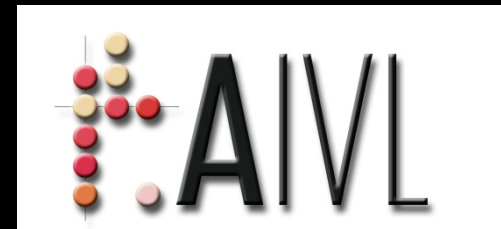


The 'true' cost of opioid replacement pharmacotherapy across Australia

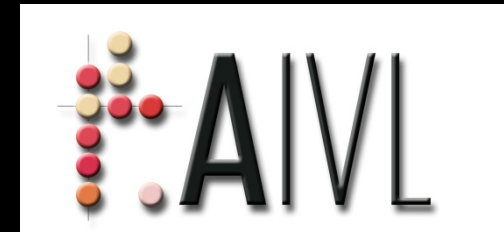
**Presented by:
Laura Liebelt**

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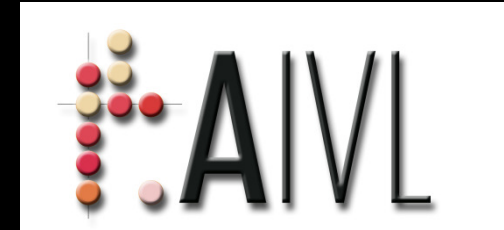


Presentation Overview:

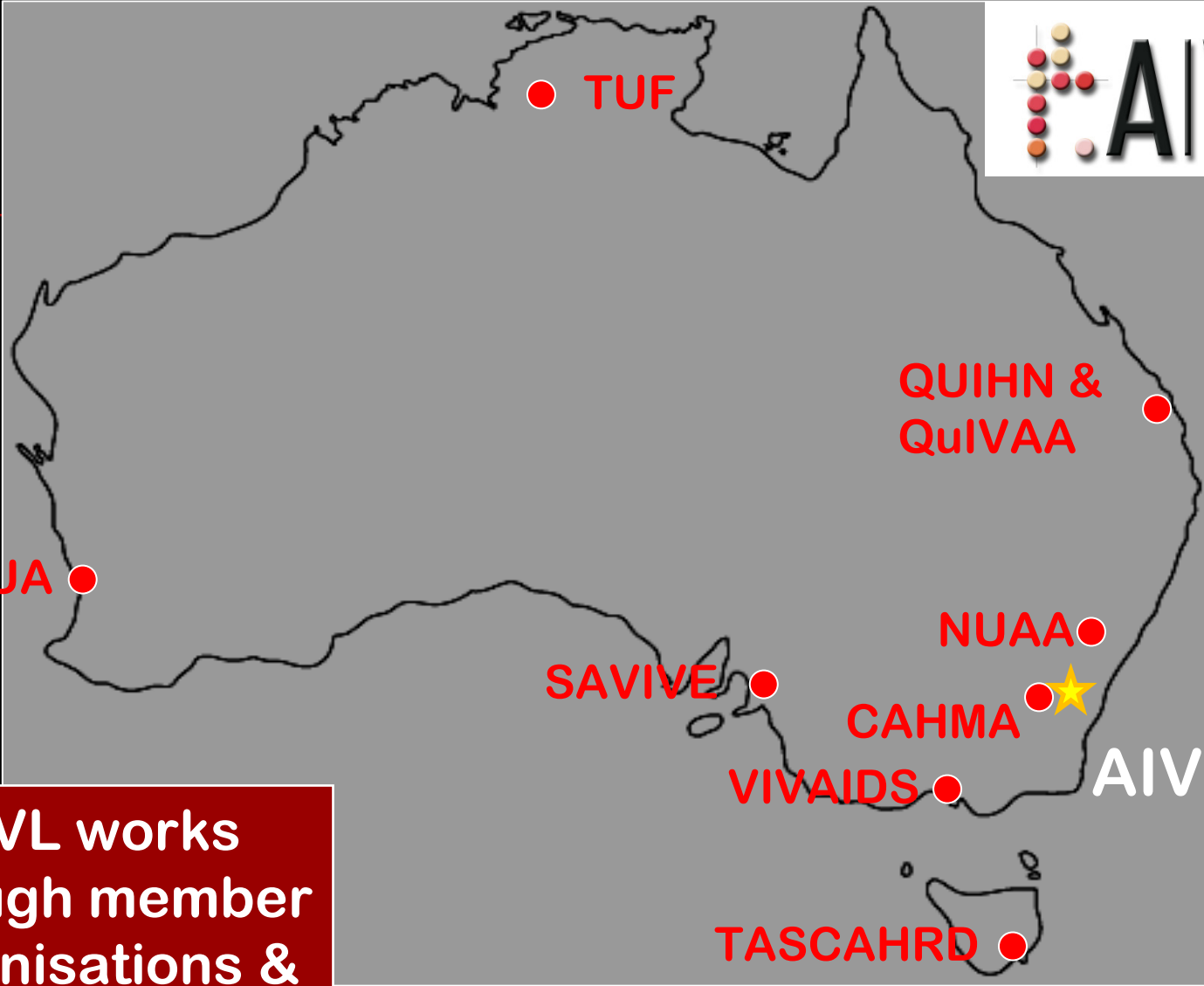


- AIVL Philosophy
- Current ORP situation around Australia
- Scheduling & funding in Australia (Federal, State and Territories)
- Weekly costs for Methadone, Subutex and Suboxone throughout Australia
- Problems associated with high dosing fees
- Recommendations for policy changes

AIVL Philosophy:



- AIVL is a National organisation, run by, and for people who use or have used illicit drugs and may be on opioid replacement pharmacotherapys (ORP)
- AIVL operates on a peer-based, user-centred philosophy
- AIVL promotes the health and human rights of people who use or have used illicit drugs. AIVL believes people should:
 - Have the right to choose to use illicit drugs;
 - Have the right to be treated with dignity and respect; and
 - Be able to live their lives free from discrimination, stigma and health and human rights violations.



AIVL works through member organisations & networks

Current ORP situation around Australia

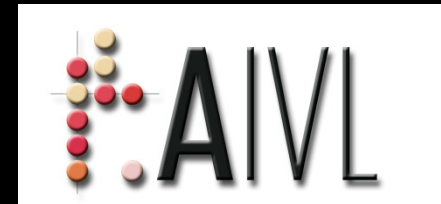


- Approx 80,000 people in Australia – opioid IDU

- Approx 41,000 people on opioid replacement pharmacotherapys

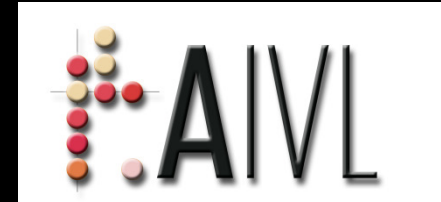
Prescriber type	Proportion of clients (%)	Pharmacotherapy prescribed (%)			Contribution to funding (%)		
		Methadone	Subutex	Suboxone	Client	Cwth	State
Public clinic	26.9	27.3	31.7	20.4	0	0	100
GP (includes those prescribed in private clinics)	65	62.8	63.6	76.1	0	100	0
Correctional facility	7	8.7	2.9	3.5	0	0	100
Dispenser type							
Public clinic	10.7				0	0	100
Community pharmacy (includes those dispensed in private clinics)	67.6				100	0	0
Correctional facility	8.8				0	0	100

Scheduling & funding in Australia (Federal, State and Territories)



- Methadone, Subutex, Suboxone are listed by the *Standard for the Uniform Scheduling of Drugs and Poisons No.21* as **S8** drugs.
- Otherwise known as controlled drugs (defined as substances that can be misused and cause dependence).
- Under the Pharmaceutical Benefits Scheme (PBS) methadone, Suboxone and Subutex fall under Section 100 (**S100**) of the *National Health Act 1953*.
- Within Section 100 they are available as a special pharmaceutical product under the Opiate Dependence Treatment Program free of charge by the Federal govt to States and Territories.
- Costs for these drugs are later derived from States and Territories through dispensing fees or consumer copayments.

Problems associated with high dosing fees



- Many people on ORP are categorised as low income earners, which may amount to only \$225 per week on a Newstart allowance.
- Can result in many having to make 'trade-offs' to pay for ORP, i.e. forgoing:
 - Food
 - Dental care
 - Medicines/medical treatments
 - Recreational activities
 - Housing/rental payments
 - School/education payments
 - Travel, petrol/public transport

Recommendations: Subsidisation models



- States and Territories provide some subsidisation for individuals dosing at public clinics and prisons (where ORP are available). Usually only for a limited period.
- ACT Govt; pharmacies get Govt payments of \$35 wk per client, the client then pays \$15 per week to the pharmacy.
- **Pros**
 - *Likelihood of increased retention rates*
 - *Increased uptake of ORP*
 - *Overall client satisfaction*
 - *Incentives for pharmacists to take on more ORP clients due to less risk of accruing debts*
- **Cons**
 - *Problems with capping I.e. The ACT is capped at 800 places*
 - *If the program cap is reached then it would 'close' until places become available.*
 - *Could result in a two-tiered system where a number of ORP consumers are fully subsidised and others pay full fees.*
 - *Larger states - not feasible due to affordability Evidence for this? – relative to budget*

Recommendations: Federal change to legislation /scheduling S85



■ **S85 - PROS**

- *All medications under S85 are covered by the safety net*
- *Once the safety net is met medications are free*
- *Scripts must be filled by all pharmacists*

■ **S85 CONS**

- *Many factors to be taken into account i.e. Difficulty to change legislation & 'Relevance'*
- *Will the safety net even be met? ORP Dispensing?*
- *Set cost per script may encourage pharmacists to strongly oppose this change as no financial incentive*
- *Pharmacies not wanting to take part*

Recommendations: Federal change to legislation /scheduling S100



■ **S100**

- *S100 a funding arrangement for highly specialised drugs*
- *More flexible than originally thought*
- *In combination with Federal funding for S100 drugs*
- *Could recommend further funding for dispensing.....*
- *Pharmacies are reimbursed a reasonable amount for services i.e. dosing for ORP*
- *Mandated that these reimbursements be passed down to consumers for ORP dosing*



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