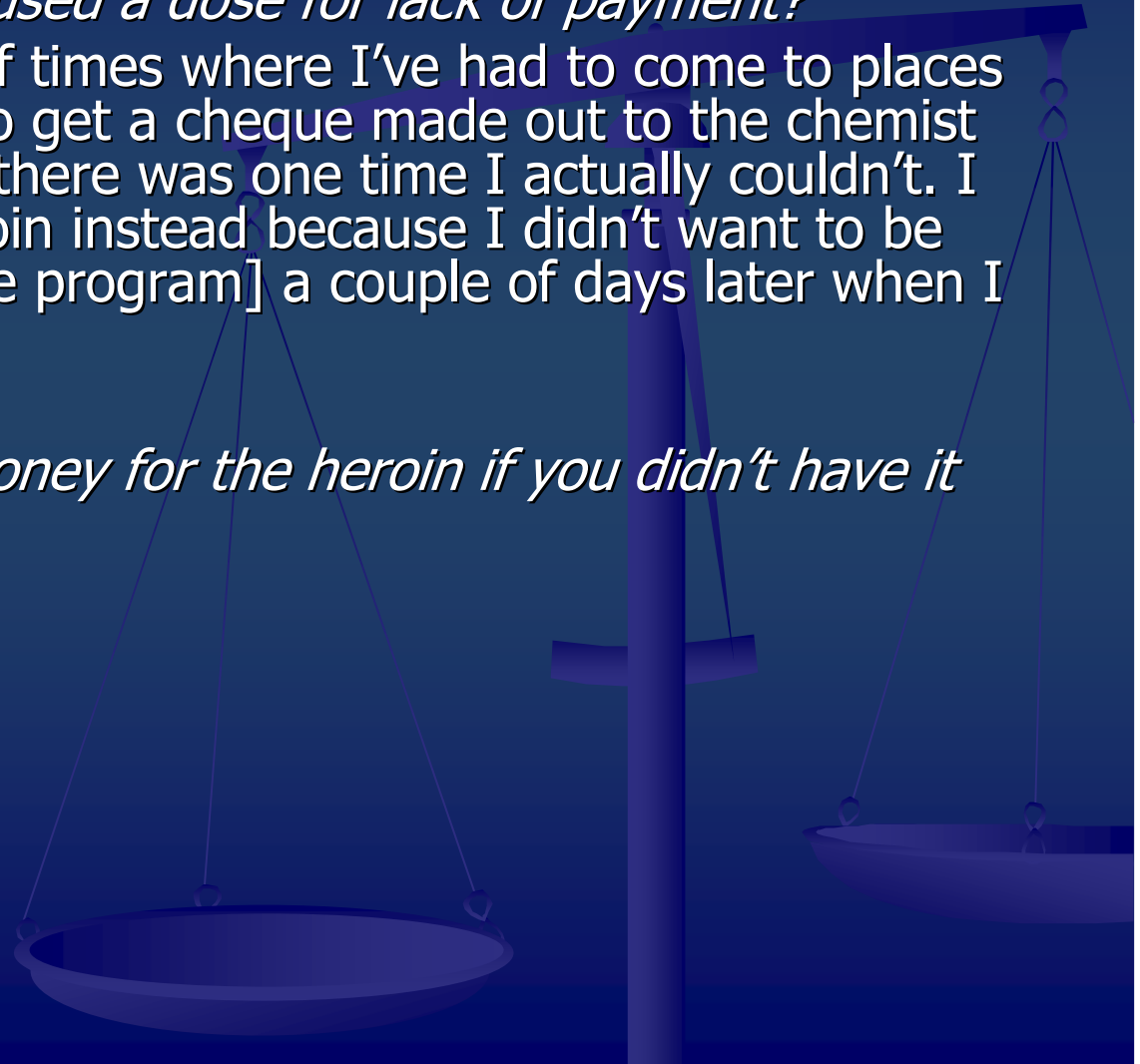
Sometimes I have had to commit a crime to get the money and I *don't* commit crime, but I have *had* to commit a crime to pay the chemist. So who are the drug dealers? ... if you ask me, when was the last time you committed a crime? I would say, well about three months ago, I am not going to say what. And then you say, well what for? I'd say I had to pay the chemist because he threatened to cut me off and then you ask me again, when was the last time ...

I have committed three crimes in the last two and half years, and [all] to pay [for] my methadone – that is pretty wrong. Especially cause after you have done the crime, if you have got a bit of conscience you feel sorry about it ... I really hated that, you know, [but] there was no other way out ... They are the times you are left in the lurch ...you know I could have ended up in jail [to pay for a medical treatment]

(Chad, 47 years).

## 4. Withholding pharmacotherapy encourages illicit heroin or other opioid use

- *Have you ever been refused a dose for lack of payment?*
- There's been a couple of times where I've had to come to places like [support services] to get a cheque made out to the chemist so I can get through ... there was one time I actually couldn't. I went and got some heroin instead because I didn't want to be sick. I came back [to the program] a couple of days later when I found money.
- *How did you find the money for the heroin if you didn't have it for Bupe?*
- I got it on tick [credit]
- (Matt, 42-years).



## 5. Discontinuing of treatment = return to using

I couldn't get any other doctor to see me because Doctor \_\_\_ wasn't there to release my form. I was honest from the get-go, I didn't say I want to transfer doctors [but because my doctor hadn't forwarded paperwork] I couldn't get a fucking script for three weeks. I started using again – hammer and tong, because I was on 60mls [of methadone] so I had to use [the equivalent of] 60mls worth [of heroin] a day – not to get off your face, you know, [just] so you don't feel crook. Yeah, I was fucked. I was stuck in that rut again, having to [sex] work my arse off ...

(Helen, 38 years).

Dispensing fees are the single greatest obstacle to retention in opioid maintenance treatment.

***I am coming off my 'done'*** because I can't afford it. I can't afford 60 bucks a fortnight that could be going towards food. My daughter needs new school shoes at the moment ... I've got to apologise to my kid some nights and say, 'I'm sorry darling tonight we're just having toasted sandwiches and an egg'. She's great, she goes, 'that's fine mum, it's alright ...' Tonight we've got soup, bread and some cheese so we'll just have toasted cheese sandwiches again. Some nights she might have Special K [cereal] or something ... [*crying*] ... we've just been living on fucking toasted sandwiches and soup. We eat meat about once a week ... one day last week I didn't even send her to school because I didn't have any lunch [for her]. ... yeah, things have been really tight

(Michaela, 48 years)

# Why subsidise?

- The subsidisation of dispensing fees would represent a substantial saving to the government and community;
  - It would remove the costs to the community through acquisitive crime committed by those whose treatment has been involuntarily been discontinued;
  - It would remove the need to place oneself at significant risk to pay for their government approved and encouraged medical treatment;
  - It would remove the intangible, immeasurable sense of loss amongst family members and friends who must deal with the consequences of another, sadly avoidable, fatal heroin overdose.
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